Dear Healthcare Provider,

Thank you for taking the time to consider completing this survey. You have been identified as a potential survey participant for at least one of the following reasons:

- You are in a leadership/management position (e.g., Obstetrical Chair, Nurse Case Manager, etc.) at a New Jersey birthing hospital’s maternal unit;
- You are in a leadership/management position (e.g., Pediatric Chair, Nurse Case Manager, etc.) at a New Jersey birthing hospital’s newborn unit; or
- You are an outpatient pediatric primary care provider (e.g., pediatrician, family practitioner, nurse practitioner, etc.) with privileges in at least one New Jersey birthing hospital.

If you do not meet any of the criteria, please let us know that you do not qualify by clicking on the link below and selecting “Do Not Qualify.” You will not be carried further into the survey. Please forward this email to a person in a leadership/management position with the best knowledge regarding your hospital’s protocols and practices on the care of substance exposed infants (SEIs) and their mothers.

**Purpose.** The purpose of this survey is to gain a better understanding about protocols and practices used by New Jersey birthing hospitals and their providers in the care of substance exposed infants and their mothers. Lessons learned through this process may help state and local agencies in program development and implementation. The results of this survey may not have any direct impact on you or your facility, but may help others throughout the state, as well as the broader community of SEIs and their mothers.

**Development and Implementation.** With input from a number of key national and state partners, including some New Jersey birthing hospitals, the New Jersey Departments of Human Services, Children and Families, and Health (DOH) have collaborated on the development of this survey. In order to increase privacy and confidentiality protections, individualized data will be sent solely to a designated individual at the Office of the Deputy Commissioner (ODC), Public Health Services, within DOH.

**Design.** The survey has three components:

- Part I: Maternal care, inpatient;
- Part II: Infant care, inpatient; and
- Part III: Infant care, outpatient

Through privacy-protected, web-based links, you will be connected to only one of the components as you select your qualifying criteria. We have designed the survey with your busy schedule in mind and have therefore limited questions to what we consider to be the most essential for us to begin to understand how birthing hospitals and related providers are generally addressing SEIs and their mothers. Time for completion of the survey is estimated to be **no more than 10-15 minutes** and **your responses are completely anonymous**.

**Ethical considerations.** Information learned from this survey is intended to be used and published only in aggregate form. Individual data, or data that could potentially be easily identified as having being derived from a sole individual or a specific hospital or practice will not be shared outside of the ODC at DOH.
Whether you choose to participate or not, you will not be at risk of jeopardizing your employment status or your institution’s standing with any State agency. A web-based system which has privacy and confidentiality protections built-in is being used. As a participant you will not be able to view or have access to other individual participants or their responses. An encrypted database will be used for storage. This survey and associated protocols for implementation, data analysis, summary, and intended use of information have been reviewed and approved by the Rowan University Institutional Review Board (IRB), under the expedited review category.

By clicking on the link below, you indicate that you have read the description of the survey, and you voluntarily agree to participate in the study:
https://hippocrates.nj.gov/SurveyAuth?mth=openSurvey&id=24461

If you have any concerns or questions about the study, please contact Dr. Arturo Brito at Arturo.Brito@doh.nj.gov or 609-292-7836.

Again, we thank you for your interest and time in considering participating in this survey. We would like to have all survey responses submitted no later than March 17, 2017.