



Neonatal Care Needs of Newborn Mothers in the Postpartum Period: A Phenomenological Study

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ABSTRACT

Objectives: The aim of this study is to determine what practices and how mothers do after birth for baby care and to evaluate their needs in this regard.

Methods: The study was conducted qualitatively phenomenological. The sample consisted of 19 mothers who gave birth in Burdur Province Bucak State Hospital between February 2022 and June 2022 and were discharged with their baby, who agreed to be interviewed. The discharged mothers were contacted by phone and an appointment was made. Data were collected by interviewing online with a interview form developed by the researcher. Data obtained during the research were analyzed using descriptive analysis method and descriptive statistics.

Results: In the study, three frameworks were determined, namely, practices for postnatal baby care, baby feeding practices, safety practices, and hygienic care practices. All of the participants gave breast milk to their babies and stated that breast milk is beneficial. The most important difficulties observed in the first week after birth were "cracks in the mother's breast and diaper dermatitis in the infants". As a basic education, they wanted to take bath education.

Conclusion: As a result of the interviews, mothers; breast-feeding, burping the baby, taking care of the baby and taking a bath. It was determined that mothers may need breastfeeding support, sub-care of the baby and understanding the danger signs of the baby in the first week after discharge.

Key Words: neonatal nursing, newborn care, phenomenology, postpartum care.

1. INTRODUCTION

Puerperium is the period that begins with the birth of the placenta and includes 6-12 weeks after birth. It is also known as the postpartum period. It covers the period between birth and complete physiological involution and psychological recovery (1). During this period, the mother has to achieve developmental and physical responsibilities such as restoring her physical condition, developing skills and confidence in the care of the baby, and communicating with her baby (2).

The postpartum period is a period when the mother and baby need nursing care more. Because they need someone's help in solving problems that other

people consider very simple. In the postpartum period, care should be planned to meet the needs of the mother, the newborn, and the family (3).

Recently, it has become an important care goal to discharge a woman and her baby from the hospital as early as possible when there are no problems. As well as reducing the risk of nosocomial infections, early discharge from the hospital strengthens social support by allowing all family members to live together, strengthens the bond between the mother and the baby, and increases the confidence of the mother to care for her baby at home (4). However, moving home after postpartum hospital discharge is often a stressful experience for new mothers. The

mother met the baby, who was alien to her, but who was her own. For this reason, he/she has to learn very quickly about the care, abilities, and behavior of the baby. Therefore, expecting the mother to master all aspects of newborn care during a short stay in the hospital may not be realistic (5).

In the postpartum period, the mother should gain the necessary knowledge and skills to adapt to the physiological and psychological changes she experiences, accept the role of motherhood, accept her baby, and take care of herself and her baby when she goes home. In this period, it is important to determine the needs of the mother and the baby and to provide care, education, and consultancy services in line with these needs (6). However, in the absence of professional help, some problems may arise 5-7 days after birth. In this process, breastfeeding problems and feeding problems may cause re-hospitalizations, and an increase in neonatal mortality and/or disease rates (7).

In a study, it was determined that mothers had the most lack of knowledge and concerns about baby care, behaviors, self-care, and emotional in the postpartum period (8). Regular and continuous professional advice and supportive care given to the mother by the health personnel the first days after birth and in the first year cause an increase in the mother's self-confidence in baby care and an increase in her satisfaction with her new role and facilitate the adaptation to motherhood (2).

It is thought that determining the knowledge deficiencies and educational needs of mothers about infant care before discharge will contribute to the determination of the educational content and priorities of the nurses, who are responsible for providing consultancy services to these mothers in the clinics. The care requirements are of vital importance for the newborn. With the education and counseling given by the nurse in the postpartum period, correct care practices can be taught, unfair practices can be corrected, or the baby can be controlled in the most sensitive and risky time of life. Therefore, the purpose of this study is to determine

how newborns are cared for and to assess their needs after being discharged from the hospital after birth.

2. MATERIALS AND METHODS

2.1. Study design

The research model was carried out in a qualitative type in order to obtain in-depth information about the study. Thanks to qualitative research, it is possible to examine complex and sensitive issues in in-depth interviews by interviewing one-on-one. In this context, the study was conducted in line with a phenomenological understanding, which is one of the qualitative research approaches. Phenomenology deals with people's life experiences as an approach based on psychology and philosophy. This method is used to examine and explain events, situations, experiences, concepts. The research was carried out in Bucak State Hospital between February 2022 and June 2022.

2.2. Participants

Infant mothers who gave birth and were discharged at the latest one month before the date of the study in Bucak State Hospital. Purposive sampling method was used to include the participants. In this direction, mothers were reached by using hospital data. Mothers who gave birth directly in the last month, did not need intensive care, were discharged home, and accepted to participate in the study were included in the study. The sample size was maintained according to data saturation, that is, to the point where no new themes emerged from the participants' experiences.

2.3. Data collection method and Data collection tools

Semi-structured interview was used as data collection method in the research. Personal information form and semi-structured interview form were used as data collection tools in the research.

2.3.1. Personal information form

Personal information form; It consists of questions including age, education level, employment status,

years of work in the profession, whether pregnancy is planned, whether she received baby care training during pregnancy, whether she has experience in baby care.

2.3.2. Semi-structured interview form

In the semi-structured interview form, the following questions were asked to examine the newborn care needs and care experiences of the mothers:

1. Can you tell us about your experiences of caring for your baby in the first time?
 - a) How did the first experiences affect you?
 - b) How has this situation changed your daily life?
 - c) What are the stressors you experience?
2. Did you care for your newborn baby?
 - a) Does caregiving make you happy and satisfied?
3. When your baby cries or is restless;
 - a) What are you feeling?
 - b) How are you behaving?
4. Were there any traumatic experiences that affected you when you first stayed together, that you cannot forget, that you will never forget?
 - a) Do you delay maintenance?
 - b) Do you ever become desensitized to your baby's needs?
5. After being discharged from the hospital, which care of your baby did you worry the most about?
 - a) How did you deal with it?
6. Which subject did you need the most to develop knowledge or skills in the care of your baby?
7. What do you think about the importance of breast milk?
 - a) What challenges do you face while breastfeeding?
8. How do you do your baby's general care practices?
 - a) Mouth, Eye, Navel care?
 - b) Newborn bath?
9. How do you ensure your baby's safety?
Is there anything else you would like to add before we end the conversation?

2.4. Conducting semi-structured individual interviews

Individual interviews were conducted online with each of the participants. Interviews were conducted with a semi-structured interview form. Before starting the interview, consent was obtained from the participants for voice recording and all interviews were recorded. At the same time, short notes were taken by the researcher. Interviews lasted between 30-45 minutes. The notes and audio recordings taken at the end of each interview were transferred to the computer and transcribed. The anonymity of the participants was ensured by giving a number to each participant.

2.5. Data Analysis

The data obtained from the research were evaluated by content analysis. In addition, variation was made with the metaphor question. Kappa analysis was performed to assess the fit between themes. The interviews recorded on the voice recorder and the notes taken by the researcher were transferred to the computer in word format. In the text, along with the verbal expressions of the participants, experiences such as the time they were silent, laughing and excitement were also stated. Descriptive analysis was used in the content analysis of the data. descriptive analysis; It is a discussion in which the data are shown and described as they are, and it consists of four stages including forming a framework, processing the data according to this framework, defining the findings and interpreting the findings. First, all interview reports were read to get the general meaning of the text content. Secondly, by rereading the interview reports with a phenomenological reduction perspective and dividing them into smaller units, meanings were created through modifications and transformations. Then, in the third step, the units of meaning (codes) were further analyzed until the meanings of the phenomenon were revealed. In the last step, the emerging meaningful units were transformed into the essence and components of the phenomenon.

2.6. Ethics

In order to implement the study, the application was taken from Burdur Province Bucak State Hospital. Ethical approval (permission no: GO 2022/534) was obtained from the Non-Interventional Ethics Committee of Burdur Mehmet Akif Ersoy University. The purpose of the study was explained to the mothers invited to participate in the study, and informed consent was obtained from those who volunteered to participate.

3. RESULTS AND DISCUSSION

The 19 mothers who participated in the study were in the 21-39 age range (mean 27.6 ± 3.7 years), all of them were not working and 11 of them had a child for the first time. When their educational status is examined, 7 mothers are high school graduates, 6 mothers are primary school graduates, 4 mothers are associate degree graduates and two mothers are secondary school graduates. Although 12 of the mothers had planned pregnancies, seven mothers stated that they did not receive training on baby care during pregnancy. While 13 of the mothers stated that they received support after delivery, six of them stated that they did not receive any help from anyone. Helped people include nurses, mother, mother-in-law and spouses. Nine of the mothers in the research group live in nuclear families and ten live in extended families. Some features of the descriptive findings are presented in Table 1. Within the framework of the descriptive analysis method, firstly, the recordings of the interview questions were listened to separately and the themes were determined. After the determined themes were

brought together, the common themes were determined as "hygienic care practices, baby feeding practices, and safety practices.

3.1. Applications for baby feeding

All of the interviewed mothers stated that they started breastfeeding when they went to the room after giving birth in the hospital. Considering the problems encountered during the breastfeeding process, the statements of some mothers were as follows; "At first it didn't suck right away. He fell asleep quickly, I had a hard time waking him up" (23 years old, primary school).

"When I was in the service, I felt that I had clefts on the ends of my breasts as I could not fully breastfeed for the first time" (31 years, undergraduate).

"My nipples are very sore. I hadn't noticed this. I thought the pain was normal. Until I noticed the blood in my baby's vomit and reported it to the nurse. I later learned that my baby sucked blood from my cracked breast" (30 years old, primary school).

A mother expressed the fullness of the breasts during the breastfeeding process with the following sentences. "It was the fourth day after birth, and fever and chills took hold of me. Each of my breasts felt as if they were the weight of my body. When I reported it to the nurse, she stated that my breasts were full. Then we looked online. We put a hot cabbage leaf and two leaves on one of my chest and two leaves on the other, so that it does not burn. And in the end, I was so relieved. We used the pump later, when the tip of my breast was softened with massages to disperse the swelling. While my wife was helping me, my mother was giving the baby to drink the milk we milked at that

Table 1. Demographic characteristics of mothers

Variable	Yes		No	
	n	%	n	%
Working status	0		19	100
Was the pregnancy planned?	12	63.15	7	36.85
Did she receive baby care training during pregnancy?	7	36.85	12	63.15
Do you have experience in babysitting?	8	42.10	11	57.90

moment. Thank God, we never slept for two days and two nights" (29 years old, high school).

Regarding the situation of giving food other than breast milk in the postpartum period; "My breastmilk was not enough. That's why I had to formula food. The nurse said that I can give, but some say give, and some say, what one says does not keep the other. My baby wasn't getting enough, she was crying all the time, but after giving food, her sleep time got better." (33 years old, secondary school).

" I gave, but in very small amounts. Because sometimes my milk did not come from exhaustion. " (34 years, associate degree).

"For the first couple of days, my milk was not coming at all, it was very little. That's why we gave some formula in the first days, this gave us some relief and my milk started to increase later, then we stopped giving formula " (22 years old, high school).

All of the mothers in the study group breastfeed their babies and stated that breast milk is a beneficial food. His thoughts on breast milk; "I think it's important, but I can't give much information about its content, I don't have this information." (28 years old, primary school).

"It strengthens my baby's immune system and protects him from diseases."(30 years old, high school).

"This breast milk is an entirely different blessing, in my opinion, it is a blessing from Allah, and in our holy book it is said that it should be given until the age of two. I had fully breastfed my previous baby. My nipples were sore, but even though it hurt so much, I never stopped breastfeeding. I will never stop breastfeeding my child until he is 2 years old." (34 years old, high school).

" I think breast milk is the best anti-microbial medicine that can be given to a baby. That way, diseases don't kill them when they're this young." (28 years old, high school).

3.2. Security practices

Considering the safety measures taken for babies;

"There must be plenty of oxygen in the room, I ventilate it for this. And of course the temperature of the room is also important here. " (22 years old high school), " I never put my baby on his face, I prefer to lay him on his side. " (29 years old, primary school), " I sleep on a hard bed instead of laying on the floor " (31 years old, secondary school).

Although a mother is not aware of the danger signs of the neonatal period, the findings generally focus on jaundice, fever and crying. In the statements of the mothers; "He cries a lot, it scares me a lot, I think it's a dangerous situation" (32 years old, associate degree). "If my baby has a fever, there is a problem." (33 years old, primary school; 30 years old, high school). "I think if my baby cries nonstop, if his temperature rises above 40 degrees, it's a sign of danger. " (31 years old, primary school). "Sometimes a severe cough can be a sign of great danger." (22 years old, primary school). "I think gas pain is a problem " (27 years old, high school), " We learned a little about jaundice, so I am afraid that it will damage the brain of my baby with one line, on this subject, yellow face or body, sleeping too much, not sucking breast makes me suspicious about jaundice " (24 years, associate degree).

3.3. Hygienic care practices

It has been determined that mothers are generally inadequate in terms of mouth, eye and nose care for their babies during the hospitalization period. According to the result obtained from the data, it was seen that mothers gave more weight to traditional practices in neonatal care practices. This situation is a mother; "When my child's eyes were burr, I cleaned them with tea. My mother-in-law taught me in my previous child. " (35 years old, primary school).

It has been determined that the behavior of keeping the navel dry and clean is generally exhibited. Although the use of wet wipes for child care is common, it was determined that two mothers used wet cotton. It was determined that the times when the mothers took the first bath were different from each other. They jointly reported that the practice of

bathing generally relieved them and their babies. One mother expressed the feeling of comfort that the bath brought as follows: *"The first night we left the service, my mother stated that the baby needed to get rid of hospital germs. I was very inexperienced in this matter. We had a bath with my mother. If it were up to me, I wouldn't have done it before the belly fell out, but my mom didn't want to wait. I breastfed my baby after the bath and he really slept for 3 hours without waking up, finally relaxed."* (30 years old, high school).

4. CONCLUSION

According to the findings obtained from the research, during the home visits, the mothers; breast-feeding, burping the baby, taking care of the baby and taking a bath. Although all mothers breastfeed their babies and express that breast milk is beneficial, it has been determined that they may experience problems with breastfeeding technique, child care and understanding the danger signs of the baby in the first week after discharge. The information needs of each mother regarding the postpartum period may be different, and it is possible to meet these needs individually thanks to home visits. As a secondary benefit of the research; During the home visit carried out within the scope of the research, the questions of the families about the care practices were answered. Babies with burrs in their eyes, rash and jaundice were informed about the appropriate care and directed to the health institution.

As a result of our research, it was determined that the mothers did not care for their eyes, nose, and mouth. Dogan et al. (9) and Slomian et al. (10) stated in their studies that mothers need information about eye, nose, and mouth care, baby's bath and skin care, nutrition, and sub-care. Knowing how to do this care when needed will prevent the mother from making wrongful practices, and will also protect the health of the newborn.

Within the scope of our study, all mothers state that breast milk is the most beneficial nutrient and they breastfeed their babies. In this case, Samlı et al.' (11),

overlaps with the literature, but the result we obtained includes the first week. As stated in the 2013 data of the Turkey Demographic and Health Survey, the rate of infants receiving only breast milk within a 0-1 month period is 57.9% (12). In line with this information, we can state that there has been a decrease in the rate of infants who receive only breast milk over time.

Yilmazbas et al.' (13) found that 51.7% of health professionals had enough level of knowledge about breast milk and breastfeeding. It is seen that the remaining almost 50% of the health workers have insufficient information. This situation may cause confusion and distrust, as the second mother stated in our study. Similarly, in the study conducted by Blixt et al. (14), it was stated that the contradictory statements received from health professionals regarding infant feeding caused confusion. In line with the similar findings we have obtained from different studies, it is thought that the competence of health workers in this regard should be questioned. The transfer of individual experiences, outdated information, and inconsistent information among employees should be prevented. Because, as stated by the mothers, health professionals work as trainers in prenatal preparation classes, and they are also the people who can get support and be the most reliable source of information for mothers who are in the postpartum period.

Mothers take safety precautions against possible vomiting by laying the baby on its side. In addition, although keeping the baby warm is expressed as another safety measure taken by mothers, it is known that increased environmental temperature and excessive clothing increase the risk of sudden infant death syndrome (15). For this reason, keeping the baby warm, which mothers see as a safety precaution, can have dangerous consequences.

As a result of the interviews with the mothers, it was determined that jaundice, fever, and crying were among the danger signs of the neonatal period, and one mother stated that she did not suckle or

diarrhea, but as stated in the literature, the answers to difficulty in breathing and bleeding did not come from any mother (16). This is important because it may delay the identification of health problems that may develop in the baby.

Based on these results, correct breastfeeding techniques in prenatal care, the benefits of breast milk, information on infant care should be presented to the family, home visits should be made in the postpartum period, and the need for information should be met professionally. Standard guidelines developed to eliminate the knowledge gap among healthcare professionals should be taken as a basis, and real signs of infant hunger should be correctly evaluated. For this purpose, in-service training programs should be developed.

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