

# Effect of Clustered Preterm Care Program on Perceived Parenting Self Efficacy among Mothers of Preterm Babies

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**Abstract:** Prematurity is a major cause of neonatal mortality as well as a significant contributor to long term adverse health outcomes.<sup>1, 2</sup> At present prematurity has been noted to be the most common cause of under - five mortality globally.<sup>3</sup> So that quality of care at birth or skilled care and treatment immediately after birth to first days of life are crucial to save the life of neonates.<sup>4</sup> This is a non - randomized quantitative quasi experimental study conducted to assess the effect of clustered preterm care programme on perceived parenting self efficacy among mothers of preterm babies. **Methods:** Participants were 70 mothers of preterm babies admitted in NICU, Govt. Medical College Hospital, Thrissur. Socio personal data were collected using semistructured interview. Effect of clustered preterm care programme was assessed by using modified perceived maternal parenting self - efficacy scale (PMP - SE). Association between perceived parenting self - efficacy among mothers of preterm babies and selected variables were also found. Data were analyzed using descriptive, inferential statistics. **Results:** The mean age of mothers in control group was  $24.89 \pm 4.37$  and in experimental group it was  $25.68 \pm 5.02$ . The mean scores of perceived parenting self - efficacy in control group was 40.31 (SD 3.20) and in experimental group was 54.46 (SD 4.14). Findings revealed significant difference in mean score of perceived maternal parenting self - efficacy among mothers of preterm babies in control and experimental group after the intervention. There was statistically significant association between perceived parenting self - efficacy scores among mothers of preterm babies with selected variables like mode of delivery of mother ( $\chi^2= 4.33, p=0.044$ ), place of delivery ( $\chi^2=4.13, p=0.05$ ), number of children ( $\chi^2=7.83, p=0.048$ ), post natal day of preterm babies ( $\chi^2=10.2, p=0.003$ ), birth weight of preterm babies ( $\chi^2=7.83, p=0.015$ ) and gestational age ( $\chi^2=4.93, p=0.049$ ). **Conclusion:** There is a significant difference in the mean scores of perceived parenting self - efficacy among mothers of preterm babies in control group and experimental group. There is significant association between perceived parenting self - efficacy among mothers of preterm babies with selected variables of mother such as mode of delivery, place of delivery and number of children and clinical variables of preterm babies which include post - natal age and birth weight.

**Keywords:** Clustered preterm care programme, Perceived parenting self – efficacy, Mothers of preterm babies

## 1. Introduction

The transition to motherhood can be both stressful and wonderful for new parents. It is a process of role attainment and role transition that begins during pregnancy. The transition end when the parent develops a sense of comfort and confidence in performing the parental role. The parenting process requires cognitive and affective skills, knowledge and motor skills. It requires attachment, bonding, proximity, reciprocity and commitment.<sup>5</sup>

Newborns are vulnerable group who need more attention and care. If it is preterm babies, more care and protection are needed. After birth, the health of the child depends on health practices and care provided by mothers, information about neonatal problems, infections and new - born care.<sup>6</sup>

Preterm delivery has been noted to be the most common cause of under - five mortality in world wide. In spite of improvements in neonatal care, preterm birth is now the biggest single cause of death and long - term disability worldwide.<sup>3</sup> So quality of care at birth or skilled care and treatment immediately after birth to first days of life are

crucial to save the life of neonates.<sup>4</sup> The current study aimed to assess the effect of clustered preterm care programme on perceived parenting self efficacy among mothers of preterm babies.

Globally more than 75 million births are preterm which is mainly a consequence of early mortality and lifelong disability in children.<sup>1</sup> At present prematurity has been noted to be the most common cause of under - five mortality globally.<sup>1</sup>

Parental self - efficacy is an important factor for mother's adaptation to motherhood. Lack of support result in decreased maternal self - efficacy in caring of preterm babies.<sup>7, 2</sup> The important domains of care needed for preterm infants include kangaroo mother care, mummification, skin care, umbilical care, eye care, diaper change, feeding, sensory stimulation, comfort measures and identification of warning cues. As mothers have crucial role in providing quality care for babies, researcher focus on the importance of attaining efficacy among mothers who care the preterm babies in the health care and home settings. Current study aimed to evaluate effectiveness of clustered preterm care

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programme on perceived parenting self efficacy among mothers of preterm babies.

## 2. Literature Survey

A cross - sectional analysis of baseline surveys from 253 English and Spanish speaking parents >18 years old with newborns < 28 days old enrolled in a trial for testing a multi - site primary care - based parenting intervention. Surveys assessed parental, child and environmental characteristics and used valid - dated instruments to measure health literacy and parental self - efficacy. More than one - half (58.9%) completed college education or more, 49.0% spoke mostly English and 16.2% had low health literacy.<sup>8</sup>

A study on effect of a simulation - based and video - base methods on mothers' self - efficacy in bathing their preterm infants. Self - efficacy questionnaires were completed by mothers before the intervention. Results showed that mothers' self - efficacy before and after the intervention had a significant increase in both simulation and video groups ( $p < 0.001$ ). Mothers' self - efficacy score in simulation and video groups showed a significant difference with control group ( $p < 0.001$ ).<sup>9</sup>

A longitudinal study was conducted regarding the effectiveness of music therapy among premature infants and their care givers. 250 preterm infants and their parents were included as participants in the study. Music therapy for premature infants and their care givers improved the infant physiology, feeding behavior, decreased hospital stay and it decreased parental stress and anxiety.<sup>10</sup>

A quasi experimental study was conducted in Tamilnadu to assess the effectiveness of clustered care on physiological parameters, stress level and comfort among preterm newborn admitted in NICU in tertiary care setting. Significant difference was found in comfort level for both the groups ( $p < 0.001$ ). The NISS score before and after clustered care for three days was statistically significant for both groups ( $p < 0.001$ ).<sup>11</sup>

A quasi - experimental study was conducted to determine the effect of kangaroo mother care on breastfeeding self - efficacy level and perceived insufficient milk supply in the early post - partum period. The breastfeeding self - efficacy mean score ( $65.50 \pm 3.95$ ) of the mothers who performed kangaroo mother care was higher than the mean score of the mothers who did not perform kangaroo mother care ( $55.50 \pm 7.00$ ) ( $p < 0.001$ ).<sup>12</sup>

A study was conducted on effect of paladai and cup feeding on premature neonate's weight gain and time of reaching free oral feeding was assessed. Mean time interval to reach full oral feeding (cup = 33.7 and paladai = 24.1;  $p < 0.001$ ) were significantly lower in paladai group compared to cup group. The neonates in paladai group reached full oral feeding earlier than those of cup group. Weight gain was also higher in paladai group compared to the cup group.<sup>13</sup>

Since studies have shown positive and negative relationship between clustered preterm care and perceived parenting self efficacy and Kerala based studies on clustered preterm care

programme perceived parenting self efficacy, their correlation is very few, the authors were interested to conduct a study on these aspects.

The primary objectives of the study were to evaluate the effect of clustered preterm care programme on perceived parenting self - efficacy among mothers of preterm babies. Secondary objectives were to find the association between perceived parenting self - efficacy among mothers of preterm babies and selected variables.

### Problem definition

A study to assess the effect of clustered preterm care programme on perceived parenting self - efficacy among mothers of preterm babies in a tertiary care hospital.

## 3. Methods

### Study Sample and Design

Current study was anon randomized quasi experimental pre - test post - test control group design based study to assess the effect of clustered preterm care programme on perceived parenting self - efficacy among mothers of preterm babies. Participants were from selected mothers of preterm babies who are admitted in NICU, Govt. Medical College Hospital, Thrissur during the time of data collection during from 16 - 02 - 21 to 15 - 04 - 21. The study was initiated after obtaining permission from scientific review board and Institutional human ethics committee of Govt. College of nursing, Thrissur.

### Sample size Calculation

Primary objectives of the study were to evaluate the effect of clustered preterm care programme on perceived parenting self - efficacy among mothers of preterm babies and to find the association between perceived parenting self - efficacy among mothers of preterm babies and selected variables. Sample size was 70 mothers of preterm babies and it was calculated based on the findings of pilot study conducted on 08.12.2020 in NICU, Medical College Hospital, Thrissur.

### Selection criteria

A total of 70 mothers of preterm babies who met sampling criteria were selected by consecutive sampling who delivered between 28 - 36 weeks of gestation and whose preterm babies are admitted for a minimum 18 days in NICU; willing to participate, were included. Mothers with post - partum blues, significant physical or sensory impairment, whose preterm babies have significant congenital anomalies, whose preterm babies are in mechanical ventilator were excluded from the study.

### Data collection

After getting permission from scientific review committee, institutional ethics committee of Govt. College of nursing Thrissur and approval from Kerala University of Health Science, setting permission was obtained from medical superintendent and Head of the department of pediatrics, Govt. Medical College Hospital, Thrissur. After getting informed consent from mothers of preterm babies, socio personal data of mothers and clinical profile of preterm babies were collected through semi structured interview and administered modified perceived parenting self - efficacy

scale to mothers of preterm babies and data were collected by self-report technique. After that, researcher administered clustered preterm care programme to mothers in experimental group participants in control group were received daily treatment. Period of data collection was from 16-02-21 to 15-04-21.

#### Assessment Tools

##### Tool 1: Semi structured interview to assess socio personal data and clinical profile of the baby

###### Section A: Socio personal data sheet of mother

This includes age, educational qualification, employment status, type of family, area of residence, socio economic status, number of antenatal check-up, mode of delivery, place of delivery, number of children, previous history of preterm delivery, medical illness during last pregnancy, support from family during antenatal period and previous experience of preterm baby care.

###### Section B: Clinical profile of preterm baby

It consists of post natal day, gender, birth weight, gestational age, mode of pregnancy, birth order, reason for admission in NICU, associated comorbidity and type of feeding.

##### Tool II: Modified perceived maternal parenting self-efficacy scale (PMP - SE)

Perceived parental self-efficacy of mothers regarding the caring of preterm babies. This scale is a standardized scale developed by Dr. Christopher Barnes. This scale consists of 15 items divided in to four subscales: Care taking procedures, evoking behaviors, reading behaviors or signaling and situational beliefs.17 Response to each item use a four point Likert scale from 1 (strongly disagree) to 4

(strongly agree). Total scores range from 15 - 60. A higher score indicates a higher level of perceived maternal self-efficacy. Based on the score, perceived parenting self-efficacy are classified in to low (15 - 29), moderate (30 - 44) and high (45 - 60). Modified after getting permission from the author.

#### 4. Statistical Analysis

The socio personal data of mother and clinical data of preterm baby were represented by descriptive statistics - frequencies and percentages; unpaired t test was used to find the effect of clustered preterm care programme on perceived parenting self-efficacy among mothers of preterm babies. Association between self-efficacy among mothers of preterm babies with selected variables were analyzed using chi-square test. Cut off for the level of significance was set as p value of <0.05.

#### 5. Results

##### Socio personal data of mother and clinical profile of preterm babies

A total of 70 adolescents participated in the study. The mean age of mothers in control group was  $24.89 \pm 4.37$  and in experimental group it was  $25.68 \pm 5.02$ . More than half of the (51.4%) preterm babies in control group and experimental group were males.57.1% in control group and 65.7% of the mothers in experimental group belonged to BPL category.

(Please see Table 1 for the detailed socio personal data of mother and clinical profile of preterm babies)

**Table 1:** Frequency and percentage distribution of mother and clinical profile of preterm babies (n=70)

Characteristics	Control Group Frequency	Percentage	Experimental Group Frequency	Percentage
<b>Age in yrs.</b>				
18 – 22	12	34.3	10	28.6
23 – 27	16	45.7	13	37.1
28 – 32	4	11.4	8	22.9
33 – 37	3	8.6	4	11.4
<b>Educational qualification</b>				
Below 8th standard	16	45.7	23	65.7
8th standard and above	19	54.3	12	34.3
<b>Employment status</b>				
Home maker	27	77.1	30	85.7
Self - employee	0	0	1	2.9
Manual laborer	0	0	1	2.9
Private employee	8	22.9	3	8.5
<b>Area of residence</b>				
Panchayath	23	65.7	26	74.3
Municipality	7	20	9	25.7
Corporation	5	14.3	0	0
<b>Type of family</b>				
Nuclear family	19	54.3	10	28.6
Joint family	16	45.7	25	71.4
<b>Number of ante natal check - up</b>				
Less than 3 times	0	0	1	2.9
More than 3 times	35	100	34	97.1
<b>Mode of delivery</b>				
Normal	22	62.9	22	62.9
Caesarean	13	37.1	13	37.1
<b>Place of delivery</b>				
Government Hospital	23	65.7	30	85.7

Private hospital	12	34.3	5	14.3
<b>Number of children</b>				
One	19	54.3	18	51.4
Two	8	22.9	13	37.2
Three	4	11.4	4	11.4
More than three	4	11.4	0	0
<b>Previous history of preterm delivery</b>				
Yes	8	22.9	3	8.6
No	27	77.1	32	91.4
<b>History of medical illness during last pregnancy</b>				
Yes	19	54.3	18	51.4
No	16	45.7	17	48.6
<b>Previous experience in preterm baby care</b>				
Yes	8	22.9	3	8.6
No	27	77.1	32	91.4
<b>Post - natal day</b>				
4 – 12	28	80	28	80
13 – 21	6	17.1	7	20
22 – 30	1	2.9	0	0
<b>Birth weight of preterm babies (grams)</b>				
700 – 1200	0	0	5	14.3
1201 – 1701	30	85.7	22	62.9
1702 – 2300	5	14.3	8	22.8
<b>Gestational age (weeks)</b>				
28 – 30	3	8.6	11	31.4
31 – 33	28	80	21	60
34 – 36	4	11.4	3	8.6
<b>Mode of pregnancy</b>				
Single	31	88.6	28	80
Twin	4	11.4	7	20
<b>Reason for admission in NICU</b>				
ARDS	19	54.3	17	48.6
Low birth weight	6	17.1	9	25.7
IUGR	2	5.7	4	11.4
Sepsis	7	20	5	14.3
Perinatal Asphyxia	1	2.9	0	0
<b>Associated comorbidity</b>				
Congenital anomalies	1	2.9	3	8.6
Physiological jaundice	1	2.9	2	5.7
Haemolytic disease	1	2.9	0	0
Infantile DM	1	2.9	3	8.6
No comorbidities	31	88.4	27	77.1
<b>Type of feeding</b>				
Paladai	22	62.9	12	34.3
Ryle's tube feeding	13	37.1	23	65.7

### Distribution of mothers in experimental and control group based on perceived parenting self efficacy score before intervention

Out of 70 mothers of preterm babies perceived parenting self - efficacy score between control and experimental group was 0.97 and p value was 0.51.

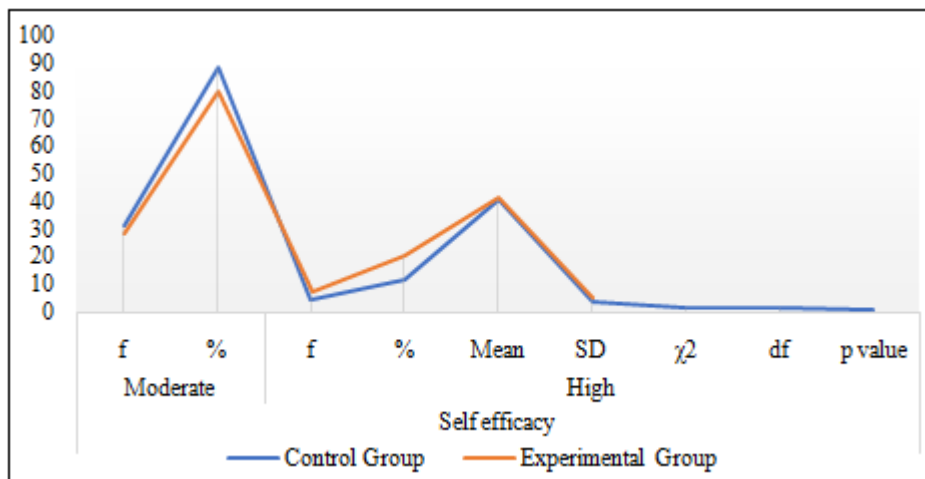


Figure 1: Line graph showing perceived parenting self efficacy score before intervention

(Please see Figure 1, showing perceived parenting self efficacy score before intervention between control group and experimental group)

**Mean, standard deviation and t value of perceived parenting self - efficacy scores of mothers of preterm babies in control group and experimental group after intervention**

There was significant difference in mean score of perceived maternal parenting self - efficacy among mothers of preterm babies in control and experimental group after the intervention. Computed t value of perceived maternal parenting self - efficacy score was 15.96 and p value < 0.001.

(Please see table 2, showing significant difference in the mean score of perceived maternal parenting self - efficacy of mothers of preterm babies between control group and experimental group)

**Association between perceived parenting self - efficacy scores among mothers of preterm babies with selected variables**

There was statistically significant association between perceived parenting self - efficacy scores among mothers of preterm babies with selected variables like mode of delivery of mother ( $\chi^2=4.33$ ,  $p=0.044$ ), place of delivery ( $\chi^2=4.13$ ,  $p=0.05$ ), number of children ( $\chi^2=7.83$ ,  $p=0.048$ ), post - natal day of preterm babies ( $\chi^2=10.2$ ,  $p=0.003$ ), birth weight of preterm babies ( $\chi^2=7.83$ ,  $p=0.015$ ) and gestational age ( $\chi^2=4.93$ ,  $p=0.049$ ).

**Table2:** Mean, standard deviation and t value of the perceived parenting self - efficacy score among mothers of preterm babies in control group and experimental group after intervention (n=70)

PMPS - E score	Mean	SD	t value	df	p value
Control Group	40.51	3.20	15.96	68	0.000***
Experimental Group	54.50	4.15			

**6. Discussion**

This was a quasi experimental pretest post test study conducted to assess the effect of clustered preterm care programme on perceived parenting self efficacy among

mothers of preterm babies. We explored the effect of clustered preterm care programme, perceived parenting self efficacy as well as their association with selected socio personal variables.

In the present study it was found that most of the mothers of preterm babies in experimental and control group had moderate efficacy level for caring their preterm babies. These findings are supported by qualitative and descriptive studies. This study explored the factors that mothers of a preterm infant are influenced by their parenting self - efficacy beliefs. The study results focus the needs of mothers of preterm infants in the early period after birth and offer guidance to nurses as to how they might foster self - efficacy to the mothers during this time.<sup>14</sup>

The present study findings are consistent with change in perceived parenting self - efficacy through clustered preterm care programme administered by teaching and demonstration. The study showed that mothers in the experimental group practiced the pre term baby care independently after demonstration and teaching as compared to control group. This study was supported by a randomized control trial study for increasing mother’s confidence and ability by Creating Opportunities for Parent Empowerment (COPE). This study showed that COPE program was provided in the form of a 4 - phase educational - behavioral intervention to the treatment and supervision groups. Finding of the study reported significantly stronger beliefs regarding their parental role and demonstrated more confidence in their ability in caring of neonates compared with control group (p - value <0.001). An educational - behavioral intervention would strengthen mother’s belief in themselves and knowledge about their neonates.<sup>15</sup>

The present study showed that there is a significant difference in mean scores of perceived parenting self - efficacy among mothers of preterm babies in experimental and control group. The findings of the study was supported by another study which was conducted to examine the effect of empowerment program on “perceived readiness for discharge” of mothers of premature infants at the time of discharge. Eighty mothers and their premature infants (40 pairs of mother - infant in the experimental group and 40 pairs of mother - infant in the control group) were recruited

in the study. Study showed that there was a statistically significant difference between technical readiness of control and experimental groups according to mother's self - report ( $p < 0.001$ ) and nurse evaluation ( $p < 0.0001$ ).<sup>16</sup>

Present study shows that there is significant association between perceived parenting self - efficacy score and number of children. This study was supported by a study to describe mothers' self - efficacy, satisfaction and perceptions when parenting their infants during the first days of postpartum. Finding of the study showed that higher number of children ( $\geq 3$ ) were positively associated with parenting self - efficacy.<sup>17</sup>

Present study reveals that there is association between perceived parenting self - efficacy among mothers of preterm babies and selected clinical variables of preterm babies like birth weight and gestational age. This study was supported by another study which was conducted to assess the perceived parenting self - efficacy of mothers of preterm neonates in UK and to determine selected maternal and infant variables could predict the score. The result of the study was there is significant positive relationship between gestational age and high perceived parenting self - efficacy score.<sup>11</sup>

## 7. Conclusion

Present study revealed that there is a significant difference in the mean scores of perceived parenting self - efficacy among mothers of preterm babies in control group and experimental group. There is significant association between perceived parenting self - efficacy among mothers of preterm babies with selected variables of mother such as mode of delivery, place of delivery and number of children and clinical variables of preterm babies which include post - natal age and birth weight.

## 8. Future Scope

### Nursing practice

- Nurses play an important role in the preparation of mothers of preterm babies about sequence of clustered care in the early post natal period. Nurses play a vital role in helping the mothers of preterm babies for adopting new roles in acquiring new skills and abilities for caring their babies.
- Nurses should have necessary scientific knowledge and skill in all aspects of care of preterm babies and they should be well confident to demonstrate the care to mothers with full participation.
- Nurses can directly observe the preterm baby care of mothers and make necessary corrections and instructions with participatory observation. She can plan a video assisted teaching and demonstration programme and can provide handouts for the mothers of preterm babies.

### Nursing education

- Nurse educators must update their knowledge and skill about preterm care which will reduce the morbidity, mortality rates and neonatal infection rate.

- Arrangement of workshops, conferences and continuing education programme will help the nurses to adapt quality new born care.
- As a nurse educator, she can empower the students to support the mothers of preterm babies who are admitted in hospital settings.
- The nursing students can utilize the research findings and can implement different aspects of care.

### Nursing administration

- Nurse administrators should take measures to plan and implement ICU policies regarding new born and high risk new born care.
- Routine health education can also be initiated in NICU and OPD to strengthen the mothers and other staffs. Findings of the study revealed that there is less efficacy of the mother about the preterm baby care.
- They should conduct in - service education programme and continuing education programme for nurses. They should be aware about the preterm baby care and teach mothers to do the care independently.

### Nursing research

- Nurse researchers should take initiative to conduct more research on preterm care and perceived parenting self - efficacy among care givers of babies.
- The research scholars should be encouraged to focus on this area for further findings to add the evidence - based practice which increase the quality of care thus reducing the morbidity and mortality.

## 9. Limitations of the Study

The study was conducted during COVID 19 season, due to COVID 19 pandemic, three of the preterm babies in the control group were discharged early. So, post - test was conducted in OPD during their follow up. Accessibility of the sample was limited to Thrissur district in Kerala state.

### Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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