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Experiences of Parents Nursing Their Neonates on End-Of-Life Care in Neonatal Intensive Care Unit at Women and New-Born Hospital- University Teaching Hospitals, Lusaka Zambia

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Abstract

Purpose: The aim is to explore the experiences of parents nursing their neonates on end-of-life care in NICU at women and new-born hospital, University Teaching Hospitals.

Methodology: Qualitative descriptive phenomenological approach was used. It was used to appreciate the experiences of parents nursing their neonates on end-of-life care in NICU, Women and New-born hospital. The target population of this study were parents who nursing their neonates in neonatal intensive care unit at Women and new born hospital, University Teaching Hospitals, Lusaka Zambia. The interview guide was used for data collection. Data was later coded to come up with sub themes. And themes emerged form sub themes. Thematic analysis was used to analyse data. Results were then presented in tables.

Findings: Main findings indicated that parents (10) experienced both psychological and emotional problems such as, anxiety, stress, worry, hopelessness, confusion, anger, crying, sadness, frustration, dissatisfaction, happiness, regret, compliant, disappointment, bad feeling, self-blaming, nervousness, disturbance, and lack of self-control**.** In addition, the study revealed that parents suffered from inadequate emotional support and quality of care as nurses working in the Neonatal Intensive Care Unit were not readily available to give them emotional support, and lack of space to take a nap as the hospital only provides for the patients (neonates).

Contribution to Theory, Policy and Practice: The study concluded that parents nursing their neonates on end-of-life care in NICU at Women and New-born Hospital had both good and bad experiences each day that passes. Other findings indicated that parents experienced both psychological and emotional problems such as, anxiety, stress, and worry. The study recommended; the development of universal practices to minimize the negative experiences of parents. Furthermore, the other recommendation is counselling and spiritual support for parents to strengthen them through the hospital stay. Also, the hospital should provide training on compassionate and respectful care for healthcare providers to enhance parent-healthcare provider communication and supports. Other researchers in future, can look at the experiences of healthcare staff when nursing the neonates on end -of- life care.

Keywords. *University Teaching Hospitals***,** *Neonatal Intensive Care Unit***,** *Ministry of Health***,** *End Life Care*.

1.0 INTRODUCTION

When a mother conceives her expectations are very high such that they only expect a healthy bouncing baby. When a neonate is born with conditions such as extremely low birth weight, hypoxic ischaemic encephalopathy grade three or congenital abnormalities and are put on end-of-life care, this expectation is obviously shattered and this result into the neonate being admitted to end life care in neonatal intensive care unit (Wan, 2021). End of life care is a unique healthcare situation embedded with the scope of palliative care provision.

Initially the parents are supposed to be encouraged spiritually, counselling and psycho-socio Counselling (Salman, 2018). In view of the particularity of neonatal care, neonatal intensive care unit was specially established as a special intensive care unit for neonates (Yufei and Shuyan, 2020). The highest mortality rates in childhood are reported in infancy, and neonatal intensive care units account for the majority of neonatal deaths (Salmani, 2018), of late there has been a reduction in neonatal mortality (WHO, 2020). Some of the neonatal anomalies are hardly cured by medical and surgical procedures due to factors such as the extremely low birth weight (ELBW) (Goldenberg, 2018). In such situations, it becomes appropriate to consider several therapies and procedures that could lessen newborn pain on End-of-life care and improve parent quality of life (de Rooy, 2012). End of life care for neonates is a unique healthcare situation embedded with the scope of palliative care provision (Pierucci, 2001).

An Iranian study by Valizadeh in 2018 used a descriptive method to find the effects of stress on mothers with premature infants in NICU. They sampled 300N mothers with premature infants in NICU and found from parents that NICU was stress provoking environment. Parents experienced high stress level when their infants were in distress during medical procedures and treatments as they watched abnormal breathing pattern. They also felt stressed when they medical procedures were being done, sudden skin color changes, the helplessness of a tiny infant making facial grimaces indicating pain.

1.1 Problem statement

Parents experience many challenges in the NICU due to their neonates' health status, inadequate information, and lack of support from healthcare providers (Weber et al., 2018). Parents in NICU (UTH), face similar problems. Neonatal care is critical to the new-born especially to those born with complications such as those born prematurity and the sick on the end-of-life care.

Table 1. Statistics of Neonates on End-of-Life Care

Year	Admissions	On End of life care	% of neonates on End of life
2021	1578	373	23%
2022	1589	406	26%
2023	1602	495	31%

Data source: NICU Records (Women and Newborn Hospital UTH) 2021,2022,2023.

This table above indicates the increase in magnitude of neonates admitted from 2021-2023.The conditions of neonates include extremely low birth weight premature neonates, Hypoxic Ischemic Encephalopathy grade three neonates, congenital abnormalities neonates and those who has brain death (NICU protocol, 2019). The parents of these neonates need counselling to cope with the situation. They also need to be spiritually counseled by the clergy. In NICU Women and New-born Hospital they lack these services. If the process of end-of-life care is not handled well it can cause psychological problems like depression especially to the mother (Richard etal.,2019). In University Teaching Hospital NICU protocol nothing has been documented on how to take care of parents whose neonates are on end- of- life care before and during bereavement (National Neonatal Protocol, 2019). When families receive high-quality end-of-life care, they feel supported and have a better grasp of the process. Families may feel helpless, furious, and as if their neonate has little value to others if quality end-of-life care is not provided (Cortezzo et al., 2014). Therefore, little is known in Zambia about the experiences parents go through while nursing their neonates on end-of-life care in NICU. Hence, the need for this study to explore parents' experiences of having neonates on end-of-life care in NICU at the Women and New-born Hospital, University Teaching Hospitals, Zambia.

2.0 LITERATURE REVIEW

In a qualitative study conducted from Iran by Negarandeh (2021) which aimed to explore health care staff and mothers in the Neonatal Intensive Care Unit, concluded that mothers encountered a discrepancy between what they expected and what they received from health-care personnel. A systematic review was conducted by Wang (2021) which examined the maternal emotions associated with having a child in the NICU by mothers and provide suggestions for clinical practice. MEDLINE, CINAHL, Psych ARTICLES, and Psych INFO were searched for relevant articles between 2005 to 2019, and six qualitative articles were chosen that explored the experiences of mothers who had a preterm infant in the NICU. The thematic analysis method was used to identify the most common themes. The findings indicated that four main themes of the experience of mothers who had a preterm infant in the NICU were identified: Negative

emotional impacts on the mother, support, barriers to parenting, and establishment of a loving relationship. It was concluded that NICU environment is not conducive to mother-child bonding.

Mengesha (2022) conducted a study which explored the lived experiences of parents in neonatal intensive care units in Ethiopia. A phenomenological study design was used and qualitative data was collected from 18 parents. Findings showed that parents complained of psychological problems like anxiety, stress, worries, hopelessness, and a state of confusion. Furthermore, anger, crying, sadness, frustration, dissatisfaction, regret, disappointment, feeling bad, self-blaming, nervousness, disturbance, and lack of self-control were found to be major emotional problems raised by the parents. Further the findings revealed that parents complained about health-care workers' indiscipline, lack of dedication, and unwillingness to cooperate. Similarly, many parents were concerned about lack of medicines, money, and time to visit their new-borns. At the same time, parents received little information and only sporadic collaboration from health-care professionals. The study concluded that parents with infants in the NICU experienced a variety of psychological and emotional issues.

Trustworthiness

Trustworthiness was ensured using Lincoln and Guba criteria which comprises credibility, dependability, transferability and confirm ability. Credibility was achieved by audio recording all interviews, transcribing verbatim and ensuring that the experiences were described accurately and faithfully. The researcher also ensured that each respondent listen to their own recording to confirm that this is their voice. A field diary to take notes of all participants' gestures and non-verbal communication that cannot be captured by the tape recorder were also taken note by the researcher using her field notebook. The researchers' own interaction with the participant was recorded in the field notebook. All the records had dates and time of recording. Credibility was further ensured by the researcher collecting data personally to avoid distortions in the data from research assistant.

3.0 METHODOLOGY

Study design- The study adopted Qualitative descriptive phenomenological approach. It was used to appreciate the experiences of parents nursing their neonates on end-of-life care in NICU, Women and New-born hospital.

Study location: The study location was conducted at Women and new born hospital, University Teaching hospitals, Zambia.

Population: The population of the study were, parents nursing neonates in NICU Women and new born hospital, Zambia.

Sample size: 10 parents were interviewed and were obtained through" information power"

Sampling technique: The sampling technique used was Purposeful sampling.

Data collecting tool: The data collecting tool used in the study was an Interview guide

4.0 TABLES

4.1 Demographics of the Participants

In this phenomenological study, there were ten participants. All ten participants were mothers of premature and sick neonates admitted at (University Teaching Hospital's) Women and New-born Hospital NICU. The participants' ages ranged from 18 years to 38years old. Of the ten participants, only four were married, the other six were single. The participants' education levels consisted of one who went up to university level, six at Secondary School level, and three who went up to Primary level. Only two of the ten participants were first time mothers. The participants' employment status consisted of three self-employed who does business and while the other seven were unemployed. The following table presents demographic information for each of the participants (see Table 1).

Table 1: Demographics of the Participants

The Demographics of the neonates' and gestational age.

The demographics of the participants' sick neonates indicates that seven of the ten neonates admitted at Women and New-born Hospital's NICU were neonates who suffered one of the following; hydrocephalus with congenital abnormalities, spinal bifida with congenital abnormalities, Gastroschisis / post operation, Sepsis/Intussusception (post operative), Congenital abnormalities with imperforate anus (post operative). The premature infants' gestational ages ranged from 30 to 34weeks. Prematurity was not the only reason for being admitted at women

Demographic of participants		**Frequency**
Marital status	Single	6
	Married	4
Educational level	Primary	3
	Secondary	6
	University	1
Employment status	Business	3
	Unemployed	7
Mothers age	18-25	5
	25-40	5
Number of children	1-5	10
	5 and above	0

and new-born hospital's NICU, as some of the neonates had other co-morbidities which required surgical interventions. While the other three who reached a complete term were admitted to Women and new-Born Hospital's NICU because they suffered from one of these; hypoxic ischemic encephalopathy grade 3 post vent, anencephaly with congenital abnormalities, Tetralogy of Fallot with down syndrome. According to NICU Women and Newborn Hospital protocol, these neonates were considered to be on end-of life care. The usual routine like temperature, pulse and fluids or feeds plus medication were being administered on these neonates. The hospital length of stay at the time of interviews ranged from 4 days up to and 62 days. The table on following page provides demographic information for each of the participants' neonates (Table 2).

Table: 2 Demographics of neonate's conditions

Participant	Infant's gestational age	Weight at Birth	Weight at time of interviews	Infant's diagnosis	Length of stay in Hospital
P1	40 weeks	3.0kgs	2.8kgs	hypoxic ischemic encephalopathy grade 3, sepsis	3 weeks
P2	30 weeks	1.5kg	1.2kgs	Hydrocephalus/congenital abnormalities	4 days
P3	38 weeks	2.5kgs	2.0kgs	hypoxic ischemic encephalopathy grade 3, post vent care	5 days
P4	32 weeks	2.0kgs	1.45kgs	Spinal bifida, congenital abnormalities	2months 2days
P5	34weeks	2.0kgs	1.9kgs	Gastroschisis, post operation, anaemia, sepsis Intussusception	1 month
P6	30 weeks	2.4kg	2.3kgs	Congenital abnormalities/imperforate anus	1-month 2days
P7	31 weeks	1.5kg	1.4kgs	Omphalocele, congenital abnormalities, sepsis	1 month3 weeks
P8	38weeks 5days	3.2kg	3.0kgs	Anencephaly plus congenital abnormalities, sepsis	2 weeks
P9	30 weeks	1.2kg	1.1kgs	Tetralogy of fallout in down syndrome Neonate	5 days
P10	30weeks 2days	800g	750g	Extremely low birth weight premature neonate, sepsis, jaundice	4days

Table 4: Themes and sub-themes that emerge from the study

Theme	Sub-themes	Personal Experiences	Challenges encountered
Inadequate information	-Differences in information delivery	"*I was advised by one of the staffs to start feeding my baby by cup then I breastfeed, but another one told me I start with a breast them cup" (p2).*	No continuous updates on neonate's condition.
	-Lack of updates from staff	*"I was told to sit on the bench for almost an hour for someone to update me on the condition of my baby but everyone seemed so busy. So, because I have a caesarean section, I could not wait any longer I left" (p3).*	
	-Inadequate communication	"*I was not explained to why I was being transferred to the next referral hospital (UTH). After reaching here (UTH) that's when I was told that my baby was born with very low birth weight with other health complications" (p4).*	
Emotional roller coaster	-Psychological factor Sad Anger Crying Self-blame	*"I am confused and shocked because I don't even have time to process anything that is going on in here".* *"I am immersed in deep bad feeling, anger, and sadness. I cannot lie, right now I feel very disturbed that I spend most of my time crying inside myself" (p1).*	Feeling Sad at times due to the condition of the neonate.
Lack of resources	-No financial and emotional support from the spouse.	"*My husband has stopped calling and coming to check on us. He is not even sending me money to use. Maybe he has given up" (p10).*	No money for hospital use.
	-Little or no financial support from family	*"Being in the hospital is expensive I need help financially either by family but it's not there". I used to do business but now I can't due to the situation am in" (p6).*	

During the data analysis process, the interviews were read and reread before coding took place. Each interview transcript was coded in the same manner by reading and rereading the data following the initial coding. This process improved the researcher familiarity with data. Different coloured highlighters and coloured pencils were used for coding the data to indicate similar

statements and ideas. A codebook was kept with an index of each colour for identification purposes.

The categories and codes were then placed together to identify which one of the two objectives they are answering. Overall, there are six subthemes that emerged from the interviews that became evident during the data analysis process and these are, difference in information delivery, lack of updates from staff, inadequate communication, and emotional roller coaster, no financial support and no emotional support. The three emerged from the first objective and the fourth one came from the second objective and two emerged from the third one. The findings highlighted the experience of parents nursing their neonates on end-of-life care in NICU at Women and New-born Hospital at the UTHs.

4.2 Challenges mothers encountered in Neonatal Intensive Care Unit

The first objective of this study aimed to find out the challenges that parents face at women and new-born NICU, University Teaching Hospitals. The theme that imaged from this objective is inadequate information.

4.2.1 Inadequate information

This was the first theme that emerged. It has three sub themes differences in information delivery, lack of updates from staff and inadequate communication. Below, the sub themes are discussed in details.

4.2.1.1 Differences in information delivery

Parents lamented during interviews that there was inconsistent in information delivery. Some staffs explained to parents that they should be starting with breastfeeding then cup feed. And other staffs said the opposite. This was explained by one of the parents as follows:

> *"I remember on how I was advised to feed my baby when I asked for help, they told me to start by cup feeding then I breastfeed by a staff. The following day I was advised to start by breast feeding then cup feed by a different staff. I don't know what to believe now".* Lamented P2

4.2.2 Lack of updates from staff

Another issue that came up was their lack of updates on neonates' condition from staff. The parents felt that they were not being updated on conditions of their neonates as it should be. They felt somehow left out on the care. Some staff seemed too busy to answer or attend to us.

> *"It is difficult sometimes to understand the behaviour of healthcare workers treating our babies here. I remember one day when I was just two days old in the hospital, I wanted to find out why the baby had so many tubes and the general wellbeing, but I was told to wait as everyone seemed very busy to attend to me. After waiting for some time, I decided to leave as I was still not feeling well. At least they should be updating us on what is*

happening unlike what is happening. We appreciate their works but as parents we need information/ updates. (P3, field data)

Many of the participants were being attended to by a different doctor and a nurse at every round shift. Many of the participants lamented that they attempted to ask a question so there can be consistency medical care in but were often dismissed. One participant even alluded to the possibility that her concerns were not being taken seriously led to the condition of her baby no improving but instead getting worse.

"I have a problem with some nurses here, you find they cannot feed the baby. They are too busy to attend to our babies when it's feeding time. (p5, Field data)

4.2.3 Inadequate communication

Participants lamented that they were left in the dark about the situation that was going on with their neonates. The participants stated on many occasions the need for more information from the medical staff; however, despite the questions being asked, the participants' questions were not being answered accordingly. Many of the participants were ignorant about the reasons for being transferred to the University Teaching Hospitals NICU from their birth hospital even when they were requesting information about the need for transfer, which was evident in P4's account of being uninformed by the health workers despite asking.

"In my case, after giving birth I was just informed that they were transferring me to University Teaching Hospitals, Women and New born Hospitals NICU. So, I asked what was the problem with my child, I didn't get any answer and because I was weak, I just kept quiet and obeyed. After reaching here that's when I was told that my baby was born with very low birth weight with other health complications." (P4, field data)

Furthermore, the participants expressed their inability to participant in mothering occupations directly following the birth of their neonate due to the required medical attention. The participants stated they missed opportunities to mother following the delivery, which was expressed by the participants as a lack of opportunities to bond with their neonates due to the medical needs of not only themselves but also of their newborns. Additionally, the participants were unsure which questions to ask in regard to mothering in the medical setting, which was often rooted by their experience of not being heard thus far by health care workers providing healthcare to their neonates. This is how one mother recounted her concerns as quoted below.

So, I didn't see him enough after delivery maybe due to resuscitations until the NICU nurses had gotten him. Later, they wheeled him around up using the incubator. I did not see him until, the following day, I want to say, because, like the same day I was on magnesium and so with that I couldn't move or do anything like that, I had the catheter in still and all of that. (P9, field data)

4.3 Experiences of parents who have their neonates on end-of-life care in NICU

This is the second specific objective. The themes that emerged is the emotional roller coaster and it had sub theme psychological factors. Lack of resources which had sub themes no financial and emotional support from the spouse and little or no financial support from family. Below are explained in details.

4.3.1 Emotional roller coaster

This was the second theme that emerged from the study. Below is the subtheme.

4.3.1.2 Psychological factors

The participants told stories, which were enveloped with a variety of emotions from happiness to sadness. The participants not only spoke with emotions during the interviews but displayed these emotions as well. Hence, the participants frequently spoke about being afraid and being concerned for their sick neonates with tears in their eyes. These feelings were evident with P1.

> *"I am confused and shocked because I don't even have time to process anything that is going on in here. The situation is frustrating me each day that passes, I am just very upset because it seems that there is less hope. I think I am always a little nervous and have that fear because you never know with especially very sick babies, you never know what they're going to do. I think every day I'm on my toes, but every time there's good day/news, it relaxes me more. And every time I get an update (good news), like I feel a lot better."* (P1, field data)

Furthermore, other participants also spoke about feeling guilty about having a premature baby. They blamed themselves for not being able to carry the baby full term. Many felt they could have done something different to prevent the premature birth or to prevent the baby's need for surgery. P6 lamented her experience as quoted below;

> *"Sometimes I blamed myself for my baby's condition, I feel like I could have done something. I feel like it is my fault. I cannot even explain how I am feeling right now seeing my baby in this condition, I feel I could have avoided this what is happening here as a mother. Maybe it's the waking up early and lifting heavy things at the market that caused me to go for early labor."* (P6, field data)

While many of the participants had large support systems and significant others to lean on in time of need, some participants either did not have a lot of support or began to feel isolated and alone. Feelings of isolation and feelings of being alone in the NICU affected an overall sense of wellbeing for some of the participants. Below is what one of the participants said during an interview with the researcher;

> *"I just feel very isolated and lonely. Even the nurses I think they just concentrate mostly on the neonates, neglecting our role also as mothers in the well-being of our neonates. My heart pains a lot every day that passes. So, this situation makes me feel lonely and I was even telling my mother when she came to check on us here that it was like even those people around me are not helping, I just feel so alone."* (P3, field data)

The study further indicated emotional factors like angry, crying, sadness, frustration, dissatisfaction, happiness, regret, compliant, disappointment, bad feeling, self-blaming, nervousness, disturbance, and lack of self-control play a great influence on the parental experiences in the NICU. The majority of the parents whose neonate health condition had gotten worse expressed their extreme sadness, disappointment, bad feeling, and anger. For instance, P2 stated:

> "*I am immersed in deep bad feeling, anger, and sadness. I am also disappointed when I look back and think of how things unfolded, starting from when I was told the birth weight of my baby then I realized the problem was more than I thought it was. I cannot lie, right now I feel very disturbed that I spend most of my time crying inside myself."* (P2, field data)

Meanwhile, another one added this:

> *"The moment I was told how my child needed to come to University Teaching Hospitals, at that point I became nervous and I experienced lack of self-control, especially, when the health care providers told me that the neonates' condition was bad and needed specialized treatment (surgical intervention). Here again I have meant to go through different experiences which are even adding on the pain I have already."* (P10, field data)

Although there were emotions that elicited crying and sadness during the interviews, the participants also portrayed happiness and proud moments when discussing their experience of being in NICU with their neonate. From being happy about the small improvements their babies are making to being amazed by their exuberance, each participant had something to be proud about when discussing their experience.

> *"I am praying. As I speak now, my baby's health status has been improving from day to day and able to breastfeed. Yeah, even if my baby has not fully recovered, at least I feel far much better than I was when coming here. I commend the nurses and doctors for their commitment. I am really happy and hopeful". So, when I think of that at least I feel very happy that I will be soon going back home with my baby even with others abnormalities."* (P7, field data)

The participants recounted how environmental factors, such as the physical and services supported and hindered their mothers' occupations in the NICU at the institution. The environmental factors, such as the physical layout of the NICU, the technology involved, support and relationships with the staff, attitudes of the NICU nurses, and services as well as hospital policies, all had a significant role in supporting mothers' occupations or acting as a barrier to mothers' occupations. Overall, the themes in this dissertation study have emphasized the experience of parents nursing their neonates on end-of-life care in NICU at Women and New-born Hospital at the University Teaching Hospitals.

4.3.2 Lack of resources

Lack of resources was the third theme from the findings. Explained below, are two subthemes that emerged from the main theme.

4.3.2.1 No financial support and emotional support from the from the spouse

Some participants were disturbed by the whole situation. They shared with the researcher how they were struggling alone without any financial support from the spouse. Their spouses went mute on them and were not concerned anymore. Furthermore, their spouses even stopped calling to check on them. They thought that their spouse was just tired from the whole situation. They felt neglected and not wanted. These feelings were evident with P1.

"*Two weeks ago, my husband stopped coming to check on us and even calling. He used to call or send money and at least I felt we were in this together but from the time he stopped I feel I'm alone carrying this burden". I don't even know what to think now".* P10 lamented.

4.3.2.2 Little or no financial support from family

Some participants complained on how they were struggling financially with the situation. They told the researcher that everything needed money at the hospital. The family were not helping much, as she needed money for diapers and food every day. The researcher was also informed about some drugs that the hospital didn't have that the nursing mother or parents should buy. It was lamented by p6 during the interview.

"Here at the hospital am buying a lot of stuff for use. I buy "munkoyo" drink to help with milk production, diapers for the baby, sometimes drugs if the hospital doesn't have, food, so I need money for daily use. When I call for help from my family, I don't get it as required. So, it's really hard, sometimes my family sends money but it's too little that it finishes in two days. I used to do business but now I can't due to the situation am in". P6 lamented

4.4 Summary

The purpose of Chapter 4 was to present the findings from the analysis of the data from the interviews. In this phenomenological study, the researcher utilized an interview guide with all the participants to explore the experience of parents nursing their neonates on end-of-life care in NICU at Women and New-born Hospital at the University Teaching Hospitals. The data analysis led to three main themes for the dissertation study and six sub themes which were further a lined to the objectives. This chapter, detailed descriptions of each participants' feelings and experience of nursing their neonates on end-of-life care in NICU have been presented as reported by the participants. Some mothers/Parents said they felt good/sad. They lamented they felt good when they find the neonate has been fed and felt bad when they found milk was not fed to the neonate. Other findings indicated that parents experienced both psychological and emotional problems such as, anxiety, stress, worry, hopelessness, confusion, anger, crying, sadness, frustration, dissatisfaction, happiness, regret, compliant, disappointment, bad feeling, self-blaming, nervousness, disturbance, and lack of self-control.

Conclusion

Main findings indicated that parents (10) experienced both psychological and emotional problems such as, anxiety, stress, worry, hopelessness, confusion, anger, crying, sadness, frustration, dissatisfaction, happiness, regret, compliant, disappointment, bad feeling, self-blaming, nervousness, disturbance, and lack of self-control**.** In addition, the study revealed that parents suffered from inadequate emotional support and quality of care as nurses working in the Neonatal Intensive Care Unit were not readily available to give them emotional support.

RECOMMENDATIONS.

Ministry of health (Zambia) to provide more staffing to Women and new born hospital (NICU) to lessen the work load so that there is time for updates to parents to alleviate negative emotions.

The Women and new born hospital management to provide training on compassionate and respectful care for healthcare providers to enhance parent-healthcare provider communication and supports.

The breastfeeding procedure to be included in the NICU protocol by WNBH management to help staffs have one voice when delivering care to the neonates and the parents.

Women and new born hospital management to involve the clergy from UTH chapel (reverends and fathers) for spiritual support to the parents.

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