

## ORIGINAL ARTICLE

# The Invisible Struggles: A Qualitative Study in Understanding Mothers' Perceptions and Experiences in Nurturing Small for Gestational Age Infants

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## ABSTRACT

**Introduction:** Small for gestational age (SGA) infants have been linked to poor growth trends and nutritional status. SGA infants that do not reach their full growth potential must be supervised by a multidisciplinary medical team. Parents devote more time, energy, and money for raising of the SGA infants. The objective of this present study is to explore the perceptions and the experiences of the mother in nurturing the small for gestational age infants in their first year of life. **Method:** A qualitative exploratory descriptive study via in-depth interview was conducted in the primary health clinics in urban areas in Malaysia to explore the mothers' perceptions and experiences in SGA infant's care. 13 SGA infant's mothers participated in the study after the children achieved the age of one year old. Thematic analysis was conducted using software ATLAS.ti version 8. **Results:** The average mothers' age in this study were 33 years old, majority was Malay ethnicity. Only one mother was a housewife and others were working mother. Four out of 13 SGA infants were born prematurely. This study found that homogenous experiences throughout the pregnancy and baby nurturing phase, perceptions on husband involvement and external supports in infant care, infant health status and health services provided, were highlighted as important contributor to infant survival. **Conclusion:** The importance of monitoring SGA infant growth and nutritional status have been highlighted. Maternal psychological support needs to be enhanced to ease the burden in SGA infant care. Targeted program intervention for family and community social support during postnatal and empowering mothers in nurturing their infants are crucial. *Malaysian Journal of Medicine and Health Sciences* (2022) 18(6):173-182. doi:10.47836/mjmhs18.6.24

**Keywords:** Mother, Perception, Experience, Small for gestational age infants, Infant care

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medical appointments which devoted more time, energy, and money of the parents (8,9). With the advancement of medical technology, the survival of SGA infants is increasing, but the challenges to the parents are remained.

## INTRODUCTION

Small for gestational age infant is the infants who are born with birth weight less than 10th percentiles of the gestational age and always linked to the unfavourable health outcomes (1,2). Being a mother of this high-risk group of infants is a wonderful yet challenging experiences (3). The small for gestational age infants might have health issues since intrauterine until the next phase of their life. They are having higher risk of getting hypoglycaemia or hypothermia postdelivery, developed early childhood malnutrition, poor cognitive development, and potential metabolic disease at later life (4-7). SGA infants who failed to achieve optimal growth and development required multidiscipline

There are 17.7% SGA prevalence in Malaysia reported at tertiary care (10). However, this infant's group is likely to be invisible especially at primary health care level during their early childhood health follow up. In Malaysia, majority of infants will be registered to primary health care, for childhood follow up and vaccination (11). The achievement of the infants and children health programme are basically based on report collected by the Ministry of Health is a general and a cumulative-based report. Despite of the main health indicator, under-five mortality, nutritional status of children is also important. In Malaysia, it was reported that there is increasing trend of under-five malnutrition in the year 2019 (12). Besides, a report by UNICEF 2017, highlighted that

malnutrition prevalence among poor urban children in greater Kuala Lumpur are higher compared to another region in Malaysia (13). However, these two reports do not highlight the growth and nutritional status of this SGA infants group.

Women is identified as the most important person responsible to the infant's care(14,15). However, the triple role of women in this current era might burden them. Woman, who are the mother, is not only the bread maker of the family, but also the career and a worker of a company (16). Globally, 49% women participated in labour force and 56% in Malaysia, showed us the possibility prevalence of women which is struggling managing the family and fulfilling the job commitments (17,18). They are also facing financial issues where the SGA infants might have recurrent hospital admission, or frequent clinic visits or special nutritional food for their weight gain (9,19). These may affect the parents especially the mother emotionally and physically.

Study showed the perception of the mother will affect their practice in nurturing and parenting their infants (20,21). The experiences will influence the mother perception subsequently effect on mother's practices in nurturing and parenting of the infants. Therefore, the objective of this present study is to explore the perceptions and the experiences of the mother in nurturing the small for gestational age infants in their first year of life. It is important to identify the challenges did they faced, how did they manage their responsibilities, commitments, and their needs. Scarcity of these information and the importance of these findings in patient-centred care value in healthcare services lead us to conduct this study.

## MATERIALS AND METHODS

### Design

It is a qualitative, exploratory, and descriptive study design via in-depth interview among small for gestational age infants' mothers. This approach enables deeper and wider understanding of mother's experience and perception in nurturing the SGA infants(22). The fundamental theory in discussing human growth and factors influencing is usually been discussed based on the Bioecological theory by Urie Bronfrenbrenner (23). This theory explained that there are multiple layers that surround a child, and these layers contain few factors that might interacted each other and influenced the children. The inner most layer is the child biological factors and was identified as the main factors influencing growth and development of the children.

In the other hand, Calming theory was used recently, in the discussion on high risk infants survival for instance the premature, which emphasize, not only self-regulation in the infants, the co-regulation of infants-mother relationship will influence health and growth of

the infants (24). For this study, the interview was guided by an interview protocol which was developed based on Bioecological theory and Calming theory as showed in Table I. Based on these theories, researcher will focus on mother as the most important external factor that influence on infant's growth and development. This study was conducted after obtained ethic clearance from Medical Research and Ethics Committee (NMRR-20-591-54211), Ministry of Health Malaysia and the Universiti Kebangsaan Malaysia Research Ethics (JEP-2019-283). This study was conducted with the consent of all participants.

**Table I: Interview protocol**

<b>OPENING (Introduction)</b>
<ol style="list-style-type: none"> <li>1. What is your name and your spouse's?</li> <li>2. Can you introduce and describe yourself and your family?</li> <li>3. Where and with whom do you live?</li> </ol>
<b>EXPLORING MOTHER'S EXPERIENCES AND PERCEPTION OF HER HEALTH</b>
<ol style="list-style-type: none"> <li>1. Can you explain your antenatal to postnatal experience?</li> <li>2. Do you have any difficulties during the antenatal to postnatal phase?</li> <li>3. How about your mental health status?</li> <li>4. How is the quality of health service that you received?</li> </ol>
<b>EXPLORING MOTHER'S EXPERIENCES AND PERCEPTION IN NURTURING INFANTS</b>
<ol style="list-style-type: none"> <li>1. Do you know your infants estimated birth weight before birth?</li> <li>2. What is the expectation of your infant growth?</li> <li>3. How do you manage your infants feeding?</li> <li>4. How do you do to attend all your infant's health appointments?</li> <li>5. How do you choose a caretaker for your infants?</li> <li>6. Are there any difficulties to balance between your work and infant's care?</li> </ol>
<b>EXPLORING MOTHER'S EXPERIENCES AND PERCEPTION ON EXTERNAL SUPPORT</b>
<ol style="list-style-type: none"> <li>1. What is your opinion on your husband participation in infant's care?</li> <li>2. What kind of supports given by your family?</li> <li>3. Can you explain how your employer or co-worker helps you if you are in a difficult situation?</li> </ol>

### Setting

This study was conducted in urban area in Kuala Lumpur and Selangor, the two states of Malaysia with high population. According the National Health Morbidity Survey 2016, the prevalence of low birth weight (as proxy to SGA) in Kuala Lumpur was 7.2% and Selangor was 8.3% (25). 12 maternal and child health clinics in both states were purposively selected to participate in this study.

### Recruitment and data collection

The study was conducted during pandemic COVID-19 therefore only eligible maternal and child health clinics in Kuala Lumpur and Selangor was selected by the researcher. The list of infants with their birth weight and gestational age, born in January 2019 to December 2019 was identified from the clinic records. Infants who already achieved their first year of life (during the data collection on august 2020 to October 2020), Malaysian citizen and able to understand Malay and English language will be selected. In this study, the SGA infants was defined as the infants with birth weight less

than 10th percentile of gestational age by plotting on Fenton growth chart (26). Therefore, 91 SGA infants was identified.

To anticipate poor response during this pandemic and to get wider characteristics of the respondents, the researcher initially approached all the SGA mothers identified and listed through the nurse in charge in clinics and via WhatsApp's application. However only 13 mothers willing to participate in this study. Therefore, due to small number of responses, all 13 mothers were interviewed. The data collection was conducted via face-to face in-depth interview (3 respondents) and the rest are via phone calls. A specific time that convenience and agreed by the mother was selected for interview session and it lasted about 30 to 60 minutes.

This study was conducted using interview protocol that had been reviewed by RS, NH and an expert in the study facility. The in-depth interview was conducted by one researcher to ensure the continuity of the interview. Digital audio recorders were used to capture all interviews, which were then transcribed verbatim for analysis. To maintain anonymity, identifiers were eliminated. The researcher also conducted observation in the study setting and review maternal and infant's health records for data triangulation (27).

### Data Analysis

All the transcripts, observation notes and document review reports inserted into ATLAS.ti version 8 for analysis. Thematic analysis was conducted by applying Lincoln and Guba's (1985) criteria to ensure trustworthiness in analysis (28,29).

The produced coding was linked to the two theories described above, the Bioecological theory and the Calming theory, using a deductive technique. Initial code that has a similar meaning will be grouped together as a sub-theme. Sub-themes that shared similar meaning were grouped together to form significant themes. Discussion of overlapping topics resulted in the creation of overarching themes by all authors. Any discrepancies and disagreements were settled. When no new theme emerged after the 11th interview, the data had achieved saturation, and the interviews were ended after all participants had been interviewed.

## RESULTS

### Participant characteristics

The researchers have tried their best to invite potential participant in this study. However, in total, only 13 mothers were able to be recruited. There are no specific reasons given by those mothers who are refused or not respond to our calls however we are assuming that maybe they are in tough situation due to the pandemic and do not want to be contacted by someone stranger.

Table II summaries the demographic characteristics of the participants. Majority of the mothers were Malay and one of them were Iban ethnicity. Their average age was 31 years old and only one of the mothers was housewife. Only four participants are having preterm SGA infants and the rest having term SGA infants.

**Table II: Respondent characteristics**

BIL	Re-spondent ID	Mother's age		Occu-pation	Race	Infant's birth weight		Infant's gesta-tion age at birth
		Age	Mean (SD)			Birth weight	Mean (SD)	
1	D1 AA	32	31.15 (4.09)	Techni-cian	Malay	2.15kg	2.07 (0.36)	38w +4d
2	D2 HJ	40		Bank Officer	Malay	1.00kg		31w +4d
3	D3 LS	32		Teach-er	Malay	2.18kg		36w +5d
4	D4 NAB	30		Clerk	Malay	2.15kg		37w +5d
5	D5 NA	33		House-wife	Malay	2.39kg		39w +3d
6	D6 SAL	35		Clerk	Malay	2.20kg		38w
17	D7 SHA	38		Clerk	Malay	2.00kg		38w
18	D8 SHAR	35		Clerk	Malay	2.09kg		37w
9	D9 ATQ	28		Teach-er	Malay	1.80kg		36w +6d
10	D10 NAD	30		Teach-er	Malay	2.20kg		38w +1d
11	D11 SAZ	35		Clerk	Malay	2.00kg		38w
12	D12 ZUL	29		Clerk	Malay	1.87kg		36w +1d
13	D13 WIF	35		Nurse	Iban	2.35kg		39w +2d

SGA = plotting infant's birth weight on Fenton growth chart  
\*kg=kilograms, w=weeks, d=days

### Themes

There are five themes emerged in this study. This study found that homogenous experiences during pregnancy and infants care, perceptions on husband involvement and external supports, infants health status and quality of health services provided, were highlighted as important contribution to infant growth. Table III summaries codes, sub-themes, and themes in this present study.

#### ***Theme 1: Mother's experiences and perceptions during pregnancy until 12 months old of age of the SGA infants***

The experiences during antenatal until postnatal period of all participants is varying, some are having no health issues, and some anticipated with few health issues. They highlighted that their health condition influenced on the infant's birth weight.

*"... I was told to have hypertension in December. It is too high...160/110 if I not mistaken. Later, I need to see doctor every week. During that time, doctor identified that my baby is smaller than expected. So, I think because of my blood pressure causing him small..."* ID1

**Table III: Coding table**

Code	Sub-theme	Theme
Maternal ANC health status	Overall maternal health	<b>Mother's experiences and perceptions during pregnancy until 12 months of age of the SGA infants (domain: life journey)</b>
Maternal postnatal health status		
Foetus health		
Postnatal infant health	Overall infant health	
Infants birth weight		
Maternal emotion	Variation of maternal emotion and management	
Factors influencing maternal emotion		
Emotion management		
Family management	Mother's responsibility and accountability	<b>Mother's experiences and challenges faced in handling their infants (domain: accountability)</b>
Breastfeeding		
Introduction of food		
Health appointments		
Mother's occupation routine	Occupational challenges	
Occupational policy		
Babysitter criteria	Factors influencing choosing a babysitter	
Husband participation		
Husband relationship with children	Husband role and participation in family management	<b>Mother's perception of external supports (domain: external supports)</b>
Family supports		
Employer supports	External supports	
Friend's support		
Mother's concern	Mother's concern due to small size infants after birth	<b>Mother's perception of SGA infant's health (domain: infant's health)</b>
Poor nutritional/ infant growth		
Normal nutritional/infant growth	Infants' physical growth	
Delayed development		
Normal development	Motor, sensory development	
People's perception		
Moderate quality of health service	Quality of health services	<b>Mother's perception of maternal and child health care services (domain: MCH services)</b>
Good quality of health service		
Being ignored/ neglected		
Disagreement from healthcare workers	Mother's confusion in receiving advice from HCW	
Lack of information		
	Other health information resources	

Keys: ANC = antenatal care, SGA = small gestation age, MCH= maternal and child health

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*"I am having serious marital conflict with my husband in that time. I am too stressed. I think because of stress causing my baby small..."* IDI 12

Some of them having bad experiences postnatally which affect their health.

*"My blood pressure is too high after birth..I don't know why.During that time I am always feeling sad, stressed however I don't know the reason..."*IDI 1

*"After delivery, I was admitted to HDU. More than thirteen days I did not see my son.I feel soo sad..."*IDI 3

*"After birth, I am having difficulty to urinate. I need to use urinal tubing. At initial day, I need to go to the hospital every day for monitoring."* IDI 7

During postnatal period, the health status of the infants be the most worrying matters to the mother. Throughout the pregnancy until the first year of infant's life, they highlighted that they are too sensitive and emotionally affected.

*"Maryam was born premature. There was episode of lungs infection, after we noticed that she had rapid breathing during hospitalization. She completed one cycle of antibiotics. After few days, she was diagnosed for intestinal infection...hurmm...only God knows how my feeling..."* IDI 2.

*"My baby always unwell. I always take leave, finish my class earlier to take care of him...Sometimes I am become paranoid. I think that my friend will talk bad of me..."* IDI 9

*"I tried to prepare meal for her but she is too picky...I don't know what is the real food that she like..I feel so bad..."* IDI 2

However, most of them can manage their emotion by some techniques for instance by support group and finding someone for advice and consultation.

*"I stayed with other mother in the NICU. We talk and advise each other. We shared together our feeling... crying together"* IDI 2

*"...I am not always positive doctor. While my son at 5 months old, I don't know why that time I am feeling very bad, I can't handle my emotion, so I went to see general practitioner and she gave me referral to the psychiatrist..."* IDI 9.

**Theme 2: Mother's experiences and challenges faced in handling their infants**

Majority of the participants are working mother. However, all of them mentioned that they are the main person who take care and managed the family especially the infant's care. They manage they daily timetable so that they can go to work at the same time they would not default their infant's health appointments.

*"...I did everything by myself. My husband working in shift hours. Usually, I drive by myself to work, preparing my sons for school and nursery. 100% I managed by*



*myself. Hurm..yeah, sometimes off course I am stress...I even recount everything that I have done...but then by time the bad feeling disappears. I have been adapted..."* IDI 1

*"...so far I am ok with the clinic services. I will come early...queue up before the clinic start operation. So that I can go back to work early..."* IDI 6

*"...usually, I will use my annual leave days. My annual leave days are 24 days..However, usually at the end of year, my leave days almost used, so I only can take half day off for my baby appointment..."* IDI 2

Unfortunately, some of them experienced difficult situation where she cannot take leave although the infants are unwell. Besides, some occupation did not give any advantages or lighten the job scope or responsibilities of the women when they are pregnant or having small infants.

*"...Yes. She had an episode of fever with rash at 9 months old. Whole body...but I cannot take leave that time. I am working as frontline services, bank counter... always not enough people..."* IDI 6

*"...as a primary school teacher...especially if you are the teacher for standard six, we need to prepare them for the big examination (UPSR). The pressure is more...yeah... we have aim and indicator for each subject and need to be achieved..."* IDI 3

Feeding the small infants is not an easy duty. They are small and need to be feed with nutritious food, but they choose the food. Although breastfeeding known to be the best nutrition for infants less than 6 months, some of the mother unable to provide breastfeeding exclusively. For preterm SGA infants, they started to have formula milk as early after birth because of NICU admission and maternal stress reduced milk production.

*"...at first, I already decided and signed the consent for formula milk feeding to my infant because she was born premature..."* IDI 2.

*"I provide her mixed feeding..yeah..it is because he is premature baby..I topup his feeding with formula milk. At early phase, I felt I have very less breastmilk..."* IDI 4.

When the infants started to have their food complements, some of them were choosing the food. Sometimes, the mother will only provide the infant formula milk, as too difficult to prepare food that suit her infant's taste. At some stage, some infants detected to have anaemia due to feeding problem.

*"Maryam is too hard to be fed doctor...I don't know what she wants. She will vomit back if she eats food like porridge. There was an episode of diarrhoea after I fed*

*her too much with formula milk because she refused to take any solid food on that time...and doctor said, maybe she drank too much formula milk..."* IDI 2

*"...she will cry and cry...push the food given. Sometimes I need to force her. Threaten her with anything that can make she scared...then eat the food. It is not good...but I don't know what to do...And doctor said she is having anaemia, detected during her last hospital admission..."* IDI 10

The major challenges in nurturing of the infants for working mother were choosing the caretaker while she is working. Most of the mother will choose someone that they know, stay nearby, minimum children in the nursery, and caretaker that can fulfil some specific requirement such as willing to provide expressed breastmilk that prepared by the mother and willing to work in shift hours.

*"The nursery is nearby my office. So, I can easily fetch her after finish my work..."* IDI 1.

*"My sister-in-law and my mother are Maryam's care takers while I'm working. She was born prematurely, I do not confident to send her to other people to babysit her..."* IDI 2.

*"For now, I send my baby to a babysitter who do not have any other foster child..."* IDI 10

*"...the nursery has quota for each caretaker. One caretaker for 3 babies..."* IDI 9.

*"Thanks to Allah, my babysitter willing to prepare my EBM...I do not provide any formula milk to my baby. So, she needs to prepare my EBM..."* IDI 6.

*"...my babysitter...she familiar with us, the nurses because we are working shift hourly. So that she can understand our work regime..."* IDI 13.

### **Theme 3: Mother's perception on external supports**

The external supports that we explore are husband, family and people surrounding especially friends and employer. Majority of the mother agreed that their husband can help them in managing the family, but she is the main person who will take care the infants.

*"Yes...my husband will always help me especially when I am too tired. He will help me...hurm...a little bit... hehehe"* IDI 9.9

*"Do I need to be honest doctor? hahaha...frankly speaking, yes, he can handle my first son, but, after having these two kids, I don't think he can manage them..."* IDI 1.

Some of the spouse are commuter family, staying

separately because of place of work. And this situation influenced on the relationship of the father to the infants.

*"...we are weekend husband and wife doctor. He will only at home during weekend. Only that time he can stay with the kids and take care of them."* IDI 6.

*"If he is at home, yes, I will ask him to look after Maryam while I am cooking. But...you know doctor, he will look only my baby...while he is playing video game.... hahaha. If I want to say he closed with Maryam...hurm...I don't think so..."* IDI 2.

Besides that, majority of them agreed that they have good supports from family, friends, and employer.

*"My mother helps me a lot. Especially during postnatal when my husband was not around. She helps me send my baby for jaundice monitoring every day, during that time I was admitted due to high BP..."* IDI 1.

*"Initially I planned to extend my maternity leave to five more months, but my mother and my sister-in-law are taking care of Maryam very well. I am confident on them...So I cancelled my plan."* IDI 2.

*"...while pregnant, the administrator will schedule my class not at the end of the school time because during that time pupils are too energetic and hardly to control. Yeah...they try to lighten my duty. They support me 100%..."* IDI 9.

#### **Theme 4: Mother's perception on SGA infant's health**

Some of the mother feel that their infants in good health and achieved the optimum growth by explanation of their nurse during follow up. However, some of them still do not confident with their infants' growth especially with the influenced of people surrounding.

*"For me...I think she is gaining weight well. Her graft looks ok."* IDI 1.

*"I tried everything doctor. I did what the doctor, the nurses' advice...I follow some recommendations or tips from other friends who also have SGA infants like him... but his weight does not increase much..."* IDI 9.

*"She quit slow doctor...The time you send me the WhatsApp, we are actually with physiotherapist. She still cannot sit properly..."* IDI 6.

*"Although I brought his sister to clinic because she was unwell, the doctor more interested to comment on his weight because he looks too small. They will ask...how old is he. Then, they said...ooo...he is too small. How about his feeding?"* IDI 9.

#### **Theme 5: Mother's perception on maternal and child health care services**

Majority of the mother reported that they receive excellent health services throughout their pregnancy until the first year of infant's health follow up. However, few of them faced some bitter experiences.

*"Yeah...sometimes, for me, it takes too long to wait until my turn. But only few minutes the nurse check my baby..."* IDI 11

*"After births, the doctor did not show to me my baby. I am on epidural doctor. I am awake. I don't know why she did not show the baby to me, same to my husband. What I know, they send my baby to NICU without proper explanation to us..."* IDI 3.

Besides that, they claimed that health information given are inadequate specially to prepare proper diet to their infants. Therefore, few information sources for instance the internet, get second opinion from other health professionals or from other family members.

*"Yes doctor. I think I find information in Google more. Not sure although the nurses already inform me the important information. But, for me, I would gather all information that I want to know, then verified it during appointment with the nurses or the doctor."* IDI 2.

*"I will get second opinion. Usually from my panel doctor..."* IDI 6.

*"...Usually I will ask my aunt, she is a nurse...and my cousin. He is a medical assistant. So, I prefer to ask them anything that I need to know about my baby health."* IDI 6.

However, in some condition they experience of confusion during communication with health care provider that affect their emotion and practice.

*"I am confused. Doctor in hospital asked me to prepare food for Aryan with some flavour, salt, sweetness...So Aryan will only want to eat food with good taste. But I always heard that baby below one year old cannot be given sweet, salt...So I did not confident to prepare a good meal for him..."* IDI 9.

*"...I was fainted once in the ward after birth. So, my hospital stay become longer, doctor asked me to do CT scan. They want to rule out any blood clot. Initially the doctor said to me, everything was ok, no blood clot then I was so happy because I want to see my baby, but then, they told me there was blood clot, size around 16cm somewhere...arghhh...I was mad!! Why different explanation they gave to me..."* IDI 3.

## DISCUSSION

It is not easy for women especially a mother of a high-risk infant to ensure her infants growing well, managing her family, and giving full commitment to her work. This study is exploring the experiences and perceptions of the mothers in nurturing the SGA infants. Only few mothers are interested to participate in this study and among them, there are some mothers who are quite reserved to explained in detail about her family.

It was found, the average age of the mother in this study were 33 years old, that similar to the average age of mother in National Health Morbidity Survey 2016 (25). In this study, all most all the participant were Malay and they are one of the ethnicity with the highest fertility rate in Malaysia(29) . This characteristics is similar to the national survey and a study conducted in other region of Malaysia (25,30). Therefore, they are the larger contributor to the maternal and child health indicator in Malaysia.

The five themes that emerged in this study are particularly explaining their journey since pregnancy phase until the first year of infant's life. The mothers not only sharing their experiences, but also explaining their perception on other factors that might influence her nurturing practice, her infant's growth and indirectly telling us their needs after a child birth(31). They anticipate any difficulties during antenatal, postnatal, and nurturing phase of the infants and with the supports from external, especially the husband, make them stronger (32). By knowing these challenging experiences, husband and wife should be empowered together to plan their pregnancy journey so that they can prepare and having lesser stress.

In this study, all mothers agreed that they are the most important person who are playing the main role in ensuring infants health and managing the family. Although they are working, they will make sure everything will be done by her. This is not weird which many studies previously explained the social role of the women and its evolution during this modern era (16). It became more multitasking, more challenging and some people will call them as superwoman (33). However, by nature, all these mothers can schedule their daily life so that they can do everything but one big issue that burden them, the working commitment. Some of them, feel that the duty in the workplace is too much, and put more stress on them especially when they need to bring their infants to clinic appointment or if the infants suddenly sick (34). Study showed most of medical certificate taken by women are due to their children sickness (35). They need maternal and child occupational policy that can light their burden despite of the existence one. At this present time, there are few occupational health policy that implemented to lighten the burden of the mother for instance the implementation of maternal paid leave policy, paternal paid leave policy, breastfeeding friendly

workplace policy and one hour shorter working hour for pregnant women (36–39). However, there is a need to revisit and evaluate current work-family friendly policies to suit the current needs.

We found that most of the mother agreed that their husband moderately participated in infant care and managing their family. For them husband's priority is working and only if they have free time then only able to help them take care of the children. By the evolution of women role, we think that there is a need to educate the community, especially the husband to do the house chaus together (40). Highly recommended to the healthcare provider to encourage the father in participating in the infant's health matters (41). By the researcher experiences as primary care physician, there are quite difficult to refer a woman who need hospitalization due to her sickness, because she will be refused due to infant's care. Most of the reason they cannot be admitted to hospital is that the father cannot take care of the children without her. Therefore, we need to empower the husband and in general, the community by collaboration other social NGO on the importance of sharing the responsibility of infants and family care.

The mother's perception especially towards her infant's growth and development are very important because it may indicate the way of her nurturing practice (20,21). SGA infants is an invisible yet vulnerable group of infants in primary care monitoring. In Malaysia, SGA infants without complicated health issues, they will only be been monitored at primary care health clinics together with other non-SGA infants (11). The evaluation of growth and development achievement will be evaluated together therefore we assumed there will be possibility of delayed or miss managing this infant individually. We cannot figure out the number as until now there is no published report regarding SGA infants' growth in Malaysia that need to be studied. Nevertheless, looking to the statistics that showed that all infants are growing appropriately, we need to aware that the mothers of these infants are actually still feel unsecured and unconfident on their infants growth that might induced them to try any supplements without recommendation from health professional, as long it can increase the infants weight and growth based on her perception (42). A clear guide and explanation from health practitioner are important to help them gaining confident and motivation in nurturing their infants in the appropriate way.

Malaysian maternal and child health services is one of the best in the world. The services established since pre-independent era and improvise each year (43). However, the most important is the quality of the service need to be maintained and it can be done by evaluating the opinion of the clients, the maternal and child health patients. In this study, majority of the mothers are satisfied with the services given since the antenatal follow up, the intrapartum care in the hospital, the postnatal care

and subsequently the infants follow up. However, the bad experiences especially during emergency event as reported by the respondent need to be addressed. The limited of human resources sometimes affect the quality of care, especially during emergency or acute event where everything must be done quick and fast (44). It may lead to miscommunication, missed management of the cases. Previous study found that lack of emotional support to the patient is one of the most frequent missed nursing care (44). Based on the Calming theory, the important of infant-mother relationship after birth need to be secured therefore it is crucial to provide the establishment of infant-mother relationship in whatever condition, as far as practicable and if not, need to be explained properly to the mother.

The most important management of SGA infants care at primary care level is the guidance of diet and health education(45). Previous study reported that parents' expectations of health care providers in terms of information and support for personal newborn feeding choices are not always satisfied (46). This study is in line with previous finding and some of the mother claimed that they are confused with some information and advices given by different health personnel (47). We are assuming that the information given are the same, only the way of delivery of the information might confused them. Therefore, it is important to provide health education guideline that been used in each level of healthcare so that easily can be referred by any health personnel. Besides, in current era, internet will be the top sources in providing information to the patients therefore it is important for ministry of health to engage with any NGO, social media figures, to help them disseminate the real information especially in promoting healthy eating to the mothers and the infants (48,49).

It is important to the health professional to acknowledge mother's perception and their experiences so that the health services delivered will be more effective. Although current achievement showing that we are on track, but infants health is related to the way of maternal nurturing practices. Neglecting mother's needs in infant care may affect the maternal and child indicators. The best healthcare system is the patient-centred value practice and due to that, mother's needs must be always acknowledged.

At our knowledge, this is the first study in Malaysia exploring the experiences and the perceptions of the mothers in nurturing SGA infants. However, due to pandemic COVID-19, it is quite difficult to get more response from the potential respondent and limit the interaction between researcher and the respondent. The themes arise deputized Malay population as one of the ethnicities with the highest fertility rate in Malaysia however it cannot represent other ethnicities. Nevertheless, it is valuable especially in understanding the needs of the Malay population. This study was

conducted via face-to-face in-depth interview and via phone calls. However, only three interviews able to be done face-to-face and others done via phone calls. Interview via phone call is convenience, faster and cheaper however, the interviewers are not privy to the subtle information relayed through a respondent's body language which may lead to the loss of important data. Besides, it is quite difficult to build rapport between the interviewer and the interviewee via phone calls.

## CONCLUSION

This qualitative study found that a remarkable SGA infants' growth is accompanied with the struggle of the mothers. We observed the mother's needs especially in getting support from their spouse and the employer. Maternal psychological support needs to be enhanced to ease the burden in SGA infant care. Targeted program intervention for family and community social support during postnatal and empowering mothers in nurturing their infants are crucial. We recommend more collaboration with other authorities such as Ministry of women, Ministry of human resources in evaluating current occupational policies for working mothers. These efforts might benefits the family, especially in maternal and child health.

## ACKNOWLEDGEMENT

The authors would like to thank the Director-General of Health Malaysia for the permission to publish this paper. We are grateful to Selangor State Health Department and Kuala Lumpur Federal Health Department for supporting the study. We also thank the health staff of the Selangor and Kuala Lumpur maternal and child health clinics for their cooperation and participation in this study.

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