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Re-admission of preterm babies below one year at the Paediatric ward at Wyne Stone Medical Centre, Wakiso district. A cross-sectional study.

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Abstract

Background.
In Uganda, the readmission rate for preterm infants is 69.4% indicating that 7 out of 10 preterm infants are readmitted. The purpose of the study was to determine factors associated with re-admission of preterm babies below one year at the Pediatric Ward, Wyne Stone Medical Center, Wakiso District.

Methods.
A descriptive cross-sectional study design employing a quantitative research method was used to collect data within four days involving 40 mothers who were selected using a simple random sampling method. A structured questionnaire was used to collect data and involved closed-ended questions. Data collected was analyzed manually after findings were entered into a Microsoft Excel (2013) version, which was then presented in the form of tables, pie-charts, and graphs.

Results.
(42.5%) were between 18 and 25 years, and (65%) had attained secondary education. On mother-related factors, more than half (52.5%) were not knowledgeable about neonatal care, the majority (67.5%) did not exclusively breastfeed their babies after discharge, and 62.5%) leave was not enough. In line with health facility-related factors, the majority (60%) waited for long, and the vast majority (85%) rated health costs as high. Regarding social-economic factors, an overwhelming (95%) had received advice from family members, most (90%) purchased prescribed drugs, and most (72.5%) relied on traditional methods due to healthcare costs.

Conclusion.
The majority of the participants were not knowledgeable about neonatal care; experienced stress, and a significant number did not exclusively breastfeed babies after discharge.

Recommendation.
The Ministry of Health should strengthen maternal health education programs, especially on neonatal care practices, by integrating structured neonatal care modules into antenatal and postnatal services.

Keywords: *Re-admission, preterm babies, infants under one-year, Paediatric ward, Wyne Stone Medical Centre, Wakiso District.*
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Background.
Re-admission of preterm babies refers to the return of infants born prematurely to the healthcare facility after their initial discharge (Mah et al., 2021). Preterm infants are defined as those born before 37 weeks of gestation and face significant health risks (Rysavy et al., 2021). Approximately 75% of preterm infants experience complications such as respiratory distress syndrome, feeding difficulties, infections, and challenges with temperature regulation, all of which increase the likelihood of re-admissions (Ekhaguere et al., 2022). These re-admissions can contribute to 69% higher healthcare costs, family stress, and potential long-term health consequences for the affected infants (Coffey et al., 2019). These infants often require specialized

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care, intensive monitoring, and parental education on preterm care. Effective follow-up and addressing socioeconomic constraints are crucial to minimize re-admissions (Davis-Strauss et al., 2021).

Globally, the prevalence of re-admissions among preterm infants varies widely, with a global average of 59.5% (Haikonen, 2020). In low- and middle-income countries, limited healthcare resources and support systems contribute to higher rates. For example, Pakistan reports a prevalence of 77%, primarily due to inadequate post-discharge care, mistrust in healthcare providers, and socioeconomic challenges (Saeed et al., 2021).

In Sub-Saharan Africa, the prevalence of preterm infant re-admissions is 75.7%, driven by insufficient healthcare infrastructure, low parental education levels, and limited access to care (Akter, 2021). Nigeria reports readmissions ranging from 60% to 90% with families lacking access to healthcare education and support being the most affected (Coffey et al., 2019).

In East Africa, countries like Tanzania register the prevalence of readmission among preterm infants reported at 57% due to respiratory issues, infections, and emergency illnesses (Mocking et al., 2023). There is also a significant disparity in readmission rates between urban and rural areas, with rural areas experiencing higher rates due to limited healthcare facilities and resources (Schultz et al., 2022).

In Uganda, the re-admission rate for preterm infants is at a prevalence of 2.7% indicating that 7 out of 10 preterm infants are re-admitted due to insufficient follow-up care, inadequate parental education on preterm management, and resource limitations. In Wakiso District, the prevalence of preterm re-admissions is 47% within 30 days of discharge (District Medical Records, 2024). Contributing factors include poor management of preterm-related conditions such as respiratory distress (35%), feeding difficulties, and infections. Limited parental education accounts for 30% while resource constraints and the early discharge of infants due to high patient volumes contribute an additional 25%. The lack of specialized neonatal care equipment and follow-up mechanisms further exacerbates these challenges. Therefore, understanding the factors associated with re-admission of preterm babies at Wyne Stone Medical Centre is essential for designing targeted interventions to improve preterm infant care and reduce the prevalence of re-admissions, thereby alleviating the burden on families and the healthcare system.

Methodology.

Study Design and Rationale

A descriptive Cross-sectional study design employing a quantitative research method was used to obtain data.

Study Setting and Rationale.

The study was conducted at Wyne Stone Medical Centre, a private health facility located in Wakiso District, Central Uganda. The facility is situated approximately 15 kilometers from Kampala, the capital city of Uganda, along the Kampala-Hoima highway. Wyne Stone Medical Centre serves as a key healthcare provider in the district, offering services such as maternal and child health, general outpatient and inpatient care, emergency services, and specialized neonatal care. The Centre caters to a large population in Wakiso District and its surrounding areas, registering a significant number of preterm births in its pediatric ward. It records approximately 150 preterm baby admissions monthly, of which about 56% face readmission within the first month due to complications such as respiratory issues, feeding difficulties, and infections. This made Wyne Stone Medical Centre an ideal setting to investigate the factors associated with readmission of preterm babies. The geographical coordinates of Wyne Stone Medical Centre are 0°24'45.0"N, 32°31'10.0"E (Latitude: 0.412500; Longitude: 32.519444).

Study Population and Rationale

The study targeted mothers of readmission of preterm babies below one year at the Pediatric Ward at Wine stone, Wakiso District during the time of data collection.

Sample Size Determination

The sample size was calculated using the formula developed by Kish and Leslie (1965), given by n =

Where;

What was the sample size required?

P was the estimated prevalence of infants admitted in Uganda, p 2.7% which was equivalent to 0.027 (As deemed successful by Temenu, 2019).

d=0.05 was the acceptable error of estimation at a 95% confidence interval

Z was the confidence interval at 95% =1.96

Therefore

n== (1.96)2x0.027 (1-0.027)

(0.025)2

n=0.1009226736

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0.0025
n= 40.36906944
n=40 respondents
Therefore, 40 mothers with preterm babies were selected for the study.

Sampling Procedure
The study used a simple random sampling technique. To obtain the participants, the researcher made pieces of similar-sized papers labeled with Yes and No. Respondents were requested to pick papers from the enclosed box on each day of data collection, and those who picked papers labelled with Yes were considered to participate.

Inclusion Criteria
Mothers with preterm babies below 1 year readmitted at the Pediatric Ward at Wyne Stone Medical Centre who consented to participate in the study, mothers aged above 18 years with preterm babies attending Wyne Stone Medical Centre, all Ugandan mothers, and all literates who were able to read and write.

Exclusion Criteria
The study excluded all mothers with preterm babies aged below 1 year readmitted at the Pediatric Ward at Wyne Stone Medical Centre who had consented but failed to participate, mothers who were severely sick and unable to participate in the study, all non-Ugandan mothers, and all illiterates who could not read and write.

Definition of Variables
The study focused on factors associated with readmission of preterm babies in the pediatric ward.

Dependent Variables
Readmission of preterm babies in the Pediatric Ward at Wyne Stone, which meant the repeated hospitalization of preterm infants due to complications arising after their initial discharge.

Independent Variables
Mother-related factors associated with readmission of preterm babies in the Pediatric Ward at Wyne Stone due to mother-related causes.
Health system-related factors associated with readmission of preterm babies in the Pediatric Ward at Wyne Stone due to health system-related causes.
Socio-economic factors associated with readmission of preterm babies in the Pediatric Ward at Wyne Stone due to socio-economic causes.

Research Instruments
A questionnaire written in English and which contained closed-ended questions related to the study objectives was used. The questionnaire consisted of four sections: socio-demographic data, mother-related factors, health facility-related factors, and socio-economic factors.

Data Collection Procedure
Upon the proposal approval, an introductory letter from the Dean, School of Nursing, Mildmay Uganda School of Nursing and Midwifery was granted, which helped the researcher to seek permission from the administration of Wyne Stone Medical Centre. The purpose of the study was explained, and the researcher was introduced by the person in charge of the Pediatric Ward to the mothers to collect data within four days. Verbal permission and informed consent were sought from respondents, and a clear explanation of the research purpose was provided. Respondents were assured of confidentiality and requested to cooperate in the researcher-administered questionnaire.

Data Management and Data Analysis.
Data Management
After collecting data, each questionnaire was checked for completeness and accuracy. The data collected was coded and cleaned before analysis. Accurate and filled questionnaires were kept in a lockable cabin to ensure maximum safety and confidentiality.

Data Analysis
Data was analyzed manually by the researcher herself, and findings were entered into a computer using Microsoft Excel (version 2013). The data was presented in the form of frequency distribution tables, graphs, and pie charts.

Quality Control
Validity
This was done by setting questions according to the research objectives and ensuring they align with the intentions of the research topic, with the help of my research supervisor. This validity helped in measuring the accuracy of results within a study, facilitating the formulation of proper interventions to address the research problem.

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Reliability
The questionnaires were pre-tested at Wakiso Health Centre IV on 10 mothers with preterm babies before being used at the study site to ensure consistency and dependability of the research instruments.

Ethical approval.
An introductory letter was obtained from the Chairperson of the Research Committee at Mildmay Uganda School of Nursing and Midwifery, which was presented to the Director at Wyne Stone, who then granted permission to the researcher to carry out research. The Director of Wyne Stone introduced the researcher to the Pediatric Ward in charge and staff, who, in turn, supported the researcher's access to respondents.

Informed consent.
All respondents were provided with a written informed consent after receiving a detailed description of the study. Eligible participants consented in privacy, and no incentives were given. Anonymity of the respondents was ensured at all stages of data collection and analysis.

Results.
Demographic characteristics of respondents.

Table 1: A table showing the social demographic information of the respondents

Variable	Response	Frequency (n=40)	Percentage (%)
Age bracket as a mother	18–25 years	17	42.5
	26–32 years	11	27.5
	33–40 years	6	15
	40 years and above	4	10
Sex of your preterm baby	Male	23	57.5
	Female	17	42.5
Marital status	Married	19	47.5
	Unmarried	10	25
	Single	3	7.5
	Cohabiting	8	20
Highest level of education	No formal education	2	5
	Primary school	5	12.5
	Secondary school	26	65
	Diploma	9	22.5

Table 1 shows that nearly half 17, 42.5%) of the respondents were aged between 18 and 25 years, 11 (27.5%) were 26-32 years, 6 (15%) were 33-40 years, and the least 4 (10%) were 40 years and above. More than half 23, 57.5%) of the respondents had male preterm babies, while fewer 17, 42.5%) had female babies. Nearly half 19, 47.5%) of the respondents were married, 10 (25%) were unmarried, 8 (20%) were cohabiting, and a minority of 3 (7.5%) were single. 26 (65%) of the respondents had attained secondary school education, 9 (22.5%) had a diploma level, 5 (12.5%) had completed primary school, while the remaining 2 (5%) had no formal education.

Mother-related factors associated with Readmission of Preterm Babies below One Year at the Pediatric Ward at Wyne Stone Medical Centre, Wakiso District.

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Figure 1: A pie chart showing knowledge regarding the preterm care practices, n=40

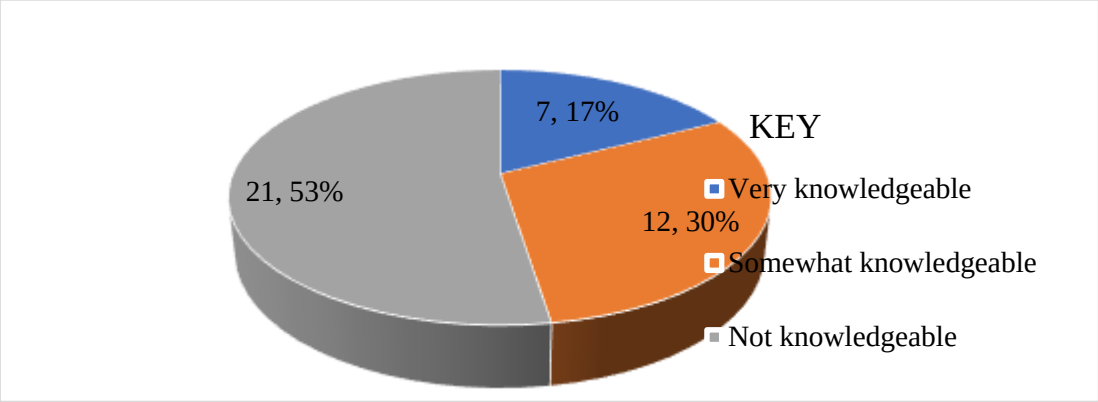

Figure 1 indicates that more than half 21, 52.5%) of the respondents were not knowledgeable about neonatal care practices, 12 (30%) were somewhat knowledgeable, and 7 (17.5%) were very knowledgeable.

Table 2: A table showing the experience of stress, breastfeeding practices, and maternal employment.

Variable	Response	Frequency (n=40)	Percentage (%)
Maternal stress related to readmission**(n=40)**	Sometimes	28	70
	Always	6	15
	Never	4	10
	Rarely	2	5
Infant feeding after discharge**(n=40)**	No	27	67.5
	Yes	7	17.5
	I gave milk	4	10
	I gave water	2	5
Maternal employment status **(n=40)**	Yes	32	80
	No	8	20
Maternity leave arrangements ***(N=32)***	It's not enough	20	62.5
	I do not have leave	8	25
	I have adequate leave and flexibility	4	12.5

Table 2 shows that 28 (70%) of the respondents sometimes experienced stress related to themselves or their baby that contributed to readmission, 6 (15%) always experienced stress, 4 (10%) never experienced stress, and 2 (5%) rarely experienced it. The majority, 27 (67.5%) of the respondents did not feed their babies on only breast milk after discharge, 7 (17.5%) did, 4 (10%) gave milk, while the least 2 (5%) gave water. Most 32 (80%) of the respondents were employed, whereas 8 (20%) were not. Among the employed respondents, 20 (62.5%) reported that their leave was not enough, 8 (25%) had no leave at all, and at least 4 (12.5%) had adequate leave and flexibility.

Health-System Related factors associated with Readmission of Preterm Babies below One Year at Pediatric Ward at Wyne Stone Medical Centre, Wakiso District.

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Figure 2: A bar graph showing the availability of medications at the facility, n=40.

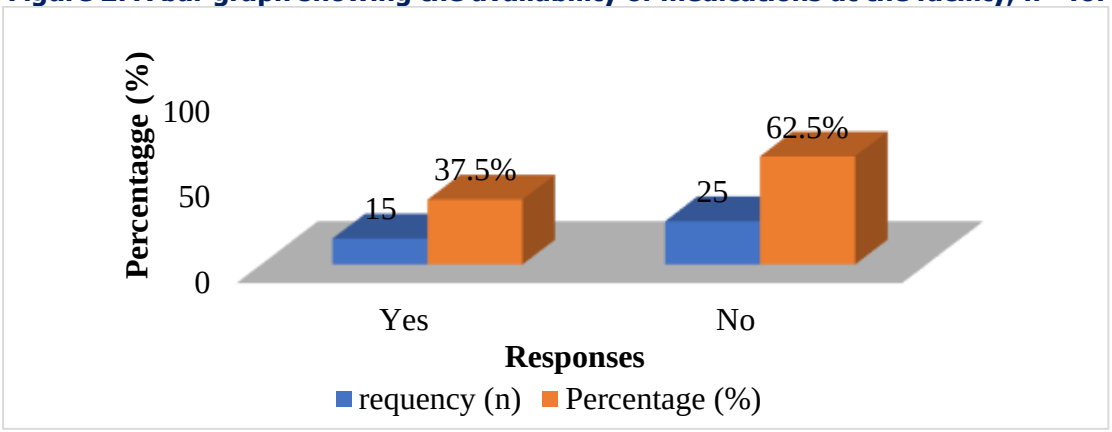

Figure 2, it is shows that the majority, 25 (62.5%) of the respondents reported that they did not lack medicines for their babies, whereas 15 (37.5%) sometimes lacked them.

Table 3: A table showing waiting time at the facility, health care costs, and health workers' experience receipt of post-discharge information.

Variable	Response	Frequency (n=40)	Percentage (%)
Rating of waiting time at the health facility	Long	24	60
	Not long	8	20
	Very long	5	12.5
	Not sure	3	7.5
Perception of healthcare costs	High	34	85
	Moderate	5	12.5
	Low	1	2.5
Perceived experience of health workers	Moderate experience	26	65
	Very experienced	11	27.5
	Inadequate experience	3	7.5
Receipt of post-discharge information	Yes	28	70
	No	12	30

Table 3 indicates that 24 (60%) of the respondents reported that waiting time at the health facility was long, 8 (20%) said it was not long, 5 (12.5%) rated it very long, and the least 3 (7.5%) were not sure. A vast number of 34 (85%) of the respondents rated health care costs as high, 5 (12.5%) rated them as moderate, and the least 1 (2.5%) rated them as low. 26 (65%) of the respondents said the health workers had moderate experience managing infant illnesses, 11 (27.5%) rated them as very experienced, and 3 (7.5%) as having inadequate experience. Most 28 (70%) of the respondents received post-discharge information, while 12 (30%) did not.

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Table 4: A table showing monthly household income, perception of healthcare affordability, advice from family regarding baby care, and the purchase of non-prescribed drugs.

Variable	Response	Frequency (n=40)	Percentage (%)
Monthly household income level	Moderate income	27	67.5
	High income	7	17.5
	Low income	6	15
Perception of healthcare affordability	Very expensive	24	60
	Favorably cheap	10	25
	Unfavorable to access	6	15
Advice from family on baby care	Yes	38	95
	No	2	5
Purchase of non-prescribed drugs	Yes, I do	36	90
	I rarely buy them	3	7.5
	Not at all	1	2.5

Table 4 indicates that the majority, 27 (67.5%) of the respondents reported having moderate household income, 7 (17.5%) had high income, while the least, 6 (15%) had low income. Most 24 (60%) of the respondents found the cost of healthcare for their preterm babies very expensive, 10 (25%) found it favorably cheap, while fewer than 6 (15%) found it unfavorable. An overwhelming majority, 38 (95%) of the respondents had received advice from family members on how to care for their preterm babies, while only 2 (5%) had not. A significant number, 36 (90%) of the respondents admitted to buying drugs from pharmacies or drug shops without prescriptions, 3 (7.5%) rarely did, and the least 1 (2.5%) never did.

Figure 1: A bar graph showing the reliance on local remedies, *n=40*

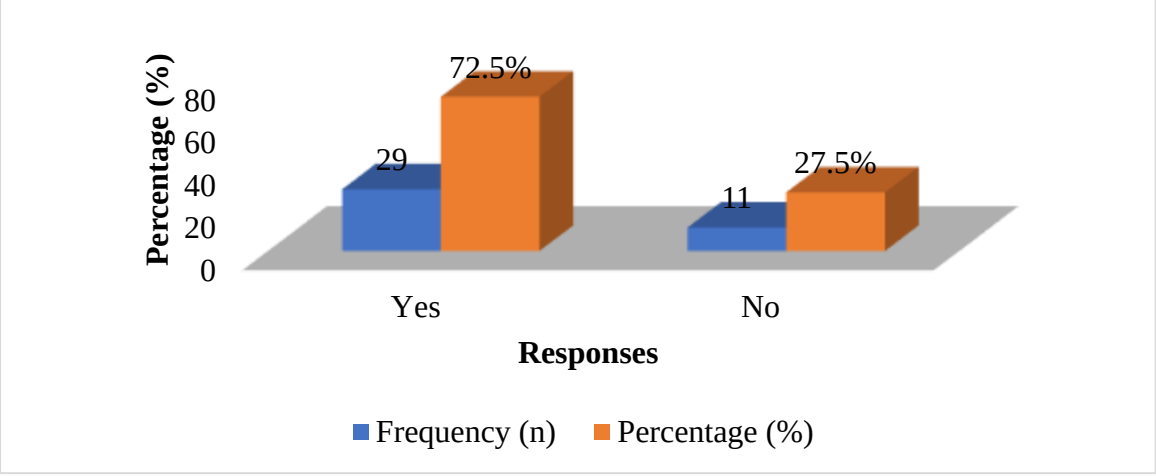

Figure 3 demonstrates that 29 (72.5%) of the respondents reported relying on local remedies due to the cost of care, whereas 11 (27.5%) did not.

Discussion.

Mother-related factors associated with Readmission of Preterm Babies below One Year at the Pediatric Ward at Wyne Stone Medical Centre, Wakiso District.

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Concerning maternal knowledge, more than half (52.5%) were not knowledgeable about neonatal care. This could be because health facilities may not provide adequate postnatal counselling, or mothers may not understand or retain the information given due to stress or low health literacy. This implies a critical gap in maternal education, which directly affects care practices and increases the likelihood of readmissions, aligning with assessing maternal factors. This is in line with a study done by Ma et al. (2021), which showed that inadequate parental knowledge contributed to a 40% higher re-admission rate for preterm babies.

On stress levels, the majority (70%) sometimes experienced stress. This could be because the responsibilities of caring for a fragile preterm baby can be overwhelming, especially for mothers with limited financial or emotional support. This implies that stress is a significant contributor to poor neonatal care and hence readmissions, suggesting the need for psychosocial support systems for mothers. This study's findings agree with a different study conducted in Malawi by Dib (2022), which revealed that mothers experiencing high levels of stress and anxiety were 55% more likely to have their preterm babies re-admitted.

On infant feeding, the majority (67.5%) did not exclusively breastfeed their babies after discharge. This could be because mothers may return to work early, lack breastfeeding support, or may not understand the importance of exclusive breastfeeding for preterm infants. This implies inadequate breastfeeding practices among mothers, which is a known risk factor for infections and poor weight gain, thus increasing the risk of readmission.

Regarding employment status, a significant number (80%) were employed, and 62.5% of these mothers mentioned that their leave was not enough. This could be because urban and peri-urban mothers may be working to support their households, especially in single or low-income families. This implies that employment may conflict with child care responsibilities and, without flexible work arrangements, may compromise the health of preterm infants. The findings are in agreement with the study carried out by Steely Smith et al. (2024), which showed that employed mothers, especially those without adequate maternity leave, faced a 70% higher rate of preterm baby re-admission.

On medicine availability, the majority (62.5%) mentioned that the hospital did not lack medicines. This could be because the facility is relatively well-stocked or receives regular supplies for common pediatric illnesses, or because it is a private hospital. This implies that while medicine availability is not a primary barrier, it remains important to ensure an uninterrupted supply to sustain care and reduce readmissions.

Concerning waiting time, the majority (60%) rated it as long. This could be because the health facility may be understaffed or overwhelmed with patients, especially in urban settings. This implies that long waiting times may deter timely care, leading to worsening conditions in preterm babies and increasing the likelihood of readmission.

On health care costs, the vast majority, 34 (85%), rated them as high. This could be because treatment for preterm babies often requires specialized or prolonged interventions, many of which are costly and not fully covered by insurance or subsidies. This implies that financial barriers are a major contributor to inadequate follow-up care, medication adherence, and ultimately readmission. The findings align with the results of the study by Ahmed et al. (2020), which showed that high healthcare costs contributed to a 45% increase in readmissions for preterm babies.

Regarding health worker experience, 26 (65%) rated themselves as moderately experienced. This could be because health workers may have general pediatric training but limited experience in neonatal care, especially for high-risk infants. This implies a potential gap in specialized neonatal management, which could compromise early interventions and result in repeat admissions. The findings agree with a study by Ahmed et al. (2020), which indicated that expensive visits to qualified practitioners contributed to a 45% increase in readmissions for preterm babies.

On post-discharge information, the majority, 28 (70%), received guidance. This may be because the facility has protocols for discharge education or it's part of standard care, especially in cases of high-risk infants. This implies that while education is provided, the quality, clarity, or comprehension may be inadequate, contributing to poor home care practices.

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In terms of household income, most 27 (67.5%) had moderate income, and 60% found the healthcare costs very expensive. This may be attributed to the fact that many families fall in the informal working class, earning just enough to meet basic needs but struggling with extra health costs. This implies that although the income is not classified as low, it may not be sufficient to sustain prolonged neonatal care, contributing to care gaps and readmissions. This study's finding disagrees with a study done by Brusco et al. (2022), which showed that families with lower incomes often faced difficulties affording necessary medications and follow-up care, leading to a higher likelihood of re-admissions.

About family support, an overwhelming 95% had received advice from family members. This could be because in most Ugandan cultures, extended family plays a key role in child-rearing, especially for first-time or young mothers. This implies a strong family network that could be leveraged in neonatal care education and follow-up support to reduce readmissions. This is in line with a study carried out by Campbell (2020), which showed that 95% of respondents admitted to following advice from friends, neighbors, and relatives on the care of preterm babies, which often resulted in misinformation, inappropriate practices, and readmissions.

On purchasing unprescribed drugs, most (90%) admitted to doing so. This might be because mothers may perceive delays in getting prescriptions, or pharmacies are more accessible than public health facilities. This implies a risk of inappropriate medication use, which can worsen a baby's condition and contribute to readmission. The study is in line with a report done by Vuagnat et al. (2020), which showed that 20.4% of families relied on drug stores as their primary source of medication for preterm care, often resulting in the inappropriate use of drugs.

Regarding local remedy use, most (72.5%) of the respondents relied on traditional methods due to healthcare costs. This could be because traditional remedies are more affordable and culturally familiar, especially when formal care is seen as costly or inaccessible. This implies that reliance on unproven home remedies may compromise the recovery of preterm babies, increasing vulnerability to complications and subsequent readmission.

Conclusion

Regarding the mother-related factors, findings show that the majority were not knowledgeable about neonatal care, experienced stress, and a significant number did not exclusively breastfeed their babies after discharge.

About the health system-related factors, most of the mothers perceived waiting times at the facility as long, rated healthcare costs as high, and reported that health workers were only moderately experienced. Although most had received post-discharge information, the persistent readmissions indicate that either the quality or application of this information was insufficient.

About socio-economic factors, the majority of respondents had moderate household incomes but still found healthcare services to be very expensive. Most mothers resorted to purchasing unprescribed drugs and using traditional remedies, often due to high medical costs.

Limitations of the Study.

The study relied on self-reported data, which is subject to social desirability bias.

The sample size was small and limited to one hospital, affecting generalizability.

Recommendations of the study.

The Ministry should strengthen maternal health education programs, especially on neonatal care practices, by integrating structured neonatal care modules into antenatal and postnatal services.

There is a need to subsidize the cost of healthcare for preterm infants by ensuring the availability of essential neonatal medicines and supplies in public and private facilities to reduce the burden of out-of-pocket expenses on mothers.

The Ministry should develop clear national policies on adequate maternity leave to enable mothers to spend enough time with their preterm babies and ensure proper follow-up care after discharge.

Nursing curricula should emphasize neonatal care with a strong focus on post-discharge follow-up practices and the prevention of complications that lead to readmission of preterm infants.

Students should be trained in psychosocial support skills to help mothers cope with stress related to the care of preterm infants.

Continuing professional development (CPD) sessions should be organized regularly for nurses and midwives on

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current neonatal care guidelines and communication skills to better educate and support mothers.

The facility should employ more trained pediatric and neonatal health workers and provide refresher courses to improve their knowledge and skills in managing preterm babies.

Management should improve service delivery by reducing patient waiting time and ensuring the timely provision of health services to mothers and their babies.

Strengthening discharge education and follow-up systems by assigning health workers or community link persons to monitor high-risk preterm infants could help minimize readmissions.

A review of the hospital's medicine supply system is necessary to ensure consistent availability of prescribed drugs to reduce reliance on unprescribed or local remedies.

Mothers should actively seek information about preterm infant care from trained health workers and avoid relying on informal sources or traditional remedies without professional advice.

They are encouraged to exclusively breastfeed their preterm babies as recommended and follow all post-discharge instructions given at the health facility.

Mothers should also seek psychosocial support and openly communicate their challenges with health providers to receive appropriate guidance and care for their babies.

Acknowledgement

On my knees, I really thank the Almighty God from the bottom of my heart as I express my sincere, deepest gratitude to his endless grace for enabling me to accomplish this research and this course.

My sincere appreciation goes to my supervisor, Ms. Nansereko Hasifa, for the time she has given to my research, through her professional expertise, technical support, guidance with superior experience, and direction during the development of this research work.

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May God richly bless them.

List of abbreviations.

IRC: Institution Research Committee
MOH: Ministry of Health
NICUs: Neonatal Intensive Care Units
USA: United States of America
WHO: World Health Organization

Source of funding.

There is no source of funding.

Conflict of interest.

No conflict of interest declared.

Availability of data.

Data used in this study are available upon request from the corresponding author.

Author's contribution.

AM designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and HN supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

Authors biography

Annet Murungi is a student of a diploma in Midwifery extension at Mildmay Uganda School of Nursing and Midwifery.

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