

Perception of Mothers Towards Neonatal Jaundice in Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State

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Abstract:

This study examined perception of mothers towards neonatal jaundice in Ekiti State University Teaching Hospital, Ado-Ekiti. The study specifically examined the opinion of mothers about neonatal jaundice; the perception of mothers on orthodox and unorthodox management of neonatal jaundice; and mothers' knowledge about complications of neonatal jaundice. Descriptive of the survey type research design was used. The study population are expectant mothers who attend antenatal clinic in Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State. The average number of expectant mothers attending the clinic per month was 400. Simple Random Sampling Technique was used to select 120 participants for this research work. The instrument for this study was a self-constructed questionnaire developed by the researcher and was administered personally by the researcher. The instrument consisted of four sections. The instrument was subjected to face and content validity. Internal consistency method was used to determine the reliability of the instrument. Cronbach Alpha statistics was used to analyse the collected data and it yielded reliability coefficient value of 0.76. Out of one hundred and twenty questionnaires distributed only one hundred and fifteen were adequate for analysis. Data collected were analysed using descriptive and inferential statistics techniques. The findings of this study shows mothers' perception of neonatal jaundice, more than half of the population sampled had the right perception of neonatal jaundice, their

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perception of orthodox management was fair while they had right perception of unorthodox management of neonatal jaundice. It was recommended among others that nurses should include health talk on prevention and management of neonatal jaundice to the mothers during antenatal periods.

Keywords: Mothers, Neonatal Jaundice, Perception,



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Introduction

Neonatal jaundice (NNJ) is a common disorder worldwide and one of the important contributors to the high neonatal morbidity and mortality in Sub-Saharan Africa (Nasrin & Fatemeh, 2008). Severe neonatal jaundice leads to brain damage or even death in otherwise healthy newborns (Nasrin & Fatemeh, 2008). It is estimated to be present in about 60% of the full term and 80% of the preterm infants (Rodrigo & Cooray, 2011). Neonatal jaundice refers to the yellow discoloration of the skin and sclera of newborn infants (Dash, 2013).

Adebami (2010) also explained that in a normal condition, a fetus in the womb derives its oxygen (a component of air) for survival from whatever air the mother breathes in. Therefore, to compensate for reduced oxygen (air) available to the fetus in the womb, many red blood cells are produced. When the baby is born some of these red blood cells are destroyed forming bilirubin. However, there is tendency to form a large amount of bilirubin which the immature newborn's liver cannot eliminate fast; this causes the sclera eyes and skin to take on a yellowish colour. This is referred to as physiological jaundice in which about 60% of term and 80% of preterm infants develop in the first week of life. Physiological jaundice appears two to four days after birth and disappears one to two weeks later. NNJ is very common in the first two weeks of baby's life. It is usually harmless but may be due to a serious cause which needs treatment in hospital. Neonatal jaundice seen in the first 24 hours of life or does not disappear by two weeks of age is more likely to have a serious cause. This is usually classified as pathological jaundice

However, when unconjugated bilirubin raises immoderately more than 20mg/dL in healthy and normal birth weight babies, it is a great concern because unconjugated bilirubin is neurotoxic and can cause lifelong neurologic sequel (kernicterus) and death (Egube, et al., 2013). Chung, et al (2004) in a study stated that kernicterus has at least 10% mortality and 70% morbidity in neonatal death. Kernicterus is incurable, but if jaundice is treated early, and effective therapy commenced, kernicterus is preventable (Egube et.al, 2013). Also appropriate management with phototherapy and blood exchange to control serum bilirubin level can prevent complications (Ogunfowora & Daniel, 2006).

Moreover, when neonatal jaundice occurs in a baby within the first 24 hours of life, it can also be a possible manifestation of serious diseases which must be detected early and treated promptly, to prevent severe damage to the liver, brain and eyes. It is sad that babies are sometimes brought to the hospital with severe neonatal jaundice and complications which could have been prevented. Nowadays, newborns are discharged early from hospitals, therefore, mothers play an important role in recognizing jaundice and preventing complication (Khalesi & Rakhshani, 2008). Any action taken by mothers is influenced by their knowledge and attitude towards neonatal jaundice. Parents, therefore, play an important role in the outcome of neonatal jaundice. A bilirubin level higher than 20mg/dL even in less than 6 hours, results in neurological disorders in 2.3% cases. In 6-12 hours interval and for exposure more than 12 hours, the risk will be 18.7% and 26% respectively (Maisels & McDonagh, 2008). This shows the importance of time in the management of this newborn symptom.

Mothers who are the primary carers of the neonates, how do they perceive neonatal jaundice which needs prompt management and could damage the brain? Most of the mothers during

the clinical experience of the researcher viewed neonatal jaundice as a common disorder which does not necessitate admission. They also feel that NNJ does not need treatment, moreover, it is being associated with preparing food with excess palm oil in pregnancy.

The mothers in Ekiti area also, believe that the best treatment is gripe water, syrup ampiclox and direct exposure to early morning sunlight. Hence, neonates are brought to the hospital with complications. However, in a study carried out in Benin, most of the respondents believed that neonate should be taken to the hospital between 24 to 48 hours (Egube, et.al. 2013). This showed that this group of mothers had positive perception towards orthodox medicine.

Neonatal jaundice (NNJ) is one of the commonest neonatal problems being encountered by nurses/midwives. Neonatal jaundice is so common that it can be regarded as a normal physiologic adaptation of newborn infant to extra uterine life (Adebami, 2010). However, if neonatal jaundice occur within the first 24 hours of life or does not disappear by two weeks of age it is a problem which needs quick intervention. The early discharge of babies from hospital necessitate that mothers who are the primary carers of the neonates should be able to identify the signs and symptoms of neonatal jaundice. However, the researcher had observed that most mothers do not identify the symptoms on time and they manage the neonates in ways that are detrimental to the newborns' health. This results in damaging of the nervous system which would have been prevented. This observation has motivated the researcher to embark on the study to determine the mothers' knowledge on causes, treatment and complication of neonatal jaundice.

The researcher with the clinical experience viewed that the perception of the mothers in Ekiti area about the causes, treatment complications of neonatal jaundice seemed to be inadequate hence, prompted this study. The study will be able to find out the perception of mothers about NNJ and the role to be played by health workers especially the nurses in reducing morbidity and mortality caused by neonatal jaundice.

The aim of this study was to determine the perception of mothers towards neonatal jaundice in Ekiti State University Teaching Hospital, Ado-Ekiti. The study specifically examined:

1. the opinion of mothers about neonatal jaundice;
2. the perception of mothers on orthodox and unorthodox management of neonatal jaundice; and
3. mothers' knowledge about complications of neonatal jaundice.

Research Questions

1. What are the opinions of mothers about neonatal jaundice?
2. What is the perception of mothers on orthodox and unorthodox management of neonatal jaundice?
3. What is the knowledge level of mothers about complication of neonatal jaundice?

Research Hypotheses

H₀1: There is no significant relationship between mothers' knowledge of neonatal jaundice and perception of mothers on orthodox management of neonatal jaundice.

H₀2: There is no significant relationship between mothers' knowledge of neonatal jaundice and mothers' knowledge about complications of neonatal jaundice.

Research Method

Descriptive of the survey type research design was used. Attempt was not made to manipulate the variables under study, since they had already occurred prior to investigation. Deductions were made on the basis of data collected. The study population are expectant mothers who attend antenatal clinic in Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State. The average number of expectant mothers attending the clinic per month was 400. Simple Random Sampling Technique was used to select 120 participants for this research work. At least 30% of the expectant mothers who attend antenatal clinic in Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State were used for the study.

The instrument for this study was a self-constructed questionnaire developed by the researcher and was administered personally by the researcher. The instrument consisted of four sections. The questionnaire was structured to collect personal information of the respondents and substantive data of mothers' perception on neonatal jaundice. Other variables are mothers' perception on orthodox and unorthodox management of neonatal jaundice and their knowledge about complications on neonatal jaundice. The instrument was subjected to face and content validity. Internal consistency method was used to determine the reliability of the instrument. The questionnaire was administered on 20 expectant mothers attending antenatal clinic in a hospital outside the sampled area. Cronbach Alpha statistics was used to analyse the collected data and it yielded reliability coefficient value of 0.76

The researcher obtained permission from the Chairman, Ethics and Research Committee of Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State. The consent of the respondents was sought, having explained to them that the study is purely for academic purpose. The questionnaires were administered on the respondents on two different days in order to have required numbers of respondents, that is, expectant mothers attending Wednesday clinic and that of Friday clinic. Out of one hundred and twenty questionnaires distributed only one hundred and fifteen were adequate for analysis. Data collected were analysed using descriptive and inferential statistics techniques. All hypotheses were tested at 0.05 level of significance.

Results

Table 1: Opinion of mothers towards neonatal jaundice

Item	Frequency	Percentage
Yellowing eye	8	7.0
Yellow eye, yellow finger nails and yellow skin	59	51.3
Non response	48	41.7

Table 1 revealed that 7.0% of the population sampled opined neonatal jaundice as yellowing eye, while 51.3% of the respondents opined it as yellowing eye, yellow finger nails and yellow skin. 41.7% of the population sampled did not respond at all.

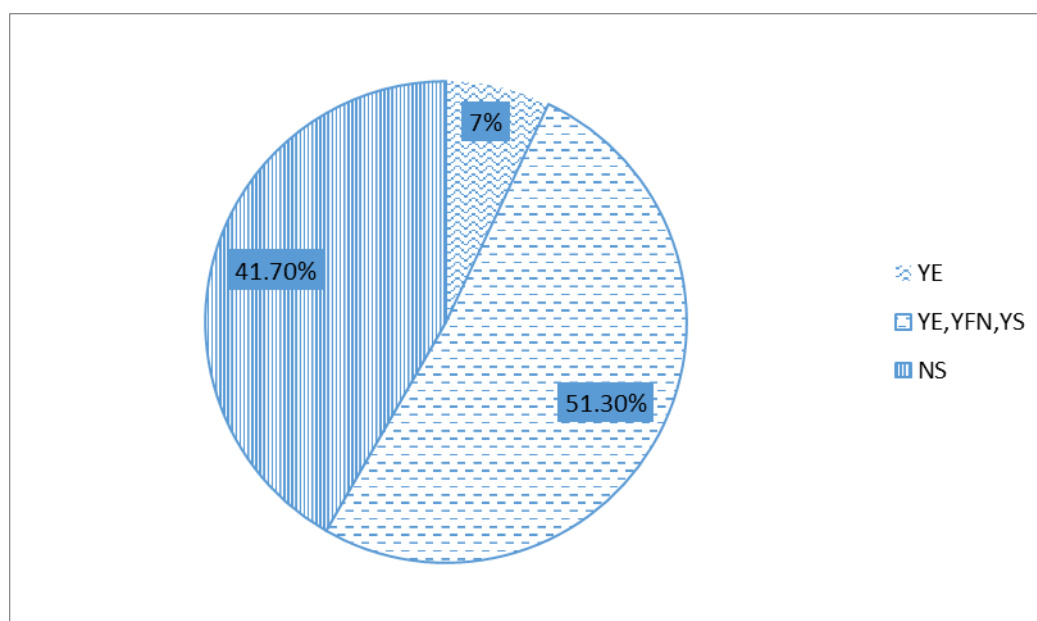


Figure 1: Pie Chart Showing Perception of Mothers on NNJ

Table 2: Perception of mothers on causes of neonatal jaundice

ITEM		SA	A	D	SD
Breast milk can cause neonatal jaundice	Freq (%)	37 (32.2)	45 (39.1)	22 (19.1)	11 (9.6)
Eating too much groundnut in pregnancy can lead to neonatal jaundice	Freq (%)	35 (30.4)	44 (38.3)	23 (20.0)	13 (11.3)
Mosquito bite in pregnancy can lead to neonatal jaundice	Freq (%)	31 (27.0)	41 (35.7)	26 (22.6)	17 (14.8)
Environmental pollution can cause neonatal jaundice	Freq (%)	29 (25.2)	38 (33.0)	29 (25.2)	19 (16.5)
Use of camphor on the baby's cloth is a risk factor	Freq (%)	11 (9.6)	12 (10.4)	24 (20.9)	68 (59.1)
Use of dusting powder on neonate is a risk factor	Freq (%)	11 (9.6)	13 (11.3)	23 (20.0)	68 (59.1)
Use of mentholatum /robb on your baby for cold is good	Freq (%)	67 (58.2)	25 (21.7)	12 (10.4)	11 (9.6)

As shown on table 2, a total of 71.3% of the respondents sampled agreed that breast milk can cause neonatal jaundice while a total of 28.7% disagreed on the issue. A total of 62.7% of the respondents agreed that eating too much groundnut in pregnancy can lead to neonatal jaundice while a total of 31.3% of the population sampled had contrary opinion. A total of

62.7% of the respondents agreed that mosquito bite in pregnancy can lead to neonatal jaundice while a total of 31.3 % of the respondents sampled had contrary opinion.

Moreover, a total of 58.2% of the population sampled agreed that environmental pollution can cause neonatal jaundice while a total of 41.8% disagreed on the issue. A total of 20.0% agreed that use of camphor on the baby's cloth is a risk factor while a total of 80.0% had contrary opinion. Also, 20.3% of the respondents sampled use of dusting powder on neonate is a risk factor while 79.7% of the respondents had contrary opinion. A total of 79.9% of the respondents sampled agreed that use of mentholatum/robb on your baby for cold is good.

Table 3: Perception of mothers on orthodox management of neonatal jaundice

ITEM		SA	A	D	SD
Neonatal Jaundice can be best treated in hospital.	Freq (%)	19 (1.5)	26 (22.6)	58 (50.4)	17 (10.4)
Phototherapy is a good treatment for neonatal jaundice.	Freq (%)	22 (19.1)	10 (8.7)	47 (40.9)	36 (31.3)
Phototherapy can cause paralysis	Freq (%)	20 (17.4)	75 (62.2)	8 (7.0)	12 (10.4)
Phototherapy is very dangerous.	Freq (%)	39 (33.9)	46 (40.0)	15 (13.0)	15 (13.0)
Phototherapy can kill.	Freq (%)	73 (63.5)	25 (21.7)	-	17 (14.8)
Exposure to sunlight is a form of treatment of neonatal jaundice	Freq (%)	50 (43.5)	49 (42.6)	9 (7.8)	7 (6.1)
Exchange of blood transfusion is a form of treatment for severe neonatal jaundice	Freq (%)	10 (8.7)	18 (15.7)	32 (27.8)	55 (47.8)

As shown on table 3, a total of 39.0% agreed that neonatal jaundice can be best treated in hospital while 28% of the respondents sampled agreed that phototherapy is a good treatment for neonatal jaundice while a total of 72.0% had contrary opinion. A total of 83.0% agreed that phototherapy can cause paralysis while a total of 17.0% disagreed that phototherapy can cause paralysis.

Moreover, a total of 74.0% of the respondents sampled agreed that phototherapy is very dangerous while a total of 26.0% disagreed on the issue. A total of 78.0% of the respondents sampled agreed that phototherapy can kill while a total of 22.0% had contrary opinion. Those who agreed that exposure to sunlight is a form of treatment of neonatal jaundice were 86.0% while 14.0% disagreed on the issue. Also, a total of 24.3% of the population sampled agreed that exchange of blood transfusion is a form of treatment for severe neonatal jaundice while 76.0% disagreed. Most (74.0%) of the respondents did not have the right perception of orthodox management of neonatal jaundice.

Table 4: Perception of mothers on unorthodox management of neonatal jaundice

ITEM		SA	A	D	SD
I prefer consulting a doctor to treat jaundice instead of using herbs.	Freq (%)	12 (10.4)	25 (21.7)	53 (46.1)	25 (21.7)
Neonatal jaundice can be treated using local herbs	Freq (%)	38 (33.0)	52 (45.2)	15 (13.0)	10 (8.7)
There are various means of treating neonatal jaundice traditionally	Freq (%)	45 (39.1)	55 (47.8)	10 (8.7)	5 (4.3)
Traditional methods of treating neonatal jaundice are effective	Freq (%)	62 (53.9)	34 (29.6)	9 (7.8)	10 (8.7)
I prefer treating neonatal jaundice with local herbs	Freq (%)	47 (40.9)	46 (40.0)	15 (13.0)	7 (6.1)
Treating neonatal jaundice with local herbs is dangerous	Freq (%)	21 (18.3)	10 (8.7)	61 (53.0)	23 (20.0)

As shown on table 4, a total of 32.0% of the respondents sampled agreed that they prefer consulting a doctor to treat jaundice instead of using local herbs while a total of 68.0% disagreed on the issue. A total of 78.0% of the respondent agreed that neonatal jaundice can be treated using local herbs while a total of 22.0% of the population sampled had contrary opinion. A total of 87.0% of the respondents agreed that there are various means of treating neonatal jaundice traditionally while a total of 13.0% of the respondents sampled had contrary opinion. Moreover, a total of 83.0% of the population sampled agreed that traditional methods of treating neonatal jaundice are effective while a total of 17.0% disagreed on the issue.

Also, a total of 81.0% of the respondents sampled preferred treating neonatal jaundice with local herbs while a total of 19.0% had contrary opinion. Those who agreed that treating neonatal jaundice with local herbs is dangerous were 27.0% while 73.0% of the population sampled disagreed that treating neonatal jaundice with local herbs is dangerous. More of the respondents had the right perception of unorthodox management of jaundice.

Table 5: Mothers knowledge about complications of neonatal jaundice

	Item		Frequency	Percentage
1	Neonatal jaundice can lead to any complication	Yes	30	26.1
		No	85	73.9
2.	Brain damage is a complication of neonatal jaundice	Yes	44	38.3
		No	71	61.7

As shown on table 5, 26.1% of the respondents sampled know that neonatal jaundice can lead to complications while 73.9% of the populations sampled did not know that neonatal jaundice can lead to complications. Also, 38.3% of the populations sampled knew that brain damage is a complication of neonatal jaundice. Majority of the respondents were not aware of the complications of neonatal jaundice.

Research Hypothesis 1: There is no significant relationship between mothers' knowledge of neonatal jaundice and perception of mothers on orthodox management of neonatal jaundice.

Table 6: Relationship between mothers' knowledge of neonatal jaundice and perception of mothers on orthodox management of neonatal jaundice

R	0.665
r ²	0.4032
r ² x100	40.32%
P	0.000

As shown on table 6, $r = 0.635$, $r^2 = 0.4032$, $r^2 \times 100 = 40.32$, $p = 0.000$ at 0.05 level of significance. There is significant relationship between mothers' knowledge of neonatal jaundice and mothers' perception of orthodox management of jaundice ($p = 0.000$). This implies that there is a significant relationship between mothers' knowledge of neonatal jaundice and mothers' perception of orthodox management of jaundice ($r = 0.635$, $p = 0.000$). This is because most of the mothers in this study had the right perception of neonatal jaundice though they did not have the right perception of orthodox management of neonatal jaundice. The coefficient of determination ($r^2 \times 100 = 40.32\%$) implies that 40.32% of the variation in mothers' perception of neonatal jaundice is accounted for by the variation in mothers' perception of orthodox management of neonatal jaundice. Hence, every effort by the nurses to enhance mothers' perception of neonatal jaundice is very important to enhance mothers perception of orthodox management of neonatal jaundice.

Research Hypothesis 2: There is no significant relationship between mothers' knowledge of neonatal jaundice and mothers' knowledge about complications of neonatal jaundice.

Table 7: Relationship between mothers' knowledge of neonatal jaundice and mothers' knowledge about complications of neonatal jaundice

R	0.665
r ²	0.442
r ² x100	44.2%
P	0.000

As shown on table 7, $r = 0.665$, $r^2 = 0.4420$, $r^2 \times 100 = 44.20$, $P = 0.000$ at 0.05 Level of significance. There is significant relationship between mothers' knowledge of neonatal jaundice and knowledge about complications of neonatal jaundice. The coefficient of determination ($r^2 \times 100 = 44.2$) implies that 44.2% of the variation in mothers' perception of neonatal jaundice is accounted for by the variation in mothers' knowledge about complications of neonatal jaundice. There is significant relationship between mothers' knowledge of neonatal jaundice and mothers' knowledge about complications of neonatal jaundice ($r = 0.665$, $p=0.000$).

Discussion of findings

Table 1 showed that 7.0% of the respondents perceived neonatal jaundice as yellowing of eyes while 51.3% perceived it as yellowing of the eyes, finger nails, and skin. 41.7% of the respondents could not recognize the symptoms of neonatal jaundice. This is in line with

Seeley, et al (2008) they defined jaundice as a yellowish staining of the skin and sclera caused by a build-up of bile pigments in the circulation and interstitial spaces.

As shown on table 2, a total of 71.3% of the respondents sampled agreed that breast milk can cause neonatal jaundice while a total of 28.7% disagreed on the issue. A total of 62.7% of the respondents agreed that eating too much groundnut in pregnancy can lead to neonatal jaundice while a total of 31.3% of the population sampled had contrary opinion. A total of 62.7% of the respondents agreed that mosquito bite in pregnancy can lead to neonatal jaundice while a total of 31.3 % of the respondents sampled had contrary opinion. Moreover, a total of 58.2% of the population sampled agreed that environmental pollution can cause neonatal jaundice while a total of 41.8% disagreed on the issue. A total of 20.0% agreed that use of camphor on the baby's cloth is a risk factor while a total of 80.0% had contrary opinion. Also, 20.3% of the respondents sampled use of dusting powder on neonate is a risk factor while 79.7% of the respondents had contrary opinion. A total of 79.9% of the respondents sampled agreed that use of mentholatum/robb on neonate for cold is good.

Table 3 showed that 61.0% did not agree that neonatal jaundice can be best treated in hospital while 39.0% agreed that neonatal jaundice can be best treated in the hospital. Those who disagreed that phototherapy is a good treatment for neonatal jaundice were 72.0% while 28.0% of the respondents agreed that phototherapy is a good treatment for neonatal jaundice. 83% of the respondents agreed that phototherapy can cause paralysis while a total of 14.0% disagreed that phototherapy can cause paralysis. 74.0% of the respondents agreed that phototherapy is dangerous while 74.0% of the respondents disagreed that phototherapy is very dangerous. Those who agreed that phototherapy can kill were 63.5% while 14.8% of the population sampled disagreed that phototherapy can kill. The whole of 86.0% of the respondents agreed that exposure to sunlight is a form of treatment for neonatal jaundice while a total of 14.0% had contrary opinion. A total of 24.0% of the respondents sampled agreed that exchange of blood transfusion is a form of treatment for severe neonatal jaundice while 76.0% of the respondents disagreed. This is contrary to the study of Egube et al (2013) and that of Abdolahad et al. (2008) that mothers believed that neonate should be taken to the hospital within 24hours of appearance of neonatal jaundice.

Table 4 showed that a total of 32.1% of the respondents preferred consulting a doctor to treat jaundice instead of using herbs while a total of 67.9% had contrary opinion. A total of 78.0% of the respondents agreed that neonatal jaundice can be treated using local herbs while a total of 22% of the respondents disagreed on this opinion. Also, a total of 87.0% of the respondents agreed that there are various means of treating neonatal jaundice traditionally while a total of 13.0% had contrary opinion. Those who agreed that traditional methods of treating neonatal jaundice are effective were 83.5% while a total of 16.5% had contrary opinion. Also, a total of 80.9% of the respondents prefer treating neonatal jaundice with local herbs while a total of 19.1% had contrary opinion. A total of 27.0% of the respondents agreed that treating neonatal jaundice with local herbs is dangerous while 73% had contrary opinion. The mothers had right perception of unorthodox management of neonatal jaundice.

Table 5 showed that 26.1% of the respondents knew that neonatal jaundice can lead to any complication while 73.9% of the respondents did not know. Also, 38.3% of the respondents knew that brain damage is a complication of neonatal jaundice while 61.7% of them did not

know. In this study, the mothers had little knowledge about complications of neonatal jaundice. Egube et al, (2013) reported that 67.0% of the mothers in their study knew some complications of jaundice whereas in a study by Nasrin and Fatemeh (2008), reported that mothers' knowledge about complication of neonatal jaundice was inadequate.

There was significant relationship between mothers knowledge of neonatal jaundice and orthodox management of neonatal jaundice ($r = 0.665$, $p = 0,000$) at 0.05 level of significant. The null hypothesis that there is no significant relationship between mothers knowledge of neonatal jaundice and their perception orthodox management of neonatal jaundice is rejected. This implies that the knowledge they had did not influence the practice of orthodox management. More of the respondents did not have the right perception of orthodox management of NNJ. There was also significant relationship between mothers' knowledge about complications of neonatal jaundice and orthodox management of jaundice.

Conclusion

The findings of this study shows mothers' perception of neonatal jaundice, more than half of the population sampled had the right perception of neonatal jaundice, their perception of orthodox management was fair while they had right perception of unorthodox management of neonatal jaundice. Meanwhile, nurses at various levels of health care have a major role to play in the prevention of neonatal jaundice. This could be done through appropriate implementation of health education to wipe away ignorance of the mothers and the society at large towards the causes, management and complication of neonatal jaundice. This helps to correct wrong opinions, reduces occurrence and prevent adverse complications of neonatal jaundice that is inclinable.

Recommendations

Based on the result of findings in this study, the following recommendations are made:

1. Government should organize seminars and workshops for all health workers at various health care levels on issues related to the child's health so as to increase the knowledge about care of children.
2. Government should provide enough facilities, equipment and specialized personnel's needed in the care of children so as to ensure adequate management of neonatal jaundice of any type and prevents its complications.
3. Information and materials on neonatal jaundice should be made available to mothers at no cost to enhance their knowledge on neonatal jaundice.
4. Parents should take their child to the hospital when signs of jaundice are seen on the baby for proper management.
5. Nurses should include health talk on prevention and management of neonatal jaundice to the mothers during antenatal periods.
6. Nurses should identify pregnant women whose babies are at risk of neonatal jaundice so as to take appropriate precautions in their subsequent care.

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