

**KNOWLEDGE, ATTITUDE AND PRACTICES OF MIDWIVES AND NURSES OF
PRE-TERM BABIES CARE: A STUDY AT BUNDIBUGYO HOSPITAL,**

BUNDIBUGYO DISTRICT

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND
MIDWIVES EXAMINATION BOARD
IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A
DIPLOMA IN MIDWIFERY**

BY

ASIIMWE CAROLINE

NSIN: JAN21/U046/DM/003

MAY 2022

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ABSTRACT

In Uganda, Health-care providers and families still perceive the death of any premature baby as inevitable. Preterm births account for 0.7% of all hospital admissions in Uganda, and yet are responsible for 11.1% of under-five deaths, and 5% of deaths among children of all ages. The estimated neonatal mortality rate is 21.4/ per 1000 live births.

The purpose of the study was to assess knowledge, attitude, and practices of midwives and nurses on preterm babies care at Bundibugyo hospital, Bundibugyo District.

The study was a cross sectional study using quantitative approach to collect data. A pre-determined sample size of 30 respondents was used in this study.

The study findings revealed that more than a half 17(57%) of the respondents know a preterm baby as a baby born before 37 weeks of pregnancy, (63%) of the respondents defined preterm baby care as keeping the baby warm through incubation or skin contact, majority 27(90%) knew that an incubator is indicated for all preterm babies, and majority 27 (90%) of the respondents, how to teach a mother on breast feeding. The study findings revealed majority, 22(73%) find it stressful when taking care of preterm babies, majority 26(87%) of the respondents feel pity when a pre-term baby dies, and most 19(63%) of the respondents think preterm babies can live normally after being managed and discharged.

The study findings revealed that; less than a half 12(40%) of the respondents give steroids **to a** mother with preterm labour, majority 28(93%) of the respondents health educate mothers on the care of preterm babies and majority 22(73%) of the respondents wash their hands when caring for the preterm baby.

The researcher concluded that generally the knowledge of nurses and midwives on preterm babies care was good as they know a preterm baby, they knew preterm baby care and they knew that an incubator is indicated for all preterm babies. The attitudes on preterm babies care was fair as nurses and midwives revealed that they find it stressful when taking care of preterm babies, feel pity when a pre-term baby dies and they think preterm babies can live normally after being managed and discharged. The researcher also concluded that practice of care of pre term babies was good as most of them gave steroids to a mother with preterm labour, they health educate mothers on the care of preterm babies and they wash their hands when caring for the preterm baby.

The researcher recommended that Ministry of Health should train the nurses and midwives on how to properly care for the preterm babies. The government through Ministry of Health should make sure that nurses and midwives are well equipped and skilled with the knowledge of providing care to preterm babies. The hospital should design and implement assessment tool, policies, and guidelines which are needed to increase neonatal staffs's knowledge and maintain their attitude towards care of preterm babies.

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AUTHORIZATION

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STUDENTS NAME: ASIIMWE CAROLINE

TITLE OF TOPIC: ***KNOWLEDGE ATTITUDE AND PRACTICES OF MIDWIVES AND NURSES OF PRETERM BABIES CARE AT BUNDIBUGYO HOSPITAL, BUNDIBUGYO DISTRICT.***

I hereby certify that this research report has been prepared under my supervision and guidance as the assigned school supervisor. I therefore approve and endorse it for submission and thus consideration to Fort Portal International Nursing School in partial fulfillment of the requirement for the award of a diploma in Midwives of Uganda Nurses and Midwives Examination Board.

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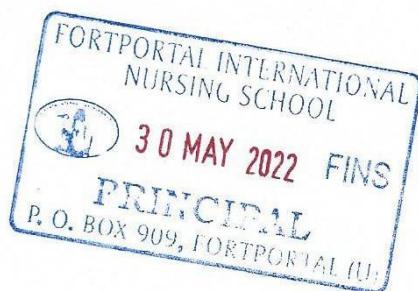
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PRINCIPAL



DECLARATION

I **Asiimwe Caroline** declare that the work contained in this report on the Knowledge, Attitude and Practices of midwives and nurses on preterm babies care at Bundibugyo Hospital, Bundibugyo district is mine and has never been presented before any academic institution for any award.

Researcher

Asiimwe Caroline

Signature..... Date

..... 30/5/22

DEDICATION

This report is dedicated to my beloved parents, my daughter Nabwonso Emmanuella and my friends Kiiza Emmanuella and Businge Joseph for their continued love, support and inspiration during my study Journey.

ACKNOWLEDGEMENT

I would like to acknowledge Almighty God for the gift of life, health, journey mercies, knowledge and the protection He granted to me during this period of my studies.

Special appreciation goes to my research Supervisor Mr. Kisembo Brian who tirelessly supervised this research.

I greatly appreciate my classmates for the support and encouragement they have been giving me throughout my study.

I also acknowledge the Administration and staff of Bundibugyo Hospital for allowing me conduct research at the health facility.

May Almighty reward you abundantly.

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DEFINITION OF KEY TERMS

- Attitude:** A way someone thinks or feels about preterm babies' care.
- Preterm baby:** This is as any baby born before 37 completed weeks of gestation since the first day of women's menstruation period regardless of birth weight.
- Preterm baby care:** This is the care given to preterm babies.
- Knowledge:** This is defined as awareness about something. In this study knowledge is defined as the Awareness about preterm babies' care.
- Practices:** This refers to the habitual or a way of performance or operation.

LIST OF ABBREVIATIONS AND ACCRONYMS

CPAP:	Continuous Positive Airway Pressure
DHO:	District Health Office
IV:	Intravenous Fluids
KAP:	Knowledge Attitude and Practice.
KMC:	Kangaroo Mother Care
LBW:	Low Birth Weight
MOH:	Ministry of Health
NICU:	Neonatal Intensive Care Unit
NMR:	Neonatal Mortality Rate
PTB:	Preterm baby
SDG:	Sustainable Development Goal
UNICEF:	United Nations International Children Education Fund
UNMEB	Uganda Nurses and Midwives examination board
USA:	United States of America
UTIs:	Urinary tract infections
UVC:	Umbilical Venous Catheters
WHO	World health organization

CHAPTER ONE: INTRODUCTION

1.1 Introduction

The chapter represents the background of the study, problem statement, purpose of the study, specific objectives, research questions and study justification

1.2 Background

WHO defines Preterm baby (PTB) as any baby born before 37 completed weeks of gestation or fewer than 259 days since the 1st day of woman's last normal menstrual period regardless of birth weight (Dahman, 2020). Preterm babies are mainly classified according to the gestational age as extremely preterm for babies born less than 28 weeks, very preterm for babies born between 28 weeks and <32 weeks and lastly moderate or late preterm for those babies born between 32 to <37-weeks

gestation (Mochama et al., 2019).

Preterm baby care is the care given to preterm babies which includes, keeping the baby warm through incubation or skin to skin contact, supporting breastfeeding or formula feeding, treating infections and supporting breathing (Iyoke et al, 2014).

Worldwide, it is estimated that 15 million babies born each year are preterm, of which more than 1 million die as a result of preterm birth and related complications. Indeed, all but 3 out of 65 countries in the world with reliable trends show an increase in preterm birth rates in the last 20 years. Significant progress has been made in the care of premature infants but not in reducing the prevalence of preterm birth which is generally on the rise (Axelin, 2014).

In United States, preterm birth affected 1 of every 10 infants born. The preterm birth rate declined by 0.1% in 2020, from 10.2% in 2019 to 10.1% in 2020. However, racial and ethnic differences in preterm birth rates remain. In 2020, the rate of preterm birth among African-American women (14.4%) was about 50 percent higher than the rate of preterm birth among white or Hispanic women (9.1% and 9.8% respectively) (Hegadoren, 2017).

Almost all of them (96%) are in developing countries with rates highest in Africa which has 12% of the world's population but with over 25% of the world's new-born deaths, hence Africa experiences the greatest burden. Preterm infants are at increased risk of dying, especially from neonatal infections with preterm birth estimated to be a risk factor in at least 50% of all neonatal deaths (Mekasha et al., 2020).

Over 60% preterm births and 80% of the world's 1.1 million deaths due to preterm birth complications occur in Africa and South Asia (Amjad, et al (2019)

Zambia shares the disproportionate burden of preterm birth with approximately 77,600 preterm births each year compared to similar settings in sub-Saharan Africa. Despite this high rate of preterm births, the determinants are underestimated and not adequately known. Preterm birth is associated with various risk factors, and the common ones are; placental complications such as preeclampsia, Urinary tract infections (UTIs), history of preterm birth, substance use, fetal growth restriction, micronutrients deficiencies such as zinc, selenium, and copper. Others are; hemorrhage, abnormal placentation, oligohydramnios and multi-foetal gestation. Placental complications account for 14% of preterm births with spontaneous preterm labour, accounting for 40%. (Mukosha et al., 2021)

In Kenya it is estimated that 12.3/100 live births are born preterm and prematurity is the leading cause of death in the first month of life, contributing to 35% of all neonatal mortality (Aggrey Wasunna, 2017).

Uganda has one of the highest rates of preterm birth in East Africa but few resources to care for these infants yet preterm birth is a major determinant of neonatal mortality, morbidity and childhood disability and associated long term adverse consequences for health (Mitchell et al., 2014). Furthermore stakeholders and health workers need to scale up efforts to address preterm birth and improve the care of preterm babies if Uganda is to achieve the Sustainable Development Goals era target (SDG 3.2) of reducing neonatal mortality rate (NMR) to 12 deaths/1000 live births or less by 2030 (Egesa et al., 2020).

In Bundibugyo District Bundibugyo Hospital neonatal mortality rate is still high at a rate of 27%. (DHO, Report 2020).

This intrigued the researcher to carry out a study on knowledge, attitude, and practices of midwives and nurses on preterm babies in Bundibugyo hospital.

1.3 Problem Statement

In Uganda, Health-care providers and families in many countries still perceive the death of any premature baby as inevitable. preterm births account for 0.7% of all hospital admissions in Uganda, and yet are responsible for 11.1% of under-five deaths, and 5% of deaths among children of all ages with an estimated neonatal mortality rate of 21.4/ per 1000 live births (Egesa et al., 2020).

Unpublished data indicate that about 08 preterm babies are admitted in Bundibugyo hospital Neonatal Intensive Care Unit (NICU) with limited human resource and supplies.(Period in which the 8 preterm babies is admitted not captured) It is estimated that about 1 neonate dies weekly from complications associated with prematurity contributing to the national neonatal mortality ratio of 27 deaths/1000live births (Bundibugyo Hospital HMIS Records, 2020). In Bundibugyo district, all preterm babies are taken care of in Bundibugyo district hospital with limited resources to cater for all preterm admissions referred from several lower health facilities (DHO report 2021).

To achieve Sustainable Development Goal (SDG) 3 target 3.2, preterm births and their complications which are a major global health burden must be combated using relevant strategies for example timely access to timely interventions like treating maternal infections during pregnancy, empowering families and communities to practice safe new born care practices to recognize danger signs and early screening which have been considered by the Ministry of Health of Uganda (MOH, 2020).

Knowledge, attitude and practices of nurses and midwives on preterm babies in Bundibugyo hospital has not been documented, and no research has already been done to assess a related KAP, it was necessary for the researcher to study on the knowledge attitude and practices of

midwives and nurses on preterm babies care in Bundibugyo hospital, Bwamba County, Bundibugyo district

1.4 Purpose of the study

The purpose of the study was to assess knowledge, attitude, and practices of midwives and nurses on preterm babies care at Bundibugyo hospital, Bundibugyo District.

1.5 Specific objective

1. To determine knowledge of nurses and midwives on care for preterm babies at Bundibugyo hospital, Bundibugyo District.
2. To assess the attitude of nurses and midwives towards care preterm babies at Bundibugyo hospital, Bundibugyo District.
3. To establish practices of midwives and nurses during care of preterm babies at Bundibugyo hospital, Bundibugyo District.

1.6 Research Questions

What is the knowledge of nurses and midwives of preterm babies care at Bundibugyo hospital, Bundibugyo District?

What is the attitude of nurses and midwives towards preterm babies care at Bundibugyo Hospital, Bundibugyo District?

What are the practices of nurses and midwives of preterm babies care at Bundibugyo Hospital, Bundibugyo District?

1.7 Justification

Uganda ranks the 28th worldwide in preterm births, with an estimated 13.6 per 1,000 live births.

Approximately 226,000 babies are born too soon every year and of these 12,500 children under five die due to preterm complications. If no better solution is sought like CMES and Hygiene the problem is expected to continue endangering the population. This has triggered the researcher to conduct such a study. The study is therefore sought to be of the following significance.

The findings would help the government through the Ministry of Health to formulate policies and interventions towards handling cases of preterm babies care in the entire country.

Study findings can provide information that shall be used as evidence to relevant authorities (hospital managers, policy makers, among others) to address existing gaps in knowledge, attitude and practices of nurses and midwives.

The findings would try to enlighten the district health team on the prevalence of preterm babies care so that clear statistics are got and proper intervention measures be got to handle the cases.

The study results will provide information on knowledge attitude and practices of nurses and midwives on preterm baby care and enhance improved care of these babies when existing gaps are identified.

Study findings will contribute to existing data base on knowledge, attitude and practices of nurses and midwives on preterm babies and can be used for future research references by other nursing researchers who may undertake a related study.

The research report can be used as a source of information by other nursing researchers who may choose to undertake a similar study.

The researcher compiled a report for the award of a diploma in midwifery of Uganda Nurses and Midwives Examination Board.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents information that has been produced by various authors, websites, textbooks, newspapers and journals. The scope of the literature gathered was in line with the objectives of the study. This enabled comparison of the literature with the study findings.

2.2 Knowledge of nurses and midwives on preterm babies' care.

In a study in Nepal, about 68.1% of the study samples stated that a preterm baby is a baby born before 24 weeks of gestation, while only 5.6% knew it refers to a baby born before 40 weeks of gestation, which indicates the nurses' low level of knowledge about the definition of preterm baby itself. Additionally, about 86.1% of the nurses considered respiratory distress syndrome as a common complication of prematurity, and 61.1% of them stated neonatal septicemia as a common complication of prematurity (Shrestha et al (2020)).

A study in India found that of the 72 nurses participating in the study, about one-fifth (20.8%) stated that they needed training courses on CPAP, and a minority (2.8%) of them stated that they needed courses on the care of preterm infants. This indicates that the nurses had poor knowledge about the care of preterm infants (Bhaskar, et al, 2015).

In a study conducted at Narayana General Hospital, about 93.1% of the nurses stated that low immunity makes a preterm infant susceptible to infection, which was good knowledge in relation to a literature review, and only 19.4% said that anemia makes them susceptible to infection, which shows their poor knowledge on the subject (Jayanthi (2019)).

In a study conducted in India, 91.7% of the study health workers stated that infection is a complication of umbilical vein catheterization, showing nurses' good about care of preterm babies. Furthermore, about 38.9% of the nurses stated that infection can be reduced by attaching three-way taps to the end of each umbilical venous catheters (UVC) lumen, showing their poor knowledge in relation to study which stated the attached 3 way taps to end of each UVC reduce the infection and a quarter (75.0%) of them stated that easy manipulation (Dalal, 2014).

A study in Ethiopia found out that the majority (80.6%) of the study nurses stated that the incubator is indicated for all preterm infant < 34 weeks, showing the nurses' had good knowledge in relation to study which stated that an incubator is indicated for all preterm infant <34 weeks (Arba&Zana, 2019). Furthermore, about 59.7% of the study samples stated that nurse infant supine or in lateral position for 24 hours post-procedure, three-fifths (62.5%) of the study sample said that doesn't cover the umbilical stump, the nurses' fair practice. Only 4.2% of the study samples stated that humidification of incubator should be started in all preterm with <31 weeks' gestation at 85% humidity, showing that the nurses' had a poor knowledge with respect to the study of Harpin and Rutter, which stated that humidification of incubator should be started in all preterm <31 weeks' gestation at 85% humidity (Arba&Zana, 2019).

In a study conducted in USA, about 95.8% of the nurses said that the eye and genitalia should be covered during phototherapy, and about 84.7% stated that baby's temperature should be monitored frequently, showing that the nurses had a good knowledge. Additionally, only about 23.6% of the study sample stated that fluid balance should be monitored carefully Turner, (2014).

In a study in Ethiopia, about 56.9% of the study samples knew about teaching mothers about breastfeeding, showing their fair knowledge of the WHO and UNICEF guidelines. Besides, only 13.9% of them explained to parents about the environmental hygiene, follow-up plan and immunization (Hegadoren, 2017).

A study in India found out that about 38.9% of the nurses stated that infection can be reduced by attaching three-way taps to the end of each umbilical venous catheters (UVC) lumen, showing their poor knowledge in relation to study which stated the attached 3 way taps to end of each UVC reduces the infection and a quarter (75.0%) of them stated that easy manipulation. About 59.7% of the study samples stated that nurse infant supine or in lateral position for 24 hours post-procedure, third-fifth (62.5%) of the study sample they said that doesn't cover the umbilical stump, the nurses' fair practice. Only 4.2% of the study samples stated that humidification of incubator should be started in all preterm with < 31 weeks' gestation at 85% humidity, showing that the nurses' had a poor knowledge (Soans ,2021).

A study in USA found out that about 95.8% of the nurses said that the eye and genitalia should be covered during phototherapy, and about 84.7% stated that baby's temperature should be monitored frequently, showing that the nurses had a good knowledge (El-Morsy HAS, 2020)

2.3 Attitude of nurses and midwives on preterm babies' care.

In a study in Australia, all the nurses agreed that KMC promoted mother-infant, enhanced the mother's confidence with regard to how to handle her LBW infant, and resulted in effective breastfeeding. More than 50% of the nursing staff disagreed with the statement that KMC should be practiced on infants weighing 1-1.8 kg. Twenty percent of the nurses were unsure of how soon after birth KMC should be initiated. Approximately 33% of the nurses agreed that both

parents should be involved in KMC practice, and 66.7% of the nurses agreed that nurses should always facilitate KMC (Mörelius, 2021).

In a study conducted in China, there was less agreement between the groups on other items. The respondents in the ‘experienced in KC’ group (21.7%) were less in agreement with the statement that KC keeps nurses too tied to the bedside as compared with the ‘not experienced in KC’ group (34.4%); similarly, only 23.3% of respondents in the ‘experienced in KC’ group agreed with the statement that KC interferes with task completion as opposed to 37.4% of the ‘not experienced in KC’ group. Furthermore, 66.2% of the ‘not experienced in KC’ group agreed that ‘modern day NICUs are NOT the place for KC’, whereas only 43.5% of the ‘experienced in KC’ group agreed with the statement. This revealed a positive attitude (Chan, 2016).

In a study in Canada, 54% of the nurses claimed ignorance of providing neuroprotective care for preterm infants is no longer acceptable, and say “as the preterm infant matures, the quality of the environment in which the infant resides plays a critical role in the trajectory of recovery, growth, and development which was a poor attitude” (Pallás-Alonso, 2012).

In a study in Australia, the nurses’ experiences were that if the mother had a relaxed and positive attitude, this was beneficial for breast milk expression, as were the father’s views of breast milk and breastfeeding. They found the father’s presence and support important for the mother to continue to maintain breast milk production, especially when the mother only produced small amounts of breast milk and was emotionally affected by this (Gregson, 2016).

The attitudes that neonatal nurses hold towards extremely preterm infants may or may not impact upon their nursing care. However, investigating the perceptions of neonatal nurses and parents towards their respective roles in the neonatal unit to determine their underpinning beliefs may

also help to unravel the complexity of relationships and influences in this challenging environment (Hegadoren, 2017).

Some nurses in this study thought that prolonged application of intensive care when they saw death as inevitable caused some infants to ‘suffer’ , they ended up ‘rejoicing when the baby dies, because you think thank goodness it’s at peace’(Gallagher et al., 2012).

2.3 Practices of nurses and midwives on preterm babies’ care.

In a study in India, about 4.2% of the nurses said that they practiced hand washing as it is important for the preterm care while others indicated that they practiced gavage feeding. Furthermore, about 97.2% of the responders stated that gavage feeding tube should be checked and fixed with an adhesive tip, and 94.4% of them said that the correct position of the tube in the stomach should also be checked, showing that the nurses had a good practical knowledge of Quesenberry and Hillyers study, which list hand washing, measuring the placement of the tube from tip of the nose to ear lobe and then up to xiphoid, lubricating the tube with lubrication jelly, checking the correct position of the tube in the stomach, withdrawing injection air from the stomach and aspirating the gastric content, fixing the tube with adhesive tip, disposing waste material as per hospital policy as important factors for preterm care (Dalal, 2014).

A study in India found out that about 95.8% of the nurses said that they cover the eye and genitalia during phototherapy, and about 84.7% stated that baby's temperature is monitored frequently (Kachapati, 2018).

A study in Turkey found out that Guideline’s availability in facilities were 53%, 43%, and 32% for resuscitation, warmth provision, and breastfeeding within one hour respectively. None of the nurses would practice all the recommended preterm care intervention with 17 (16.7%) practicing

none. The practice of the recommended preterm care intervention ranged from 7.6% for initiation of breathing to 29% for cord clamping, 32.4% use of chlorhexidine for cord care, 36.3% immediate feeding and 47.1% thermal protection (Gebreegziabher, 2017).

Administration of antenatal steroids to mothers going into preterm labour: is routine practice to reduce the incidence of respiratory distress syndrome, intraventricular hemorrhage, periventricular leukomalacia and necrotizing enterocolitis in premature infants. The importance of antenatal steroids cannot be overstated. They are generally widely available, easy to administer, even in the community, and have minimal risk of adverse effects to mother and baby (Mitchell et al, 2014).

In a research conducted in Khartoum, 62% of the nurses agreed that the closeness between parent and infant was important in order to create a relationship and to strengthen the mother's ability to breastfeed. Therefore, the nurses worked to encourage the parents and underpin their closeness to their infants. In the same way as closeness was a prerequisite for the feeding process, separation between parents and the infant was described as a hindering factor for a successful feeding process (Veselet al, 2015).

In Sweden, the nurses saw the preterm infant as an active part of the feeding process and highlighted that the feeding should be directed by the infant's needs, in other words that oral feeding should be initiated based on the infant's cues rather than on predefined times. Their experiences were that if the infant could lead the way, they usually preferred smaller amounts more frequently compared to the prescribed process, which was more often larger portions less frequently (Westrup, 2015).

Nursing care practices were represented in our review by the effectiveness of who delivered the breastfeeding educational interventions to the mothers of the late preterm infant. Nurses, peer counselors, and lactation consultants are important providers of breastfeeding education. Furthermore, mothers who received instructions from neonatal nurses regarding their late preterm infant's temperament and developmental potential, including feeding cues, were more likely still to be breastfeeding or providing breast milk at 9 and 12 months than mothers who did not receive the intervention (Ravn et al., 2012)

In a study conducted in Michigan, nurses encouraged mothers to room in with their infants, optimizing close contact. This extended period of close physical contact provided the ability of mothers to experience greater empowerment and confidence in taking care of the infant (Wataker et al, 2012)

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter focused on methodology which included the study design and rationale, study setting ad rationale, study population and study size determination, sampling procedure, inclusion criteria, definition of variables, research instruments, data collection procedure, data management and analysis, ethical consideration, limitations of the study and dissemination of results.

3.2 Study design and rationale

The study was a cross sectional study using quantitative approach to collect data to enable the researcher overall picture of the situation about the study as it stands.

3.3 Study setting and rationale

The study took place at Bundibugyo hospital that is supported by government of Uganda through the Ministry of Health. It is located in Bundibugyo town council, Bundibugyo district and serves the general population of Bundibugyo and neighboring Democratic Republic of Congo. The hospital is about 1km from the district headquarters along Bundibugyo-Nyahuka road. The hospital has 7 doctors, 8 clinical officers, 45 nurses and 55 midwives. The hospital serves a population of around 4,900 people. If it serves the general population of Bundibugyo, the population served should be more than 4,900

The main tribes in the area are Babwisi/Bamba/Bavanuma and Bakonjo among other tribes. The main economic activity of the area is subsistence farming and main food crops are cassava, Gonja, sweet potatoes, and matoke. Cocoa is the main cash crop but vanilla and coffee are also planted with several income generating businesses.

Transport means range from boda-bodas, taxis and buses. The area is majorly hilly with cold and mainly hot climate because of its geographical location being near Semuliki national park and the equator.

The study hospital was preferred because of its capacity as a general hospital with NICU services capable of handling preterm babies under qualified professionals

3.4 Study population

The study included only nurses and midwives working at Bundibugyo hospital, Bundibugyo District.

3.4.1 Sample size determination

A pre-determined sample size of 30 respondents was used in this study. This sample size was chosen basing on the UNMEB guidelines which state that a sample size between 30 and 100 participants is sufficient at diploma level.

N is the total population.

N=100.

The researcher used the WHO recommendation of 30%.

$$N = \frac{30}{100} \times 100$$

N=30

Therefore, the sample size for the study was 30 respondents.

3.4.2 Sampling procedure

The study used simple random sampling method because it clearly shows characteristics needed for the study. The respondents were accessed and gathered in their respective wards and requested to volunteer in the study, the purpose of the study was explained as purely academic and respondents were asked to consent for the study. Thereafter, the researcher wrote small separate 30 papers with YES and many others with NO as possible; those papers were folded and placed in a small box where nurses and midwives were allowed to pick one paper. Whoever picked one with YES was automatically included in the study and whoever picked NO was not included in the study. The researcher targeted at least 6 respondents per day for the period of five days and 10-30min.

3.4.3 Inclusion criteria

All nurses and midwives working in the intensive care unit of Bundibugyo hospital after consenting to take part in the study.

All nurses and midwives who were off duty, those who never consented and those who were not ready to take part were not considered in the study.

3.5 Definition of variables

The dependent variable is the variable that is being measured or tested in an experiment. In this study, the dependent variable of the study was preterm babies' care.

The independent variable is the variable you manipulate or vary in an experimental study to explore its effects. In this study, the independent variables were; knowledge, attitude, and practices in care of preterm babies.

3.6 Research instruments

Data was collected using a self-administered questionnaire. This was used because it collects large data from respondents at once. Respondents' anonymity was ensured and the questionnaire standardized, and this was in English. It contained both closed and open ended questions since the respondents were able to read and write. This questionnaire had four sections. Section A: demographic information, Section B: Knowledge, Section C: attitude and section D: Practice of nurses and midwives on preterm babies' care.

The questionnaire was pre-tested on 10 nurses and midwives at Fort Portal Regional Referral Hospital. This enabled the researcher to adjust the research tool accordingly.

3.7 Data collection procedure

The researcher was introduced to the respondents by the in charge facility and the researcher introduced herself to the respondents; explained the importance of research as purely academic and nothing else. Then the respondents were assured of confidentiality and anonymity during and after the study, and respondents were asked to voluntarily participate or not to, as they were free to choose. Finally, data was collected by the researcher using the semi-structured questionnaire. The questionnaire was designed in English since it is an official language.

3.7.1 Data management

The filled questionnaires were cross-checked for completeness immediately before leaving the data collection field and made sure that errors are minimized during data entry. Quantitative data was kept under lock and key cupboard and were only accessed by the researcher to ensure confidentiality.

3.7.2 Data analysis

The data collected was analyzed manually and presented in form of tables, graphs and pie-charts.

This depended on the study variables used in the interview of the study, objectives and research questions.

3.8 Ethical considerations

A recommended data collection procedure was followed before going to the field to obtain it.

The researcher required approval and obtained a written permission/letter of approval from the Research supervisor and research review committee of the teaching institution before carrying out the study.

The researcher took an introductory letter issued by the department coordinator to the authority (Hospital medical superintendent) who gave a formal authorization to carry out the study.

Then the researcher was introduced to the hospital staff by relevant people in authority.

The researcher explained to the participants the subject under study purpose and objectives and requested respondents to give their formal consent to voluntarily participate in the study.

The researcher also provided assurance for total confidentiality to respondents and made a declaration that the study results was to be used only for the purpose of research

3.9 Limitations to the study

The study had the following limitations;

Some respondents were not willing to give the information. This challenge was overcome by giving a brief to the respondents about the purpose of the study and assuring them of confidentiality of any information given

Limitations in finance and time, so the researcher made a clear work plan and strictly adhered to it to manage time and the researcher solicited money from relevant sources to meet research costs as may be indicated in the research budget.

Uncooperativeness and unwillingness to give information. The researcher overcame it by being polite, calm and making more classification whenever needed.

3.10 Dissemination of results

The study findings were compiled into a report which was disseminated as follows.

- 1.Uganda Nurses and Midwives Examination Board
- 2.Fort Portal International Nursing School
3. Bundibugyo Hospital
- 4.The researcher.

CHAPTER FOUR: STUDY FINDINGS AND DATA INTERPRETATION

4.1 Introduction

This chapter presents the findings, analysis and interpretation of the qualitative data collected and the results obtained from the study on knowledge, attitude, and practices of midwives and nurses on preterm babies' care at Bundibugyo hospital, Bundibugyo District. A total of 30 respondents were selected from the hospital. Data was analyzed manually and the findings presented in tables, pie charts and bar graphs. It was discussed under the following sub headings.

1. To determine knowledge of nurses and midwives on care for preterm babies in Bundibugyo hospital, Bundibugyo District.
2. To assess the attitude of nurses and midwives towards care preterm babies in Bundibugyo hospital, Bundibugyo District.
3. To establish practices of midwives and nurses during care of preterm babies in Bundibugyo hospital, Bundibugyo District.

4.2 Demographic data of respondents

Table 1. Showing the demographic characteristics of the respondents (N=30%)

Response	Frequency (N)	Percentage (%)
Age		
19-25 years	15	50
25-31 years	8	27
32-39 years	5	17
>40 years	2	7
Total	30	100
Education level of respondent		
Certificate	20	67
Diploma	7	23

Degree	3	10
Total	30	100
Employment Status		
Permanent	19	63
Probation	7	23
volunteer	4	13
Total	30	100
Duration spent in NICU		
6 months-1 year	8	27
2-4 years	16	53
>5 years	6	20
Total	30	100

Source: Primary data

According to Table 1 above, half 15(50%) of the respondents were between 19-25 years, 8(27%)

were between 25-31years while a few 2(7%) were above 40 years.

Furthermore, most 20(67%) had completed certificate level of education, 7(23%) had attained diploma level while a few 3(10%) had attained degree level of education.

More so, most 19(63%) of the respondents were on permanent employment, 7(23%) were on probation while a few 4(13%) were volunteers.

More than half 16(53%) had completed 2-4 years at NICU while a few 6(20%) had completed more than five years.

4.2 Responses of Knowledge on preterm babies' care.

Table 2: Showing respondents Knowledge on preterm babies' care (N=30).

Response	Frequency (N)	Percentage (%)
Knowledge on who is a pre-term baby		
Baby born before 28 weeks of pregnancy	4	13
Baby born before 37 weeks of pregnancy	17	57
Baby born after 40 weeks of pregnancy	9	30
Total	30	100
Knowledge on what is preterm baby care		
Keeping the baby warm through incubation or skin contact	19	63
Supporting breastfeeding or formula feeding	3	10
Treating infections and supporting breathing	8	27
Total	30	100
Knowledge on whether an incubator is indicated for all preterm babies		
Yes	27	90
No	3	10
Total	30	100

Source: primary data

According to Table 2 above, more than a half 17(57%) of the respondents know a preterm baby as a baby born before 37 weeks of pregnancy while a few 4(13%) of the respondents know a preterm baby as a baby born before 28 weeks of pregnancy.

Furthermore, most 19(63%) of the respondents defined preterm baby care as Keeping the baby warm through incubation or skin contact while a few 3(10%) define preterm baby care as Supporting breastfeeding or formula feeding.

More so, majority 27(90%) knew that an incubator is indicated for all preterm babies while a few 3(10%) revealed that it is not.

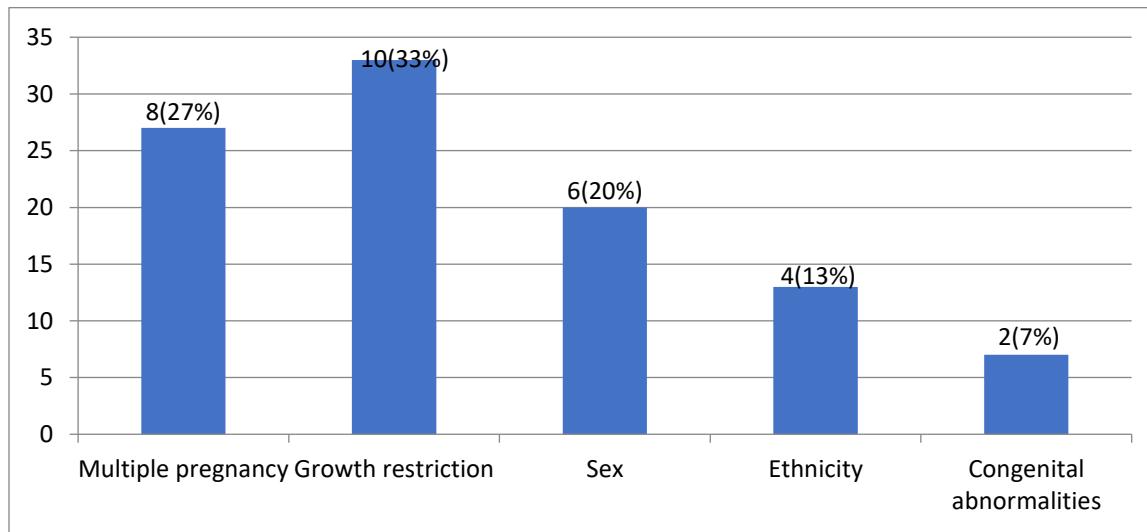
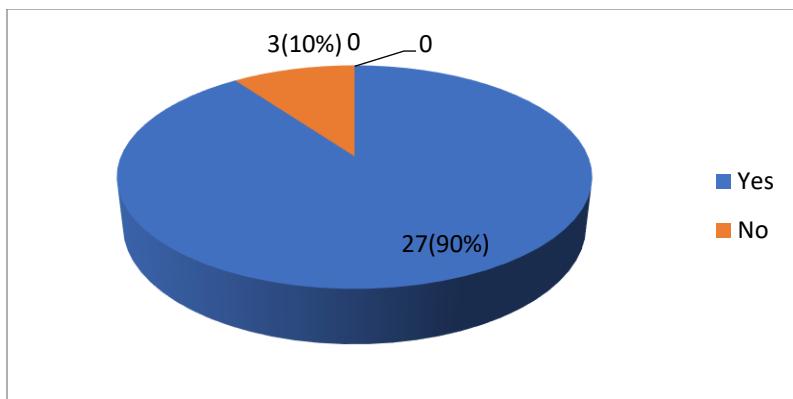


Figure 1: Showing respondents knowledge on the fetal factors that lead to preterm births (N=30).

According to Figure 1 above, a significant number 10(33%) of the respondents knew growth restriction as the fetal factors that lead to preterm births, 8(27%) knew multiple pregnancies while a few 2(7%) knew congenital abnormalities as the factor that lead to preterm births.



Source: primary data

Figure 2: Showing whether respondents know how to teach a mother on breast feeding (N=30).

According to Figure 2 above, majority 27(90%) of the respondents revealed that they know how to teach a mother on breast feeding while a few 3(10%) don't know.

4.3 Attitudes on preterm babies' care.

Table 3: Showing respondents attitude on preterm babies' care (N=30).

Response	Frequency (N)	Percentage (%)
How respondents find it when taking care of preterm babies		
Stressful	22	73
Enjoyable	5	17
Normal	3	10
Total	30	100
Whether respondents feel they make a pre-term to suffer when offering it treatment		
Yes	4	13
No	26	87

Total	30	100
How respondents feel when a pre-term baby dies		
Rejoice	0	0
Feel pity	26	87
Normal	4	13
Total	30	100

Source: primary data

According to Table 3 above, majority 22(73%) revealed that they find it stressful when taking care of preterm babies while a few 3(10%) of the respondents revealed that they find it normal.

Furthermore, majority 26(87%) of the respondents revealed that they don't feel they make a pre-term to suffer when offering it treatment while a few 4(13%) revealed they feel making a pre-term to suffer when offering it treatment.

More so, majority 26(87%) of the respondents revealed that they feel pity when a pre-term baby dies while a few 4(13%) revealed that they feel normal.

Table 4: showing whether respondents think Kangaroo Mother Care is an important practice in managing preterm babies (N=30).

Response	Frequency	Percentage
Yes	27	90
No	3	10
Total	30	100

Source: primary data

According to Table 4 above, majority 27(90%) of the respondents think that Kangaroo Mother Care is an important practice in managing preterm babies while a few 3(10%) don't think Kangaroo Mother Care is an important practice in managing preterm babies.

Table 5: Showing whether respondents think preterm babies can live normally after being managed and discharged (N=30).

Response	Frequency	Percentage
Yes	19	63
No	11	37
Total	30	100

Source: primary data

According to Table 7 above, most 19(63%) of the respondents revealed that they think preterm babies can live normally after being managed and discharged while a few 11(37%) revealed that they don't think preterm babies can live normally after being managed and discharged.

4.4 Practice of care of pre term babies

Table 6: Showing the care given to a mother with preterm labour (N=30).

Response	Frequency	Percentage
Care given to a mother with preterm baby		
Given steroids	12	40
Given antibiotics and analgesia	10	33
Given IV fluids	8	27
Total	30	100
Whether respondents health educate mothers on care of preterm babies		
Yes	28	93
No	2	7
Total	30	100

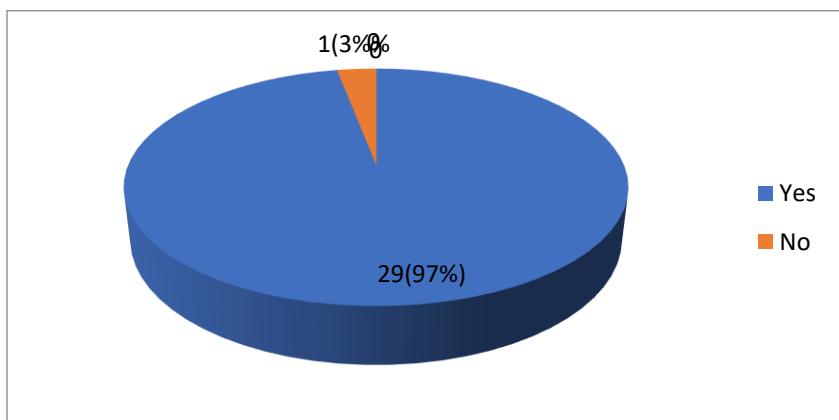
Whether respondents wash their hands when caring for the preterm baby		
Yes	22	73
No	8	27
Total	30	100

Source: primary data

According to Table 8 above, less than a half 12(40%) revealed that they give steroids while a few 8(27%) revealed that they give IV fluids.

More so, majority 28(93%) of the respondents revealed that they health educate mothers on the care of preterm babies while a few 2(7%) do not.

Furthermore, majority 22(73%) of the respondents revealed that they wash their hands when caring for the preterm baby while a few 8(27%) revealed that they don't wash their hands when caring for the preterm baby.



Source: primary data

Figure 3: Showing whether respondents give antibiotics for prophylaxis in preterm babies (N=30).

According to Figure 3 above, majority 29(97%) of the respondents revealed that they give antibiotics for prophylaxis in preterm babies while a few 1(3%) revealed that they give antibiotics for prophylaxis in preterm babies.

Table 7: Showing how respondents provide warmth to the preterm babies (N=30).

Response	Frequency	Percentage
Kangaroo Mother Care	20	67
By a heating facility	10	33
Sunbathing	0	0
Total	30	100

Source: primary data

According to Table 10 above, majority 20(67%) of the respondents revealed that they use Kangaroo Mother Care to provide warmth to the preterm babies while a few 10(33%) revealed that they provide warmth to the preterm babies by heating the facility.

CHAPTER FIVE: DISCUSSION, CONCLUSION, RECOMMENDATIONS

5.1 Introduction

This chapter presents the discussion, conclusion and recommendations regarding a study about knowledge, attitude, and practices of midwives and nurses of preterm babies' care at Bundibugyo hospital, Bundibugyo District.

The results are presented under the following sub headings.

- i. Knowledge of nurses and midwives of preterm baby care at Bundibugyo hospital, Bundibugyo District.
- ii. Attitude of nurses and midwives towards preterm baby care at Bundibugyo hospital, Bundibugyo District.
- iii. Practices of midwives and nurses of preterm baby care at Bundibugyo hospital, Bundibugyo District.

5.2 Discussion

5.2.1 Demographic characteristics of respondents.

The study findings revealed that half 15(50%) of the respondents were between 19-25 years, most 20(67%) had completed certificate level of education, most 19(63%) of the respondents were on permanent employment and More than half 16(53%) had completed 2-4 years at NICU.

5.2.2 Knowledge of preterm babies' care

The study findings revealed that more than a half 17(57%) of the respondents know a preterm baby as a baby born before 37 weeks of pregnancy. This implies that most of the midwives and nurses had good knowledge on who is a preterm baby as they clearly defined a preterm baby as a baby born before 37 weeks of pregnancy. This was in disagreement with Shrestha et al (2020) in a study in Nepal who indicated that about 68.1% of the study samples stated that a preterm baby

is a baby born before 24 weeks of gestation, while only 5.6% knew it refers to a baby born before 40 weeks of gestation, which indicates the nurses' low level of knowledge about the definition of preterm baby itself.

The study findings revealed that most, nineteen (63%) of the respondents defined preterm baby care as keeping the baby warm through incubation or skin contact. All preterm babies require warmth which supports their growth outside their mother's womb as they too immature to regulate their own temperature. This implies that nurses and midwives had knowledge on how body temperature for the preterm baby can be maintained. This was in agreement with Turner, (2014) in a study conducted in USA where about 95.8% of the nurses said that the eye and genitalia should be covered during phototherapy, and about 84.7% stated that baby's temperature should be monitored frequently, showing that the nurses had a good knowledge. Additionally, only about 23.6% of the study sample stated that fluid balance should be monitored carefully.

The study findings revealed that majority 27(90%) knew that an incubator is indicated for all preterm babies. This implies that midwives and nurses have knowledge on how to provide warmth to a preterm baby as they correctly mentioned the incubator is indicated for all preterm babies. This was in agreement with Arba & Zana (2019) in a study in Ethiopia which found out that the majority (80.6%) of the study nurses stated that the incubator is indicated for all preterm infant < 34 weeks, showing the nurses' had good knowledge in relation to study which stated that an incubator is indicated for all preterm infant <34 weeks.

The study findings revealed that majority twenty-seven (90%) of the respondents know how to teach a mother on breast feeding. This implies that they have knowledge on the correct guidelines that can be followed by mother to care for the preterm baby. This was in line with a study by Hegadoren (2017) in Ethiopia who indicated that about 56.9% of the study samples

knew about teaching mothers about breastfeeding, showing their fair knowledge of the WHO and UNICEF guidelines. Besides, only 13.9% of them explained parent about the environmental hygiene, follow-up plan and immunization.

5.2.3 Attitudes towards preterm babies' care.

The study findings revealed that majority 22(73%) revealed that they find it stressful when taking care of preterm babies. Taking care of a preterm baby requires a lot of care and attention which comes with many roles to play as a nurse. This implies that nurses and midwives have a poor attitude towards caring for a preterm baby given the duties they have to perform on the baby. This was in line with a study by Hegadoren (2017) which indicated that the attitudes that neonatal nurses hold towards extremely preterm infants may or may not impact upon their nursing care. However, investigating the perceptions of neonatal nurses and parents towards their respective roles in the neonatal unit to determine their underpinning beliefs may also help to unravel the complexity of relationships and influences in this challenging environment.

The study findings revealed that majority 26(87%) of the respondents feel pity when a pre-term baby dies. This implies a good attitude since nurses and midwives also want to see a preterm baby grow up normally. This was in line with a study by Gallagher et al., (2012) whose study found out that some nurses thought that prolonged application of intensive care when they saw death as inevitable caused some infants to ‘suffer’, they ended up ‘rejoicing when the baby dies, because you think thank goodness it’s at peace’.

The study findings revealed that most 19(63%) of the respondents think preterm babies can live normally after being managed and discharged. This implies a good attitude since nurses and midwives think that is proper care is given preterm babies can live. This was in line with Pallás-Alonso, (2012) in a study in Canada, where 54% of the nurses claimed ignorance of providing

neuroprotective care for preterm infants is no longer acceptable, and say “as the preterm infant matures, the quality of the environment in which the infant resides plays a critical role in the trajectory of recovery, growth, and development which was a poor attitude”.

5.1.4 Practice of care of pre term babies

The study findings revealed that less than a half 12(40%) of the respondents give steroids to a mother with preterm labour. Steroids are used to treat extremely premature babies with respiratory failure. This implies a good practice since nurses and midwives revealed that they give steroids to a mother with preterm labour. This was in agreement with Mitchell et al (2014) who indicated that administration of antenatal steroids to mothers going into preterm labour: is routine practice to reduce the incidence of respiratory distress syndrome, intraventricular hemorrhage, periventricular leukomalacia and necrotizing enterocolitis in premature infants. The importance of antenatal steroids cannot be overstated. They are generally widely available, easy to administer, even in the community, and have minimal risk of adverse effects to mother and baby.

The study findings revealed that majority 28(93%) of the respondents, health educate mothers on the care of preterm babies. This implies better nursing care practices since mothers are educated on the care of preterm babies by the nurses and midwives. This was in line with Ravn et al. (2012) who indicated that Nursing care practices were represented in our review by the effectiveness of who delivered the breastfeeding educational interventions to the mothers of the late preterm infant. Nurses, peer counselors, and lactation consultants are important providers of breastfeeding education. Furthermore, mothers who received instructions from neonatal nurses regarding their late preterm infant’s temperament and developmental potential, including feeding

cues, were more likely still to be breastfeeding or providing breast milk at 9 and 12 months than mothers who did not receive the intervention.

The study findings revealed that majority 22(73%) of the respondents wash their hands when caring for the preterm baby. Hand hygiene is important in reducing bacterial sepsis in preterm babies. This implies that most nurses and midwives had a good practice to wash their hands as a way of preventing transmitting infections to babies. This is in contrast to a study by Dalal, (2014) where about 4.2% of the nurses said that they practiced hand washing as it is important for the preterm care while others indicated that they practiced gavage feeding.

The study findings revealed that majority 20(67%) of the respondents use Kangaroo Mother Care to provide warmth to the preterm babies. This implies that nurses and midwives follow the guidelines for warmth provision to preterm babies. This was in line with a study by Gebreegziabher, (2017) in Turkey who found out that Guideline's availability in facilities were 53%, 43%, and 32% for resuscitation, warmth provision, and breastfeeding within one hour respectively. None of the nurses would practice all the recommended preterm care intervention with 17 (16.7%) practicing none. The practice of the recommended preterm care intervention ranged from 7.6% for initiation of breathing to 29% for cord clamping, 32.4% use of chlorhexidine for cord care, 36.3% immediate feeding and 47.1% thermal protection.

5.3 Conclusion

It was concluded knowledge of nurses and midwives on preterm babies' care was good as they know a preterm baby, they knew preterm baby care and they knew that an incubator is indicated for all preterm babies.

The attitudes on preterm babies' care was fair as nurses and midwives revealed that they find it stressful when taking care of preterm babies, feel pity when a pre-term baby dies and they think preterm babies can live normally after being managed and discharged.

The researcher also concluded that practice of care of pre term babies was good as most of them gave steroids to a mother with preterm labour, they health educate mothers on the care of preterm babies and they wash their hands when caring for the preterm baby.

5.4. Recommendations

To the ministry

The Ministry of Health should train the nurses and midwives on how to properly care for the preterm babies.

The government through Ministry of Health should make sure that nurses and midwives are well equipped and skilled with the knowledge of providing care to preterm babies. For example, by conducting workshops, mentorship, seminars which will help them increase their skills.

To the District

Seminars should be conducted by the government to nurses and midwives on how preterm care is properly handled.

To Bundibugyo Hospital

The hospital should design and implement assessment tool, policies, and guideline which are needed to increase neonatal staffs' knowledge and maintain their attitude towards care of preterm babies.

5.5 Nursing Implication

Health care practitioners need to carry out more sensitization and education on women of preterm baby care. This would help to eliminate on the negative attitude they have preterm babies and on the number of deaths.

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APPENDICES

Appendix I: Consent Form.

Title of the study: Assessment of knowledge, attitudes and practices on preterm births in Bundibugyo hospital.

My Name is Asiimwe Caroline a student from FINS pursing a diploma in Midwifery. I am carrying out a research under the topic “Assessment of knowledge, attitudes and practices on preterm births in Bundibugyo hospital” that will be part of the fulfillment of the award of a diploma in midwifery.

I therefore request for your maximum corporation. Be rest assured that information you provide will be treated with utmost confidentiality.

If you agree to participate in this study, please sign here

Participant's initials..... Date

Signature:.....

Name of researcher Date:.....

Signature:.....

APPENDIX 1I: QUESTIONNAIRE

Assessment of knowledge, attitudes and practices on preterm births in Bundibugyo hospital.

I am **Asiimwe Caroline**, a student of Fort Portal International Nursing School pursuing a diploma in Midwifery carrying out a research study about knowledge, attitude and practices of midwives and nurses on preterm babies in Bundibugyo hospital.

Dear participant, feel free to answer the questions here as provided to you. All the information you will give shall be handled with utmost confidentiality. THANK YOU

Circle the most correct and write in the spaces provided.

SECTION A: Social demographic data

1. Age

- A) 19-25yrs
- B) 25-31yrs
- C) 32-39yrs
- D) >40yrs

2. Level of Education

- a) Certificate
- b) Diploma
- c) Degree

3. Employment Status

- a) Permanent
- b) Probation
- c) Volunteer

4. Duration spent in NICU

- a) 6m-1yr
- b) 2-4yrs
- c) ≥ 5 yrs

SECTION B: Knowledge on preterm babies care.

5. Who is a pre-term baby?
 - a) Baby born before 28wks of pregnancy
 - b) Baby born before 37wks of pregnancy
 - c) Baby born after 40wks of pregnancy
6. What is preterm baby care?
 - a. Keeping the baby warm through incubation or skin to skin contact
 - b. Supporting breastfeeding or formula feeding
 - c. Treating infections and Supporting breathing
 - d. Non of the above
7. Is an incubator indicated for all preterm babies?
 - a. Yes
 - b. No
8. The following are causes of infection in preterm babies?
 - a. Umbilical vein catheterization
 - b. Attaching three way tapes at the end of the vein
 - c. High immunity of a preterm
 - d. Proper code care
9. What are the Fetal factors that lead to preterm births;
 - a) multiple pregnancy
 - b) growth restriction
 - c) sex
 - d) Ethnicity
 - e) congenital abnormalities
10. Do you know how to teach a mother on breast feeding?
 - a. Yes
 - b. No
11. If yes, how?
.....

SECTION C: Attitudes on preterm babies care.

12. According to you, how do you find it when taking care of preterm babies

- a) Stressful
- b) Enjoyable
- c) normal

13. Do you feel you make a pre term to suffer when offering it treatment

- a) Yes
- b) No

14. If yes why

- a) Its death is inevitable
- b) It's too small to handle
- c) No hope to grow, better to die

15. How do you feel when a pre term baby dies

- a) Rejoice
- b) Feel pity
- c) Normal

16. Do you think kangaroo mother care is an important practice in managing preterm babies?

- a. Yes
- b. No

17. Do you think preterm babies can live normally after being managed and discharged?

- a. Yes
- b. No

Practice of care of pre term babies

18. What care is given to a mother with preterm labour?

- a) given steroids
- b) given antibiotics and analgesia
- c) given Iv fluids

19. Do you health educate mothers on care of preterm babies?

- a. Yes
- b. No

20. Do you wash your hands when caring for the preterm baby?

a. Yes

b. No

21. Do you give antibiotics for prophylaxis in preterm babies

a) Yes

b) No

22. If yes, which antibiotics do you provide for prophylaxis in preterm babies

a) Ampicillin and Gentamycin

b) Ceftriaxone and metronidazole

c) Ampiclox and cloxacillin

23. How do you provide warmth to these preterm babies?

a) Kangaroo Mother Care

b) By a heating facility

c) Sunbathing

24. What feeds do you give preterm babies?

a) Mother's breast milk

b) Cow's milk

c) Make juice

d) Others

25. What do you use to feed these babies?

a) Nasal gastric tube

b) Spoon

c) Drop milk direct in the mouth

26. What would you observe from a nasogastric tube to alert you of onset of necrotising enterocolitis?

a) Watch out for bile stained aspirates and excessive blood from the tube

b) Look for watery discharge

c) Ensure its stuck on the cheeks

27. How do you take care of the umbilical cord stump?

a) Clean with normal saline

b) Application of herbs or Vaseline

c) Clean with soap and water

28. In your view, what do you think is the best means of taking care of preterm babies?

.....

**THANK YOU FOR PARTICIPATING AND GIVING ME YOUR TIME TO TAKE
PART IN THIS STUDY.**

APPENDIX III: INTRODUCTORY LETTER



F I N S
FORTPORTAL INTERNATIONAL NURSING SCHOOL
P.O.BOX: 909 FORTPORTAL(U) TEL: +256774255202,
+256702921234, Email: finsinternational@gmail.com

1/4/2022

TO THE MEDICAL SUPRETENDENT
BUDIBUGYO GENERAL HOSPITAL
P.O BOX 1183
BUNDIBUGYO DISTRICT
1/4/2022

Dear Sir,

RE: ACADEMIC RESEARCH STUDY

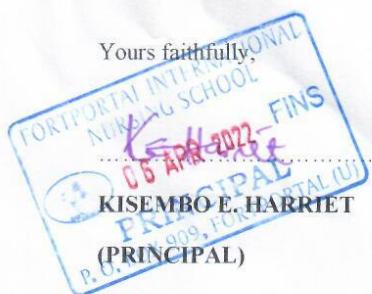


The office of the Academic Registrar FINS takes this opportunity to introduce to you Miss. ASIIMWE CAROLINE who is a student of Fort portal International Nursing School.

The purpose of this letter is to request you to allow the above mentioned student to carry out her research on KNOWLWDGE, ATTITUDE AND PRACTICES OF CARE ON PRETERM BABIES. A STUDY AMONG NURSES AND MIDWIVES AT BUNDIBUGYO GENERAL HOSPITAL, BUNDIBUGYO DISTRICT as partial fulfillment of the award of Diploma in Midwifery.

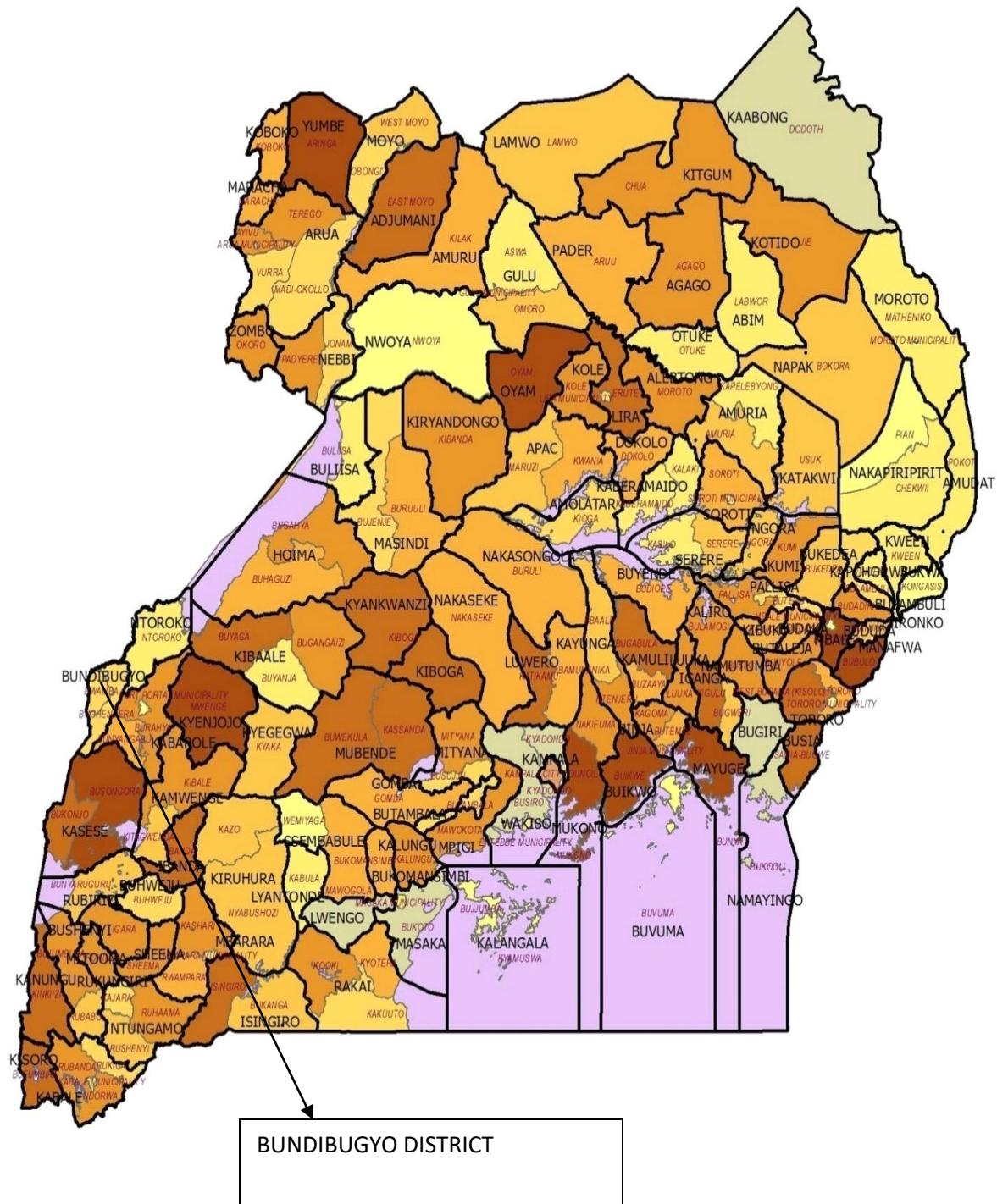
Thank you for your continued support in training of nurses and midwives for tomorrow.

Yours faithfully,



KISEMBO E. HARRIET
(PRINCIPAL)

APPENDIX IV: A MAP OF UGANDA SHOWING BUNDIBUGYO DISTRICT



APPENDIX V: A MAP OF BUNDIBUGYO DISTRICT SHOWING BUNDIBUGYO HOSPITAL

