

Mothers Care of their Low Birth Weight Infants at Home

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Abstract

Background: Low birth weight infants are a special group that needs attention and care. **Aim of the study:** Was to assess mothers care of their low birth weight infants at home. **Design:** Descriptive research was used to conduct this study. **Settings:** This study was conducted at an Incubation Units in Benha University Hospital, Benha Teaching Hospital and Children's Specialized Hospital. **Sampling:** Convenience sample of mothers their low birth weight infants attend to the previous mention setting and followed by home visit. **Tools of data collection:** Two tools were used; **I:** A structured interviewing questionnaire sheet including three parts (A) demographic characteristics of mothers, (B) mother's history, (C) mother's knowledge regarding care of their low birth weight infants at home. **II:** Observational checklist include: (A) assess mothers care of their low birth weight infants at home, (B) assess home environmental condition. **Results:** 60.7% of studied mothers had poor total knowledge score about care of their low birth weight infants, 8.5% of them had average score, while 30.8% of them had good knowledge score, 67.7% of studied mothers had unsatisfactory level of total practices, while 32.3% of them had satisfactory level about care of their low birth weight infants. **Conclusion:** There was a highly statistically significant relation between total knowledge scores regarding care of low birth weight infants at home and educational level & residence ($p \leq 0.001$), While there was statistically significant relation between total knowledge scores regarding care of low birth weight infants at home and age ($p \leq 0.05$). **Recommendations:** Educational program should be conducted to improve the mother's knowledge and practices regarding care of their low birth weight infants at home.

Key words: Home Care, Low Birth Weight, Mothers Care.

Introduction

A neonate with a birth weight of less than 2500g, irrespective of the gestational age is termed as Low Birth Weight (LBW) baby. They include both preterm and small for dates or intra uterine growth retardation babies. These two groups have different clinical problems and prognosis. Low Birth Weight babies are more prone to malnutrition; infections and neurodevelopmental handicapped conditions. They are more vulnerable to develop

hypertension, diabetes mellitus or coronary artery disease in adult life (Datta, 2018).

Globally, more than 20 million babies are born annually with LBW, about 15.5% of all live births. The incidence of Low Birth Weight differs considerably between developed and developing countries. About 96% of newborns with Low Birth Weight infants are born in developing countries – about 72% in Asia and 22% in Africa. The incidence of Low Birth Weight infant in

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developing countries (17%) is more than double the incidence in developed regions (7%). Thus, Low Birth Weight infant is a particularly important public health problem in developing countries (**World Health Organization, 2020**).

Home health care: Care of low birth weight baby at home is a challenge with proper training and supervision, low birth weight newborn care can be done well in home settings leading to improvement in survival and health seeking behavior. Fundamentals of such a care include early recognition, prevention and treatment of common neonatal problems. The components of home based care are health education, provision of essential newborn care - breast-feeding, thermal care, hygiene, monitoring for any infection, early recognition of illness, provision of emergency care and early referral. Home based care is complementary to facility based care, a must in "chain of survival" and a continuum of care from hospital to home (**Thakre, 2018**).

Role of Community health nurse: Community health nurse has to offer support and comfort to mother and reassure her of her capabilities. Management of low birth weight infants at home include: ensure clean and safe birth, establish airway and breathing, maintain temperature, early feeding with breast milk, prevent infections. The community health nurse should inform the mother about the dangerous signs that when they occur she should go to the hospital as lethargy, refusal to feed, hypothermia, tachypnea, grunt, gasping, apnea, seizures, abdominal distension, bleeding and icterus over palms or soles (**Rodgers et al., 2019**).

Significance of the study

Low Birth Weight rate was 12.1% among live births, 55.1% among singleton live births. Very LBW and extreme LBW represented 0.8 and 0.2% of live births as well as 6.8% and 1.4% of low birth weight infants. Low Birth Weight was more frequent among females (13.2%) than among males (11.2%) were associated with Low Birth Weight (**Olana et al., 2019**).

Low Birth Weight: Is one of the most important predictors of nutrition, health and survival of infants. LBW is also an important biomarker of adverse health and development problems in early and later life, including delays in cognitive and behavioral development, growth retardation, neurological problems in childhood, and many chronic diseases. Babies with LBW have a 5–30 times higher risk of dying during infancy than normal birth weight (≥ 2500 g) babies. So considerable attention has been focused on the causes of LBW in order to identify potentially modifiable factors to reduce incidence of Low Birth Weight infants (**Islam et al., 2020**).

Aim of the study

The aim of the study was to assess mothers care of their low birth weight infants at home.

Research questions

1. What is the knowledge of the mothers about care of their low birth weight infants?
2. What is the practice of the mothers about care of their low birth weight infants?
3. Is there a relationship between mother's knowledge and their socio demographic characteristics?

Subjects and Methods

Research design:

A descriptive research design was utilized to conduct the study.

Setting:

The study was conducted in an Incubation Units at Benha University Hospital, Benha Teaching Hospital and Children's Specialized Hospital.

Sampling:

Convenience sample was selected from the above-mentioned settings. The total number of low birth weight infants (130): 67 infants from Children's Specialized Hospital, 38 infants from Benha University Hospital and 25 infants from Benha Teaching Hospital. Under the following criteria: all weight of low birth weight infants under 2.500g.

Tools of data collection:

Two tool were used for data collection.

Tool 1: A structured interviewing questionnaire: This tool was designed by the researcher after reviewing related literature review, approved by supervisors and it was written in simple clear Arabic language.

This questionnaire was included:

Part I: Demographic characteristic of the mothers and included six question: Age, marital status, residence, level of education, occupation and income.

Part II: Mothers history which included: Medical, Surgical and obstetric history as chronic disease, Previous surgery, Number of pregnancy, Number of delivery and mode of last delivery.

Part III: Mother's knowledge about their low birth weight infant care included 23 questions.

Knowledge's scoring system: -

All knowledge variables were weighted according to items included in each question. The answers of the questions were classified into 3 categories. The answer would have score (2) for complete correct answer if more than

60% of given answer was selected, would have score (1) for incomplete correct answer if less than 60% of given answer was selected, and the answer would have score (0) if It was (I don't know).

The score of total knowledge was classified as the following:

- ✚ Good: ($\geq 75\%$ correct answers) = 30.8% had good knowledge.
- ✚ Average: ($50 - < 75\%$ correct answers) = 8.5% had average knowledge.
- ✚ Poor: ($< 50\%$ correct answers) = 60.7% had poor knowledge..

Tool II: Observational checklist, consist of two parts:

Part I: Assessment of practices of the studied mothers regarding care of their low birth weight infants at home as: eye care, cord care, diaper care, sponge bath, breast feeding and artificial feeding.

Practices' scoring system: -

The score of practice ranged from (0) to (1), each statement scored as following:

(1) if done and (0) if not done.

The total score of practice was classified into two levels:

- ✚ Satisfactory level: $\geq 60\%$ = 32.3% had satisfactory level.
- ✚ Unsatisfactory level: $< 60\%$ = 67.7% had unsatisfactory level of total practices about care of low birth weight infants at home.

Part II: Home environmental condition as:

Home location, The floor, The wall, The roof, The kitchen, Ventilation, Safe waste disposal, Sanitation and lighting.

Environmental condition's scoring system:

To obtain the outcome of environmental condition, each item scored as following:

(1) if the response was "good", (1) if it was "average", and (Zero) if it was "poor". The total score is expressed as a percentage.

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The total score of environmental condition was classified.

- Good environmental condition: $\geq 75\%$ = 37.7% had good environmental condition.
- Poor environmental condition: $< 75\%$ = 62.3% had
- poor environmental condition

Content validity and reliability:

The tools validity was done by five of Faculty's staff nursing experts in the field of Community Health Nursing Specialties Who reviewed the tools for clarity, relevance, comprehensiveness, applicability as well as the time needed. The reliability was done by Cronbachs' Alpha coefficient test which revealed that the internal consistency for participant's knowledge was 0.89 and for practices was 0.61.

Ethical Consideration:

Approval and an informal oral consent from all study participants were obtained after explaining the purpose of the study to gain their trust and cooperation. Each participant has a choice to continue or withdraw from the study at any time. Privacy and confidentiality was assured. Ethics, value, culture and beliefs was respected.

Pilot study:

The pilot study was carried out on 10% of total sample (number 13 case). The pilot study was aimed to assess the tool clarity, applicability and time needed to fill each sheet as well as to identify any possible obstacles that may hinder the data collection. No any modification done to this number of participants included in this study sample.

Field of Work:

Data were collected throughout the period from beginning of October 2020 to the end of March 2021 a period of 6 months from the beginning. The researcher visited the

participants in an Incubation Unit at Benha University Hospital, Benha Teaching Hospital and Children's Specialized Hospital and the researcher applied Home visit for participants after discharge from the hospital to assess Home Health Care for low birth weight infants . Visits were scheduled three days a week Saturday, Monday and Wednesday from 9 to 12 o'clock for six months and each visit lasted about half an hour.

Statistical analysis :

The collected data was analyzed, Tabulated and presented in figures by using the suitable statistical methods as number and percentage distribution by Statistical Package for Social Science (SPSS) version 22. Data were presented by using proper statistical tests; No and present for qualitative data and mean \pm S.D for quantitative data that were used to determine whether there were significant relation or not and if there were positive correlation or not. P-value was used to determine significance of results as follows:

>0.05 is non- statistically significant difference.

≤ 0.05 is statistically significant difference.

≤ 0.001 is highly statistically significant difference.

Results

Table (1): Shows that demographic characteristics of the studied mothers, it was cleared that 40.8% of the studied sample was in the age group less than 30 years with a mean age of 27.33 ± 5.01 years. Also, 64.6% of mothers lived in rural areas. Regarding educational level, 57.6% of them had secondary education. In relation to marital status, 94.6% of mothers were married. In addition; regarding mothers occupation, 66.9% of them were housewife. Moreover; the income of the studied mothers 60.0% was not enough.

Table (2): Reveals that, 66.9% of studied mothers had complete correct answer about "How to take care of the nappy?", while 43.1% of them had Incomplete correct answer about The dates of the vaccinations that the baby should take. Additionally, 61.5% had don't know the Sufficient time to breastfeed a newborn baby.

Figure (1): Illustrates that, 67.7% of the studied mothers had unsatisfactory level of total practices about care of low birth weight at home, while 32.3% of them had satisfactory level.

Table (3): Clarifies that, there was a highly statistically significant relation between total knowledge scores regarding care of low birth weight at home and residence & educational level of studied mothers $p \leq 0.001$, while there was statistically significant relation between total knowledge scores regarding care of low birth weight at home and age $p \leq 0.05$.

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Table (1): Frequency distribution of the studied mothers according to their demographic characteristics (N = 130).

demographic characteristics	No	%
Age in (years)		
18-	29	22.3
25-	53	40.8
30-	24	18.5
35-	16	12.3
≥40	8	6.1
Mean ± SD = 27.3 3± 5.01		
Marital Status		
Married	123	94.6
Divorced	5	3.7
Widow	2	1.5
Residence:		
Rural	84	64.6
Urban	46	35.4
Level of Education		
Not read & write	4	3.1
Basic education	21	16.2
Secondary education	75	57.6
University education or more	30	23.1
Occupation		
Employer	23	17.7
Free work	11	8.5
Housewife	96	73.8
Income		
Enough	20	15.4
Enough and saved	78	60.0
Not enough	32	24.6

Table (2): Frequency and distribution of studied mothers according to their knowledge regarding care of low birth weight at home (N = 130).

Knowledge items	Complete correct answer		Incomplete correct answer		I don't know	
	No	%	No	%	No	%
Definition of low birth weight	50	38.5	23	17.7	57	43.8
Types of low birth weight	28	21.5	31	23.8	71	54.6
Reasons for the birth of a child with a low birth weight	32	24.6	23	17.7	75	57.7
Mothers who are most likely to have a low birth weight baby	41	31.5	20	15.4	69	53.1
Health problems and complications that can happen to a low-weight child	65	50.0	25	19.2	40	30.8
Needs of a newborn baby	43	33.1	22	16.9	65	50.0
Preferred type of breastfeeding for low birth weight baby	39	30.0	19	14.6	72	55.4
Appropriate time between feedings	43	33.1	38	29.2	49	37.7
Sufficient time to breastfeed a newborn baby	23	17.7	27	20.8	80	61.5
Signs of insufficient breast milk	70	53.8	21	16.2	39	30.0
Importance of burping a baby after every feed	45	34.6	30	23.1	55	42.3
Best way to clean a bottle of baby's milk	61	46.9	19	14.6	50	38.5
Enough time to boil a bottle of baby's milk	68	52.3	32	24.6	30	23.1
Enough time to boil the nipple of a bottle of baby's milk	56	43.1	27	20.8	47	36.2
Disadvantages and harms of giving the remaining milk or liquid back to the child	38	29.2	45	34.6	47	36.2
How to take care of the umbilical cord	66	50.8	24	18.5	40	30.8
Number of times to care of the umbilical cord per day	71	54.6	18	13.8	41	31.5
Signs of the umbilical cord infection	48	36.9	39	30.0	43	33.1
Best time to bathe a baby	67	51.5	32	24.6	31	23.8
How to take care of the eye?	47	36.2	35	26.9	48	36.9
How to take care of the nappy?	87	66.9	31	23.8	12	9.2
The dates of the vaccinations that the baby should take	34	26.2	56	43.1	40	30.8
What are the vaccinations that the baby should receive?	26	20.0	28	21.5	76	58.5

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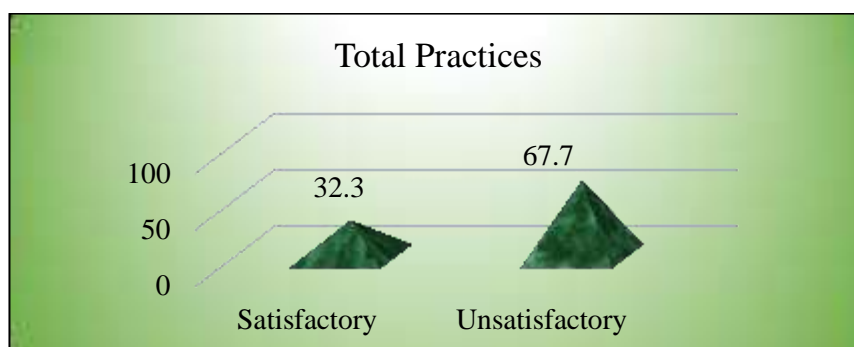


Figure (1): Percentage distribution of the studied mothers according to their total reported practices about care of low birth weight at home (N = 130).

Table (3): Relation between total knowledge score and demographic characteristics of the studied mothers (N = 130).

Socio-demographic characteristics	Total knowledge						Chi - square test	P-value
	Poor		Average		Good			
	No	%	No	%	No	%		
Age:								
18-	20	25.3	2	18.2	7	17.5	14.99	≤ 0.05 *
25-	35	44.3	1	9.1	17	42.5		
30-	15	19.0	2	18.2	7	17.5		
35-	7	8.9	4	36.4	5	12.5		
≥40	2	2.5	2	18.2	4	10.0		
Marital Status:								
Married	77	97.5	10	90.9	36	90.0	9.22	>0.05
Divorced	0	0.0	1	9.1	4	10.0		
Widow	2	2.5	0	0.0	0	0.0		
Residence:								
Rural	62	78.5	4	36.4	18	45.0	17.21	≤ 0.001**
Urban	17	21.5	7	63.6	22	55.0		
Educational level:								
Not read & write	2	2.5	1	9.1	1	2.5	48.72	≤ 0.001**
Basic education	14	17.7	3	27.3	4	10.0		
Secondary education	59	74.7	5	45.5	11	27.5		
University education	4	5.1	2	18.2	24	60.0		
Occupation:								
Employer	16	20.3	4	36.4	3	7.5	8.59	>0.05
Free work	9	11.4	0	0.0	2	5.0		
Housewife	54	68.4	7	63.6	35	87.5		
Income:								
Enough	11	13.9	2	18.2	7	17.5	6.90	>0.05
Fairly enough	51	64.6	3	27.3	24	60.0		
No enough	17	21.5	6	54.5	9	22.5		

Discussion:

Low Birth Weight Infants are more vulnerable to hypothermia, they are lethargic, suck poorly and are prone to morbidity. With low cost intervention that focus on prevention of hypothermia, maintaining good hygiene, breast feeding, early recognition and management of illness during the first golden weeks of life, could reduce the number of death among Low Birth Weight infant **Shivcharan, (2020)**.

Part I: Demographic characteristics of the studied mothers:

According to demographic characteristics of the studied mothers: The finding of the present study revealed that, more than two fifth of the studied mothers was in the age (25) years old with a mean age of 27.3 ± 5.01 and above. This findings of the present study was agree with **Abdulla and Hasan, (2019)** they studied: "Mother's Awareness Regarding Home Care Management of A preterm Baby At The rapareen Pediatric teaching hospital in Erbil city, Iraq, and stated that more than half (53.8%) of the mothers had 25 years old.

This findings of the present study was accordance with **Prabhakaran, (2015)** who studied: "Enhancing maternal knowledge in improving life of Low Birth Weight Infants " in Oman who stated that less than one half of the studied mothers (43.33%) were between the age group of 21-25 years of age.

Regarding to the residence: The finding of the present study revealed that less than two-thirds of mothers lived in rural area. This finding was disagree with **Abdullah & Hassan (2019)** and stated that the majority of participants lived in urban areas.

Regarding to Educational level of the studied mothers: The finding of the present study revealed that, more than half of them had

secondary education. This finding was agree with **Prabhakaran, (2015)** stated that most of the mothers (53.33%) had secondary school education and (20%) mothers were graduate.

Regarding to marital status: The finding of the present study show that most of the mothers were married. This finding was accordance with **Castalino et al., (2014)**, they studied: "Knowledge and Practices Of Postnatal Mothers on Newborn Care in Tertiary care Hospital of Udupi District in India and stated that majority of the mothers are married.

The finding of the present study show that majority of the mothers were married. This finding was disagree with **Nepal & Thapa (2017)**, they studied" Knowledge and practice of newborn care among mothers of infants in Kavrepalanchok District in Chicago and stated that most of the mothers were un married.

Regarding to the occupation: The finding of the present study show that more than three- thirds of them were housewife. This findings was accordance with **Abbasi-shavazi (2019)** who studied" perceived benefits and barriers of mothers with premature infant to kangaroo mother care" in Iran and stated that the highest percentage of the participants were housewife.

Regarding to economic status: This finding revealed that less than two thirds of them was not enough. This finding disagree with **Abdullah & Hassan(2019)** and stated that most participants of the current study indicated that their income was sufficient for daily needs.

Regarding to mother's knowledge of reasons for the birth a child with a low birth weight: The finding of the present study show that, more than half of the studied mothers didn't know the reasons of low birth weight

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infants and less than one quarter have knowledge about reasons of low birth weight infants. The finding of the present study was consistence with **Ntow et al. , (2019)** they studied” Mothers experiences with Neonatal care for low birth weight infants at home; a qualitative study in the Hohoe Municipality.” in Ghana, And stated that, less than two third of the studied mothers (61.2%) didn’t know reasons for low birth weight infants, However more than one third (33.8%) of studied mothers have knowledge about reasons for delivery low birth weight infants such as poor dietary intake, frequent nausea and vomiting, heredity and heavy work load.

According to Mother’s knowledge about who are most likely to have a low birth weight baby: The finding of the present study show that more than half of the studied mothers didn’t know high risk mothers for low birth weight infants and less than one third of the studied mothers had known mothers at high risk for low birth weight babies. The finding of the present study was agree with **Chowdhury et al. , (2017)** in Bangladesh, they studied “ status of knowledge on the risk factors of low birth weight among the women of reproductive age in rural Bangladesh.” And stated that, more than half of the participants (56.2%) didn’t know mothers at high risk for low birth weight babies and (43.8%) of participants had lack of knowledge regarding high risk mothers for low birth weight infants.

Regarding to mother’s knowledge of health problems and complications that can happen to a low birth weight infants: The finding of the present study revealed that one half of the studied mothers had known health problems and complications that can occur for low birth infant and less than one third of the studied mothers didn’t know health problems

and complications that can happen to a low birth weight infants. The finding of the present study was accordance with **Chowdhury et al. , (2017)** in Bangladesh and stated that more than half of the studied mothers (54.2%) had known health problems and complications that may occur for low birth weight infants and (45.8%) of the studied mothers didn’t know health problems and complications that may occur for low birth weight infants.

Regarding to mother’s knowledge of what are the vaccinations that the baby should receive and the date of vaccinations that the baby should take: the finding of the present study illustrate that, more than half of the studied mothers didn’t know the vaccinations that the baby should receive and less than one quarter had known vaccinations. This finding of the present study was agree with **Amolo et al. , (2017)** in kenya and stated that more than half of the participants (52.8%) didn’t know the type of vaccinations should be given to their babies and (47.2%) of participants had known BCG vaccine for prevention of tuberculosis and OPV protected the child from polio.

Relation between total knowledge score regarding care of their low birth weight infants at home and demographic characteristics of the studied mothers.

Clarifies that, There was a highly statistically significant relation between total knowledge scores regarding care of low birth weight infants at home and residence & educational level of studied mothers ($p \leq 0.001$). while there was statistically significant relation between total knowledge scores regarding care of low birth weight infants at home and Age (≤ 0.05). This finding of the present study was agree with **Grandhar , (2020)** who studied;” A study to assess the

knowledge regarding care of low birth weight baby among mothers in selected hospitals of Pune city.” in India And stated that, there was a statistically significant between total knowledge scores regarding care of low birth weight infants and age and occupation ($p \leq 0.05$). While there was a highly statistically significant relation between total knowledge score regarding care of low birth weight at home and residence and educational level of studied mothers ($p \leq 0.001$).

Conclusion

The study illustrated that lack of knowledge and practices of the studied mothers regarding care of their low birth weight infants at home.

The study illustrated that there was highly statistically significant relation between total knowledge scores regarding care of low birth weight infants at home and residence & educational level of the studied mothers ($p < 0.001$), while there was statistically significant relation between total knowledge scores regarding care of low birth weight infants at home and age ($p < 0.05$).

Recommendation

- Educational program should be conducted to improve the mother's knowledge and practices for proper dealing with their infants because mothers play an important role in the maintenance of health of newborn infants.
- Further recommendation, Development strategies to prevent low birth weight infants and increase survival of low birth weight infants are the two important tasks for public health.

References

Abbasi-shavazim, Sadeghian H., Noorishadkam M. and Askarishahi M.(2019). Perceived Benefits and Barriers of

mothers with premature infant to kangaroo mother care. International journal of pediatrics.7(4)Pp.9237-9248. Available from: <http://iJp.mums.oc.ir/arti-cle-11738-adebf0d83cc38aeea0542bda604814fZ.z>.

Abdullah Chawarwan and Hasan Shukir, (2019). Mother's Awareness Regarding Home Care Management of a Preterm Baby at the Rapareen Pediatric Teaching Hospital in Erbil City. Erbil j. nurs. midwifery, Vol. 2, No. (2), Nov, 2019, <http://doi.org/10.15218/ejnm.2019.20>.

Amolo L., Irimu G. and Njai D., (2017).Kenya, knowledge of postnatal mothers on essential newborn care practices at the Kenyatta National Hospital: a cross-sectional study, Pan African Medical journal, 28:97.

Castalino F, Nayak BS and D'Souza A. (2014). Knowledge and practices of postnatal mothers on newborn care in Tertiary care hospital of Udupi District. Nitte University Journal of Health Science. 4(2), p.98. Available from: <http://nitte.edu.in/journal/June2014/98-101.pdf>.

Chowdhury A. , Halder K. , Haque I. , Muhammad F. , Hassan M. and Chowdhury M. , (2017). status of knowledge on the risk factors of low birth weight among the women of reproductive age in rural Bangladesh, Epidemiology (Sunnyvale)7: 292.doi:10.4172/2161-1165.1000292.

Datta, P. (2018). pediatric nursing, Newborn infant, 4th Edition, Jaypee Brothers Medical Publishers (P) ltd, London,P98..

Grandhar SH. , (2020).a study to assess the knowledge regarding care of low birth weight baby among mothers in selected hospitals of pune city, doi:10.13140?RG.z.z.?7802.90568.

Islam M. , Ababneh Faisal, Akter Tahmina and Khan Hasinur. (2020). prevalence and risk factors for low birth weight in Jordan and

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its association with under-five mortality: a population-based analysis, eastern Mediterranean Health journal, volume 26, volume 26 issue 10.

Nepal and Thapa, (2017). knowledge and practice of newborn care among mothers of infants in KavrePalan chock District. International Annals of medicine 2017; available from: <http://pdfs.Semantic scholar.Org/d4c7/a3f38cf346704167397861713d223ee97766.pdf>.

Ntow G. , Abdullah Chawarwan and Hasan Shukir, (2019). Mother's Experiences with Neonatal Care for Low Birth Weight Infants t Home; A qualitative study in the Hohoe Municipality, Ghana, Journal of pediatric Nursing. Volume 45,E44-E52, March 01,2019, <http://www. Research gate. Net/Publication/330446350>.

Olana, R. , lake, EA. (2019). International Journal of Pediatrics, Hindawi, volume 2019, Article ID 4628301, 7 pages.

Prabhakaran Harshita. (2015). Enhancing maternal knowledge in improving life of low-birth-weight babies, journal of Nursing and Health science (IOSR- JNHS), Oman.

Rodgers, CC. , Hockenberry, MJ. , Wilson, D. (2019). Wong's nursing care of infants and children, The high risk newborn and family, 11th edition, Elsevier, Canada, p; 293.

Shivcharan G. (2020). a study to assess the knowledge regarding care of low birth weight baby among mothers in selected hospitals of Pune city, International journal of Applied research;5(3):81-83.India.

Thakre Rhishikesh, (2018). How to care for low birth weight baby at home? , India journal of practical pediatrics 15(4): 327-330.

World Health Organization (2020). prevalence and risk factors for low birth weight in Jordan and its association with under-five

mortality: a population based analysis, eastern Mediterranean Health journal, volume 26, 2020, volume 26 issue 10.

الرعاية المنزلية للأمهات لأطفالهن الرضع ذو الوزن المنخفض

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الوزن المنخفض عند الولادة يمثل مشكلة صحية محليه وعالميه. ويعد الوزن المنخفض عند الولادة هو السبب الرئيسي لمرض الرضع، كما أنه يساهم بشكل ملحوظ في العبء الإجمالي لوفيات الأطفال، و يساهم أيضا بشكل كبير في إرتفاع معدل إنتشار التقزم في البلدان منخفضة الدخل، كما يتسبب في بعض الأمراض المزمنه مثل السمنه، مرض السكر وأمراض القلب والأوعيه الدمويه عند مرحلة البلوغ. لذلك هدفت هذه الدراسة الي تقييم الرعاية المنزلية للأمهات لأطفالهن الرضع ذو الوزن المنخفض. وقد أجريت الدراسة بوحدة المبتسرين بمستشفى بنها الجامعي، مستشفى بنها التعليمي ومستشفى الأطفال التخصصي. حيث شملت العينة على كل الأمهات الآتى تمتلكن أطفال ذو وزن منخفض > ٢.٥٠٠ جرام ولمدة ستة أشهر في الأماكن السابق ذكرها. حيث أظهرت النتائج أن ٦٠.٧% من الأمهات لديهم معلومات ضعيفة بخصوص الرعاية المنزلية لأطفالهن الرضع ذو الوزن المنخفض، ٨.٥% لديهم معلوات متوسطة و ٣٠.٨% منهم لديهم معلومات جيدة. كما أوضحت الدراسة أن ٦٧.٧% من الأمهات لديهم مستوى غير مرضى من إجمالي الممارسات المتعلقة برعاية أطفالهن الرضع ذو الوزن المنخفض بالمنزل، ٣٢.٣% منهم لديهم مستوى مرضى. كما اوصت الدراسة بضرورة تنفيذ برامج تعليمية لتحسين معرفة الأمهات وممارساتهن فيما يتعلق برعاية أطفالهن الرضع ذو الوزن المنخفض بالمنزل و التثقيف الصحى للأمهات ووضع برنامج متابعة أثناء رعاية الحوامل خاصة خلال الثلث الأول من الحمل لتجنب إنخفاض وزن الطفل عند الولادة.