

ANNEXURE G2

TRANSCRIPT FOR PARENTS

Interview 1

Time : 10:45 02/02/2023 @ hamaskraal duration 07:24

Researcher: ok aa, this is a consent form that I give each and every parent to sign

Pp01: no problem

Research : before we start neh its actually a consent form, the first page is introducing me and were I study, it tells you that I am doing research about challenges faced by parents and nurses in facilitating parent-infant bonding and attachment in the NICU during covid-19

Pp01: no problem

Researcher: it tells you the purpose of the study , which I just explained now, the procedure what is it will be doing neh, so will be answering question which I will be asking, those questions will not going to be more than four questions, is just that those questions will be a follow-up question if I see I need to ask a follow-up question. And there are no risk involved or cause you any risk in doing the study, there is no benefit in being part of the study

pP:O1 I: I known this things is fine (smiling ^{FN})

Researcher : okay, here you will sign

pp01: one of my anut is the doctor

Researcher ohk , that why you understood so well when I called

pP01: laughing , i know this research thing is a problem to most of the students because , HERE I must print my name.

Researcher: yes but you name will not be written on the article this I just a consent

pp01: no is fine , date is on the 3rd or 2nd

researcher: second

.....

Researcher : and how is the baby

Pp01: all my babies are fine, all are premature I get them at Steve Biko , three of them and my two babies .

Researcher: because I remember when I was calling. Here you sign

Np01:ok

Researcher: I write there

Pp01; ok

Researcher: this is my part to sign and supervisor

Pp01 here I must also write.

Researcher yes

Researcher : I will also be writing because there are something I need to remember I need to write.

pP o1: okay

Researcher: so aaah our interview will start by just talking roughly about telling me about you experience in the NICU, how was your experience

pp1.ooooo for all of those kids I experienced a lot. This third one she was too tiny I didn't think she will survive, because I was also attending longer at the clinic, the antenatal clinic was at Steve Biko because they said is high risk for having premature babies.

Researcher: so aaa regarding attachment like KMC and bonding, were you allowed enough time to bond with your kid.

Np01: yes

Researcher: roughly how much time you were given

pP01: aaa 30 minutes roughly, 30 to an hour

Researcher: so you would say they were no obstacle that would prevent you from bonding with you child.

Pp01: no no

Reseacher: so what do you think we should in future to all parents to be close with there infant

Npo1:in they still small ?

Resesacher: yes what can we do?

Pp02: in future like, what I saw there,the other thing there, is because the kids the machine is on and off,so most of the sisters threr they don't lonk most of the time the machine will be beeee all the time

Researcher : is this in the nicu or ?

Pp01: no HIGH care. ICU they all way standing there all the time .(laughing)

Researcher : alrite mmmm, do you understand when we say bonding neh?

Pp01 : yes.

Researcher: can you explain to me your understanding

Pp01: bonding is when you put you baby here(showing the chest) because is how you bond with your premature baby you can not able to hold the baby.

Researcher; this KMC you were able to do it with all visits

Pp01: yes

Researcher: and then aaa what can we do if you remember they would say the baby need to recognise the mother's face . were you allowed to take out your mask .

Pp01: yes

Researcher :I think our interview is done.

Pp01: oooh sure

Researcher: thank you very much for your time ,, you actually the first mother to be interviewed

Pp01: oooh ok, I wish you the best on your studies

Researcher: thank you.

Interview 2

Researcher: I can hear you.

Pp02: You're a bit faint. My volume is all the way up on my side.

Researcher: OK, you hear me now, can you hear me now?

Pp02: OK, yeah. Yes, I can hear you. Yeah.

Researcher: You can, Alright. Umm. I the network is bad.

Researcher: let me just eeee start, my name is ntombi., Ntombizodwa Mokwayi, I'm doing research at the university of Pretoria

Pp02: Umm.

Researcher: I'm doing research about challenges that you parents faced during COVID-19 in facilitating bonding and attachment with their infants in the neonatal unit. So we're supposed to do this face to face, but it seems like I'm struggling to get to parents. I think I will start doing all the visually or through WhatsApp calls because it's it's it's it's a struggle to to find parents to to avail themselves.

Pp02: Yeah.

Researcher: So lets start hhh, Umm. I will need you to verbalize that you you gave me a concern to do the study with you because I don't we were supposed to sign a consent form, but because of we doing visual we unable to sign it.

Pp02: OK.

Researcher: So do you give consent? Do the volunteer for the research study?

Pp02 :Yes, I do.

Researcher: You also give consent that we record the interview.

Pp02: Yes, I do.

Researcher: I thank you very much and you can state your name and say name so that they can know who you talking to.

Pp02: OK Yeah, my name is selaelo seketla

Researcher: selaelo We just going to ask few questions they are not a lot of questions that we're gonna ask and but most of the time there will be a follow up question if let's say for example you are something else next and then will be followed by a follow up questioning. our main question but it's not the one that you will answer. What are the challenges faced by parents to FACILITATE parent infant bonding and attachment in the neonatal ICU during covid-19 pandemic.

Pp02: OK.

Researcher: So now gonna start with our questions. Our first question is tell me, what do you think are the challenges that hindered Or prevented bonding and attachment in the neonatal ICU during COVID-19. What is it that made you, prevented you to attach or bonded the way you wanted with your baby?

Pp02: And not being able to have access to my child, On a daily basis.

Researcher: OK.

Pp02: 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 the expected 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 to to make us bond with our children. And that being the only option. So because I I didn't agree to stay on the premises. I was only allowed to see my child. I think it was Uh, three times a week, once 11 visit. Uh three times in a week during the week. Only weekends wasn't an option.

Researcher: And then what do you think we or the hospital could have done in order to prevent such a an incident to happen?

Pp02: 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. They would only give you a time slot between, I think what is 8 and 10 in the morning. And then I think it was three and five in the afternoon. But the weirdest thing for me, they were saying that there was so many mothers. But the weirdest thing for me is every time I came for my visits and they said you couldn't come the same time every single time. So if you have visits were I think. Monday, Wednesday and Friday. I think those are the days that I came, but you couldn't come at the same time all the time because you had to give other mothers an opportunity, right? So but every single time I was there, the mothers that were in the, in the, in the ward with me were the mothers that stayed On the premises it wasn't. It was ray. Like, even when I went, because I I came to the hospital every single day to bring milk. So every single morning, once I was done with my things at home, I would come and I would bring cause. I was pumping breast smoke and bring milk I could if there was. If there was ten of us every single time I brought milk, it was a lot of us And every single time I would go and visit my son. All the moms that were there with the woman, mothers that stayed on the premises, there was maybe one or two other moms. So for me, I felt like They, the nurses and the people in the world were using the times that were convenient for them and not for us moms and for our and the benefit for our children.

Researcher: OK.Mm-hmm.Yes, I hear what you're saying, so.

Pp02: Because even when we were there, if you spend an extra 5 minutes or 10 minutes, then the nurses “neba go koba”(tshwana) (english send you away) and then my mind, I'm like, do you have any idea what I am going to For you to be impatient with me When, when, when my child is sick, there was a time I was there and It wasn't even my visiting time, but my there was something wrong with my child, like he wasn't OK, you know. And then a doctor came, and then as she sets him up, he started vomiting like green stuff. And then she's like, he's not OK, you know, and I'm like, but can they wash them because now he's dirty and then they got a nurse to both him and then whilst I was waiting for them to finish bathing him. And then I can leave one of the nurses are like “okay sharp O ka tsamaya mo” (English: you can leave now here). I know it's on my I know.

Researcher: OK.

Pp02

And in my mind, I'm like, how can you be so rude?

Researcher: Umm.

Pp02: You know, so another thing is for the nurses to be compassionate towards us. I understanding that they're there. Yes, but we don't get the opportunity like they do to always be around our children.

0:6:23.210 --> 0:6:36.890

Ntombizodwa N.J. Mokwayi

OK, I hear you. You stressing Much about comp.. like they need to have a heart. Do you think maybe there's ... they need sort of like an in service training or an extra class or something that they could do to the?

Pp02: Definitely.

researcher: But they need to to at least listen to the parents and all.

Pp02: Definitely because one of the nurses responses was when I was like to. I'm like, I'm gonna leave. I was waiting for her to finish this. Like, yeah, what if one of the other moms comes and sees you? And I'm like, I'm not here because I want to be here. I'm here because the the, the pediatrician was taking my tild. So it's not you can explain to another moment. And then she was like, yeah, you're not the first to have your child in the NICU. We've also had our children in the NICU. 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, I'm the first person to have my. 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.

Reasecher: Once this one from the the small ICU, the A or the B.

Pp02

No, it was, Which one is A is a win me finish giving birth and they still on the the machines right? It's it. No, it wasn't. It wasn't NICU. It was high risk.

Researcher: Oooooo do mean the other one with many kids that are there that big one.

Pp02: Yes.

Researcher: Oh, OK.

Pp02: Yes, it was that one cause. I think he spent only four days in the NICU. The NICU nurses are amazing. They they they don't pressurize you. I think it's A. Is it A?

Researcher: YES is the one that with nine babies like it's a small one with the machines and all.

Pp02: Yes, it's the one in the corner. It's in the corner, not in the passage.

Researcher: Next to the breastfeeding, next to the milk kitchen.

Pp02:

Yes. So when when he was first born, he spent four days there.

Researcher: Yes

Pp02: Those ladies are amazing, like and it's, and I think maybe it it's an also an age thing because it's they they have the older ladies there. So it's like they understand when you come you know they they if you ask them questions they answer you they they don't tell you like you've been here for long go do you know what I mean none of that they hardly even interact with you and this you want to interact with with them and ooooo There's lightning. Yeah. And if you don't ask them, they'll they'll willingly say. OK, but the baby's fine. Did you see that? We've that there's this, like, my child was born at the club for the I didn't even notice it. And the nurse is like, did you see that ngwana o belegelwe ka club foot(English did you see that you baby was born with club foot). And I'm like, no. And then I'm like, oh, ngwana wa ka wasegole (oh my disable 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? But the nurses on the other side, pediatricians are nice, but they're not all the nurses are bad. It's some of them that are not nice, Hmm.

Researcher:

Umm, I think you know when you were explaining, because now I I could I could sense that which area you are talking about now and the the area I'm gonna explain to you if you can check name in in a you see sisters are wearing a epilates right.

Pp02: Yes.

Researcher: When the baby sleep before, if you can check in where they are, a lot of babies, most of them they're not wearing epilates.

Pp02

Yes.I can yes, that.

Researcher: Yeah. So majority of people that are working that side, you'll find that they're enrolled nurses and axillary nurses, I don't know what's the problem with enroll nurses and axillary nurses, I we also don't know. We don't know.

Pp02: I know I think the problem you know with my experience cause I mean I still go to Steve Biko on a regular basis because my son is still in the high. He hasn't been discharged from high risk yet and he's still being taken care of for the club foot. So some of the nurses when you interact with them, you realize that some of them are just there because they want a job and then others are there because it's a calling. You know what I mean? They understand what their purpose is as a nurse. Others, they just take it as a job.

Researcher: Umm.

Pp02:

And then they just treat you like they doing you a favor or you're coming there and it's free service and it's wrong. That mentality is wrong because when we are coming to the hospital, we are already traumatized.

Researcher: Yes, yes.

Pp02: As individuals, the fact that we're at Steve Biko, there's some sense of trauma because it's not normal for anybody to just be in a hospital. Do you know what I mean? And then you get there and you, you don't understand the systems you're trying to understand, you're frustrated, and then you get to deal with somebody who's not compassionate, who doesn't want to answer your questions, who thinks that you understand the system when you don't. And when you want answers like you're bothering them. Do you know what I mean?

Researcher: I think sometimes you you you know what I have learned, didn't it? I learned through everything. I've learned that if people who don't have information or who don't have knowledge, they tend to become aggressive when questions are asked.

Pp02: Yeah, I yeah, I get you.

Researcher: Do I make sense?

Pp02: Yeah.Yeah.

Researcher: Yeah. So the person doesn't want you to see that. They don't know because you hence I was saying you could see many people that are working in B are people that are not, that are sisters. Yes the are nurses But they don't have more knowledge like registered nurses, the ones with the red epilate. So eventually when you mention you will see a person when you ask them a question is either they will not even going to explain to you they will ask you what the doctor say.

Pp02: Yeah, yeah.

Researcher: To understand what it's like, this will explain in they say. I will also call the doctor to come and explain further. Do you understand?

pp02: Yeah.

researcher: Yeah. So that's the different with nurses.

Pp02: And the other thing that I had an issue with there was Because they were so used to me, I'm bringing milk every morning. There was a time where I was running late because at the time my partner had also gone for an operation. That was the only reason why I couldn't come and stay at the hospital because at the same time my son was in hospital. My my, my partner at the time had also just gone in for an operation for his leg, so he was on crutches at home and it was his first time on crutches. So was an issue. So I remember there was a specific morning where I had to make him breakfast and I was running late for my usual routine, but I'm not worried because I'm bringing in. More than 600 mls on a daily basis of milk, so I know that there's more than enough milk for my son, but I'm bringing it anyway because I have to pump right. Then they call me at like 8 or whatever. I think the feeding was supposed to be at 6.They calling it eight and they were like, there's no milk for the baby. They haven't fed the baby because there's no milk. And I'm like, that doesn't make sense

to me because I bring milk every day that, like the milk is finished. And I'm like, that's impossible. But they're like, then I'm like, please check at the milk. The milk bank. Then they go check at the milk bank. The Milk Bank says, no, you lost both milk yesterday and that milk is finished. OK, fine. I'm like, OK, it's fine. I'm on my way. I come and the pediatrician even tells me that the way my child was crying, it was her first time ever hearing my child cry like that. They ended up putting him on a drip to help him so that his sugar levels wouldn't drop. So instead of going to the milk bag, I just took them the I went to the milk bank and then I asked them for the cup, and then I went straight to the ward. And then they gave the baby the the milk. But then I was concerned that I was upset. I'm like, I bring almost over over half a litre of milk on a daily basis. There is no way. My child can finish all that milk when they go and they take in the freezes. I don't know how much milk they found. I don't even want to exaggerate. It was litres of milk because even after my son was discharged, I went back and took milk. And even after that, three months later, the milk bank called me and said that they found even more milk and they asked me to come and do blood tests so that I couldn't donate the milk to the to the hospital. So why is my child suffering? And you're telling me that there's no milk when there's there's? Then I'm going out of my way to make sure that there's sufficient milk at the milk bank. Do you know what I mean? So it's things like that as well that were that were an issue in a concern. And now you're worried because you don't see a child every day. In my mind, I'm thinking, what if I wasn't staying in sunyside and I wasn't bringing milk every day? What was going to happen? My child was going to starve.

Researcher: okay.

Pp02: So that's another issue. Is the communication where the at the milk bank because they're so used to you coming every day. They're so lazy to actually check if it's in there and then when we found out they said it's because there was a change in shift. The person that took in the milk uh yesterday and the person that came in this morning is not the same person, but I'm like, how is that my issue? That shouldn't be something that I should be worried about. It's not my problem.

Researcher: They should know how they they store their milk. That's why they call it a milk bank

Pp02: Exactly. And when you're changing shifts, they should be something. I mean, we sign in, I sign in to say that this is the milk that I dropped off. Do you know what I mean? So how when you're looking back at me, logging in the models that I put in and my stickers, how are you not being able to see what is there and where to look for what? 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?

Researcher: yes, I I hear what you saying , I am sorry about that one. OK, let's continue with the questions next neh and the next question that we have is that do you think it's important for you to bond or not to be separated from your being at the time of COVID-19, was it important for you not to be separated from your baby?

Pp02:

Ohm. I don't know how to answer that because it's like you understand. Do you know what I mean?

Researcher: Yeah.

Pp02: And for me, as well as a first time mom, it kind of helped me. So that's a difficult question, I mean. 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, but I would have liked to have at least been able to see him on a daily basis. That would have brought kind of that kind of peace to me. So my only issue was not

being able to see him every single day, even if it was just for two hours in a day, it makes sense that it's a pandemic. There's a lot of other moms around. I think every mom will understand that. But the only thing that we maybe struggled with was not understanding. Why we couldn't see the children every single day, even if there was a timetable, it's fine. But why can't I see my child every day? So being separated makes sense because of the pandemic. We get that completely. I understand that.

Researcher: So basically you're saying at least if each and every day they will give me a chance to come see and KMC your baby for at least two hours. It will be helpful. It would have been enough rather than giving you three times a day, three times a week, nEH.

Pp02: Correct.

Researcher: OK, so Umm if you as a parent, do you think they have considered like mothers that are in ICU's and their babies when they were planning they covered rules? Do you think the covert rules were considering parents and mothers that are in ICU?

Pp02: I don't understand that question.

Researcher: The question is says now the

Pp02: I see you. Who is this? The parent. That's an I see you. The child.

Researcher: No, no, no. babies are in ICU.

Pp02: Yes.

Researcher: He's like they were covered. Rules that we that we started that we put in place. Do you think this rules when they were done? Did they think about the newborn baby and the new mother?

Pp02:

No, they didn't. Yeah.

Researcher: Yes, that that's the question. Like do they think about that in them. How would? Because now let's say for example the current rule is restriction. You can't see your baby, you just deliver your baby. Your baby comes out, your baby's not breathing. Well, they have to take your baby to an ICU. But now you aren't able to see your child because of the restrictions that we put in place.

PP02:

Yeah, they weren't. They weren't thinking about us and especially because the fathers of the children weren't even, 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.

Researcher:

I see.

Pp02: Other than that, he was only seeing pictures, so it makes it difficult even when the child came home, it made it difficult for him because now it's like he's so used to me going and seeing the child. So it was also difficult for him to adjust to parenthood because I had already had an upper hand. Do you know what I mean? 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 father's can't come. I didn't understand that concept at all. So they didn't think about us. They didn't think about their parents, they to only choose mothers was also wrong because they're making it seem as a father's or 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.

Researcher: I hear what you say so. Umm.

Pp02: You think about about us?

Researcher: It's. It's your husband available because this study is also about him expressing his views about how he feels that he never saw his.

Pp02:

No, no, we're not together anymore. I've I'm with another partner. But the father of my child, I don't stay with him. I can give you his contact details and I don't know if he'll be willing to do the interview or I don't know, but Yeah.

Researcher:

It fine lets leave it then. OK. Uh. What do you think in your view? What do you think we could have done to improve or to improve the bonding and attachments between you and your infant during covid-19? what is it that you think you could have at least done. It's you have mentioned the fact that they should have given you 2 hours. That one I have already noted it down. What else do you think they should have done to make it easy for you for parents, let's say all parents so that they'll be able to see their kids at least or bond with their kids.

Pp02: 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 born with your child. There was no one disturbing you whilst you were spending time with the child. If you had questions, some of the nurses would be more than willing to to answer. So I think it was that was only, that was the only issue for me being someone who was not staying on the premises. Was just the time thing of not being able to see the child everyday. That's the only issue. But other than that, and I think maybe also cause some of the nurses would encourage kangaroo position, but some, like they didn't. Do you know what I mean? Like for me, I think the first time I was my baby was tiny. I mean, he was born at 1.5 KG.

Researcher: Yes, yes.

Pp02: He had so many like tubes stuck in him. You wouldn't. You do? I didn't even know how to hold them. So I think for the first Few days, if not a week I 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. Every single time I've come there the nurses like I thought that I wasn't allowed to pick the child up because of the fact that. I mean he had joined us. He was under the lights. He had all these tubes stuck in him. But she was the first one to say. But you can hold the baby. You know, she was like and then she she was like no. And then she showed me how to pick him up and hold him and what I should do. 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 like things like that where they are also making sure that when we we are making the most Of our time when we're there.

Researcher: OK, basically you're saying that they should have a sort of like, if you admitted in the unit, they should have sort of like a booklet information booklet that explains to the parents, what is it that is expected of them?

Pp02:Correct.

Researcher: So that for example, now they someone who cannot explain it least you read it on, you read it on the information booklet and you can ask Nurses to assist you with the activity that you want to do.

pp02: Correct.Yeah, because also for instance, I cause I gave birth prematurely, I gave birth on the day that was supposed to be my baby shower. So my nails were done and whatever. And then because my nails were already done, I was coming in to visit the child, and there were some old woman in the ward who was telling me that I'm not allowed to have long nails. When my child is in the NICU and I didn't understand that for me didn't make sense, you know? And then she was like, yeah, we also nurses in this ward and are also young. They also want to have nails. But because they're taking care of your children, they can't do those things. And you guys think that you guys can also have that privilege. It's like you must. You must cut your nails. You must get rid of them, you know. And for me, it's like you're going to come and make it seem like it's a cheap thing. Like anyone has the money to just go and do you know what I mean? So I kept my nails. And then eventually.

pp02:She got one of the doctors to speak to me And then I was like, OK, fine, I went and then I got my nails cut down a little bit. And then the next day, she was like, come, let me check your nails. And then she's like, they still too long. Then she got some other lady. I don't know if it was hit of that department or whatever to sit down with me and tell me that. No, you have to get rid of your nails. And I'm like, I'm sorry. I won't completely get rid of my nails. 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 hair and my hand. My my hands. They I can use a nail brush to scrub my. 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? But it didn't make sense that I I had an old woman bullying me Every single day wanted to check my nails and sending people off to me because she felt like there were other younger nurses who also would wish to have those nails and they can't have those nails because they take caring, they taking care of my child like they doing me a favor.

Researcher: Was this during and during the day or at night?

Pp02: It was during the day. It's an I I just forgot all the nurses name, but it's an old woman. She has. She has Gray hair and she's short. But she would literally. And I I ended up feeling like it was more of an attack and it was no more a concern because the fact that I went out of my way to reduce my nails. Do you know what I mean? And then she was just like, it's not enough. Then those nails need to completely go. And in my mind, I'm like, that doesn't make sense to me. I I don't remember her. If I see her, all the nurses that I'm talking about, if I were to see them, I would be able to tell you who they are. I just don't remember the their names. But she's an old woman. She's the oldest woman I seen in the world. Some of them might be older than her, but she looks like physically you by looking at her, you can tell that she's an she's an elderly woman. And she's very and she's short.

Researcher:

But this one is in that big warning. The high key one.

Pp02:

Yes, yes.

Researcher: Yeah. Like she went to patient. I think I knew what you were talking about, but she went to.

Pp02: Yeah, yeah, yeah.No. Yeah.

researcher: The last question says name. Goes back to the hours name. How? How often do maybe the visiting hours could be?

Pp02:

I mean, I think Even if they they they can. If they did, we if we if they did the.

A 2 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 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 nick queue you know it it it, 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 tight 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 slow is only coming on Monday at At 8:00 And Tuesday at 4. Do you know what I mean? It should be like a flexible rule, a flexible, a flexible timetable. I know they did it because they they they 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 if for it to be.

Researcher: But thank you Selaelo taking time ,We came out to the end of our session. Thank you very much for agreeing and taking time and using your own data to assist me with the stage.

Pp05: No worries.

Researcher: Thank you very much. And then I'll also pass the other comments that you mentioned through the units because they also need to, this is only not just any study, but if you find something that people need to change on, we need to pass it forward to the relevant department. Hence, I was always asking you which department is that so that I can send.

Pp02: Ohh no yeah. Most of my issues were from it's that one. You see where we go and we pump milk.

Thank you very much.

Researcher: Goodbye.

Pp02:Yeah, bye.

Interview 3:

Researcher: Yeah, I'm sorry. Please hold. Because I'm hearing myself. OK. Yeah. So the purpose of the study is to find out or ideas that can help us promote or stop the problem that we arrived at at NICU previously on, so the main question of the study was whether the challenges faced by parents to FACILITATE parent infant bonding and attachment in the unital ICU during COVID-19. So there will be few questions that I will ask following the the big question the the main question. So our first question that will deal with is. Ohh, what do you think are the challenges that prevented you from bonding and attaching with your baby during COVID-19?

Pp03 I live because of the only challenges I had to go through. It is because of I couldn't go anytime around there to spend time with my baby. I couldn't go anytime. I couldn't even. They wouldn't even allow me to go like we've got covenant in due to COVID-19. But the main reason that kept me alive is because of I was at hospital as well as I was under high risk care and the hospitality so. Yeah, the challenge was I couldn't go anytime to see my baby because I was also under hospital as well and my baby.

Researcher:

OK so. So when your baby was discharged, what happened?

Pp03 Actually, my baby, just just today and then the following day I was discharged. So that's why I so you didn't. You didn't stay long. Yes, I wouldn't mind. No, I did stay long because of due to I'm a I'm a cardiac patient.

Researcher: Oh yes, he is.

Pp03: I had eight years I had. I had my baby. Ohh I think it was seven months. Yeah, 32. Yeah. That was two weeks. Yeah, and maybe seven months. Weeks. She was have to one born early because of due to cardiac problem with my heart condition and my health condition. So that's. Is there 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, even though it was difficult for me to touch my baby now and then. Sometimes it will allow me to take care to maybe at least put here like a kangaroo to kanga, my baby. And then yeah.

Researcher: OK, so you never had any challenges of maybe OK, not wanting you to take off your mask so that your body can recognize your face and so on.

Pp02 :Yeah, when you can you speak about masking? So I was not allowed to take out 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. Even Me was infected with COVID-19 and they had to take me to tshwane hospital, so to to keep it 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 of I was. I also had infection while I was in the hospital. I got infected there. So that's the 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. I could say after that. Then I had to go there. But then strictly there was mask sanitized always Yes.

Researcher: OK, according to maybe your idea and while you are quarantined for seven, then do you think maybe they could have maybe provided you with a strategy on an activity where you could see your baby or maybe try something else that they can allow you and your baby to bundle attach at that time of seven days to 8 days that you were at 20 for covert?

Pp03: Yeah, but there was this other doctor. And then, yeah, I think I think she did try to help me by sending me the whatapp update with my baby because I keep. 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 the doctor keep me posted in the time when I ask about my she give me some air number for WhatsApp. And then we were communicating through WhatsApp about That's what's going on with my baby. Then she could send some pictures. So for me, As for I COVID-19. Yes, it was COVID-19. We all know that we were scared because of it was COVID-19. We had to quarantine and so on. So I couldn't to me when I was quarantined. And so I didn't. I didn't feel much. I didn't. I didn't feel much like I'm. I wanna bond with my baby. I wanted to burn 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, you went back to a 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. 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. It was most painful especially you can't hold your house your baby.

Researcher: OK, so I'll ask you two last questions and they tell me how did COVID-19 restriction make you feel In terms of your family and your baby.

pp03: Ohh it was it was honest with you too hard because there was this time family wanted to come and see me when I was out of quarantine and then I was there. They wanted to bring something. Some because I'm from veernageng and steve biko if it's a far place. My family was at veernageng. Yes, right now in the web to come there, but then you couldn't let them in. They couldn't even take anything from them to bring it to me since, well, it's a covid then. Also on. So I couldn't have anything. I couldn't have communication with my my family for them to be there. It was difficult to come and see me. I could only talk to them for the phone. Keep them update. So yeah, that was the most difficult thing about COVID. I think covid always like because of to to. There was no one allowed to see a family at hospital due to COVID because they don't know what you bring. Might also come with the. Maybe, let's say infective something. Maybe the food, or maybe I don't know. Bacteria or something Because most difficult.

Researcher: Was the father of the baby allowed to see the baby?

Pp03: No, no, there was no one. There was no one. No one, even my even the the baby's father. He was not allowed to come and see the baby.

Researcher: But was he? Was he ever?

Pp03: He was not allowed us at the hospital I was supposed to wait outside.

Researcher: Did he ever express his feeling on to you how he makes him makes him feel that that he cannot even see his own child?

Pp03: Yes, it was only the only thing was the people was blaming his covid. They had nothing to do but to 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, even me inside the hospital. I'm not. I'm not. I'm not allowed to see my baby. Anytime that I want. There must be some rules for me to go inside. I see my baby. And then you give me some time. Few minutes and then time is up. I have to go back to the wall. It was also difficult for me comes to see my baby more often or regularly, or have to be there by. You know what? If I have something, they don't go. Go.

What you see? So it was difficult was it was difficult for everyone. Just me, but for everyone. And then.

Researcher: So do you think maybe because you yourself was admitted in together with your baby, you admitted? Do you think they could have maybe done something that will make you both of you become closer because both of you are in hospital and like other people that are coming and seeing the babies?

Pp03: yes as for me I would say It is not the best me now say it was. It was for me. It was. 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 have really around Pretoria that I will say maybe I will go there, sleep then and come and see my baby. It was 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. They don't come to the the babies critical, blah blah blah or so on and on. So, but that was an advantage for me and I was so happy that I was also under care for hospital in the meantime I'd be was there. She is the first person she was discharged first and then I was discharged. And the only thing kept me on hospitalized because of I needed oxygen. I think if I got oxygen in time, I would have left my baby in the hospital and came regularly. So. But because of I needed oxygen, I was supposed to leave a hospital with oxygen. That's when then they realized I need to be under hospital because I was under oxygen. Even today's Tuesday. I'm still using oxygen to my oxygen. Hey, sorry, I thought maybe that's why I I caught the covid because of our got problems with my lungs as well also. I'll say that was an advantage for me, even though I know that it's a situation that I can control.Yes.

Researcher: OK. Thank you ada for the time that is taking, we came to the end of our questions and I really appreciate that you made effort and made time, but I'll we can finish our interview because there were many stumbling block that was preventing us from doing our interview. But thank you. Thank you very much for your time. I really appreciate it. And then I wish you and your child.More recovery in mission to grow very well in strong.Thank you.

Pp03: Thank you. Thank you. Thank you. Thank you. Have a lovely day.

Researcher: Thank you. Bye

Interview 4

Researcher: You can see me.

Pp04: Yes. Can you see me?

Researcher: Yeah, I can see you. Hi.

Pp04: Hi, how are you?

Researcher: I'm good. And you?

Pp04: I'm OK.

Researcher: I'm good. OK, there will be few questions that will be asked one hour interview. They're not gonna be lot of questions. Just a few questions. They're not lot if And you don't want to answer. Maybe one of the questions you are allowed not to answer it. And then because of we are doing this

visually, we're supposed to do it face to face. There was. Do you remember? I sent the consent form, right?

Pp04: Yes.

Researcher: Yeah. Were you able to sign it digitally?

Pp04: Yeah. No, I wasn't. Can you e-mail it to me then I sign it automatically, manually. Then I will scan it back.

Researcher: Would you be able? Is it not gonna be trouble for you to do that?

Pp04: No, it's not.

Researcher: OK, alright, I'll e-mail you the the.

Pp04: The end of today, then.

Researcher: OK, I'll give you the consent form. Yeah. Thank you very much. Let me just note it down e-mail consent form , OK, on that was informed. It's just that we are volunteering to pay between part of this study about challenges that face by parents during COVID-19 in order to facilitate parent infant bonding and attachment in the NEONATAL ICU, the ICU that we're going to be focusing on is the one that it, it's in the corner. You know, the one that we normally we use the machines.

Pp04: yes

Researcher: Yeah, 8.8A.

PP04: Yes, the the the A section. (laughing)

Researcher: Yes, you're not gonna concentrate on the B.

Pp04: And see.

Researcher:

Ntombizodwa N.J. Mokwayi

There is an, Umm, stressing down this one is because normally parents would eventually concentrate concentrate on on B because I know there are a lot of challenges there I know I've noted it down and I've already informed the staff in the unit manager, the unit manager and also the hospital and manager that there are challenges which most of the parents are complaining about. I've already mentioned that the attitude of the staff not willing to help you, not willing to.

Pp04:

Yeah.

Researcher: Explain anything to you. If you in those kind, I've already noted them down. I've already told them about the issues that might mothers have raised during my interviews and they were focusing more on being those issues.

Pp04: OK.it's fine.

Researcher: Yes, OK. Uh, can we go straight to our interview? Is it fine? But before we start, I want you to State your name and verbalize that you give consent that we do the study and record the interview.

Pp04: OK, my name is chingwaru. Impatience. Masako, Anna and I give the content that we should do the the the interview. And we should verbalize it. We should continue with it.

Researcher: Thank you. Are you able to see my? The research is all about me. Did I flag it? Are you able to see it? Yeah.

Pp04: Is just faced by parents to facilitate parent infant bonding and arrangement in NICU during COVID.OK.

Researcher: It's. Uh, yeah. So I'm. I'm not gonna. That is the main question at the the main topic of the research, but I'll ask you a question that is relating to that. OK. So our first question is that tell me, what do you think are the challenges that hindered or prevented bonding and attachment with your baby during COVID-19 in the neonatal ICU? You can switch off the let's switch off so that you can relax.

Pp04: I'll get The main challenge, the first challenge that I faced personally is The the the testing of COVID Of COVID-19 There was a queue for for the results It took a bit of days, a few days before I saw my child. And remember was also from. I was from operation.

Researcher: Mm-hmm.

Pp04: That was I could not even walk by then it took me about four days for me to walk at at least properly. It runs a bit severe for me. It was my second operation.

Researcher: Tell me, what do you think they could have done to allow you to be able to bond and attach with your baby?

Pp04: Before we were admitted before, OK, most of us we came with 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 these are going. There's going to be a premature. So I think it would be better if they had tested us before we We give back then because testing is to us just a few minutes before giving birth, then we can proceed like we can give birth. Then we start bonding with the kid, with the kids Because for us to start burning with the kids, we had to 1st go through the test of COVID That was taking a bit of a time.

Researcher:

OK, now do you think it is important for you to have bonded with your baby?

Pp04:

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

Researcher: Understand.

Pp04:

But the bonding To be honest with you There are two nurses there. Can I give them? Can you? Can I give you the names?

Researcher: No problem. They will like it.

Pp04: Uh-huh

Researcher: You can you can. You can give me they names

Pp04: The other one is called uh nalidzhane I don't know if they surnames. Yes.

Researcher: nalidzhani in C

Pp04: Yes The other one is called Mashudu.

Researcher: mashudu? Yeah, I know them.

Pp04:

Yes Those two women held a lot.

Researcher: That's nice.

Pp04: On my case, in some someone's case also as for myself and me myself, I wanted to give up the baby for adoption and all that. I had a lot that was going on. I lost the father due to COVID Umm I felt my my family. I didn't want my family to be closer to me. By the time I was pregnant. By the time I was giving birth, I was going through a lot. I was mad. I was crazy.

Researcher: I am so sorry to hear that.

Pp04: But those two women trust me They they they play the huge role, I think 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 you.

Researcher:

I'm I'm happy, I'm happy and I'm glad that they are. They were able to Help you understand and able to take out or maybe make you see that your child would make you happy in future. Even at that moment you were not in the right space to And have accepted the child, but for the fact that that child is the one that is making you smile. And the way the other ones that are the ones that meet you see with this child is a blessing from God and you must not just let this child go. It's the only maybe living thing that is allowing you to remember the father. Because now if you think the father is passed, this is the only thing that is making you close to the father. Yes. Then. But I'm happy that they are. They made you Hey, change your decision. And I'm. I'm so happy about the decision that you have made.

Pp04:

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 they would make sure they would talk to me every day. Not that I was not getting the other help from from the hospital awards because my case was also attended by Fatima You know how.

Researcher: Yes, yes, I remember. For fatima, you know, another thing, another thing that I think Also in the level of the people that understand your culture and understand everything, I think that's why it touch you so deep that they they were there to tell you because they they could understand and they could bond with you. Cultural wise I think also the cultural dilemma also plays a huge role in understanding each other and you understand.

Pp04: Yeah.

Researcher: Yeah.

Pp04: Yeah. So Ohh, the bonding at the beginning was not so easy when I first saw my child. I was like, what's this, I could not Believe it. That's my child was of my hand size. My inner hand size my palm My palm size So (laughing with a voice of pain)

Researcher: And it's been and, you know, you know, sometimes they I think maybe us nurses when we we tend not to when you know the way you said it neh it made me realize that you're not the only mother that ask us gore why is this baby so small and then because we see these babies like that every time and we'll always ask you what's wrong with the baby because for us it's a normal thing because it's what we are seeing every day.

Pp04: ya because you are used to it.

Researcher: Yeah, I think maybe I see now the the fact that you are mentioning it. I think we also need to To dwell in the in the in the, in the in the sense of where you must explain to you that this baby is small like we need to make you aware that the baby is small and explain everything, not make you feel like if we don't see what you are you are talking about because we turn out when we answer you, we'll turn answer you as if like but this baby is OK don't understand. But when I was seeing something else. Yeah, the way you put it, it made me even myself out. If Mom will ask me why is this baby is too small. I'm like no this baby is fine Because you know, with US health professionals name, as long as the child has eyes knows hands, you know, all the organs are they You know.

Pp04: All the things and the organs are fine.

Researcher: Yes, we are happy. The size for us it doesn't matter. But for now I'm happy that this child is prepared you if you get another child who's a pretty mature, you know, no, this is a it is just God's testing me and God has transferred me to. Yeah.

Pp04: Trust me, I'll be very I'll be very and it will be very simple for me to take care of.

Researcher: Hmm.

Pp04: Trust me, though, it was not easy for In in in all sections from A-C. It's not easy for Nurses to to teach you everything. Some of the things you just see from others. What what they're doing and you you learn I remember my first the first time I was giving her milk I didn't know that I should not leave the the sea range On that, what do you call that thing?

Researcher:
The NG tube

Pp04: Yes, I didn't know that I should not leave the syringe connected to the tube So I left it I was not told anything I I knew nothing.

Researcher:
Umm. ya

Pp04:
And by the time I was seeing seeing, I cannot even talk properly So when I came back And the food had came back As a vomit.

Researcher: But now?

Pp04: And I I I was asking this other; I didn't change my name and from that day this year again I asked you, sister, what's what's wrong with this one like "You just left this you you left the tube like that. So what were you expecting to happen? " Like I didn't know anything. I was not told anything.

Pp04: And remove. Yeah.

Researcher:

Let me not say it in the record, but in the record she was supposed to also take it out. But when you are saying that when you came back, it means that from the whole 3 hours the child was left like that , that is something else. It's just telling me that she also didn't come back and see the child. She just came back. Now when you we're there. But either way, let's continue with our interview before we blame people.

Pp04:

OK.

Researcher:OK. OK. Do you think parents with infants in the neonatal ICU were considered when applying the COVID-19 rules?

PP04: I think they were.

Researcher: Do you think you were? You were considered. They thought that they will be parents that will give birth and they will be in ICU. They they consider you weren't making COVID-19 rules.

Pp04: Yes it is.

Researcher:

OK. Why? Why do you think they considered you?

Pp04:

There was sanitizers were 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 we were given the the the the surgical mask in the hospital they would never even went out. 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.In your neonatal without uh sanitizing you, you sanitize outside, you wash your hands, you sanitize again, then you touch the baby.

Researcher: tell me what is bonding for you?

Pp04: The meaning of bonding to me.

Researcher: Yes, in your own words.

Pp04: OK, 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.

Researcher: yes.

Pp04: Ohh, it's thinking closer, feeling that feeling that that the attachment between you and the baby.

Pp04: Thank you. And do you think the hospital or the nurses could have created activities that will make Easily bond with your baby.

Pp04:

Unfortunately, it was time for them For for covid , but if it was in for COVID, I feel like Some some situations where were needed for Especially the support Group for mothers, not for Not a the , the support group for mothers that will help the bonding with the kids, as I'm saying as up the the situation where I was, if it wasn't for those two ladies I wouldn't be where I am today But if I had, if it wasn't for them 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 the, but fortunately, we were open enough to 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 mother then 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.

Researcher: OK. And then what, what is it that you are able to do during visiting hours of your baby

Pp04: I'll change the baby, I would we would feed the babies, we would Ohm Sometimes there were days that they are washed, would wash them would Play with them. Kangaroo them Though playing with them once a bit difficult because no, that thing you could not touch that thing.

Researcher: Yeah, I understand you. That's supposed to say touch any machines and all, but you tell me now we we almost came to the end of our interview neh but this I want you to tell me how did Covid restriction make you feel personally? The covet restriction. How did they make you feel?

Pp04: Depressed Very depressed A lot of things going Can no longer hug people. As for my case had As I'm telling my boyfriend passed on Because of COVID When he passed on our starting to get ill I was I was facing a lot of challenges from work from home, then the pregnancy I last talked to the guy when I was in hospital. They brought me to a hospital The night he brought me in When you went back, he started to get sick. I gave birth the following day in the morning The following day in the evening, he passed on I don't know how ,I never buried him He never saw his child And no one My parents wanted to come and see me, but they could not come in because of COVID.

Researcher: So you're basically at.

Pp04: Ohh it's something else it's That all the restrictions which were there, they could not even They only I I didn't have my my, my Android phone. I was using a small phone because I was afraid to lose it, to lose the bigger one So we can write it in the chat I want to video call or anything else. The only change that we had was via telephone call That was it On the other hand, I had to be strong for the baby that I'm. I'm waiting the hospital.

Researcher: So, sorry to hear that it was so difficult for you. I could. I could imagine, you know? And you're like, man, you when you are explaining your story. I remember there was also a colleague of ours. His main was OK working is the one that sent her to the hospital But during covert night, she also had COVID-19. But believe you me, the husband died But you know, she was in hospital there. Husband got Seagate woman and it was like, you know, men. Even if when they are sick they're not, they don't want to show it.

Pp04: Please.

Researcher: Yes. And then the men died because because now you also had covid. But he just just just like that, the way we're explaining it OK, let's continue.

Pp04:

But I'm glad today I can talk about it. You know, they back then I could not talk about it. I would just cry.

Researcher: But you know, talking is healing. I'm. I'm glad that you are able to talk about it so that you are able to heal You know? Yeah, you know, covid time was difficult times for everyone. There's no one who will say I didn't lose anyone during covid, They someone that covid took someone else from their life.

Researcher:

So tell me, what do you what do you think we could put in place to allow more frequent visiting hours by parent?

Pp04: 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 We go away from the kids should be Few, yes it's it's less but So not enough for mom. You can never get enough of seeing you, baby So I think They they they could change the time from. I can't remember what was where we what time are we given where we given an only an hour. If I'm not mistaken to go away from the babies then we come back In In

Researcher: You were given an hour for visiting and then after three hours, I think you can make up that once you are coming back eight feeding times like 9:00 o'clock.

Pp04: So I would like, if possible to change for them to change not to visit only during feeding hours, but also after feeding hours they they sue cause feeding hours. You you therefore only an hour and then after an hour you leave I would like that hour to be to to to to be increased to at least two and half. Then you live for 30 minutes unless if they there are some admins that they, they, they caregivers are doing that needs much time for them.

Researcher: I understand. Thank you. Thank you very much for taking part of this, that we came to the end of our interview. I I really appreciate your effort and your openness and and an opening up and telling me that your difficult times during covid will I really appreciate it And majority of you you all refusing to be part of this study, but I appreciate that you are assisting and then they are changes that will also And be followed at Steve Biko so that we can be rendered better. Service and all. And I'm happy that you mention names so that other nurses can also follow on the footsteps of the nurses that And change lives to patient, not just letting patient besides encourage patient, not even. Maybe I'm not saying a first. The patient, but advise the patient doing advising you. That's why you were able to change your decisions. So I that. Your interview will really, really change. A lot of nurses perception. I thank you very much.

Pp04:

Thank you. And everything is can I can add?

Researcher:

Yeah you can.

Pp04:

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.

Researcher:

And I think I think you very much, you know they will really appreciate, you know, feedback a good feedback It's it's also motivating people, you know, when you always getting bit begging then you

know it demotivates you that people don't see us trying our best and then we are overweight and a lot of babies but we are trying to understand but your feedback will really, really make sure I'm telling you it will motivate them to even work harder.

Pp04: Only I comparing with. I've compared the hospital with the different with a lot of hospitals that have been through. I've been. I've been to though is not possibly not myself. Maybe someone else who's closer to me, but trust me, the service that we get from Steve Biko I I'm I'm I mean vendor right now so. Should trust me, I recommend people from van that will travel to Pretoria so that they get help from Steve people because of the service that I know is the Keep it up, people.

Researcher: Thank you very much. We appreciate your your your feedback. We really appreciate it. Thank you. OK, I'm gonna. I'm gonna end the interview now. Thank you now.

Pp04: Alright.

Researcher: Bye.

Pp04: bye.

Interview 5:

Researcher: To verbalize that, you give consent in a being a participant for the study.

Pp05: OK, no, I give consent To be a.

Researcher:
And it also to.

Pp05:
OK, you were saying?

Researcher: And do you also give consent to be recorded?

Pp05:
Yes, I give consent to be recorded and I give consent to be part of the service edge.

Researcher: Before we start, I want to know how is the baby doing?

Pp05: Ah, he's fine now. He's two years. So he's he's no complications. So he's fine sofa.

Researcher: That's nice. You're enjoying being a mother.

pp05: I love being a mom. I I I I. Yeah, I gave it at the age of 35. So for me it's my first child and for me to have a baby at. Yeah, that age. I was so scared with so many things because I gave birth when the covenant was Was like All over Yes, it was so scary at the time Because they.

Researcher: I'm so happy to hear you.

Pp05: Yeah.

Researcher: I can see your smiling and you are happy.

Pp05: I am I am very happy. Makes me happy. You know, he's my reason. Like he's my focus and for cause. And now I've changed on how I see things.

Researcher: Did you attend our follow up clinics?

Pp05: I did I after they said attend. I think we went to Steve Biko. There's a clinic there. Steve Biko After I.

Researcher:

And then the this checked everything.

Pp05: Yes, they did. They they had to check the baby and to see if maybe their baby. He and he doesn't have any. He covid effect and stuff like that.

Researcher:

That's great. I'm so happy for you. I could see you. You are full with joy.

Pp05: No it it 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 the steve biko hospital they really helped me, even though at times when they said they separated us our souls. 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 you like your world it's falling apart. But at least they they may be a process to be easy.

Researcher:

I am happy to hear that. OK, let's now start our interview. Neh, I'm not gonna ask you a lot of questions. They'll just be a few questions that will be asking them. Our main focus here is you can see on the screen net the challenges faced by parents to facilitate parent and infant bonding and attachment in the unit neonatal ICU. We have mentioned a few, but we would like you to repeat the sorry, my my door is going to be making noise. Me.

Pp05: OK.

Researcher: I'll close it now, alright And the first question that will ask, tell me what do you think are the challenges that hey hindered you from bonding with your child during COVID-19?

Pp05: You know the the the shocking part about COVID-19, we didn't know what kind of a disease and how much effect it has on people up until I was hospital in fact I gave birth at Steve Biko. And at the time I had to, you know, wear mask and to breathe while you you struggle to breathe and then now you have to cover and you are still bread that was before I even gave it. So I gave it and my son was a hospital

They took him away to ICU because they said he has some breathing problems. The difficulties that I I had it was because they had to say to me, I have to 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 made lately. So they said that test. It took 20 cause you have to wait for the results. So it takes 24 hours to for a cut. That's what they told me to take 24 to 48 hours to get your results And then if you are negative, that's when you you will see your pay, 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 a like Severe symptoms, so it's so like worried because they said to me I won't be able to see the baby up until I produce the the COVID And certificate to show that I don't have or to show that I have. So for me it was difficult because I I I couldn't understand why they they didn't test me or why I was not tested when before giving birth so that they don't separate me and from my child.

Researcher: So tell me, what do you think we could have done to to be to, to enable you to be able to bond and attach with your baby at that time?

Pp05: They Can nice it it you know when it's nicer when when you are? Because I I always hospitalized.

On No Saturday morning and then I gave Birth on Monday. At that time, they should could have, maybe took all the tests that they need just for, for, for. For me not to be separated from from my child. You know, when you are, especially when you first mom the first mother, you you there's a lot that you need to understand and still you don't want to be away from your child. So if maybe they they when I was When they I was admitted, it still be good. They tested me right and then so that they can prevent in a in a way that to see if maybe they are scared for me to hold the baby or or to be with the child they and then they will say OK we tested her with COVID And COVID-19. And she she's negative. Then it's much nicer and easier than to say after giving birth, we're gonna you have to go and test for covid. And then there after you wait for the results and it it. It's the process really. And you don't see, you don't know what's going on with your child.

Pp05: So yeah, so they must just test people before they could. They could give birth so that they don't get too, because I really fought with the nurses and daughters, they they had to explain and stuff like that for that. I didn't understand why, why I should go and test and be separated from my child.

Researcher: Yeah, that's.

Pp05: So my 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.

Researcher: OK. Do you think it is important for you not to be separated from your baby?

Pp05: To what?

Researcher: Do you think it's important for you not to be separated from your baby and why?

Pp05: 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 are giving that 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 aware, you don't want, you want to see your baby every single minute.

Researcher: Do you think maybe, umm, when they were doing COVID-19 rules they sat down and thought about the parent and the mother? Or they just did it?

Pp05: No, they never. I don't think they, you know, covid. I understand COVID. It came when no one was expecting it. In fact, it came. And you know it made there were a lot of changes that were made so that we can be protected or the public can be protected. But some other things. There are some other things they didn't think of like a parents. When when. When a child comes on earth and stuff or when it When you wanna process of giving birth they did not think of that process because even though the the parents like my my partner was not allowed to come and see the baby because remember he was from the outside world. So they said they need he needs to get tested first before he could come and see. And we're not even allowed to touch the child That was the another set part you could just see or or and unless you will stand in the at the distance and show your child, you can't. You can't attach your child. You can't smell the baby. You can't do anything. You have to be apart from the from your child and then they are. They will give you maybe a 5 minutes and then after they take the baby away Like it's, I feel like it's it's unfair in their way understand about the COVID and everything because it it it a lot of people died because of it. So I understand the how they they they were, you know, the processes of protecting the child But at the same time, they didn't think of how we, you know, we we felt at the time.

Researcher:

OK, tell me, do you think the activities that you could have done to ensure you want with your baby, what are those activities? But what could you? What could you have done with your baby to ensure bonding at that time?

Pp05: Umm, you know, I was so worried. You know, sometimes you you want your your child. Sorry. Sorry about that. You want your child like Uh to recognize because, you know, I think the infants, they could When you start whispering or talking to them, they they they could hear that this is my mom's. They can separate. So I you you can at the time we we couldn't even because it they were giving us a short time to to to to to to talk with the baby maybe like Uh, for us? Maybe to Just maybe to to talk. I remember you had to cover You can't remove the mask and everything, so just to talk with the baby, even if you don't touch the baby, remember it. They said it's spread through touching and you know, so just to talk with the baby and yeah, I I don't know what I I cause Being interactive with your child, you you use hands use hands or maybe they can put it on the paper on the left and then and then you start. Don't know it's it's kind of difficult to say.

Researcher: Can I paraphrase what you just said? What you're saying you're saying they should have activities that should you could have done. They could have taught you how to do hand wash or spray your hands so that you are able to touch your baby. Your baby can recognize your voice.

Pp05:

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

Researcher: Tell me. I want you to think way back. What did COVID personally make you feel covered as a whole. What? How did it make you feel?

Pp05: I was very scared I was very, very scared. In fact, when you remember at the time I gave Birth, they said that if you other people, when they they didn't have covid And then when when they were hospitalized, that's when they contacted it. So I was scared that, OK, what if then? Now that I have, I'm going to the hospital to give birth. What if then something happens and then my child, both of us And I you know that infected by the COVID and stuff like that cause some people, they say you you die with thin space of three days So I was very I was thinking of myself and my and my child. I was very scared of having it And I, my son, I think when he was Almost one year he had Covid so at the time I was very, very scared that I'm gonna lose him because he couldn't breathe. Then he was hospitalized So when you was hospitalized and they, they tested me as well and I was positive as well. So they separated. And so they told me that I I must isolate and be at home because my my situation was not that bad. And then he was And because he couldn't breathe So they put him on the oxygen, I was calling the hospital? Because they gave me the number to call. So I was calling just to check up and and and and and I wanted to know how is he coping without me? Because it was my first time not seeing him since, you know, since he was there.

Researcher: He tell me OK, so tell me, what do you think we could put in place to allow? That we could have allowed parents to visit often. What is it that we could have done to allow you more frequent visiting hours with your kids?

Pp05: It's too because there is a place where, where, when your child is It's it's, it's, it's an ICU unit. There's a place that they call it lodging. So it's a lodge where the parents who once cause with me. I was on leave when my son was in ICU after giving birth. So we asked, OK, what can cause? They said people were But I those who don't stay far from the hospital, they can come and visit. But when you visit. Honestly, it's like you visit, maybe for once or twice. So I heard it from someone there. They

said no we they said other mothers we are logging meaning we they can come It's even at 10 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. I think when I baby has a covid Uh, it it's it's kind of brutal for, for, for, for, for it's kind of brutal To send a mother to be home and leave the baby, leave the baby as especially if you have a toddler or infant, you know an infant. I think they must make a way where you can lodg... Ohh, or ask, ask. If you do want to close. 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 you you you check your you signed Your son or your your or your daughter or whatever, or your child in a glass where you could see the baby whenever you want to see the baby. Because with me when he heard covid, I couldn't see him. They said I'm not allowed to come close to the hospital. I'm not allowed to to to see him and stuff like so I didn't know what was happening. Even the medication that they were giving the child. I didn't know nothing up until they released the baby. 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

Researcher: So basically you are saying they should have made a larger facility available for everyone whether you are staying far or you're staying near

Pp05: Yes, even if someone is having like COVID You can just have. Maybe you know they must just put the they they 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. You want to isolate. 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.

Researcher: So you're saying they should have a roomed in the mother and the baby, meaning that they should have created a facility where the mother and the baby can room in together because both of them, they could be positive, but they could stay together because they cannot infect each other. That's what you're saying, right?

Pp05: exactly, especially if the the the mother is posing the child is positive. Why separating? Because because with me they said it's not that much, but with my son he needs to be in the oxygen, but they separated as our current understand because we were both positive So yeah, the and the at. At first my son was put, there was a place with the where they call it a covid, covid side So already there was a COVID side, but now they separated us. But I couldn't understand that concept because I I could have stayed big with him, you know, helping the nurses because you know the nurses sometimes they won't be with the child 24/7 because they have to attend other babies as well. So as a mother who is then you can assist and then you can be with your child, cause some kids are needy and you know some, you know, they are crying babies and stuff like that. 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 can That's when they can separate, but if they're both But I don't understand because if your child is, 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, or even if you are the mother doesn't is not infected with covid. They must make a glass where the mother can just see not to stay five days without seeing your baby.

Researcher: OK. Thank you very much. Promise that we came to the end of our interview. I really appreciate your time and your energy and your data.

Pp05: Thank you so much.

Researcher: Yes, I thank you very much. So any questions that you want to ask me, we are done with the interview.

Pp05: is covid still there?

Researcher: yes covid this still there? You just have to know how to wash your hands and do those precautions and everything and just prevent yourself. It's still there. The numbers are going high Umm, not that as worse as before, but covid is still here.

Pp05: Yeah. OK.

Researcher: We still have patients that are dying of covert.

Pp05: No, that's said. Ohh OK, we would like to one OK We're very confident we.

Researcher: We actually we were actually there lucky ones.

Pp05: Yeah. Alright. Thank you so much.

Researcher: thank you. Thank you.

Pp05:

I'm glad I was chosen.

Researcher: You really have you. You don't know how much this means to me. Thank you very much.

Pp05: Welcome Thanks.

Researcher: OK, bye.

Interview 6

Researcher: good morning lerato bokako

Pp06: morning

researcher: how are you and the baby

Pp06: I am okay, he is fine and He has grown so much He just recently turned to last December So he's doing very well.

Researcher: He's just doing boy things. Don't, don't. Don't mind there.

Pp06: Yeah Yes. (laughing)

Researcher: They all like that. And then I think, you know, kids, they they will they will see. OK. I know if I do this to my mom this is what my mom will react they have this thing. I think they they kissed my dad genius this month they will know how to to to poke where they want something. If they want something.

Pp06: They know which buttons to push

Researcher: Yes exactly you I'm happy that your baby is fine I'm like we I'm just happy that you know the work that we're doing at least now there's a mother that is happy and proud to see their baby Growing.

Pp06: Hmm. yes.

Researcher: Yeah. So, uh, let's get to the work of the day neh.

Pp06: OK Yes Alright.

Researcher: So the main question is the one that I just now flagged on the screen and the challenges that are faced by parent during the COVID-19 so but there are small questions that are gonna come out from that big question. The first question that I'm gonna ask you is what do you think are the challenges that prevented you from bonding in attaching with your baby during COVID-19 in unit ICU in steve biko.

Pp06: I think one of the challenges was when I was unable to see my baby because for the first two weeks I was able to go there, being able being, you know, wearing a mask, it was a requirement to also weigh the And this the protective the this. What do you call it? This apron thingy. Washing your hands. Just making sure that you are very sterile before you touch baby. But then I think one of the the downfalls of it was not being able to seeing him, but I had to go to to the hospital each and every day to drop off milk. So having to just pass by the neonatal ward just to drop off milk, that was a bit of a challenge. And I was just trying to to sort of like Zen myself, not to get stressed because. And the sisters told us that if you get stressed it, it reduces your 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 to think that it's, you know It's it's for the good of him. For him not to get covid because I would travel every day. Apparently, I wasn't allowed to actually stay there at the hospital at that time.

Researcher: Umm You asked if you could do your COVID-19 test before you could be admitted at this as a lodger, as as a lodger matter or there were no lodger facility at that time.

Pp06: No, at that time they had said that because of the weight of my baby and I 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 the the logger mothers that we're staying there are the ones that came from far like Limpopo and all these other provinces that they housed them they.

Researcher: Alright. lerato, would you mind if I can see your face? Because I need to see you face

Pp06: Oh, sorry.

Researcher: OK. So so our next question is mate will be what do you think you could have done at that time to have allowed you to be able to bond and and attach with your baby's office in your heart It's all picture.

Pp06: Can you please repeat that question again?

Researcher: I'm saying at that time they of COVID-19. What do you think we as the hospital or could have done to facilitate bonding and attachment with you and your child in, in, in the unit I see.

Pp06: 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 at that are actually. So I think for me in hindsight, it was sort of understandable that at the end of the day, it's for 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.

Pp06: (laughing and smile)

Researcher: I think you know I must just pad myself or pad ourselves. If people are not doing, then just do it for yourself. No. OK. Do you think it is important for parents not to be separated from their newborn babies?

Pp06: Yes, it is very. It is very important because the the the for me the the first two weeks that I was seeing my baby, the kangaroo thing it it really helped a lot So I you wouldn't I feel like not being able to bond with with your baby, especially if you're you're a first time mother. 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.

Researcher: So I could say you saying you're touching your baby. Might you be able to burn more effectively and closer to your baby? May make a strong bond when you are touching your baby because you are saying when you kangaroo your baby needs a lot of difference, so you basically So do you meaning detaching and the seeing of the baby speaking to yeah.

Pp06: Yes, the touching and yes and him just touching and feeling you it, it really made a huge difference.

Researcher: It makes you smile.

Pp06: Yes. (smiling with laughter)

Researcher: I I know that feeling. I know that feeling. And then do you think when they when they were doing COVID-19 rules they considered a mother and a newborn baby? Did they consider that when they were making a COVID-19 rules In your view.

Pp06: I 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 we'll bond more because at least we have the time together. But as long as he is safe because at that time everyone was just going, you know, we're just going a bit crazy. Just making sure you are sterile You sanitize your hands, So we, I I didn't really want to to put more stress on myself. It's stressful enough when your child is in hospital for for such a long period of time and having to add COVID on top of that, that is, that is just the worst.

Researcher: So don't tell me. Do you think now with the knowledge that you have, do you think maybe there's something that we could do to maybe think for the next COVID maybe? Let's see there's a next covid that that is coming. Do you think that there's something that we as the as the institutional as the Department of Health could do to assist a mother and her baby to born more, more effectively than separating them? Do you think there something that we could do in in that sense?

Pp06: I think just allowing mothers to stay there with you, babies. I think that is because Then then you will know that chances of them catching COVID is very minimal as compared to them going out the hospital cause you don't know where exactly are they going. So if they are at the house at the institution where their baby, 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.

Researcher: So I I would say you're saying that they should not have considered only people that are from far because there was COVID-19 that was there. They should have like thought broadly that now there's a pandemic. Let's now allow all the mother to come because there's a pandemic, right?

Pp06: Yes.

Researcher: OK, alright. And then our next question is going to be About you, how did COVID-19 make you feel? The restriction itself.

Pp06: I was scared for my life.

Researcher:
We all were.

Pp06: I think I was. I was really scared. I was just making sure that I and go to please excuse me. (speaking with her son as he stepped in the room where she was Go to Papa.) That's the little baby he wants the bathroom So for me, I was. I was definitely very scared for my life because it's something new that I didn't know I just made sure I stay away from people that included, you know, my parents, my siblings, the entire family, and also taking into account that, you know, my my parents, they've got them like my mom's She's got a hypertension, so chances of her catching it is is very high. So I was just considering all of those things. Just staying in isolation, going out of the house when there is a need for me to go at the house. But otherwise just keeping sterile, making sure I wash my hands. My hands are sanitized and Just keeping track of my movements.

Researcher: Yeah. So you were doing the best for your baby, right?

Pp06: Yes, I did the best that I could.

Researcher: I could see and then what do you think we could put in place to allow more frequent visiting hours for the parents?

Pp06: Umm Umm I really think that what is in place currently is, 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, you know, just wash your hands, just be sterile. So the I think like the the hygiene principles for it's 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 is it was best.

Researcher: And in the time fall for kangaroo in the baby is it. Enough.

Pp06: I think it must just be be longer I think just staying with just staying longer with the baby is is very important because 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. I had to. 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. So I think a lot of a lot of time. Kangaroo with baby is is very important.

Researcher: So basically COVID-19 3rd as that kangaroo. If no kangaroo they will lose weight with kangaroo baby want to lose weight.

Pp06: Yes, yes, yes.

Researcher: So we should we should actually maybe try to enlarge our unit so that it could be room in each and every mother. They've got their own cubicle, they sleep, they.

Pp06: Yes, yes, yes, yes.

Researcher: You should try that ,But we don't have mind.

Pp06: eish Hey, you see. Money is the problem.

Researcher: OK. Ierato we came to the end of our interview. I appreciate your time and thank you very much for everything that you like. You made time for me. I appreciate it. Thank you.

Pp06: Thank you so much for having me.

Researcher: OK. Thank you very much. Bye, bye. One like I'm.

Pp06: Thank you so much and bye bye.

Interview 7:

Researcher: this is a consent for with information that tells you that you have volunteer to be part of the research study.

Pp07: okay

Researcher: is a masters degree which I am doing with the university of pretoria hence I have turn my bag to the university student card.

Pp07: you from okay. I see yes

Researcher: here is state you taking part in the study, it explain the nature of the study “ describe the challenges face by parents and nurse to facilitated parent-infant bonding and attachment in the neonatal ICU during covid-19 pandemic, it explain the procedure that we be answering questions, what are the risk, they are no risk in taking part of the study or any discomfort or anything that will make you uncomfortable, at any point when you feel like that you can stop the interview

Pp07: okay

Researcher: possible benefits, there are no benefits in taking part in the study, it will be published to improve the health service. they will be no payment in taking part in the study and you have the right to withdraw without a reason if you wish to do so, ethical considerations.

Pp07okay

Researcher: explaining the consent for in participant, our main question we ask is what are the challenges faced by parents and nurses in facilitating parent-infant bonding in the neonatal ICU during covid-19 pandemic. But they will be small questions that are coming from there main question, so the first question , tell me what do you think are the challenges prevented you from bonding with child during covid-19.

Pp07: I will say basically the nurses , because in my case I don't know if any nursing education or any that is related to nurses , but I would say what they have done was very bad because the baby was premature less than a kg you as the mother needed to see the baby , but they dont want see the baby the time you are ready so they make thing difficult for all of the ladies that were there because they wanted us to do the things their way , I understand that their way is the best but they should also consider us because is our kids also, so I just think the is a certain way that they need to change their behavior especially then speaking to a person or addressing something to a person, they should 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 being they way you conducting with us. I think is basically a lack of communication in they way the speak to us.

Researcher: Thank you very much, so what do you think we could have done to allow you enough time with your baby to bond?

Pp07: what I think they could have done basically in that case 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 is 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.

Researcher: what time did they allow you, like how many hours or minutes.

Pp07: sometime they would say in the morning when you take milk, the time take milk to fed the baby they would come and tell you that we need feds for this specific time maybe morning and afternoon and even in the evening and the will tell you , maybe for an hour you will bond with you 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.

Researcher: do you think is important for you to bond with you baby

Pp06: ya that is the first thing first because the baby is depending on thr mother, so it very important for the mother to bind with the baby. Unfortunately

Researcher: do you think they have considered parent with infant in ICU when making covid-19 rules? Did they consider a new mom and a baby?

Pp07: they we only considering the baby they didn't consider the mother , cause I understand they wanted to make sure what ever, so covid-19 was so high during that time , every time when you get a flue it may turn to covid, so I think they were only concern about the babies even though they took care of the parents but they did not , on a scale of 0-100 they were concern with the baby is 100% mothers were 40-50%, they were consent that baby is not infected with anything .

Researcher: What do you think they could have done in order not to separate you and your baby?

Pp07: ya 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 where they could actually sleep with their babies closer nut I understand maybe because of the condition covid was so high they needed to separate the parents to their babies, 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 the is bacteria's only you and you 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.

Researcher:Did they test you of covid when you delivered?

Pp07: Before I delivered they have done a covid test yes.

Researcher: did they do it because you were coming in or they did because was a procedure.

Pp07: they just did because I was coming in basically, because I was referred from Mamelodi hospital to come to steve biko for the c/section, I think it was part of the procedure.

Researcher: ohh before they put you operation room ,they need to do a covid-19 test

Pp07: no they only done the covid when i went to the hospital, I stayed in the hospital for a month before I could go to operation. I went to hospital on the 14 of November and my baby was born on the 7 December.

Researcher; tell me how did covid-19 restriction make you feel

Pp07: I hated covid -19 it wasn't a good time especially for someone to give birth because you are so stressed that you will die and your bay will die, so if I can wish something neh, I would wish for the covid not to come back even myself my whole family had covid we did know who brought covid into the house, even thou we were so cautious , we were not let people to come in, I left my job to take care of my baby because of the covid , so now I can understand how we contact covid and she this baby was basically the first person that contacted the covid she just got the seizures we don't know we it came from just to find out she was covid positive, so I hate covid I don't want , wish it could actually not come back anymore

Researcher: what do you thin we could put in place to allow more frequent visiting hours from parents

Pp07: you see is difficult for you people because the people at hospital the doctors are try to do their work ,I would say some nurses is the issue , especially the nurses that does not have kids , they just think about themselves , I understand is you duty doing you 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 and maybe I understand they had a place were 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 .they were making things difficult because of the lack of communication, and the way they saying it they would use their health language 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 it was difficult like my child now 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 loosing weight, when it come to my attachment I would tell the nurses but the doctor say but the mom can sleep but the nurses come and chance everything, but I am not sure how they will work out this visiting hours if covids occurs again but now in my personal opinion I have learn I lota bout covid now if covid occurs and I see my child has covid I would take my child to hospital anymore because I feel personal that people at Steve Biko they doing test on our kids we don't even agree, they just say your child is admittted they would tell you what is wrong with you child, with myself I normal take the file they do not want to give you the file also , I will just take a screen shot of the file , go home sit on the internet and read

Researcher: thank you very much for you time.

Pp07: you welcome

Interview 8

English translation	Direct translation: Sepedi is used
Researcher: how are you	Researcher: le kae
Pp08: I am fine and how are you?	Pp08: re gona le kae?
Researcher: this one is our consent, I was consent here start by me introducing myself who I am. Studying at the university of pretoria doing the masters , we doing sampling at the steve biko hospital in the neonatal ICU, our	Reseacher: re teng, so this one ke consent ya rona, consent ya reona e start ka nna ke te introduce gore ke mang, ka bala ko university of pretoria ke dira masters re tsea sampling ko steve biko ko neonatal ICU, study sarena ke

study is about the challenge parents faced in parent-infant in bonding and attachment during covid-19, here it say they will be few questions that will be asked during a face-to face interview asking about challenged you faced during covis-19 in NICU, this study doesnt have risk or anything that will make you uncomfortable ant there are no benefits to the study and there is no payment of any kind or there is no cash that will be involved in taking part in the study ,you have the right to withdraw from participating without telling the reasons if you tired you juts tell you don't want anymore to participate. Ethical approval I got it from the university of pretoria and the department of health also steve biko hospital and this is my information this part is the confidentiality ty part, we it say what will be discussing will stay among us unless there is information that you want me to send back to the hospital, and this is a consent that you agree to be a participate. So you write you name here then you sign.

Pp08: okay

Researcher: we gonna start our main question is what are challenges faced by parents and nurses to facilitate parent-infant bonding and attachement during covid-19 in the neonat ICU, so will jus have few questions from the main question. Our first question what are the challenges that prevented you from binding with your baby during covid -19? So what is it that preventing you to see your baby as you wanted it.

Pp08 : the challenge is that when you went outside or you go out side 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 afraid to touch you baby and when you you're your child want to pull out that mask and were wear mask to protect them because we don't know how is it where we come from.

Researcher: what is it that you think steve biko could have done so that you see your babies.

Pp08: they were supposed to have tested use first before , because when you pregnant or

gore re otlwe the challenges tsa ba tswadi go bonder and go attacher le banna during covid - 19. Here it say re tlo go botsea few questions tse re tlo erang face to face interview ka tso nna di challenges le beleng le tsona ka covid-19 ko NICU, this study doent have risk or anything that will make you uncomfortable and there are no benefits to the study, and go ona payment of any kind or there is no cash that will be involved in taking part in the study, you have the right to withdraw from participating without telling the reasons if o lapile you just tell me gore ga o sa nyaka. Ethical approval I got it from the university of pretoria and the department of health also steve biko hospital, and e ke information ya ka and this one ke confidentiality gore se re tlo se bolelang will stay among us unless there is information that you want me to send back to the hospital, and this is a consent gore wa dumela gore wa participater mo study. So you write you name here then you sign.

Pp08: okay

Researcher: we gonna start our main question is what are challenges faced by parents and nurses to facilitate parent-infant bonding and attachement during covid-19 in the neonat ICU. so will jus have few questions from the main question. Our first question what are the challenges that prevented you from binding with your baby during covid -19? So what is it that preventing you to see your baby as you wanted it.

Pp08: challenge ke gore ge o ya kantele or o ya merokong ga o boa o tswanetse ke go hlobola dispare because ga o tsebe gore dinale infection or eng and o tshaba go tswara ngwana and ngwana ge o tswara o nyako hlopola mask and o abara mask gre o sa mo infector ince ga o tsebe gore kwa o tswang

Researcher: o nagana gore keng se ko steve biko se ntseba ka se e tsa gore le bone banna balena?

Pp08: ntse ntswanetse bare test bele, because like nou if ke pregnant or ken ale ngwana ga ba

<p>have a baby they don't test you first to find out if you have covid of not, you just go.</p> <p>Researcher: so you saying they should have tested you first while you were pregnant before you deliver so that when the baby is out you ready to see you baby</p> <p>Pp08: yes because you will be inside, if they have tested that you negative , which means you are ready to check you baby.</p> <p>Researcher: do you think is important to bond with your baby?</p> <p>Pp08: yes</p> <p>Researcher: why do you say so, what is it that make you say that.</p> <p>Pp08: 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.</p> <p>Researcher: are you saying bonding allow you to know you child and make it easy to see you child when they are sick.</p> <p>Ppo8: yes</p> <p>Researcher: do you think when covid-19 rule were implemented they thought about new mother and new babies?</p> <p>Pp08: I don't thibk 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.</p> <p>Researcher: tell me how did covid-19 restriction make you feel?</p> <p>Pp08:eish it was not nice it was not nice because you cant bond with your family, you cant go were you want to go, you have limits,</p>	<p>go teste pele gore o nale covid or gaonayona nah. You just go.</p> <p>Researcher: ore ntse batswanetse ba go teste ge o le pregnant before o delivera. So gore ge ngwana a tswa you are ready to see your baby</p> <p>Pp08: e ya. Because o tlabo o le ka mola, if ba go testele gore okay o negative, which means gore o right gore o ka checker ngwana.</p> <p>Researcher: do you think go bo hlokwa go bonder le ngwana gao?</p> <p>Pp08: yes</p> <p>Researcher: why ore bjalo? ke eng se segodirang gore ore bjalo.</p> <p>Pp08: if o sa bonde le ngwana, ngwana a ka se go tllwayele, like nou ge ke ya merokong o sala ko ntlong and o bonder le bona, and ge o nale ena full time o tlo bona gore ngwan gao on yakang ga a nyakeng , o happy ga happy , o tlo kgona go bona any change wa lwala ga lwale. We bona mo Ngwang.</p> <p>Researcher: ore ge o bonda le ngwana gor it make it easy for wen age ngwana a lwala o gona go mona faster.</p> <p>Pp08: e ya</p> <p>O naga gore during covi-19 ,di covid-19 rules ge ba di implimator ba nagane for new mother and new babies?</p> <p>P08: I don't think ba di nagane, that why ke go botsa gore ge nkebe ba dinagane ka mo goo, before o belega or ge o seno belega ntse ba tswanetse ko go tester bele maara just because ga ba go testea, ga ba diresele o no belega o nale covid wa bona ngwana wa no infector</p> <p>Researcher: ke nyaka o mpotse ka wena gore covid-19 restriction e direle gore o feel bjang?</p> <p>Pp08:eish ntse e se monate. Ntse e se monate,because ga o bond le family, o pala ke</p>
---	--

<p>like with children you afraid to come close with them. You see those kind.</p> <p>Researcher: do you think steve biko hospital can create, change the visting hours to accommodate other parents or the way there are is fine?</p> <p>Pp08: the visiting they are okay , as long as a fathers can produce their testing care or vaccination card to show that they are negative and mothers to stay at the hospital</p> <p>Researcher: are you saying for the parents they need to lodge so that they stay inside so that they can see their babies and not go outside and father to produce covid-19 result to show that they are negative or covid-19 vaccination certificate</p> <p>Pp08: yes</p> <p>Researcher: thank you we came to the end of the interview .</p> <p>Pp08: okay thank you (lauging)</p>	<p>goya mo o nyakang, o nale limit,like gona ka mogo le bana o tshaba go ba le gwane ga uswe. Wa bona tsa mo gothao</p> <p>Researcher: o nagana gore steve biko hopital e ka creater ,ya changer di visting hours gore ba gone ho accomdita batho babange or ka mogo di sharpo?</p> <p>Pp08: the visiting di sharpo as long as bo papa o a tla le card ya go bonths gore or negative or o injected covid. Bomme ba dule ko sepetelele</p> <p>Researcher: are you saying for the parents they need to lodge so that they stay inside so that they can see their babies and not go outside and father to produce covid-19 result to show that they are negative or covid-19 vaccination certificate</p> <p>Pp08: eee ya</p> <p>Researcher: thank you we came to the end of the interview .</p> <p>Pp08: okay thank you (lauging)</p>
---	---

Interview 9:

Researcher: good morning Phindile how are you

Pp09: I am good and how are you.

Researcher: I am oaky thanks.. So when my study started, started that time when I was at steve biko hospital So it continued. Right now I'm in central office, but in the Department of Professional Development where we trained professional nurses and other just to give them in-service training.

Pp09: Yes.OK.

Researcher:

And I like to welcome you. And I like to thank you for volunteering to be part of the research. It will be a great help to us knowing how we can assist in the near future if a same situation happens.

Ppo9: Yes.

Researcher: Our interview is not gonna take long because there are a few questions that will ask. They're not. They're not difficult. Questions are questions that you know, and then how in the

question that makes you how, how you feel now and then. But before we start, I just wanted to know how is my baby doing?

Pp09: Ohh, she's so great growing. Yeah. Yeah, it's just two years. Just two years now and very naughty.

Researcher: but you you really enjoy that night?

Pp09: Yeah. No, I'm starting to enjoy it because I missed most of the time and not being with her. Yeah.

Researcher: I'm happy that you're baby's well and then they were happy to see your baby growing and then, you know, I can see that smile when I was asking how is your baby? You just started glowing.

Pp09: (laughing with smiles) Yeah, it's just so beautiful.

Researcher: I I'm I'm glad I'm happy. I'm happy. OK, then research. You need to be comfortable, whatever that we discuss here, it will please among ourselves. Unless if you want me to give information to other people that you would like then to know about the information. For instance, if you're not, if you you have a a certain complaint that you need me to pass through. I can pass it through. But without them listening to the recording and then any maybe Not even a complaint? Maybe you you you saw is the certain a certain doctor being nice to you? We can also send and our gratitude to them and and so on.

Pp09: Yes.

Researcher: So our main question, yes.

Pp09: Yeah.

Researcher:

Our main questions there is the challenges that you face during COVID-19 in bonding and attaching with your baby. So the first question that we gonna ask you, what do you think are the challenges that prevented you from building and attaching with your baby during COVID -19?

Pp09: Yeah, there was a time I I couldn't able to see her Especially the time she was born, because I was in ICU after ICU, went to high care and for weeks and I couldn't able to see her even for the first time. So it was very difficult for me At time I saw her, she was like few weeks old and I've missed some of the time with her. Some development in in, in in a growth Yeah.

Researcher: Can you pause? Because I thought my room. I'm not gonna hear the noise from the side.

Pp09: Pardon.

Researcher: A I couldn't hear you properly because they are putting an icon in someone else's room. Can you repeat that please?

Pp09:

Ohh OK, I said it was so very difficult and some painful situation where I couldn't able to see her And especially when she was born, as I told you I was, I was in ICU after ICOI care and four weeks I couldn't able to go and see her while she's still a newborn. And it was very difficult for me to to, to, to bond with her because she don't know me. She she never felt me or anything after birth. Yeah, I just I able to see

pp09:Hello.

Researcher: I will respond to you now. I was just waiting for the drilling to subside.

Pp09: OK.

Researcher: Yeah. And then I'm.

Pp09: I can't hear you properly.

Researcher: No, I've, I've. I've moved on the mic because the they were drilling, so I didn't want that noise to be on my recording.

Pp09: Yeah. Yeah. OK.

Researcher: Ohh yeah, so tell me, what do you think we can could have used to to allow you to bond with your baby at that time.

Pp09: UM, it was very challenging because the the the spread of COVID-19 they couldn't able to take the baby out of the nursery and to come and see me Uh, or have some moment or some few minutes with her at that time, and maybe if they could have arranged some private space where they can bring the baby to me, then we can. I can bond with their baby Uh, sit with her for a couple of minutes or hours and then after they take her back. So that was very challenging moment Uh, because that didn't happened, and afterwards it's always so very difficult to bond with the child. I think it took some month Since uh, we can able to bond to each other.

Researcher: When you were admitted, when you were discharged, when the baby still in, I see you.

Pp09: No. The moment I was discharged was also discharged Yes.

Researcher: And then do you think it is, it is important for you to bond with your baby and why?

Pp09: It is important that the first minute uh it's imported to bond with your baby because she get used to your your hands, your sent and everything. But that didn't happened 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 or or or security that she needed from birth Yeah.

Researcher: So do you think COVID-19 regulation rules? They've considered new mothers and babies when they they made their COVID-19 rules, they they consider you and the baby?

Pp09: No, they did not They did not.

Researcher: Can you elaborate more on when you say they did not? What is it that they could have done?

Pp09: As as I said, like maybe if they they they arranged some space with your baby that at the time of birth And me, I was. Uh, I was diagnosed that I I shouldn't uh breastfeed the child. Yes, I understand. But there are some mothers. They they they wanted to breastfeed their child and bond with them. And remember after I came out of high care they took me to the necessary but they didn't allow me to stay for some time they couldn't allow me to feed the child they said I was just Look at her and just go. Not touching her, not doing anything to her. 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 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 for a

Researcher: isolation.

pp09: yes. If they they did that, it was better for the other mothers who could able to take their child home. But when their child is in ICU, it was very difficult. You were not allowed anytime. You're not allowed to spend some more time with their child. So I think more roster should have made them and like some of us who couldn't connect with our Who's our kids? For some time, I can say it took me almost a year And To be able to bond with my child And after then, yeah, it was Day by day like yeah Yes Uh, OK, not tell you.

Researcher: Sorry . I'm asking were you allowed to take out your masks while you are missing plate?

Pp09:

No, no, no. No, no, no, 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 Uh, they are mothers To to differentiate them from other caregivers and other things, because we're always on masks Yes.

Researcher: Another thing this is going to be a personal question to what's covered now. Tell me, how did COVID-19 restrictions make him feel as an individual or as a parent?

Pp09: Hi it was so very difficult Like uh That, that, that distance that you must keep Uh. Even as a parent sometimes. UM Keeping that safe distance from the child or from anyone else around you that was so very difficult And and we like the wearing of mask inside outside That was also very challenging And especially if you are still pregnant, that was so very hard wearing a mask all the time. So that was a very big challenge I I experienced yes.

Researcher: I also experienced the same challenge because I was also pregnant in during COVID-19 you're very wearing a mask and I just I didn't had covered because I was not wearing the mask.

Pp09: Ohh OK.

Researcher: So tell me, do you think we could have put some allowance of visiting hours or maybe change some rules during visiting hours?

Pp09: Yes, I think they they should have done that Like.

Researcher: So do you think how how often should we have allowed parents or how long should we have allowed parents to visit?

Pp09: Maybe three times a day. I think that was better and.

Researcher: How often? How often did they allow you to visit at that time?

Pp09: Once Only once, when sometimes they will allow you to feed their just once and then you go, you can come back again, then you.

Researcher: And then you go and then what happens?

Pp09: Sorry.

Researcher: Can you hear me? Can you hear me?

Pp09: Yes, I can, yes.

Researcher: And did they explain to you about the condition of the baby. I'll give you any comfort of some sort While visiting the baby.

Pp09: Yes, they do. 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, you will have a we were supported all the time Yeah, we've got a good support from all the cake caregivers from the nursery to the ward Yes OK Ohh Uh.

Researcher:

Thank you all. ausi phindi, we came to the end of our interview. I really appreciate your time for allowing me to do this interview with you. I really, really appreciate you. And please just give a kiss to my baby and say mmmch , OK?

Pp09: OK, I'll do that. I'll do that.

researcher: OK. Appreciate. Appreciate your time.

Pp09: Alright, thank you so much.

Researcher: Thank you. Bye.

Pp09: OK, OK.

Interview 10;

Direct translation: ndebele	English translation
Researcher : good morning busi , how are you Pp10: I am doing and you Researcher: I am cool, tell me how is the little one	Researcher : good morning busi , how are you Pp10: I am doing and you Researcher: I am cool, tell me how is the little one
pp10: she okay but o slow. Nor a ngeage sogolese but o Slow. E thozake Researcher: o nga worry ko zo lunga, a ngethi, o ya khumbula nge sekati lesa se ku jela u guthi maybe oxygen levels e zokwenza , maba resuse now and then, o zoba eventually they'll be slow but at the end o zuba right Pp10: ya , khona manje khona a zama o ku kuluma, ge two years o ya swakala lapo an lapo but u kunye a ka zwakale Government. Researcher: u mothwana wa kho we 2020 Pp10: yes	pp10: she is okay but slow, no he doesn't trouble me but she is slow, he thing a slow. Researcher: don't worry it will be okay, do you remember when they we resuscitating you baby now and then they explain that the level oxygen may affect the brain, eventually they will be slow but at the end she be right.
Researcher : u wazi o kuthi o mutwana wa me o ya khuluma mmara a ke kho fluently but o nna 4 years, eventually o zo yenza Pp10: nye jabula o khuzwa lokho	Pp10: yes right know she learn to talk at two years , she talks , you hear there and there somewhere you can hear. Researcher: your baby was born in 2020 Pp10: yes Researcher: do you know my child is 4 years old he can talk but still not fluent, eventually he will talk.

<p>Researcher: so don't stress that you baby is not fluent, eventually will talk</p> <p>pp10: (agreeing with her head.)</p> <p>researcher: and wena u njani</p> <p>pp10: mina nge right wena</p> <p>researcher: ge right. E reason ye kuti se bela , ku zolunga if ge kuluma e selungu go ba e se zulu se ya ngi shaya.</p> <p>Pp10: kulungile</p> <p>Researcher: ncqela o ku vala e window .</p> <p>Researcher: thank you before we start the is a consent for which we need to sign to agree beibg a volunteer in the research study but since we doing this via teams I will you to verbalise. You state you name and surname verbalising that you give us consent to do the study and also to record the meeting</p> <p>Pp10: okay igama lami nginguBusisiwe skhosana, yazi ngihlala eLynnwood kodwa ekhaya kuseMpumalanga e-siking, ngiyavuma ukuba yingxenywe yalomhlangano</p> <p>Researcher: ngizoqala with few questions aziningi we not gonna wait lost to time ukwenza am questions. . Tell me want are the challenges that hinder or prevented you from bodying with your child during covid-19?</p> <p>Pp10: ooo isikhathi se-covid izinselelo enginazo kwakuyisikhathi se-covid ngaleso sikhathi futhi kwadingeka bangikhiphe futhi ingane ihlale e-ICU futhi ngangingakwazi ukumbona nsuku zonke ngoba sasingavunyelwe futhi ngaleso sikhathi babesebenzisa itransport nengane isencane futhi eish zaziningi izinkinga , kodwa noma kunjalo ngiyabonga ngoba babengiphethe kahle ingane yami esibhedlela ngisho ngiphuma ngangiyoyibona kabili kathathu ingane yami. ngesonto</p> <p>Researcher: when you said they were lots of problem do you mean financial because the transport is expensive and you had to travel . is this what you saying</p>	<p>Pp10: I am happy to hear that.</p> <p>Researcher: so don't stress that you baby is not fluent, eventually will take</p> <p>pp10: (agreeing with her head.)</p> <p>researcher: and how are you</p> <p>pp10: I am alright , you?</p> <p>Researcher: I am alright. The reason that we here, is it okay if we can speak English because I am not fluent with zulu.</p> <p>Pp10: is okay</p> <p>Researcher: can I close the window there is something making noise</p> <p>Researcher: thank you , before we start the is a consent for which we need to sign to agree beibg a volunteer in the research study but since we doing this via teams I will you to verbalise. You state you name and surname verbalising that you give us consent to do the study and also to record the meeting</p> <p>Pp10: okay my name is Busisiwe skhosana, know I am living at Lynnwood but home is Mpumalanga at siking , I agree to be part of this meeting</p> <p>Researcher: I will start with few questions the are not a lot, we not gonna wait lost to time doing this questions. Tell me want are the challenges that hinder or prevented you from bodying with your child during covid-19?</p> <p>Pp10:ooo the time of covid the challenges I has is it was the time of covid at that time and they had to discharge me and the child remain in ICU and I could not see him everyday because we were not allowed and by that time we were using a transport and the baby was still young and eish they were lot of problems , but anyway I am grateful because they were taking care of my baby well at the hospital even while I was discharged, I would see my child twice or three times a week.</p> <p>Researcher: when you said they were lots of problem do you mean financial because the</p>
--	--

Pp10: yebo, ngoba ngangifuna ukuba nengane kakhulu zonke izinsuku, angikwazanga ngoba kwadingeka ngigibele amatekisi amabili ngiyombona bese ngibuya ngaleso sikhathi, kwakuwusuku abangijikisa ngalo esangweni ngomunye uMgqibelo, abazange ungitshele ukuthi asingezi ukuzobona ingane Saturday , ngakhala esangweni ngaze ngaphenduka ngathi ngibuye Monday.

Researcher: no bakujikiseleni esangweni, bekumele bakungenise kanti iwadi yilo elikuxoshayo

Pp10: yebo bafona ewodini bathi abavakashi, ngathi angivakashelwe ingane yami, ngafonela umama ekhala, kwakushubile ngaleso sikhathi se covid angibablame, bebengivikela nengane yami.

Researcher: njengamahora abakunike wona ukuthi bathanda kuphi isikhathi sokuvakasha. Like visting time?

Pp10: mmm ngizohlala naye like one hour

Researcher: one hour okay, pho uma ufika bakubize ukuthi uze?

Pp10: cha kwakuyinto abasibhalele yona, izikhathi esingena ngazo, uma isikhathi sesiphelile ngangihlala ngaphandle ngilinde ihora lesibili le-visiting.

Researcher: so ngakho nina asifiki mihla namalanga ngenxa yendaba yezokuthutha futhi nangaleso sikhathi babengekho omama ababelala

Pp10:(agreeing with the head)

Researcher: ucabanga ukuthi yini abebengayenza ukukusiza ukuthi ubond nengane yakho ngesikhathi se-covid?

Pp10: bekungakuhle noma sebesikhiphile kodwa nginendawo lapho singahlala khona ngaphakathi kukaSteve biko not Tshwane ukuze sivale izingane zethu.

transport is expensive and you had to travel . is this what you saying

Pp10: yes, because I wanted to be with the baby all most every day, I could not because I had to take two taxis to see him then come back then, the was a day they turn me way at the gate one Saturday , they did not tell me that we don't come to see baby Saturday , I cried at the gate until I turned back and told me to come back Monday.

Researcher: no why did they turn you at the gate, they should have let you in and the ward will be the one sending you away.

Pp10: yes they called the ward and they said no visitors, and I said I am not a visit 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.

Reseacher: like the hours they gave you how where they like visiting time.

Pp10: mmm I would stay with he like for one hour

Researcher: one hour okay, so when you come did they call you to come?

Pp10: no the was something they wrote for us, which times we come in,when the time is over I would sit outside to wait for the second visiting hour.

Researcher:so you we not coming every day because of transport issue and also at that time there were no lodging mothers

Pp10:(agreeing with the head)

Researcher: what do you think they could have done to help you bond with you child during covid?

Pp10: it would have been nice even if they have discharge us but have I a place where we can stay within steve biko not Tshwane so that we close to our kids.

Researcher: mmm so wena uthi bekumele bakwenze ilodge maybe test you for covid ukuze ukwazi ukuloja

Pp10: yebo ngoba bakhona abanye eTshwane kwathi lapho ngiphuma bangitshela ukuthi kugcwele endaweni yokulala, ngakho kufanele badale okuthile kuSteve Biko.

Researcher: yimiphi imisebenzi oyenzile ngesikhathi sokuvakasha ekuvumela ukuthi bonde ne mothwana

Pp10: Ngizomthatha ngimbeke lapha phakathi kwebele hlala nebhayi ngokwanele bese uphakelwa bese ushintsha ingane, isikhathi esiningi ingane yayilala

Researcher: so tell me how did covid-19 restrict make you feel you

Pp10: basenze ngenye indlela ngoba uma usesibhedlela, njengoba ngakutshela ukuthi ngihlale esibhedlela izinyanga ezimbili ngigcwele, ukudla kwasesibhedlela kuncane bebengavumeli izivakashi futhi balethe ukudla, bazokutshela nge-hypertension futhi usitshele ukuthi ukudla kwasesitolo kunosawoti omningi namafutha sizolamba angifuni ukuqamba amanga , sidle ilunch before 5 then ebusuku sikhipe two slice and teat around 22h00, ngapha ngangijabule ngoba ukube ekhaya ngeke ngidle njengokusho kukadokotela ngizodla , ngithole ukuthi okunye akungilungele

Researcher: Nginyaqonda futhi imindeni lapho ingavunyelwe futhi ayikwazanga ukukulethela imali yokuthenga ukudla

Pp10: usungaze ungavunyelwa ngisho nokuphuma ewodini, uyaphuma uma uzobona udokotela bese ubuya futhi abavumanga ukuthi sithenge ukudla sidle khona kuphela ukudla.

Researcher: what do you think we could have put in place to allow more frequent visiting hours by parents

Pp10: ezinganeni zethu kwakulungile ngoba kwakubhalwe ukuthi uze nini, nathi emva kokubeletha kwaba inkinga

Researcher: and nobaba lapho bevumele noma nini

Researcher: mmm so you saying they should have made you lodge maybe test you for covid so that you can lodge

Pp10: yes because the are other at Tshwane and when I was discharged the told me is full at the lodger, so they should create something at steve biko

Researcher: what activities did you do during visiting hours that allowed to bond with you baby

Pp10: I will take him and put him here between the breast sit with the bay enough then fed and change the baby, most of the time the baby was sleeping

Researcher: so tell me how did covid-19 restrict make you feel you?

pp10: they made us be in other way because when you at hospital , as I told you I have stayed in the hospital for two months full, the hospital food is small they were not allowing visitors and bring food , they will tell you bout the hypertension and tell us that the shop food have lot of salt and oil and we would be hungry I don't want to lie , eat lunch before 5 then at night give two slice and teat around 22h00, in other side I was happy because if I was home I will not eat as the doctor says , I will eat , only to find out that some for are not good for me.

Researcher: I understand plus families where not allowed and they could not bring you money to buy food .

Pp10: you can you were not even allowed to come out of the ward, you go out if you will see the doctor then come back and they did not allow us to buy food we can only eat there food.

Researcher: what do you think we could have put in place to allow more frequent visiting hours by parents

<p>Pp10: no cha bathi abavakashi, umuntu owafika kwaba udadewethu angilethele izinto zokugeza base bemtshela ukuthi asifuni izivakashi.</p> <p>Researcher: busi thank you our interview is finished</p> <p>pp10: oka thank you.</p> <p>researcher :bye bye</p> <p>pp10 :bye</p>	<p>Pp10: for our children it was okay because it was written when to come, with us after deliver it was the problem.</p> <p>Research: and the father where they allowed anytime</p> <p>Pp10: no , they said no visitors, the only person who came was my sister bring me toiletry then they told her we don't want visitors.</p> <p>Researcher: busi thank you our interview is finished</p> <p>pp10: oka thank you.</p> <p>researcher :bye bye</p> <p>pp10 :bye</p>

Interview 11:

Researcher: good day sir how are you, as I have explain to you about the study will just right to the question.

Pp11: good day. Okay

Researcher: Tell me, what do you think are the challenges that hinder/prevent bonding or attachment in the NICU during the COVID-19 pandemic?

Pp11:The main challenge was the strict level 5 lockdown restrictions that prevented fathers from being allowed in the NICU. This separation made it incredibly difficult for me to bond with my baby and establish that important parent-infant attachment.

Researcher: Tell me, what do you think can be used/done to facilitate bonding and attachment in the NICU during the COVID-19 Pandemic

Pp11: 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 and 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. This way, fathers could have spent some precious time with their infants, engaging in skin-to-skin contact, talking, and providing comfort.

Researcher: Do you think it is important for you not to be separated from your baby in the NICU? Yes or No and why do you say so?

Pp11: Yes, 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.

Researcher: Do you think parents with infants in the NICU were considered when applying COVID-19 rules? Yes/No. Please tell me why you think so?

Pp11: Unfortunately, I feel that parents with infants in the NICU were not adequately considered when applying COVID-19 rules. While I understand the need to prioritize safety, it seemed that the impact on parental bonding and attachment was not given enough weight. Striking a balance between safety measures and the emotional well-being of families could have been achieved with more thoughtful consideration.

Researcher: Please tell me what is bonding for you.

Pp11: 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.

Researcher: What do you think are the activities you as a parents can do your infant to ensure bonding?

Pp11: 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.

Researcher: were you able to do these activities during visit to the infant? How did it make you to feel?

Pp11: 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.

Researcher: Tell me how the COVID-19 restrictions make you to feel?

Pp11: 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.

Researcher: What do you think we can put in place to allow more frequent visiting by the parents

Pp11: 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

Researcher : thank you Mr Mahlangu

Pp11: thank you