



The Experiences of Mothers during the Hospitalisation of Their Low Birth Weight Babies in Neonatal Unit at Windhoek Central Hospital Windhoek Khomas Region Namibia

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Abstract

The purpose of this study was to explore and describe the experience of mothers during the hospitalisation of their low birth weight (LBW) babies in neonatal unit Windhoek Central Hospital, Khomas region, Namibia. A qualitative, explorative, descriptive and contextual design was employed. The data was collected through in-depth interviews conducted at neonatal unit of Windhoek Central Hospital, with the permission from the Ministry of Health and Social Services (MOHSS). A sample of ten (10) mothers was selected with the means of purposive sampling. Informed consent was obtained from the participants and interviews were tape recorded, with the permission from the participants. Different communication skills were used to encourage participants to verbalize their experiences. Data was transcribed verbatim and was analyzed according to Tesch's eight steps of analyzing qualitative data that led to the formation of themes and sub-themes. The study results gave insight into emotional reactions, various supports, challenges experienced by the mothers and also the wishes they expressed. Based on the study finding, the researcher recommended an establishment of a rooming-in space for the mothers, establishment of high care neonatal units in hospitals outside Windhoek, implementation of improved breastfeeding programme, psychosocial care and lastly further research.

Subject Areas

Gynecology & Obstetrics

Keywords

Experience, Hospitalisation, Low Birth Weight, Neonatal Unit

1. Introduction and Background

Many of the women in the world would like to experience the amazing moment of pregnancy due to the importance attached to motherhood and to having a baby, which has made pregnancy a precious asset mostly in marriages [1]. However, the baby may be born before their expected dates due to the mother's condition and these babies are likely to be born with low birth weights because they are born before time. Low birth weight babies refer to babies that are born weighing less than 2500 grams irrespective of gestational age [2].

Low birth weight (LBW) can be caused by premature birth; this is when an infant is born before 37 weeks of gestation [2]. These babies may have an increase in risks for medical problems such as mental retardation, vision loss and learning problem. They are also at risk for feeding difficulties; these complications may prolong their hospital stays and might further delay their progression towards oral feeding [3]. Babies born before time but closer to term appear to need supervision for a few days but, they are usually statistically in good shape with mild or no health problems. However, preterm infants have a significantly higher mortality rate than term infants [1].

The weight of a baby at birth is the most commonly used outcome measure of pregnancy, commonly investigated in epidemiological studies, and is widely associated with mortality and morbidity risks of infants [4]. The prevalence of low birth weight is higher in developing countries compared to developed countries and is associated with increased risks for health outcomes [5].

Mothers are usually hospitalized in the neonatal intensive care unit (NICU) together with their newborn, and can spend most of the day in this highly technological space. Although this is a significant change in the early treatment of premature babies, this type of environment prevents mothers from establishing a true contact with their newborn because babies are most kept in incubators; they often feel more like visitors than parents involved in care-taking procedures and, as a result, they usually have difficulty in getting confidence in their own parenting role and in starting social exchanges with the baby [6].

In Namibia, it is stipulated that both low birth weight and prematurity are the causes of more than half of neonatal death. Windhoek central hospital admitted 1124 babies between April 2014 and March 2015, which 60% of this number were small term babies, which means these babies were delivered at nine months but born with less than 2.5 kg [7].

Due to limited spaces for lodgers in WCH neonatal unit and the fact that WCH is the referral hospital, they only accommodate mothers who were referred or transferred in from outside Windhoek. So, these mothers will have to spend as much time away from their homes and families and the others from Windhoek have to commute daily to and from the hospital to see their babies. Against this background, the researcher found it necessary to explore and determine the mothers' experiences during the hospitalisation of their low birth weight babies so that mothers can be supported during this time.

2. Problem Statement

Caring for a low birth weight baby in the hospital present a challenge for parents on both practical and emotional level, it can also be emotionally draining, demanding in time and financial support for the mother. These may affect and complicate the early baby-mother interaction [8]. The researchers in this study discovered that most mothers mainly, the ones from Windhoek were discharged few days after delivery and were told to come every day to express breast milk to feed their low birth weight babies and to keep the baby-mother contact, while the ones transferred from outside Windhoek where given rooms to stay in the neonatal unit until their babies gain the normal weight. Despite the fact that many studies were conducted on the low birth weight babies less is studied about the experiences of mothers in the hospital of interest. Therefore, this study was a realization of the need to explore and determine these mothers' experiences during the hospitalisation of their babies.

3. Purpose and Objective of the Study

The purpose and objective of this study was the same that is to explore and describe the experiences of the mothers during the hospitalisation of their low birth weight babies in neonatal unit Windhoek central hospital.

4. Methodology

A qualitative, exploratory, descriptive and contextual research design was used. A qualitative approach was utilized to explore and describe the experiences of the mothers during the hospitalisation of their low birth weight babies at neonatal unit in Windhoek Central Hospital.

The population of this study were mothers that had babies hospitalized in neonatal unit, Windhoek central hospital, The target population of this study were mothers that have low birth weight babies born in January to June 2017, with the weight less than 2000 g admitted in neonatal unit Windhoek Central Hospital, which were estimated to be at the number of twenty (N = 20).

The sample size was taken from the study population by the use of purposive sampling method. However, the sample size was also determined by the saturation of data. The inclusion criterion made according to the study objectives were: Mothers who have low birth weight babies born in 2017 Admitted in Windhoek Central Hospital, mothers who could speak English or Oshiwambo and could participate willingly and voluntarily in the study. The exclusion criterion included: Mothers with babies that were not born with low weight e.g. sick babies, mothers that were eligible and willing to participate but do not have low birth weight babies and mothers who were willing to participant but, could not speak any of the languages that the researcher was fluent in.

Pilot study was conducted on 3 participants that were asked about their experiences. Pilot study was done in neonatal unit at Windhoek Central Hospital.

The demographic information which was gathered from the ten (10) partici-

pants include: age, marital status and employment. Participants aged 20 - 29 were 6 (60%) and the other 4 (40%) participants were aged 30 and above. 7 (70%) of the participants were single mothers while 3 (30%) were married. There was an equal number of both employed and unemployed participants which was 5 (50%).

The researcher collected data during the month of September 2017, after the permission was granted by the University of Namibia and by the MOHSS. Face to face interviews were conducted on a sample of ten (10) participants. Prior to the interviews the aim of the study and how the study findings will be utilized were explained to the participants this was done to obtain consent and to ensure the principles of respect, justice, and beneficence. The researcher chose a single room which was lockable to ensure that participants were comfortable and no harm would come to them. Participants were approached with respect and there was no discrimination. Interviews were started off with one broad question that was posed to all the participants, probing was done according to how each participant responded. Interviews were tape recorded, with the permission of the participants and field notes were taken to make sure all participants' experiences were captured.

The researchers employed four criteria to develop trustworthiness such as credibility. Credibility was maintained through: member checking by playing the tape recording to the participants, the researchers had worked in neonatal unit, which allowed prolonged engagement, for peer review or debriefing the colleagues and the supervisor, who is a doctoral graduate, went through the data that was collected. The second criteria was dependability, which was ensured through the use of dependability audits by receiving guidance from the supervisor, describing methodology in detail and literature review was carried out, for triangulation the researcher used a qualitative, descriptive and explorative design and collected data through individual interview, field notes and tape recorded the interviews. Sample and sampling method, data collection and data analysis were clearly described in the study for dense description.

Conformability was also one of the criteria to develop trustworthiness. The researcher ensured it through the use of conformability audits by attending research lectures, which helped in carrying out the study. Lastly was transferability, which was ensured through the use of purposive sampling method which was used to select participants.

The researcher utilized a series of steps for analyzing data. The data about the mothers' experience were recorded with a tape recorder as mentioned in data collection procedure, this data was then: translated, transcribed and coded, and then themes and sub-themes were generated this was done in line with Tesch's method of data analysis [9].

5. Results

Through coding of data, Four (4) themes and seven (7) sub-themes emerged from the interviews (**Table 1**).

Table 1. Themes and sub-themes of the participants' experiences.

Themes	Sub-themes
5.1 Theme 1: Participant experienced support from nurses, doctors and their relatives.	5.1.1 Sub-theme: spiritual support 5.1.2 Sub-theme: Emotional support
5.2 Theme 2: Participants expressed different emotions regarding the hospitalisation of their LBW babies.	5.2.1 Sub-theme: fear and worries 5.2.2 Sub-theme: shock and sadness
5.3 Theme 3: Participants experience challenges during the care of their LBW babies.	5.3.1 Sub-theme: feeding of the baby 5.3.2 Sub-theme: financial burden
5.4 Theme 4: Participants expressed desperate wishes for their babies.	5.4.1 Sub-theme: baby's speedy growth

5.1. Theme 1: Participant Experience Support from Nurses, Doctors and Their Relatives

Support is defined as a way of giving help or assistance to someone or something [10]. Mothers in this study explained different forms of support they got from the nurses, doctors and their relatives during the hospitalisation of their babies. Supports that were reported were such as spiritual, emotional and physical support which will be discussed below.

5.1.1. Sub-Theme: Spiritual Support

Spiritual support refers to attending to a person's spiritual or religious needs as he or she copes with illness, loss, grief or pain and can help him or her to heal emotionally as well as physically and regain a sense of spiritual wellbeing [10]. When one participant was asked about the support that she was getting, this was her reply:

“My family gave me so much hope and my mother always calls me and advice me to put my hope in God and sometimes she gives me scriptures to read and we pray together through the phone.”

Another participant was asked to say more about how the nurses are supporting her in neonatal unit and this is what she had to say:

“The nurses always gave me hope and told me to have faith and put all the trust in the Lord. They told me that they were doing all they can but, everything else remained in the hands of God they told me to always pray to him, this built the trust i had in the Lord and believed in him.”

5.1.2. Sub-Theme: Emotional Support

Emotional support refers to the reassurance, encouragement and understanding we receive or give to a person [10]. One participant was asked to say more on the support she is getting and this is what she narrated:

“I didn't know how I was going to handle this situation but, the love and encouragement I got from the nurses and my family gave me so much courage.”

Another participant stated that:

“I like the way the nurses are showing love to my baby and always inform and give me information about my baby's condition.”

5.2. Theme 2: Participants Expressed Different Emotions regarding the Hospitalisation of Their LBW Babies

Emotion refers to a strong feeling, disturbance or the affective aspect of consciousness derived from one's circumstance, mood or relationships with others [10]. Mothers in this study expressed different emotions regarding the hospitalisation of their babies and these are the emotions that were discussed below such as: fear and worries, and shock and sadness.

5.2.1. Sub-Theme: Fear and Worries

Fear is defined as the response to emotional or physical threat, danger and anxiety to psychological and social situations. Fear can be due to a real or imagined threat [10]. Most of the mothers were referred outside from Windhoek and they expressed the fear and worries of living away from their families. When participants were asked about their feeling regarding the hospitalisation of their LBW babies this is what this participant had to say:

“I was very scared when the nurses at Walvisbay told me, I had to come to Windhoek with my baby and we are going to stay until he gains the normal weight. I was also worried of how I will cope in a new environment because I was never in Windhoek, and away from my family. At times I asked myself am I going to make it.”

5.2.2. Sub-Theme: Shock and Sadness

Shock refers to a sudden or violent mental or physical disturbance in response to terrifying unforeseen incidents [11]. Most mothers reported that they were surprised to see their babies because they were too small. The following was stated by a participant when asked about how she reacted to her baby's weight:

“I was very surprised when the nurse showed me my baby, she looks too tiny as a result my eyes were filled with tears.”

Mothers especially the ones from Windhoek reported that they are always unhappy for the fact that they would not sleep anywhere near their babies because they were not given places to sleep in the hospital unit. The following was narrated by one participant:

“I feel very sad to leave my baby alone at the hospital throughout the night because I only get to see her again the next day around nine o'clock in the morning.”

5.3. Theme 3: Participants Experience Challenges during the Care of Their LBW Babies

Challenge is defined as the situation of being faced with something that needs great mental or physical effort in order to be done successfully and therefore tests a person's ability [10]. Mothers in this study reported various challenges that they faced following the hospitalisation of their LBW babies.

5.3.1. Sub-Theme: Breastfeeding of the Baby

Breast feeding is defined as the feeding of babies and young children with the

milk from the woman's breast [5]. Mothers in this study expressed that breastfeeding a low birth weight baby was very challenging and at the same time exhausting. Participants were asked about the feeding of their babies, the following was stated by one of them:

"I wish to breast feed my child but, because she is very small and cannot suck on the breast, I have to express milk from my breast and give her through the tube. Expressing milk is very difficult because sometimes I don't have enough milk."

Another participant reported:

"My baby is taking cup feedings and I find it hard because when I give her the milk that I expressed from my breast only a few enters the mouth and the rest comes out, I don't know I don't hold him right or maybe am too fast, I just don't know."

5.3.2. Sub-Theme: Financial Burden

Financial burden is when the available money cannot cover or reach all major financial goals. Mothers in this study mostly the ones from Windhoek expressed how the hospitalisation of their babies drained them financially. Most participants that are staying in Windhoek complain about the travelling costs one participant revealed that:

"I spent so much on transport to come here every day, because sometimes I have to come even more than once because I can come in the morning before going to work then I will have to come again during lunch hours or after I knocked off, which is really too much."

Another participant reported:

"Sometimes I don't come to see my baby just because I don't have transport money. Am not working it is only the father of the baby who is working and he stays in the farm. So, he only gives me money when he comes here and I have to manage the little he gave me."

5.4. Theme 4: Participants Expressed Desperate Wishes for Their Babies

Wish is defined as a strong desire or feeling of hope for something [10]. Mothers in this study expressed only one wish about their infants, which is baby's fast growth.

5.4.1. Sub-Theme: Baby's Speedy Growth

Speedy growth refers to growing and expanding very quickly [10]. When participants were asked if there was anything that they would want to say, one participant expressed the following:

"I wish my baby to grow very fast, gain the normal weight so that we can go home."

Another participant stated:

All I want is my baby to gain the normal weight and be healthy without any medical problems because I want us to go home."

6. Discussion

The aim of this study was to explore and describe the experience of the mothers during the hospitalisation of their low birth weight babies at neonatal unit Windhoek central hospital Windhoek Khomas region Namibia. The study finding was discussed according to the study objectives, which were achieved by the use of face to face interviews conducted on the mothers with LBW babies. The experiences were described by analyzing data according to Tesch's steps of data analysis. Themes and sub themes were formed and were discussed below.

Experience of different forms of supports by the mothers from the nurses, doctors and their relatives, were mentioned. During analyzing of data, the researcher managed to identify the different forms of supports that were given to the mothers such as spiritual support, emotional support and spiritual support most mothers stated that the nurses and relatives advised them about the word of God and to always pray to God in order to give them and the baby strength, they also indicated how the spiritual support helped them to cope in ways such as offering prayers and unquestioning God. Another support that was identified was: emotional support, most mothers expressed how they did not feel lonely because the nurses were always there to help them. They stated how grateful they were for the emotional support they received from the nurses, doctors and their relatives and how important this support was to them.

The support experienced by mother in this study are corresponding to a study that also revealed that mothers expressed adequate religious discussion with their medical team about the care of their babies and decision making [12]. In a different study mothers revealed how doctors and nurses were empathetic and involved in the care of their babies and how their family members gave them much love and encouragements [13].

Mothers expressed different emotions regarding the hospitalisation of their LBW babies. This study findings showed that most women fear and it comes as a shock to give birth to a low birth weight baby, while some that were transferred from outside Windhoek had fear and worries of how they were going to cope in a new environment. Few of them that are from Windhoek expressed sadness when they had to leave their babies in the neonatal unit because they were not given places to stay in the hospital or neonatal unit with their babies.

The emotional reactions experienced by the mothers in this study are correlating to an international study that was done to explore the LBW babies' parents' insight of counseling. The study revealed that mothers' fears were aggravated by the new hospital environment and that mothers were more concerned about their babies [14]. Another study aimed at investigating the parents' emotional reactions regarding the birth of their LBW babies reported that, the state of shock was the most differentiating mental state revealed by mothers [15]. In a different study of [16] reported that mothers in their study expressed feeling of sadness when they were calmly waiting for their babies to be discharged from the hospital, they also reported that their sadness increased when they had to

leave their babies at the hospital.

Mothers with LBW babies expressed difficulties during the caring of their babies.

Most of the mothers stated that the feeding of the baby was more challenging because the babies were unable to suck the breast so they have to express the milk out of the breast which is not easy. Some mothers, mainly the ones from Windhoek expressed that money for transport was a problem because they have travel every day to and from the hospital, which they said was too much cost.

[17] revealed that mothers in their study experienced a lot of challenges regarding the hospitalisation of their LBW babies. In a different study conducted to explore the breastfeeding experience of mothers of LBW babies reported mothers expressed that breastfeeding a LBW baby was not easy and that it was a challenging experience for them [18]. A study done in Johannesburg, South Africa revealed that mothers experienced financial difficulties as most of them were not working and had to pay for transport to and from the hospital every day [16]. All the previous study findings about the challenges faced by mothers during the hospitalisation of their LBW babies are correlative to this study's findings.

Most of the mothers concluded the interview with the wish they had for their babies, they expressed that all they wanted was their babies to gain the normal weights and for them to depart the hospital to go to their homes.

This is corresponding to [19] study that reported that mothers expressed desperate wishes for their babies to gain normal weight and how they wish to take their babies home and breastfeed them.

7. Limitation

The study was a qualitative, which was done within a limited time frame on a small sample size of mothers who had the LBW babies admitted in Windhoek central hospital neonatal unit only which means a lot of information could not be obtained. Some tape recorded data were translated from Oshiwambo into English which might have led in the missing of some important data about the mothers' experiences during the hospitalisation of their LBW babies. Therefore, the study's findings cannot be generalised to other population. However it is recommended that a further research should be conducted in a different setting.

8. Conclusion

This study findings showed that most women fear and it comes as a shock to give birth to a low birth weight baby. The study revealed that these mothers went through a lot of emotions and challenges during the care of their babies in the hospital. The mother stated how grateful they were for the emotional support they received from the nurses and doctors in the neonatal unit and their relatives, and how important they were to them. What they also indicated was how the spiritual support helped them to cope in ways such as praying and trusting god.

9. Recommendations

There is need of establishment of a rooming-in space inside that permits mothers to stay in the hospital for the length of time of the baby's hospitalisation. This would promote the growth of the baby and reduce the travel funds. There should be establishment of neonatal units with high care in others hospitals outside Windhoek. This would allow mothers that are from outside Windhoek not to stay away from their families for longer periods. An improved breastfeeding programme should be implemented in neonatal units to support the mothers of LBW babies. The nursing education should bring in the psychosocial care of the mothers of the LBW babies that help the mothers cope with their challenges. Furthermore, the researcher recommends that there should be more research conducted on same topic but, in a different setting to further explore the experience of the mothers of LBW babies.

References

- [1] Edward, K. (2006) Pregnancy Corner. Giving Birth.
- [2] Sellers, P. (2012) Sellers's Midwifery. 2nd Edition, Cape Town, Juta.
- [3] Stoll, B.J. and Adams, C.I. (2007) The Fetus and Neonatal Infant. Saunders, Philadelphia, 671-711.
- [4] Amosu, A.M. (2014) Maternal Socio-Demographic Characteristics as Correlates of Newborn Birth Weight in Urban Abeokuta, Nigeria.
- [5] World Health Organization. (2009) Prematurity and Low Birth Weight. WHO/UNICEF.
- [6] Goldberg, S. and Di Vitto, B. (1995) Parenting Children Born Preterm. Mother infant Bonding. CA: Sage.
- [7] Haidula, T. (2015) Premature Births a Concern, News-National, The Namibian. 1 December, p. 1.
- [8] Reid, M., Lloyd, D., Campbell, G. and Murray, K. (1995) Scottish Neonatal Intensive Care Units: A Study of Staffs and Parental Attitude. *Health Bull*, **5**, 314-325.
- [9] Creswell, J.W. (1998) Quantitative Inquiry and Research Design: Choosing among Five Traditions. Sage, Thousand Oaks, CA.
- [10] (1828) Meriam Webster Online English Dictionary.
- [11] Ntswane, M.A. and Van Rhyn, L. (2007) The Life World of Mothers Who Care for Mentally Retarded Children: The Katutura Township Experience. *Curationis*, **30**, 85-96. <https://doi.org/10.4102/curationis.v30i1.1060>
- [12] Patridge, J.C. and Nishiba, H. (2005) International Comparison of Care for Very Low Birth Weight Infants. Parents Perception of Counselling and Making. *American Academy of Paediatricians*, **166**, 263-271.
- [13] Hastings, R.P. and Lloyd, T. (2007) Expressed Emotions in the Families of Children and Adults with Intellectual Disabilities. *Mental Retardation and Development Disabilities Research Reviews*, **13**, 339-345. <https://doi.org/10.1002/mrdd.20173>
- [14] Evans, R. and Madsen, B. (2005) Culture Clash: Transition from Neonatal Intensive Care Unit to the Pediatric Intensive Care Unit. *Newborn and Infant Nursing Reviews*, **5**, 188-193. <https://doi.org/10.1053/j.nainr.2005.08.005>
- [15] Eriksson, B.S. and Pehrsson, J. (2005) Emotional Reactions of Parents after the Birth

of an Infant with Extremely Low Birth Weight. *Journal of Child Health Care*, **9**, 122-136. <https://doi.org/10.1177/1367493505051402>

- [16] Ntswane, D. and Khoza, K. (2013) Experience of Mothers Caring for Premature Infants. *Emotional Reactions*, **76**, 289-295.
- [17] Bang, A.T., Baitule, S.B., Deshmukh, M.D. and Bang, R.A. (2005) Low Birth Weight and Preterm Neonates: Can They Be Managed at Home by Mother and a Trained Village Health Worker? *Journal of Perinatology*, **1**, 72-81.
- [18] Meier, P. (2001) Breastfeeding in the Special Care Nursery. *Pediatric Clinics of North America*, **48**, 425-442.
- [19] Pillitteri, A. (2009) *Maternal and Child Health Nursing. Care of the Childbearing and the Childbearing Family*. Lippincott, Williams and Wilkins, Philadelphia.