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**UNMET NEEDS AND EXPERIENCES OF MOTHERS WITH
PRETERM NEONATE IN THE NEW BORN UNIT AT RILEY
MOTHER AND BABY, MTRH, ELDORET, KENYA.**

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ABSTRACT

Background: Expecting a healthy baby and then being confronted with a preterm neonate admitted to a new born unit requires adaptation to a frightening and stressful situation. The experience for most mothers of premature babies is like a roller coaster ride; feelings of sadness, regret, anger, powerlessness, guilt and anxiety. Apart from these experiences, are the needs of mothers that are not addressed by healthcare professionals.

Objective: To assess the experiences and unmet needs of mothers with a preterm neonate in the new born unit of Moi Teaching and Referral Hospital (MTRH).

Study area: The study was conducted at the NBU (Riley Mother and Baby Hospital) of MTRH, Eldoret, Kenya.

Significance of the study: Mothers with preterm neonates in the NBU encounter a wide variety of experiences and needs due to the unfolding events. Unmet needs may precipitate psychological, social, physical and financial strain in the family. Identifying the experiences and needs of mothers with premature neonates will help improve the quality of health care.

Methodology: A qualitative approach was utilized. Participants were selected by use of purposive sampling. The sample size was determined when saturation of the data was obtained. The inclusion criteria were mothers of premature babies born before 37 weeks gestation and admitted to the NBU. The exclusion criteria were mothers of neonates with congenital anomalies and mothers with severe mental illness. The study utilized thematic analysis based on a template design for qualitative data. The interview guide served as a template for this and was helpful in the extraction of categories and themes from data.

Results: The findings demonstrated the existence of most crucial needs that mothers require when their baby is admitted at the NBU. Under the category of emotional experiences, some of the themes that came up were fear of uncertainty and guilt. Themes that made up category of informational needs included the need for information on progress of the baby, explanation of alarm and monitors, understanding charts and discharge information. Supportive care needs comprised of lack of support from staff, assistance with ambulation, abandonment, bonding with baby and assistance of mothers with multiple neonates.

Conclusion: The study revealed that despite the aggressive care that focused only on the preterm baby, mothers had their concerns too which needed to be addressed.

Recommendation: Mothers should be involved in the basic care of their babies and get information on neonate's treatment plan, procedures and progress. Healthcare professionals should follow a multi-disciplinary team approach in addressing the needs of mothers. Adjustment should be made in NBU training courses to increase awareness of parental experiences and their needs. An additional discharge guide should be designed and handed to the mothers upon discharge.