

SCHOOL OF NURSING AND MIDWIFERY

COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA, LEGON



TRANSITION FROM HOSPITAL TO HOME CARE, EXPERIENCES OF MOTHERS

WITH PRETERM BABIES IN THE SUNYANI MUNICIPAL HOSPITAL.

BY

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**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF A
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INTEGRI PROCEDAMUS

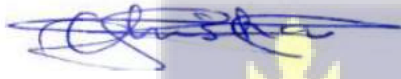
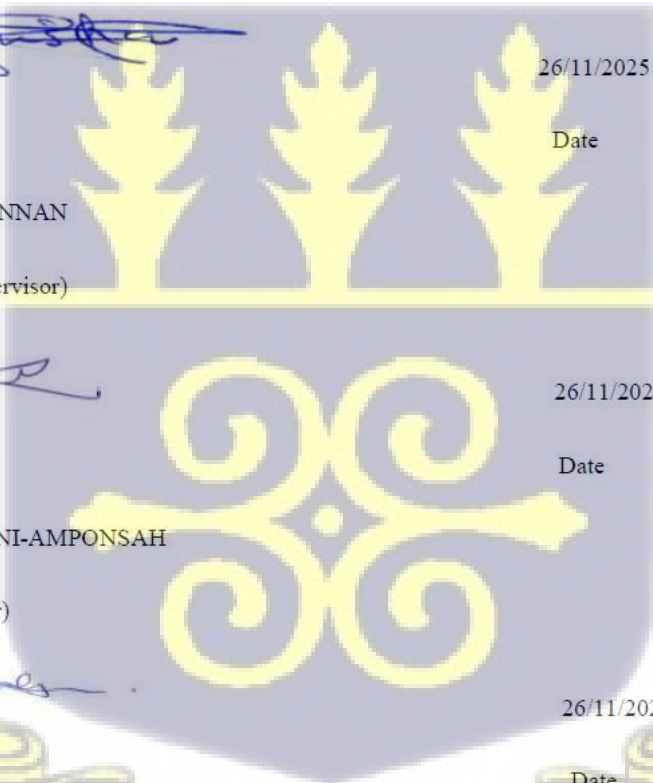
DECLARATION.

This is to certify that, this thesis is the result of a research undertaken towards the award of a Master of Philosophy Degree in Paediatric Nursing at the school of Nursing and Midwifery, University of Ghana, Legon. All references have been dully acknowledged.

This thesis has not been submitted either in whole or part to any institution for any degree.

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DEDICATION

I dedicate this work to my family, (my lovely husband, adorable kids and mother) for the great support throughout the entire period of this program.



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I express my profound gratitude to God for giving me good health, strength and the ability to complete this programme successfully. My sincere appreciation goes to my supervisors Dr. Emma Annan and Dr. Mary Ani-Amponsah for the constructive suggestions, encouragement and guidance, I am most grateful. A very special gratitude to my family for their enormous support and encouragement throughout the programme. My heartfelt appreciation to all the participants who voluntarily decided to share their experiences to enrich this research.

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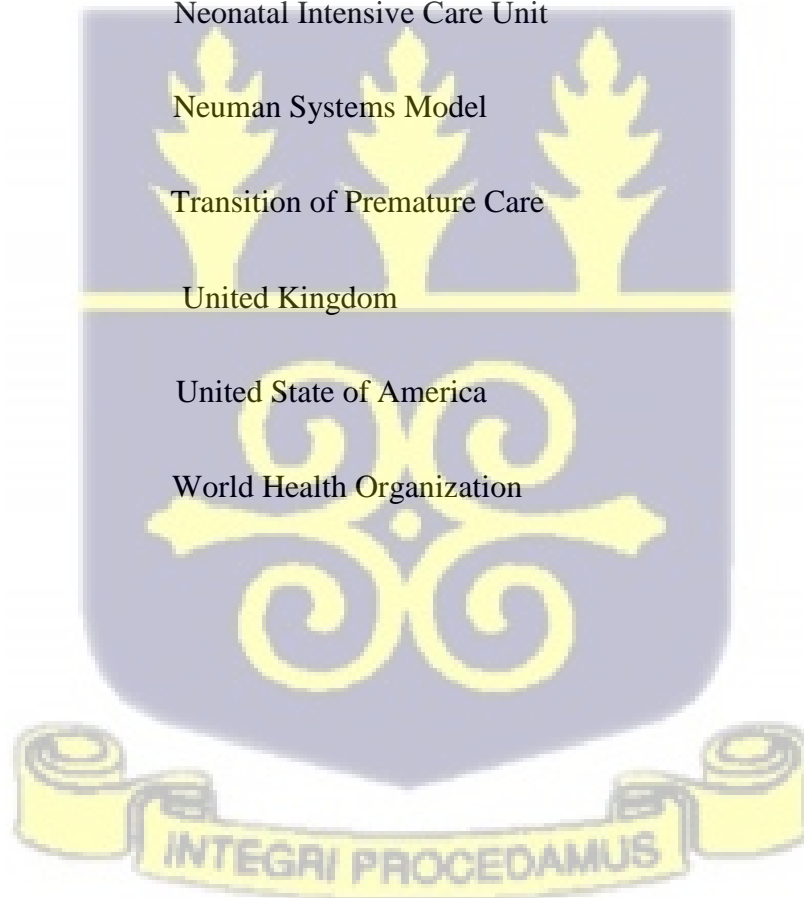
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LIST OF ABBREVIATIONS

BFHI	-	Baby-Friendly Hospital Initiative
CHPS	-	Community -Based and Health Planning Services
GHS	-	Ghana Health Service
IRB	-	Institutional Review Board
KTM	-	Kenner' Transition Model.
MOH	-	Ministry of Health
NICU	-	Neonatal Intensive Care Unit
NSM	-	Neuman Systems Model
ToPC	-	Transition of Premature Care
UK	-	United Kingdom
USA	-	United State of America
WHO	-	World Health Organization



ABSTRACT

Transition of premature (ToPC) care refers to the continuum of medical attention and support provided to premature infants as they progress from the neonatal intensive care unit (NICU) to home or other care settings. This transition they stressed involves a coordinated effort among healthcare professionals, caregivers, and families to ensure the smooth transfer of care and ongoing support for the infant's health and development.

This qualitative study (phenomenological approach) sought to explore the transition care experiences of mother of preterm babies at the Sunyani Municipal Hospital by applying Kenner's Transition Model (KTM) as a conceptual framework. Semi-Structured interview guide was employed to gather data through face-to face interview from Seventeen (17) participants until data saturation was obtained in neonatal care settings and homes. Thematic analysis was used to identify and interpret patterns within the data. Six themes were identified: information needs of mothers of preterm babies, mothers' role to the preterm baby, griefs of mothers with preterm babies, sources of stress to mothers of preterm babies, coping mechanisms used by mothers of preterm babies and existing support systems and resources available to mothers of preterm babies. The study brings to light the multifaceted challenges Ghanaian mothers face in transitioning from hospital to home care for their preterm babies. These challenges are deeply influenced by structural health system limitations, cultural beliefs, socioeconomic barriers, and emotional burdens. However, the resilience of mothers is bolstered by spiritual strength, familial networks, and support from healthcare workers. Bridging the gaps in maternal education, psychosocial support, and community-based follow-up services is critical for enhancing the survival and quality of life of preterm infants in Ghana.



CHAPTER ONE

INTRODUCTION

This chapter looks at the background of the study, problem statement, purpose of the study, research objectives, research questions, significance of the study and operational definitions.

1.0 Background of the Study

Ayele and Moyehodie, (2023), characterizes prematurity as being born alive before completing 37 weeks of pregnancy. WHO reports the occurrence of preterm births to range from 5% to 18%, with roughly 12% in lower-income nations and 9% in higher-income ones (de Costa et al., 2021). Around the globe, approximately 15 million of the 130 million babies born annually are affected by preterm birth (Chawanpaiboon et al., 2019). Despite the recent technological advancement in neonatal care, preterm birth has remained a significant public health issue worldwide (Adu-Bonsaffoh et al., 2019). An estimated 13.4 million babies were born preterm in 2020, with nearly one million dying from preterm complications (Tekeba et al., 2024). This is equivalent to around 1 in 10 babies born early (before 37 weeks of pregnancy) (Aseidu et al., 2019). The regions with the highest prevalence of preterm birth are Sub-Saharan Africa and Asia, collectively responsible for half of the world's births. Consequently, these regions account for over 60% of global preterm births and more than 80% of the 1.1 million neonatal deaths annually (Pusdekar et al., 2020). Despite a global uptick in preterm birth rates, data from developing countries like Ghana remains scarce (Anto et al., 2022). According to Agbeno et al., (2021), in Ghana, 128,000 preterm births occur each year, and 8,400 of these newborns pass away before turning five as a result of direct problems from prematurity. Given the disproportionate impact of preterm on infant mortality, it has emerged as a significant barrier to achieving Sustainable Development Goals (SDG) 3.4 (Walani, 2020). Over the past two decades, many countries,

particularly those with low and middle incomes, have witnessed an increase in preterm birth rates (Walani, 2020). Identifying and comprehending the risk factors associated with preterm birth holds promise in addressing this issue and aligning efforts with the Sustainable Development Goal 3 target of reducing the neonatal mortality rate to 12 per 1,000 live births by 2030 (Adeyinka, 2020). Infants born preterm are at increased risk for various complications and require specialized care in the NICU (de Paula Fiod Costa & de Paula Fiod Costa, 2021). The NICU environment is unfamiliar and stressful for parents, and the experience of having a preterm baby can be traumatic and emotionally distressing (Gutiérrez et al., 2020).

According to Kim and Kim (2024), ToPC care refers to the continuum of medical attention and support provided to preterm infants as they progress from the NICU to home or other care settings. This transition they stressed involves a coordinated effort among healthcare professionals, caregivers, and families to ensure the smooth transfer of care and ongoing support for the infant's health and development. The transition from the NICU to home represents a critical period for both preterm infants and their mothers (Fairless, Ulloa & McGrath, 2021). The care experiences during this transition play a pivotal role in influencing the well-being of the preterm infant and the overall family dynamics (Lakshmanan et al., 2019).

Transitioning care for premature infants in Ghana confronts significant obstacles arising from the limited availability of healthcare resources and infrastructure (Addy et al., 2023). A primary concern is the scarcity of NICUs, particularly prevalent in rural areas, leading to compromised care for premature new-borns requiring specialized medical attention (Bolan et al., 2021). Compounding this challenge is the shortage of skilled healthcare personnel, including neonatologists, paediatricians, and neonatal nurses, indispensable for delivering tailored care during the transition phase (Addy et al., 2023). Additionally, Ahmed, (2021) observed the

inadequate provision of postnatal care services across many regions of Ghana escalates the risk of undetected complications and untreated health issues among preterm infants during this crucial period of development.

Ghana's healthcare infrastructure, characterized by unreliable utilities such as electricity and water supply, adds another layer of complexity to providing quality care to preterm infants during their journey to stable health (Poulin et al., 2024). Furthermore, cultural beliefs and societal norms exert a significant influence, potentially hindering timely healthcare-seeking behaviours and adherence to medical recommendations throughout the transition period (Mensah, 2023).

Preterm birth remains a global public health concern, contributing significantly to neonatal morbidity and mortality (Ohuma et al., 2023). The Sunyani Municipal Hospital in the Bono Region of Ghana, is no exception to the prevalence of preterm births. At the Sunyani Municipal Hospital, preterm birth is prevalent in one hundred and thirty-four (that is 14.4%) (Mohammed et al., 2019), highlighting the need for a thorough investigation of mothers' experiences of care during the transition phase.

The significance of understanding the transition care experiences of mothers lies in its potential to inform healthcare policies, practices, and interventions tailored to meet the unique needs of these vulnerable population (Fowler et al., 2019). Studies have consistently highlighted the emotional, psychological, and financial burden placed on mothers of preterm infants during the transition from hospital to home (Starke et al., 2023). Within this context, K TM offers a useful lens for understanding the complex physical, emotional, and social adjustments mothers undergo when caring for preterm infants after NICU discharge. Applying this framework underscores the importance of assessing mothers' readiness, available support systems, and challenges encountered during home integration. Integrating principles from this model strengthens the

conceptual rationale for the study by affirming that the transition from hospital to home care is not merely a change in setting but a profound developmental and care-intensive process requiring structured support. However, there is a dearth of research specifically addressing this issue within the Ghanaian context, particularly in the Sunyani Municipality where Sunyani Municipal Hospital is located. From the researcher's perspective, understanding these factors is crucial for the development of targeted interventions that address the specific needs of mothers in Sunyani and, by extension, contribute to the broader global discourse on preterm infant care. Again, this research will contribute valuable insights into the transition care experiences of mothers of preterm babies in the Sunyani Municipality specifically, ultimately serving as a foundation for the development of evidence-based interventions and policies that can enhance the well-being of preterm infants and their families during this critical phase of transition. Therefore, the study aims to explore the transition care experiences of mothers with preterm babies from the hospital to home care in the Sunyani Municipal Hospital.

1.1 Problem Statement

Despite advancements in neonatal healthcare globally, the transition from the NICU to home remains a challenging phase for preterm infants and their mothers (Lund, Lunnay & Evensen, 2025). In Ghana, the leading cause of neonatal death is preterm birth, with 70% of these morbidities and fatalities taking place within the community (Adama, 2024), yet to date, there is limited research in Ghana that has explored how mothers experience their care giving role after discharge from the NICU into the community. The Sunyani Municipal Hospital, located in Sunyani Municipality of the Bono Region of Ghana, presents a unique context where limited research has been conducted on the transition care experiences of mothers of preterm babies. This gap in knowledge raises concerns about the adequacy and appropriateness of interventions and support

systems available to these mothers during the critical post-NICU phase, potentially impacting the overall well-being of preterm infants and the effectiveness of their transition to home care (Griffith et al., 2022).

While global literature contributes valuable insights, the Sunyani Municipality's specific socio-cultural context may introduce unique challenges and opportunities that warrant dedicated investigation. Resource constraints and regional disparities in healthcare infrastructure may further exacerbate the challenges faced by mothers in Sunyani. Limited access to specialized neonatal care, cultural beliefs, and societal norms may influence caregiving practices, impacting the quality of transition care.

Also, efficient transition planning and support can help reduce the length of hospital stays for preterm infants, thereby reducing healthcare costs for families and healthcare systems (Lundqvist et al, 2019). In another angle, the researcher believes that it will facilitate the integration of preterm babies into the community hence allowing the families to access local support networks and resources (Nalwadda, 2023). To address this gap, this research aims to systematically explore the transition care experiences of mothers in the Sunyani Municipal Hospital, identifying their information needs, mother-infant role, social interaction, griefs, stress and coping strategies influencing the caregiving process. By doing so, the study seeks to inform the development of targeted interventions, policies, and healthcare practices that are contextually relevant and responsive to the unique needs of mothers of preterm infants in this region.

1.2 Purpose of the Study

The purpose of the study is to explore the transition care experiences of mothers with preterm babies from the hospital to home in the Sunyani Municipal Hospital.

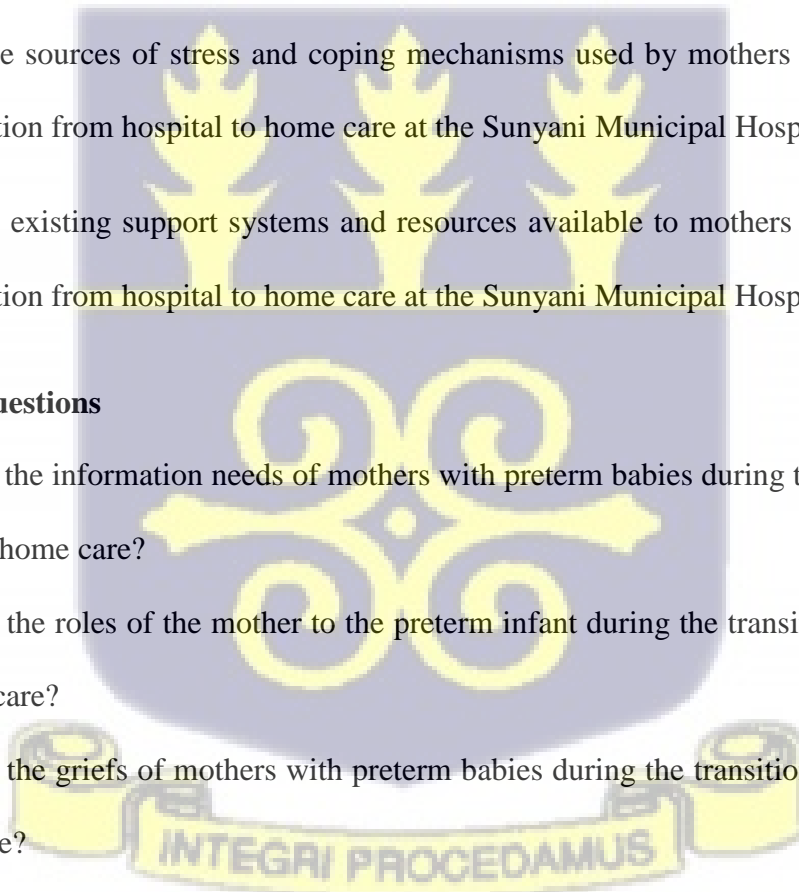
1.3 Research Objectives:

The specific objectives of this research are:

1. To understand the information needs of mothers with preterm babies during the transition from NICU to home care at the Sunyani Municipal Hospital.
2. To investigate the roles of the mother to the preterm baby during the transition from hospital to home care at the Sunyani Municipal Hospital.
3. To determine the griefs of mothers with preterm babies during the transition from hospital to home care at the Sunyani Municipal Hospital
4. To identify the sources of stress and coping mechanisms used by mothers of preterm babies during the transition from hospital to home care at the Sunyani Municipal Hospital
5. To assess the existing support systems and resources available to mothers of preterm babies during the transition from hospital to home care at the Sunyani Municipal Hospital.

1.4 Research Questions

1. What are the information needs of mothers with preterm babies during the transition from NICU to home care?
2. What are the roles of the mother to the preterm infant during the transition from hospital to home care?
3. What are the griefs of mothers with preterm babies during the transition from hospital to home care?
4. What are the sources of stress and coping mechanisms used by mothers of preterm babies during the transition from hospital to home care?



5. What are the available support systems for mothers with preterm infants during the transition from hospital to home care in Sunyani Municipal Hospital?

1.5 Significance of the Study

The transition from NICU to home is a delicate phase that demands a nuanced understanding of the mother's experiences, as well as the nursing care provided during this period. Nurses play a pivotal role in supporting families during this transition (McLeish et al., 2021) and their insights are invaluable for informing evidence-based nursing practices. This study seeks to shed light on the unique challenges faced by mothers and the role of nursing care in facilitating a smooth transition for preterm infants and their families in Ghana.

Studies have shown that mothers of preterm infants experience high levels of stress and anxiety, which can affect their ability to provide optimal care for their babies especially during the transition. Mothers are concerned about the financial burden associated with caring for a preterm infant and the impact on their employment (Green et al., 2021).

Despite the importance of understanding maternal experiences and care of preterm babies during the transition period in Ghana, there is a paucity of research in this area. Most studies on preterm babies in Ghana have focused on medical outcomes rather than the experiences of mothers and families during the transition period (Apedani, Koduah & Druye et al., 2021). Therefore, there is a need for a qualitative study to explore the transition care experiences of mothers with preterm babies from the hospital to home care in the Sunyani Municipal Hospital shedding light on their specific information needs, mother-infant roles, griefs, stress and coping mechanisms, and support systems in place for mothers of preterm babies.

1.6 Operational Definition

Experiences: the knowledge and skills that a person has of care, treatment and support.

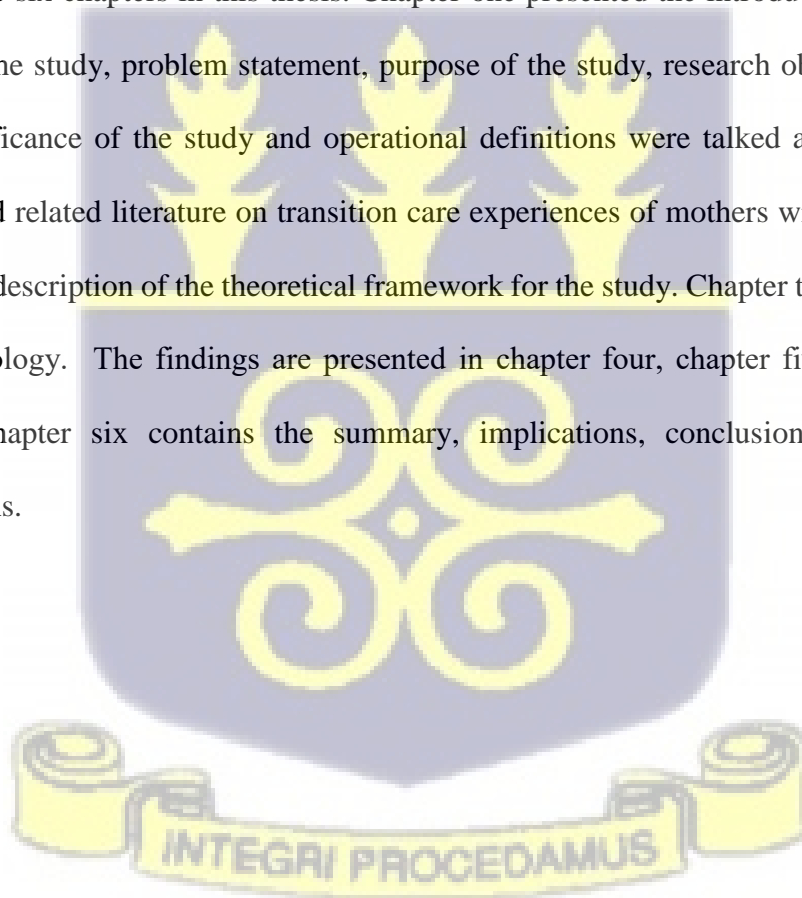
Mothers: women within the reproductive age of 15 to 49 with a preterm baby.

Preterm babies: babies born before 37 completed weeks.

Transition Care: the continuum of medical attention and support provided to preterm infants as they progress from the NICU to home or other care settings.

1.7 Organization of the Research

There are six chapters in this thesis. Chapter one presented the introduction in which the background of the study, problem statement, purpose of the study, research objectives, research questions, significance of the study and operational definitions were talked about. The second chapter reviewed related literature on transition care experiences of mothers with preterm babies and presented a description of the theoretical framework for the study. Chapter three described the study's methodology. The findings are presented in chapter four, chapter five discussions on findings and chapter six contains the summary, implications, conclusion, limitations and recommendations.



CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

This chapter reviews related literature on transition care experiences of mothers with preterm babies and presents a description of the theoretical framework for the study.

2.1 Conceptual Framework for the Study

Three transition related conceptual frameworks were considered for this study. Namely, Roy Adaptation Model (1976), Neuman Systems Model (1970) and Kenner Transition Model (1988).

Roy Adaptation Model is a theoretical framework that focuses on the adaptation of individuals to environmental stimuli (Hasanah et al., 2022). The model offers a holistic perspective on adaptation (Harris, 2021). Roy's model focuses on the adaptive responses of individuals to internal and external stimuli, which can be relevant to mothers of premature babies as they navigate the transition from hospital to home care. The model emphasizes the role of stimuli, coping mechanisms, and adaptation in promoting holistic well-being (Tefera et al., 2022). Roy's model offers a holistic perspective on adaptation, considering the physiological, psychological, and social aspects of individuals' responses to stressors. It provides a framework for assessing and promoting adaptive responses in mothers of preterm babies, addressing both the individual and environmental factors influencing adaptation (Harris, 2021). Roy's model may be less specific to the unique challenges and needs of mothers with preterm babies during the transition period. While it offers insights into adaptive processes, it may not fully capture the complexities of the transition experiences or provide guidance on interventions tailored to this population hence not suitable for this study (Shillington & McNeil, 2021).

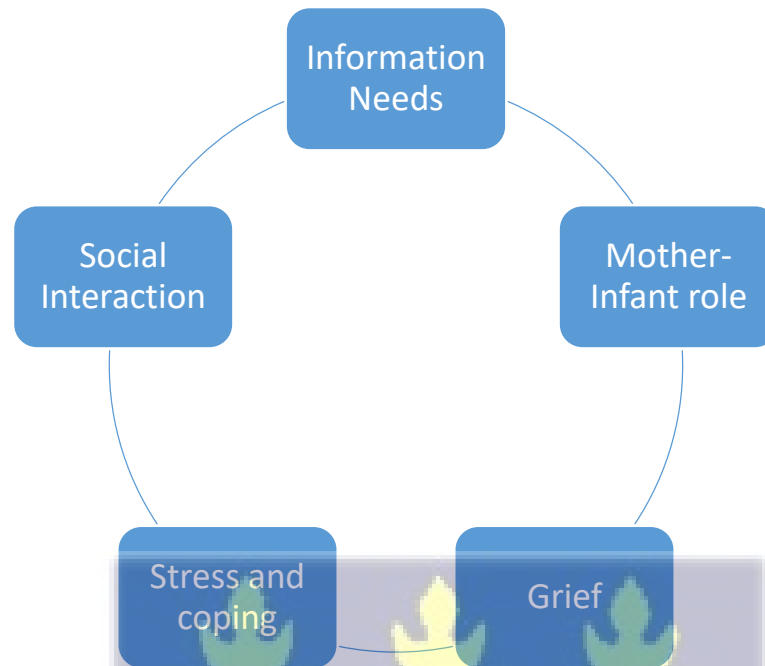
The Neuman Systems Model (NSM) was developed by Betty Neuman in 1970 (Yaqoob et al., 2023). The model emphasizes the importance of social support and family dynamics. It focuses on understanding individuals within the context of their family and the broader social systems, which can be highly relevant to mothers of preterm babies as they transition to home care (Lawson, 2021). The model emphasizes the interconnectedness of family dynamics and the impact of social support on adaptation (Eustace, 2022; Yaqoob et al., 2023). The system model offers a comprehensive approach to understanding the transition experiences, considering the influence of family relationships, cultural factors, and community resources on adaptation (De Kuiper, 2020). It provides a framework for assessing and enhancing the support systems available to mothers of preterm babies, promoting resilience and well-being. While the systemic model emphasizes the importance of social support and family dynamics, it may overlook individual factors that influence adaptation. It may also be less focused on the internal processes of adaptation and coping strategies used by mothers during the transition period and hence not suitable for this study.

2.2 Kenner Transition Model

The framework chosen is the Transition Model developed by Kenner in 1988 (Tutar & Avci, 2022). The KTM is tailored towards preterm care and encompassed 5 interconnected domains of maternal needs after NICU discharge which are: information needs, mother-infant role, grief, stress and coping, and social interaction (Waldron, 2022).



Figure 2.1: Kenner transition model (Adopted) (Tutar & Avci, 2022; Waldron, 2022)



2.3 Description of the KTM

Information Needs: The information needs of preterm mothers refer to the specific knowledge and understanding required to navigate the challenges associated with preterm birth and the care of their preterm infants. These needs encompass a range of topics and may evolve throughout the preterm journey, from the initial period following the infant's birth to long-term care and development considerations (Davis-Strauss, Johnson, & Lubbe, 2021).

Social Interaction: This is the mothers' capability to socialize and interact with people after giving birth to a preterm baby and includes support from the maternal societal system and health professionals (Bry & Wigert, 2019).

Grief: Grief in preterm mothers refers to the emotional response characterized by feelings of sadness, loss, and sorrow experienced by mothers following the preterm birth of their infant (Sarfo & Segalo, 2024). This grief can manifest in various ways and may encompass a range of

emotions, including shock, disbelief, anger, guilt, and profound sadness (Jarašiūnaitė-Fedosejeva et al., 2024). Grief is seen as not giving birth to the ideal baby which could affect the relationships between mother and infant and also the social interaction in mothers. It can also result in feelings of guilt (Fernández-Sola et al, 2020).

Mother-infant role: The mother-infant role in preterm mothers refers to the unique and essential relationship between a mother and her preterm infant, characterized by caregiving, bonding, and nurturing interactions (Pinar & Erbabab, 2020). Despite the challenges presented by preterm birth, preterm mothers play a vital role in providing physical, emotional, and developmental support to their infants throughout their neonatal journey and beyond (Petty, Jarvis & Thomas, 2019).

Stress: Stress in preterm mothers refers to the physical, psychological and emotional strain experienced as a result of the challenges associated with preterm birth and the subsequent care of their preterm infant (Hartzell, Shaw & Givrad, 2023). This stress can arise from various factors, including the uncertainty surrounding the health and well-being of the infant, the demands of caring for a medically fragile newborn, and the disruptions to the anticipated pregnancy and childbirth experiences (Spinelli, Poehlmann & Shah, 2025). Stress is associated with feelings of shock and dread following a preterm birth as well as inadequate preparedness.

Coping: Coping is defined as a set of actions that regulate behaviour, emotions, and motivational tendencies under stress. Coping strategies are key factors that allow parents to handle the stresses experienced during transition care (Alinejad-Naeini, Peyrovi & Shoghi, 2021).

2.4 Studies that have used KTM

Waldron (2022), used the model in his studies on NICU Parents of Black Preterm Infants: Application of the Kenner Transition Model. *Advances in Neonatal Care* (Waldron, 2022). Tutar and Avcı, (2022), also used the model in their study on assessing the psycholinguistic and psychometric properties of the Turkish version of the transition questionnaire grounded on the hospital-to-home transition model (Tutar & Avcı, 2022). Lakshmanan et al. 2019 examined the viewpoints from families for improving transition from NICU-to-home for infants with medical complexity at a safety net hospital in Los Angeles in USA. Kenner's Transitions from NICU model provided insight into the care needs of parents as they transition home from NICU with the previously-ill infant (Orr, 2021). Boykova, et al. 2016 employed the Kenner's model describing each of the categories in the model and how they influence each other. They observed that the model emphasizes on transition as "a process" of change and not a "product of change".

2.5 Application of KTM

This study looks at transition care experiences of mothers of preterm babies in Sunyani Municipal Hospital using KTM as the theoretical framework. The first objective is to understand the information needs of mothers with preterm babies during the transition from NICU to home care. This has become necessary because it helps you understand the information needs of the mother and tailor your care to address those needs making the transition process much easier as seen in the model. Under these constructs, participants will be asked to describe their transition information needs.

The second objective is to investigate the roles of the mother to the preterm infant during the transition period. This will help the researcher understand the roles of the mother to the infant

which will help in transition education and interventions. Participants will be asked to describe their roles to their preterm baby.

The third objective is to determine griefs of mothers with preterm babies during the transition period. Here, participants will be asked of their grieving process to help build the concept. The fourth objective is to identify the stress and coping mechanisms used by mothers to overcome stress during the transition period. This is elicited to enable the researcher to build upon the concept's description hence very important as it aligns with the model. Under this construct, mothers will be asked to describe their stress and coping mechanisms.

The fifth objective of the study is to assess the existing support systems and resources available to mothers during the transition period. Here, participants will be asked of the support systems and resources available to them and their infants as they transition home.

2.6 Literature Review

The literature on the experiences of mothers on transition care of preterm babies was reviewed widely using the concepts of Kenner's transition model. The literature search was conducted across reputable databases such as Science Direct, Sage, PLoS One, Google Scholar and Research Gate. Keywords utilized in the search strategy included Transition, Care Experiences, Mothers, Preterm babies and



Neonatal Intensive Care Unit.

2.6.1 Definition and Concepts of Transition Care

According to Kim and Kim (2024), ToPC refers to the continuum of medical attention and support provided to preterm infants as they progress from the NICU to home or other care settings. This transition they stressed involves a coordinated effort among healthcare professionals, caregivers, and families to ensure the smooth transfer of care and ongoing support for the infant's health and development.

2.6.2 Information needs of mothers of preterm babies during the transition from hospital to home care.

Informational needs of mothers during this phase include knowledge on behaviour, newborn development, and caregiving. Everything mothers need to know to care for their baby as well as manage the move from the hospital to the home. As preterm infants transition from the NICU to home, mothers may require information on practical aspects of care, such as feeding techniques, monitoring growth and development milestones, managing medications, and recognizing signs of illness or distress (Osorio Galeano & Salazar Maya, 2023). Guidance on creating a safe and supportive environment at home, including strategies for promoting bonding and attachment, is also essential. In a study by Granero-Molina et al., (2019), the necessary knowledge about how to feed babies properly is lacking among mothers. The statements made by the participants of the study amply demonstrated how maternal ignorance of feeding practices contributed to the occurrence of several issues in babies, including pulmonary aspiration, and consequent readmissions to the NICU. Following discharge, parents are in duty of providing home medical care for their neonate, including oxygen therapy and nasogastric feeding this may be worrying to

them (Aagaard et al., 2023) and hence the need for information in this regards. Mothers need adequate knowledge of potential equipment-related issues in the transition to home (Berman et al., 2019) in order to be able to care for them effectively. Mothers have identified the challenge they face in basic baby care. That is recognizing when the infant is doing well, caring for the baby at home, expectations for after discharge, things to watch out for, and handling unforeseen health difficulties, particularly urgent ones (Green et al., 2021). Concerns about tracking developmental progress are common among mothers of preterm babies and information on this is needed to help them during the transition period. The study of Alinejad-Naeini, Peyrovi and Shoghi, (2021) documented maternal worry over knowing their babies' developmental milestones. Mothers may need information on routine care and identifying danger signs in their preterm infants. The study of Yeboah et al. (2025) and Kumar et al. (2020), stress the importance of maternal education for early detection of health complications. Lack of education on the causes and implications of preterm birth presents a gap in information, Leahy-Warren et al. (2020) study found that maternal knowledge helps reduce anxiety and improve care practices for their preterm babies. Mothers must feel empowered and confident to advocate for and care for their infants once they are back at home.

2.6.3 Mother-infant role during the transition from hospital to home care

Despite the challenges presented by premature birth, preterm mothers play a vital role in providing physical, emotional, and developmental support to their infants throughout their neonatal journey and beyond (Petty, Jarvis & Thomas, 2019). Pados and Hill (2019) reported in a study that infants born before their due dates need extra nutritional assistance and therefore must be fed. Due to their undeveloped suckling response, it makes feeding difficult for mothers but under medical supervision, they must acquire and use proper feeding practices, including supplemented formula or extracted breast milk to feed their preterm babies (Isazadeh et al., 2022).

Mothers must continuously keep an eye on their surroundings and employ methods like Kangaroo Mother Care (skin-to-skin contact) to keep their preterm infants warm because they have trouble controlling their body temperature (Aziz, 2024). Also, mothers must take care to shield their preterm infants from possible infection sources because they are more vulnerable to infections (Alanazi et al., 2024). Mothers of preterm infants must keep a careful eye on their health, looking for indications of distress, delays in development, or other issues. The bond and engagement between a mother and her new-born can be hampered by the infant's first illness or specific healthcare needs, which can impede the development of the maternal role (Givrad, Hartzell, & Scala, 2021). It also changed the maternal role and can cause social disruption (Ouwendijk-Andréa et al., 2020).

2.6.4 Grievs of mothers of preterm babies during the transition from hospital to home

Grief is seen as not giving birth to the ideal baby which could affect the relationships between a mother and her new-born baby. It can also result in feelings of guilt (Hua et al., 2023; Fernández-Sola et al, 2020). Atuhaire et al. (2021) link these feelings with increased risk of postpartum depression, especially in contexts with strong expectations about maternal roles. Studies have highlighted the anxiety and emotional burden experienced by mothers during this transition period (Ouwendijk-Andréa et al., 2020). Studies have consistently highlighted the emotional and psychological burden placed on mothers of preterm infants during the transition from hospital to home care (Quist et al., 2022). Aydon et al. (2018) reported that mothers of preterm infants often feel unprepared during the transition from hospital to home care. Research indicates that anxiety and depression in mothers might hinder their child's growth and development and heighten the sense of their susceptibility, ultimately resulting in increased utilization of medical facilities (Shaw et al., 2021; Granero-Molina et al., 2019).

2.6.5 Social Interaction of mothers of preterm babies during the transition from hospital to home care.

Social interaction and support of preterm mothers refer to the emotional, informational, and practical assistance provided by their social network. They include family, friends, healthcare professionals and support groups (Eduku, Annan & Amponsah, 2024). More social and professional assistance is required by mothers of preterm new-borns due to their information demands, concerns about their infant's needs, and their own caregiving abilities (Adama et al., 2022). Mothers must maintain constant contact with the many professionals engaged in their infant care after getting home from the hospital (Cheong et al., 2020). Inadequate support during the transition phase has been associated with adverse outcomes for both mothers and preterm infants (Davis-Strauss, Johnson, & Lubbe, 2021). During the first week following discharge, the majority of mothers experienced difficulty adjusting and hence the need for consistent support (Nalwadda, 2023). Mothers in a study by Camero et al (2022) reported feeling lonely and socially isolated, which was frequently caused by their desire to keep their infant safe from health risk outside the home, limiting their social interactions. The best outcomes for mother and child are ensured when mothers of preterm infants use these support networks and services to help them through the transition from hospital to home care (Treyvaud et al., 2019). Spouse consider themselves to be the most prevalent source of support when it comes to care for the preterm baby at home (Breivold et al., 2019). Support groups designed especially for mothers of premature babies can be found at many hospitals (hospital-based support groups). These forums give mothers a place to talk about their worries, experiences, and coping mechanisms for handling the difficulties of raising a preterm child. (Haward et al., 2022). Mothers who receive information support are better able to care for their preterm child and may feel more secure in their parenting skills (Chan, & Shorey, 2024).

Having access to perinatal mental health specialists can assist in overcoming these obstacles and ensuring their wellbeing (Treyvaud et al., 2019). Home health care services. Mothers caring for preterm babies at home may receive help from home health care services. These services could include instruction about neonatal care, healthcare equipment, and nursing care (Fernández-Medina et al., 2022).

Peer Support Networks is another form of social support. Making connections with other mothers who have gone through comparable experiences can offer priceless emotional support as well as useful guidance to mothers of preterm babies during the transition phase (Bry, & Wigert, 2019). Then again, Early Intervention Programs. These programs are intended to assist preterm babies with their developmental needs and help them realize their full potentials. These programs may involve developmental assessments, speech therapy, and medical treatment (Herini, Hartini, & Kusuma, 2023). Relevant social services including parenting lessons, caregiver services, and support groups for families can offer further assistance. (Partain, et al., 2019).

2.6.6 Stress and coping mechanisms of mothers of preterm babies during the transition from hospital to home care

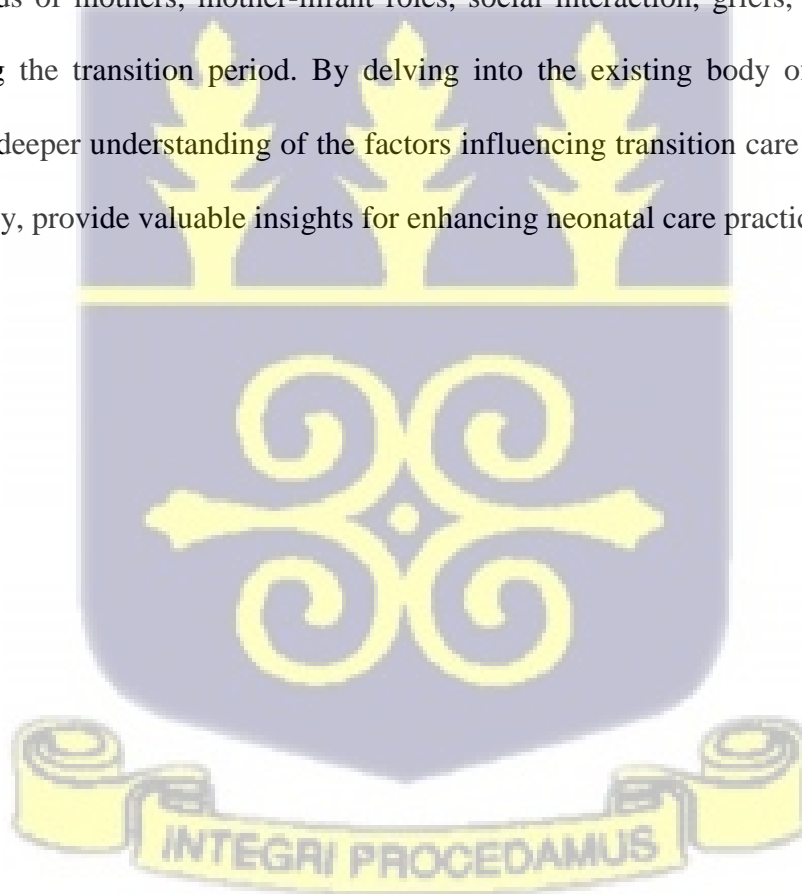
Stress can arise from various factors, including the uncertainty surrounding the health and well-being of the infant, the demands of caring for a medically fragile new-born, and the disruptions to the anticipated pregnancy and childbirth experiences (Spinelli, Poehlmann & Shah, 2025). Preterm mothers may face stressors such as financial strain, social isolation, and the emotional toll of witnessing their infant's medical struggles (Yang et al., 2019; King, Maritz, and Zupancic, 2021). Coping is defined as a set of actions that regulate behaviour, emotions, and motivational tendencies under stress. Coping strategies are key factors that allow mothers to handle the stresses experienced during transition care (Alinejad-Naeini, Peyrovi & Shoghi, 2021). Coping

is a social construct that is influenced by social ties to friends, family, and medical experts. Addressing the difficulties of caring for a preterm new-born requires understanding the coping strategies used by mothers of preterm babies during the transition from hospital to home care. There are many different coping mechanisms, however the following are some popular ones found in academic studies. Mothers need more direct participation in their infant's care as it serves as a coping mechanism (Fowlers et al., 2019). In order to get through the practical and emotional difficulties of caring for a preterm new-born at home, mothers frequently rely on their social networks, which include friends, family, and support groups (Schuler et al., 2023). Social support can reduce stress and feelings of loneliness by offering practical aid, understanding, and affirmation (Chan & Shorey, 2024). Mothers often look for information regarding the health, development, and care requirements of their infant (Furtak et al., 2021). Mothers who have access to trustworthy and accurate information are better equipped to make educated decisions and feel more confident when taking care of their preterm baby (McLeish, et al., 2021). Mothers can reduce stress and preserve their physical and mental well-being by partaking in self-care activities like exercise, relaxation techniques, hobbies, and personal time. Setting self-care as a top priority helps them maintain their energy and handle their responsibilities (MacCarthy, 2019). Mothers frequently use cognitive coping techniques like acceptance, optimism, and positive reframing to keep a positive attitude and reframe stressful situations in a more positive way. These coping strategies helps discover strength and purpose in their path of providing care to the preterm child (Kim-Godwin, Kim, & Gil, 2020). Psychological well-being is enhanced and emotional discharge is facilitated by emotional ventilation. (Shaw et al., 2021). During trying times, mothers can find solace, hope, and purpose by leaning on their faith or faith-based convictions and practices

(Gutiérrez et al., 2020). Coping and resilience are enhanced by prayer, meditation, and seeking the advice of spiritual communities or leaders.

2.7 Summary of Literature Review

This chapter reviewed the relevant theory providing a framework for the study. The KTM was chosen as the study's conceptual framework because it was relevant to the current study's goal of exploring the transition care experiences of mothers with preterm babies. Again, this chapter has been used to describe how the literature search was carried out. The literature review highlights the multifaceted nature of transition care for the preterm infants, shedding light on the unique information needs of mothers, mother-infant roles, social interaction, griefs, stress and coping strategies during the transition period. By delving into the existing body of knowledge, this contributes to a deeper understanding of the factors influencing transition care of preterm babies and, subsequently, provide valuable insights for enhancing neonatal care practices.



CHAPTER THREE

RESEARCH METHODOLOGY

This chapter looks at the methods used to address the research objectives. It comprises the research design, research setting, target population, sample and sampling method used. Also, it describes the tools used, data collection procedure, data analysis and data management. Additionally, this chapter provides a presentation of how the ethical requirements and trustworthiness of the study were met

3.1 Study Design

A qualitative research approach was adopted to reflect the study's exploratory nature.

Qualitative techniques provide a greater depth of knowledge of the experiences of mothers of preterm neonates during the move from hospital to home care (Bazen, Barg & Takeshita, 2021). The study employed a phenomenological approach to investigate and comprehend the real-life experiences of mothers who gave birth to preterm new-borns during the transition from hospital to home care. The study specifically employed a descriptive (Husserlian) phenomenological design, which was well suited for exploring and describing participants' lived experiences with minimal researcher interpretation. This design enhanced the credibility of the study by ensuring that mothers' voices, meanings, and perceptions were presented authentically and without theoretical distortion. Because descriptive phenomenology seeks to uncover the essence of a phenomenon as experienced by participants, it allowed the researcher to remain faithful to the

participants' actual narratives during the transition from hospital to home care as Neubauer, Witkop and Varpio (2019) explained. Husserlian phenomenology prioritizes a return "to the things themselves," ensuring that data interpretation stays grounded in participants' descriptions rather than researcher assumptions.

3.2 Research Paradigm

This research used the constructivism paradigm. Constructivism is a philosophical paradigm that stresses how people actively create their own conceptions of truth through their thinking, leading to the existence of alternate realities (Rillo et al., 2020). Constructivism posits that all knowledge is derived from human experience, and reality is regarded as subjective (McMillan, 2022).

Constructivist researchers aim to comprehend the experiences of research participants to uncover their subjective truths or perspectives (MacLeod, Burm & Mann, 2022). They appreciate established theory but are more inclined to utilize it to substantiate their empirical interpretation. The use of constructivism in this research allowed for a more nuanced and contextualized understanding of the research topic

3.3 Research Setting

The study was carried out precisely at the Sunyani Municipal Hospital, a government hospital under the Ghana Health Service which is located in the Sunyani East Municipality. The municipality has thirty-one (31) health facilities which consist of one (1) teaching hospital, one (1) district hospital, one (1) mission hospital, one Quasi hospital, two (2) private hospitals, three (3) community -based and health planning services (CHPS), four maternity homes, six health centres and thirteen clinics. The Sunyani Municipal Hospital was established on May 11, 1927 during the colonial administration to cater for the European officers and the natives. The hospital provides in-patient and out-patient care services as well as maternal and child health services. The hospital

has a NICU where it admits sick neonates. The NICU has a bed capacity of twelve (two incubators, four radiant warmers and six cots). The unit also have two functional phototherapy machines. It is a child friendly facility with a team of experienced healthcare professionals who specialize in preterm birth and neonatal care. The location of the hospital make it serve a diverse patient population, including a significant number of preterm births hence a site suitable for this study.



Figure 3.1. A map of the Sunyani municipality.

3.4 Target Population

The target population constituted mothers who had delivered a preterm baby (born at <37 completed weeks of gestation), admitted at the NICU in the Sunyani Municipal Hospital and have been discharged home.

3.5 Inclusion Criteria

The inclusion criteria were:

- i. Mothers who were willing to provide a written or oral consent.
- ii. Mothers who were mentally and physically fit at the time of data collection

3.6 Exclusion Criteria

The exclusion criteria were:

- i. Mothers who were ill at the time of data collection
- ii. Mothers who did not consent to the study..

3.7 Sampling Technique

Sampling is the practice of choosing a subset of people or cases to involve in a study from a wider group (Islam & Aldaihani, 2022). Sampling in qualitative research is guided by the principles of purposeful selection, aiming to include participants who can provide rich and meaningful understandings into the phenomenon under study (Campbell, et al., 2020). A purposive sampling technique was used to select participants for this study. Purposive sampling is a nonprobability research sampling technique that relies on specific characteristics that best describe the study's research participants (Ishtiaq, 2019). With purposeful sampling, researchers can deliberately choose participants with perspectives and experiences pertinent to the study's topic (Whitehead and Whitehead, 2020) hence the researcher used a purposeful sampling technique for this study. This ensured that participants were of diverse background including first time mothers, those with multiple deliveries and those of high and low socio-economic status, rich and poor, educated and uneducated were captured to enhance understanding of the research phenomenon, increase the transferability of findings, identify patterns and themes that transcend individual cases and to provide a richer, more nuanced understanding of the research topic. The researcher

conducted an in-depth face to face interview with the study participants in order to collect rich, complete, and context-specific data directly from the participants.

3.8 Sampling Size

The sample size for the study was determined based on the principle of data saturation. Data saturation occurs when research participants are unable to provide fresh views to the topic under study and the acquired data does not provide further explanations for the phenomenon under investigation (Hennink, Kaiser, & Weber, 2019). Data saturation for this study was reached by the 17th participant.

3.9 Data Collection Tool

Based on the study's objectives and reviewed literature, a semi-structured interview guide was created (Bhalla, Bahar & Kanapathy, 2023) (Appendix A) consisting of open-ended questions and probes to gather data from participants.

This was divided into sections: section A contain socio-demographic data questions, section B information needs of mothers of preterm babies during the transition period, section C: mother-infant role during the transition period, Section D: griefs of mothers of preterm babies during the transition period, Section E: stress and coping mechanisms of mothers of preterm babies during the transition period and Section F: social interaction of mothers of preterm babies during the transition period. The interview guide was used to elicit replies from participants based on the study objectives. Before conducting interviews with the actual participants, a small-scale pilot study was undertaken with a few people (5), who share characteristics with the intended participants. The goal of the pilot study was to fine-tune the interview guide and identify any potential difficulties with the questions or interview flow. Piloting allows researchers to test the

effectiveness of their data collection tool before using them in the main study. This helped identified any ambiguities, misunderstandings, or flaws in the questions and addressed accordingly. To ensure fairness within the research project, data from the pilot study were not added to the findings of the actual research.

3.10 Data Collection Procedure

Data collection commenced after ethical approval was granted by the Ghana Health Service Ethics Review Committee (GHS-ERC: 047/07/24). Permission to conduct the study was subsequently obtained from the management of the Sunyani Municipal Hospital using an introductory letter issued by the School of Nursing and Midwifery, University of Ghana.

Participants were identified through the NICU admission and discharge register. Eligible mothers were approached in person, and the purpose, procedures, potential risks, and benefits of the study were explained to them. Those willing to participate provided initial verbal agreement, after which the researcher arranged follow-up visits to establish rapport and schedule a convenient interview date and time. Before each interview, written informed consent was obtained from every participant. Copies of the signed consent forms were kept by both the researcher and the participants for documentation and audit purposes. Participants were reminded of their right to withdraw from the study at any time without any consequences.

Data were collected through in-depth, face-to-face interviews using a semi-structured interview guide. Interviews were conducted either in a private room within the NICU or at the participants' homes, depending on their preference and convenience. To ensure clarity and comfort, the interview questions were explained to participants, and interviews were conducted in either English or Twi, the languages in which participants were most fluent. Each interview

lasted between 30 and 45 minutes, allowing for detailed exploration of participants' experiences. Questions focused on their information needs, grief experiences, mother–infant roles, stressors, coping strategies, and social support systems. Field notes were taken alongside the interviews to capture non-verbal cues and contextual details relevant to data interpretation. An audio recorder was used to document all interviews. The device was tested prior to each session to ensure proper functioning. Participants granted explicit permission for audio recording. This approach enhanced accuracy and completeness of the data collected. All recorded interviews were transcribed verbatim by the researcher to preserve the original meaning and nuances expressed by participants. Data collection was carried out between November and December 2024.

3.11 Data Management

According to Polit and Beck (2020), data management is the process of breaking down vast amounts of data into smaller, more manageable chunks. Audio recordings of interviews serve as the primary data source. These recordings are securely stored on devices equipped with encryption and password protection. Only the researcher and supervisors can have access to the data. The researcher self-transcribed the interviews in order to protect participant anonymity and makes sure that no one else gets access to the information, each participant was assigned a unique code when analyzing the data to ensure confidentiality. In addition to audio records, detailed field notes were compiled, capturing both verbal and nonverbal cues, as well as contextual details. Regular checks were conducted to ensure accuracy and consistency in data entry and coding. According to the Data Protection Act 843 2012, the data would be protected until the research is completed and published, and then it would be destroyed after five years (Mensah, 2023).

3.12 Data Analysis

Braun and Clarke's (2006) six-phase framework for thematic analysis was employed to analyse the qualitative data obtained from in-depth, face-to-face interviews with mothers of preterm babies who had transitioned from hospital to home care at the Sunyani Municipal Hospital. Thematic analysis was chosen because of its flexibility and suitability for phenomenological studies, as it enables a detailed, nuanced exploration of participants' meanings, emotions, and lived experiences.

To ensure data integrity and confidentiality, the researcher personally transcribed all interviews verbatim, allowing for early immersion in the data while maintaining participant confidentiality. The interviews that were recorded in Twi language was translated into English during transcription. Familiarization was further achieved by repeatedly reading the transcripts to identify initial ideas and patterns related to the emotional, physical, and psychological experiences of mothers during the transition period.

Systematic coding was then conducted across the entire data set, after which related codes were grouped into potential themes that captured recurring patterns and essential aspects of the mother's lived experiences. These themes were carefully reviewed, refined, and compared with the original transcripts to ensure coherence, internal consistency, and accurate representation of participants' perspectives. Overlapping or ambiguous codes were revised to enhance clarity and thematic distinctiveness. Each theme was then clearly defined and named to reflect its core meaning and relevance to the research objectives.

Throughout the analytic process, the researcher engaged in reflexivity, acknowledging her own positionality, assumptions, and potential influence on the interpretation of findings. This reflexive stance enhanced the credibility and rigor of the phenomenological analysis.

Finally, a comprehensive analytic narrative was produced, integrating each theme with illustrative participant quotations to present an authentic and meaningful account of mothers' experiences transitioning from hospital to home care.

3.13 Methodological Rigour of the study

According to Polit and Beck (2018) rigour of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study. A study should be able to show its true value and transparency since this is important to the usefulness and integrity of the findings (Pinxten, 2021). According to Lincoln and Guba (in Polit and Beck, 2018), credibility, dependability, confirmability and transferability ensure the trustworthiness of qualitative research. To safeguard the rigour of this study, strategies such as thick description, triangulation, audit trail, prolonged engagement and proper storage of data were ensured.

Credibility

Credibility is the confidence in the truthfulness of the study and its findings (McGill et al., 2023). Credibility was attained by the use of a semi-structured interview guide, tape recordings of interviews, and verbatim quotes from transcripts to guarantee that participants' points of view were accurately described. Participants who met the requirements for inclusion were also recruited for the study. In order to explain participants' unclear comments, member checking which is thought to be the most important method for building credibility (McGill et al., 2023) was carried out. This verified that the information, conclusions, and interpretations were accurate.

Transferability

Transferability is the ability to apply study findings to different contexts or situations (Lim, 2025). The goal of qualitative research is to increase the possibility of transferability by providing detailed and complex descriptions of the study's setting, participants, and methods (Ahmed, 2024). This was achieved by providing readers with a detailed account of the study setting, recruitment of participants, and the methodology so they could assess the findings' applicability to various demographics.

Dependability

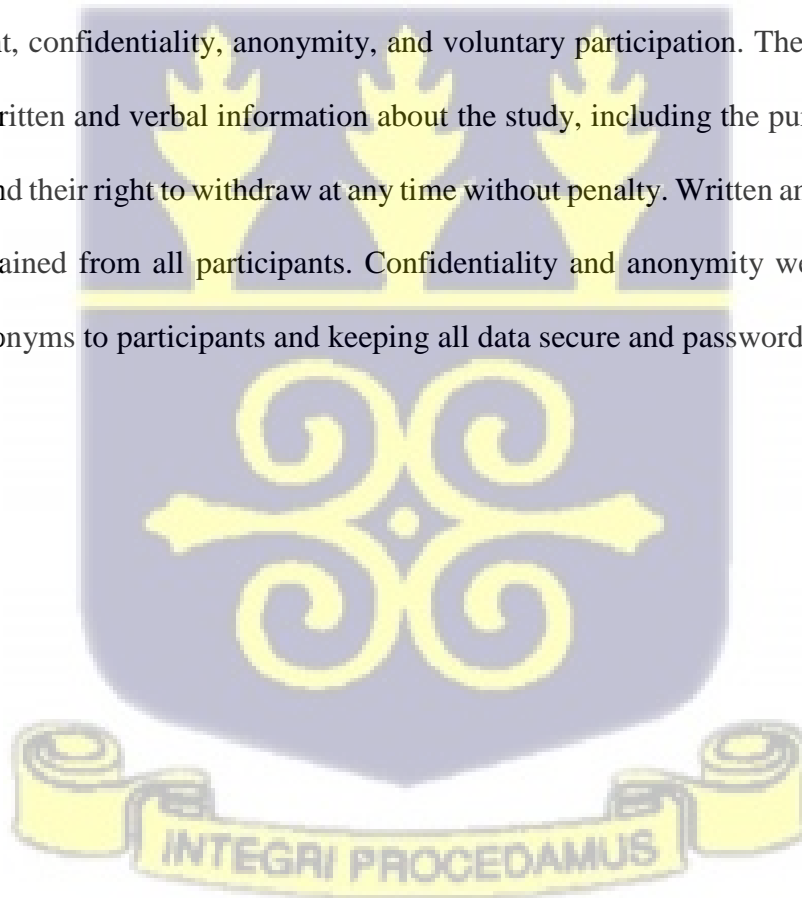
Dependability refers to the research findings' consistency and longevity across time (Lim, 2025). In this study, the dependability of the research findings was obtained by ensuring the credibility of the findings (Polit and Beck, 2018) and using the audit trail, which employed the same interview guide and recorded audio for every participant using the same analysis procedure. The researcher also made sure that the data was promptly transcribed to ensure that the meaning of the data is not misunderstood and that the study conclusions align with the experiences of the participants.

Confirmability

Confirmability refers to the findings' objectivity and impartiality, ensuring that they are not influenced by the researchers' personal prejudices or preference (Ahmed, 2024). An audit trail made up of field notes, analysis, audio, and coding records was used to guarantee this. Also, the documentation will allow the details of the research process to be traced if required.

3.14 Ethical Considerations

Research ethics refers to the ethical standards and moral principles that steer researchers in their work, confirming that their actions are socially responsible and ethically sound. These principles play a crucial role in upholding public trust, ensuring the well-being of participants and ensure the credibility and validity of research result (Khan, 2024). Ethical clearance and approval was obtained from the Ethics Review Committee of the Ghana Health Service (ethical clearance number GHS-ERC: 047/07/24). Permission was also obtained from the management of the Sunyani Municipal Hospital through an introductory letter provided by the University of Ghana's School of Nursing and Midwifery. The study adhered to ethical principles of research, including informed consent, confidentiality, anonymity, and voluntary participation. The participants were provided with written and verbal information about the study, including the purpose, procedures, risks, benefits, and their right to withdraw at any time without penalty. Written and verbal informed consent was obtained from all participants. Confidentiality and anonymity were maintained by assigning pseudonyms to participants and keeping all data secure and password-protected.



CHAPTER FOUR

FINDINGS OF THE STUDY

This chapter outlines the study's findings which is structured according to the theoretical framework and research objectives. It begins with an overview of the participants' socio-demographic characteristics, followed by a detailed presentation of the remaining findings.

4.0. Demographic Characteristics of Participants

This section presents an overview of the socio-demographic characteristics of the participants involved in the study. A total of 17 mothers with preterm delivery participated in this study. The majority of participants (15) had no prior experience with preterm births, indicating that most mothers were navigating this situation for the first time. Only two participants (P7 and P12) reported prior experiences. The ages of participants ranged from 25 to 39 years, with an average age of approximately 31.6 years. The ages of babies ranged from 2 weeks to 6 months with majority (15) being within 2 to 6 weeks and only two being 5 months and 6 months. Ethnic minorities in the research setting such as Frafra, Kusasi, and Kasena were also represented.

All participants were married except one that was single. Six (6) participants were healthcare professionals. The majority of participants had tertiary education (12), while a smaller number had secondary or junior high education. All participants identified themselves with Christianity. Most participants were first-time mothers (10), while a few had multiple children (7). The length of stay varied from 3 days to 6 weeks, with an average stay of approximately 14.7 days. Table 4.1 below gives a detail of the demographic characteristics of participants of the study.

Table 4.1: Participant’s Socio-Demographic Data

Participant Number	Previous experience preterm	Mother’s age	Baby’s age	Ethnicity	Marital status	Occupation	Educational level	Religion	No. of children	Length of stay in the facility
P1(01A0311)	No	35	3weeks	Krobo	M	Trader	Senior high	Christian	1	8days
P2(02A1311)	No	26	5months	Akan	M	nursing	Tertiary	Christian	1	6 weeks
P3(030A0511)	No	35	6weeks	Bono	M	Trader	Tertiary	Christian	1	18days
P4(04A1712)	No	29	5weeks	Bono	M	Seamstress	JHS	Christian	1	15days
P5(05A1211)	No	37	6months	Bono	M	Teaching	Tertiary	Christian	3	10days
P6(06A1211)	No	38	3weeks	Bono	S	Nursing	Tertiary	Christian	1	7days
P7(07A1712)	Yes	25	5weeks	Akan	M	Trader	JHS	Christian	3	7days
P8(08A2811)	No	27	6weeks	Frafra	M	Student nurse	Tertiary	Christian	1	7days
P9((09A2611)	No	28	2weeks	Kusasi	M	Seamstress	SHS	Christian	1	3days
P10(10A1712)	No	30	4weeks	Akan	M	Credit officer	Tertiary	Christian	1	8days
P11(11A2811)	No	34	6weeks	Bono	M	Caterer	Tertiary	Christian	2	30days
P12(12A3011)	Yes	29	5weeks	Bono	M	Nursing	Tertiary	Christian	2	30day
P13(13A3011)	No	30	4weeks	Akan	M	Physiotherapist	Tertiary	Christian	1	6days
P14(14A0312)	No	35	5weeks	Bono	M	Student	Tertiary	Christian	5	30days
P15(15A0612)	No	39	4weeks	Akan	M	Trading	Tertiary	Christian	2	7days
P16(16A0712)	No	38	5weeks	Frafra	M	Nursing tutor	Tertiary	Christian	1	21days
P17(17A1512)	No	38	6weeks	Kasena	M	Nursing	Tertiary	Christian	3	9day

4.2 Organization of Themes and Sub-Themes

The study's objectives, which are consistent with the KTM constructs, served as the basis for organizing the themes. Six (6) main themes and twenty-five (25) sub-themes in total were drawn from the theory. Below are detailed representations of the main themes and the sub-themes in the table 4.2

Table 4.2 Details of Themes and Sub-Themes

Major Themes	Sub-Themes
1. Information needs of mothers of preterm babies	<ul style="list-style-type: none"> a. Feeding b. Tracking developmental progress c. Concerns about absence of hospital equipment and items at home d. Routine care of the preterm baby e. Lack of education on prematurity and its causes.
2. Mothers' role to the preterm baby	<ul style="list-style-type: none"> a. Feeding b. Keeping baby warm c. Monitoring baby d. Keeping baby clean and free from infections e. Bonding with the baby emotionally
3. Grievances of mothers with preterm babies	<ul style="list-style-type: none"> a. Size and fear of losing baby b. Self-Questioning and Emotional Distress c. How to care for baby (lack of experience) d. Growth and development
4. Sources of stress to mothers of preterm babies	<ul style="list-style-type: none"> a. Financial stress b. Emotional stress c. Feeding of baby d. Lack of help with new-born care and household responsibilities e. Sleeplessness
5. Coping mechanisms used by mothers of preterm babies	<ul style="list-style-type: none"> a. Relying on God and praying b. Reading from online sources such as social media platforms and educational websites c. Encouragement from nurses, midwives and peers d. Seeing baby improve
6. Existing support systems and resources available to mothers of preterm babies	<ul style="list-style-type: none"> a. Family and partner support b. Staff support

4.3. Information Needs of Mother of Preterm Babies

The informational needs of preterm mothers refer to the specific knowledge and understanding required to navigate the challenges associated with premature birth and the care of their preterm. According to participants, mothers of preterm babies often face significant challenges when transitioning from hospital to home, largely due to a lack of adequate information about how to properly care for their fragile infants. In the current study, their informational needs span various aspects of neonatal care, including feeding, tracking developmental progress, concerns about absence of hospital equipment and items, routine care of the preterm baby and lack of education on prematurity and its causes.

4.3.1 Feeding

Participants of the study raised the lack of adequate knowledge on feeding the preterm baby. They expressed the difficulties in breastfeeding their babies due to weak suckling reflexes, making it challenging for them to feed effectively from the breast and expressed the need to understand how to express breast milk and give to their babies as top up feed to ensure their babies receive adequate nutrition and also how to recognize hunger cues and ensure their babies receive the right amount of feed at the right time.

This is what participant 2 had to say;

"I need information on how to breastfeed because he is not able to suckle. I wished I had information on this so that my baby will gain weight and look like the term babies" (P2).

Participant 4 also stated that;

".....how to breastfeed him, and also express the breast milk and top up after he has breastfed to facilitate his growth and also help him gain weight" (P4).

In addition, Participant 5 also stated that;

"I want to know how to feed my baby and how to even know when he or she is hungry so I can feed her very well to grow and increase in weight just like the babies born term" (P5).

From the narration, participants of this study needs information on breastfeeding, how to express breast milk for top feed and also how to identify hunger cues in their preterm babies.

4.3.2. Tracking developmental progress

Participants reported concerns stemming from uncertainties about developmental milestone and physical strength of their new-born. These anxieties are exacerbated by the lack of sufficient information to them. Mothers worry about whether their children will meet expected developmental milestones such as gaining neck control, crawling and playing as expressed in the quotations below.

Participant 5 had this to say;

"I want to also know how to help her to sit and how to help her crawl and play with things as her mother and care taker so I need knowledge on how to go about this for my baby"(P5)

To add insight about it, another participant (9) mentioned;

"I have heard that they grow up not being strong. I need to know whether my baby will grow up to be strong... and the rumors of them growing and not being strong whether there is truth in it."(P9)

In another vein participant 16 puts it;

"I wish I had more practical examples of babies who were born preterm and now they are grown or are doing very well because thinking about how this my tiny baby will also grow to be a human being is something that worries me" (P16)

This highlights participants' uncertainties about the developmental milestone and physical strength of their preterm babies.

4.3.3. Concerns about absence of hospital equipment and items at home

Participants revealed lack of equipment in taking care of their preterm at home and some mothers experience difficulties in using the Kangaroo Mother Care (KMC) cloth effectively. This is seen in the following quotation:

Participant 17 stated that;

"I didn't know how to use [the KMC cloth], so I had to call for them to teach me how to use it, even though I am a nurse. As such, they thought I knew how to use it, which was not the case."(P17).

Participant 4 also had this to say;

"At the NICU they use to heat water and put it in something and cover with cot sheet before putting my baby on it to provide warmth to him but I don't know the name, I wish I had that thing with me here at home, this will help me keep him warm" (P4)

Another participant (1) said;

"In fact, if you look at it, when I was in the hospital, there were a lot of machines that they were using to take care of the babies and this is the case these machines are not here with me at home, I am having the fear that my baby will not survive at home so I need much education in regards to the machines" (P1).

This implies that participants have concerns about the absence of hospital equipment at home

4.3.4. Routine care of the preterm baby

From the responses of the various participants, it is noted that there is the need to have ample information on the routine care of the preterm baby as they lack the ability of bathing, recognizing dangers signs and feeding.

Participant 4 explained;

“I need knowledge on how to care for this preterm because this is my first time of delivering a preterm so I need knowledge on how to care for him from the nurses then I can also add what I know to help care for him” (P4).

Another participant puts it;

“I need to know how to care for her, how I am supposed to go about her care because this is not like the term babies, I need to know how to go about the whole care and the support that I need as I will be caring for myself as well. I think these are my information needs” (P12)

This was reiterated by participant 6 who said;

“I was expecting from the staff to inform me how to care for my preterm baby, especially the feeding. And then how to keep the baby warm, how to bath the baby and then the danger signs in case there's something going wrong with the baby” (P6).

Participants of this study needs information routine care of the preterm baby per the narrations above.

4.3.5. Lack of education on prematurity and its causes

Based on the responses provided by the participants, education on prematurity is essential for mothers with preterm babies, as it equips them with the knowledge and confidence needed to

care for their infants effectively. Many participants experience fear, confusion, and uncertainty due to a lack of information on what prematurity is, what causes it, and the long-term outcomes of preterm babies.

One participant (P8) expressed disappointment in not receiving adequate information:

"I was expecting to be taken through what constitutes preterm delivery psychologically and physically. If I may say, I am not exposing them, but it wasn't done. I need to know who a preterm baby is. I had a cesarean section after a failed induction. I was expecting them to educate me on preterm and tell me life is not over after preterm delivery and tell me what to do, but that wasn't done. I was alone, and I was thinking a lot. Actually, I don't know the cause of my preterm delivery. If I knew the reasons, causes, and complications, it would help" (P8).

To add to the need of it, participant 16 mentioned;

" I wish I had seen this because is only online I see preterm babies, so I wasn't well exposed to people who actually had preterm babies that survived up to a certain age, so I wish I had practical examples of children born preterm and have survived and doing very well" (P16)

Participant 15 simply puts;

"I don't actually know what caused my preterm delivery and wish to know, but I had like two, three miscarriages before, so with this one I changed where I go for ANC and seeing a gynecologist for proper care, I also visited the ANC frequently" (P15)

This shows that mothers need information on prematurity and its causes.

4.4.0: Mothers' Role to the Preterm Baby

The mother-infant role in preterm mothers refers to the unique and essential relationship between a mother and her preterm infant, characterized by caregiving, bonding, and nurturing interactions. As narrated by participants, due to their babies' vulnerability, mothers take on significant responsibilities that require emotional resilience, physical commitment, and continuous learning. Their role extends beyond basic caregiving to feeding, keeping baby warm, monitoring baby, keeping baby clean and free from infections and finally emotion bonding.

4.4.1: Feeding

Various statements from participants indicates that preterm babies require frequent feeding to support their rapid growth and weight gain.

Participant 4 narrates;

"I have to ensure he breastfeeds at all times just as I was doing at the NICU so that he will grow well and gain weight" (P4).

Participant 7 stressed this by the quotation;

"I breastfeed more often even when she sleeps for long I pick her and breastfeed, I make sure to wash my hands and breast before picking her to breastfeed so that she can grow well" (P7)

Additionally, Participant 9 reinforced this sense of responsibility:

"My role as a mother is to pay attention to the baby, ensure to breastfeed him without letting him be hungry. When he starts to eat food, I should ensure he eats proper food." (P9).

Participant 14 buttressed this by saying;

“My roles are to take very good care of them, about their feeding, about everything because there are preterm, I should always breastfeed them if not their blood will reduce, the breast milk should be more than the food I give them” (P14)

4.4.2. Keeping the baby warm

Participants agreed that without proper warmth, the babies are at risk of being cold, which can lead to serious health complications. Participants had these to say.

Participant 16;

“At home I still do the kangaroo mother care because that will give the baby more heat and prevent more loss of calories that will help the baby weight increase small, so I still do the kangaroo mother care” (P16)

This is emphasized by participant 4 in her expression;

“Coming home from the hospital, I always put my baby on my chest because he is small to provide warmth for him, I always do this for thirty minutes and when I remove him, he becomes warm. I also cover my louvers with a cloth so that wind will not enter my room, this helps keep my room warm so that my baby will not get catarrh. Before I put him down, I put two pillows on the bed and wrap them with blanket first then cot sheet and thereafter I put my baby in between the two pillows, whenever I put him between the two pillows for thirty minutes, he becomes warm” (P4).

Also, participant 1 echoed this role by saying;

“I have to give warmth to this baby, whatever to keep the baby warm, putting her on myself skin to skin” (P1).

The above narrations suggests that mothers has the role to provide warmth to their preterm babies

4.4.3. Monitoring baby

Participants revealed the need for extra attention to be given to preterm babies and the need to adhere to such a role. Participants highlighted their constant vigilance and protective measures when it comes to observing their preterm babies, even during sleep;

Participant 17 narrates;

“I have come to realize that I have to give more attention to them because they are preterm as compared to my other babies I had previously, more attention needs to be given to them, more time, I actually don't have time for myself and their siblings, is all about them” (P17).

Additionally, Participant 10 stated;

“I pay attention to her even when she is on the cot sleeping. My eyes are solely on her to check when she is sleeping or when she is up so that nothing goes wrong without me noticing” (P10).

Participant 4 shared:

“My duties to my baby is to always be with him at all time and be watchful of him so that when I cover him with a cot sheet it does cover his head to bring any eventualities” (P4)

4.4.4. Keeping baby clean and free from infections

Overall, participants expressed that maintaining proper hygiene and infection prevention is one of the most indispensable responsibilities of mothers caring for preterm babies at home. They do this by washing and ironing baby's cloths, restricting visitors and also taking baby to hospital when not well;

Participant 4 stated;

“I also have to keep his clothing clean, his cot sheets and all the cloths I use on him, I must make sure I wash them and iron before I use them on him” (P4).

Participant 16 shared her proactive approach:

“I try not to expose the baby to a lot of visitors, because when you give birth people come to visit you and so mostly when they come, I meet them in the hall and let them understand that my baby is a preterm and that they will not be able to see the baby now until later on to prevent infection to the baby. I also keep my area clean, wash and iron her cloths to prevent her getting any infection” (P16).

Participant 8 explained:

“And also, her hygiene, I have to make sure anything she takes in is hygienic, it should be clean, and I clean her up. Anytime she is not well, I send her to the hospital for treatment.” (P8)

4.4.5. Bonding with the baby emotionally

Participants generally bond emotionally with their babies through handling baby, skin-to-skin contact (Kangaroo Mother Care) and touch as explained in their narrations.

Participant 6 expressed it this way:

“Through skin to skin contact with the baby and sometimes me picking up my baby and talking to her even though I don’t get any response, I have gotten to bond with my baby even though she is a preterm. I have to carry her around the room” (P6).

Participant 12 added;

“I think through touch, initially I was scared but I mastered the courage and touched him because mostly in the house we are always alone and I have no option than to carry her along, so I think through touch and spending time together”.(P12)

Participant 10 shared her experience:

“The bonding started when I was at the NICU. When she was in the incubator, any time she cried and I went to pick her, that was when the bonding started, when I pick her I find it difficult putting her back in the incubator so I prefer she sleeps on my laps and with that I look at her and even when she is asleep I try to communicate with her, I tell her to get well so that I can braid her hair for her and this made me bond so much with her” (P10).

4.5.0. Grievs of Mothers with Preterm Babies

Grief in preterm mothers refers to the emotional response characterized by feelings of sadness, loss, and sorrow experienced by mothers following the premature birth of their infant. This grief can manifest in various ways and may encompass a range of emotions, including shock, anger, guilt, and profound sadness as per participants response. This main theme identified four (4) subthemes; size and fear of losing baby, self-questioning and emotional distress, how to care for baby (lack of experience) and growth and development.

4.5.1. Size and fear of losing baby

Participants expressed grief over their baby’s fragile condition and worry about their chances of survival. A major concern for participants is the extremely low birth weight of their preterm babies.

Participant 2 expressed her grief and fear:

“Oh, I cried a lot because he was very tiny. And I thought I might even lose him because he was not active as compared to the other babies and I was very sad” (P2).

Participant 4 described this emotional transition in this quotation:

“At first when I saw my baby, to be honest I thought he would not survive because he was small, very tiny, after two weeks at the NICU I realized he was gaining weight, there was much improvement and so I became hopeful” (P4).

Participant 6 also shared her distress:

“Initially, I was sad, especially about the birth weight. My baby was too small, she was not even up to 2kg. I was even crying about how the baby will gain weight because from the looks of things, I thought that she would not even survive” (P6)

Participant 5 stated:

“Okay, psychologically, I had a lot to think about. I asked myself if she could be able to grow normally like the other kids and become big. She is the only female too so am afraid to loss her” (P5).

4.5.2. Self-questioning and emotional distress

Various statements from participants indicate the struggle they have in understanding why they had a preterm birth, especially when they had a seemingly normal pregnancy. This makes them question, blame themselves and also feel guilty for the outcome especially when they compare their babies to others.

Participant 12 shared how this affected her mental health:

“I was sad, yeah, I had to question myself paaa, what I did wrong. I had a normal healthy pregnancy and was expecting to deliver a perfect baby, but I had a severe oligohydramnios. So I was sad, a bit down, and almost had postpartum depression,” (P12)

Participant 16 described this experience:

“I was heartbroken. I was already informed that the baby would be preterm because I wasn't well. Somehow, I knew how the baby was going to be, but after seeing the baby, it was a heartbreak to me. And at the NICU, I would see other babies looking normal and mine looking different; that was a serious blow to me.” (P16)

Participant 17 also said:

“I feel in a way I put them through that because if I was able to carry them up to 37 completed weeks of pregnancy and above, they wouldn't have been whom they are today, and so the guilt is on me, and I feel I put them through this.” (P17)

4.5.3. How to care for baby (lack of experience)

According to participants, they struggle with the unique demands of caring for a preterm baby. The unfamiliarity of preterm care makes them feel like first-time mothers, leading to self-doubt and sadness, they feel isolated and uncertain;

Participant 11 stated;

“I was okay in the hospital because all the doctors and nurses were there to check on my baby. Now I am home, if anything happens, I have to rush to the hospital, so I have taken the contact of some of the nurses so that I can contact them when need be. I was safe in the hospital, but now I am home, I may not be able to take good care of my baby.” (P11)

Participant 17 put it;

“The fact that at home too I have to start all over as if I am a first-time mother because of them being preterm and I have no experience in the care of the preterm baby make me worry and sad.”

(P17)

Participant 9 expressed her doubt as;

“At home now, I don’t know whether I will be able to take good care of him to survive, and so I am sad and unhappy thinking about how I will care for this baby.” (P9)

4.5.4. Growth and development

From participant’s responses, majority of the participants closely observe and compare their preterm babies with full-term infants, leading to anxiety when milestones such as rolling over and gaining neck control are delayed. Some also link gestational age to divine timing, believing that babies born before nine months may struggle to survive. They also worry about societal misconceptions and rumours about preterm babies being weak fuelling their uncertainty and fear.

This worry is expressed by Participant 2:

“Comparing my baby with the term babies, I realized he is slow/delay in achieving developmental milestones (rolling, gaining neck control, etc.), and this makes me anxious, and I keep on asking questions. It is not easy at all.” (P2)

Participant 4 said:

“God has ordained that we deliver at nine months, but this baby that is delivered before the nine months which is God’s ordained time, will he survive? Giving birth at seven or eight months, will this baby grow and become a real human being?” (P4)

Participant 9 expresses this concern:

“I have heard that they grow up not being strong. I need to know whether my baby will grow up to be strong... and the rumours of them growing and not being strong, whether there is truth in it.”

(P9)

4.6.0. Sources of Stress to Mothers of Preterm Babies

Stress in preterm mothers refers to the psychological, physical and emotional strain experienced as a result of the challenges associated with premature birth and the subsequent care of the preterm infant. Five (5) sub-themes were identified: financial stress, emotional stress, feeding of baby, lack of help and sleeplessness.

4.6.1. Financial stress

According to participants, preterm babies often require specialized care, including frequent medical check-ups, medications, and essential supplies. These expenses can drain household finances. Also many mothers stop working after giving birth to a preterm baby, which limits their financial independence.

Participant 2 for instance acknowledged:

“Financially too, his medication any time I buy, it doesn’t keep long and finishes, and I have to buy again. Even his diapers drained me financially. It is not easy.” (P2)

Participant 3 shares her struggle:

“After stopping work and being in the house, it has affected my finances. It is now only my husband, and if he is not able to give me money, where will I get some? It’s a lot, but in all, it is God. Because I must buy diapers, drugs, and all, so it is not easy.” (P3)

Participant 9 expresses this challenge:

“Because of my preterm delivery, I stopped work and have still not returned because if I resume work, I will not be able to give him the attention he deserves, and this makes it difficult for me financially.” (P9)

4.6.2. Emotional stress

Majority of the participants explained their emotional distress, particularly when comparing their preterm baby to other full-term babies, they feel uncomfortable due to how people stare or comment on their babies' appearance and worry about their baby's immune system, fearing that their fragile state makes them more vulnerable to infections and illnesses leading to them isolating themselves from public gathering.

Participant 2 narrates her experience:

“Emotionally, and even psychologically, because my younger sister had delivered too, and when I look at her baby and mine, then I question myself. How is it that me, being a first-time mother, delivered this tiny baby? When I compare them, I feel sad. Psychologically, when I look at him lying down inactive and I not having the time to do my work and even eat well, it stressed me, resulting in my weight loss.” (P2)

Participant 8 expresses how she avoids social interactions because of the judgmental looks she receives:

“The stare people give me makes me avoid them. I think ANC education should include some of these topics to prevent some of these comments and stigmas.” (P8)

Participant 5 shares her experience;

“When I come to the hospital with my baby for weighing, some mothers with term babies will be looking at her as if she is not normal, and even some will ask me if she is normal, which makes me sad psychologically.” (P5)

Participant 17 account:

“..... I am worried my babies are preterm and that their immune system is not matured, and they are predisposed to any form of infection. So, I am very careful in taking care of them even though all babies are delicate, but they are special.” (P17)

Participant 4 highlights this challenge:

“Please, I am always with him to monitor him and cannot go out to chat with people. I only chat with my mother or sister whenever they come into the room to avoid any form of infection to him. If not, then I have no one to chat with.” (P4)

4.6.3. Feeding the baby

Participants explained that, preterm babies struggle with breastfeeding due to underdeveloped sucking reflexes, forcing mothers to resort to formula feeding. Some participants experienced stress, anxiety, and guilt when they are unable to produce enough breast milk to breastfeed successfully leading to emotional breakdowns, as some mothers feel they are failing in their role

Participant 6 describe her experience:

“Feeding the baby is also difficult due to her immature jaws and absence of the suckling reflex, so I have to start feeding him with NAN. Unlike breastfeeding, feeding the baby with NAN is much tasking since you have to warm water, ensure the appropriate temperature, ensure you don't

overfeed the baby, and after feeding, you burp the baby to bring out any air that he might have swallowed during the feeding. (P6)

Participant 13 shares her experience:

“My stress is the feeding because the lack of breast milk at a point became a very tough stress for me. And you know, breast milk production is not only about eating food but psychological—your mental stability and willingness to accept certain things and ceasing to think about them so that you can have a good production of milk.” (P13)

Participant 10 describes the emotional toll of breastfeeding struggles:

“I think about my baby, how I am supposed to breastfeed her to be okay, how to fight this preterm challenge, and the breast milk too not coming well. Sometimes I cry because of lack of enough breast milk.” (P10)

4.6.4. Lack of help with new-born care and household responsibilities

Participants explained that, balancing newborn care with household responsibilities becomes overwhelming.

Participant 7 expresses her frustration and exhaustion due to the lack of assistance:

“What really stresses me is I don’t have anyone to help me handle her whilst I do my house chores, and so when he is sleeping and I put her down and do my work, when she is crying, I will have to stop whatever I am doing and attend to her, and this is stressful to me. Bathing her too is difficult for me, but I do my best and bath her.” (P7)

Participant 8 shares her experience;

“The expenses involved and me staying alone, you can imagine the stress. My mother only came for a month to support me.” (P8)

Participant 9 explain that;

“At home, I do things myself without any help, and so I am always stressed. I cook and wash the dirty clothes myself without any help.” (P9)

4.6.5. Sleeplessness

Responses from some participants revealed that some mothers experience fear and anxiety that prevent them from sleeping well and also, they have to stay awake to monitor and breastfeed their babies at night resulting in their sleeplessness.

Participant 13 shares how her fears about her baby’s survival caused many sleepless nights:

“The challenge is sleepless nights. I have so many sleepless nights because I fear, per what people are telling me that such babies may have to return, and per the weight of the baby, I am frightened. At times, I even wake up to pray that God should not take back my baby.” (P13).

Participant 12 stated;

“Yeah, the sleep deprivation and waking up at every given time to make sure the baby is even breathing, fear, I am so apprehensive”. (P12)

Participant 3 said;

“.....and the fact that she wakes up in the night being awake and I cannot sleep but have to be awake to breastfed her throughout the night stresses me a lot, meanwhile during the day I have to wash, cook etc after being operated upon.”(P3).

4.7.0. Coping Mechanisms Used by Mothers of Preterm Babies

In terms of caring for preterm babies, participants revealed that caring for a preterm baby presents significant challenges for mothers, including emotional distress, financial strain, and sleeplessness, among others. To navigate these difficulties, mothers adopt various coping mechanisms that enable them to manage stress, maintain their well-being, and provide the best care for their babies as described by participants. These coping strategies vary from relying on God and praying; **reading from online sources such as social media platforms and educational websites**, encouragement from nurses/ midwives and seeing baby improve.

4.7.1. Relying on God and praying

Various statements from participants indicates their faith in God which provides them with a sense of peace and acceptance regarding their baby's early birth. They believe that God has a purpose for their situation and as such engage in prayers which helps them to cope and remain hopeful.

Participant 1 expresses this belief:

"I pray, I believe that everything is by God and without him planning everything, it can never happen. So, I pray and believe that everything is to give me a good expectation and that whatever has happened, there is a reason." (P1)

Participant 3 describes this reliance on God:

"I also keep my trust in God because I was not even getting a child, and now God has given me a preterm. I trust in him and do not mind what people say about my baby." (P3)

Participant 6 shares:

“I pray to God too that God should give me enough strength to take care of her because I love her so much. That is how I am able to overcome all these stressors.” (P6)

4.7.2. Reading from online sources such as social media platforms and educational websites

According to some participants, the internet, books, social media, TVs etc has become a valuable tool for mothers seeking guidance on the best ways to care for their preterm babies. By reading through these mediums, they gain knowledge about their baby's needs and how to handle various challenges which helps them cope.

Participant 8 shares:

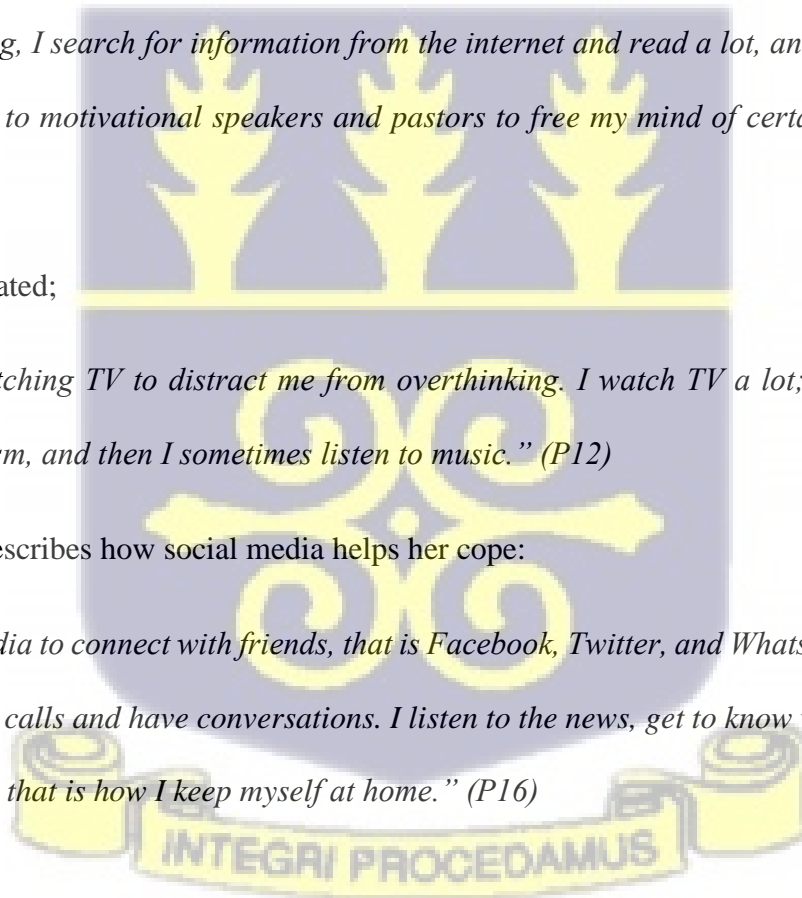
“With the coping, I search for information from the internet and read a lot, and that really helps me. I also listen to motivational speakers and pastors to free my mind of certain things on Tv.” (P8)

Participant 12 stated;

“..... I think watching TV to distract me from overthinking. I watch TV a lot; that is my major coping mechanism, and then I sometimes listen to music.” (P12)

Participant 16 describes how social media helps her cope:

“I use social media to connect with friends, that is Facebook, Twitter, and WhatsApp. Friends also call me on video calls and have conversations. I listen to the news, get to know what is happening and all that, and that is how I keep myself at home.” (P16)



4.7.4. Encouragement from nurses, midwives and peers

Few of the participants reported receiving reassurance, hands-on guidance and motivation from nurses and peers which helped them feel hopeful and optimistic about their baby's growth and development.

Participant 10 expresses how such encouragement helped her cope:

"I managed my stressors with the encouragement I received from some of the nurses. They encouraged me that preterm deliveries happen and that if I see them some months later, I will marvel at how they have developed, and that it is just a matter of time." (P10)

Participant 16 shares her experience:

"The NICU staff, some very friendly and some not, I have to be honest, some based on their experience, were able to take me through what is expected of me to do and give me the emotional support that I need." (P16)

Participant 2 shares her source of encouragement:

"How I coped? I was motivated by the NICU nurses and some mothers like Majesty's mum. Any time I see her, then I become motivated that my baby too will be able to gain weight like her baby, and so I was motivated." (P2)

4.7.5. Seeing baby improve

Overall, participants expressed observing physical improvements in their babies serves as a strong emotional support system. They also explained that beyond just physical improvement, emotional interactions with the baby bring joy and fulfilment to them as mothers

Participant 4 shares how seeing her baby's progress keeps her going:

“With my coping mechanism, I see him improving much and this gives me the strength and peace of mind to care for him.” (P4)

Participant 3 shares her experience:

“I am able to cope because when she is lying down, she smiles and plays, and this makes me happy because me too, I now have a human being at home that I can play with. And also, as the days pass, there is much improvement seen in her that makes me happy and I pay more attention to her.” (P3)

Participant 1 describes how this perspective helps her cope:

“Looking at my baby from the day she was born and now, I have seen a great change, and I know that things will get better this keeps me going without giving up.” (P1)

4.8. 0. Existing Support Systems and Resources Available to Mothers of Preterm Babies

In order to ensure the health of both the mother and the baby during the shift from hospital to home care, support networks and resources for mothers of preterm infants are crucial. The best outcomes for mother and baby are ensured when mothers of preterm infants use these support networks and services to help them through the transition from hospital to home care. This theme identified family and partner support; and Staff support as subthemes per participant’s response.

4.8.1. Family and partner support

Majority of the participants mentioned receiving support from family members such as mother, father, aunts, grandmothers and husbands in the form of them actively participating in baby care, helping with feeding, financial support, and moral support.

Participant 11 explained;

“I stayed in the hospital for a month and the bills, we spent a lot on the bills and even the medicine they will write for you to buy, it made the bill huge so I had to call my mum and dad for financial support. So, I had financial support from my parents to settle my hospital bills.” (P11)

Participant 13 narrates;

“I have support, I have too much support because this is my first time delivery which also happens to be a preterm, and so I have support from my grandmother, my mother, and aunties. They are with me to nurture me on how to go about the care of the baby.” (P13)

Participant 9 had this to say:

“My husband, he talks to me and encourages me a lot. He also gives me money to care for myself and the baby even though it is not enough, I manage with it.” (P9).

Participant 14 added;

“My husband is with me and supports me in everything even when I am pumping the breast milk, he helps me to pump so that I can get more for them.” (P14)

4.8.2. Staff Support

Few participants reported receiving support from hospital staff in the areas of emotional encouragement and practical demonstrations, post discharge follow up and reminders to give medication to baby.

Participant 2 shared;

“The staff supports me by always checking up on me, they call and ask how he is doing, and I also send him to the hospital for weighing. If I don’t turn up, they call to remind me to breastfeed and

look out for any danger signs and the need to rush back to the hospital when I identify any. They also remind me to give his medications to him through phone calls.” (P2)

Participant 7 highlighted how the nurses’ training impacted her:

“The nurses taught me a lot of things at the hospital that is helping me in her care at home now. They know if I don’t care for her well in the house, I will bring her back to the hospital, and it will affect them too. So, at home now, I am taking good care of her. Any time she is sick, I rush her back to the hospital to be seen.” (P7)

Participant 1 shared her experience;

“They were really supportive. Some of the nurses come around and encourage me, show me how to breastfeed and keep the baby warm. Most of the nurses are lovely, even including the doctors.” (P1).

4.9 Summary of Findings

The study examined transition from hospital to home care, experiences of mothers with preterm babies in the Sunyani Municipal Hospital engaging 17 mothers as participants. The study employs the KTM's constructs as a framework to organize its findings, yielding six overarching themes and twenty five sub-themes. The findings from the study were supported with quotes from the participants. The study findings include;

Mothers of preterm babies often face significant challenges when transitioning from hospital to home, largely due to a lack of adequate information about how to properly care for their fragile infants. In the current study, their informational needs span various aspects of neonatal care, including feeding, tracking developmental progress, concerns about absence of hospital equipment

and items at home, routine care of the preterm baby and lack of education on prematurity and its causes.

As narrated by participants, due to their babies' vulnerability, mothers take on significant responsibilities that require emotional resilience, physical commitment, and continuous learning. Their role include feeding, keeping baby warm, monitoring baby, keeping baby clean and free from infections and finally emotion bonding per participant's response.

Griefs of mothers with preterm babies can manifest in various ways and may encompass a range of emotions, including shock, anger, guilt, and profound sadness as per participants response. This main theme identified four (4) subthemes; size and fear of losing baby, self-questioning and emotional distress, how to care for baby (lack of experience) and growth and development.

The study identified that stress can arise from various factors: financial stress, emotional stress, feeding of baby, lack of help with newborn care and household responsibilities and sleeplessness. Mothers adopt various coping mechanisms that enable them to manage stress, maintain their well-being, and provide the best care for their babies as described by participants. These coping strategies vary from relying on God and praying; reading from internet, books, social media, TVs, Facebook, encouragement from nurses and midwives and seeing baby improve.

In order to ensure the health of both the mother and the child during the shift from hospital to home care, support networks and resources for mothers of preterm infants are crucial. The best outcomes for mother and baby are ensured when mothers of preterm infants use these support networks and services to help them through the transition from hospital to home care. This theme identified family and partner support; and Staff support as subthemes per participant's response.

CHAPTER FIVE

DISCUSSION OF STUDY FINDINGS

This chapter discusses the key findings in relation to the objectives and the research questions raised for the study. The purpose of the study is to explore the transition care experiences of mothers with preterm babies from the hospital to home in the Sunyani Municipal Hospital. The discussion includes demographic characteristics of the participants, the experiences of mothers during the transition from NICU to home, their information needs, mother-infant role, griefs, stress and coping mechanisms, and support systems in place for mothers of preterm babies.

5.0 Demographic Characteristics of Participants

The socio-demographic characteristics of participants in this study reflect both consistencies and divergences from existing literature on preterm birth experiences in Ghana and beyond. Most participants had no prior experience with preterm births, a finding consistent with Kumador et al. (2025), who reported that first-time encounters with preterm birth significantly heighten psychological vulnerability due to limited anticipatory guidance. This suggests systemic gaps in antenatal education about preterm birth risks in many Ghanaian health facilities.

The mean maternal age of 31.6 years agrees with Nair et al.'s (2024) findings in India, which identified women in their late twenties to early thirties as being at higher risk of preterm delivery due to physiological and obstetric factors. This trend also reflects broader reproductive patterns, where delayed childbearing due to educational and economic pursuits is increasingly common. In Ghana, Odoi (2023) noted that societal expectations for women in this age bracket to bear children may intensify psychological distress when complications such as preterm birth occur.

The age distribution of preterm infants (88% between two and six weeks) corresponds with Ekemen and Darçın (2025), who reported variability in neonatal hospitalization periods influenced by standardized discharge protocols and improved NICU practices. The average hospital stay of 14.7 days aligns with Birhanu et al. (2022) in Addis Ababa, reinforcing the need for approximately two weeks of inpatient care for moderate preterm infants.

The predominance of mothers with tertiary education supports findings from Arunda, Agardh, and Asamoah (2021) in East Africa, which linked higher education levels to increased health-seeking behaviours. This trend may be attributed to the urban study setting, where mothers typically have greater access to formal education. The inclusion of healthcare professionals among participants may also have shaped their awareness and interpretation of the preterm birth experience, consistent with Getahun et al. (2023) in Western Kenya.

A distinguishing feature of this study was the inclusion of ethnic minorities such as the Frafra, Kusasi, and Kasena groups often underrepresented in maternal health research. This reflects the need for culturally sensitive, inclusive maternal care interventions, in line with Lovell et al. (2023) in the UK. The dominance of Christian participants mirrors national demographic patterns.

Unlike Deng et al. (2021) in China, which reported higher rates of single motherhood among preterm infant caregivers, nearly all mothers in this study were married. This difference can be attributed to sociocultural norms in Ghana, where marriage typically precedes childbearing (Ayi, 2023). Additionally, the extended family system, a hallmark of Ghanaian society provides robust emotional and practical support during and after preterm birth, consistent with findings by Tibil and Ganle (2022).

5.1 Information Needs of Mothers of Preterm Babies

Mothers transitioning from hospital to home faced substantial information gaps, particularly regarding feeding, developmental monitoring, home care without hospital equipment, routine neonatal care, and understanding prematurity and its causes. These information needs is consistent with global literature but are shaped by contextual realities in Ghana.

Most participants emphasized the need for guidance on breastfeeding and supplementary feeding. This finding agrees with Dib et al. (2022) in the UK and Wang et al. (2021) in China, who highlighted feeding challenges among preterm infants due to immature suckling reflexes. In Ghana, where extended family members frequently participate in childcare, educating grandmothers and other caregivers is crucial (Aubel, 2021). This family-influenced caregiving dynamic differs from more individualistic contexts reported in international studies.

Concerns about developmental monitoring were common, similar to Alinejad-Naeini, Peyrovi, and Shoghi (2021) in Iran and Jancart (2023) in the USA. However, limited access to physiotherapy and early intervention services in Ghana (Tawiah, Borthwick & Woodhouse, 2020) may intensify maternal anxiety. Unlike settings where developmental tracking tools are routinely available (Awofala & Bilikis, 2024), Ghanaian mothers often lack structured follow-up, contributing to feelings of uncertainty.

The challenge of caring for the baby at home without medical equipment was also significant. Mothers resorted to Kangaroo Mother Care (KMC) and improvised warming techniques, a pattern consistent with Gillham (2024) in the UK and Manimtim & Salaveria-Imperia (2022). While KMC has proven efficacy in low-resource settings, its success in Ghana depends on proper training and culturally relevant education, which are inconsistently provided.

Participants also identified the need for information on routine care and danger signs, reflecting findings from Yeboah et al. (2025) in Ghana and Kumar et al. (2020) in the USA. Ghanaian cultural beliefs that attribute illness to spiritual causes (Amissah-Arthur, 2022) may delay biomedical intervention, underscoring the need for culturally sensitive health education.

Lastly, mothers expressed a need for explanations about the causes and implications of prematurity. This is in agreement with Leahy-Warren et al. (2020) in Ireland and Fowler et al. (2019) in Australia. While participants desired peer support, such systems remain scarce in Ghana, unlike the UK (Rice, Ingram and O'Mahen, 2022), suggesting a practical need to establish structured mother-to-mother support groups.

5.2 Mothers' Role to the Preterm Babies

Participants described multifaceted roles encompassing feeding, thermal regulation, monitoring, hygiene, and emotional bonding. These findings are similar with global literature but are shaped by Ghanaian cultural and infrastructural factors.

Frequent breastfeeding and proper feeding were central maternal roles. This is consistent with Zukova, Krumina, and Buceniece (2021) and WHO (2023). However, the Ghanaian tendency toward early introduction of water or porridges (Nsiah-Asamoah, 2020) introduces cultural divergence. Extended family influence, as noted by Nsiah-Asamoah, Doku and Agblorti (2020), may complicate adherence to exclusive breastfeeding recommendations.

KMC emerged as a critical home-based thermal strategy, consistent with Ramani et al. (2021) in Zambia. Ghanaian adaptations such as room sealing and layered clothing reflect resource constraints and local ingenuity. These differ from clinical settings where thermal regulation is technology-driven (Adu & Owusu, 2023).

Constant monitoring of the infant, particularly at night, led to fatigue, a finding similar to Hwang et al. (2021) in the USA. However, extended family support in Ghana (Ansong, Asampong & Adongo, 2022) may reduce caregiver burden compared to Western settings.

Hygiene practices such as ironing clothes and limiting visitors corresponds with Alanazi et al. (2024). Restricting visitors reflects both infection control and negotiation of cultural norms of hospitality in Ghana.

Emotional bonding through KMC and skin-to-skin contact agrees with global literature (Wu et al., 2023; McDonald et al., 2022; Le Bas et al., 2020). However, prolonged NICU stays, financial constraints, and the responsibility to supply basic infant resources, as noted by Adu-Bonsaffoh et al. (2019), may hinder bonding in Ghana, unlike in settings with comprehensive family-centered NICU care.

5.3 Grievs of Mothers with Preterm Babies

Grief manifested as shock, fear, guilt, helplessness, and sadness. Four subthemes emerged: fear of loss due to baby's size, self-questioning, caregiving inexperience, and concerns about growth and development.

Fear and anxiety upon seeing the fragile new-born were consistent with Sarfo and Segalo (2024) in Ghana and Modak et al. (2023) in India. Ghanaian cultural beliefs linking preterm birth to spiritual causes (Adama, Sundin & Bayes, 2021) and societal valuation of birth weight (Mohammed et al., 2019) amplify these fears. Stigma and isolation, as documented in Brazil (Silva et al., 2020), were also evident.

Maternal guilt and self-questioning from echoed findings Jarašiūnaitė-Fedosejeva et al. (2024) and Atuhaire et al. (2021). In Ghana, societal expectations that women bear healthy full-

term infants intensify self-blame. Some mothers face subtle or overt blame from in-laws, heightening emotional distress.

Lack of caregiving experience contributed to fear and inadequacy, consistent with Aydon et al. (2018) in Australia. However, Ghana's limited neonatal education and inconsistent post-discharge follow-up (Adama, 2024; Dsane-Nsor et al., 2025) exacerbate this gap. Financial constraints similarly deepen helplessness (Lakshmanan et al., 2022).

Concerns about developmental milestones agrees with Alinejad-Naeini et al. (2021) and Li et al. (2022). In Ghana, traditional beliefs linking prematurity to supernatural forces (Akum & Azongo, 2017) amplify fears of stigma and social rejection.

5.4 Sources of Stress to Mothers of Preterm Babies

Mothers reported financial strain, emotional distress, feeding challenges, lack of support, and sleeplessness, patterns **consistent with** global literature but intensified by Ghanaian socio-economic and cultural factors.

Financial stress echoed findings by King, Maritz, & Zupancic (2021) and Lambiase et al. (2024). However, Ghana's large informal labour sector, lack of comprehensive insurance, and absence of structured maternity support systems deepen financial difficulties (Peprah, Buor & Forkuor, 2019; Carroll et al., 2022).

Emotional distress manifested as sadness, fear, and social withdrawal, paralleling Nguyen et al. (2025) and Yang et al. (2019). Ghanaian cultural beliefs associating preterm birth with curses or punishment (Akum & Azongo, 2017) intensify anxiety and stigma. Reliance on spiritual coping is widespread (Asomani-Adem, 2018).

Feeding challenges, due to immature sucking reflexes or low milk supply aligned with Pascual et al. (2025) and Sun et al. (2021). Conflicting advice between medical professionals and community elders further complicated feeding decisions.

Lack of support, particularly in nuclear urban households, contributed to exhaustion. This is in agreement with Mousavi et al. (2021) and Chen et al. (2025). Changing Ghanaian family dynamics (Baataar, 2023) explain the reduced access to traditional postpartum support.

Sleeplessness reflected findings by Lupini et al. (2021) and Akkus & Bahtiyar-Saygan (2022). Ghanaian mothers' reliance on night-time prayer as coping (Asomani-Adem, 2018) contributed to further sleep disruption.

5.5 Coping Mechanisms Used by Mothers of Preterm Babies

Participants in this study described a variety of coping mechanisms they employed to manage the psychological and emotional demands of caring for a preterm infant. These included spiritual reliance (faith and prayer), information-seeking behaviour, support from healthcare workers and peers, and emotional encouragement through visible improvement in the baby's condition. These strategies are consistent with global literature while also reflecting Ghana's unique sociocultural, religious, and healthcare realities, accounting for both similarities and differences in maternal coping experiences.

A major coping strategy among participants of this study was reliance on God and consistent prayer, which offered peace, hope, and acceptance amid stress. This corresponds with the findings of Sih, Bimerew and Modeste (2019) in South Africa and Martins and Gall (2021) in Canada, which emphasize the role of spiritual coping in maternal adjustment to preterm birth. The similarity across global contexts lies in the universal use of spirituality to manage emotional

distress. However, in Ghana, this coping mechanism is particularly pronounced due to the deep integration of religion in daily life and health-seeking behaviour. Many people interpret difficult life events, including preterm birth, through a spiritual lens, finding meaning and emotional strength in faith-based narratives (Aglozo et al., 2024) a study in Ghana. In contrast to more secular healthcare systems elsewhere, Ghanaian mothers are more likely to combine medical interventions with spiritual practices, including thanksgiving services, anointing rituals, or visits to prayer camps (Opoku, 2018) a study in Ghana.

Participants also coped by actively seeking information from online sources such as social media platforms and educational websites. This aligns with Alderdice et al. (2018) in the UK, which noted that digital information can empower parents by improving their understanding of preterm care. However, a key difference in the Ghanaian context is the parallel reliance on informal sources, such as community elders and traditional birth attendants, which may at times conflict with scientific information (Dsane-Nsor et al., 2025) in Ghana. While digital access is increasing in urban Ghana, variations in literacy levels, internet access, and digital health literacy influence the reliability and depth of information acquired. This supports concerns by Shahbazi and Bunker (2024) about the potential for misinformation, especially in settings where medical oversight of online information is limited. Some Ghanaian hospitals have begun offering structured health education sessions to mitigate this risk, reflecting a growing awareness of the need to balance traditional knowledge with accurate medical guidance.

Another notable coping mechanism used by few participants of this study was emotional encouragement from nurses, midwives, and other mothers who had similar experiences. This is consistent with Infant (2025) in South Africa and Eduku, Annan, & Amponsah (2024) in Ghana, which found that professional and peer support enhances maternal confidence and reduces anxiety.

The similarity arises from the universal benefit of emotional reassurance. Participants of this study referenced church groups, women's fellowships, and informal maternal networks that serve as key sources of empathy, shared experience, and encouragement. These culturally embedded social groups provide a broader safety net than formal hospital services alone, accounting for the greater communal dimension of support observed in this study compared to more individualistic settings in Western contexts.

Results of this study indicated that, participants witnessing their babies' physical and developmental progress such as weight gain, activity levels, or milestone achievements provided mothers with emotional relief and strengthened their caregiving commitment. This is in line with Modak et al. (2023) in India and Premji et al. (2018) in Canada, which reported improved maternal mental health following observable improvements in the child's condition. The similarity stems from a shared maternal instinct to be reassured by visible signs of health.

5.6 Existing Support Systems and Resources Available to Mothers of Preterm Babies

The transition from hospital to home care is a critical period for mothers of preterm infants. In this study, participants highlighted the importance of existing support systems, which were categorized into two main subthemes: family and partner support and healthcare staff support. These findings are consistent with global literature on maternal and neonatal health, yet the form, scope, and reliability of these support systems in Ghana are uniquely shaped by socio-cultural expectations, healthcare infrastructure limitations, and economic conditions, factors that help explain both similarities and differences with existing literature.

Participants of this study emphasized the invaluable role of family and partner support in easing the challenges associated with preterm infant care. This agrees with Maleki et al. (2022)

and Schuler et al. (2023) in Ghana, which emphasized the global importance of social and medical support networks in enhancing maternal well-being and neonatal outcomes. In Ghana, however, family support is often the primary form of assistance, especially in settings where formal postnatal services are underdeveloped. Several mothers in this study relied on parents and extended relatives for financial, emotional, and caregiving support, consistent with Bogi et al. (2023) in Ghana, which described Ghanaian families as financial safety nets during health crises. The high cost of neonatal care, combined with limited state welfare systems, compels families to assume more responsibility than is typical in high-income countries where insurance or public subsidies are more accessible. The reliance on maternal figures, particularly grandmothers, for caregiving guidance is also culturally embedded. As noted in study in Ghana by Ansong, Asampong & Adongo (2022), the Ghanaian tradition entrusts elder women with the role of guiding young mothers, a finding reflected in participants' dependence on older relatives for instruction on baby care practices. This cultural norm accounts for the similarity in caregiving roles but also differences in formal support expectations compared to societies with more institutionalized postnatal education.

Participants of this study also acknowledged the role of husbands in supporting them emotionally and financially, echoing Campbell-Yeo et al. (2021) in Canada and Davidson and Ollerton (2020), which found that partner involvement enhances maternal confidence and neonatal care outcomes. However, in Ghana, gender roles and economic limitations sometimes restrict men's involvement beyond financial contributions (Mohammed, Yakubu & Awal, 2020) in Ghana. Nonetheless, this study's accounts of fathers assisting with breastfeeding routines and emotional support reflect a positive shift in male participation, likely influenced by evolving gender dynamics in urban and semi-urban Ghanaian households.

Although less frequently mentioned than family support, healthcare workers were identified as critical contributors to the postnatal care process. Few participants of this study noted receiving education before discharge, follow-up reminders about medication and breastfeeding, and emotional reassurance from nurses and midwives. These findings agree with Rosa-Mangeret et al. (2022) and Shibanuma et al. (2021) study in Ghana, which emphasized the value of structured follow-up and staff engagement in improving neonatal health. In the Ghanaian context, however, the availability and consistency of professional support are limited by resource constraints, staff shortages, and high patient-to-provider ratios (Kumah, 2025) in Ghana. Despite these challenges, the participants' appreciation for nurse-led education and phone call follow-ups reflects a strong commitment among healthcare workers, as also emphasized by Hua et al. (2021) in China. This underscores the dual reality in Ghana, while health infrastructure may be constrained, individual providers often go beyond formal duties to ensure quality care.

The differences from higher-income countries lie in the degree of institutionalization of these services. Whereas countries with well-funded healthcare systems may offer home visits, telehealth, or integrated family support programs, Ghanaian mothers often rely on personal relationships with health workers and intermittent follow-ups facilitated by phone or community outreach programs. This partially informal support model, though effective in some cases, lacks the comprehensive coordination seen in more developed settings. The findings of this study both mirror and diverge from global evidence. The similarities, such as the role of emotional and practical support from families and the importance of health education are rooted in shared human experiences of maternal stress and the universal need for support during neonatal care.

CHAPTER SIX

SUMMARY OF THE STUDY, IMPLICATIONS OF THE FINDINGS, LIMITATIONS, STRENGTH, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary of key findings, limitations, and the implications of the study on the transition care experiences of mothers with preterm babies within the Ghanaian context. It further provides the conclusion and practical recommendations tailored to the Ministry of Health (MoH), Ghana Health Service (GHS), and the Paediatric Society of Ghana, based on the study outcomes.

6.1 Summary of the Study

This study explored the transition from hospital to home care among mothers of preterm babies at the Sunyani Municipal Hospital, using the KTM framework to guide data collection and analysis. Seventeen mothers participated, and six overarching themes with twenty-five subthemes were identified. Consistent with findings from similar Ghanaian and international studies, the results demonstrate that the transition period is a vulnerable phase marked by significant informational, emotional, and practical challenges.

A major finding was that mothers experienced substantial information gaps, particularly regarding feeding, developmental monitoring, home-based thermal care, routine hygiene, and understanding prematurity. This aligns with earlier studies (e.g., Alinejad-Naeini et al., 2021; Yeboah et al., 2025) showing that inadequate discharge education increases caregiver anxiety and undermines confidence. The present findings reinforce how poor informational support can compromise quality home care and expose infants to preventable risks.

The study also revealed that mothers assume multifaceted caregiving roles which includes feeding, warming, monitoring, infection prevention, and emotional bonding often without adequate preparation. Similar to observations in Ghana and other LMICs, these responsibilities demand continuous learning and emotional resilience. Their significance lies in the fact that mothers become the primary caregivers immediately after discharge; thus, gaps in preparedness can directly influence infant survival and maternal psychological well-being.

The theme of grief and emotional distress emerged strongly. Mothers described shock, guilt, fear of losing the baby, and self-blame, patterns also documented in studies by Sarfo & Segalo (2024) and Modak et al. (2023). Within the Ghanaian context, these emotions are intensified by cultural expectations and societal interpretations of prematurity. Understanding these emotional dynamics is critical because unresolved grief can impede bonding, reduce maternal confidence, and heighten risk for postpartum mental health difficulties.

The study further highlighted diverse sources of stress, including financial strain, limited help at home, feeding challenges, emotional exhaustion, and sleep deprivation. These findings mirror existing evidence from low-resource settings, where poverty, weak social support systems, and limited postpartum services exacerbate maternal burden. The significance lies in recognizing that stress negatively affects both caregiving quality and maternal health.

Despite these challenges, mothers employed several coping mechanisms, such as spirituality, information seeking, and support from nurses, partners, and peers. These coping strategies reflect cultural norms in Ghana, where religion and community support significantly shape responses to adversity. Their importance lies in identifying existing strengths within families and communities that can be harnessed in interventions.

Finally, the study identified support systems, notably family involvement and assistance from healthcare staff as essential for successful home transition. This aligns with literature emphasizing the necessity of shared caregiving and continued professional follow-up. These findings matter because structured support reduces maternal stress, enhances infant monitoring, and promotes better long-term developmental outcomes.

Overall, the study provides a deeper understanding of the complex interplay between information needs, emotional responses, caregiving roles, stressors, and support systems that shape the transition from hospital to home for mothers of preterm infants in Ghana.

6.2 Implication of the Findings

This study finding have implications for policy makers, paediatric nursing practice, nursing education and research.

6.2.1 Implications for Policy Makers

- Develop standardized neonatal transition-care guidelines.

Because mothers reported significant information gaps and inconsistent discharge teaching, national guidelines are essential to ensure uniform caregiver education, structured discharge planning, and follow-up procedures across all facilities.

- Strengthen community-based follow-up systems.

Since mothers experienced stress and uncertainty at home, particularly regarding monitoring and feeding, community health nurse home visits through CHPS would provide ongoing assessment, emotional support, and early identification of complications.

- Integrate maternal mental health into neonatal care.

Emotional distress, grief, and anxiety were major findings. Thus, embedding counselling, stress-management education, and peer-support programs within neonatal and postnatal services will improve maternal mental health and caregiving capacity.

- Enhance maternal health education on prematurity.

Mothers lacked knowledge about causes and implications of prematurity. Incorporating prematurity-focused health education into antenatal, postnatal, and community programs will reduce misinformation and empower families.

6.2.2 Implications for Paediatric Nursing Practice

- Implement individualized, holistic discharge planning.

Since mothers entered home care unprepared, nurses must personalize discharge education to address feeding methods, thermal regulation, hygiene, danger-sign identification, and developmental expectations.

- Institutionalize Kangaroo Mother Care (KMC).

Mothers relied heavily on home-based warming methods. Strengthening KMC practice ensures safe thermal care, promotes bonding, and addresses limited access to equipment in low-resource settings.

- Encourage maternal involvement during NICU stay.

Given mothers' fears and inexperience, early involvement builds confidence, reduces anxiety, and enhances continuity of care from hospital to home.

- Strengthen developmental surveillance in community clinics.

Mothers worried about growth and development; thus, integrating structured developmental monitoring into routine child welfare clinics is vital for early detection and intervention.

6.2.3 Implications for Continuous Nursing Education

- Include structured discharge teaching and psychosocial support in training.

Mothers' informational and emotional needs highlighted gaps in communication and psychosocial care; thus, nurses must be equipped to address these areas.

- Provide specialized training on prematurity and home-based care.

Feeding challenges, thermal care difficulties, and infection concerns demonstrate the need for enhanced competency in evidence-based neonatal care.

- Integrate competency-based modules on transitional care.

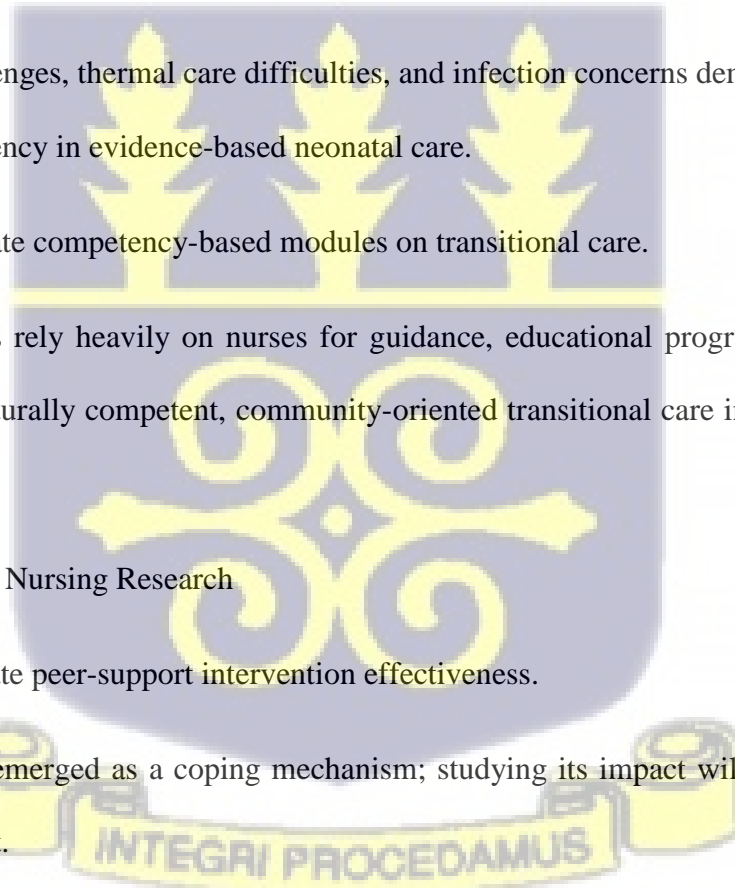
Since mothers rely heavily on nurses for guidance, educational programs must prepare nurses to provide culturally competent, community-oriented transitional care in resource-limited settings.

6.2.4 Implications for Nursing Research

- Evaluate peer-support intervention effectiveness.

Peer support emerged as a coping mechanism; studying its impact will guide structured program development.

- Develop and test community-based follow-up models.



Findings show mothers need continued monitoring; research can identify feasible and cost-effective models for rural and underserved settings.

- Conduct longitudinal developmental studies.

Mothers expressed concerns about growth and development, highlighting the need to track long-term outcomes of preterm infants across Ghana.

- Explore cultural and spiritual influences on caregiving.

Cultural beliefs deeply shaped maternal emotions and decisions; ethnographic research can inform culturally grounded interventions.

6.3 Strengths of the Study

This study demonstrates strong methodological and conceptual rigor, enhancing its credibility and scholarly value. The use of a descriptive (Husserlian) phenomenological design enabled an in-depth exploration of mothers lived experiences as they transitioned from hospital to home care with their preterm babies. By prioritizing the mothers' voices and minimising researcher influence, the study captured rich and authentic insights into their emotions, challenges, and coping strategies. The application of KTM further strengthened the study by providing conceptual coherence that shaped the objectives, guided the interviews, and supported the systematic analysis and interpretation of data.

Additionally, the study benefited from rigorous qualitative procedures, including personally conducted interviews, detailed field notes, and the use of Braun and Clarke's thematic analysis, all of which enhanced transparency, dependability, and confirmability. The researcher's deep engagement throughout each stage of the research process strengthened reflexivity and methodological thoroughness. Importantly, the study addresses a critical gap in Ghanaian literature

by shedding light on the transition care experiences of mothers with preterm infants, offering context-specific insights that can inform clinical practice, policy development, and future research aimed at improving maternal and neonatal outcomes.

6.4 Limitations of the Study

The study was conducted at a single health facility with only seventeen (17) participants which may limit the generalizability of the findings across other regions and healthcare settings in Ghana. Participant responses were based on self-reporting, potentially introducing recall bias and subjective interpretation. The perspectives of fathers or other caregivers were not captured, offering an incomplete view of the family caregiving dynamic post-discharge.

6.5 Conclusion

The study brings to light the multifaceted challenges Ghanaian mothers face in transitioning from hospital to home care for their preterm babies. These challenges are deeply influenced by structural health system limitations, cultural beliefs, socioeconomic barriers, and emotional burdens. However, the resilience of mothers is bolstered by spiritual strength, familial networks, and support from healthcare workers which was a prominent theme throughout the study. Bridging the gaps in maternal education, psychosocial support, and community-based follow-up services is critical for enhancing the survival and quality of life of preterm infants in Ghana.

6.6. Recommendations

6.6.1 Recommendations for the Ministry of Health (MOH)

The Ministry of Health Should;

1. Formulate and implement a national neonatal transitional care policy that mandates structured discharge education, home follow-up protocols, and community-based family education programs.
2. Integrate maternal mental health services into neonatal and postnatal care. This includes counselling services, stress management education, and access to peer support groups for mothers of preterm infants.
3. Improve the availability and affordability of essential neonatal care equipment such as warmers, suction machines, and thermometers especially in district hospitals and community health centres.

6.6.2 Recommendation for Ghana Health Service (GHS)

The Ghana Health Service should;

1. Institutionalize post-discharge follow-up systems through community health nurses under the CHPS (Community-based Health Planning and Services) program.
2. Strengthen the capacity of frontline healthcare workers to provide both emotional and educational support to mothers and caregivers of preterm infants.
3. Design and roll out culturally sensitive maternal and neonatal health education campaigns that address stigma, promote timely care-seeking, and correct misconceptions surrounding preterm births.

6.6.3 Recommendation for Paediatric Society of Ghana.

The Paediatric Association of Ghana should;

1. Advocate for the adoption and national use of standardized developmental screening tools to monitor the growth and neurodevelopment of preterm infants.
2. Partner with tertiary and regional hospitals to establish peer-led support groups and educational forums for mothers and families of preterm babies.
3. Lead national workshops aimed at bridging the gap between traditional beliefs and biomedical care, with a focus on reducing stigma and misinformation associated with preterm birth and neonatal vulnerability.



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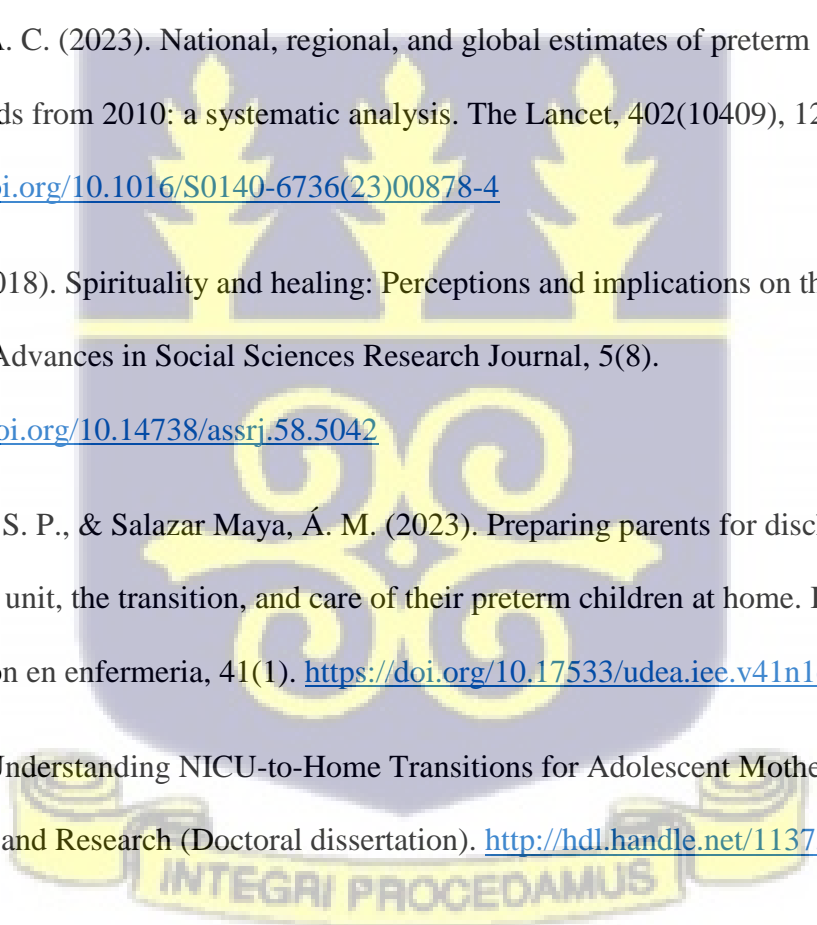
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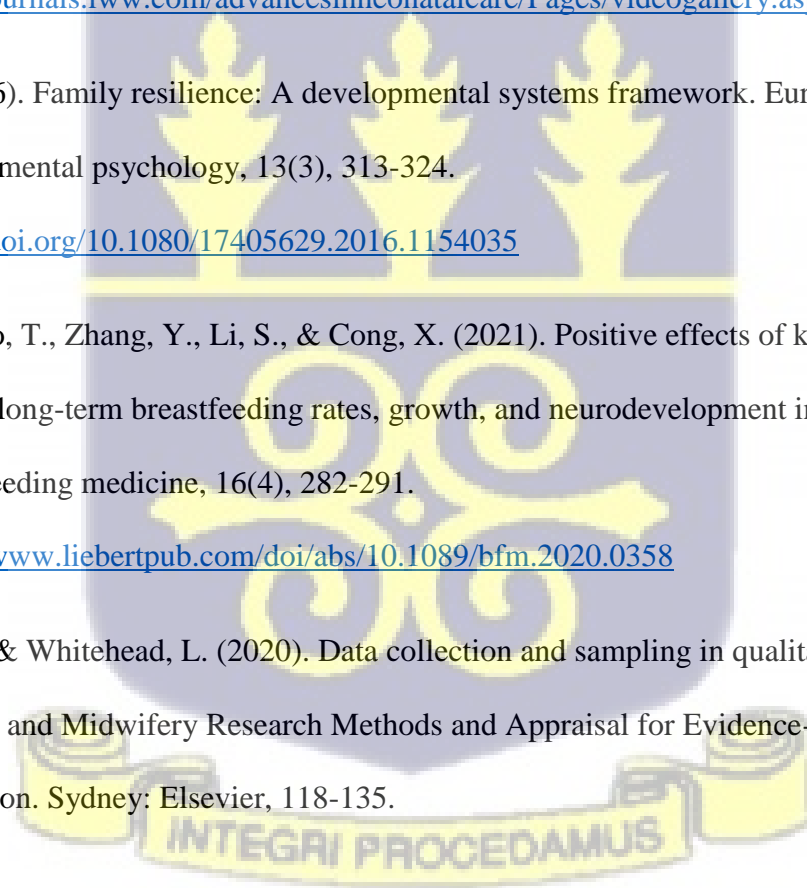
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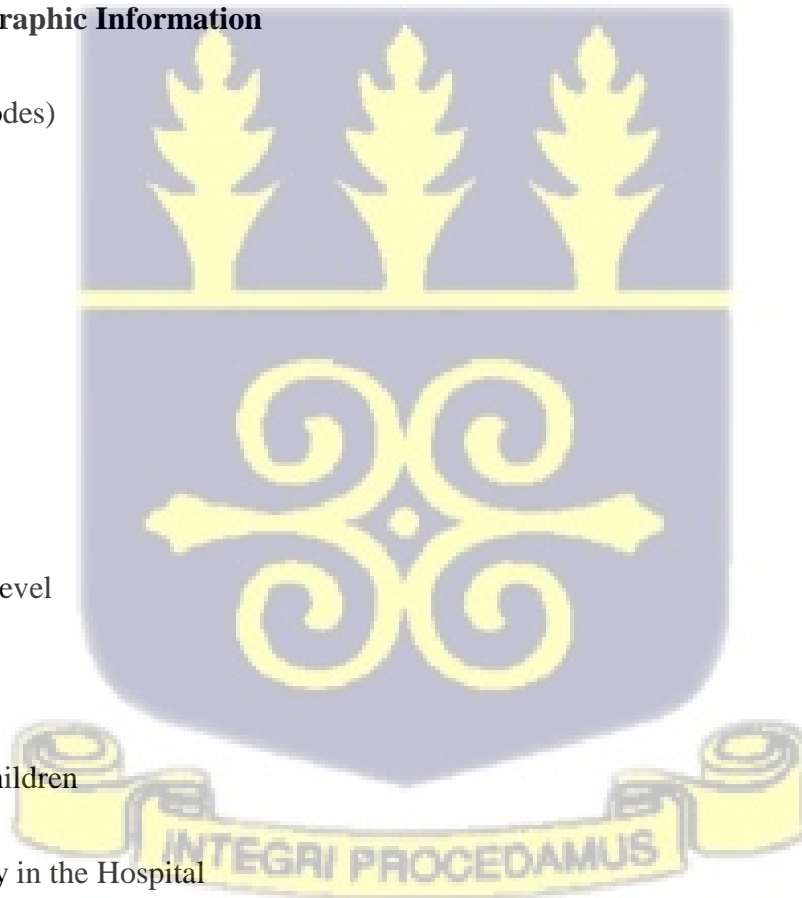
APPENDICES.

Appendix A: Interview Guide.

Topic: Transition from Hospital to Home Care, Experiences of Mothers with Preterm Babies in the Sunyani Municipal Hospital.

Section A: Biographic Information

1. Name (use codes)
2. Age
3. Baby's age
4. Gender
5. Occupation
6. Educational Level
7. Marital Status
8. Number of Children
9. Length of Stay in the Hospital
10. Previous Experience with preterm care: (Yes/No)
11. Ethnicity/Cultural Background



12. Religion

Section B: Information Needs of Mothers of preterm Babies during the Transition Period.

1. Please tell me your information needs as a mother of a preterm baby now that you have transitioned home from the NICU with your preterm baby.

Probes:

- Share with me any information you received on practical aspects of care of preterm infant
- Tell me how you learnt about caring for your preterm infant's specific needs
- Share with me any additional information you wish you had received?

Section C: Mother-Infant Role during the Transition Period.

2. Please share your experiences on your roles with me as a mother of a preterm baby.

Probes:

- Share with me how you care physically for your baby
- Tell me the challenges you face in assuming the motherly role to your preterm baby.
- Describe how you developed bonding for your baby

Section D: Grieves of Mothers of preterm Babies during the Transition Period.

3. Please describe to me how you felt after giving birth to a preterm baby or your grieves during your NICU stay and after discharge after giving birth to a preterm baby.

Probes:

- Tell me about the specific emotional experience you had....

- Describe to me your perceptions and association of preterm birth. What do you think result to this type of delivery.
- Share with me how this impacted/ affected your roles as a mother.

Section E: Stress and Coping Mechanisms of Mothers of preterm Babies during the Transition Period.

4. Share with me the stressors you experience and your coping mechanisms during the NICU stay and after discharge.

Probes:

- Tell me more about your experiences on caring for the preterm during the transition period.
- Tell me how you manage these stressors and anxiety
- Describe how you coped with the situation

Section F: Social Interaction of Mothers of preterm Babies during the Transition Period.

5. Tell me your experiences on social isolation or difficulty connecting with others after giving birth to a preterm baby and any support system you have.

Probes:

- Tell me how you reconnected with family and friends after discharge?
- Describe how the NICU staff (health care workers) supported your transition to caregiving?
- Share with me any support systems that helped you reintegrate socially?
- Describe to me any ongoing social challenges you are experiencing?

Appendix B: Ethical Clearance

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.



Research & Development Division
 Ghana Health Service
 P. O. Box MB 190
 Accra
 Digital Address: GA-050-3303
 Mob: +233-50-3539896
 Tel: +233-302-960628
 Email: ethics.research@ghs.gov.gh
 16th September 2024

My Ref. GHS/RDD/ERC/Admin/App 124/477
 Your Ref. No.

Christiana Asospae Ayamga
 Sunyani Municipal Hospital
 PMB
 Sunyani

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	GHS-ERC: 047/07/24
Study Title	Transition (From Hospital to Home) Care Experiences of Mothers with Preterm Babies in Sunyani Municipal Hospital: A Qualitative Study.
Approval Date	16 th September, 2024
Expiry Date	15 th September, 2025
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

- Submission of a yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

You are kindly advised to adhere to the national guidelines or protocols on the prevention of COVID -19

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....
 Mr. Kofi Wellington
 (GHS ERC Chairperson)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

Appendix C: Consent Form

Topic: Transition from Hospital to Home Care, Experiences of Mothers with Preterm Babies in the Sunyani Municipal Hospital.

Participant' Statement

I acknowledge that I have read the purpose and contents of the participants' information sheet and all questions satisfactorily explained to me in a language I understand (English/ Twi). I fully understand the contents and any potential implications as well as my right to withdraw from the research even after I have signed this form.

I voluntarily agree to be part of this research.

Participant's Name.....

Participant's Signature.....OR Thumb Print.....

Date.....

Investigator Statement And Signature

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Christiana Asospae Ayamga



Appendix D: Principal Supervisor's Support Letter



DEPARTMENT OF MATERNAL AND CHILD HEALTH
SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCE

Ref: 11366908

28th June, 2024

The Chairperson

Ghana Health Service

Ethics Review Committee

Accra

Dear Sir/Madam,

LETTER OF SUPPORT - ETHICAL CLEARANCE

I write to support the application for ethical clearance of Ayamga Christiana Asospae, an MPhil Paediatric Nursing student in the Department of Maternal and Child Health at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements for the MPhil Paediatric Nursing programme, the student is to undertake a study and she intends to use the Sunyani Municipal Hospital as her study site.

The title of her research is "**Transition (from hospital to home) care experience of mothers with preterm babies in Sunyani Municipal Hospital: A qualitative study.**"

I write to seek your permission to enable her undertake this study at the facility.

Thank You

Yours faithfully,

A handwritten signature in blue ink, appearing to read "Emma Annan".

Dr. Emma Annan

(Research Supervisor)

P. O. Box LG 43, Legon, Accra, Ghana | Tel: +233 (0) 303970 801
Email: nursing@ug.edu.gh | Website: www.nursing.ug.edu.gh



Appendix E: Co-Supervisor's Support Letter



DEPARTMENT OF MATERNAL AND CHILD HEALTH
SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCE

Ref: 11366908

28th June, 2024

The Chairperson
Ghana Health Service
Ethics Review Committee
Accra

Dear Sir/Madam,

LETTER OF SUPPORT - ETHICAL CLEARANCE

I write to support the application for ethical clearance of Ayamga Christiana Asospae, an MPhil Paediatric Nursing student in the Department of Maternal and Child Health at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements for the MPhil Paediatric Nursing programme, the student is to undertake a study and she intends to use the Sunyani Municipal Hospital as her study site. The title of her research is "**Transition (from hospital to home) care experience of mothers with preterm babies in Sunyani Municipal Hospital: A qualitative study.**"

I write to seek your permission to enable her undertake this study at the facility.

Thank You

Yours faithfully,

A handwritten signature in blue ink, appearing to read "Mary Ani-Amponsah".

Dr. Mary Ani-Amponsah
(Research Co-Supervisor)

P. O. Box LG 43, Legon, Accra, Ghana | Tel: +233 (0) 301 970 801
Email: nursing@ug.edu.gh | Website: www.nursing.ug.edu.gh



Appendix F: Introductory letter to Ethics.



SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCES

Ref: 11366908

28th June, 2024

The Chairperson

Ghana Health Service

Ethics Review Committee

Accra

Dear Sir/Madam,

LETTER OF INTRODUCTION — ETHICAL CLEARANCE

I write to introduce to you Ayanga Christiana Asospae, an MPhil Paediatric Nursing student in the Department of Maternal and Child Health at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements for the MPhil Paediatric Nursing programme, the student is to undertake a study and she intends to use the Sunyani Municipal Hospital as her study site.

The title of her research is "**Transition (from hospital to home) care experiences of mothers with preterm babies in Sunyani Municipal Hospital: A qualitative study.**"

I write to seek your permission to enable her undertake this study at the facility.

Thank you

Yours faithfully,

A handwritten signature in black ink, appearing to read "Charles A. Klutse".

Mr. Charles A. Klutse
(School Administrator)

A yellow banner with the Latin motto "INTEGRI PROCEDAMUS" written in blue capital letters. The banner is flanked by two yellow scrolls.

Appendix G: Introductory Letter for Institutional Approval



DEPARTMENT OF MATERNAL AND CHILD HEALTH
SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCE

Ref: 11366908

28th June, 2024.

The Medical Superintendent

Sunyani Municipal Hospital

P.M.B

Dear Sir/Madam,

LETTER OF INTRODUCTION – INSTITUTIONAL APPROVAL.

I write to introduce to you Ayanga Christiana Asospae, an MPhil Paediatric Nursing student in the Department of Maternal and Child Health at the School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements for the MPhil Paediatric Nursing programme, the student is to undertake a study and she intends to use the Sunyani Municipal Hospital as her study site. The title of her research is "Transition (from hospital to home) care experiences of mothers with preterm babies in Sunyani Municipal Hospital: A qualitative study."

I write to seek your permission to enable her undertake this study at the facility.

Thank you.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Emma Annan'.

Dr. Emma Annan
(Research Supervisor)