

MOTHER'S EXPERIENCE IN CARING FOR PREMATURE INFANTS

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ABSTRACT

This study aims to explore the experiences of mothers in caring for premature babies who have been treated in the intensive care unit. This type of research is qualitative research with a phenomenological approach. The results showed that the knowledge of mothers about premature babies was on average the same, from definition to treatment, support received, and coping mechanisms. In conclusion, the results of interviews with informants obtained 6 (six) themes, namely the description of premature babies and their characteristics, causes of premature birth, the ability of mothers to care for premature babies, forms of maternal support, mother's self-coping while caring for premature babies and mother's reactions while caring for premature babies.

Keywords: Experience, Mothers, Premature Babies

INTRODUCTION

Prematurity is a baby born at a gestational age of less than 37 weeks or a birth weight of less than 2500 grams. The causes of prematurity are often clearly identifiable. However, in many cases, the exact cause cannot be known. From a medical point of view, the causes of premature birth in general are spontaneous, due to premature rupture of membranes (PROM), and born on indications from the mother/fetus. In addition, there are also other causes of socio-cultural factors, such as smoking habits and or drug abuse, poverty, short thinness, age < 18 years or > 40 years, heredity, black race, and not or lack of antenatal care (ANC). Prematurity should not be underestimated. Prematurity can pose various risks and disturbances for the baby because the growth and development of the baby's organs are not perfect. Premature babies are at high risk of experiencing disorders, such as blindness, slower growth, and development, chronic lung disease, and cerebral palsy, and can result in death (Sari et al., 2021).

One of the premature births causes babies with low birth weight babies. LBW is a major contributor to mortality in neonates. BBRL babies are more susceptible to hypothermia, so they need very intensive care. One way to reduce LBW morbidity and mortality is by using the kangaroo method or attached baby care. This method is very useful for treating low birth weight babies both in the hospital and at home. The Kangaroo method of care can increase a baby's weight, increase body temperature, the baby's breathing more stable. Because the baby is in a comfortable condition, a quiet resting position so that the baby sleeps for a long time and is not restless (Wahyuningsih et al., 2021).

The results Laia et al., (2023) indicates that the newborn must adapt to the environment outside the womb. This adaptation process is exacerbated by the birth of premature or LBW babies because various organs of the body are not functioning optimally. One of the most vulnerable risks caused by thin subcutaneous fat is hypothermia. One of the interventions that can be done to anticipate complications due to LBW is the kangaroo care method. Kangaroo method care can increase breastfeeding to low birth weight babies because the kangaroo position is the ideal position for breastfeeding, breastfeeding the baby can be done through direct suction to the baby at the mother's breast, to monitor the adequacy of milk, mothers are advised to weigh the baby once a day until the baby's weight begins to increase, then continue weighing 2

times a week. The experience of a breastfeeding mother who is well-managed will make the mother breastfeed more successfully if the mother has more contact with her baby.

Different from the research conducted Aditia & Pebrianthy (2020) doing baby massage therapy for premature babies which showed premature babies weighing 1,280 grams and 1,176 grams who were massaged for 3x15 minutes for 10 days, showed weight gain reaching 20-47% more than those who were not massaged. It is also stated that massage can affect the release of the sleep hormone melatonin. Baby massage is an expression of affection between parents and children through touching the skin. Along with the development of science and technology, experts have proven that touch and massage therapy produce beneficial physiological changes in the form of increased growth, increased endurance, and better emotional intelligence..

According to Sarach & Rosyidah (2021) Experience of mothers with babies born prematurely is more at risk of experiencing psychological disorders. Psychological disorders of mothers with premature babies are the level of stress, anxiety, and depression. Mothers with babies born prematurely can also experience emotional surges which can have an impact on the mental development disorders of the mother herself and her baby. Psychological disorders can also change the mother's perception of her baby to a bad perception due to the baby's poor health status. Factors that affect postpartum maternal psychological disorders consist of maternal factors ranging from age, occupation, education, and the current health condition of the mother which can increase the condition of depression and anxiety of the mother. Factors of the baby's health condition, environment, economy, the atmosphere of the treatment room, and family conditions that are not conducive also increase the possibility of depression.

The premature baby care system hurts babies and parents. Efforts that can be developed to minimize this impact are by applying the FCC. FCC is a model of infant care in intensive care, where nurses involve parents in caring for sick babies with guidance and direction from nurses. In caring for premature babies, in addition to improving services for babies, nurses must pay attention to the needs of parents related to ensuring that their babies get the best care, conveying information through open communication, and establishing contact with babies. Identifying the needs of parents, it can guide nurses to integrate the needs of parents into the FCC so that parents can meet their needs, get satisfaction, and improve the baby's quality of life (Kusumahati & Wilandika, 2020).

Based on research results Yuliarti et al., (2021) 2 factors influence mothers in caring for premature babies, namely internal factors and external factors. Internal factors include mothers' knowledge of caring for low birth weight babies, the psychology of mothers with low birth weight babies. Mother's external factors include social support to mothers in caring for low birth weight babies and economic factors. The internal factor that has the most influence on mothers in caring for low birth weight babies is the mother's psychology, while the external factor is social support..

According to Sukyati (2021) the experience of mothers caring for premature babies experiencing postpartum anxiety is caused by the small size of the baby, very low birth weight, appearance, general condition, and the baby's survival. Feelings of incompetence, unusual NICU room settings (lights, sounds, and equipment), and perceptions of poor support from healthcare providers (nurses). Other risk factors include partner violence and unplanned pregnancy or birth. The role of postpartum nurses with premature births is to provide support to mothers and provide discussion forum facilities for mothers who have experience related to premature births.

Efforts made on mothers with premature babies require the cooperation of various parties including the nursing profession. This aims to facilitate the growth and development of babies who are born prematurely so that when the baby is allowed to go home, parents can care for the baby at home. Mothers can care for themselves and their babies when nurses can facilitate them properly. Nurses as nursing agencies help mothers with postpartum primipara with premature Gemelli babies to overcome

limitations in fulfilling self-care based on the patient's level of dependence (totally, partially, and self-care) (Suherman et al., 2021).

A mother is endeavored to get through the difficult period in dealing with the birth of a LBW baby so that she also needs support from various elements to minimize the worst conditions in caring for her baby. Support from these various elements includes husbands, families and health workers who will influence the emotional response and psychological condition of mothers in caring for babies with LBW conditions (Astari et al., 2021). Kartiningsih et al., (2023) adding holistic services including the presence and participation of the family in care in the NICU is very important for the recovery of the well-being of neonates and families, in this case, the baby's parents. When the baby's parents have to be away from the baby. Parents typically describe the experience in the NICU as an emotional roller coaster because they experience a wide range of emotions, including feeling overwhelmed, sad, stressed, tired, relieved, happy, angry, and helpless.

Based on the explanation that has been described, the researcher is interested in knowing the experiences of mothers who have experienced birth and caring for premature babies, so the purpose of this study is to explore the experiences of mothers in caring for premature babies who have been treated in intensive care units. The benefit of conducting this research is to be able to guide mothers in carrying out planning starting from preventive, and promote to prevent complications of premature birth in postpartum mothers so that postpartum mothers with premature births can adapt and no complications occur.

RESEARCH METHODS

The type of research used is qualitative research with a phenomenological approach. The phenomenon studied was the experience of mothers caring for premature babies who had been treated in the Neonatal Intensive Care UNIT (NICU) room at the hospital. Dr. M. Yunus Bengkulu. The instrument in this study was the researcher himself. Research validation was carried out by in-depth interviews with informants who fit the research criteria. Other research tools used were stationary, mp4 players, cell phones, and interview guides.

The population in this study were mothers who met the inclusion criteria, namely: giving birth to a premature baby for the first time, having a premature baby who had undergone incubator care for 50 days, and were willing to become an informant in this study. based on those who have premature babies who have been treated in the Neonatal Intensive Care Unit (NICU) at the hospital. Dr. M. Yunus Bengkulu. The sample in this study was taken using a purposive sampling technique, namely selecting several informants according to the criteria. After the research was carried out, it was found that five informants participated in this study.

Data collection on informants was carried out using structured and in-depth interview techniques and assisted by the use of semi-structured interview guidelines which contained open questions related to the research objectives to be achieved. The interview was conducted for about 45-60 minutes according to the place and time agreed upon with the informant beforehand. Furthermore, the informant was willing to sign the consent form to participate in this study. After collecting the data, the data was analyzed using the Collaizi method, which is a method used by researchers that involve observation and analysis of individual behavior in their daily lives to test the results of experiences that cannot be expressed in words or verbally. The results of the interview were recorded directly using an mp4 player. Direct data validation was carried out by researchers if there was unclear information from the answers of each informant. Images were also taken by the researcher for documentation which was carried out using a cellphone and data collection was stopped when no new data was obtained or the data had reached saturation.

RESULTS

Informants in this study were 5 (five) mothers, and the first time they had premature babies who were treated in the NICU with a maximum of two months of care. The researcher carried out the data analysis process using the collaizi method from the data generated by the researcher, from the results of the field notes and then the researcher gave the code so that the data source was easy to trace. In collecting and making keywords the researcher tries to find themes that come from the data, then the researcher codes the data.

From the results of field findings by researchers, it has been identified that there are 6 (six) resulting themes. The theme categories are listed as follows :

Table. 1
Categories and Themes

No	Category	Theme
1	Opinions about premature babies	Description and characteristics of the baby Premature
2	The factors of premature birth	Causes of premature birth
3	Positive and negative knowledge	Mother's ability to care for premature babies
4	<i>Internal and external support</i>	The form of support obtained by mothers in caring for premature babies at home
5	Feelings of guilt, Stress, and Anxiety	Mother's reaction during care of premature baby
6	Coping mechanisms: adaptive and maladaptive	Mother's self-coping mechanism in caring for premature babies

Description of the Characteristics of Premature Babies from the Definition of Premature;

"The baby is very small, deck, and weighs less than 2 kilos if I'm not mistaken" (P1).

"The baby weighs less than 2 kilos and was born less than 9 months" (P2).

"Yes ... the body is a very small miss, fewer months too sis" (P3)

"The body is small, miss, and can be held with one hand, miss.. hmm, it weighs less than 2 kilos, miss" (P4)

"He weighs less than 2.5 kilograms, and must be treated in an incubator first. "(P5)

Data saturation: of the five participants, all answered about the characteristics of premature babies from their weight, namely: babies born weighing less than 2.5 kg.

Etiology or Causes of Premature Baby Birth;

"When I was pregnant, I had nausea and vomiting for up to 6 months, my body was very thin, the doctor said I was deficient in nutrition. So the birth was less than a month huh. "(P1)

"No appetite, vomiting continues, the doctor said I had severe hyperemesis. "(P2)

"When I was seven months pregnant, I experienced bleeding" (P3)

"When I was 8 months old, my water broke, so I gave birth preterm. (P4)

"Don't want to eat, anything that comes in keeps throwing up" (P5)

Data saturation: of the five participants, all were able to answer about the causes of premature birth in the mother, namely: 3 people experienced malnutrition, 1 person experienced bleeding, and 1 person had premature rupture of membranes. These three things are the biggest causes and keywords that mothers reveal according to the theory of the etiology of premature birth.

Mother's ability to take care of premature babies

"To keep his body warm, carry the baby on his chest, if I get tired I take turns with the father. The nurse said it was called kangaroo method treatment" (P1)

"Before going home, I was taught kangaroo care, if I'm not mistaken, the baby was carried on my chest without wearing clothes" (P2)

"Every morning the child is dried in the sun for about 30 minutes, after that the baby is placed on the chest and often given breast milk, if I don't hold him, I put a study lamp near the baby's body and cover his eyes with a cloth bought from a hospital nurse. "(P3)

"So that the body doesn't get cold, I put it on the chest with the kangaroo method of care, if I'm tired I put the child in a small box, like the box where the aqua is then covered with several layers of Pernel cloth underneath" (P4)

"My child's body was carried by my chest for four hours while I cooked and washed and once while lying down. forgot the name of the treatment."(P5)

Data saturation: of the five participants, all answered about the mother's ability to care for premature babies: to maintain stabilization of the baby's temperature, what mothers can do is do kangaroo mother care (KMC), and babies are also often breastfed.

Forms of Support Received by Mothers in Caring for Premature Babies at Home:

"I would like to have additional food assistance), such as cakes, serelak, peanut porridge, and vitamins for me from the health center staff" (P1)

"As for my husband, the support is very strong, my family too, brothers and sisters also help, my sister often helps me at home when I'm in trouble like that... I'm just happy like that, miss, especially the people closest to us miss")

"My husband and neighbors often give me support, when I was still in the hospital they also gave me encouragement, I can't be sad all the time, and I can't give up too, sis" (P3)

"My husband often comes to the health center with me so he can get the right information and often helps carry him too. (P4)

"My husband is very alert and at night the husband takes my child to rest (P5)

Data saturation: of the five participants, all answered about the form of support mothers get when caring for premature babies, namely: the first support mothers get is from their husbands, and with their husbands seek information related to health education about caring for premature babies from the nearest service facility, namely the health center and nutrition at mothers and premature babies as well as other families also provide support by helping the mother take turns holding her when the mother looks tired.

Mother's reaction during premature baby care:

"Often worried about the child, especially when the child is fussy it makes you anxious and sad" (P1)

"At the beginning, I often cried and was sad when I saw my child was so small, my feelings were often uncertain" (P2)

"I used to worry about my child's future, sometimes I often cried, could my child grow up like other normal children..." (P3)

"The feeling is often erratic, sometimes the tears just fall without realizing it..." (P4)

"I was crying and worried every day that I felt at that time, I was afraid that my child would suddenly have a baby crying (P5)

Data saturation: of the five participants, all answered about the mother's reaction during the care of her baby, namely: experiencing crying, feeling anxious, worried and sad.

Mother's Self-Coping in Caring for Premature Babies

"Yes, you have to be patient, be patient, sis, maybe this is God's will, sis, I'm sad but I have to be patient to see my child's condition at that time, sis, but sometimes I get angry and it's not clear because I'm carried away by my emotions" (P1)

"Even though it's sad, how can I be patient, even though sometimes I have emotions for the sake of this baby, yes, be patient in facing this reality" (P2)

"Your name is mother, sis. I can only pray for my child to recover quickly at that time, miss" (P3)

"My husband and I pay attention to each other and my husband always assures me that we can take care of our children (P4)

"Always pray for the child's recovery, and must be patient, yes, even if someone gets angry, it's normal for humans (P5)

Data saturation: of the five participants, all answered about the coping that mothers do when caring for their children, namely: trying to be patient and strengthening each other between husband and wife.

DISCUSSION

Based on the results of interviews regarding the description of the characteristics of premature babies from five participants, all answered about the characteristics of premature babies from their weight, namely birth weight less than 2.5 kg. Menurut Indrayati & Santoso (2020) The problem faced by premature babies that often occurs is BBRL which is sometimes also accompanied by an immature body. Knowledge about caring for LBW is the basis for a mother's readiness to care for LBW, nurses have an important role as educators in influencing the process of forming a mother's readiness to care for LBW. Providing LBW care education is a process of preparing parents to be able to carry out independent care to meet the needs of their babies.

LBW requires treatment to maintain body temperature and needs to be treated in an incubator because LBW loses heat quickly so it will easily get hypothermia. If you don't have an LBW incubator, you can wrap it in a cloth and place a bottle filled with hot water next to it. To prevent hypothermia, there are several treatments carried out by informants both in hospitals using conventional treatment methods, skin-to-skin (kangaroo method care), IMD (Early Initiation of Breastfeeding), and traditional treatment methods (Purbasary et al., 2021).

Based on the results of interviews regarding the etiology and causes of premature birth from five participants, all were able to answer about the causes of premature birth in the mother, namely: 3 people experienced malnutrition, 1 person experienced bleeding, and 1 person had premature rupture of membranes. These three things are the biggest causes and keywords that mothers reveal according to the theory of the etiology of premature birth. Preterm labor is labor that occurs at less than 37 weeks of gestation (between 20-37 weeks) or with a fetus weighing less than 2500 grams. Factors that cause babies to be born prematurely are the mother has had a miscarriage, has certain diseases such as infections during pregnancy, vaginal discharge, kidney disorders, hypertension, heart problems, pregnancy complications such as diabetes mellitus, multiple pregnancies, obesity, has placental disorders, nutritional deficiencies during pregnancy, fetuses with genetic disorders, ruptured membranes and experiencing tooth pain during pregnancy (Kusumahati & Wilandika, 2020b).

Research result Suwignjo et al., (2022) stated that it was suggested to nurses at the hospital that there should be efforts to improve health, especially by providing health education or counseling so that pregnant women can obtain knowledge properly and correctly. Counseling can be carried out 1-2 times in 1 month and can be carried out in the ob-gyn poly or pediatric polyclinic, and it is hoped that the counseling will also be carried out for pregnant women who are doing ANC at the hospital so that even from the beginning of pregnancy the mother has received good information so that the mother can prepare during pregnancy.

Based on the results of interviews regarding the ability of mothers to care for premature babies five participants, all answered the ability of mothers to care for premature babies: to maintain stabilization of the baby's temperature, what mothers can do is carry out kangaroo mother care (KMC), and babies are also often given breast

milk. The results of this study are in line with the results of research that has been conducted by Rahmayanti & Samutri (2022) who stated that the kangaroo method of care is beneficial for the attachment of the baby - the mother is better (bonding) will reduce the occurrence of infection in the baby and increase the confidence of the mother. The application of KMC that is carried out by postpartum mothers who have LBW babies arises from attachment, affection. The effect of implementing KMC on increasing the confidence of postpartum mothers who have LBW babies.

Putri & Mufdlilah (2022) adding that breastfeeding for premature babies can increase body weight quickly and accelerate the growth and development of the baby's brain cells with a higher intelligence level of 7-9 points compared to babies who are not given breast milk. However, sometimes several factors influence the mother not being able to provide breast milk to her baby, namely the mother does not understand proper lactation management it has an effect on the mother's attitude after delivery where milk production is influenced by the hormones prolactin and oxytocin. These hormones are influenced by the emotional state of the mother, mothers who have high levels of stress such as having multiple fetal pregnancies, hypertension in pregnancy, antepartum bleeding, and premature rupture of membranes, can inhibit the release of these hormones so that mothers who are breastfeeding are strived to always in comfortable condition.

Based on the results of interviews regarding the support obtained by mothers in caring for premature babies five participants, all answered about the form of support mothers receive when caring for premature babies, namely: the first support mothers get is from their husbands and together with their husbands seek information related to health education about caring for premature babies from the nearest service facility, namely the health center as well as nutrition for mothers and premature babies and other families who also provide support by helping the mother take turns carrying her when the mother looks tired.

Research result Kusumawati & Zulaekah (2021) explained that sometimes parents experience stress when parents are not ready to face critical illness because of premature. FCC training involving parents can increase the role from passive to active. The FCC is a model that is relatively safe and easy to implement. In addition, this model is also proven to be able to increase a baby's weight, reduce behavioral stress in babies, improve welfare and bonding attachment between mother and baby, reduce the stress experienced by parents related to caring for their babies, reduce Length of Stay (LOS), and make parents. Parents feel more confident and competent in caring for their babies after returning home.

Based on the results of interviews regarding the reactions of mothers while caring for premature babies five participants, all answered about the reactions of mothers during caring for their babies, namely: experiencing crying, feeling anxious, worried and sad. Based on the coping done by the mothers of the five participants, all answered about the coping that mothers did when caring for their children, namely: trying to be patient and strengthening each other between husband and wife.

Mothers who experience postpartum depression show low satisfaction and motherhood. Women who are experiencing motherhood for the first time do not know how to interact with newborns, increasing anxiety and decreasing the quality of interaction between mother and baby. A lack of knowledge about how to interact ultimately limits the adjustments needed for a stable transition to motherhood. Mothers who are depressed tend to experience emotional lability, confusion, anxiety, and interactions that are not good with their babies (Arnita et al., 2020).

According to Johnson's theory, the role of the nurse is to help mothers improve their ability to care for premature babies properly and correctly. The role of the nurse that can be carried out is to provide aspects of teaching, for example, roles and counseling. Examples of roles, in this case, include nurses involving mothers and teaching mothers how to care for premature babies, one of which is bathing and caring for the umbilical cord while still in the hospital. Examples of teaching and counseling

can be done by providing health education to mothers regarding how to care for premature babies properly and correctly (Yuliyanti et al., 2020).

This result is in with research that has been conducted by Achmad (2022) there was an increase in the skills of mothers after health education as much as 80% of mothers in the intervention group, while in the control group, it was 50%. Health education during the taking hold period by using leaflets and phantom media/tools has proven to affect increasing the knowledge, skills, and readiness of mothers to care for premature babies.

CONCLUSIONS

The results of interviews with informants obtained 6 (six) themes, namely the description of premature babies and their characteristics, causes of premature birth, the ability of mothers to care for premature babies, forms of maternal support, mother's self-coping while caring for premature babies and mother's reactions while caring for premature babies. The results showed that the knowledge of mothers about premature babies was on average the same, from definition to treatment, support received, and coping mechanisms.

SUGGESTIONS

It is recommended that parties related to the birth of premature babies are for nursing services at the health center level to carry out care and visits to patients' homes, parents, especially mothers, they must also obtain information related to support such as knowledge, enthusiasm or motivation and health counseling for both mother and child as well for mothers who have premature babies, and for future researchers, it is suggested to further examine the experiences of mothers in caring for premature babies using a grounded theory approach that is more reflexive and open.

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