UNDERSTANDING THE EXPERIENCES OF MOTHERS WITH PRETERM BABIES ADMITTED AT A PUBLIC HOSPITAL, CAPE TOWN

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Background

• Preterm deliveries are increasing worldwide, and grew from about 9.6% of in 2005 (Beck et al., 2010) to about 10% in 2010 (WHO, 2012).

• Preterm delivery is potentially a stressful and life threatening condition to both mothers and pre-term babies can have a significant negative impact on mothers’ psychological wellbeing (Celik, et al., 2013; Kendall-Tackett, 2009).

• Literature review has shown that mothers of pre-term babies experiences stressful situation, as a result of daunting hospital environment, and different equipment used to care for their babies (WHO, 2012).

• Hospitalization coupled with preterm delivery can be even more traumatic, which can lead to a decrease in maternal self-belief, maternal confidence, as well as causing mothers to feel helpless, and inability of the mother to care for her preterm baby (Korja, Latva & Lehtonen, 2012).
Mothers of these babies often face several challenges, such as interrupted mother-baby bonding, depression, anxiety, and fear of losing their babies (Van der Hoeven et al., 2012). Survival of preterm babies often depends on the degree of mother-baby bonding, mothers’ coping ability, availability of appropriate equipment for neonatal care as well as competent neonatal care personnel (Lloyd and De Witt, 2013). Complications of pregnancy, such as pre-term labour resulting from HIV/AIDS infections, drugs abuse, poor nutritional status, are common in Cape Town, SA.
Problem statement and objectives

- However, the experiences of mothers of pre-term babies admitted in a hospital remain unknown.

Objectives of the study:
- Understanding the emotional stresses of mothers with preterm babies admitted in a public hospital;
- To explore challenges experienced by mothers of preterm babies during their hospital stay;
- To assess the types of psychosocial support available to help them to overcome their challenges.
Methods

• A qualitative research approach with an exploratory and descriptive design was applied to elicit information from participants
• Study population was mothers with pre-term babies admitted in a public hospital at least three days at the time of data collection
• Participants were aged 19 years and above
• Interview was conducted with 12 purposively selected participants
• The interviews were conducted in English and Xhosa languages
• Data were analysed manually using thematic content analysis with inductive approach

• Guba’s criteria of trustworthiness were applied to ensure rigour of the study

• All ethical principles were adhered to

• Results were deductively interpreted and discussed in comparison with relevant literature
Results

• The participants’ age ranged between 19 and 43 years, and only two mothers completed high school education.
• Majority of these mothers were single and unemployed.
• Most of the mothers participated in the study delivered at 26 completed weeks of gestation.
• Three themes emerged from the analysis which include, feeling sadness & guilt, lack of skills and professional support, and support from one’s social circle and from professional.
Theme 1: Feeling sadness & guilt

Emotional stresses

- Participants expressed that they were feeling sad for giving birth to a small size pre-term baby and seeing the baby’s conditions made them feel that the baby might not survive.
- Self-blaming or feeling guilt for what had happened.
- Withdrawn from the baby and unable to go home with the new born baby, unable to sleep and exhaustion.
Theme 1: Feeling sadness & guilt

• I just feel sad because why, I want to go home. I miss my other children also... I can’t go because of this child mos [because] I must give breastfeeding.

• “Because when lay in Hospital X, I did see many children who dying. It’s dead, normal birth, Caesar cuts, the babies die, so I think yoh! It can happen to me”

• I’m gonna deliver him and take him home, look after him, take care of him. But now, this happen[ed], he’s a premature baby, I’m the mother, I have to be next to him, I have to be there for him, I have to take care of him
Theme 2: Lack of skills and professional support

Challenges experienced

• Lack of support and uncomfortable hospital environment for long staying mothers of admitted pre-term babies
• Mother’s of pre-term babies lack skills on how to care and handle such small babies
• Experiencing negative attitudes from some healthcare providers, such as some nurses were rude and unsupportive to them
• This made the hospital environment unpleasant and stressful for them
• Participants expressed that there were no counselling services in the hospital for mothers undergoing through such stressful emotional trauma
• There was no freedom of movement for mothers, such as visiting home and come back.
Theme 2: Lack of skills and professional support

• Participants felt frustrated and expressed that they were confined to the hospital, and this caused pressure in their daily living. “Why we can’t go home? Like I need clean clothes mos, nhe? Now I must stay here with those dirty clothes. It’s not even R20 to go home and come back. Only take clean stuff, get a nice wash, bath, now you feel fresh mos and come back … but you don’t get to leave this hospital, you must stay here. And I am not happy with that.”

Another mother expressed that: “I just feel sad because why, I want to go home, I miss my other and children also …”
Theme 3: Support from one’s social circle and from professional

Psychosocial support
• Most participants express that the support they received from their relatives help them to cope with their stressful condition
• Some received support from health care practitioners, while others expressed that they received no support from health care practitioners
• A support on freedom to go in and out of hospital, and counselling and comfort are very important for mothers to cope with stress
• Most of the participants expressed the importance of having group session in the hospital to help each other emotionally, and to share experiences. It could uplift their spiritual and emotional spirits
Theme 3: Support from one’s social circle and from professional

Here in this hospital there is nothing, you are just in your room every day. I think they (the hospital) must do something better for mothers...

- It was also mentioned by participants that a comfortable sleep area would help them cope well after delivery and hospitalization of their preterm baby.

“the place we sleep is not right and I can’t keep my child like other mothers can keep their normal child and give breast feeding”

“I didn’t know how to pick him up, I did not know how to touch the baby, he is too small…”
Theme 3: Support from one’s social circle and from professional

• Support from family, a spouse and HCP would be helpful during the period of preterm delivery and admission.

• My preterm baby is still [too] small to suck, so now we feed him through a tube. They insert a tube near the stomach and then I feed him through there. The only difficult thing is when I have to change him, because after feeding him I have to change the position ... he’s very small so I don’t know how to handle him.

• “They (health care providers) are also like mothers here, you mos don’t need a mother around here, so they are as mothers here around you .... you run to them, sister this, or that, sister this. And they are not complaining ‘Oh mommy, you are annoying, uh mummy, you this.”
Conclusion

• The study revealed the manner in which women who deliver preterm babies experienced stress after delivery coupled with what they need to mitigate their stress levels.

• Premature delivery is a stressful event and demands a lot of energy from the affected individuals. Despite the small sample of this study, results indicate that there exist various support requirements to effectively manage the stressful event of preterm delivery.
Conclusion

• This study yields important information that could be considered when managing mothers who are affected by preterm delivery for better care. The research findings provide relevant information to health care professionals with regards to the support needs of mothers of preterm babies,

• Mothers of pre-term babies need flexibility and support to cope better after preterm delivery. A support from the healthcare team, counseling services, a friend, members of the nuclear or extended families, spiritual family, love life, or any Good Samaritan are helpful.


Questions?