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Lived experiences of kangaroo mother care among mothers in neonatal ward: A qualitative study

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Abstract

Introduction: Kangaroo Mother Care (KMC) is a cost-effective, evidence-based intervention for preterm and low birth weight (LBW) infants. This study explored the lived experiences of mothers practicing KMC in a neonatal ward in Nepal.

Method: A qualitative phenomenological study was conducted from Aug 2023 to Mar 2024 in the neonatal ward of Dhulikhel Hospital, Nepal. Following ethical approval, purposive sampling was used to recruit mothers of stable preterm and/or LBW newborns with ≥ 5 hours of KMC experience, continuing until data saturation. Data were collected through in-depth interviews using a semi-structured guide, audio-recorded, and transcribed verbatim. Transcripts were analysed using Colaizzi's phenomenological method, involving immersion in the data, identification of significant statements, formulation of meanings, and clustering of themes to derive an exhaustive description.

Result: Eight mothers participated. Thematic analysis revealed five interconnected themes: (1) recognition of KMC's benefits for infant thermoregulation, weight gain, and bonding; (2) acknowledgment of its critical role in neonatal care; (3) reliance on nurses for procedural guidance and emotional reassurance; (4) initial hesitation rooted in fear of harming the fragile infant and lack of prior knowledge; and (5) an emotional progression from anxiety to confidence and attachment through practice. Collectively, these themes trace a maternal journey from uncertainty to empowered caregiving, facilitated by supportive clinical interactions.

Conclusion: While mothers valued KMC, they overcame initial apprehension through supportive, nurse-led education and reassurance. This underscores the need to integrate structured educational and psychosocial support into nursing practice to enhance maternal confidence and adherence to KMC.

How to cite

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Introduction

The incidence of preterm delivery is 93 per 1000 live births, and low birth weight (LBW) accounts for 13% of births in Nepal.^{1,2} Kangaroo Mother Care (KMC) is a method developed to provide thermal care for all newborns³ by maintaining direct skin-to-skin contact between mother and infant.⁴ It involves early, prolonged, and continuous skin-to-skin contact, both in hospital and after discharge, until at least the 40th week of postnatal age.⁵

The benefit of KMC includes maintaining body temperature in premature babies⁶ and reducing mortality and morbidity in preterm⁷⁻⁹ and LBW^{8,9} newborns. It also promotes weight gain, reduces hospital stays, and enhances bonding between mother and baby.¹⁰ Furthermore, KMC reduces the cost associated with incubator use and is overall a highly cost-effective care for these neonates.^{4,11}

The rationale for this qualitative study is its potential significance for mothers, as it allows them to express their subjective feelings and opinions regarding their KMC experience. Consequently, the objective was to explore the lived experiences of KMC among mothers of neonates admitted to the neonatal ward.

Method

A qualitative descriptive phenomenological research design was employed, allowing mothers to explain their lived experiences while providing KMC to their newborns.¹² This study adopted a constructivist paradigm, which focuses on understanding human experiences through interaction with participants.¹³ Within this paradigm, the authors sought to acquire knowledge of the mothers' real-life experiences.

The study was conducted in the Neonatal Ward of Dhulikhel Hospital (Kathmandu University Teaching Hospital) from Aug 2023 to Mar 2024. Ethical approval was obtained from the Kathmandu University School of Medical Sciences-Institutional Review Committee (KUSMS-IRC). Participants were selected purposively based on the following criteria:

mothers of newborns in stable condition (as determined by a doctor), preterm (<37 weeks of gestation), low birth weight (<2500 grams), who had practiced KMC for at least 5 hours, and who could speak Nepali. Written informed consent was obtained from all participants after a full explanation of the study's purpose. Confidentiality, anonymity, and the right to withdraw at any time without consequence were assured.

Data were collected by the first author, who is fluent in Nepali. A total of eight mothers were ultimately enrolled in the study. The recruitment process began with 20 mothers being approached for eligibility screening. Of these, 12 met the inclusion criteria, and from this group, the eight enrolled mothers were purposively selected and consented to participate.

In-depth interviews were conducted in Nepali using a semi-structured interview guide, beginning with open-ended questions followed by probes, reflections, and summarization.¹² Interviews took place in a private location (the neonatal ward terrace) and lasted 20–30 minutes each. They were audio-recorded using a mobile device, and non-verbal cues were documented as field notes. Three pilot interviews were conducted to refine the technique, after which the interview process was adjusted to include more probing.

Data collection and preliminary analysis occurred concurrently. Interviews continued until thematic saturation was achieved, i.e. the point at which subsequent interviews yielded no new themes or insights for the research question. This state of saturation was confirmed upon completion of the eighth interview. Data were stored securely in a locked cabinet.

All interviews were transcribed verbatim by the researcher and then translated into English. To ensure anonymity in reporting, each participant was assigned a unique identifier (e.g., P1, P2). Non-verbal cues were documented as field notes and later integrated into the transcripts. Data analysis followed Colaizzi's (1978)

phenomenological method. This involved repeated listening to recordings to gain familiarity, extracting significant statements, coding relevant passages into emerging themes, and organizing these into clustered themes. The clusters were validated against original transcripts to ensure comprehensiveness. Finally, the results were integrated into a comprehensive description of the phenomenon.

To ensure methodological rigor, credibility was established through in-depth interviews and member checking; dependability through a clear methodological account; confirmability through reflexivity and the use of verbatim quotes; and transferability through thick description of the KMC context.

Result

Overall, eight mothers of neonates providing KMC participated in in-depth interviews until data saturation was reached. The ages of the mothers ranged from 20 to 33 years, with a mean age of 26.6 years. Their educational backgrounds varied from completion of grade five to the undergraduate level. Mothers' parity ranged from primigravida to gravida three. There were equal numbers of male and female babies. Among eight mothers, five were homemakers, two were engaged in farming, and one was hygienic staff by occupation. Mean hospital stay was 7.8 days.

Different codes were developed including emotionally attached, warmth to the baby, weight increase, and baby looks different. Themes and sub-themes of KMC among mothers of neonates receiving KMC were developed, Table 1.

Findings from in-depth interviews are presented below, with participant quotes identified by codes (e.g., P1, P2) to ensure anonymity.

Benefits and importance of KMC to the baby

Most mothers felt that KMC generally improved their baby's growth and development through weight gain, stable temperature, and emotional

attachment. Babies felt comfortable and mothers did as well.

- *"I feel like when my baby is attached to the bare chest and is emotionally attached, I feel very differently and it is very important."* (P3)
- *"Ah-h KMC means, it is essential for the LBW babies by which the baby has heart-to-heart contact."* (P4)
- *"I feel there is weight gain of the baby."* (P5)
- *"In general, baby is kept attached with you. I think when baby is kept attached with you, baby feels warm and weight increases."* (P8)

Nurse and mother interactions

Nurses took permission before keeping the baby in KMC. They taught mothers how to keep the baby in KMC and explained the benefits of KMC to both mother and baby.

- *"Yesterday consent was taken, yesterday morning sisters told me baby should be kept in chest for 1-2 hours and if possible, baby should be kept 3-4 hours."* (P2)
- *"Yes taken, permission taken before placing the baby in KMC. Nurse told me you have to keep your baby like this in your bare chest and she told me to open my clothes and told me to cover my baby and told me to keep for 1 hour."* (P3)
- *"Sister took permission before performing KMC. My baby was kept in ICU, that's why I have to take care of infection for that I have to take bath and then position the baby for KMC, sister told me baby's knee should touch my breast. Then my one hand should be below the baby's buttock and one in head of the baby."* (P5)
- *"They (nurse) said when baby is kept in KMC it helps in weight gain."* (P3, P5)
- *"Permission was taken before doing KMC. Sister told me baby's growth and development, weight increases when KMC is performed."* (P8)

Reasons for mother unable to perform KMC

Mothers felt motivated to do KMC when they saw other mothers doing it. However, some mothers were scared because their baby was small and they had no previous knowledge or experience of KMC. Nurses taught the mothers when KMC was not done

properly and then helped them position the baby. They explained that KMC helps keep the baby warm, promotes attachment, and supports growth and development.

- "When I see people doing KMC, I feel that I should keep my baby in KMC. My child will feel warm and cold air will not enter my child." (P2)
- "I was scared before doing KMC, but now I am comfortable, nurse communicates very softly." (P3)
- "Ahh, this happened when I was not able to hold my baby, then the nurse told me to hold my baby and allowed me to put my baby in my bare chest, and at that moment I felt like a real mother." (P3)
- "Nothing had happened. I was scared as my baby was small. I don't have knowledge regarding KMC position. My previous child birth was normal that's why they didn't teach me, but now they (sisters) teach me and now I know." (P3)
- "I don't know. I don't have experience of keeping a baby in KMC before." (P6)
- "Before I felt different and now it is comfortable." (P8)

- "Nurse told me to keep my baby in my chest and told me to maintain hygiene. I heard about KMC for the first time. Nurse prepares both me and my baby." (P1)
- "Sister told me to keep like this. She told me to keep baby in your chest thrice daily. She also taught me the steps of KMC." (P6)

Mothers' overall feeling during KMC

Mothers were scared before doing KMC, but became very comfortable afterward. They understood KMC benefits and its importance for the baby in maintaining temperature, creating bonding, and supporting growth and development.

- "Nurse provides me a secure environment, before I was scared of doing KMC, but now I am comfortable, nurse communicates very softly." (P3)
- "KMC means it is very good. KMC benefits to regulate temperature of baby, baby gets love, and it feels different when your baby is with you." (P4)
- "KMC is very good. It gives warmth to baby and helps to increase the weight of the baby." (P8)

Table 1. Themes and sub-themes of KMC on mothers of neonates, n=8

Themes	Sub-themes
Benefits of KMC to the baby	- Babies feel warm and comfortable - Babies' weight is increasing - Babies is attaching with mother and feel good
Importance of KMC for the baby	- Baby is attached to bare chest of mother, is emotionally attached - Essential for LBW by attaching with heart-to-heart - Weight gain of the babies - Babies feel warm
Nurses and mothers' interaction	Nurses: - Take permission before doing KMC - Communicate well - Demonstrate steps-to-steps procedure of KMC - Teach KMC helps in growth and development of babies - Teach KMC helps in weight gain of babies - Teach KMC helps in attachment of mother and babies
Reason for mother, unable to perform KMC	- Mother were scared because baby is LBW - Mothers don't have knowledge of KMC - Mothers don't have previous experience of KMC
Mothers overall feeling during KMC	- Mothers feel attached with their baby - Mothers feel their baby is benefited - Mothers feel comfortable

Discussion

This qualitative phenomenological study explored the lived experiences of mothers providing KMC to their neonates in a Nepali hospital. Key findings revealed that mothers valued KMC for infant warmth, weight gain, and bonding, yet initial fear and lack of knowledge were significant barriers. Supportive, instructive interactions with nurses were central to overcoming these barriers and fostering maternal confidence.

The recognition of KMC's benefits for thermoregulation, comfort, and growth aligns with established literature.^{12,14} The promotion of mother-infant bonding and the provision of a comforting, womb-like environment are also well-supported.^{12-14,16} Furthermore, the critical role of nurses in educating and emotionally supporting mothers, a core theme of this study, is consistent with findings from similar contexts where such support enhanced maternal competence and satisfaction.^{13,15} The initial maternal fear documented here is widely reported, particularly among mothers caring for fragile, preterm infants.^{12,14}

A notable finding, however, contrasts with some literature. While participants in this setting were aware of KMC's benefits, studies from other regions report limited maternal awareness of KMC services.⁹ This discrepancy may stem from differences in nursing training intensity, hospital policy implementation, or sociocultural factors affecting health communication.

The nurse-mother interaction emerged as the pivotal factor influencing the KMC experience. Effective communication, step-by-step demonstration, and empathetic reassurance from nurses directly correlated with reduced maternal anxiety and successful KMC adoption. Thus, positive nursing support is important for KMC success.^{14,16} This also highlights how negative nursing attitudes can pose a substantial barrier.^{13,15}

Limitations of this study include a sample drawn from a single hospital, which limits

generalizability and may not fully represent mothers in other settings. Data collection relied on self-report during interviews, which may be subject to recall bias and social desirability bias, emphasizing positive aspects of their care. Furthermore, the study did not include direct observation of KMC practice, which could have provided a more complete picture. Although reflexivity was practiced throughout the research process, the dual role of the primary researcher as both interviewer and analyst is itself a potential source of bias that should be acknowledged.

Despite these limitations, this qualitative study provides insights based on subjective information to guide nursing practice on KMC training and implementation. Findings suggest that hospital policies should advocate for holistic maternal support, encompassing physical, emotional, and psychological dimensions, especially for mothers of vulnerable groups of neonates born LBW or preterm.

Conclusion

This qualitative study revealed that Kangaroo Mother Care significantly enhances mother-infant bonding, contributing positively to infant growth and development. Supportive nurse-mother interactions were pivotal in reducing maternal fear and building confidence in caring for preterm and low birth weight newborns.

Author contribution

Concept design: SA, PS; Literature search: PS; Data collection: PS; Data analysis: PS; Draft manuscript: PS; Final manuscript and accountability: SA, PS

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Conflict of Interest

None

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Supplementary material

The data and supplementary material that support the findings of this study are available from the corresponding author upon reasonable request.

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Supplementary material

Interview guide

Topic: Lived Experience of Kangaroo Mothers Care among Mothers in Neonatal Ward: A Qualitative Study

Objective: To explore mother's lived experiences of Kangaroo Mothers Care in Neonatal Ward

Direction: There are some questions for participants to ask. In-depth interview will be conducted to ask the questions. The information obtained from the research will be utilized only for study purposes. So, the participants will be requested to provide answers of all the questions. If you are reluctant to answer any question, you can leave the interview at any time.

Code no.:

Date of data collection:

Part- I Demographic characteristics of Mothers

1. Age (completed in years)
2. Educational level.....
3. Occupation.....
4. Whether the mother had KMC before?
5. Who performed KMC in neonatal ward? Who do you prefer? Why?
6. How many times in a day nurses performed KMC in neonatal ward?

Part- II KMC related questions

Grand tour question

1. How was your lived experience of Kangaroo Mothers Care in Neonatal Ward? (Probing question- Questions regarding knowledge about Kangaroo Mothers Care)
2. What do you know about Kangaroo Mothers Care? (Probing question - What is it? What is it used for? Do you find the Kangaroo Mothers Care in Neonatal Ward important? Why?)

Questions related to Kangaroo Mothers Care procedure

Before procedure

3. Have you been informed before Kangaroo Mothers Care? How many times providers asked your permission for doing Kangaroo Mothers Care? What did they tell you? (Probed by: tell me the statements or words they used?)
4. What did you feel before procedure of Kangaroo Mothers Care? (Probed by: Can you explain about things that bothered you before the Kangaroo Mothers Care ?)

During procedure

5. How did you feel during Kangaroo Mothers Care? (Probed by: What is your opinion about dignity and privacy during Kangaroo Mothers Care? What is your perception regarding nurses support during Kangaroo Mothers Care? Please explain.)

After procedure

6. What is your opinion about communication of findings after your Kangaroo Mothers Care? What did they tell you?

Questions related to mother's expectations:

7. Would you like to have someone to accompany you during Kangaroo Mothers Care? Why?
8. What are your expectations from the nurses regarding Kangaroo Mothers Care?

Concluding question:

9. What was your overall experience of Kangaroo Mothers Care?
10. In conclusion, if you have any curiosity, opinion, suggestions, information or any other questions about this topic, you can share with me.

Thank you