

**MOTHERS' EXPERIENCES REGARDING THEIR FIRST EXPOSURE TO THEIR
PREMATURE BABIES IN NEONATAL INTENSIVE CARE UNIT AT A PRIVATE
HOSPITAL IN POLOKWANE, LIMPOPO PROVINCE, SOUTH AFRICA**

By

LETSOALO MATUTU LOUISA

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DEDICATION

I would to dedicate my mini-dissertation to my family for their unconditional and continuous support throughout my studies. My mother Ramatsobane Hellen Petja for her wisdom of bringing me up to value education, and my late mother-in-law Manthasa Sarah Letsoalo for her words of encouragement. My sweet humble husband Nathaniel Letsoalo for holding my hand throughout my studies. My lovely sons Maphampha, Morokoe and Pudumo for giving a helping hand when in need, especially with technology, and my beautiful little daughter Mapuleng for brightening my immediate environment. Big thanks to all my sisters and brothers for believing in me, they made me believe in myself.

DECLARATION

I declare that **MOTHERS' EXPERIENCES REGARDING THEIR FIRST EXPOSURE TO THEIR PREMATURE BABIES IN NEONATAL INTENSIVE CARE UNIT AT A PRIVATE HOSPITAL IN POLOKWANE, LIMPOPO PROVINCE, SOUTH AFRICA,** is my own work and that all the quoted and are referred from the sources and that this mini dissertation have never been submitted to any institution.

.....
Letsoalo Matutu Louisa

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Date:

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- A special thanks and acknowledgment to my supervisor Dr S.F Matlala for the hard work, determination and commitment in supervising my research.
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DEFINITION OF CONCEPTS

Experience: Experience is defined as past event, knowledge and feelings that make up someone's life or character (Colman, 2014). In this study, experience refers to feelings and emotions the mothers underwent the first time they see their premature babies in Neonatal intensive Care Unit at Mediclinic Limpopo.

First Exposure: First exposure refers to a condition of displaying, revealing, exhibiting, or making accessible for the first time (Farlex Partner Medical Dictionary, 2012). In this study, first exposure refers to the first time when the mother sees her premature baby in NICU for the first time.

Mother: Mother is defined as a woman who gives birth to a child (Martin, 2010). In this study, mothers refer to women who have given birth to babies too early, before 37 weeks of gestation.

Neonatal intensive care unit: Neonatal intensive care unit is a special area of the hospital which combines advanced technology and trained health care professionals to provide specialised care for the tiniest patients who are sick or born before 37 weeks of gestation (Martin, 2010). In this study neonatal intensive care unit refers to a special unit designed to care for babies who were delivered at 36 weeks and below at a private hospital in Polokwane.

Premature baby: Premature baby is defined as the baby who is born too early, before 37 weeks of gestation. Premature babies may have more health problems and may need to stay in the hospital longer than babies born at term (Davey, Watson, Rayner & Rowlands, 2015). In this study a premature baby refers to the baby who was delivered before 37 weeks gestation at a private hospital in Polokwane.

Private Hospital: Private hospital is defined as a hospital similar to a group hospital, except that it is controlled by a single practitioner or by the practitioner and the associates in his office or her office and is operated for profit (Medical Dictionary for the Health Professions and Nursing, 2012). In this a study private hospital refers to the hospital where the mothers who participated in the study gave birth to their premature babies.

ABBREVIATIONS

KMC:	Kangaroo Mother Care
NICU:	Neonatal Intensive Care Unit
TREC:	Turfloop Research Ethical Committee
WHO:	World Health Organization

ABSTRACT

Background: Pregnant women expect a normal pregnancy, a normal delivery and a healthy baby. Unfortunately, premature birth is a common occurrence; it has some complications and causes death in developing countries. Mothers feel disappointed for not carrying their pregnancies to term and worry about the survival of their babies. Admission into neonatal intensive care unit increases chances of baby survival but has emotional impact on mothers, thus the need to explore their experiences.

Objective: To explore the lived experiences of mothers regarding their first exposure to their premature babies admitted in neonatal intensive care unit.

Methods: A qualitative and exploratory study using semi-structured interviews with purposively selected mothers was conducted. Interviews were conducted in English using an interview guide, audio recorded and continued until data saturation was reached, thus 8 mothers participated in the study. Field notes were collected. Voice recordings were transcribed verbatim and analysed thematically. An independent coder confirmed the findings.

Results: Mothers experienced stress and anxiety, and felt neglected by health care workers. They felt the focus was on the baby alone and the mothers' needs ignored, though others were happy that they were welcomed.

Conclusions: Therefore, parents need support when their premature babies are admitted in neonatal an intensive care unit. Continuous update on conditions of their babies is also necessary.

Keywords: Neonatal intensive care unit; premature babies; field notes; thematic analysis; interview guide.

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CHAPTER1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Premature birth is on the rise these days and is known to have some problems related to immature organs which, in most instances, complicate to lifelong adverse effects, low quality life, as well as death. Mundy (2010) indicates that premature birth is one of the adverse determinants of survival of life, and has psychological and emotional impact on the family. According to the World Health Organization (2015), a premature baby poses a lot of challenges for the majority of parents who come into reality of which they were not prepared for. Parents are in a vulnerable situation and feel disappointed that they did not carry the pregnancy to term (Goutaudier, Lopez & Se'journe, 2011). Even though most of the parents are aware of services and expertise of doctors and nurses as well as other support services in Neonatal Intensive Care Unit (NICU), some might still suffer from uncertainty around the outcomes.

Parents often find it very difficult if their premature babies are admitted in NICU (Cockcroft, 2012). The physical environment of the NICU is considered to be the source of anxiety for mothers of infants admitted there. The bright lights, noisy life support machines and alarms of monitors and ventilators create a frightening feeling to the mothers (Obiedat & Callister, 2011). Besides the frightening view of complicated machines in NICU, the other contributory and most important factor is lack of knowledge by mothers on how those machines work (Cockcroft, 2012). As a result, it is common for parents of premature babies to get worried immediately when they are told that their baby is admitted in NICU. The anxiety level of the mothers of infants admitted in NICU is higher than the anxiety of mothers with healthy babies (Obeisant & Callister, 2011). Lack of participation in the care of their babies due to the conditions of the baby seems to be the worrying factor for some mothers (Baum, Weidberg, Osher & Kohelet, 2012). Smith, Steelfisher, Salhi and Shen (2012) show that parenting duties like feeding, changing nappies and holding babies play an important role in connecting the baby with the parents, and helping parents to identify their role and identity.

1.2 RESEARCH PROBLEM

The researcher worked in NICU as a clinical nurse for 10 years and observed that most mothers who have premature babies show worrying emotions when they come to visit their babies, especially on the first day. Some cry, others look scared to touch their babies while others have been heard blaming themselves for being responsible for premature labour as they failed to carry pregnancy to term, and some others to be just angry. Most of them seem to be worried about the wellbeing of their babies as one common question they frequently ask is: “is my baby going to be alright?” This shows that a mother delivering a premature baby faces an uncertain phenomenon regarding the survival of her baby. This has prompted the researcher to explore the phenomenon.

1.3 LITERATURE REVIEW

Literature review is an analytical overview of related literature that includes current knowledge like substantive findings as well as theoretical and methodological contributions (Cresswell, 2013). It is a basis for research in nearly every academic field. The purpose of literature review is to share with the readers the results of other studies that are closely related to the one being undertaken, relates the study to the larger, ongoing dialogue in the field by filling in gaps and by extending prior studies (Cooper, 2010). Literature review also provides a framework for establishing the importance of the study (Marshall & Rossman, 2011). The study reviewed literature on the following topics which will be discussed in detail in Chapter 3: effects of prematurity, expectations of pregnant women, acknowledging and accepting one’s feelings and emotions, being a parent to a premature baby and accepting help from others.

1.4 AIM OF THE STUDY

The aim of this study was to explore the lived experiences of mothers regarding first exposure to their premature babies in NICU.

1.5 OBJECTIVES

Objectives of this study were:

To explore the experiences of mothers regarding their first exposure to premature babies in NICU at a private hospital in Polokwane.

To describe the experiences of mothers regarding their first exposure to premature babies in NICU at a private hospital in Polokwane.

1.6 RESEARCH QUESTION

The research question was: ‘Tell me about your experiences when you saw your baby in Neonatal Intensive Care unit for the first time’

1.7 METHODOLOGY

The study used a qualitative, exploratory, descriptive and phenomenological design. The target population consisted of mothers who had done caesarean section with premature babies of less than 36 weeks gestation and below in NICU. Eight purposively sampled mothers who had seen their babies for the first time in NICU, aged between 25 and 36 years, with parity between 1 and 3, and who could communicate in English participated in the study. Mothers who delivered their babies through caesarean section at 36 weeks gestation and below, and who could not communicate in English, and those with puerperal psychosis and could not give consent were excluded from the study.

The data was collected using semi-structured interviews and an interview guide. An audiotape was used to capture the data from the participants, and field notes were also taken. Interpretative Phenomenological Analysis was used for data analysis. Trustworthiness was ensured through the principles of credibility, conformability, dependability and transferability. Ethical clearance was obtained from Turfloop Research and Ethics Committee (TREC), and permission to conduct the study was obtained from the Mediclinic Limpopo. Informed consent was obtained from all the participants after explaining the purpose of the study to them. More information on the research methodology is discussed in Chapter 3.

1.8 SIGNIFICANCE OF THE STUDY

This study might help mothers with premature babies to cope with their experiences. The intervention strategies following this study might be very important to mothers as

those who are not coping with the situation will not produce enough milk to the already vulnerable babies who need immunity, nutrition to grow, love and comfort from the mother. Maternal mental health is also important in the wellbeing of mothers as well as the other children at home. Globally, one of the sustainable development goals will be reached of maternal and child health.

1.9 OUTLINE OF CHAPTERS

Chapter 1 briefly discusses the overview of the study, research problem, the purpose, objectives and the significance of the study.

Chapter 2 covers the literature review in the context of the research undertaken.

Chapter 3 describes research methodology and study design used.

Chapter 4 discusses the findings in relation to literature control.

Chapter 5 provides a summary of the results, limitations, recommendations and conclusion in the context of aims and objectives of the study.

1.10 CONCLUSION

This chapter covered overview of the study, with focus on introduction, research problem, literature review, purpose of the study, research question and the objective, methodology, ethical consideration as well as significance of the study. Chapter 2 reviews literature from other studies and explored the lived experiences of mothers of premature babies who are admitted in NICU.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review was briefly discussed in chapter 1 and this chapter will discuss it in detail. According to Cresswell (2013), literature review is an analytical overview of significantly related literature published on topics of researchers, which include current knowledge like substantive findings as well as theoretical and methodological contributions. The following discussion focuses on the reviewed topics: expectations of pregnant women, acknowledging and accepting of one's feelings, being a parent to a premature baby and accepting help from others.

2.2 EXPECTATIONS OF PREGNANT WOMEN

According to Ntshwane-Lebang and Khoza (2010), every expectant woman's dream is to have a healthy bouncing baby. The uterus is normally expected to carry the unborn baby up to 40 weeks gestation, and if labour comes before that, it is called premature labour. The woman will deliver a premature baby where the baby's organs will be threatened by the fact that they cannot function normally, especially the lungs which are responsible for breathing. This may result in the premature baby breathing with the aid of machines for proper oxygenation. According to Baum et al (2012), it is very difficult to cope with a premature baby as it ruins the dream of an expectant mother. Grief and worries shadow all the beautiful plans of those mothers who were looking forward to birth experience, warm welcome at home, first days at home and a new born parenting.

2.3 ACKNOWLEDGING AND ACCEPTING ONE'S FEELINGS AND EMOTIONS

According to Gooding, Cooper, Blaine, Frank, Howse and Berns (2011), acknowledging and accepting one's feelings and emotions is the first step in coping with the premature baby. This will be achieved by facing each emotion one by one and if need be, one needs to cry, yell, pray, or laugh if feelings demand those (Gooding et al., 2011). Baum et al (2012) suggest that it is sometimes helpful for mothers to consider writing down the emotions and experiences. Whatever happens, it is very important to write down so that when one is sitting alone or with a partner, one can recall all that happened and be able to deal with them as things are happening very

fast and in a traumatic way. So things that are not recalled and dealt with will remain unattended and will cause hidden stress due to unresolved emotions. Involvement of family and friends can play the most important part in premature mothers' life (Smith et al., 2012). In modern technology with internet availability, premature mothers connect with other mothers who went through premature babies experience and will be able to receive support and share experiences. Also, the availability of psychologists in the hospital may help premature mothers if they sign up to be involved or to get help and support (Gooding et al., 2011).

2.4 BEING A PARENT TO A PREMATURE BABY

Mothers are usually putting all the focus on the machines but not on the babies. This may cause a lot of stressful situation as equipment are more unfamiliar. Instead the most important thing to do is to focus on the baby and ask questions about the baby's conditions (Obiedat et al., 2011). Demonstration of affection to the premature baby is the first step of bonding with it (Smith et al., 2012). Spending enough time with the baby will also help to go through the whole process easily as one will be able to ask all the relevant questions related to the baby's condition, and to know one's baby caregivers, including multidisciplinary team members. This will enable a comprehensive understanding of the premature baby. This will enable bonding between the mother and the baby, and will help the baby to grow faster (Cockcroft, 2012). Some mothers can discuss with their employers to go back to work earlier so that the time the baby comes home, the mother can spend more time with it, whereas in the meantime while in hospital, the baby is under the good care of doctors and nurses. The mother will just visit in-between to provide breast milk in order to be able to spend enough time with her baby after discharge (Cockcroft, 2012).

2.5 ACCEPTING HELP FROM OTHERS

Many people are working these days and the work stress seems to be unavoidable. So having a premature baby seems to be a lot more stressful than work. One needs to delegate duties like sending others for baby's shopping as long as possible to create time to self and the premature baby (Cockcroft, 2012). Family-centred care is recommended in recognising critical steps for mothers during the care, and being aware of their needs, emotional impacts as well as responses of individuals (Staniszewska, Brett, Redshaw, Hamilton, Newburn, Jones & Taylor, 2012).

Premature babies raise some kind of unique issues for mothers, where most of the time the birth of the baby becomes so quick and unexpected, resulting in the premature baby separated from the parents immediately due to specialised care needed for the baby (Forcada-Guex, Borghini, Pierrehumbert, Ansermet & Muller-nix, 2011). Therefore, fathers of the premature baby need to support the mother by giving her enough time with the baby as both the mother and the father are experiencing the situations differently and are feeling lonely (Cockcroft, 2012).

2.6 CONCLUSION

This chapter discussed literature regarding experiences of mothers of premature babies from different sources. Health-related articles were used in the chapter. Literature shows that the effect of prematurity impacts the whole family due to its adverse outcomes in terms of the survival of life, and its psychological and emotional effects. Literature also shows that due to premature delivery and prematurity, organs are not well-developed and require intensive care, which includes complicated machines. These contribute in the mother of the baby being unable to be part of the care, causing some psychological and emotional reactions which result in both negative and positive experiences. Chapter 3 will discuss the methodology used in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter 2 discussed the literature review from different articles related to this study. Literature shows that the effect of prematurity impacts the whole family due to its adverse outcomes in terms of the survival of life, and its psychological and emotional effects. Literature also shows that due to premature delivery and prematurity, organs are not well-developed and require intensive care, which includes complicated machines. This chapter discusses the settings, research design, study population, sampling, data collection, data analysis, measures of ensuring trustworthiness and ethical consideration of the study.

3.2 SETTING

The study was conducted at Mediclinic Limpopo Hospital in Capricorn District, Limpopo Province, South Africa. This hospital is an acute care facility consisting of 247 beds. It has specialised units which are adult intensive care unit with 12 beds, high care unit with 10 beds, neonatal intensive care unit with 13 beds and the maternity is having a capacity of 35 beds. General units which include medical and surgical units as well as children unit have a total of 177 beds. The hospital has different kinds of specialised doctors and nurses (Hospital Situational Analysis, 2017).

3.3 RESEARCH DESIGN

The approach used is qualitative because the researcher would like to explore and describe the experiences. The research design used was descriptive phenomenological research design. This type of a design was chosen in order to accurately understand the participants' first experience with their babies in NICU. The researcher had an opportunity to observe the participants in a completely natural and unchanged environment (Smith, 2011). The reason for using descriptive design was to describe things as they are and not to change any behaviour or response. This design has an advantage as it can acquire a lot of information through description (Smith, 2011).

3.4 POPULATION

According to statistics from Mediclinic Limpopo maternity ward for 2015 and 2016, the number of babies who were delivered at 36 weeks gestation and below was 235. This is shown in Table 3.1 below. As some of these premature babies were twins, the population of the mothers is estimated around 230.

TABLE 3.1: Premature babies statistics for 2015 to 2016

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
11	14	19	14	11	13	17	11	8	14	11	11
15	20	22	24								

3.5 SAMPLING

Convenient sampling, where all mothers of premature babies who were willing to participate and met the criteria, was used. The sampling was convenient as all mothers were interviewed before their babies were discharged. Due to the saturation of the data, eight mothers were interviewed. According to Fusch and Ness (2015), data saturation is reached when enough information is collected and no new information will be revealed should the interviews continue. Data saturation is a tool or standard used in qualitative study for ensuring that enough and quality data are collected to support the study (Walker, 2012).

- **The inclusion criteria**

All mothers who delivered through caesarean section at 36 weeks gestation and less. Only mothers who could communicate in English were included in the study. English was used because it is a common language for both the researcher and the participants although it is not their first language.

- **The exclusion criteria**

Mothers who showed signs of puerperal psychosis and those who could not communicate in English were excluded.

3.6 DATA COLLECTION

Data was collected through semi-structured interview using an Interview Guide. Semi-structured interview is the qualitative method of inquiry that combines a pre-determined set of open questions which allows focused, conversational two-way

communication and questions based on responses from the interviewer (Creswell, 2013). It is advantageous to use this method as it allows the interviewer to prepare questions beforehand, and to probe questions based on the responses. It allows the participants freedom of expression of own views as it consists of open-ended questions and gives reliable comparable qualitative data (Fusch & Ness, 2015). It was relevant for this study as the researcher explored experiences of mothers of premature babies.

The Interview Guide used had two sections. Section A collected demographic information of the participants. Section B had a central question, followed by follow-up questions or probing questions. The Interview guide is attached as Appendix 1. The central question was: "Tell me about your experiences when you saw your premature baby in neonatal intensive care unit for the first time". Follow up questions were asked for clarification based on how the participants answered the central question as suggested of participants by Cresswell (2013).

All semi-structured interviews were audio-recorded using a digital recorder with the permission of the participants and lasted between 30 to 50 minutes. Each interview assigned a code for anonymity. For example, the first participant was coded "Participant 1, 14 May 2016". The interviews were conducted in a conducive single room, free of noise. Field notes as a secondary data method were collected and written as soon as possible after the interview as human beings tend to forget. The field notes are observational notes, which note what happened using all senses. They are theoretical notes which note attempts to derive the meaning as the researcher thinks. They are further methodological notes for reminders, instructions on oneself on the process and analytic memos which note a summary of the process (Emerson, Fretz & Shaw, 2011).

3.7 DATA ANALYSIS

The technique used for data analysis was Interpretative Phenomenological Analysis, which is the approach to qualitative research whose focus was aimed at offering insights into how a given person in a given context makes sense of a phenomenon (Smith, 2011). The researcher listened repeatedly to the audio recorder, and the voice recordings were transcribed verbatim and analysed thematically. An example of the

transcripts is attached as Appendix 2. Data was analysed using the following steps as outlined in Smith (2011):

- Step 1: Bracketing and phenomenological method

The researcher bracketed own presupposition in order to avoid inappropriate subjective judgements. This was followed by the repeated and careful reading of verbatim transcripts while making notes at the margins. This also involved summarising, validating and modifying the notes where necessary.

- Step 2: Delineating units of meaning

The lists of units with relevant meaning were extracted from each transcript and carefully scrutinised. Redundant units were eliminated. In delineating the units of meaning, the researcher considered the literal content, the number of times the meaning was mentioned and how non-verbal cues were stated.

- Step 3: Grouping of units of meaning in order to stay true to the phenomenon.

A group of units with the same meaning were gathered together. Relevant topics were then identified. The researcher repeatedly went back to the transcripts and to the list of units of the same meaning to derive the group of appropriate meaning. Often, it is expected that there is overlap in the grouping, and by interrogating the meaning of the various grouping, themes were determined.

- Step 4: Pulling out themes and sub-themes from all the transcripts and making a summary.

Copies of all transcripts were sent to an independent coder for analysis. The independent coder was a senior academic with experience in conducting and supervising qualitative studies. A certificate from an independent coder is attached as Appendix 3. Thereafter, the researcher and the independent coder held a meeting to discuss and agree on the final themes and sub-themes.

3.8 MEASURES OF ENSURING TRUSTWORTHINESS OF THE STUDY

In qualitative studies, credibility, transferability, dependability and confirmability are used as measures to ensure trustworthiness (Cresswell, 2013). The criteria of trustworthiness also addressed the issue of bias.

3.8.1 Credibility

Credibility refers to the fact that the results found in research are believable because the information collected is quality, and accuracy of data can be gauged through

triangulation and will be found to be correct. In this study the researcher ensured credibility. This was done by spending four months with the participants collecting data using a digital recorder and field notes until saturation. After reaching the saturation, the data was carefully interpreted and analysed. So the researcher made sure that misinterpretation of data is avoided at all times.

3.8.2 Transferability

Transferability refers to the degree to which the research process can be transferred to other contexts where the reader can take note of the methods used and the research situation in order to compare these to similar situations. The researcher ensured transferability by providing sufficient details of the field work for the reader to decide whether or not one can apply the whole process to other settings.

3.8.3 Dependability

Dependability refers to the fact that the research findings are consistent and can be repeated, and is measured by the standard by which the research is conducted, analysed and presented. To ensure dependability, the researcher made effort to enable other researchers to do similar studies. This will be made possible by keeping all materials used in this study for about five years to allow other researchers to confirm the findings.

3.8.4 Confirmability

Confirmability means questioning how the research findings are supported by the data collected, and whether the researcher has been bias during the study. The researcher ensured confirmability by making sure that the findings are from the data collected and not from own optimistic thinking. This was achieved through bracketing during data analysis. Audit trail could also help with confirmability as it will allow any reader to trace the course of the research step by step via the decisions made (Creswell, 2013). The independent coder was also used to confirm the findings as explained under data analysis above.

3.9 ETHICAL CONSIDERATIONS

According to the Department of Health (2015), research involving human participants must be conducted in a way that respects human safety, dignity and rights of the research participants.

3.9.1 Ethical Clearance

The researcher obtained ethical clearance from Turfloop Research Ethics Committee (TREC) of the University of Limpopo before commencing with data collection. The ethical clearance certificate is attached as Appendix 4.

3.9.2 Respecting anonymity and confidentiality

The participants and the institutions where the data was collected have a right to anonymity and confidentiality. This was ensured by using numbers instead of names and by conducting interviews in a private room.

3.9.3 Respecting the rights of participants

According to the Department of Health (2015), respecting right of the participants is one of the most important elements in qualitative studies. In this study informed consent from each participant was obtained before commencing with the interviews. An example is attached as Appendix 5. Before signing informed consent, the participants understood that they are taking part in a study, purpose of the study, methods being used, possible outcomes, associated discomforts, inconveniences and the risks involved.

To respect the rights of the institution, the researcher requested permission to collect data from the hospital. The letter requesting permission from the management of the hospital to collect data is attached as Appendix 6. The management of the hospital gave permission and the letter is attached as Appendix 7.

3.9.4 Minimising potential risk and harm

According to the Department of Health (2015), conducting research involving human beings has a potential for harm such as physical harm, psychological harm, social, financial harm and invasion of privacy. In this study, the researcher guarded against

risks of psychological harm by having a counsellor who was ready in case some of the mothers became emotional during the interviews.

3.9.5 Providing the right to withdraw

The participants have the right to withdraw at any time of the study and are not to be pressurised in any way to try and stop them from withdrawing. In this study, the participants were informed that they have the right to withdraw at anytime without any fear of penalty.

3.10 CONCLUSION

This chapter explained the methodology used in this study, which included setting, research design, population, sampling, data collection, data analysis, measures of trustworthiness as well as ethical consideration. Chapter 4 discusses the findings and literature control.

CHAPTER 4

FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

The previous chapter outlined methodology where eight mothers of premature babies were interviewed using a semi-structured interview guide. Each interview was recorded using a digital recorder and was transcribed verbatim. This chapter focuses on the findings of the study. Four themes and 19 sub-themes emerged.

4.2 DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

The sample consisted of eight mothers who delivered premature babies through caesarean section and with a gestational age of less than 36 weeks. The experiences of mothers with their premature babies was likely to differ according to parity where two mothers were first-time mothers. It was expected that they would be more scared than those with two or more babies. Mothers with medical knowledge like nutritionist and nurse were expected to have better experiences than those without medical knowledge. Those with post-matric qualifications were expected to cope better than those without (Mizrak et al. ,2015; Steyn, et al., 2017). Table 4.1 below indicates the demographic profile of the interviewees.

Table 4.1: Demographic profile

AGE	PARITY	EDUCATIONAL LEVEL	MARITAL STATUS	OCCUPATION
25	2	Degree	Single	None
28	3	Honours degree	Single	Nutritionist
31	2	Certificate	Married	Fire –fighter
31	3	Matric	Married	None
30	2	Degree	Married	Admin Clerk
29	1	Matric	Married	None
36	3	Diploma	Married	Nurse
31	1	Degree	Married	Cashier

4.3 THEMES AND SUB-THEMES

Outlined below are themes and sub-themes which emerged from the data analysis and are discussed using recent literature. The themes and sub-themes are summarised in Table 4.2.

TABLE 4.2: Themes and sub-themes

Themes	Sub-themes
1 Diverse experiences of being a mother of a premature baby	1.1 Feeling of fear related to babies' state of health 1.2 Support versus lack of support from nurses. 1.3 Stressful, unfamiliar and complicated environment 1.4 Teaching, counselling and learning moments experienced 1.5 Acceptable welcome and happy feeling in NICU 1.6 Feelings that quality care is provided 1.7 Medical conditions experienced by mothers 1.8 Different reactions towards first and repeated exposure to having a premature baby in NICU 1.9 Suffering and feeling of hope
2 Stories of being a mother of a premature baby	2.1 Unexpected delivery of a small size preterm baby 2.2 Negative thoughts of treatment given in NICU 2.3 Perceived ideas related to pain felt by the baby
3 Knowledge related to premature baby	3.1 Diverse knowledge related to premature babies 3.2 Health professional consultation a necessity related to gaining knowledge about premature babies 3.3 Acquiring correct information prior to exposure to neonatal babies a necessity 3.4 Giving information related to feeding practices for premature babies a necessity 3.5 Lack of knowledge leading to frustration during care of premature babies
4. Myths related to a premature baby	4.1 Existence of wrong information related to premature babies in the communities 4.2 Existence of perceived picture related to premature babies

4.3.1 Theme 1: Diverse experiences of being a mother to a premature baby

The findings revealed that the participants had diverse experiences related to being mothers to premature babies. The following sub-themes emerged under this theme:

4.3.1.1 Feelings of fear related to babies' state of health

As indicated below, the findings show that some of the mothers were scared and had feelings of fear when they saw their babies for the first time in the NICU.

Participant 3 who had a baby boy said, with deep emotions:

“Umm... I was scared. I thought maybe I was going to lose him, cause he was too small and with all wires all around his little body, it was scary.”

Participant 4 supported:

“The... the first time I came here to see my premature I...I...I... I was so scared and after some few minutes I feel so comfortable the way the sisters treated them”

Participant 6 also added:

“But sometimes you know... you become scared... scared... a little bit, just to think oh! My baby is breathing with tubes or whatever maybe you become scared that maybe something bad will happen”.

The findings tie in with a study by Ncube, Barlow and Mayers (2016), which revealed that emotional unpreparedness is one of the factors which creates fear and scary feelings to mothers of premature babies. This is evident in the findings. Two studies revealed different emotions of mothers who were observed between the time when they gave birth and the time when they saw their babies in NICU for the first time. They were either nervous and fearful or excited, and grief and joy were shown at the same time (Arnold, Sawyer, Rabe, Abbott, Gyte, Duley & Ayers, 2013). The findings are related to a study which revealed that premature babies are normally born with premature organs, especially the lungs. So they often need respiratory machines to breathe, which affect infant mother bonding because the mother is unable to hold the baby who causes emotional instability to the mother (Steyn, Poggenpoel & Myburg, 2017).

4.3.1.2: Support versus lack of support from nurses.

The findings have shown that some mothers were excited about the support and the welcome that they received during their visit to NICU, whereas others felt left out of the care when they were not involved in the baby care.

Participant 5 indicating lack of support:

“Eh maybe if I were from the theatre, somebody came and explained the situation. I knew the baby was not due yet when I went to theatre but if somebody had come, said that there is this and that and that. You will have to experience, when you are waiting for your premature baby. I would have some knowledge but here now I have just find out when I ask those nurses in there. It is so what do I do now? Yah”

Participant 5 said to show support she got:

“I cannot hold her. The nurses wanted me hold her but I can't.”

These findings are in line with a study which revealed that nurses usually focus only on the baby and neglect the mothers of premature babies (Heidari, Hasanpour, & Fooladi, 2013). A study by Arnold et al. (2013) revealed that mothers who are anxious and do not want to touch their babies at first in NICU are likely to bond poorly and will face mental challenges. The study by Steyn et al. (2017) revealed that mothers do not get a chance to see their premature babies' doctor to discuss their concerns about their babies, as such their conditions and progress become stressful. In another study, (Malakouti, Jabraeeli, Valizadeh and Babapour, 2013) revealed that even though nurses know about the importance of spending time with the mothers, where they explain the conditions of their babies, they still prioritise the caring of these babies using machines than spending time explaining and updating the mothers on their babies' conditions. The ability and knowledge to recognise the psychosocial needs of the mothers whose babies are admitted in NICU is a need to nurses (Heidari et al., 2013).

4.3.1.3 Stressful, unfamiliar and complicated environment

The findings show that mothers of premature babies become very stressed due to the unfamiliar environment, with their babies having attachments all over their bodies and machines that are making sounds.

Participant 3 said:

"They told me like those wires, they check mm... I don't know, maybe the temperature and stuff and maybe his heartbeat, yah."

Participant 1 commended:

"When your baby is having the tubes all over the body and everything, so sometimes you can see that these things are not normal."

Participant 2, who delivered twins, added:

"When I see my kids, yes for me, because it was the first time, I was stressed how come the drips and whatsoever."

The findings are related to a study by Mizrak, Deniz and Acikgoz (2015), which revealed that NICU can be a very stressful environment to mothers of premature babies because of its noise, hot temperature and advanced machines which include confusing medical language used by medical staff. As indicated by some of the mothers, the frightening cold NICU environment is so stressful to mothers that it stays in their minds for a long time (Heidari et al., 2013; Arnold et al., 2013). These findings

are also related to a study by Malakouti et al. (2013), Heidari et al. (2013), Pascoe, Bissessur and Mayer (2016), which revealed that the strange noisy NICU environment is overwhelming to mothers, especially the fact that their babies are not stable, and can change conditions anytime, with possibilities of death.

4.3.1.4 Teaching, counselling and learning moments experienced

The findings show that mothers experienced teaching and learning moments during their visit to NICU.

Participant 2, who delivered twins, said:

“But the nurse who was assisting, she starts explaining everything. This is for food, this is for what, and this is for what. Then I ended up understanding, ok... my kids are being supported in terms of oxygen, in terms of, that’s were at least I was so relieved”

Participant 8 added:

“They tell us maybe it’s for the oxygen or something there. That’s why they put in the nose. That one, so he checked nicely for the heartbeat and all.”

Participant 2 said, to show counselling:

“Honestly a welcome and even a confident, a confident counselling from a person who is assisting, it makes your heart beat slower”.

The findings agree with the study by Malakouti et al. (2013), that teaching and giving all the information to the mothers as well as involvement makes the mothers to be confident, to love their babies more, and to have positive experience. Another study revealed that support and education, which nurses give to mothers of premature babies on how to give good care to their babies, have lots of benefits (Heidari et al., 2013). Psycho education and counselling have shown to reduce posttraumatic stress symptoms in mothers of premature babies (Gondowe & Holdtch- Davis, 2015). Studies have shown that spending time with the mother of the premature baby, giving the necessary information and attending to psychosocial needs of the mother improves confidence on the mother, and emotional well-being (Heidari, Hasanpour, Marjan & Fooladi, 2017).

4.3.1.5. Acceptable welcome and happy feeling in NICU

The findings of this study show that mothers experienced a warm welcome and a happy feeling in the NICU.

Participant 2, who delivered twins said, to show welcome:

"Ok the first time when I enter new..., I receive a warm, warm, welcome even without being sure your children are there...Its' just that yes..., yes, they welcome me, oh.... it's the mother of the twins? Well yoo...and oh...shame, it's the first time? You want to see your kids? Ahh...they are fine...they are fine. And oh...it was..., it just that even before I saw my kids neh, I was so happy inside before".

The findings differ with a study which revealed that the most challenging thing that the health team in NICU face is to attend and welcome the mother of a premature baby in terms of helping her cope with the situations and stresses associated with the birth of the infant (Valizadeh, Zamanzadeh, Mohammadi & Arzani,2014).

Participant 4 said to show happy feelings:

"As from now I feel happy because I can see the baby is growing up and the sisters feed them to grow up and the scale is going up."

Participant 7 commented:

"I feel happy even though they said that are putting him on oxygen so that they can see for one to two days if he can breathe by himself"

Participant 6 supported:

"Over the moon. To feel like happy. Yah I am happy because I have already told you that my previous pregnancies were not... So to see my baby alive it was like a dream come true.".

The findings are compatible with a study done by Mizrak et al. (2015), which revealed that mothers of babies who are in NICU and are involved in activities like bathing, holding and feeding of babies feel as if they are part of the care. Heidari et al. (2017) revealed that there is a high survival rate of premature babies these days, which is determined by the psychosocial well-being of the mother. The means that for the premature baby to grow normally and faster, the health team needs to attend fully to the psychological needs of the mother. It was found that a happy mother bonds and nurtures her baby better (Heidari et al.,2017). The same study revealed that the involvement of family members is very crucial in the support of the mother. So for the mother to be happy and raise a healthy baby, we need support from both health team and family.

4.3.1.6 Feelings that quality care is provided

The findings show that mothers experienced feelings that quality care is provided in the NICU.

Participant 5, who delivered a baby girl, said:

“One thing I am not that concerned about. The care here, its high care, so yaa.. If I were to, in a public hospital yah I would be traumatised but in here I see she is in good hands.”

Participant 7 added:

”The things that I saw is that, here they use the machine that can help the baby. They try everything that they could do, so that they can help the baby to survive”

The findings are in line with a study by Khalesi, Anjom, Razaeiezadeh and Farahani (2015), which revealed that health professionals who share information with mothers of premature babies aid in early healthy development of the baby and early discharge. Two studies revealed that even though the best care is given to babies, and relevant information is given to mothers of premature babies, there is still existence of anxiety, fear and sleepless nights amongst mothers of premature babies (Heidari et al.,2013;Gondowe and Holdtch- Davis,2015).According to Khalesi et al.(2015), assessing knowledge and experience of mothers of babies who are admitted in NICU improves the service in NICU as well as the outcome of the prematurity (Khalesi et al.,2015).

4.3.1.7 Medical conditions experienced by mothers

The findings show that mothers experienced medical conditions.

Participant 5 said:

“Yah if it’s since, since my, the first time I found out I was pregnant I was very ill. So they told I’d be, I have hypertension so if I go through that again and it comes back, I won’t be able to cope so it’s best I leave it like that”.

Participant 1 added, about her medical condition:

“I did experience so many things because first of all I was not expecting to have this child because on the 2nd of September, yaa... on the 2nd of September, I was admitted here, neh... because of this pregnancy, they said because of the blood pressure is too high, so the moment I was admitted they decrease blood pressure and stuff, and then they discharged on the 7th and the doctor told me that that I must come back for a check-up on the 22nd.The moment I came back on the 22nd , the doctor told me that

the blood pressure has gone high again, so he wish to give me birth right now because he can see that the baby is starting to...,to...,to...,how can I say it, maybe he will stop breathing, because he checked everything and said eh..eh..' shaking her head 'I am going to admit you right now.... let say you will give birth right now"

Participant 7 added, about her medical condition:

"Because he says that it's dangerous for me and the baby due to blood pressure. Because it was 155 over 100 and they find that the amniotic fluid that the baby can move around is small... small, it's going down... down instead to increase. It's going down to the normal so that one day I would find out the baby is dead, on my womb."

The findings are compatible with studies which revealed that medical conditions like maternal diabetes, hypertension, advanced age and human immune diseases contribute to premature labour (Steyn et al., 2017; Malakouti et al., 2013).The long term effects of mental condition and functioning can result due to traumatic experiences caused when premature babies are admitted in NICU, which include shock and anticipation(Steyn et al.,2017;Heidari et al.,2013).Another study related to the findings revealed that the normal attachment and mother infant bonding process becomes interrupted and causes anxiety and depression to premature babies' mothers (Steyn et al., 2017;Valizadeh et al., 2014;Heidari et al., 2017).

4.3.1.8 Different reactions towards first and repeated exposure to having a premature baby in NICU

The findings show that mothers have different reactions towards the first exposure to having a premature baby in NICU.

Participant 4, who had first experience, said:

"It was my first time to see the prematures. Since I didn't see the prematures, it was the first time that is why I feel so scared and uncomfortable"

Participant 2, who delivered twins, supported:

" It was my first time seeing a premature baby. It is just that I was confused eish. The drips, as a mother even myself I don't like drips. It is just that I asked myself but what about my kids. They are not feeling... these drips are not painful cause there were drips everywhere. But when the nurse explained to me, this one is for TPN, this one is for oxygen, this one is for blood, I felt my kids were so secured....

Participant 3, who had previous experience, commented:

"Umm... Like I said, I was scared cause it's not even the first time I had premature babies and the first ones I lost them. So, that thinking back that maybe I am losing him too. It was not easy."

The findings are in line with a study by Arnold et al. (2013), which revealed that NICU is initially overpowering for mothers, especially those who had not visited the unit before, and those who saw their babies for the very first time in the NICU. The same study revealed that first time mothers in NICU seemed to be at ease, and took everything as they came as they relied solely on the nursing staff in the unit. The other study revealed that premature babies need to be hospitalised immediately after birth, and this stresses the mothers who meet challenges, which include first time visitor sand those with repeated experience (Malakouti et al., 2013; Gondowe & Holdtch-Davis, 2015).

4.3.1.9 Suffering and feeling of hope

The study shows that being a mother of a premature baby causes suffering and a feeling of hope.

Participant 5 said, with feeling of suffering:

"Yah I just look through the glass. I cannot, not now maybe when she has gained weight I can touch her."

Participant 3 added, with feeling of suffering:

"Yah because he was small, very small with those wires around his body I thought maybe I am losing him"

Participant 7, indicating a feeling of hope, said:

"I was asking the nurse about the Apgar score and when I found about the Apgar score is normal I realised that even my baby can survive like other babies."

Participant 2, indicating feeling of hope, added:

" But the nurse who was assisting she start explaining everything. This is for food, this is for what, this is for what. Then I ended up understanding ok my kids are being supported in terms of oxygen, in terms of, that's were at least I was so relieved."

The findings are in line with a study done by Arnold et al. (2013), which revealed that mothers who suffer from stress when they cannot bond with their premature babies tend to be reduced when they get time to bond with their babies with kangaroo mother care, even though they worry about infection of their babies.Steyn et al. (2017) revealed that mothers of premature babies need to develop hope about survival of

their babies when their babies are admitted in NICU even if they realise that their babies have a possibility of dying. Another study revealed that premature delivery does not allow normal transition from a pregnant state to post-delivery state which causes suffering (Malakouti et al., 2013; Pascoe et al.2016).

4.3.2 Theme 2: Stories of being a mother to a premature baby

Theme 2 revealed stories of being a mother to a premature baby. The following sub-themes emerged from this theme:

4.3.2.1 Unexpected delivery of a small size premature baby

The results revealed unexpected delivery of a small size premature baby.

Participant 5 said:

"It was a very scary moment. The baby was so small, attached to tubes. Eish!.. it was not like I expected the moment because the moment should be joyous."

Participant 7 commented:

"I experienced that my baby can survive or not because I see that the baby is too small"

Participant 8 supported:

"Because of the pipe because I see the small, small hand and the pipe and all that"

The findings are congruent with studies by Gondowe and Holdtch - Davis (2015) and Malakouti et al. (2013), which revealed that preterm birth is regarded as unexpected and end emotions, whether it was a planned caesarean section or not, as it results in mothers feeling guilty, anxious and stressed that they have failed to carry the pregnancy up to term and deliver a normal healthy baby. Studies have shown that parents' stress is mostly caused by having a preterm infant, including the size and the infant's appearance as well as being surrounded by the devices, the mother's role changes, long-term separation and the NICU environment (Malakouti et al., 2013). A recent study shows that mothers of premature babies are not prepared for the early delivery, and are traumatised when they see the way vulnerable and fragile their babies are when surrounded by technology in the NICU (Steyn et al., 2017; Malakouti et al., 2013; Khaledi et al., 2015). This unpreparedness leads to some kind of hidden feelings on the mother, including hating the baby slightly and intensively later and having some kind of hidden negative feelings towards the baby (Malakouti et al.,

2013). Two studies revealed that the unexpected arrival of a premature baby causes shock, tension and anxiety (Steyn et al., 2017; Malakouti et al., 2013).

4.3.2.2 Negative thoughts of treatment given in NICU

The study results revealed negative thoughts of treatment given to neonatal intensive care unit.

Participant 4 commended:

"I think that maybe the baby is not ok when the machine is making the red lights"

Participant 5 added:

"This situation is traumatising. All those babies with tubes, depending on drips and other things. It's not, it doesn't feel right".

Participant 3 supported:

"Yah cause he was small, very small with those wires around his body I thought maybe I am losing him".

The findings are in line with a recent study done in one of South African private hospitals, which revealed parents' experiences with regards to mothers' thoughts and emotions which are interrelated to their babies conditions in NICU, meaning when babies' conditions change, it triggers their emotions (Steyn et al., 2017). The same study revealed that it is necessary for parents of premature babies and their families as well as the communities to learn from experiences of mothers whose babies are in the NICU to promote mental health and to prevent others from having negative thoughts about NICU in the future. A study that was done in Iran revealed factors which contribute to stress for mothers of premature babies who are admitted in NICU include pain felt by the babies, isolation of their babies, and the environment with machines and tubes all over the baby's body, and that a common negative emotional response to mothers is posttraumatic stress symptoms (Heidari et al., 2013; Gondowe et al., 2015).

4.3.2.3 Perceived ideas related to pain felt by a premature baby

The study revealed that there is perceived ideas related to pain felt by a premature baby.

Participant 2 said:

"It is just that I was confused eish. The drips, as a mother even myself I don't like drips. It is just that I asked myself but what about my kids. They are not feeling...these drips ...are not painful?... cause there were drips everywhere."

Participant 8, who delivered a baby boy, commented:

"That's why I got pain and I am scared because he is crying for paining"

Participant 5 added:

"Yes eish!, yah... it's fragile cause the hands are so small. Everything is so small. Yah... so if you were to maybe move her or touch or anything you feel maybe you maybe you are hurting her or something. Since she is very, very, very small"

Findings agree with the studies which revealed that parents becomes more worried about the condition of their babies, procedures that are done on those babies which might be causing pain, as well as the future especially where the babies' conditions are not stable (Heidari et al.,2013;Steyn et al.,2017; Malakouti et al., 2013) revealed that mothers explain their experience as painful when they have to watch their babies going through pain and also when they are deprived from spending time with their babies. Mothers are usually worried about the appearance of their babies, their roles as mothers and possibility death of their babies (Heidari et al., 2013).

4.3.3 Theme 3: Knowledge related to premature babies

The study revealed knowledge related to premature babies. The following sub-themes emerged from this theme:

4.3.3.1 Diverse knowledge related to premature babies

The study revealed the existence of diverse knowledge related to premature babies.

Participant 7 commented:

"Because I was 34 weeks whereas between the last two weeks the baby was not getting enough oxygen from me. He was not getting blood, enough blood from me. He was not getting enough food from me because of BP."

Participant 4 supported:

"They explain to me what the machine says when the red light comes and why did they put the child inside the bottle and why the child becomes small and the size."

The findings are in harmony with a study by Khaled et al. (2015), which revealed that health professionals and staff help parents of premature babies with knowledge about

their ill babies' conditions by means of sharing the knowledge that they have studied with them. According to Heideri et al. (2013) and Mizrak et al. (2015), giving diverse information to mothers regarding their babies, and involving them in decision-making as if they are part of the team helps to reduce anxiety in parents of babies who are in the NICU because they need information and interaction with health professionals. According to Khalesi et al. (2015), the birth of a premature and a critically ill baby creates stress amongst mothers, and it is related to lack of knowledge and awareness in the care of premature baby. Feelings of uncertainty develop regarding outcome of their babies, lack of information as well as financial burdens (Gondowe et al., 2015).

4.3.3.2 Health professionals' consultation a necessity related to gaining knowledge about premature babies

The results of the study revealed the necessity of health professionals' consultation related to gaining knowledge about premature babies.

Participant 5 said:

"I had, they didn't explain. I had to ask what is this for, what is this for? Why are you doing this? What does this do?"

Participant 7 commented:

"I was want to know if the baby is passing urine and stools. And today I found out that the baby is passing stools"

Participant 7 supported:

"Ee... yes... when I want to know everything you know how the things about the baby, I ask nurse or a doctor. And he or she can explain to me what's happening. From this part up to this part because as from now they put the baby on treatment. Yah for 5 days"

Participant 8 supported:

"I don't know the doctor told maybe they drink, little bit of water or something"

The findings are in line with a study, which revealed that the relationship between parents and nursing staff is important because the latter are able to educate parents about their premature babies and their needs, and give encouragement and support to parents (Steyn et al., 2017). Malakouti et al. (2013) and Khalesi et al. (2015) also show the importance of involvement between the nursing staff and the mothers with regards to education and encouragement. The challenges faced by nursing staff these days is to dedicate enough time to mothers while the care of babies also take time

(Malakouti et al., 2013). Mizrak et al. (2015) revealed that lack of communication between health professionals and mothers causes rise in anxiety levels amongst mothers of babies in NICU.

4.3.3.3 Acquiring correct information prior to exposure to neonatal babies a necessity

The study revealed the necessity of acquiring correct information prior to exposure to babies in the NICU.

Participant 4 said:

"I think at the ward. If they maybe they were put up us separately cause most of us we have a past, not I can't say experience. A past information that premature is like this, like this. I think the nurses at maternity before you see your child, if he or she can counsel you and tell wrong.... you no don't worry these thing do happen. Not that you did something Again, you are not expecting to find more kids, I mean you are just thinking to find your kids only, yes. You will find more drips, this, this, this... Not just a, a shock"

Participant 5 supported:

"Eh maybe if I were from the theatre, somebody came and explained the situation. I knew the baby was not due yet when.... I would have some knowledge but here now I have just find out when I ask those nurses in there. It is so what do I do now? Eh there is lots of questions running through your mind. Somebody if it was to answer those questions it will be much better and simple to understand".

The findings are in line with studies by Khalesi et al. (2015) and Malakouti et al. (2013), which revealed that women at their reproductive age lack knowledge regarding premature babies and care. Therefore, full information and education related to premature babies, care, and associated problems is necessary. Mizrak et al. (2015) indicate that lack of information regarding the medical treatment and care gives rise to anxiety in mothers of premature baby. The parents only feel safe if the nursing staff are near as they are the ones with knowledge (Steyn et al., 2017). Education to mothers should include how to recognise stress in premature babies in order to help them (Arnold et al., 2013).

4.3.3.4 Giving information related to feeding practices for premature babies a necessity

The findings from this study have shown that mothers of premature babies become frustrated when they learn that they cannot feed their babies through normal breastfeeding, but have to watch while their babies are being fed with tubes.

Participant 1 said:

"They told me that I can't feed my baby because he is using a tube"

Participant 8 added:

"About machine I don't know but he talks only with the baby. What they put and what they give. What they put pipe inside, what they feeding or anything. They only tell me about that"

Participant 5 supported:

"Um no they say this is one is for respiratory, BP and other thing. I could see there that ok those machines are going there, they said this one is for milk, this one is for antibiotics, and so on. I could see those tubes but hey it's still a long way to go"

The findings are in line with a study by Malakouti et al. (2013), which revealed that education regarding feeding practices is important, and emphasises that babies who recover should be started with feeds to improve neuro developmental care. Parents need information, knowledge and skills from doctors and nurses on the care of premature babies on feeding, growth, bathing, sleeping and complications such as colic and apnoea (Khalessi et al., 2015). According to Mizrak et al. (2015), mothers become more anxious due to lack of proper environment to meet their babies physiological needs like feeding, drinking and sleeping.

4.3.3.5 Lack of knowledge leads to frustration during care of premature baby

The study revealed lack of knowledge leading to frustration during care of premature babies.

Participant 4 said:

"I just saw her through the glass but I cannot hold her."

Participant 2 supported:

"Not that you will be so selfish but mind its mind. You will think that she is breastfeeding, mine I don't know how yah. Even the cry of a baby, meaning your mind ok, this one have a child but what about mine"

Participant 8 supported:

"Even still I don't understand how this, put sugar or anything but he say the sugar is not in the level for 5 something I am not sure what is exactly but he say now he is better."

Participant 5 supported:

"Eish... it's, I felt the longing is there but I have to accept that it's for the best. Because here they will be monitoring everything. Yah, I cannot monitor anything. I don't know anything about premature babies. I have to let those who know take care of her"

The finding tie in with a study by Steyn et al. (2017), which revealed that frustrations build up amongst mothers of premature babies if they are left out of care by health professionals. Upon discharge, mothers are more excited to go home. But if they are not equipped with knowledge, they become frustrated and no more keen to go home (Khalesi et al., 2015). Unrealistic and high expectations towards themselves and health professionals add on the frustration (Steyn et al., 2017). According to Heidari et al. (2013), because they have been separated from the baby, mothers are unable to bath, feed, and bond with their babies, which frustrate them. Khalesi et al. (2015) indicate that non-involvement of mothers in the care of their babies makes them to feel irresponsible.

4.3.4 Theme 4: Myth related to premature babies

The findings revealed myths related to premature babies. The following theme emerged:

4.3.4.1 Existence of wrong information related to premature babies in communities

The results show the existence of wrong information related to premature babies in the communities.

Participant 2 said:

"I was at least I got people, cause others they were just saying maybe the skin it will be like watery. Then when I even see the skin for my kids, it was normal. Yooooh!!! (laughing) just in the ward....Yes, but from that experience Neh.., I had learnt if you want to know something about health, you must go to the clinic. For example, if you want borehole water, you must call the person who is drilling water, don't ask the next door."

Participant 8 supported:

“ I never see any small baby before. Only my friend and relative but I didn't even play with them. Because I didn't get couldn't get chance to play with them or nothing”

The findings are consistent with the study which revealed the necessity of a training course amongst parents of premature babies before the discharge of the baby to have correct information on how to care for them at home which will reduce stress, improve early recovery and reduce pain in infant (Khalesi et al.,2015).The care to be given at home include, amongst others, avoiding kissing the baby, avoiding crowded areas and frequent trips, which will prone the baby to respiratory infections (Khalesi et al., 2015; Mizraket al., 2015)

4.3.4.2 Existence of wrong picture related to premature babies

The study revealed the existence of wrong picture related to premature babies.

Participant 7 said:

“I say that the other time we find out that the premature baby, maybe he can breathe for one hour or two hour after birth and after they died. But the other can survive after putting into oxygen and what what. But the first time when I see my baby I realised that I expect two things, it's either good or bad.”

Participant 4 added:

“They are talking at the clinic, hospital. Telling us about how premature are coming”.

Participant 2 supported:

“And honestly I was expecting that maybe my kid, cause as a young kid I just know premature is supposed to be like from the tip of your hand up until here. So when I got there I just asked the nurse, is my kid from here up to there? Then they said no. they were positive that even your kids are so better, they are tall”.

The findings are in line with a study done in one of the private hospitals of South Africa, which revealed that mothers of premature babies have perceptions about their babies; they often experience different kinds of emotions and feelings such as distress, guilt, fear, frustration, feeling of longing, some become angry, and others feel sad as well (Steyn et al., 2017). When a premature baby is born, emotional and practical challenges happen if there is interruption in the bonding of the baby and the mother (Heidari et al., 2013). Early delivery of the baby poses risk of depression to the mother (Pascoe et al., 2016).

4.4 CONCLUSION

This chapter discussed the findings and relevant literature control, including four themes and 19 sub-themes. These are diverse experiences of being a mother of a premature baby, dominant stories of being a mother of a premature baby, knowledge related to a premature baby and myths related to a premature baby. Chapter 5 discusses the summary, recommendations, limitations and conclusions.

CHAPTER 5

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS

5.1 INTRODUCTION

In this chapter, the conclusion of the study, the limitation of the study, and the recommendations based on the research objectives, were made. The main aim of this study was to explore mothers' experiences regarding their first exposure to their premature babies in NICU at a private hospital in Polokwane, Limpopo Province. The qualitative research phenomenology approach was used.

Chapter 4 discussed the findings as well as the literature control where the following four themes and 19 sub-themes were discussed. The first theme related to diverse experiences of being a mother of a premature baby. Under this theme, the following sub-themes were discussed: feeling of fear related to babies' state of health; support versus lack of support from nurses; stressful, unfamiliar and complicated environment; teaching, counselling and learning moments experienced; acceptable welcome and happy feeling in NICU; feelings that quality care is provided; medical conditions experienced by mothers; different reactions towards first and repeated exposure to having a premature baby in NICU; and suffering and feeling of hope. The second theme looked at stories of being a mother of a premature baby. Under this theme, the following sub-themes emerged: unexpected delivery of a small size preterm baby; negative thoughts of treatment given in NICU; and perceived ideas related to pain felt by the baby. The third theme focused on knowledge related to premature baby. Under this sub-theme, the following sub-themes emerged: diverse knowledge related to premature babies; health professional consultation as a necessity related to gaining knowledge about premature babies; acquiring correct information prior to exposure to neonatal babies as a necessity; giving information related to feeding practices for premature babies as a necessity; and lack of knowledge leading to frustration during care of premature babies. Lastly, the theme about myths related to a premature baby. This theme looked at the following sub-themes: existence of wrong information related to premature babies in the communities; and existence of perceived picture related to premature babies.

The objectives of the study were as follows:

- The researcher explored experiences of mothers regarding their first exposure to premature babies in NICU at a private hospital in Polokwane, Limpopo Province. In order to ensure that this objective was met, the researcher asked the main question and probing questions. Mothers were able to answer the main question and the probing questions. Themes emerged and were analysed in chapter 4.
- To describe the experiences of mothers regarding their first exposure to premature babies in NICU at a private hospital in Polokwane, Limpopo Province. This objective was also met as the mothers were able to describe their experiences in the findings, themes and sub themes in chapter 4. In the findings mothers described their fears, and how they viewed the environment as noisy and complicated. They also described their support and lack of support from the nurses as emerged from the themes.

5.2 SUMMARY OF THE RESULTS

This chapter made conclusions on the objectives of the study and recommendations on the findings of qualitative data. The researcher summarised the findings of the study. Four themes from the data were generated. Literature control was used to discuss the themes. The experiences of mothers of premature babies reflected on the emerged themes.

Mothers had diverse experiences, which involved fear for their babies' health in a stressful and complicated environment, and felt that the support from nurses was not always available. Mothers were happy with the welcome they received in NICU and also felt that teaching, counselling and learning existed, which led to a feeling that quality of care existed in the NICU. Medical conditions affected most mothers, resulting in premature labour and unexpected delivery of small size premature babies and admission to NICU. There were different reactions by mothers towards babies' admission in NICU. This resulted in suffering due to uncertainties and hope due to quality of care given to babies. Even though there was hope, negative thoughts towards treatment arose due to perceptions that the babies were feeling pain. The existence of wrong knowledge in the communities and wrong perceived picture related

to premature babies emerged. Therefore, the need for diverse knowledge related to premature babies in general, including feeding practices sought to be necessary by health professionals. Myths also emerged related to premature babies. Therefore, teaching, education and learning are necessary.

5.3 RECOMMENDATIONS

PRACTICE

- Doctors and professional nurses need to pay a visit to postnatal immediately when the mother wakes up from anaesthesia to explain that the baby is in NICU in order to prepare her for first exposure to their babies.
- Support and continuous update on the baby's condition need to be given to mothers of premature babies while still in the maternity by health professionals in order to improve the mother's knowledge on her baby's condition.
- Mothers with babies in NICU should be prepared that they will be paired together to give moral support and comfort to each in other and to support each other so that they do not have to listen to the baby crying nearby.
- Mothers in NICU need to be given warm welcome be given information immediately when the mothers visit the NICU for the first time in order to allay fears and to improve better understanding of prematurity.
- Involvement of the father if available as the main support structure in the care of the baby to allay fears to the mother in order to improve support to the mother.
- Family centred care to be given by involving other family members like grandparents if they are available in order to prepare the whole family for discharge.
- Finding out about the nearby support groups around the home of the mother for continuous support.
- Proper referrals to relevant specialists like psychologists for those mothers who are not coping in order to assist the mother to cope at home.
- Establishment of premature mothers' classes within the unit in order for mothers to be taught, to share ideas and to be clarified on most of the issues.

EDUCATION

- NICU staff to continuously be empowered with information regarding prematurity as a whole as well as the handling of mothers so that they can be able to handle and empower the mothers with proper knowledge.
- Health education regarding prematurity as a whole to mothers of babies in NICU to give overview of the condition and to equip them(mothers) with diverse knowledge.
- Full teaching and orientation of the NICU environment and medical equipment to mothers to allay fears.
- Counselling of mothers by councillors for those who are not coping with situations to keep their minds clean and to take care of their babies.
- Learning moments to be utilised to teach mothers of premature babies.
- Education regarding management of pain in a premature baby to prevent negative perceptions regarding pain felt by the baby.
- Information regarding full management and treatment on the baby to prevent negative thoughts on the treatment given to the baby.
- Team teaching where possible and the establishment of knowledge already known to mothers to clarify some of the issues.
- Teaching regarding feeding practices in the NICU to empower the mothers with knowledge on how the baby is fed when critically ill.
- Health Education regarding myths in order to prevent wrong practices after discharge.

RESEARCH

- Further research is necessary to determine the knowledge of prematurity amongst mothers who deliver premature babies and amongst the community as it looks like lack of knowledge comes back from the communities.
- Quantitative method to be used in order to determine the amount of people who lack knowledge regarding prematurity and to do further recommendations. Mixed methods will help to determine the amount of mothers with experiences on a larger scale.

5.4 LIMITATIONS

The use of English which is not the first language of the researcher and the participants, therefore some participants may not have been able to express their true experiences in English.

5.5 CONCLUSION

This chapter presented the summary, recommendations, limitations and conclusions of the study. The findings were presented on the experiences of mothers regarding their first exposure to the NICU as emerged from the study. There is a necessity that recommendations from this study be implemented in order to determine improvement of experiences of mothers who have premature babies in NICU. Recommendations for further research in different areas have been identified.

6. REFERENCES

- Arnold, L. Sawyer, A. Rabe, H. Abbott, J. Gyte, G. Duley, L. and Ayers S. (2013) Parents' first moments with their very preterm babies: a qualitative study. *BMJ Open* 3
- Baum, M. Weidberg, Z. Osher, Y. and Kohelet, D. (2012). No longer pregnant, now yet a mother: Giving birth prematurely to a very-low-birth-weight baby. *Online Journal of Qualitative Health Research*, 22(5): 595-606.
- Cockcroft, S. (2012). How can family centred care be improved to meet the needs of the parents with babies in neonatal intensive care unit? *Journal of Neonatal Nursing* 18:105 -110.
- Colman, M.A. 2014. *Dictionary of Psychology*. 4th Edition. Oxford University Press.
- Cooper, H. (2010). *Research synthesis and meta-analysis: A Step –by –step approach*, 4thedition.Thousand Oaks, California: Sage.
- Cresswell, J.M. (2013). *Research design: Qualitative, Quantitative and Mixed Methods Approach* 4th edition.Thousands Oaks. California: SAGE.
- Davey, M.A. Watson, L. Rayner, J.A., and Rowlands, S. (2015). "Risk-scoring system for predicting preterm birth with the aim of reducing associated adverse outcomes". *The Cochrane Database of Systemic Reviews* (10).
- Department Of Health. 2015. *Ethics in Health Research: Principles, Processes and Structures*. Department Of Health. 2ndEdition. South Africa.
- Elizabeth, A.M. 2010. *Oxford Concise Medical Dictionary*. 8th Edition. Oxford University Press.
- Emerson, R.M. Fretz, R.I. and Shaw, L.L. (2011). *Writing Ethnographic field notes*. 2ndedition.Chicago: University of Chicago Press.
- FarlexPartner Medical Dictionary.2012.Farlex. <https://medical-dictionary.thefreedictionary.com/exposure> (accessed 20 November 17)
- Forcada-Guex, M. Borghini, A. Pierrehumbert, B. Ansermet, F. and Muller-nix, C. (2011). Prematurity, maternal posttraumatic stress and consequences on the mother–infant relationship. *Journal of Early Human Development*, 87(1):21-26.

- Fusch, P.I. and Ness, L.R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9): 1408-1416.
- Gooding, J.S. Cooper, L.G. Blaine, A.L. Frank, L.S. Howse, J.L. and Berns, S.D. (2011). Family support and family-centred care in the neonatal intensive care unit:origins, advances, impacts. *Journal of Seminars in Perinatology* 35(1):20-28
- Gondowe K. W. and Holdtch - Davis D. (2015). Posttraumatic stress symptoms in mothers of preterm infants.*International Journal of Africa Nursing science*, 3:8-17
- Goutaudier, N. Lopez, A. Se'journe', N. Denis, A. andChabrol, H. (2011) Preterm birth: subjective and psychological experience in the first week following childbirth, a mixed methods study. *Journal of Reproductive and Infant Psychology*, 29(4):364-373.
- Heidari, H. Hasanpour, M. andFooladi, M. (2013).The experiences of parents with infants in neonatal intensive Care Unit. *Iranian Journal of Nursing and Midwifery Research*, 18(3), 208-213.
- Heidari, H. Hasanpour M. Marjan andFooladi, M. (2017). Stress Management among Parents of Neonates Hospitalized in NICU: A Qualitative Study: *Journal of Caring Sciences*, 6(1), 29-38.
- Khalesi, N. Anjom, F.S. Razaeiezadeh, G. andFarahani, Z. (2015). Evaluation of parents awareness and Knowledge about Problems and issues Related to Their Premature Infant in an Iranian Hospital. *Open Journal of Nursing*, 5.
- Malakouti, J. Jabraeeli, M. Valizadeh, S. andBabapour, J. (2013). Mothers' experience of having a preterm infant in the Neonatal Intensive Care Unit, a Phenomenological Study. *Iranian Journal of Critical Care Nursing*, 5(4):172–181.
- Marshall, C. and Rossman, G.B. (2011). *Designing qualitative research* (5thed.) Thousand Oaks, California: Sage
- Martin E.A. 2010. *Oxford Concise Medical Dictionary*. 8th Edition. Oxford University Press.
- Medical Dictionary for the Health Professions and Nursing. 2012.<https://medical-dictionary.the freedictionary.com/private+hospital>(Accessed 20 November 2017).
- Mizrak, B. Deniz, A.O. Acikgoz, A. (2015). Anxiety levels of mothers with newborns in a Neonatal Intensive Care Unit in Turkey. *Pakistan Journal of Medical Science*31 (5):1176-1181.

- Mundy, C.A. (2010). Assessment of family needs in neonatal care unit. *American Journal of Critical Care* 19 (2):156 -163.
- Ncube, R.K. Barlow, H. and Mayers, P.M. (2016) 'A life uncertain – My baby's vulnerability: Mothers' lived experience of connection with their preterm infants in a Botswana neonatal intensive care unit', *Curationis* 39(1)
- Ntswane-Lebang, M.A. and Khoza, S. (2010). Mothers' experiences of caring for very low birth weight premature infants in one public Hospital in Johannesburg, South Africa. *Africa Journal of Nursing and Midwifery* (12) 2:69-82.
- Obiedat, H. and Callister, L.C. (2011). The lived experience of Jordanian mothers with a preterm infant in neonatal intensive care unit. *Journal of Neonatal – Perinatal Medicine* 4(2): 137-145.
- Pascoe, M. Bissessur, D. and Mayer, P. (2016). Mothers perceptions of their premature infant's communication: A description of two cases. *Health SA Gesondheid* 21:143-154.
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1):9-27.
- Smith, V.C. Steelfisher, G.K. Salhi, C. and Shen, L.Y. (2012). Coping with the neonatal intensive care unit experience: Parents' strategies and views of staff support. *Journal of Perinatal Neonatal Nursing*, 26(4): 343-352.
- Staniszewska, S. Brett, J. Redshaw, M. Hamilton, K. Newburn, M. Jones, N. and Taylor, L. (2012) The POPPY study: developing a model of family –centred care for neonatal units. *Journal of Worldviews Evidence Based Nursing* 9:243-255
- Steyn, E. Poggenpoel, M. and Myburgh, C. (2017). 'Lived experiences of parents of premature babies in the intensive care unit in a private hospital in Johannesburg, South Africa'. *Curationis*, 40(1).
- Valizadeh, L. Zamanzadeh, V. Mohammadi, E. and Arzani, A. 2014. Continuous and multiple waves of emotional responses: Mother's experience with a premature infant. *Iranian Journal of Nursing and Midwifery Research* 19(4).
- Walker, J.L. (2012). The use of saturation in qualitative research. *Canadian Journal of Cardiovascular Nursing*, 22(2): 37-46.

World Health Organization. 2015. *Media Centre: Fact Sheet*. Premature birth. *World Health Organization*.

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APPENDIX 1: INTERVIEW GUIDE

Section A: Demographic information.

Age	Parity	Educational level	Marital status	Occupation

Section B: Interview Question.

1. Tell me about your experiences when you saw your premature baby in Neonatal Intensive Care Unit for the first time.
2. Follow up questions
 - What made you to have such feelings?
 - What information did you think would have helped to ease your feelings?
 - What do you think would help others in future to cope with this experience?

APPENDIX 2: INTERVIEW TRANSCRIPT

PARTICIPANT 1.

	Questions and answers	Coding
Researcher	Ok, what did you experience the first time you see you see your baby in neonatal intensive care unit?	
Participant	For the first time yaa, I was scared. I was scared and nervous, but the moment, the moment they told me the situation and everything, I was fine. And everything I took it out, I took it out and it was fine.	
Researcher	What made you scared?	
Participant	When your baby having the tubes all over the body and everything, so sometimes you can see that this things are not normal.	
Researcher	So the tubes are the ones that made you scared.	
Participant	The tubes and the thin of the baby, yaa...	
Researcher	So the tubes and the size of the baby?	
Participant	Yaa.	
Researcher	What else made you scared?	
Participant	Sometimes when you are there, you can hear the machines make most of the sounds and you don't know what the sound mean, sometimes you can feel that something is going wrong.	
Researcher	So those sounds, they also scared you?	
Participant	Yaa.	
Researcher	Ok, eh what else besides the sounds of the machines? So when you were hearing those sounds, what did you feel?	
Participants	Every time when I was hearing those sounds, I speaking to the nurse, come and see what is happening here.	
Researcher	Eh.	
Participant	Yaa. So they say there is no problem, just the machine, maybe it disturbs itself or something, but everything is fine.	
Researcher	But eh.. Were you satisfied about the answers?	
Participant	Yaa I was satisfied because most of the people there neh,	
Researcher	Eh	
Participant	They first explain everything to me, and then started to regain that this baby is still my baby	
Researcher	Eh	
Participant	Yaa	
Researcher	What did they explain?	

Participant	They do explain that this baby, everything, the moment you get there, neh,	
Researcher	Eh	
Participant	There was...the percentage was too high but now its decreasing and staff, that is why I started feeling ok because there is progress, nothing I must worry about here.	
Researcher	What percentage were they talking about?	
Participant	They were just talking about, I think they said the lungs, must be suppose to in 100 or stuff like that.	
Researcher	The lungs?	
Participant	Yaa, because the problem was because in the lungs and the oxygen, was the stuff like that.	
Researcher	Eh	
Participant	So at the oxygen it was 40, I think and this is they need to decrease until it reached 21, so the moment I got there it was in 40 , but eh eh the moment I got there it was at 40 but because I go, went there the next day, and when I reached there it was already 36.	
Researcher	Ok.	
Participant	Yaa.	
Researcher	So, the first time when you go and see the baby, the percentage was at 40.	
Participant	No, there, there, the time when I gave birth the percentage was at 40, but because I didn't see my baby that day. They told me that the baby it was at 40.	
Researcher	Ok.	
Participant	Because I saw my baby on the next day.	
Researcher	OK.	
Participant	And then when I go on the next day , they told me that the percentage yesterday was at 40.But now it was decreased	
Researcher	To...?	
Participant	To 36.	
Researcher	36.	
Participant	So they need to decrease it until it is 21	
Researcher	Ok. So it was about the percentage?	
Participant	Yes it was about the percentage so that they can decrease it.	
Researcher	So, this percentage, did they explain to you what it is, what is percentage?	

Participant	Yaa, I think they do but sometimes because you will be ...your head will be yaa, so you will just said ok this is fine, because they told you that everything is fine, they said it is for oxygen.	
Researcher	Oh	
Participant	They said it was for oxygen	
Researcher	So you say it was for oxygen	
Participant	Yes it was for the oxygen and for the lungs	
Researcher	And you were satisfied, happy about the answers	
Participant	Yaa.	
Researcher	So besides the oxygen, what else did they explain?	
Participant	Eh they do eh..., they just counselled me that this baby aah..everything about this baby, we are seeing a lot of progress	
Researcher	Ok	
Participant	Since she was born because they are saying the whole night they are seeing progress.	
Researcher	What else you wish they would have told you about the baby?	
Participant	For now, for now I think I am satisfied.	
Researcher	You are satisfied?	
Participant	Yaa they did, they did explain everything to me.	
Researcher	So since you were talking about the machines that were there, eh you think the way they explained to you were fine, you were satisfied.	
Participant	Yaa, I was satisfied, sometimes when the machines makes that noise, they will come and stop them, and then when I ask they will told me that eh, eh the baby when maybe because he is moving, she disturb maybe some...yaa, thus why you can find those machines they started ringing, thus why they ring and stop. The baby the moment the baby moves, it will disturb.	
Researcher	Ok, so besides the machines and everything that you saw there, what else did you experience?	
Participant	Joo! Yaa I did experience so many things.	
Researcher	Ok.	
Participant	I did experience so many things because first of all I was not expecting to have this child because on the 2 nd of September, yaa on the 2 nd of September, I was admitted here, neh, because of this pregnancy, they said because of the blood pressure is too high, so the moment I was admitted they decrease blood pressure and staff, and then they discharged on the 7 th and the doctor told me that that I must come back for a check up on the 22 nd .The moment	

	I came back on the 22 nd , the doctor told me that the blood pressure has gone high again, so he wish to give me birth right now because he can see that the baby is starting to, to, to, how can I say it, maybe he will stop breathing, because he checked everything and said eh..eh..' shaking her head 'I am going to admit you right now. And they say when I look at it I said everything is fine because I will say no but I will lose my baby because the moment, on the 2 nd the doctor told me that I will come back on the 22 nd for a check up, and then he will give me another 2 weeks, so that I must give birth on 36 weeks, neh, because of blood pressure and staff, the doctor said no, we will not reach 36 weeks, let say you will give birth right now.	
Researcher	Ok, what else because you said you did not expect the baby at 36 weeks that is one of your experiences?	
Participant	Yaa.	
Researcher	What else did you experience?	
Participant	I do experience that everything is a gift.	
Researcher	Ok.	
Participant	Everything is a gift, because the moment, the first time I see my baby, I feel like I loose hope and everything. But the moment they explain everything, everything is fine, and I love that baby very much right now.	
Researcher	So you say you were losing hope, you lost hope when you see your baby for the first time?	
Participant	Eh.	
Researcher	What made you to lose hope	
Participant	Seeing my baby inside the machine you can see that feelings, the moment the moment you reach, you can see that the place is different.	
Researcher	Eh	
Participant	It looks different, even when you go inside the ICU, you can see that this place is not like any other places. You go and see and the moment you see other babies yaa you are still looking for yours, you see other babies in machines and you start saying where is mine and how is he?	
Researcher	Eh, so when you see other babies, also in the same unit, same machine, what first did you think?	
Participant	The moment I reached there neh, they were thinking that the baby is the first one because the mother was like the hair, she use the	

	same hair as mine, so they, this nurse said to me that you, your baby cry too much, come here, do you want to breastfeed your baby? Because I know I said no this is not the complexion of my baby even though I did not see my baby at birth, I said no this is not mine, so the nurse said ok, let me check the number, I didn't check the number and she said eh, is not this baby, your baby, let me go and show you.	
Researcher	So...	
Participant	We started moving and moving to those babies.	
Researcher	Ok	
Participant	In me I was like why my baby is in the last, like maybe mine is worse or something, you see.	
Researcher	Ok, so when you saw the baby, the situation where she was you thought he is worse.	
Participant	Is worse, yaa is worse because rather than that the nurse asks me that do you want to feed your baby but the moment when I reach at the baby neh	
Researcher	Eh.	
Participant	They told me that I cant feed my baby because he is using a tube	
Researcher	Ok.	
Participant	You see, so I said why, why is he using a tube and they are suppose to be breastfeed.	
Researcher	Eh.	
Participant	Eh.	
Researcher	So when you see that your baby was having a tube, what did you think?	
Participant	I first ask myself but I did ask nurses why is he supposed to be using a tube.	
Researcher	Not breastfeed.	
Participant	They told me that now we must use this tube because we don't want to unplug all the oxygen and something because for now he is using the oxygen so now he needed to be fed by the tube first and then after the progress, they will take it off and you will breastfeed you baby.	
Researcher	So you were satisfied.	
Participant	Yes , because they said everything is fine	
Researcher	You can, so you can see that everything is fine.	
Participant	Yaa, I see that everything is fine because when I got there they shown me everything when the milk is going inside and everything	

	yaa, when I saw my baby yaa, because the moment when he cried, and then they poured that milk, he will be quite.	
Researcher	Eh	
Participant	And that everything, it was fine.	
Researcher	So the baby was quiet after they have poured milk?	
Participant	Yaa, I saw the baby then he was quiet. So I...I...in me I said ya he is...He will, he is eating.	
Researcher	Ohk.	
Participant	Eh. There is nothing to worry about.	
Researcher	So you were expecting to feed the baby like...	
Participant	Yaa... like normal.	
Researcher	Normal like.	
Participant	Like the moment you see your baby, you took your baby, you took your baby and breastfeed.	
Researcher	Ohk.	
Participant	Yaa	
Researcher	How did you feel when you did not have to breastfeed your baby?	
Participant	For the first time it look like, it was painful because sometimes when you were in the ward and admitted with someone who the baby is right everything you see...yaa, sometimes let's say at night , the baby is crying, you are thinking , where is mine? Yaa, but you just told yourself that everything is fine.	
Researcher	Eh	
Participant	Eh	
Researcher	So you say this thing of not breastfeeding your baby normal is painful but then you say you have been explained why it was done like that.	
Participant	Yaa.	
Researcher	So you also say when you are staying with somebody who is having a baby and your baby is not there with you, you don't sleep.	
Participant	Yaa, but now because my baby is fine, I feel that everything is fine. I don't even have a problem with that.	
Researcher	Eh	
Researcher	So the fact that you were staying next to the person whom the baby is fine and is breastfeeding, it was painful for you.	
Participant	Yaa.	
Researcher	What do you think maybe could have been done, like if your baby is in neonatal and you are...	

Participant	I think	
Researcher	Do you think sitting with somebody who's having a baby affect you?	
Participant	I think it do, because for me , at least for me the baby was getting progress neh, thus why I am telling that everything is fine because he was getting progress. Let say your baby is not getting any progress and you are sitting with a person right there with you.	
Researcher	Ok, so you are saying if you are sitting with somebody with a healthy baby is painful, but if your baby is getting progress then you become fine.	
Participant	Yaa, it is like when you lose a child, and when you come back, there is another one who is having a child next to you, how will you feel?	
Researcher	Eh. Ohk I do understand alright, so eh...what other information, isn't that now you say they explained everything and now you feel better, What other information do you think would have made you to ease your feelings? Like you were saying it was painful, you lost hope when you don't have to breastfeed your baby, what other information you think would have helped you to ease you feelings besides the information that they have given you.	
Participant	May I think sometimes neh?	
Researcher	Eh	
Participant	Most of the things like let say when I, my first baby neh, I, I got my first baby at Hospital X(mentioning the name)neh.	
Researcher	OK.	
Participant	And then it was, I did use a Caesarian section neh, but after that there is somebody came and started to, to, to teach us how to cough, how to get out of bed yaa, staff like that neh, so but like now, I think like the moment when you have a premature baby like here neh, I think maybe we need to have a moment of here, like discussions like this.	
Researcher	Ok.	
Participant	Like counselling, yaa, because we did, I did have counselling, but I think it was my own counselling because I was just asking there was no someone who do talk like this.	
Researcher	Eh. How did you council yourself?	
Participant	Aah, by just seeing the progress.	
Researcher	The progress of the baby?	
Participant	Yaa.	

Researcher	So you are saying if you can get somebody who can sit and discuss with you.	
Participant	Yaa.	
Researcher	You about what.	
Participant	Let say, the moment you gave birth, neh.	
Researcher	Eh	
Participant	Because I gave birth on the 23 nd , yaa, and I saw my baby on the 24 th neh	
Researcher	Ohk.	
Participant	So I was awake on the 22 nd , eh, eh, no on the 23 rd , and I think it was around 12h00 and then around 2h00 I was awake, so I think I was suppose, they were suppose to bring another person, to told, to talk to me that, you do have a premature baby , but its nothing.	
Researcher	So you say if they have brought somebody, who can sit with you and explain....	
Participant	Yaa, everything because most of the people neh? Because lets say I took I took it softly but this; most of the people will not take it like this.	
Research	Ok.	
Participant	Because you will be sitting there and say where is my baby, and I have not seen my baby, and they have just told me that he is in ICU, let say like me , ICU, I know ICU right now, I don't know what is ICU, but they just come , they will just come and say your baby is in ICU, ok?, How are you doing, I am fine and ok your baby is in ICU, the lungs and staff, but I don't know what is ICU you know.	
Researcher	What you suggest is if you can have someone who come ...	
Participant	Yes, to come yaa.	
Researcher	...and counsel you, and explain to you what is ICU.	
Participant	Because you don't know anything about doctors thing. You just say what an ICU is.	
Researcher	So you said you...came back at 12h00 and at 2h00 you were awake	
Participant	Yaa.	
Researcher	And nobody...came ...to...explain.	
Participant	Yaa.	
Researcher	...What is happening?	
Participant	Yaa.	
Researcher	So what time did they explain to you what is going on?	

Participant	Let say they did explain to me the moment I go inside to see the baby.	
Researcher	What time was that?	
Participant	It was on the twenty...third.	
Researcher	The same day?	
Participant	No, I gave birth on the 22nd, no 24 th , because I gave birth on the 22 nd .	
Researcher	And then you saw your baby on the 24 th .	
Participant	24 th , yaa.	
Researcher	And I want to what time did they tell you that you baby is in neonatal?	
Participant	They told me the ...the moment I woke up because I said where is my baby?	
Researcher	OK.	
Participant	Then they said the baby is in the ICU, and they just said the baby is fine.	
Researcher	OK.	
Participant	And then when I was here in the ward thus when they came, the doctor said your baby had a problem of lungs and what, and what and what but the doctor cannot just come and counsel because most of the time they will be moving around .There must be someone to suppose to someone, maybe the people who are dedicated to do that.	
Researcher	Ok. So if I understand you very well, if there can be somebody who is dedicated to counsel...	
Participant	Counsel.	
Researcher	...the mothers whose babies are in neonatal ICU...	
Participant	Yaa.	
Researcher	So that will help a lot.	
Participant	Yaa, that will help a lot.	
Researcher	Ok, and then this is another question, may have already, but what do you think would help others in the near future to with this experience?	
Participant	Yoo! Let say, the moment you are doing the research and staff neh, most the people will start reading, and they will know that ok... <i>(interruption)</i>	
Researcher	The last question: what do you think would help others in future to cope with this experience?	

Participant	As I was saying to you, like we need to have people who will counsel you and staff neh, yaa, I think it work.	
Researcher	It will work neh.	
Participant	Yaa.	
Researcher	How do you think it will work?	
Participant	It will help because the moment you gave that baby neh ,then they told you that baby and everything is going well, even though the baby is not fine for that moment	
Researcher	Eh	
Participant	But if they can counsel you, you can feel in you that something has changed, this baby is mine, because the moment you go there and see that baby, you can feel that no, how, how can I give birth to this baby like this because you can see, sometimes you can go inside the ICU, you can feel the pain, when it is not your baby, because mine, it was, I can see it was just like it was fine neh, but you can see that there is worse, worse babies inside there.	
Researcher	Ok, if I may repeat what you said, you say ehm, you say there could be somebody who can counsel...	
Participant	Eh	
Researcher	...the mothers who are having babies there, they will feel much better...	
Participant	Yaa.	
Researcher	...Before they can even see their babies...	
Participant	Yaa, yaa. Because sometimes, maybe because other people don't like counselling most of the time it works.	
Researcher	Eh	
Participant	Yaa.	
Researcher	So you feel it will really help.	
Participant	Yaa.	
Researcher	Ok, I think we have went through all the questions	
Participant	Yaa.	
Researcher	Unless if you have any question you want to ask.	
Participant	No.	
Researcher	There is no question?	
Participant	Yaa.	
Researcher	I think we have come to the end of the interview.	
Participant	Ok.	
Researcher	And I would like to thank you very much for your time.	
Participant	Yaa.	

Researcher	And I hope this will make you feel so relieved like you said.	
Participant	Yaa.	
Researcher	Thank you very much.	

Appendix 3: Independent coder certificate

Qualitative data analysis

For a Master of Public Health Candidate:

LETSOALO LOUISA

THIS IS TO CERTIFY THAT:

Professor Tebogo Maria Mothiba has co-coded the following qualitative data for:

Semi-structured interviews

For the study:

MOTHERS' EXPERIENCES REGARDING THEIR FIRST EXPOSURE TO THEIR
PREMATURE BABIES IN NEONATAL INTENSIVE CARE UNIT AT A PRIVATE
HOSPITAL IN POLOKWANE, LIMPOPO PROVINCE, SOUTH AFRICA

I declare that the candidate and I have reached consensus on the themes and sub-themes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Prof TM Mothiba



TM Mothiba (PhD)

Appendix 4: Ethical clearance Certificate



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING: 05 July 2016

PROJECT NUMBER: TREC/80/2016: PG

PROJECT:

Title: Mothers' experiences regarding their first exposure to their Premature babies in neonatal intensive care unit at a Private Hospital in Polokwane, Limpopo Province, South Africa

Researcher: Ms L Letsoalo

Supervisor: Mr SF Matlala

Co-Supervisor: N/A

School: Health Care Sciences

Degree: Masters in Public Health


PROF. TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

- Note:**
- i) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.**
 - ii) **The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

APPENDIX 5: INFORMED CONSENT BY THE PARTICIPANT.

Name of the study:

I have read /heard and understood the information on the experience of mothers of premature babies admitted in Neonatal Intensive Care Unit. The aim and objectives of the study have been explained and are clear to me, and I was given a chance to ask questions. I was given enough time to think and to rethink about the issue before I took a decision to participate and I have not been pressurised to do so in any way.

I understand that participation in this study is voluntary and I can withdraw from it at any time without giving any reasons. This will have no influence on my part and the care of my baby. I know that the study has been approved by the hospital management. I am fully aware that the results of this study will be used for scientific purposes only and may be published. The information may also be used by future researchers.

I hereby give consent to participate in this study.

Name of the participant.....

Signature of the participant.....signed at.....

Date.....

Witness.....

Statement by the Researcher

I hereby confirm that I have given enough verbal and written information regarding this study to the participant and I will make sure that I will adhere to the approved protocol.

Name of the Researcher.....

APPENDIX 6: LETTER REQUESTING PERMISSION TO COLLECT DATA

The Hospital Manager
MEDICLINIC LIMPOPO
53 Plein Street
Polokwane
0699

Dear Sir/Madam

RE: APPLICATION TO CONDUCT A RESEARCH STUDY

My name is Louisa Letsoalo and I am a clinical facilitator at this hospital. I wish to request permission to conduct a study in the maternity ward of your institution where I am also working. I am currently doing Masters in Public Health with the University of Limpopo. My research is about experiences of mothers who deliver their babies through Caesarean section when they see their premature babies in Neonatal Intensive Care Unit (NICU).

The reason for conducting this study is that I have realised that most mothers cry and show different kinds of emotions when they see their premature babies in NICU. I would like to go deeper into finding out about these emotions and to come up with solutions.

The interviews will be conducted with all mothers who delivered through Caesarean section and their babies are premature at 36 weeks of gestation and below. The findings and outcomes of the study will be made available to you.

Ethical clearance has been obtained from the University of Limpopo.

For more detail please refer to my attached proposal.

Kind regards

Louisa Letsoalo

APPENDIX 7: LETTER GRANTING PERMISSION TO COLLECT DATA



52 PLUM STREET
PAKLOANNE
0099
101 000 0000
POLOKWANE NORTH
0750
TEL 015 290 3606
FAX 015 290 3931
www.mediclinic.co.za

24 August 2016

University of Limpopo
Private Bag X1106,
Sovenga, 0727,
South Africa

To Whom It May Concern

RE: APPLICATION TO CONDUCT A RESEARCH STUDY

We hereby grant permission to student Louisa Letsoslo student number: 201529011 to conduct a study in our institution in the maternity ward where she is currently working. The study is to research the experience of mothers after seeing their premature babies in Neonatal ICU who delivered their babies through Caesarean section.

Kind Regards

DALENE DE VILLIERS
Nursing Manager
Mediclinic Limpopo
015 290 3808

MANAGER'S OFFICE
MEDICLINIC
LIMPOPO
PO BOX 6078
POLOKWANE NORTH 0750
TEL 015 290 3606
FAX 015 290 3931

MEDICLINIC LIMPOPO (Pty) Ltd
REF NO: 089/000000/07

APPENDIX 8: LETTER FROM THE EDITOR


Enq. Kubayi SJ
Email. kubayij@yahoo.com
Cell No. 079 484 8449

Po Box 29
Khomanani
0933
11 December 2017

TO WHOM IT MAY CONCERN

This is to certify that the mini-dissertation entitled 'Mothers' experiences regarding their first exposure to their premature babies in Neonatal Intensive Care Unit at a private hospital in Polokwane, Limpopo Province, South Africa' in Public Health by Letsoalo Matutu Louisa has been edited, and that unless further tampered with, I am content that all grammatical errors have been eliminated.

Yours faithfully



Dr SJ Kubayi (DLitt et Phil)

Senior Lecturer (Department of Translation Studies and Linguistics – UL)