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Original Research Article

Perspectives and challenges of mothers in the care of newborns delivered in a non-profit tertiary care institution in South India: a qualitative study

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ABSTRACT

Background: Postnatal care is highly influenced by cultural and societal beliefs on maternal nutrition, breastfeeding and child rearing. This qualitative study was undertaken to explore the perspectives and challenges of mothers and caregivers of neonates, who presented to a hospital for an unscheduled postnatal visit, mothers who did not come for a scheduled neonatal visit, either for a special or routine visit after discharge and of mothers who came for a scheduled neonatal visit.

Methods: A hospital-based qualitative study was conducted in the obstetrics and gynecology department of a large tertiary centre, with in-depth telephonic interviews of purposively selected postnatal mothers who delivered in the last quarter of 2022. A structured questionnaire with open-ended questions on neonatal care, breastfeeding, knowledge, attitude, practices and challenges of mothers during the neonatal period was pretested using pilot interviews. A total of 27 interviews were conducted to cover all the specified groups till the saturation of the content of the interviews was reached. There was representation of mothers who came for unscheduled visits, scheduled visits and those who did not come for postnatal care.

Results: The major themes that emerged from the data were related to feeding of the newborn, handling illness in the baby, health and recovery of the mother during the postpartum period, support system, financial challenges, and health education at discharge.

Conclusions: Implementing exclusive breastfeeding needs non-judgmental support from the mother's family and health care professionals. Healthcare teams should plan culturally sensitive communication to ensure holistic, family-centred newborn care.

Keywords: Breastfeeding, Family support, Mothers and family prospective, Postnatal newborn care, Qualitative research

INTRODUCTION

Newborn care is closely intertwined with the wellbeing of mothers in the postnatal period. Early newborn care during the first week is facility based with a focus on clinical indicators of weight gain. Beyond the first week, postnatal care of mother and newborn is primarily community-based through the health workers and accredited social health activists (ASHA) who visit mothers at their homes.[1] Postnatal care is highly influenced by cultural and societal beliefs on maternal nutrition, breastfeeding and child rearing.[2]

The transitional postnatal phase involves a delicate balance between the demands of newborn's biological needs with the mother's physical and psychological changes of pregnancy and delivery. Postnatal care should aim to understand the perspectives of mothers and caretakers in the regular care of newborn. Newborn care involves unmet clinical needs and priorities of the new mothers. Literature report that mothers are oblivious to the range of medical specialties and the first contact person of the health care team for concerns related to newborn care.[3]

Approximately three million preventable neonatal deaths occur annually.[4] India's neonatal mortality has declined from 26 per 1000 live births in 2014 to 17.29 in 2023.[5] The National Health Mission has implemented facility based newborn care services 4224ocusing on immediate resuscitation, prevention of infection, early breastfeeding, care of sick newborn in newborn stabilization units and special newborn care units.[6] Kangaroo mother care and family care are promoted within the newborn units to yield maximum benefits to the newborn.

In our setting of a non-profit tertiary referral centre for obstetrics and neonatal care, access to health care professionals for minor illnesses and concerns related to care of the newborn is to be explored. The study results will provide insights into the knowledge of mothers on newborn care. Based on the study results, comprehensive health education can be planned to address maternal concerns on newborn care and to improve the quality of newborn care in the community.

This qualitative study was undertaken with the following objectives:

To explore the perspectives and challenges of mothers and caretakers of neonates, who presented to a hospital for an unscheduled neonatal visit after discharge.

To explore the perspectives and challenges of mothers of neonates who did not come for a scheduled neonatal visit, either for a special or routine visit after discharge and of mothers of neonates who came for a scheduled neonatal visit.

To explore the perspectives and challenges of mothers of neonates for optimal breast feeding.

METHODS

This study was part of a large cohort study of postnatal events done at the department of obstetrics and gynecology in a not-for-profit referral centre in Vellore, South India.[7]

Study design

A hospital-based qualitative study was conducted with in-depth telephonic interviews of purposively selected postnatal mothers who delivered in our centre in the last quarter of 2022.

Inclusion criteria

Mothers and care takers if any, of babies with unscheduled and scheduled neonatal visits with a medical problem or for a routine checkup and mothers who did not come for a scheduled neonatal visit in the last quarter of the year 2022.

Data collection

A structured questionnaire with open ended questions on neonatal care, breast-feeding, knowledge, attitude, practices and challenges of mothers during the neonatal period was pretested using pilot interviews. The questionnaire was translated into regional language (Tamil) and back translated to English. In-depth telephonic interview of the eligible participants was done by the co-investigators and research assistants who are well versed in the regional language. The interviews were conducted with the informed consent of the participants at their convenience, audio-recorded and transcribed. A total of 27 interviews were conducted till saturation of the content of interviews was reached.

Data analysis

The transcripts were independently reviewed by the co-investigators and interpreted based on the individual understanding of the textual data. The selected quotes of the data that correspond to a pattern of viewpoints were grouped under a common code. According to the objectives of the study the codes were grouped together to form major themes.[8]

RESULTS

About 80% of the participants had more than 12 years of education and 48% belonged to the upper lower socioeconomic group of modified Kuppuswamy scale. About 60% of the mothers were primi and 44% had undergone caesarean section. Majority of the newborns weighed more than 2.5 kg. Most participants were between 26-30 years of age (Tables 1-4; Figure 1).

Table 1: Socio-demographic factors.

Socio-demographic factors	Number
Number of years of education	
Till high school -10 years	4
10-12- Higher Secondary	1
Above 12 years	22
Socio-economic status	
Lower	2
Upper lower	13
Lower middle	9
Upper middle	3
Upper class	0

Table 2: Pregnancy and delivery.

Obstetric score	
Primi	16
Multigravida	11
Mode of delivery	
Cesarean section	12
Normal vaginal delivery	11
Operative vaginal delivery	4
Type of pregnancy	
Singleton	25
Twin pregnancy	2

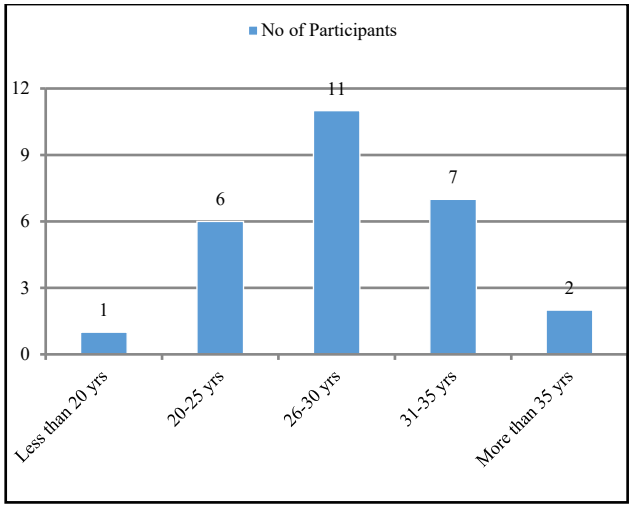

Figure 1: Age distribution of participants.

Table 3: Birth weight.

Birth weight	Frequency
Less than 2.5 kg	5
2.5 to 3 kg	11
3 to 3.5 kg	10
More than 3.5 kg	1

Table 4: Themes emerged from the data.

Themes	Codes	Quotations
Feeding the newborn	Mother's knowledge of breast feeding	"You have to get up from sleep and feed the baby at night correctly.." "..till six months, not even water to be given..only feeding..so give breastfeeding only..so wake the baby and give feeding for two hourly.." "..to consume healthy foods to enhance breast milk secretion include veggies, green leaves and protein rich foods in good amount then you won't face any issues in breastfeeding.."
	Challenges in breast feeding	"..I had less breast milk available for feeding..at night sometimes baby did not sleep… once I started feeding her properly..she started sleeping well..whole three months went like this with sleeplessness for the baby and breastfeeding in the middle of the night…" "..can breastfeed my baby only in my left breast..as it was insufficient I gave cow's milk along with breast milk..the baby fell ill following cow's milk..so I switched over to formula milk.." "..It was difficult to feed the child while sitting down, ma'am..because I had three surgeries, I couldn't feed the child while sitting down.."
	Bottle feeds	"..He did not drink properly..so we expressed the milk and give in feeding bottle..then after six months he took no breast feeding..he avoided sucking when I tried feeding him..that is the reason we gave feeding bottle.." "..I am unaware of most things as it is my first delivery..breast milk was insufficient.. so we gave formula milk..because of this the baby felt quite sick and was taken to the hospital at least twice or thrice a week.."
	Adequacy of feeds	"..he will withdraw from sucking of his own..I'll find out from this..I was able to feel the milk entering his moth while sucking..so I know if he's full or not clearly.." "..after feeding, I gave her some milk he relaxes..if he wants to play, he plays..if not he sleeps, only when he cries..we know the milk is not enough.." "..she cries when she's hungry..even if she cries after voiding, I feed her.."
Illness in the baby	Minor illnesses	"..she breastfed well..but she vomited a lot..she immediately got cold after coming home..second baby didn't feed well at all.." "…they told me that during stomach aches, the babies will cry continuously, then will throw up..don't keep feeding at that time…" "..they explained me that for a child more episodes of stools in one day or once in so many days interval both are normal..If the baby is active..no need to worry.. Don't try any home remedies.."

Continued.

Themes	Codes	Quotations
	Major illnesses	"..we were there for about 45 days..we were in the neonatal intensive care unit..after that I had a problem with my feeding..I was not able to feed properly.. I had to give the nano pro formula.." "..baby had a hernia operation..after the operation, he got an infection after one week..he was admitted to the intensive care unit for a week.."
	Perceptions of care quality	"..they discharged me alone but not the baby..that time only I know that baby is having edema in both the kidneys..till now I'm just thinking about that only..If I've not done sterilisation then it's fine..but after finishing the procedure only at night it was revealed that baby has this problem.." "..your hospital people trained us in baby care at the time of discharge which was a great help for us..to put the baby to sleep, we had to put the baby on the shoulders, switch off all the lights and tap the baby at the back so that the baby would sleep in that heat.."
Maternal health and recovery in the postpartum period	Physical changes and recovery	"..I'm a diabetic patient..so I have been following diet..was that the reason for reduced secretion I am unaware..that two days I found it difficult to cope.." "..since I delivered my second baby within a year following my first delivery, I found it very difficult..when I carry one baby..the other baby will be left alone and cry..so managing two babies simultaneously was a difficult task.." "..I had high blood pressure..for 10-15 days after delivery..I was admitted to the hospital"
	Emotional changes	"..when there was no milk for my baby, it hurt me a lot..but when I added certain foods to my diet, my breast milk was sufficient for my baby and I got relieved of my tension.." "..she would always cry nagging me..I felt very difficult..without stopping she would cry intensely.. I was unable to calm her down..she will be quiet when I keep her near me.." "..baby won't sleep continuously..so I also can't sleep continuously..with baby I wouldn't be able to do household work..till 3 months, I had body pain and managing everything was difficult.."
Caregiver support	Family support	"..I have my parents, grandparents and in-laws to help me in my difficult times.." "..family allow us to take some rest..give me proper food at right time..when baby sleeps I will also get adequate sleep..so I can balance my life.." "..my mother-in-law takes care of me..It's difficult to be alone.." "..my husband..he helped with everything and supported me fully.."
	Support from outsiders	"..never gave bath to the baby until five months till the neck control..we hired a person to give bath to the baby until then…" "..a grandma in our house bathed the baby for the first 3 months..after that, we started bathing the baby ourselves.." "…How can I apply soap on its face and scrub it? elders will massage the baby and limbs while bathing the child..how will I do all these things for a small baby?.."
	Self reliant	"..I accepted all my difficulties with happiness.we won't be able to go out for a mood change either..so it's upto the mother who chooses to be happy even during these tough times.." "..Yes..it's me who have to care my baby.. so nothing can be done..I accepted it.." "..I used to get up at nights for breastfeeding my baby..also pain in my initial days affected my sleep..however, for the sake of the baby I have to come out of my difficulties to care my baby.."
Financial challenges	Unexpected costs	"..my family spent around ₹2.5 lakhs in just two months for the care of twins.." ".. had to pledge jewellery, borrow money, and even move our older child to a government school to reduce expenses.."
	Managing expenditures at the time of delivery	"..we had a difficult time, but we managed in such a way to reduce our other expenses and we concentrated on taking care of our baby in our initial days.." "..how much ever we earn we will not be satisfied..right now we had enough money to care our baby..no one can commit that finance is sufficient.."
Health education at discharge	Regular health education on promotive care	"..don't give drinking water till six months of age..no solid foods to be given till that.. keep your child warm as per the climate..don't use pillow for the baby..don't use infant beds.." "..To feed the baby in sitting position and to position the breast to the baby's mouth appropriately to prevent shortness of breath..after feeding baby should be put on the shoulder and tap at the back until baby burps.." "..breast feeding should be given every two hours.. If the baby has slept during breast feeding, the baby should be woken by scratching the ear..should be fed for 15 to 30 minutes each time.."
	Danger signs	".. to bring the baby immediately if the baby refused to feed or did not pass urine…" "..told to come if the baby cried excessively.."

The major themes that emerged from the data were related to: 1) Feeding of the newborn; 2) Handling illness in the baby; 3) Health and recovery of the mother during the postpartum period; 4) Support system; 5) Financial challenges; 6) Health education at discharge.

DISCUSSION

Based on the thematic analysis of the textual data from the in-depth interviews of 27 mothers who delivered in a tertiary care set-up, postnatal mothers felt challenged in implementing exclusive breastfeeding practices, managing common illnesses of the newborn and acceptance of the new self. In culturally bound situations, mother's family members were perceived to be the most supportive during the postnatal period. Costs of hospitalization for acute care and access to the health care system for minor illnesses of the newborn were the other prominent challenges of postnatal mothers.

Challenges in breast feeding were either related to medical (less milk, surgery, preterm baby, inverted nipple) and or social causes (like bottle-feeding, giving cow's milk, or pressure from family). Participants were aware of the benefits of exclusive breastfeeding for six months, yet supplementary feeds were substituted in complex real-life situations of excessive crying of the infant or sickness in mothers. Mother's commitment to breastfeeding needs moral support, encouragement and appreciation within the family and the healthcare system. Recent literature on ways to encourage breastfeeding concluded that morally neutral and realistic goals on breastfeeding should be set with active involvement of the family.[9]

Common illnesses including fever, cold, vomiting, and poor weight gain in the first three months was a major concern for many mothers who felt supported by the reassurance of the hospital staff. Mothers and families of babies who required hospitalization, surgery or intensive care admission were very stressed emotionally and financially. In addition to physiological changes, maternal medical morbidities, operative deliveries and postpartum complications directly affected their ability to feed and care for the baby. Empowering mothers for self care, enabling group sessions in the community to validate the experiences of mothers and culturally appropriate holistic care for families should be reinforced.[6]

Mothers who had a strong support network of husbands, parents, in-laws and other family members reported fewer problems and were less stressed. Those who lacked support or had only partial help felt more burdened and anxious, especially when babies cried continuously or when mothers experienced medical problems. Culturally, family systems in India influence and own newborn care as their primary responsibility. Preparing family members for a culturally sensitive role through health education during the antenatal period will emphasize family centered care of the newborn and empower the mothers in newborn care.[10]

Most mothers were supported for the expenses of a delivery and newborn care in a private institution through a stable income of the family and or private insurance. However few mothers who faced unexpected medical costs [neonatal intensive care unit (NICU), surgeries, or twins] suffered greatly. Financial hardship added to the emotional stress affecting family life and children's education. A meta-analysis on the stress of parents of high-risk neonates admitted in NICU in India concluded that uncertainty related to high NICU costs and baby's wellbeing along with barriers to bonding were the primary stressors for parents.[11]

CONCLUSION

Our study adds to the evidence on the unmet maternal needs of newborn care related to breastfeeding, neonatal illnesses, financial supports, family systems and access to health care systems. Common symptoms, cultural role of family members, unexpected hospitalisation of the mother and or the newborn, undefined role of motherhood and costs of regular newborn care or hospitalisation contribute to the stress of newborn care. Implementing exclusive breastfeeding need non-judgemental support to the mother from family and health care professionals. Health care teams should anticipate, explore and identify the common challenges of mothers and plan a culturally sensitive communication to ensure holistic family-centred newborn care.

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