Supplementary Materials

Table 1. Characteristics and description of articles included in the review.

Author, year, location	Goals	Methods and samples	Intervention	Findings
Lasby et al., 2022 Canada	To assess the short-term effects of the two types of follow-up care on ED visits, rehospitalization n, weight gain and breast milk consumption for LBW at 4 months of age.	Retrospective cohort study. The sample was very low birth weight infants with birth weight of less than 1250 grams presenting to follow-up care clinics in Western Canada (special care group n=150 infants) and Central Canada follow- up care clinics (standard care group n= 205 infants).	Specialized care group: the specialist nurse makes a discharge plan with the family while the infant is still in care followed by the first home visit within the first 48 post-treatment. Nurses conduct home visits until the infant is 4 months of corrected age. Services include physical examination, development and home environment; education based on needs with topics including infant care, nutrition, breastfeeding, growth and development, oxygen and medication administration, family stress and coping. The nurse also makes referrals to other services if needed. Standard care group: limited services from general practitioners and community nurses. Both groups received routine care from an advanced care clinic at 4 months of correction age.	The study found that specialized neonatal nursing follow-up was associated with a higher breastfeeding rate. Specifically, the odds of receiving breast milk at 4 months corrected age were six times higher in the specialized-care cohort compared to the standard-care cohort
Fernandes et al., 2022, Brazil	To investigate follow-uphome Interventions	Randomized Control Trial The study sample	The intervention group received kangaroo method care intervention, massage	Data of 41 children at 4.6 ± 0.5 years old were evaluated (CG *n* = 21 and

	during the first 18 months of life for LBW infants on body composition.	was LBW infants with gestational age less than 32 weeks or with birth weight less than or equal to 1500 mg born in a hospital in southern Brazil. (Experimental group n=20 and control group n=21	therapy, lactation intervention by parents while in the hospital, after returning home from treatment the family received 10 home visit sessions from the research team in addition to continuing to receive follow-up clinic interventions. The control group received standardized care at the hospital and continued to receive care at the follow-up clinic. Services at the follow-up clinic include growth and disease monitoring managed by multi- disciplinary health workers	IG *n* = 20). Body weight, height, body mass index, waist and arm circumferences, and triceps and subscapular skinfold did not differ between groups.
Omidi, et al., 2022 Iran	To investigate the effect of a planned lactation education program on breastfeeding practices and LBW infant weight	Randomized control trial with pre and post test. The study sample was LBW with birth weight between 1500 and 2500mg with gestational ageof 37 weeks. (Experimental group n=40 infants and control group n=40 infants)	The intervention group received 20 minutes of face-to-face education sessions at the hospital and preparation for discharge 3 times education sessions at the comprehensive health care center and received CDs and booklets about. Educational materials included breastfeeding management and LBW growth. The control group received 10 minutes of education sessions in the hospital, 2 education sessions in the comprehensive health care centerwith the same materials as the controlgroup. The control group did not receive the CD and booklet	Significant differences were seen between the two groups post intervention in terms of LBW infant weight gain at 14-15 days and two months of age ($F = 4720.6$, $p < 0.05$) and maternal breastfeeding practices ($F = 4720.6$, $p < 0.05$).($F = 4720.6$, $p < 0.01$) and maternal breastfeeding practices for infants aged 14- 15 days ($p < 0.001$). Lactation education programs have been shown to significantly improve breastfeeding practices and LBW infant weight.

Sinha, et al., 2022 India	To assess the Effectiveness of KMC promotion measures from the communityafter the neonatal periodon breastfeeding practices.	RCT on 550 infants 2250 grams were sampled in this study which were divided into 292 infants in the control group and 258infants in the experimental group.	The experimental group received community-based kangaroo care (ciKMC) intervention provided by the team when the LBW was 1,2,3,5,7, 10, 14, 21 and 28 days old to see if there were any problems in the implementation of FMD and breastfeeding. Counseling is done withthe help of family members. In addition, mothers and infants also receive standardized home visiting care provided by the government's public health social services. The control group received social health services from the governmentfor LBW infants, including health and breastfeeding services for mothers andLBW infants, including monitoring of health problems and growth of LBW infants.	LBW in the ciKMC group scored better on all four IBFAT components and showed better breastfeeding satisfaction scores at the end of the neonatal period. The duration of breastfeeding and exclusive breastfeeding rates in the ciKMC group. The proportion of infants practicing EBF was 89% in the ciKMC arm against 45% in the control arm (aPR: 1.62, 95% CI: 1.45−1.81).
Youn, et al, 2021, South Korea	To assess the effect of 'early preventive care program on the development and behavior of LBW infants.	Randomized control trial at 3 hospitals in South Korea Infants born with gestational age less than or equal to 30 weeks or infants with birth weight less than or equal to 1500mg who were discharged	Intervention Group: received home visits by the nurse on day 5, week 2 and month 1 after discharge. The last visit was conducted when the infant'scorrection age was two months. Educational materials were about infant behavior, and infant care support such as feeding, sleeping position, hygiene,	There was no significant differences on the LBW development based on Bayley score, Korean screen development and toddler emotional development between experiment and control groups at 24 months old.

		from the NICU (Intervention group n=69 and control group n=69).	defecation andhandling emergency situations. At 3-6 months of age, home visits are conducted by physiotherapists whoteach about how to maintain bondingand attachment and explain how to stimulate infant development. Control group: received standardized services without home visits	
Asadian, et.al. 2019 Iran	Identifying the effect of implementing a developmentalcare program on LBW growth indicators	Quasi-Experiment 60 LBW infants weighing between 1500-2500grams with gestational age less than 37 weeks. 30 babies received developmental care and 30 babies received routine care.	The intervention group received home visits for follow-up care. During home visits, nurses reviewedskills and provided education on sleep, skin care, kangaroo massage, pain management, daily routine care, sound and light control, handling LBW, breastfeeding, positioning andnesting. Education was provided verbally and in writing and by following the guidelines on the questionnaire. LBW received visits from a nurse who made home visits twice a week until the baby was 28 days old, the nurse monitored growth when the baby was 15 and 29days old. Educational materials wereprovided in the form of booklets	ANOVA and Post Hoc Bonferroni post-hoc testsrevealed that there was a significant difference in the mean weight measurement ofLBW between the group receiving developmental care and the group receivingstandard control care on day 29. There were no significant differences in body length and head circumference measurements.

Table 2. Overview follow-up care activities.

Description	Lasby et al 2021		Fernandes et al 2022		Omidi et al 2022		Youn et al 2021		Sinha et al 2022		Asadian et al 2019	
	IG	CG	IG	CG	IG	CG	IG	CG	IG	CG	IG	CG
Follow-up activity												
Lactation Education	x		x		x	x			x		x	
Infant Massage			x								x	
Skin to skin contact			x		x	x			x		x	
Infant's behaviour education							x				x	
Infant's routine care education							x		x	x	x	x
Growth and development education	x		x		x	x	x					
Baby stimulation			x				x					
Infant's nutrition education	x						x					
specific therapy education	x								x			
Stress management	x											
Infant's growth monitoring	x		x	x	x	x			x	x	x	x
Infant's development monitoring	x		x	x								
Home environment monitoring	x											
Illness frequency monitoring			x	x					x	x		
Location of follow-up service												
At hospital	x		x		x	x					x	x

Home visit	x		x				x		x	x	x	
Follow-up clinic	x	x	x	x	x	x	No Information					
Follow-up service provider	Nurse Specialist and multidiscipline		Multidiscipline		Nurse		Nurse and physiotherapy		Community health team		Nurse	
Measured outcome	Breast milk intake, ED visit frequency, readmission frequency, body weight		Breastfeeding status, blood biochemistry level, body composition, infant anthropometric status		Breastfeeding status and infant weight		Bayley-III, MCA score, CES-D, ICQ, K-DST, mITSEA		Breastfeeding status, breastfeeding duration, IBFAT score		Head circumference, infant weight and length.	

IG, Intervention Group; CG, Control group.