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Exploring The Lived Experiences of Mothers with Critically Conditioned Infants in The Neonatal Intensive Care Unit (NICU)

Precious Danica L. Cortez[1] Dr. Mary Ann E. Lopez[2]
https://orcid.or//0009-0006-0699-7413[1] https://orcid.or//0000-0001-7566-5152[2]
St. Bernadette of Lourdes College, Inc.
pdcortez@sblc.edu.ph[1] mlopez@sblc.edu.ph[2]

ABSTRACT

This study explored the lived experiences of mothers with critically conditioned infants admitted to the Neonatal Intensive Care Unit. It focused on their emotional responses, challenges, coping strategies, and support needs. The study further aimed to develop supportive measures to strengthen maternal well-being, coping capacity, and family-centered NICU care. A qualitative phenomenological research design was used. Ten mothers, aged 18 years and above, whose infants were admitted to the NICU for at least three days, were purposively selected. Data were collected using a validated structured interview guide and analyzed to identify meaningful themes in participants' narratives. The findings revealed three major themes: living through emotional upheaval during NICU hospitalization, negotiating motherhood amid separation and uncertainty, and drawing strength from faith, relationships, and holistic support. Mothers experienced fear, sadness, helplessness, interrupted bonding, physical and financial burdens, but gained hope through quality care and family support. The study concluded that NICU hospitalization is a deeply emotional and transformative maternal experience. Mothers faced uncertainty, separation, and disrupted caregiving roles, yet remained resilient through faith, family relationships, and healthcare support. Compassionate communication and family-centered care were essential in strengthening maternal coping and emotional stability. Hospitals should provide emotional assessment, counseling referrals, clear communication, breastfeeding guidance, family involvement, spiritual support, peer support groups, and practical assistance to strengthen maternal well-being and family-centered NICU care.

Keywords: *Critically conditioned infants, lived experiences, maternal coping, maternal well-being, Neonatal Intensive Care Unit, phenomenology*

INTRODUCTION

The Neonatal Intensive Care Unit became one of the most critical areas in maternal and newborn care because it served infants who were premature, critically conditioned, had low birth weight, or were medically unstable. For mothers, the NICU was not only a place of treatment but also a place of uncertainty, fear, emotional struggle, and hope. A mother with a critically conditioned infant often entered the NICU carrying questions about survival, recovery, bonding, feeding, and the future of her child. In this situation, motherhood began in an environment filled with machines, alarms, medical procedures, restricted contact, and constant waiting.

Statement of the Problem

This study aimed to explore the lived experiences of mothers with critically conditioned infants in the Neonatal Intensive Care Unit and to determine how these experiences informed the development of supportive measures to strengthen maternal well-being, coping capacity, and family-centered NICU care.

Scope and Delimitations

This qualitative phenomenological study explored the lived experiences of mothers with critically ill NICU infants. Using purposive sampling and structured interviews, it examined emotional responses, challenges, coping strategies, and support needs to develop measures strengthening maternal well-being, coping capacity, and family-centered NICU care.

Review of Related Literature

Several studies agree that NICU admission affects maternal well-being through anxiety, depression, post-traumatic stress, and emotional distress, especially when the infant's condition is severe or when early mother-infant contact is interrupted (Malouf et al., 2022; Minuta et al., 2023; Pavlyshyn et al., 2025). The NICU environment itself, with its machines, alarms, procedures, and restrictions, further intensifies mothers' emotional burden and may affect bonding, attachment, and the development of the maternal role (Nojima, 2026).

Theoretical Framework

Jean Watson's Theory of Human Caring (1979) was relevant to the present study because mothers of critically ill infants in the NICU needed not only medical information but also emotional comfort, reassurance, and compassionate support from nurses and other healthcare professionals.

Maternal Role Attainment Theory (1981) was relevant to the present study because mothers of critically ill infants in the NICU may experience difficulty in fully performing their maternal role due to physical separation, restricted contact, medical procedures, and dependence on healthcare workers for infant care.

Transactional Model of Stress and Coping (1984) was connected to the present study because mothers with critically ill infants in the NICU experienced high levels of stress caused by their infant's fragile condition, uncertainty of survival, financial concerns, separation, medical procedures, and unfamiliar hospital environment.

METHODOLOGY

A qualitative phenomenological research method was used to explore the lived experiences of mothers with critically ill infants in the Neonatal Intensive Care Unit and determine the supportive measures needed to strengthen maternal well-being, coping capacity, and family-centered NICU care in a private hospital in Antipolo City, Rizal.

Research Design

A qualitative phenomenological research design was used in this study. Through a phenomenological approach, the study examined how mothers described their experiences,

how they faced emotional distress and uncertainty, how they coped with separation and fear, and how they perceived the support provided by healthcare professionals and family members.

Research Steps

The study followed a sequential process: identifying the research problem, reviewing the related literature, preparing the interview guide, validating the instrument, securing permission and consent, selecting participants, conducting interviews, transcribing responses, analyzing narratives, generating themes, and formulating supportive measures for NICU mothers.

Data Collection and Sample Selection

Data were collected through structured interviews with ten purposively selected mothers whose critically ill infants were admitted to the NICU for at least three days. Participants were chosen based on eligibility, willingness to participate, informed consent, and ability to share experiences.

Data Analysis Methods

The participants' responses were transcribed, reviewed, coded, categorized, and analyzed thematically. Significant statements were identified and grouped into sub-themes and major themes. Narrative interpretation was used to explain meanings, patterns, emotional responses, coping strategies, and support needs.

Research Assumptions and Validation

The study assumed that participants honestly shared their lived experiences and that their narratives reflected meaningful insights about NICU motherhood. Validation was strengthened through expert review of the interview guide, pilot testing, careful transcription, participant-centered interpretation, and theme development.

Study Limitations and Ethical Considerations

The study was limited to ten mothers from a private hospital NICU, so findings may not represent all NICU mothers. Ethical safeguards included informed consent, voluntary participation, confidentiality, privacy, emotional sensitivity, respectful interviewing, and the right to withdraw at any time.

RESULTS AND DISCUSSION

Profile of Participants

The participants of the study were ten mothers whose infants were admitted to the Neonatal Intensive Care Unit. Their ages ranged from 28 to 37 years old, indicating that the participants were in early to middle adulthood. Most participants were married, while others were single, showing that the mothers came from different family structures. In terms of educational attainment, most were college graduates or held bachelor's degrees, while one participant was a high school graduate.

Theme 1: Living Through Emotional Upheaval During NICU Hospitalization

The findings revealed that mothers experienced intense emotional upheaval when their infants were admitted to the NICU. Participants described fear, shock, sadness, anxiety, crying, helplessness, and uncertainty as they faced the critical condition of their babies. Many mothers were worried about whether their infants would survive, recover, or remain safe while under intensive care.

Theme 2: Negotiating Motherhood Amid Separation and Uncertainty

The findings showed that NICU hospitalization disrupted the mothers' expected role of immediate bonding, breastfeeding, holding, and direct caregiving. Participants expressed sadness and longing because they could not stay beside their babies or provide care in the way they had expected after childbirth.

Theme 3: Drawing Strength from Faith, Relationships, and Holistic Support

The findings revealed that mothers drew strength from faith, prayer, family relationships, and support from healthcare professionals. Prayer and trust in God served as emotional anchors that helped mothers remain hopeful and resilient despite uncertainty.

SUMMARY

The findings revealed that mothers of critically conditioned infants in the NICU experienced emotional distress, uncertainty, disrupted bonding, physical exhaustion, financial pressure, and difficulty adjusting to their maternal role. Despite these challenges, they remained resilient through faith, family relationships, healthcare provider support, and continued involvement in their infants' care.

CONCLUSIONS

- Mothers with critically conditioned infants experienced emotional upheaval characterized by fear, sadness, uncertainty, helplessness, and anxiety during NICU hospitalization.
- NICU admission disrupted the mothers' expected role of immediate bonding, breastfeeding, holding, and direct caregiving.
- Separation from the infant, limited physical contact, postpartum recovery, fatigue, sleeplessness, and financial concerns added to the mothers' emotional and practical burdens.
- Clear communication, regular updates, compassionate care, and professional support from doctors and nurses helped mothers develop trust and hope.
- Faith, prayer, family relationships, and spousal or partner support served as important sources of strength and resilience.
- Mothers need holistic support that includes emotional reassurance, counseling, family involvement, spiritual support, care education, and practical assistance.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are suggested:

- NICU units should establish maternal emotional support activities such as regular check-ins, emotional assessment, counseling referral, and psychological first aid for mothers experiencing anxiety, sadness, fear, or postpartum distress.
- Healthcare providers should strengthen therapeutic communication by giving mothers clear, timely, and understandable updates about the infant's condition, treatment plan, progress, and care needs.
- Nurses should encourage safe parental involvement in NICU care, including guided touching, talking to the baby, providing expressed breast milk, breastfeeding support, and participation in discharge preparation when medically allowed.
- Hospitals should provide family-centered NICU care by involving fathers, partners, and significant family members in communication, emotional support, and caregiving education.
- NICU staff should provide mothers with simple educational materials about NICU procedures, breastfeeding, infection prevention, bonding, kangaroo care when appropriate, and home care preparation.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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