Postpartum Anxiety Among Mothers of Preterm And Term Infant In Irrua Specialist Teaching Hospital (ISTH) Irrua, Edo State

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Abstract

Preterm and term birth nursed in special baby care unit can be exceptionally tricky to mothers and can influence the prosperity of the mothers and can result in anxiety and postpartum depression. The aim of the study is to get the level of anxiety among mothers whose newborn child were nursed in special baby care unit of Irrua Specialist Teaching Hospital, Irrua, Edo state. A descriptive cross sectional study design was utilized in this study. The study was conducted at the special baby care unit, pediatric outpatient office and post natal ward of the hospital. Populace of mothers who had preterm/term babies who were nursed in SCBU inside the last one-year frame are the populace for the study. A sample of 327 women were recruited for this study. Data were collected through questionnaire which incorporate social demographic data of mother and newborn children, segment, Edinburgh post natal depression scale and state-trait anxiety score. Information was examined using frequency, percentage (%), mean(x) and standard deviation (S.D). T-test for two autonomous sample was used to distinguish between the two sub groups mothers of preterm and mothers of term infant. The result of the study appears that mothers of preterm and term infant have a high level of anxiety of mothers of preterm and term babies in ISTH Irrua as revealed by the study; it was moreover observed that the sex and age of infant at birth have importance impact on the anxiety among mothers. Psychological trouble ought to be tended to in post-partums mothers in any case of full term or preterm birth as a fundamental health right of a lady who has delivered. The health care team in new born unit and in postnatal wards ought to be sensitized on how to recognize early signs of mental disturbance among mothers of preterm newborn children in SCBU.

Keywords; Anxiety, Infant, Mother, Prematurity

Introduction

Universally prematurity is the driving cause of passing in children beneath the age of 5 years (WHO, 2018). There are imbalances within the survival rate around the world. In low pay setting, half of the babies born at or underneath 32 week passes on due to need of attainable cost viable care such as warmth, breastfeeding bolster and essential care for diseases and breathing troubles. Studies uncover that 10 nations with the most prominent number of preterm birth are in Africa and South Asia and Nigeria was among them (Bashiri&Spielvogel, 2019). Complications associated with a preterm birth incorporate; Youthful lungs, trouble in directing body

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temperature, destitute nourishing and moderate weight pick up, less than 2.5kg weight at birth and respiratory trouble disorder (RDS) (WHO, 2018).

The premature birth of an infant is a distressing event for the family in general and the mother in particular which has to cope with an unpredictable and panic situation. Growing into motherhood is generally a thing of joy for most women but it can be marked with emotional disturbance which may result in postnatal anxiety (Catherine et al., 2015). Pregnancy and childbirth are major life experience that can have negative effect on health of mothers if not well managed. Mothers of preterm babies have less early contact with their babies due to separation of the baby into intensive neonatal care unit (Adeyemo et al, 2020). Maternal anxiety has been related with preterm birth (Kleine et al, 2020). Due to the conditions of natural insecurity of the preterm newborn child such as youthful lungs and liver they require specialized therapeutic care of the newborn children gets to be vital so the child most be conceded into neonatal intensive care units (NICU), the family encounters the separation from the untimely newborn child and the vulnerability around its clinical conditions and survival (Hall, 2015).

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Anxiety is common and weakening complications of postpartum women in any case we suspect that anxiety and perhaps stress sets in prior (Coplan el at, 2015). The chance factor of PPD in general populace incorporates; spontaneous or undesirable pregnancy, past history of depression, life stress, poor social bolster, conjugal conflicts, single parent status, low financial status, anxiety or depression amid pregnancy (Mutua el at, 2020). Other extra risk variables for PPD and anxiety particular to mothers of preterm newborn children include: the delivery of a preterm newborn child in itself is unpleasant life events and circumstances encompassing the delivery can also result in anxiety of mother (Misund, 2013) perception towards the infant, its little size, exceptionally low birth weight, appearance, common condition of the child, infant's survival, length of stay within the neonatal intensive care unit, sentiments of incompetency, terrifying new NICU settings, lights, sounds, gear and discernment of poor bolster by healthcare providers (nurses) hence expanding maternal distress (Baxt& Evans, 2010).

Anxiety influences the preterm and term newborn child cognitive development and behavioral result within the near future (Poehlmenn, 2012). Anxiety and depression of mother can be hindering to the start of breast feeding and mother child attachment process which begins exceptionally early in life. Early mother - newborn child interaction following term birth are exceptionally imperative to child's development (Mutua 2020). Preterm newborn child are inclined to cognitive, emotional and behavioral challenges due to their separation from mothers into special child care unit or neonatal intensive care unit which can last up to eight to twelve weeks (Amiegheme et al, 2016).

The birth of new babies is supposed to bring joy to the family but the case of premature delivery tends to bring psychological and mental stress for the mothers. It has been observed by the researcher that mothers of preterm and term babies often times suffer psychological rejection from their husbands and mother's in-law who treat them as sources of wastage of finance to their sons as they spend long time in neonatal intensive care unit with huge hospital bill. Also, there are many situations whereby most mothers due to anxiety post-partum mothers, are not able to lactate and feed their babies. The study will thereby investigate the anxiety and depression during the postpartum period.

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Most studies on the predominance of PPD in mothers of full-term babies had been conducted (Mwikali, 2013; Madeghe, el at, 2016; Kumar el at, 2016) in other foreign countries in various study setting. As much as these foreign studies contributed to information, the foreign-context speculations cannot be amplified to Edo State, Nigeria because of socio-cultural and environmental contrasts. In Nigeria, a few studies have been carried out in Enugu State (Chinawa, et al 2016) and Lagos (Ishola, et al, 2018; Adeyemo, et al, 2020) utilizing different study settings, plans and strategies to attain assorted study objectives. In Edo State, the only distributed work known to the analyst was carried out by Amiegheme, et al (2016) who utilized women going to antenatal clinic in Central Hospital, Benin City, Edo State. To the most excellent of the researcher's knowledge, no study on anxiety among mothers of preterm and term newborn children in NICU had been conducted in Irrua Specialist Hospital, Irrua Edo State. This study is subsequently, outlined to address this hole in knowledge by answering questions; what is the level of anxiety of mothers of preterm and term babies in ISTH, Irrua? An, what is the effect of infant's demographic variables on anxiety among mothers of preterm and term babies in ISTH, Irrua

Literature Review

Anxiety

Anxiety is serious, over the top and determined stress and fear around ordinary circumstances. It is additionally normal body reaction to stress which is characterized with dread of what is about to happen (Legg, 2020). Anxiety is a progressed level of stress that can be destructive to the person involved in it. Ordinary anxiety may be a feeling that comes and goes. Anxiety may be an ordinary feeling that causes increased readiness, fear and physical signs like increased heart rate. Everyone features a level of anxiety at one time or the other (Dillon, 2020). Anxiety or fear that is solid enough to influence day by day exercises gets to be disorder (Mayo clinic, 2018). Therefore, anxiety as "an emotion characterized by feeling of pressure and stressed thought and physical changes like increment in blood pressure" Anxiety itself is not a medical condition but a natural feeling that is imperative for survival when a person discovers themselves confronting peril.

Post-Partum Anxiety

Post-partum anxiety is an unreasonable fear or overstated stress that something is wrong and more often than not includes stressing all day about numerous diverse things. It's comparable to standard uneasiness but is more closely connected with having a child and getting to be a parent. Numerous modern mothers have been told that sadness and depression after having a child may be a common event and can turn out to be either the infant blues or post-partum depression. But note each new mother knows that feeling greatly on edge or frightful, indeed having panic attacks can be nearly as common. In truth, 10 to 15percent of new mothers suffer from postpartum anxiety (Mazel, 2020). Post-partum anxiety are some of the time related to newborn child health issues. Newborn child rest pattern or issues can at some point lead to post-partum anxiety and conceivable depression (Karukiri, 2017). The postpartum anxiety tends to continue when mothers had experienced a cesarean delivery and had sleep issues and when their newborn children had health issues

Causes of Post-Partum Maternal Anxiety

Numerous things can lead to post-partum anxiety in mothers of preterm and term babies, such as the following; whereas there's no one cause of post-partum anxiety, there are a number of variables that can increase the chances of creating the condition: Hormonal shifts after delivery for a few mothers and swings in hormone levels can have a more noteworthy effect on general disposition and sentiments of anxiety than for other ladies without hormonal shift. Rest deprivation which is regularly common with early post-partum period can result in anxiety. The stress of caring for a little, minor and defenceless infant can result in post-partum uneasiness, Relationship changes that normally happen with birth of new infant can lead to anxiety for the mothers.

Personality type A that's the exceptionally delicate or effortlessly stressed may be more likely to suffer from post-partum anxiety. Societal pressure on new mothers and their desire to be perfect can lead to pointless worry. Having a history of anxiety and/or panic attacks. Having a personal or family history of mood disorders. A previous miscarriage or stillbirth. Having a premature baby or a

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baby with health issues. There's no definitive time frame for postpartum anxiety, but the good news is that it isn't permanent. Untreated moderate to severe anxiety can last indefinitely.

All parents worry to some extent about their babies it's a normal part of having a big, new responsibility. Most parents also have occasional unwanted or senseless thoughts about their new-borns. But for mothers with postpartum anxiety these thoughts become so frequent and intense that they cause them tremendous distress. They may moreover have compulsive customs, like checking on a child regularly all through the night and as a result, don't get sufficient rest themselves (Lusskin, 2020).

Post-Partum Anxiety Symptoms

Post-partum depression has been broadly archived as a critical risk figure for mothers' wellbeing. The condition can show with the following; A persistent case of the nerves or a consistent unsettled feeling, A sleeping disorder or trouble falling or remaining asleep, even in spite of the fact that she is exhausted, Changes in heart rate and breathing including raised pulse, quick breathing and/or chest pain, particularly in case the anxiety takes the shape of panic attacks. For example, a mother with post-partum anxiety might think her infant isn't developing regularly in spite of the fact that he is totally on track, or she might fear her child is in pain each time he cries, in spite of the fact that crying may be a baby's ordinary way of communicating. She might stress that her infant will stop breathing and always check him during the day and gaze at the infant monitor all night. She may be excessively stressed that somebody is planning to break into the house and seize her sleeping child or persuade herself that her infant is sick and call the pediatrician over and over in spite of reassurances that her child is flawlessly sound (Lusskin, 2020).

Anxiety of Mother of Preterm and Term Babies

Untimely birth may influence the emotional state of the mothers more as lack of psychological bolster after hospital release of the child. Need of knowledge of care of preterm infant before delivery will increase level of anxiety of mothers of preterm newborn babies in neonatal intensive care unit changes. It might be mild, moderate or high-level anxiety. The rate of maternal depression and anxiety amid post-partum is around 15-20% (Agbaje, et al, 2019).

Past research results showed that the mothers who did not feel self-sufficient concerning the infant's care had higher anxiety levels compared to those who felt satisfied about the care of their baby. A higher anxiety level is anticipated as a result of the insufficient data given to them with respect to the infant's care, the truth that nearly half of them were primipara, and they have not cared for a premature newborn child before (Kurnaz et al, 2007). Gambina et al. 2011 appeared that anxiety levels in parents of preterm newborn babies were higher than those of term newborn babies. In another study it was noticed that the failure to continue newborn child care at home adequately increases level of anxiety. In a study conducted by Miles et al. 2007 it was found that mothers with lower education levels were reported to be more stressed about the medical conditions of their newborn children compared to the mothers who had higher education levels.

Level of anxiety of mother of preterm decided in Kenya, Turkey between March and April 2012 utilizing State Trait Anxiety Inventory scale shows that the anxiety level of mother was higher than that of the father. Preterm birth could be a multi-problematic occasion that can influence the other's mental wellbeing. Past study uncover that mothers of preterm babies suffer from extreme level of anxiety which can adversely influence their demeanor towards their babies, (Zeinab, 2017).

Methodology

This is a comparative study embedded within a cross-sectional design. The population for this study focuses on mothers who gave birth to preterm/term babies within period of one year whose babies were nursed in special baby care unit of ISTH, Irrua. Mothers of term babies were 700 and mothers of preterm babies are 546 total 1246. The population for this study were gathered from the delivery registers of labour ward and admission registers from special care baby's unit over a period of 12 months because the register is one of the most reliable sources of data for descriptive analysis. The sample size for the study was determined using

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Cochran equation (Cochran, 1977).

Using Cochran formular= $\frac{Z^2\ Pq}{e^2}$

Using of strata formula to divide into the different group.

Mother with preterm babies

$\frac{n}{N} x\ population$

$\frac{327}{1246} + 546 = 143$

Mother with term babies

$\frac{327}{1246} x\ 700 = 183$

The convenient sampling technique was utilized in selecting respondents for the study. The study excluded mothers with chronic medical conditions, recent surgical and or obstetrical procedures apart from caesarean section, those with psychosis or with intellectual impairment. Mothers of preterm infants who were admitted in SCBU, in stable condition, with birth weight ranging between 500–2500g. The comparison group included mothers of normal full-term infants and their babies (both mother and child) in healthy condition attending maternal-child clinic at 6 weeks, in stable health condition in both groups were included. Two major instruments will be used in this study. The first instrument is adapted from the Edinburgh postnatal depression scale (EPDS). The EPDS is a 10 questions self-rating report with good validity. It assesses post-partum depression symptoms the mothers might have experienced during the period of hospitalization. The 10-items are rated on a various four (4) point response scales. The scale ranging from "Yes most of the time" – 4 to "No never" -1; "Yes quite a lot" – 4 to "No not at all" -1 and many others. With a highest response of 4 and lowest of 1 point, an overall mean score of 2.5 or higher will be considered as high depression while a score or 1-2.49 will be considered as low indication of depression.

The second instrument was adapted from the short version of the State-Trait Anxiety Inventory (STAI) developed by Zsido et al (2020). The original version was a 40-item State-Trait Anxiety Inventory (STAI) developed by Speilberger (1984). The original scale was amended for improved construct validity in the work of Zsido et al (2020). The short version of state- trait anxiety inventory is a self-evaluation anxiety questionnaire. The short version has two anxiety constructs: current anxiety state and general state of anxiety. The scale alpha (α) coefficients include: current anxiety state (5 items, α = 0.886) and general state of anxiety (5 items, α = 0.758). The two-factor solution with 10 items explained a total of 80.72% variance. A four-point response rating of Not at all -1, Sometimes -2, Moderately so -3 and Very much so – 4 was used in the scale. Although the original version was used to measure anxiety among adults, to reflect the motherhood stage of mothers with preterm and term babies, the items was adapted to describe how you feel for the past one month that you had your baby.

Descriptive and inferential statistics was employed. Descriptive such as frequency count, percentages (%), means ($\overline{X}$) and standard deviation (S.D) was used to analyse the research questions while tables and charts was used to orderly present and illustrate the result. On the other hand, the t-test for two independent sample means and binary logistic regression analysis was used to test hypotheses.

Result and Discussions

Table 1 presents the results of the mother's demographic data. The majority 141(43.7%) of the respondents were between the age of 30 – 35; 115(35.6%) of the respondents were between the age bracket of 25 – 30 years; 39(12.1%) of the respondents were between the age of 18 – 25 years and 28(8.7%) were between the age of 35 – 40 years. The marital status of mothers revealed that 283(87.6%) were married, 24(7.4%) were separated and 16(5.0%) of the respondents were single. Out of the 283 that are married, 224(79.2%) were from monogamous families and 59(20.8%) were from a polygamous family.

Table 1: Results Mother's Demographic Data

Item	Classification	Frequency	Percentage
Mothers Age	18 – 25	39	12.1
	25 – 30	115	35.6

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	30 - 35	141	43.7
	35 – 40	28	8.7
Marital Status	Married	283	87.6
	Separated	24	7.4
	Single	16	5.0
If Married	Monogamy	224	79.2
	Polygamy	59	20.8
Educational Status	Non-Formal	21	6.5
	Primary	19	5.9
	Secondary	139	43.0
	Tertiary	144	44.6
Occupation	Applicant	22	6.8
	Student	34	10.5
	Housewife	58	18.0
	Self-Employed	209	64.7
Religion	Christianity	207	64.1
	Islam	64	19.8
	Traditional	52	16.1
Regular Monthly income	Yes	189	58.5
	No	134	41.5

Source: Field Survey, 2025

The analysis of the educational qualification of the mothers revealed that 21(6.5%) had non-formal education, 19(5.9%) had primary education, 139(43.0%) had Secondary Education and 144(44.6%) had Tertiary Education. The analysis based on occupation revealed that 22(6.8%) were applicants, 34(10.5%) were students, 58(18.0%) were Housewife and 209(64.7%) were Self-employed. In addition, 207(64.1%) of the mothers were Christian Religion, 64(19.8%) were Islamic Religion and 52(16.1%) were into Traditional Religion. Furthermore, 189(58.5%) of the respondents reported that they do have monthly income and 134(41.5%) of the respondents do not.

Table 2: Results Infant's Demographic Data

Item	Classification	Frequency	Percentage
Sex	Male	171	52.9
	Female	152	47.1
Was the child Nursed in a special care baby unit?	Yes	201	62.2
	No	122	37.8
	Mean	Minimum	Maximum
Age (Weeks)	35.54	26	40
Weight of Child at birth (in kg)	2.60	1.00	2.60

Source: Field Survey, 2025

The results of the Infant demographic data were presented in Table 2. 171(52.9%) of the infant were male and 152(47.1%) of the infant were female. Also, 201(62.2%) of the infant were nursed in a special care baby unit and 122(37.8%) were not.

Table 3: Level of anxiety of mothers of preterm and term babies in ISTH, Irrua

Statements	N	Mean	Std. Deviation	Remark
I feel calm	323	2.43	1.050	Sometimes
I feel secure	323	2.57	.907	Moderately so
I am tense	323	2.82	.808	Moderately so
I feel strained	323	2.75	.847	Moderately so
I feel at ease	323	2.67	.891	Moderately so
I feel upset	323	2.72	1.698	Moderately so

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I am presently worrying over misfortune possible	323	2.54	1.106	Moderately so
I feel satisfied	323	2.58	.924	Moderately so
I feel frightened	323	2.83	1.734	Moderately so
I feel comfortable	323	2.43	.931	Moderately so
I feel self-confident	323	2.62	1.553	Moderately so
I feel nervous	323	2.77	.824	Moderately so
I am jittery	323	2.82	1.840	Moderately so
I feel indecisive	323	2.72	.831	Moderately so
I am relaxed	323	2.59	.919	Moderately so
I feel content	323	2.56	.915	Moderately so
I am worried	321	2.72	.850	Moderately so
I feel confused	323	2.83	.823	Moderately so
I feel steady	323	2.46	.860	Sometimes so
I feel pleasant	323	2.60	.974	Moderately so
Grand mean		2.65	1.064	Moderately so

Source: Field Survey, 2025

The mean and standard deviation on the level of anxiety of mothers of preterm and term babies in ISTH, Irrua is presented in Table 3. The mean responses of all the items (excluding 1 and 19) ranged between 2.54 to 2.83 which is within the moderately so category. The mean score of items 1 and 19 were 2.43 and 2.46 implying that the respondents sometimes feel calm and steady. The grand mean score of 2.65 indicates that there is a high level of anxiety of mothers of preterm and term babies in ISTH, Irrua

Test of Hypothesis

Hypothesis One

There is no significant difference in the level of anxiety among mothers of preterm and term babies in ISTH, Irrua.

Table 4: Level of anxiety among mothers of term babies is higher when compared to preterm babies.

Type	N	Mean	Std Dev.	Std Error	t-value	DF	MD	P	Remark
Preterm	164	2.6259	0.40082	0.03130	-1.155	321	-0.05	0.249	Not Sig.
Term	159	2.6779	0.40756	0.03232					

Significant at p 0.05

Source: Field Survey, 2025

The result in Table 4 revealed that the level of anxiety among mothers of term babies is higher when compared to preterm babies. However, the level of significance obtained for the test is 0.249 ($p > 0.05$) indicates that the differences were insignificant. Therefore, the null hypothesis which states that there is no significant difference in the level of anxiety among mothers of preterm and term babies in ISTH, Irrua was supported.

Hypothesis Two

Infant demographic variables (age in weeks, weight at birth, and sex) have no significant effect on the anxiety of mothers of preterm and term babies in ISTH, Irrua.

Table 5: Binary Logistic Regression coefficient on the effect of Infants Demographic Variables on the anxiety of Mothers of preterm and term infants

					95% C. I. For Odd Ratio		
Infant Demographic Variables	**Coefficient**	**Wald**	**SE**	**P-value**	**Lower**	**Odds Ratio**	**Upper**
Constant	-2.616	3.116	1.482	0.073			
Age (Weeks)	0.097	2.872	0.057	0.090	0.985	1.102	1.232
Sex	0.019	0.007	0.228	0.934	0.651	1.019	1.594
Weight at Birth	-0.231	0.766	0.264	0.381	0.473	0.794	1.332
Hosmer & Lemeshow Test $\chi^2 = 22.412, p = 0.064$, DF = 8							

Source: Field Survey, 2025

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The summary result of binary logistic regression presented in Table 5 indicates that none of the infant's demographic variables significantly predicted the mother's level of anxiety at a 5% level of significance. However, age in weeks is a significant predictor of mothers' anxiety at a 10% level of significance. This implies that age is an infant's demographic that has a significant effect on the anxiety of mothers of preterm and post-term babies in ISTH Irrua. The three predictors' variables explained 1.7% of the variability of anxiety of mothers of preterm and post-term. Age of infant is significant at 10% level (wald = 2.872, p = 0.090 < 0.10). The odds ratio (OR) for the age of an infant is 1.102 (95% CI: 0.985 to 1.232). The model correctly predicted 21.7% of the mothers with low anxiety and 85.6% with high anxiety giving an overall percentage correct prediction rate of 57.3%.

Discussions of Findings

The response of the participants to the question on whether they were able to laugh and see the funny side of thing, majority of 113(35%) agree. Respondents' religious belief of Christianity which 207(64.1) trust God to see them through what most be happening and God will see .Economic power could also contribute to ability to over depression as 189(58.5) participants has regular source of income to meet up with need in the care of their need in SCBU or possibly paid the bill. Another factor that is of important is that 283(85%) of study participants had secondary level and above educational background and they also have access to internet information that is of concern to their infants wellbeing. In conclusion the differences in spiritual and economic setting must have contributed to the differences in the findings

The grand mean of 2.65 on level of anxiety of mothers of preterm and term indicate that it is high in ISTH, Irrua. This agreed with study done by Segre et al (2005) which stated that mothers of hospitalized neonatal in SCBU are at risk for clinically significant level of depression and anxiety symptom. Binary Logistic regression indicates that the sex of the infant is significant in the mother level of depression the sex of the infants is a demographic variable that has a significant effect on the depression of mothers of preterm and term babies in the population of study. The modes correctly predicted 54.5% of the mothers with low depression and 70.4% with high depression giving an overall percentage correct prediction rate 62.8%(appendix). The result agreed with work done in Lagos state by Ishola et al., 2018 which examined depression mood and postpartum anxiety in messy street children hospital with cronbach alpha at the P<0.05

Implication of the study

The finding of the study will help to plan health education on management of stress for mothers during antenatal period so the knowledge will help to reduce its occurrence. The findings will serve as resource material to researchers who wish to embark on related topics in nearest future and it will aid in educating the general public of ways that post-partum anxiety and depression can be prevented among women of child bearing age. The finding from the study led to establishment of non-governmental organisation that will assist mothers of preterm/ term whose babies are admitted into neonatal intensive care unit both psychologically and financially in the care of their babies.

The study result will help to correct the error in the traditional belief about the rejection of preterm babies. Findings from this study will help mothers to know where to seek help when they observed signs of anxiety and depression after child birth. Policy makers will pass into law the assistance that will be available for mothers of preterm/ term babies. The findings from the study will help health team working in NICU plan how to include parents in the care of their babies so as to reduce the lack of bonding between mother and baby during post-partum period. The study will generate information that will help in early detention of mothers likely to develop anxiety or stress related syndrome during postpartum period using stress trait anxiety scale (Cox *et al*., 2017). All pregnant women will routinely be screen for symptoms that will be led to anxiety or depression post-partum.

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Limitation and recommendations For Further Study

Future research should aim to determine the prevalence rate of PPD in Nigeria women with preterm infants and address the methodological issues related to accurately estimating the rate of PPD. Clearly, researchers need to develop a common framework to guide this research, as synthesis of the current evidence on the relationship between preterm birth and PPD has been limited by the clinical evidence available. Furthermore, given the potential contribution of culture to the relationship between preterm birth and PPD, it will be important to examine the relationship of preterm birth and PPD within the cultural context of Nigeria women to better understand the psychosocial needs mothers of preterm infants, facilitate best practices and standards of care, and develop capacity in all hospitals and communities to care for high-risk mother who deliver preterm infants compared with those who deliver term infants, as well as those who deliver female infants compared with those who deliver male infants. NICU mothers to be afforded with sufficient rest in the wards, between the three hourly feeding programs to take care of mental and physical drain. More research on postpartum depression, psychological distress and dissatisfactions among NICU mothers and follow up mother-infant outcome after discharge. Further research should be conducted with large sample and other institution in order to generalise the findings

Conclusion and Recommendation

The present study concluded that mothers with premature babies suffer from severe level of anxiety and minimal level of depression. Although there were no effects of the mother's anxiety and depression on their babies, those mother's showed high negative attitude towards their babies which affect their interactions with the babies.

The study recommend that mothers of preterm/ term babies nursed in SCBU are in great need for psychological support and guidance. It is crucial to follow-up those mothers during their premature baby's development. Early provision of psychological support to mothers of premature babies can help in reduce the vulnerability of having depression and anxiety. Implementation of educational nursing program to nurses to equip them with the needed knowledge of how to manage the needs and the problem of mothers of premature babies. Nurses should be trained to identify mothers at risk to develop depression and anxiety as this will affect the mother's quality of care provided to her babies. There should be available centres that can provide psychological support of mothers when premature babies are discharge from the hospital. Raise the fathers and family members' awareness about the psychological needs of mother of premature babies. It was be interesting to investigate the father's level of depression anxiety in different research.

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APPENDIX: Post-Partum Anxiety and Depression Survey Questionnaire (PPADSQ)

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