

Project: Ntombizodwa parents nurses

Report created by Anna van der Wath on 2023/08/13

Quotation Report – Grouped by: Codes

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All (139) quotations

○ 1. Parent-infant bonding and attachment in NICU: 1.3 Benefits of parent-infant bonding and attachment

15 Quotations:

1:11 ¶ 7 in Nurse 1

as we know bonding goes a long way, very important part of the baby's development.

1:12 ¶ 9 in Nurse 1

I think personally, especially in the issue of bonding because its so key to the baby's development psychologically and all

1:15 ¶ 11 in Nurse 1

to me is important because this baby was in utero attached to the mother with an umbilical cordand then if you separate them... through birth after that, we know after delivery the baby we must put on the chest of the mom, that is the first step of bonding after separation of the cord, for me is yes is very important to keep that bond there continuously, even though we know we cannot do it continually but we should not break it all together

2:10 ¶ 21 in Nurse 2

it was going to be better because for somebody who has seen the child and somebody who has a imaginary picture of how is the baby...he will support the mother better if he has seen the child, now you know what is going on there than to someone who has never seen the child,

2:11 ¶ 16 in Nurse 2

even with her the stress level will go down, ok I see my baby now and then, I think that was going to help

2:13 ¶ 21 in Nurse 2

that was going to be much better for the three of them, the baby mother and father.

5:8 ¶ 20 in Nurse 5

I think the parents and the babies are not supposed to be separated because when they are separated they won't get that bond, it feels good as baby to be with the mother and it feels good also for the mother to be with the baby and enjoy her motherhood. yes

6:7 ¶ 12 in Nurse 6

for mom also learn a lot from babies, ya so it is very important for mothers, because at that time in the hospital it's easy for nurses and doctors to teach the mothers and also to understand their babies conditions,

6:14 ¶ 12 in Nurse 6

is very very important especially with babies We are encouraging attachment and bonding and it is very important because we want, as I said we are a baby friendly hospital , it was very important, EMB to us is a crucial and a very important substance or what for prevention of infection, promotion of bonding for mother and child

7:3 ¶ 19 in Nurse 7

because most of our mothers struggle with their milk, so the more the bond with their babies the more production becomes good and easier.

8:5 ¶ 17 in Nurse 8

because babies need their mothers, even if we are nurse or sister nursing the baby at the end of the day they go back with their parents at home, so let them start bonding with their kids while they still in hospital to give at least a certain health education to the parents not to just let them go think that they will know everything by themselves, they may know but still need that education.

11:2 ¶ 14 in Nurse 11

because now during the care of the baby the baby is going to stay long in the NICU, mothers need to be taught how to care for the baby while they still in ICU, because the baby will be taken to high care then further to kangaroo ward for monitoring the growth of the babies.

13:16 ¶ 21 – 22 in Nurse 13

I believe it is incredibly important not to separate parents from their babies whenever possible. Parent-infant bonding and attachment are crucial for the well-being and development of the baby, especially in the delicate environment of the NICU. The presence of parents provides emotional support, comfort, and reassurance to both the infant and themselves.

When parents are actively involved in the care of their babies, they can form a strong bond that promotes better outcomes for the infant. This bonding helps create a sense of security, promotes healthy attachment, and fosters a nurturing environment even within the hospital setting.

13:17 ¶ 23 in Nurse 13

Furthermore, parents play an essential role in their baby's care, working closely with the healthcare team to understand their child's medical condition, receive education on their care needs, and participate in decision-making processes. By allowing parents to stay close to their babies, we empower them to be active participants in their child's care, which ultimately contributes to better outcomes and family-centered care.

13:20 ¶ 24 in Nurse 13

I strongly believe in the importance of keeping parents and babies together whenever feasible. It is vital for the well-being of both the infants and their parents, promoting bonding, attachment, and active involvement in their baby's care

● 2. Factors facilitating parent-infant bonding and attachment: 2.1 Compassionate nursing support and positive experiences of care

2 Quotations:

13:26 ¶ 42 – 43 in Nurse 13

However, despite these challenges and emotions, as healthcare professionals, we adapted and worked tirelessly to provide the best care possible for our tiny patients. We implemented alternative ways of supporting parents, such as video calls and regular communication updates, to help bridge the physical gap and ensure they remained connected to their babies.

Over and above, the COVID-19 restrictions in the neonatal ICU made me feel a deep sense of compassion for the families and a determination to provide the best care under the circumstances. It was a challenging time, but the resilience and dedication of the healthcare team and the strength shown by the parents and infants helped us navigate through this difficult period together.

13:32 ¶ 32 – 34 in Nurse 13

I understand the importance of parent-infant bonding and the challenges faced in facilitating it. While the safety measures and restrictions in place were necessary to prevent the spread of the virus, finding alternative activities to promote bonding between parents and their babies was a priority.

We explored various options to foster parent-infant bonding despite the limitations. One approach we implemented was encouraging virtual interactions between parents and their

babies through video calls or teleconferencing. This allowed parents to see their infants, hear their voices, and feel connected, even if they couldn't be physically present.

We also provided support and guidance to parents on techniques such as kangaroo care, which involves skin-to-skin contact between the parent and baby. We educated parents on the benefits of this practice and ensured they were comfortable and confident in implementing it safely when they had the opportunity to visit. we could have promoted bonding through other sensory experiences. Were we encouraged parents to bring in items with their scent, such as blankets or clothing, which could be placed near the baby's incubator. This could have helped create a familiar and comforting environment for the baby, facilitating the bonding process.

● 2. Factors facilitating parent-infant bonding and attachment: 2.4 Nurses' understanding of COVID-19 situation

10 Quotations:

5:12 ¶ 32 in Nurse 5

it made us feel some how but there is nothing we could do because they were rule and we won't break those rules that they are not supposed to come.

6:4 ¶ 8 in Nurse 6

Remember COVID when it came it came like a blow to everybody, there was no time to make proper rules so aa there was no time

7:1 ¶ 11 in Nurse 7

first I think the parents where at home and they are in contact with lots of people, so we could not risk the fact that they come and roam around like they are use to, because you know our babies their immune system is very weak, so I think this is one of the reasons, because they are in contact with lots of people outside, we could not have let them room in.

11:4 ¶ 18 in Nurse 11

if things were like before, now that this it was a deadly virus, we could have taken the part of the mother, maybe sometimes you could have Kangaroo the baby, but because of the nature of the virus, even that, we could not even do that

13:21 ¶ 26 – 27 in Nurse 13

I believe that parents and infants in the NICU were indeed considered when making COVID-19 rules. The primary goal was to protect the health and safety of both the infants and their families. The restrictions and guidelines implemented were aimed at minimizing the risk of infection and transmission within the NICU.

Initially, the rules might have seemed strict and challenging for parents, such as limited visitation or temporary separation of parents from their babies. However, these measures were put in place to safeguard the vulnerable infants who often have weakened immune systems. By limiting external exposure, we aimed to reduce the potential risk of COVID-19 transmission to infants in the NICU.

13:23 ¶ 30 in Nurse 13

It's crucial to understand that the decisions surrounding COVID-19 rules in the NICU were complex and continuously evolving, taking into account the available scientific evidence, expert recommendations, and local circumstances. The well-being of both the infants and their parents was always at the forefront of these considerations.

13:27 ¶ 45 in Nurse 13

I understand the importance of parental presence and bonding with their babies. However, during the COVID-19 pandemic, we faced numerous challenges and restrictions to ensure the safety and well-being of both parents and infants.

13:29 ¶ 49 in Nurse 13

While it would have been beneficial to have more flexibility with visiting hours, the priority was to maintain a safe environment for everyone involved. As healthcare professionals, we followed the guidelines set by the government and medical authorities to ensure the health and well-being of both our patients and their families.

14:1 ¶ 9 in Nurse 14

because nobody knew anything about COVID-19, it would be, more riskier to take chances, I won't say there would have been anything better to be done. Things were done to prevent the spread of COVID-19 hence the restrictions, I don't think it was done to jeopardise the bonding between the parents and the baby, the restrictions were preventative measures.

14:4 ¶ 17 in Nurse 14

remember, that time it was difficult, for everyone because clearly nobody knew how this COVID spread, what were the risk if someone were exposed to a person who is from outside or a person who is not using PPE properly

●3. Challenges related to COVID-19 pandemic 3.1. Challenges related to COVID-19 testing and precautionary measures

5 Quotations:

1:10 ¶ 7 in Nurse 1

and another one was if she is transferred from a unit and we don't know the results then that mother can't come without results. This is what I saw that this two are in the way of me as a nurse to enhance bonding in between the mom and the baby

3:4 ¶ 13 in Nurse 3

but it was difficult because sometimes they just come when they are.... Just at the time of delivery, but there is nothing we could have done, so.... its difficult (smiling)

4:3 ¶ 8 in Nurse 4

or delay of results. Maybe parents took the COVID test and maybe having delay of the outcome...also interrupt the bonding because the neonate cannot bond with the mother

8:6 ¶ 21 in Nurse 8

but now forgetting that there is that part where mother needs to bond with their babies and you find that the mother is admitted in postnatal and they suspect that the mother is positive, now the mom can't come, they just running tests and that time the test would take time to come back due to the backlog , so ya it was bit difficult and it was (with a sad face and facing down)

8:7 ¶ 23 in Nurse 8

I dint know how to respond it was a very stressfull moment, because if the mother would cough or sweat not even underlining other issues they would say it COVID, so I don't know how put even suggesting taking the baby to the mother it was it was another problem, because we could not take the baby to the mother, what if the mom is really positive you actually exposing the child to the mother and the virus

● 3. Challenges related to COVID-19 pandemic: 3.2 COVID-19 infection and quarantine

4 Quotations:

1:1 ¶ 7 in Nurse 1

Personally the challenges that I had was the one if the mom is positive there was no bonding at all

4:1 ¶ 6 in Nurse 4

firstly it could be ill health, sickness. You find that the parent can get sick and maybe be hospitalized or maybe be quarantined and then the bonding is going to be distracted and the family role as well is going to be affected.

6:2 ¶ 6 in Nurse 6

And the other thing is that , if the mother is positive, that time I was talking about if the baby is positive it's taken into an isolation and is only nursed by the nurses, and now if the mother is positive the mother is never allowed in to come and see the baby and that created lack of bonding between the mother and the baby

6:13 ¶ 6 in Nurse 6

The first challenge was that mother were separated from the baby, like for example if the baby was COVID positive the mother was not allowed and the babies were isolated and only seen by the nurses, and then, so, as such the baby was separated from the parent

● 3. Challenges related to COVID-19 pandemic: 3.3 Challenges related to lodging

3 Quotations:

2:1 ¶ 7 in Nurse 2

Well one of the challenges was we could not allow mother to come to lodge as we used to do before COVID-19, so during COVID-19 they were not allowed to lodge which was one of the challenges, because now the mothers and babies were separated which was not good for the recovery of the baby.

3:1 ¶ 11 in Nurse 3

they were not allowed to stay at the hospital, though we had a lodge, the lodge was closed when the COVID pandemic started like 1st of April.

9:8 ¶ 23 in Nurse 9

so now the disadvantage is that the lodger facility is very far so it take time to come here and then given only an hour in the unit, so if the hours are extended then they can spend most of the time here.

● 3. Challenges related to CoVID-19 pandemic: 3.4 Lack of opportunities for father-infant bonding

4 Quotations:

6:12 ¶ 6 in Nurse 6

then more worse only the mothers at that time were if the baby pre-diagnosis the parents were , the mother was the only person allowed in and the father was not allowed inside and that created a space between the mother and the baby

12:1 ¶ 8 in Nurse 12

the thing is we did not allow fathers to come and see their babies, so for me they were denied a chance to bond with their babies while they were still here

13:1 ¶ 6 in Nurse 13

One of the major challenges is the strict visitation restrictions imposed during the COVID-19 pandemic. Many parents, especially fathers, were not allowed to visit their babies regularly or were completely denied access.

14:3 ¶ 13 in Nurse 14

I can say in the beginning they did not but as time went on, yes there were considered because restrictions were changed for them, for example initially the father we not allowed during deliveries and the mothers were allowed to touch their babies with mask on to prevent spread.

4. Consequences of challenges to facilitate bonding and attachment:

4.1 Consequences for the infant

7 Quotations:

2:16 ¶ 12 in Nurse 2

it is very important, as a mother and child friendly hospital we believe that the mother should never be separated from her child unless she is very ill, but because of COVID-19 they were separated which I don't believe is good for the baby from the first place,

5:2 ¶ 12 in Nurse 5

, I think is it very important to keep the mother and the baby to bond even though the mother is COVID-19 positive, it is needed because the baby needs to gain weight immediately, if there is no bond between mother and the child especially skin to skin, that mean the baby won't grow the way doing skin to skin

5:6 ¶ 18 in Nurse 5

I think it was something that delayed the babies to grow because even though they stopped the mothers to come to see the babies, they provided milk to the milk kitchen, we don't know how is that milk, is it COVID-19 positive because they touch the milk and everything, and the cup and everything, then they took milk to the milk kitchen then it came to the babies

8:2 ¶ 7 in Nurse 8

so it was actually a challenge for the babies because some of the mothers will be admitted for long period of time, they won't be able to see the baby will see them after weeks, then the bonding stage is actually disrupted.

9:10 ¶ 13 in Nurse 9

It delays the growth of the baby and also for the feeding, most of the babies ended up being given formula and we know that formula is not good for everybody.

12:3 ¶ 12 in Nurse 12

because if you separate them bonding will not take place, the child become more attached to the person she/he spend time with. So to encourage bonding and attachment then parents needs to see their babies and touch them.

14:7 ¶ 11 in Nurse 14

yes it important, and it has been proven that babies who don't have a bond with their parents have problems growing up especially psychologically

● 4. Consequences of challenges to facilitate bonding and attachment: 4.2 Consequences for parents

4 Quotations:

3:6 ¶ 19 in Nurse 3

there were a circular that everyone must go work, but if you had a neonate at home or a few months old child can you imagine, going there and exposing yourself, then going home to breastfeed and the fear in you, everyone was afraid during COVID. the fear in you and the fear of giving COVID to the child.....

3:11 ¶ 15 in Nurse 3

it is because sometimes separating a mom from a child you are distressing mom and bonding is compromised because a sick, especially a sick neonate it needs a mom there because sometimes mom and baby they bond during pregnancy, like they talk and now the baby is born with difficulties the bond is terminated, its like we terminated the bond and we stressing mom because the child is sick and now the child is left alone with the nurses.

9:9 ¶ 13 in Nurse 9

it is very important for parents not to be separated from their babies because if there is no bonding the mother and the child do not bond they don't not see the feeding cues of the baby, they do not see the growth of the baby so if they are here with the baby, especially

because most of our babies are premature babies it is important to do kangaroo care, so if they are not here it is quite difficult.

13:4 ¶ 8 in Nurse 13

Additionally, the emotional and physical stress experienced by parents in the NICU can affect their ability to establish a strong bond. Seeing their fragile newborns in critical condition, undergoing medical procedures, and facing uncertainty about their health can be overwhelming for parents.

● 8. Recommendations to facilitate parent-infant bonding and attachment: 8.1 Recommendations for continuous parent-infant contact

13 Quotations:

3:9 ¶ 25 in Nurse 3

Allowing parents to stay because even some of us, I mean it was in my view it was very cruel to shut the mothers out, while I as a nurse I will go home and come back, why can't the mom come and see the child, I think allowing those moms to come and see the child, like using precautionary measures, not shutting them out altogether.

4:10 ¶ 25 in Nurse 4

; to increase visiting hours, make three hours to six hours to minimize the outside contact in neonates

5:7 ¶ 18 in Nurse 5

I think they should have leave it the way it was, the mothers come with the milk and bond with their babies if they are COVID positive they will get treatment both of them and be well.

5:14 ¶ 40 in Nurse 5

I think the way it was 3 hourly was not that bad, because you know that immediately when the mothers come they gonna feed their babies and know they babies very well, and provide breastfeeding the baby, even 3 hours is still fine.

8:3 ¶ 9 in Nurse 8

but I think if the fathers would come more because of the mothers are still in pain, some are still scared at least if the father were available to come and facilitate the bonding, come with the milk and do the changing of the baby, at least that bonding with the dad is much better than not having a bond at all.

8:4 ¶ 11 in Nurse 8

there was a period where they said mothers and fathers but after a certain period. But there was a time where they were no visitors but if only they could have given the father a chance but due to this COVID it was difficult, at some point we had a low rate of babies admitted, so there were less rate of babies being admitted at least if there was enough space for social distancing in the unit they come mothers and daddy's, if the mother not there at least the father to come

8:9 ¶ 29 in Nurse 8

we have different types of visitation in our unit but due to COVID I think we could have made something, maybe giving mother time, they could not come at the same time, then we could have said the first four can come in and spend the time...just have flexible hours of visiting than before, we should not limit to the time of feeding like the 2 hourly, hourly visits after 2 hours at least now to make it more flexible, they can come but as long as we have 4 parents, mother and the dad in the unit, then after certain hours again, not to be stick at the time at least expanding the time of visiting in the unit it was gonna be better .

9:4 ¶ 17 in Nurse 9

I think the visiting hours should be revisited and I wish the lodging facility or the KMC facility was closer to the NICU so that mothers are able to see their babies more often.

11:5 ¶ 26 in Nurse 11

maybe we could have allowed them to come, like in our ward we don't have the normal visitation hours like in other units in the hospital, maybe that one should not been taken away as they did because now by doing so they took all the interaction with baby for not allowing parents to come at all. I think they should have stuck to the visitation we were doing normal before COVID.

12:2 ¶ 10 in Nurse 12

maybe if we could have reduced visiting hours for the father maybe at least once a day instead of denying them

13:18 ¶ 24 in Nurse 13

While there may be situations where separation is necessary due to medical interventions or infection control measures, every effort should be made to facilitate parental presence and involvement. This can include measures such as adjusted visiting hours,

13:28 ¶ 47 in Nurse 13

Implementing frequent visiting hours for parents would have been ideal to encourage bonding. However, it's important to consider that the decision to restrict visitation was not solely made by the hospital but was in line with national regulations and guidelines imposed to control the spread of the virus.

13:31 ¶ 51 in Nurse 13

Moving forward, as the situation improves and restrictions are lifted, we can explore opportunities to enhance parent-infant bonding and establish more flexible visiting hours. It will require collaboration between healthcare providers, hospital administration, and policymakers to find the best possible solutions that prioritize the health and safety of all while supporting the crucial parent-infant bond in the NICU

● 8. Recommendations to facilitate parent-infant bonding and attachment: 8.2 Recommendations for safe parent-infant contact

20 Quotations:

1:5 ¶ 9 in Nurse 1

every mom who is admitted and being pregnant, I know it could be expensive, but it should be in such a way that all of them are tested so that we know for sure that this mom is positive or not, which will make it quicker for mom, when they admitted them as pregnant in labour or about to deliver they should test them before they could deliver. So that part cannot be interrupted of bonding.

1:9 ¶ 19 in Nurse 1

We should ensure moms who come to deliver, we sure of their results so that we don't tamper with the bonding session so it can continue from birth until mom is discharged.

2:2 ¶ 10 in Nurse 2

I think because there was a backlog with the COVID -19 result testing , maybe there could have been a rapid testing for mothers...if she delivers today we could have tested her then when the results a negative she could have gone straight for lodger, so that was going to be easy since she is in the lodger facility we were sure that she was not going to contract COVID unless it was otherwise, but if ...the mother was around, she was going to be frequently in our unit, because we could have known that she is COVID negative. So think that was going to work even for the babies.

2:6 ¶ 16 in Nurse 2

like I said before rapid testing was one of things, I think it was going to solve most of our problems during COVID -19 because if the mother was rapid tested and got the results...then we decided if we still have space at the lodge facility, then mother straight away she goes to lodger, then she was going to give us milk ever now and then

2:9 ¶ 21 in Nurse 2

if maybe even for the father we were going to test him, maybe once to allow him only for that day to allow him to see his child

2:12 ¶ 21 in Nurse 2

so I feel like if we have given the father a chance by rapid testing him maybe, once in two weeks to come and see the baby for that day

2:15 ¶ 12 in Nurse 2

that is why I talked about rapid testing, if we could have stuck to rapid testing them they were going to be around the baby

3:3 ¶ 13 in Nurse 3

I think testing of mothers, timely testing like ... I don't know if it could have worked, but timely testing like before coming into the delivery room, testing them beforehand

4:5 ¶ 10 in Nurse 4

maybe the swabbing of COVID, maybe they prioritize, like if you are a neonate mother, you must be prioritized at the lab so your results can come out early so that you can continue with bonding .

4:8 ¶ 18 in Nurse 4

the activities we can do, I think to follow the protocol of COVID-19 like wearing of mask, having rubbing hands with alcohol frequently and we have to provide this mothers with alcohol spray and masks as well so that we can minimize this spread.

4:9 ¶ 20 in Nurse 4

We should speed up the process of testing. mother must be the priority if they taking swab, their rests must come early as in 6 hours time so that we can facilitate the bonding...as well as if the mother can be tested and maybe found negative, can be allowed as quick as possible to the hospital to bond with the baby

6:10 ¶ 20 in Nurse 6

I think we should have allowed the fathers also to come in, they were not coming in as such the mother doesn't have support system at all and then you also separating the mother, the father and the baby. It was very scary but if there was an isolation if the father could have been allowed in, I think that its

7:2 ¶ 13 in Nurse 7

okay if we were doing a proper screening maybe that would have help and maybe regular testing when we admit mom at the lodger side.

10:2 ¶ 12 in Nurse 10

at least the mother they we supposed to allow them to come once maybe coming in wearing the attire that were for the COVID ward.

10:3 ¶ 18 in Nurse 10

we could allow parents to come and see their babies while wearing PPE and washing of hands also so that they can hold their babies and KMC

11:6 ¶ 28 in Nurse 11

Allowing parents to visit: Implementing measures to allow parents to visit their babies in the NICU while following appropriate safety protocols

13:19 ¶ 24 in Nurse 13

providing private spaces for parents within the unit, implementing infection control protocols

13:22 ¶ 28 – 29 in Nurse 13

As the understanding of COVID-19 and its transmission evolved, adjustments were made to strike a balance between infection prevention and supporting parent-infant bonding. Hospitals and healthcare providers recognized the importance of parental presence and involvement in their baby's care, considering the emotional and developmental benefits it provides.

For instance, over time, restrictions were modified to allow at least one parent to be present during deliveries and for limited visitation, taking necessary precautions like wearing masks and practicing proper hand hygiene. These changes were made to ensure parents could bond with their babies while still prioritizing the safety of everyone involved.

13:30 ¶ 50 in Nurse 13

It's important to note that as the situation evolved and more knowledge about COVID-19 was gained, adjustments were made to accommodate parents and facilitate bonding to the extent possible within the given restrictions. As healthcare providers, we continually strive to strike a balance between safety and the emotional needs of families in the NICU.

14:8 ¶ 21 in Nurse 14

on admission that would have been, could have made things much better so that by the time the mother delivers already the results are out.

● 4. Consequences of challenges to facilitate bonding and attachment: 4.1 Consequences for the infant

7 Quotations:

2:16 ¶ 12 in Nurse 2

it is very important, as a mother and child friendly hospital we believe that the mother should never be separated from her child unless she is very ill, but because of COVID-19 they were separated which I don't believe is good for the baby from the first place,

5:2 ¶ 12 in Nurse 5

, I think is it very important to keep the mother and the baby to bond even though the mother is COVID-19 positive, it is needed because the baby needs to gain weight immediately, if there is no bond between mother and the child especially skin to skin, that mean the baby won't grow the way doing skin to skin

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8:2 ¶ 7 in Nurse 8

so it was actually a challenge for the babies because some of the mothers will be admitted for long period of time, they won't be able to see the baby will see them after weeks, then the bonding stage is actually disrupted.

9:10 ¶ 13 in Nurse 9

It delays the growth of the baby and also for the feeding, most of the babies ended up being given formula and we know that formula is not good for everybody.

12:3 ¶ 12 in Nurse 12

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14:7 ¶ 11 in Nurse 14

yes it important, and it has been proven that babies who don't have a bond with their parents have problems growing up especially psychologically

● 4. Consequences of challenges to facilitate bonding and attachment: 4.2 Consequences for parents

4 Quotations:

3:6 ¶ 19 in Nurse 3

there were a circular that everyone must go work, but if you had a neonate at home or a few months old child can you imagine, going there and exposing yourself, then going home to breastfeed and the fear in you, everyone was afraid during COVID. the fear in you and the fear of giving COVID to the child.....

3:11 ¶ 15 in Nurse 3

it is because sometimes separating a mom from a child you are distressing mom and bonding is compromised because a sick, especially a sick neonate it needs a mom there because sometimes mom and baby they bond during pregnancy, like they talk and now the baby is born with difficulties the bond is terminated, its like we terminated the bond and we stressing mom because the child is sick and now the child is left alone with the nurses.

9:9 ¶ 13 in Nurse 9

it is very important for parents not to be separated from their babies because if there is no bonding the mother and the child do not bond they don't not see the feeding cues of the baby, they do not see the growth of the baby so if they are here with the baby, especially because most of our babies are premature babies it is important to do kangaroo care, so if they are not here it is quite difficult.

13:4 ¶ 8 in Nurse 13

Additionally, the emotional and physical stress experienced by parents in the NICU can affect their ability to establish a strong bond. Seeing their fragile newborns in critical condition, undergoing medical procedures, and facing uncertainty about their health can be overwhelming for parents.

○ 4. Consequences of challenges to facilitate bonding and attachment: 4.3 Consequences for the nurses

4 Quotations:

3:2 ¶ 11 in Nurse 3

It was very challenging, because sometimes like when the child is critical you need the parents nearby so parents see that you are trying everything because sometimes when the parent is not here and you just call, or sometimes you would call and you don't get the parents when the child...when you really need to talk to the parents because they were unreachable physically so, we can only communicate with them.

9:5 ¶ 21 in Nurse 9

mm it was really frustrating because we had to do everything for the babies, struggling with milk because the mother is not here, we struggling to give mothers information because they are not allowed to come to the hospital, so it was a bit overwhelming, especially now that even people were afraid of the unit, even the people working in the hospital were afraid to come to the NICU, even if you had so things to discuss they were not able to come to the unit.

10:5 ¶ 20 in Nurse 10

:I was so frustrated thinking of leaving the job.

13:25 ¶ 38 – 40 in Nurse 13

the COVID-19 restrictions made me feel a mix of emotions. Initially, it was challenging and overwhelming to adapt to the sudden changes and new protocols that were put in place to prevent the spread of the virus. The restrictions created a sense of uncertainty and anxiety as we were dealing with a novel virus and had limited knowledge about its impact on newborns and their parents.

One of the most difficult aspects was witnessing the separation between parents and their babies. It was heartbreaking to see parents unable to hold or touch their newborns freely due to the fear of infection. The bond between parents and infants is crucial for their emotional well-being and development, and the restrictions limited the opportunities for this vital connection to be established.

Additionally, the strict visitation policies meant that parents had limited access to their babies. This led to heightened stress and feelings of helplessness for both the parents and us as healthcare providers. It was challenging to provide emotional support to families during this time when physical presence and reassurance were limited.

● 8. Recommendations to facilitate parent-infant bonding and attachment: 8.3 Recommendations for nurses

8 Quotations:

11:7 ¶ 28 in Nurse 11

Ensuring effective and regular communication between healthcare providers and parents. This can help parents feel involved in their baby's care and provide them with updates and information to alleviate anxiety and promote attachment.

11:9 ¶ 28 in Nurse 11

emotional support, education and guidance and recognizing parents' faces

13:6 ¶ 9 in Nurse 13

South Africa is a diverse country with various cultures and languages. It is important for healthcare providers to effectively communicate with parents in their preferred language and understand cultural practices that may influence parent-infant bonding

13:7 ¶ 10 in Nurse 13

Providing parents with adequate education, emotional support, and counseling can significantly enhance their ability to bond with their infants

13:10 ¶ 14 in Nurse 13

Enhanced Communication: We could have implemented regular and effective communication channels between healthcare providers and parents. This would involve providing detailed updates on the baby's condition, progress, and care plans. Clear and transparent communication helps parents feel involved and reassured about their baby's well-being.

13:11 ¶ 15 in Nurse 13

Parent Education: We could have provided comprehensive educational materials and resources to parents on various aspects of neonatal care and bonding techniques. This would empower parents with knowledge and skills to actively participate in their baby's care, even when physical presence is limited.

13:12 ¶ 16 in Nurse 13

Individualized Care Plans: Each baby and family have unique needs. By tailoring care plans and interventions based on the specific requirements of the baby and the preferences of the parents, we could have promoted a sense of ownership and involvement in the care process. This individualized approach would have helped parents feel more connected to their babies.

13:14 ¶ 19 in Nurse 13

Psychosocial Support: Recognizing the emotional impact of the pandemic on parents, we could have provided additional psychosocial support services. This may include counseling services, access to mental health professionals, and support networks to help parents cope with the stress and emotional challenges they may face

● 8. Recommendations to facilitate parent-infant bonding and attachment: 8.4 Recommendations for infrastructure

5 Quotations:

3:8 ¶ 23 in Nurse 3

okay like for now, we have a lodge...parents are testing and even in the COVID unit...after some months they have a unit were they keep they mom and babies together. When the mom test positive they allow the mother to stay with the baby as long as the baby is not sick. And there is a lodging facility which can be used to allow mothers to visit.

3:10 ¶ 30 in Nurse 3

like for neonatal unit...I think what we can do is to have a... a barrier like a glass barrier, where parents can come and see their children, like when mom test positive they came come and see their child though that barrier even if they don't visit physically, allowing them to see their babies

6:5 ¶ 8 in Nurse 6

but if now because we saw what it has done maybe if it comes again they should be proper rules that are set there, so what we could have done at that time to promote bonding, maybe when we isolated the baby or isolate the mother we must have a proper isolation room for mothers and babies that are positive, if the mother is positive with the baby there, if the baby is positive allow only the mother to stay in the isolation rooms, I think that could have worked, otherwise you have isolated them from other people but if we had isolation rooms for them only.

8:8 ¶ 23 in Nurse 8

if new knew about this virus way back maybe they should have been a room where there is a glass separating, then the mothers will be that side seeing their babies and identifying their babies even though they won't be any contact but at least knowing this is my baby , my baby still alive, I have hope.

9:7 ¶ 23 in Nurse 9

I think the lodger facility and the KMC facility should be closer to neonatal unit so that the mothers can be there to breastfeed all the time, to learn how to change nappies and to be able to bond with the mothers

● 8. Recommendations to facilitate parent-infant bonding and attachment: 8.5 Recommendations to facilitate bonding

10 Quotations:

1:8 ¶ 17 in Nurse 1

I think to facilitate bonding...should allow them when they come in not to put on a mask to expose their faces to their babies, only to their baby. We know how the distance how it travels and all those molecules of COVID-19 so for the baby we allow the mom to open their face to be able to bond with their babies, that will also help.

2:7 ¶ 16 in Nurse 2

And again, when the mother is around she was going to do KMC every now and then, unless maybe is contraindicated because to baby's conditions, but if it wasn't for that, the baby was going to bond with the mother by doing KMC because we are going to allow her maybe for 45 minutes after feeding to do KMC with her child every now and then, when she comes.

5:4 ¶ 12 in Nurse 5

. I think even though the mother is COVID-19 positive or the baby is COVID-19 positive, I think they should continue with skin to skin, if they get treatment they will get treatment both of them. So we won't like or give the baby opportunity to bond with the mother, do you understand, I don't think the COVID-19 it has to be something that it stop that skin to skin attachment with the baby.

5:9 ¶ 26 in Nurse 5

the skin to skin, especially the premature, they need skin to skin to grow.

5:10 ¶ 28 in Nurse 5

to be honest I will encourage the mother to keep on breastfeeding and to do skin to skin, its very important that one

5:13 ¶ 34 in Nurse 5

I think it will be much better if they wanted our opinions, like other people when they do the research and everything so that they know how as nurses, how we are feeling about this thing, so that we can give them our input, how we understand the mother and the child things.

10:4 ¶ 18 in Nurse 10

we could have also allow them to take off the mask when communicating with the baby so they can recognise the parent's face.

11:8 ¶ 28 in Nurse 11

Utilizing technology to facilitate virtual visits between parents and their babies in the NICU. This can involve video calls or other platforms that allow parents to see and interact with their infants remotely,

13:9 ¶ 13 in Nurse 13

Virtual Visitation: We could have set up virtual visitation options, such as video calls, to allow parents to see and interact with their babies remotely. This would have enabled them to maintain a connection and witness their baby's progress despite physical separation.

13:13 ¶ 17 in Nurse 13

Kangaroo Care: Kangaroo care, also known as skin-to-skin contact, is a powerful bonding method. Promoting and encouraging kangaroo care sessions with appropriate infection control measures in place could have facilitated bonding between parents and their babies, even during the pandemic.

Project: Ntombizodwa- Parents

Report created by Anna van der Wath on 2023/08/10

Quotation Report – Grouped by: Codes

All (190) quotations

1. Parent-infant bonding and attachment in a NICU during COVID-19: 1.1 Importance of bonding

6 Quotations:

15:5 ¶ 37 in Interview 4

Very much, the reason being there are stresses that we're going through. It might be because of pre...It may be prenatal depression or antenatal depression or something that was going on behind the scenes like before we came for labour. Like myself when I came in, I was I was in a depression. I even wanted to give up my baby.

16:7 ¶ 27 in Interview 5

You know, when you are, especially when you are a first mom, there's a lot that you need to understand and still you don't want to be away from your child.

18:6 ¶ 17 in Interview 7

that is the first thing first because the baby is depending on the mother, so it very important for the mother to bond with the baby.

19:5 ¶ 29 in Interview 8

If you don't bond with the baby the baby will not get used to you. Like now when I go to work he stay in the house and he bond more with the one he is with. So when you with the baby full time you able to see what you child wants and what make them happy and not happy if they sick.

20:8 ¶ 36 in Interview 9

It is important that the first minute uh it's important to bond with your baby because she get used to your hands, your scent and everything

22:6 ¶ 9 in Interview 11

I believe it is crucial not to be separated from my baby in the NICU. Bonding and attachment play a significant role in establishing a strong emotional connection between a parent and their infant. Being present and involved from the early stages of their life helps to build trust, promote emotional development, and create a foundation for a healthy parent-child relationship.

1. Parent-infant bonding and attachment in a NICU during COVID-19:

1.2 Parents' conceptualisation of bonding

4 Quotations:

12:2 ¶ 46 in Interview 1

bonding is when you put you baby here (showing the chest) because is how you bond with your premature baby, you cannot be able to hold the baby.

15:13 ¶ 82 in Interview 4

getting close the emotionally, physically and mentally with the with the, with the person that you're bonding with. In our case, we talking about the baby.

16:13 ¶ 34 in Interview 5

But to be honest, when you give birth, you don't want to be...unless if maybe you've signed or maybe you are giving your child away. But when you want to be close to your baby, that's when the protective instinct in in the mother starts. You don't want to be away, you want to see your baby every single minute.

22:10 ¶ 13 in Interview 11

Bonding, for me, is the deep emotional connection and attachment that forms between a parent and their child. It involves feeling a strong sense of love, care, and responsibility towards the infant, and it lays the groundwork for a lifelong bond

2. Factors facilitating parent-infant bonding and attachment: 2.1

Compassionate nursing support fosters positive experience of care

20 Quotations:

13:15 ¶ 40 in Interview 2

I think he spent only four days in the NICU. The NICU nurses are amazing. They don't pressurize you. I think it's A. Is it A?

13:16 ¶ 46 in Interview 2

Those ladies are amazing, like and it's, and I think maybe it it's an also an age thing because they have the older ladies there. So it's like they understand when you come, you know...if you ask them questions they answer you, they don't tell you like you've been here for long, go

13:18 ¶ 46 in Interview 2

like, my child was born with the club foot, for I didn't even notice it. And the nurse is like, did you see that ngwana o belegelwe ka club foot (did you see that you baby was born with a club foot). And I'm like, no. And then I'm like, oh, ngwana wa ka wasegole (oh my disabled child), no, don't worry. In the hospital, they'll remedy it. Don't worry. And when I like I said, it's all there's ways to fix the club foot do you know what I mean?

13:21 ¶ 52 in Interview 2

and then others are there because it's a calling. You know what I mean? They understand what their purpose is as a nurse.

13:41 ¶ 94 in Interview 2

If you had questions, some of the nurses would be more than willing to answer.

13:45 ¶ 96 in Interview 2

So I think for the first few days, if not a week I didn't even hold my child until there was a student nurse. She was very young. I think she was like 22. A white lady. I'll never forget her. Where she sat with me throughout my whole visitation that day. And then she was like, but you can hold the baby. You know what I mean? And that was the first time

13:47 ¶ 96 in Interview 2

But she was the first one to say, but you can hold the baby. You know, she was like...and then she showed me how to pick him up and hold him and what I should do

15:7 ¶ 51 in Interview 4

But those two women, trust me, they play a huge role, I think of them every day of my life. So the kid that I'm having now I'm raising like nobody's business Nothing can come between me and her.

15:8 ¶ 53 in Interview 4

They played their huge role. Trust me, my sister, and bonding with my kid was not so simple. But with the aid of them talking to me, they would make sure, they would talk to me every day. Not that I was not getting the other help from the hospital, because my case was also attended by Fatima. You know how.

15:22 ¶ 105 in Interview 4

Trust me, the. It's not like in every OK. In every place there's a good and bad thing But trust me, the the service that you guys are rendering It's top It it.

16:1 ¶ 21 in Interview 5

It's awesome. Hey, because you know, when you have a child and your child is having some challenges in terms of being sick, you, you also feel weak spiritually and physically, so it the Steve Biko hospital they really helped me

20:17 ¶ 60 in Interview 9

Even though the sisters in the ward, they were so supportive all the time, like encouraging you that it all will pass, it all pass and you be discharged. You'll see your baby, we were supported all the time Yeah, we've got a good support from all the caregivers from the nursery to the ward

14:2 ¶ 7 in Interview 3

so I wouldn't say it was difficult for me because I couldn't see my baby. I could have seen my baby anytime I want. And then sometimes they even call me to come and see my baby

14:9 ¶ 11 in Interview 3

Yeah, but there was this other doctor. And then, yeah, I think I think she did try to help me by sending me the whatsapp update with my baby because I keep talking to her, asking how's my baby doing, then she keep on sending me pictures. Then that's when I realized, you know, what? My baby, she's not alone. Yes, cause the doctor keep me posted in the time when I ask about her, she give me some number for WhatsApp. And then we were communicating through WhatsApp about what's going on with my baby. Then she could send some pictures.

14:11 ¶ 11 in Interview 3

So then that's when the doctor realized, you know what, I'll keep on posting you about the baby because usually you are guaranteed you can come inside that that it was most painful

14:16 ¶ 21 in Interview 3

Yes as for me I would say it is not the best me now. I think it was a bonus for me, for us to be under hospital together due to my condition. So I think if it was not about my condition, remember from I'm from Vaal. I don't even live around Pretoria so that I will say, maybe I will go there, sleep there and come and see my baby. It was an advantage for me to see my baby whenever I wanna. I will see my baby every day to be honest with you, I saw my baby every day. Even sometimes they just call me.

15:30 ¶ 86 in Interview 4

but with the other help of support group, we were going through different things Together, because I also realized that when I was in-housing that mother said. Go and stay there So I

got that opportunity to be with other mothers. Fortunately, people that I was with, we didn't know each other. We just met, but fortunately, we were open enough to talk to each other. That also helped If someone is talking about their baby, embracing their babies and you don't like your baby in that case. And others are telling mothers the progress of their baby how happy they are, how difficult the situation is, how they feel they would cry. Those were crying, would console each other. It also make you feel that OK, that thing that I want to abandon, it's important.

16:30 ¶ 44 in Interview 5

Because there is a place where, when your child is in an ICU unit...there's a place that they call it lodging. So it's a lodge where the parents But when you visit, honestly, it's like you visit, maybe for once or twice. So I heard it from someone there. They said other mothers who are lodging meaning they can come to see their baby because they produce the COVID-19 certificate and stuff like that. So they were COVID free so you could see your your child whenever you want to see your child or spend time or sit there in the ICU with your child whenever you want to. So that's when I decided to lodge

18:4 ¶ 13 in Interview 7

...you see for me it was difficult because the baby's weight wasn't enough so I had to wait for the baby to gain, so they gave me enough time to bond with the baby, its just the baby didn't pick up as much weight like a child needed to gain in order to bond daily with the child, because they were specific time from which I could have gone, we had a time table were you could visit you child you see, so I don't think on that side I would blame them, so I can say it depended on the child's weight.

18:5 ¶ 15 in Interview 7

sometimes they would say in the morning when you take milk, the time you take milk to feed the baby they would come and tell you that we need feeds for this specific time maybe morning and afternoon and even in the evening and they will tell you, maybe for an hour you will bond with your child then you will go out because they don't want the section to be full, they will tell you in the morning, 1 hour in the afternoon and 1 hour in the evening.

2. Factors facilitating parent-infant bonding and attachment: 2.2 Sensory contact with the infant

5 Quotations:

13:40 ¶ 94 in Interview 2

I mean, I think that's about it. It was just about time really, because when you were there, I mean, you were allowed to hold the child, there wasn't any restrictions, you know? So like, you weren't allowed to hold the child or bond with your child. There was no one disturbing you whilst you were spending time with the child.

14:4 ¶ 7 in Interview 3

Sometimes they will allow me to take care, to maybe at least put her like a kangaroo, my baby.

15:16 ¶ 88 in Interview 4

I'll change the baby, I would feed the babies...there were days that they are washed, would wash them would play with them. Kangaroo them.

17:7 ¶ 26 in Interview 6

It is very important because for me the first two weeks that I was seeing my baby, the kangaroo thing it really helped a lot So you wouldn't feel like not being able to bond with your baby, especially if you're a first time mother.

17:9 ¶ 28 in Interview 6

Yes, the touching and him just touching and feeling you it really made a huge difference.

2. Factors facilitating parent-infant bonding and attachment: 2.3 Parents' understanding of COVID-19 situation

10 Quotations:**13:30 ¶ 74 in Interview 2**

I wouldn't want to be with my child 24/7 if my child is in hospital, and I understand that the nurses need to work, you know

13:33 ¶ 74 in Interview 2

it makes sense that it's a pandemic. There's a lot of other moms around. I think every mom will understand that

13:35 ¶ 74 in Interview 2

So being separated makes sense because of the pandemic. We get that completely. I understand that.

14:14 ¶ 19 in Interview 3

Yes, it was only the only thing was the people was blaming this COVID. They had nothing to do but to obey the rules. But then they blame. You know, like it's something that came along to our life. So you can't control the nature. So that's why I said we have to be strong all together,

16:14 ¶ 36 in Interview 5

I understand COVID, it came when no one was expecting it. In fact, it came. And you know there were a lot of changes that were made so that we can be protected or the public can be protected

16:17 ¶ 36 in Interview 5

in a way I understand about the COVID and everything because a lot of people died because of it. So I understand the how they were, you know, the processes of protecting the child.

17:6 ¶ 23 in Interview 6

I think at that time it was out of anyone's hands because it was a new virus and we were just all trying to be cautious and we all know how sensitive premature babies were. So I think for me in hindsight, it was sort of understandable that at the end of the day, it's for the good of my baby's health because I wouldn't want a premature baby catching COVID because I was going in and out of the hospital. So I think there wasn't really anything that anyone could do at that time. I feel like you did the best that you could to salvage the situation. So yeah.

17:10 ¶ 32 in Interview 6

I think they I think they were just considering everyone basically So just putting the health of every person first. So I guess it's the price that we had to pay as mothers just to ensure that our babies are safe. And then for me, I was just thinking that well, as long as he's safe, he's fine and he's healthy. And then once he gets discharged, then we'll bond more because at least we have the time together. But as long as he is safe

18:9 ¶ 21 in Interview 7

but I understand maybe because of the condition COVID was so high, they needed to separate the parents and their babies

21:5 ¶ 26 in Interview 10

yes they called the ward and they said no visitors, and I said I am not a visitor to my baby, I called my mother crying , it was rough that time of COVID I don't blame them, they were protecting me and my child.

3. challenges related to COVID-19 pandemic: 3.1 Challenges related to COVID-19 testing and precautionary measures

14 Quotations:

15:1 ¶ 31 in Interview 4

The main challenge, the first challenge that I faced personally is the testing of COVID-19. There was a queue for the results. It took a bit of days, a few days before I saw my child. And remember I was from operation.

15:4 ¶ 35 in Interview 4

Because for us to start bonding with the kids, we had to 1st go through the test of COVID that was taking a bit of a time.

16:3 ¶ 25 in Interview 5

The difficulties that I had it was because they had to say to me, for me to see the baby, I have to get tested first. That was my frustration because I was like I wanted to see the baby. So they said that test...it took 20 hours because you have to wait for the results. That's what they told me, it take 24 to 48 hours to get your results. And then if you are negative, that's when you will see your baby

16:5 ¶ 25 in Interview 5

So for me it was difficult because I couldn't understand why they didn't test me or why I was not tested before giving birth so that they don't separate me and from my child.

16:9 ¶ 27 in Interview 5

And then after you wait for the results and it...it's the process really. And you don't see, you don't know what's going on with your child.

19:6 ¶ 37 in Interview 8

: I don't think they thought about them, that is why I am say if they have thought about it, they would have tested us before we deliver, but you end up delivering while you COVID positive then you infect the baby.

14:20 ¶ 9 in Interview 3

So I was not allowed to take off the mask since really it was COVID-19 and we know hospitals. Sometimes there's a lot of patients that are also, you know infected by COVID-19

14:21 ¶ 9 in Interview 3

I could say after that, then I had to go there. But then strictly there was masks and sanitized always Yes.

15:28 ¶ 78 in Interview 4

There was sanitizers where the baby was, not allow us to go in without mask and if you don't have mask or you mask was...because remember we were given sometimes the surgical mask in the hospital, they would give you the other one. They would never allow you to touch the baby before you wash your hands They would never allow you to go to

the neonatal without uh sanitizing you, you sanitize outside, you wash your hands, you sanitize again, then you touch the baby.

17:22 ¶ 44 in Interview 6

Umm I really think that what is in place currently is OK, I don't think there's anything more that needs to be changed because we all know that when you get into the NICU, you need to wash your hands, just be sterile. I think like the hygiene principles is best Yeah, I don't think there's anything that's that needs to be changed or altered. I think what's just currently in place was best.

17:23 ¶ 15 in Interview 6

because for the first two weeks I was able to go there, you know, wearing a mask, it was a requirement, and this...the protective...What do you call it? This apron thingy. Washing your hands. Just making sure that you are very sterile before you touch baby.

19:1 ¶ 13 in Interview 8

The challenge is that when you went outside or you go outside when you come back you have to take off those clothes because you don't know if it has infection or what it has and you are afraid to touch your baby and when you're with your child you want to pull out that mask, and we are wearing the mask to protect them because we don't know how is it where we come from.

20:14 ¶ 44 in Interview 9

no, we're not allowed We were not allowed to take off our mask and I think it was also difficult for the child to identify their mothers, to differentiate them from other caregivers and other things, because we're always on masks

20:15 ¶ 46 in Interview 9

Hi it was so very difficult that distance that you must keep Uh. Even as a parent sometimes keeping that safe distance from the child or from anyone else around you that was so very difficult.

3. Challenges related to COVID-19 pandemic: 3.2 COVID-19 infection and quarantine

4 Quotations:

14:6 ¶ 9 in Interview 3

Even me was infected with COVID-19 and they had to take me to Tshwane hospital, so to keep me there for quarantine. So that's when the difficulties came along. When I was away from my baby, I had to stay there around 7 days. I think that was seven days. I was quarantined for seven days. And then after seven days, that's when I was able to see my

baby because I also had infection while I was in the hospital. I got infected there. So that's some of the challenges, I was there and then get infected at the hospital, then I couldn't see my baby for 7 to 8 days.

16:4 ¶ 25 in Interview 5

but if you are positive they separate you. And then you have to isolate maybe for 10 days before you could see the baby. That was my because, you know, they have to make a place where the you can maybe see the baby, even on the screen, even if you have covered. Because when I had COVID it was I don't have severe symptoms, so they said to me I won't be able to see the baby up until I produce the COVID certificate to show that I don't have or to show that I have.

19:7 ¶ 42 in Interview 8

it was not nice It was not nice because you can't bond with your family, you can't go where you want to go, you have limits, like with children you afraid to come close with them. You see those kind.

20:12 ¶ 40 – 41 in Interview 9

So as I said, like maybe if they've created some regulations that they create a space of a mother and child at the time of birth or maybe separate them. or What can I say uhm What is it called that uh? When we are, we are taken to a certain place where no one is allowed

Researcher: isolation.

3. Challenges related to COVID-19 pandemic: 3.3 Challenges related to lodging

4 Quotations:

13:66 ¶ 24 in Interview 2

So the only time you could see your child as in when you wanted, was if you stayed at the hospital. But if you stayed at the hospital, you had to stay there until the child got discharged. You weren't allowed to go home and see the rest of your family, and some of us, we have husbands. We've got households. So it's difficult to leave everything. And they expected you to just come and stay in the hospital and not be able to go anywhere. You can't do anything. You just sit in the hospital until the child gets discharged. And my son was in in the NICU for a month. So for me, it didn't make sense not knowing how long my child would be there to leave my whole life behind and be forced to...just because they couldn't find other ways to make us bond with our children. And that being the only option

17:20 ¶ 17 in Interview 6

No, at that time they had said that because of the weight of my baby and I couldn't stay there and also I think it's because of where I stayed so they said I'm. I'm near the hospital.

So the lodger mothers are the ones that came from far like Limpopo and all these other provinces that they housed them.

18:14 ¶ 31 in Interview 7

I understand they had a place where they say you guys can lodge to sleep but only certain mothers could sleep there, myself before I could sleep there I had to take a COVID test just because I come out then you wait 14 days or how many...7 days then after that then they say your child is discharged.

21:8 ¶ 37 in Interview 10

because there are others at Tshwane and when I was discharged the told me it is full at the lodge, so they should create something at Steve Biko

3. challenges related to COVID-19 pandemic: 3.4 Lack of opportunities for father-infant bonding

6 Quotations:

13:36 ¶ 86 in Interview 2

They weren't thinking about us and especially because the fathers of the children weren't even allowed. So I was the first time parent, my partner at the time was a first time parent and the first time he saw his child was a month after the child was born.

13:39 ¶ 88 in Interview 2

So also that thing where the parents of the children couldn't come, I felt like that was completely unfair where they were like, it's only the mothers. The fathers can't come. I didn't understand that concept at all. So they didn't think about us. They didn't think about the parents, they only choose mothers which was also wrong because they're making it seem as if fathers are not parents as well. Do you know what I mean? They denying the fathers and opportunity to bond with their children as well because, God forbid, what if something happened to my child and he didn't get released from the NICU? You denied the father of my child an entire month that my child is in the NICU where he didn't even get an opportunity to see his child.

14:13 ¶ 15 – 17 in Interview 3

P3: No, no, there was no one. There was no one. No one, even the baby's father. He was not allowed to come and see the baby.

Researcher: But was he? Was he ever?

P3: He was not allowed us at the hospital I was supposed to wait outside.

16:15 ¶ 36 in Interview 5

But some other things. There are some other things they didn't think of, like parents, when a child comes on earth and stuff or when...process of giving birth they did not think of that process because even though the parents...like my partner was not allowed to come and see the baby because remember he was from the outside world.

21:10 ¶ 49 in Interview 10

they said no visitors, the only person who came was my sister to bring me toiletries then they told her we don't want visitors.

22:1 ¶ 5 in Interview 11

The main challenge was the strict level 5 lockdown restrictions that prevented fathers from being allowed in the NICU

4. Consequences of challenges to facilitate bonding and attachment:

4.1 Consequences for the infant

3 Quotations:

17:17 ¶ 46 in Interview 6

I remember I would go to the hospital for about an hour and a half and apparently that wasn't enough because my baby started losing weight so I had to stay there for longer for at least more than two hours at the most Just so that he doesn't miss me because when he misses you, then he just loses weight

18:17 ¶ 31 in Interview 7

it was difficult like my child know I have to leave, she doesn't take milk by the bottle now they have to tube feed her which is not nice, and because of that she was losing weight, when it come to my attachment

20:9 ¶ 36 in Interview 9

But that didn't happen so the child could like, as you see the nursery they are different. The staff members they come in, they go out, they come in, go out and the child didn't have that much comfort or security that she needed from birth Yeah.

4. Consequences of challenges to facilitate bonding and attachment:

4.2 Consequences for parents

13 Quotations:

13:57 ¶ 70 in Interview 2

So that was another issue that that I experienced that was, that was traumatizing for me because now you're worried about the child. Do you know what I mean?

14:10 ¶ 11 in Interview 3

So for me, we all know that we were scared because of it was COVID-19. We had to quarantine and so on. I wanna bond with my baby. I wanted to bond with my baby. Which is? She was very young. She went to. I see you #8. And then B and then C. That's the challenges that I had to go through alone because of next time I will come there and then she was she will be at the Ward B I see you be all of a sudden when it comes, she went back due to some complications. Then that's when I started to realize I want and need to see my baby. And then I was starting to get scared.

14:12 ¶ 11 in Interview 3

It was most painful especially you can't hold your baby.

16:2 ¶ 21 in Interview 5

Because, you know, when you are away from your baby and your baby, it's still at the tender age, you feel like you like your world it's falling apart. But at least they make the process to be easy.

16:11 ¶ 28 in Interview 5

because I really fought with the nurses and doctors, they had to explain and stuff like that. I didn't understand why I should go and test and be separated from my child.

16:26 ¶ 44 in Interview 5

So you worry you worry you cause you wonder is he is he happy? Is he crying? Is he? You know, needy or something like that

17:3 ¶ 15 in Interview 6

And I was just trying to to sort of like Zen myself, not to get stressed because the sisters told us that if you get stressed it, it reduces your milk supply. So it was very tough, you know, not being able to get stressed because you can't see your baby, but at the same time you just trying to think that it's, you know It's for the good of him for him not to get COVID

17:8 ¶ 26 in Interview 6

Chances are very high for you to get post natal depression, so we wouldn't want adding that to the mix. So it is it's it's very important Yes.

17:11 ¶ 32 in Interview 6

I didn't really want to put more stress on myself. It's stressful enough when your child is in hospital for such a long period of time and having to add COVID on top of that, that is, that is just the worst.

20:2 ¶ 19 in Interview 9

So it was very difficult for me, at the time I saw her, she was like few weeks old and I've missed some of the time with her. Some development in growth Yeah.

20:3 ¶ 23 in Interview 9

I said it was so very difficult and some painful situation where I couldn't be able to see her and especially when she was born, as I told you I was, I was in ICU and four weeks I couldn't able to go and see her while she's still a newborn.

22:12 ¶ 17 in Interview 11

Unfortunately, due to the restrictions, I was unable to participate in these bonding activities during my visits to the infant. It was disheartening and made me feel a deep sense of loss and helplessness. I longed to be physically present for my baby, to hold them close, and provide the comfort and reassurance they needed.

22:13 ¶ 19 in Interview 11

The COVID-19 restrictions have caused a mix of emotions. On one hand, I understand the need for safety and protecting vulnerable infants in the NICU. On the other hand, the restrictions intensified the feelings of anxiety, isolation, and frustration. It was challenging to cope with the uncertainty and not being able to actively participate in my baby's care.

○ 8. Recommendations to facilitate parent-infant bonding and attachment: 8.1 Recommendations for continuous parent-infant contact

11 Quotations:

13:7 ¶ 26 in Interview 2

: They could have made us come every single day and found specific time slots because they would give you a time slot when we came.

13:31 ¶ 74 in Interview 2

but I would have liked to have at least been able to see him on a daily basis. That would have brought that kind of peace to me

13:54 ¶ 108 in Interview 2

A two time slot or three time slot thing every day that would have been fine because it's like the normal visiting hours at the hospital. The hospital normally does 2 visits, your hours with the morning and the afternoon slot so it accommodates both people. So if they could do that on a daily basis then it would be fair. I mean maybe three times a day for us because I told you are in the queue you know it should be a privilege of the fact that our

children are in high care. it's not. In a general world, to know what I mean, but also so that some parents who can't come in the morning can come in the afternoon. Sometimes I can come in the morning and sometimes if I wake up and I'm too tired to come in the morning, I should be able to come in the afternoon. I shouldn't be restricted where you strictly are to come in the morning, and that day if I wake up too late and I can't make it, then it's like I can't see my child because I'm not scheduled or on the timetable for the afternoon shift. So it shouldn't be like strictly it is only coming on Monday at 8:00 and Tuesday at 4. Do you know what I mean? It should be like a flexible rule, a flexible timetable. I know they did it because they were worried about the amount of parents that would come at a go. I just don't know how they would go about that. But yeah, I don't know. It's just that's just how it would have been nice for it to be.

15:19 ¶ 99 in Interview 4

I don't know what the what do they do during these few hours that we not in, but I think the time that we go away from the kids should be few, yes it's not enough for mom. You can never get enough of seeing your baby So I think they could change the time

15:21 ¶ 101 in Interview 4

So I would like, if possible to change for them...not to visit only during feeding hours, but also after feeding hours... You go there only an hour and then after an hour you leave. I would like that hour to be increased to at least two and half. Then you leave for 30 minutes unless if they there are some admins that they, the caregivers are doing that needs much time for them.

17:15 ¶ 46 in Interview 6

I think it must just be longer I think just staying longer with the baby is very important

17:18 ¶ 46 in Interview 6

So I think a lot of time kangaroo with baby is very important.

18:13 ¶ 31 in Interview 7

I understand it's your duty doing your job but you guys, nurses need to take it into consideration there is a baby there who doesn't know those people there so they should make more visiting hours

18:16 ¶ 31 in Interview 7

so it best if they could create more visiting hours especially during the course of the day, and maybe say to the mother especially the breastfeeding babies,

20:16 ¶ 52 in Interview 9

Maybe three times a day. I think that was better

22:8 ¶ 11 in Interview 11

. Striking a balance between safety measures and the emotional well-being of families could have been achieved with more thoughtful consideration.

○ 8. Recommendations to facilitate parent-infant bonding and attachment: 8.2 Recommendations for safe parent-infant contact

10 Quotations:

15:3 ¶ 35 in Interview 4

Before we were admitted before, OK, most of us we came with a...during emergency. Ohh came by emergency, but before admission we should have been tested before because when we give birth, they already know that there's going to be a premature. So I think it would be better if they had tested us before we gave birth then because testing us just a few minutes before giving birth, then we can proceed like we can give birth. Then we start bonding with the kid.

16:6 ¶ 27 in Interview 5

I gave birth on Monday. At that time, they should could have, maybe took all the tests that they need just for me not to be separated from my child

16:8 ¶ 27 in Interview 5

So if maybe when I was admitted, it still be good. They tested me right and then so that they can prevent in a way... if maybe they are scared for me to hold the baby or to be with the child...and then they will say OK we tested her with COVID and she's negative. Then it's much nicer and easier than to say, after giving birth, you have to go and test for COVID.

16:10 ¶ 28 in Interview 5

: So yeah, so they must just test people before they give birth

16:12 ¶ 30 in Interview 5

So they must just test people before they could even give birth, because now I think that test doesn't take long. It's just 24 hours.

19:3 ¶ 17 in Interview 8

They were supposed to have tested use first before, because when you pregnant or have a baby they don't test you first to find out if you have COVID or not, you just go.

19:4 ¶ 21 in Interview 8

Yes because you will be inside, if they have tested that you negative, which means you are ready to check you baby.

19:9 ¶ 47 in Interview 8

the visiting they are okay, as long as a fathers can produce their testing card or vaccination card to show that they are negative and mothers to stay at the hospital

22:4 ¶ 7 in Interview 11

implementing measures to ensure the safety of parents, such as mandatory COVID-19 testing and personal protective equipment, could have allowed for limited visitation while minimizing the risk of transmission

22:14 ¶ 21 in Interview 11

To allow more frequent visiting by parents, certain measures can be put in place. These may include implementing a rigorous testing protocol for parents, providing appropriate personal protective equipment, and establishing designated visiting hours to limit the number of people in the NICU at any given time. Creating a safe environment while prioritizing the emotional well-being of both the infant and the parents is crucial

○ 8. Recommendations to facilitate parent-infant bonding and attachment: 8.3 Recommendations for nurses

5 Quotations:

13:12 ¶ 30 in Interview 2

You know, so another thing is for the nurses to be compassionate towards us. I understand that they're there. Yes, but we don't get the opportunity like they to always be around our children.

13:14 ¶ 34 in Interview 2

I don't care, you know what I mean, and I'm not saying it like I'm being in compassionate or whatever, but it's like, don't come and compare your experience, and want to downgrade what I am going through just because you've been there. If you've been there, then you should know exactly how I feel. You shouldn't be telling me that as well. Like, it's my first experience. Do you know what I mean? Don't take that away from me. Don't take how I feel and how I feel and make it seem as like it's irrelevant just because you've been through it.

13:48 ¶ 96 in Interview 2

So I think things like that where nurses should be told that when moms are visiting they should just monitor and see and not assume that we know that it's when you bond with the child it's supposed to be like kangaroo. What is it that you're supposed to do when you come? What outfits should you wear that make it easy for you to do kangaroo positions, do

you know what I mean? They are also making sure that we are making the most of our time when we're there.

13:52 ¶ 100 in Interview 2

And it's not fair for you to say to me, I can't have nails just because the nurses can't have nails. I understand that you're saying that. Because of infections and bacteria, you guys are worried about that, but there should be other procedures. I can come in, wash my hands. Then I can use a nail brush to scrub. There's other ways. Because at the end of the day, even when my child comes home with me, I'll still have the same nails. So you telling me it's not relevant for me? It doesn't make sense for me. I can't understand that. But are you as nurses? It's a different situation. You know what I mean?

18:2 ¶ 11 in Interview 7

but they should also considered us because it is our kids also, so I just think there is a certain way that they need to change their behaviour, especially when speaking to a person or addressing something to a person, they should not use this nursing or let me say health language when speaking to people like us, not all of us understand it, so it will be best if they speak to us as human beings the way you conducting with us.

○ 8. Recommendations to facilitate parent-infant bonding and attachment: 8.4 Recommendations for infrastructure

8 Quotations:

16:31 ¶ 46 in Interview 5

Yes, even if someone is having like COVID , maybe you know they must tell you that you have to isolate if you want to isolate Maybe when you want to, but you don't want to be away from your child. But in the hospital they should have a place where someone who is a COVID and who has a child, who's hospitalized, to be not far not far apart.

16:32 ¶ 48 in Interview 5

. So they must just make a place where they can make mothers to be involved as well, especially if they have COVID, unless if the mother doesn't have a COVID, then that's when they can separate, but if your child, he has COVID, obviously the mother has COVID because you spend more time with your child. So yeah, they must make a facility where, you know, the mother and the baby are in the same place. They must make a glass where the mother can just see, not to stay five days without seeing your baby.

17:12 ¶ 34 in Interview 6

I think just allowing mothers to stay there with your babies. I think that is because Then you will know that chances of them catching COVID is very minimal as compared to them going out the hospital because you don't know where exactly are they going. So if they are

at the house at the institution where their baby is, then you know that while there aren't any visitors, it's just them and baby. So chances of them catching the virus, it's very minimal So yeah Yes Yes.

18:8 ¶ 21 in Interview 7

that would have been something better, because they could in the ICU unit maybe gave the ladies who also in the ICU a section close by where they could actually sleep with their babies closer

18:10 ¶ 21 in Interview 7

I think next time when COVID occurs again, they should workout something like that, maybe put you with your baby in one room, so that whenever there is bacteria only you and your baby...you know as a parent you won't go to another section you will be there for you baby you see, because when the baby is close to the parent they become much better.

20:18 ¶ 40 in Interview 9

As as I said, like maybe if they they arranged some space with your baby that at the time of birth...

20:19 ¶ 32 in Interview 9

And maybe if they could have arranged some private space where they can bring the baby to me, then I can bond with the baby Uh, sit with her for a couple of minutes or hours and then after they take her back

21:7 ¶ 35 in Interview 10

it would have been nice even if they have discharged us but have a place where we can stay within Steve Biko not Tshwane so that we are close to our kids.

○ 8. Recommendations to facilitate parent-infant bonding and attachment: 8.5 Recommendations to facilitate bonding

7 Quotations:

15:14 ¶ 86 in Interview 4

Unfortunately, it was time for COVID, but if it was not for COVID, I feel like some situations were needed for...especially the support group for mothers, that will help the bonding with the kids

16:19 ¶ 40 in Interview 5

Organize the voice or maybe put the baby on the lap so that you can you know, you can have that physical connection with your child.

16:22 ¶ 44 in Interview 5

Do you still want to be in the hospital so that you can visit your baby at regularly or put a glass where you can see or even if you stand and just check everything out

21:9 ¶ 39 in Interview 10

I will take him and put him here between the breast, sit with the baby enough then fed and change the baby, most of the time the baby was sleeping

22:3 ¶ 7 in Interview 11

Firstly, the hospital could have provided virtual or video calls to allow parents to see and interact with their infants remotely. This would have provided some level of connection and allowed us to feel more involved in our baby's care

22:5 ¶ 7 in Interview 11

This way, fathers could have spent some precious time with their infants, engaging in skin-to-skin contact, talking, and providing comfort.

22:11 ¶ 15 in Interview 11

Despite the limitations imposed by the pandemic, there are still activities that can be done to ensure bonding with the infant. These may include talking softly to the baby, singing lullabies, reading stories, and gentle touch such as holding their tiny hand or stroking their head. These activities help create a sense of presence, comfort, and familiarity for the baby.

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