



Mothers' Experiences in Caring for Low Birth Weight (LBW) Infants: A Scoping Review

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Article History

Submitted: 04-01-2025

Revision: 23-02-2026

Published: 31-03-2026

ABSTRACT

Caring for a baby causes stress, especially for babies with meagre birth weight. If a child is not cared for properly, many problems can lead to injury and even death. However, some mothers handle LBW at home. This scenario is exciting to explore the new experience of giving birth to an LBW child, as well as the LBW mother being able to care for him effectively. This research aims to analyze mothers' experiences in caring for LBW babies at home. Mothers who successfully care for LBW babies at home are in an exciting situation to gain new experiences. This research uses the Scoping Review design method using the PRISMA-ScR Checklist with the Population, Exposure, Outcomes Design (PEO) Framework using the ScienceDirect, Pubmed and Wiley databases. Search for articles using the keywords (Baby*) OR (Low Birth Weight*) AND (Experience*) AND (Care*). With the inclusion criteria for articles from 2013-2023, original articles, articles in Indonesian and English. Exclusion criteria for opinion papers, theses and theses. Various articles use Prisma Flowcharts and Critical Appraisal using the Joanna Briggs Institute (JBI). The research results show that caring for LBW babies requires cooperation from all parties, especially the family. Extended families will be replaced with accurate information from health workers. The next activity is that health workers can collaborate with related community institutions so that if there are people who have LBW babies, they can access health services related to the care of LBW babies optimally. This comprehensive review identified three themes regarding mothers' experiences in LBW management, namely: mothers' views on LBW management, mothers' experiences in LBW management using the kangaroo method, and LBW management using the KMC method as well as the mother's lack of knowledge and experience about something significant that causes injury. Even death in children. To minimize stress and lack of confidence when caring for LBW at home, there needs to be encouragement from partners and family members.

Keywords: Babies, Low Birth Weight, Experience, Care

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ABSTRAK

Merawat bayi dapat menimbulkan stres, terutama bagi bayi dengan berat badan lahir rendah (BBLR). Jika seorang anak tidak dirawat dengan baik, berbagai masalah dapat terjadi yang dapat menyebabkan cedera bahkan kematian. Namun, beberapa ibu mampu menangani bayi BBLR di rumah. Kondisi ini menarik untuk diteliti karena memberikan pengalaman

baru bagi ibu dalam melahirkan bayi BBLR, serta kemampuan ibu dalam merawat bayinya secara efektif. Penelitian ini bertujuan untuk menganalisis pengalaman ibu dalam merawat bayi BBLR di rumah. Ibu yang berhasil merawat bayi BBLR di rumah berada dalam situasi yang menarik untuk memperoleh pengalaman baru. Penelitian ini menggunakan desain scoping review dengan metode PRISMA-ScR Checklist menggunakan kerangka Population, Exposure, Outcomes Design (PEO), dengan sumber data dari database ScienceDirect, PubMed, dan Wiley. Pencarian artikel dilakukan menggunakan kata kunci (Baby*) OR (Low Birth Weight*) AND (Experience*) AND (Care*), dengan kriteria inklusi berupa artikel tahun 2013–2023, artikel asli, serta artikel berbahasa Indonesia dan Inggris. Kriteria eksklusi meliputi artikel opini, skripsi, dan tesis. Berbagai artikel dianalisis menggunakan diagram alur PRISMA dan penilaian kritis menggunakan Joanna Briggs Institute (JBI). Hasil penelitian menunjukkan bahwa perawatan bayi BBLR memerlukan kerja sama dari berbagai pihak, terutama keluarga. Peran keluarga besar dapat dilengkapi dengan informasi yang akurat dari tenaga kesehatan. Selanjutnya, tenaga kesehatan dapat berkolaborasi dengan lembaga masyarakat terkait, sehingga apabila terdapat bayi BBLR, keluarga dapat mengakses layanan kesehatan secara optimal dalam perawatan bayi tersebut. Tinjauan komprehensif ini mengidentifikasi tiga tema terkait pengalaman ibu dalam penanganan BBLR, yaitu: pandangan ibu terhadap penanganan BBLR, pengalaman ibu dalam merawat BBLR menggunakan metode kanguru, serta pengelolaan BBLR dengan metode KMC. Selain itu, ditemukan bahwa kurangnya pengetahuan dan pengalaman ibu menjadi faktor penting yang dapat menyebabkan cedera bahkan kematian pada anak. Untuk meminimalkan stres dan kurangnya rasa percaya diri dalam merawat bayi BBLR di rumah, diperlukan dukungan dari pasangan dan anggota keluarga.

Kata kunci: Bayi, Berat Badan Lahir Rendah, Pengalaman, Perawatan.

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INTRODUCTION

A baby is considered to have low birth weight (LBW) if born with a weight of less than 2500 grams. LBW is the abbreviation for low birth weight babies. According to the World Health Organization, almost 95% of children born in least-developed countries have low birth weight. It accounts for as much as 15% of all births that occur globally. In 2020, Indonesia was responsible for the majority (72%) (20,266) of all neonatal deaths in the 0 to 28-day age range. Low birth weight is the most common cause of this condition in neonates. (35.2%), suffocation (27.4%), infection (3.4%), congenital abnormalities (11.4%), neonatal tetanus (0.3%) and other causes (22.5%) (Merdikawati et al., 2021).

According to the Yogyakarta Special Region Health Service in 2020, the Yogyakarta Special Region (DIY) had the highest prevalence of LBW, namely 6.1%, while the province of North Kalimantan had the highest prevalence of LBW, namely 6.3%. LBW is based on the 2020 DIY Health Profile. According to Kesga DIY, the increase in LBW cases occurred in Kulon Progo Regency by 6.36%, Bantul Regency by 5.59%, Gunungkidul Regency by 7.02%, Sleman Regency by 7.02% and Yogyakarta City at 7.02%. Yogyakarta Province, Gunungkidul Regency, had the highest number of LBW births in 2020.

LBW is caused by prematurity, also called IUGR (Intrauterine et al.) or fetal growth restriction (IUGR) in Indonesia. Both conditions are caused by a combination of variables, the most important of which are the mother's age, diet, and socioeconomic status during pregnancy. Other risk factors include smoking and drinking during pregnancy. Hydromnia, multiple pregnancies, prenatal

haemorrhage (placenta previa and placental abruption), pregnancy complications such as preeclampsia or eclampsia, premature rupture of membranes, and fetal factors such as congenital disabilities and uterine infection, meconium aspiration syndrome, suspected infection, or sepsis are all considered risk factors. Pregnancy, hypothermia, hypoglycemia, jaundice or hyperbilirubinemia, drinking problems, and hypothermia are potential complications of LBW (Setiyowati et al., 2021). Babies with general instability, respiratory arrest, and uncontrolled oral motor activity are at risk of malnutrition and developmental delays (Heriyana & Mulyati, 2023).

The condition of LBW newborns determines how long they require hospitalization. The baby can go home if his organs work, can breastfeed, and has no respiratory problems. Stressed LBW newborns may not scream or appear peaceful. LBW babies often surprise parents. Low birth weight babies need assistance and health education. This birth stresses the parents in many ways. Mothers are essential for baby care. Mothers must have the fortitude to care for their babies personally because mother-baby interactions create culture (Fatmawati et al., 2021). The condition of LBW newborns determines how long they require hospitalization. The baby can go home if his organs work, can breastfeed, and has no respiratory problems. Stressed LBW newborns may not scream or appear peaceful. LBW babies often surprise parents. Low birth weight babies need assistance and health education. This birth stresses the parents in many ways. Mothers are essential for baby care. Mothers must have the fortitude to care for their babies personally because mother-baby interactions create a culture.

METHOD

Scoping review as a literature search methodology. A scoping review is conducted to find evidence and map research on a particular subject. The PRISMA-ScR checklist is a method that can be used to improve quality assurance of the completeness of the scoping review structure and process, which includes the following five stages: identifying research questions, identifying relevant articles, selecting or selecting studies, charting data, and compiling, summarizing, and report results. The framework used in preparing the scoping review uses this method. The inclusion criteria are articles with a publication year of 2012 to 2023. The duration of the publication year is ten years.

This was done to obtain articles that were appropriate and focused on the purpose of the scoping review, using Indonesian and English because of the limited language skills of reviewers, original articles and articles related to the objectives. Scoping review. The exclusion criteria for scoping reviews are opinion papers, and these (Wahyu Kurnia Ningrum, 2021). The article search used three primary databases, Wiley, Pubmed, and ScienceDirect and one additional grey literature, namely Research Rabbit, an additional base used due to the lack of articles related to the Scoping Review objective. The Population, Exposure, and Outcomes (PEO) framework was used in this study because it helps identify essential ideas in the Scoping review. Table 1 presents the PEO framework for your review.

1. Identify Scoping Review Questions

The question from the comprehensive study was, "What is the mother's experience in caring for LBW at home?". Formulate problems in the form of PEO (population, exposure, outcomes) to improve search strategies for data reviews and the proportion of article

descriptions. Using these PEOs helps identify distinguishable population segments and seek desired outcomes related to specific situations and activities.

Table 1. Framework PEO

Population	Exposure	Outcomes
Mother, Low Birth Weight, Infants	Experience, Care	Mother's experience in caring for low birth weight infant, support, challenges, and obstacles for mothers in caring for low birth weight infant

2. Identify Relevant Articles

PubMed, ScienceDirect, and Wiley are the database tools used in this investigation. During the search process, the keywords "Infants, Low Birth Weight, Experience, Treatment" and other supporting keywords were entered to expand the search for publications that met the inclusion and exclusion criteria. This ensures that as many relevant articles as possible are found. After that, publication data published between 2013 and 2022 were filtered according to inclusion and exclusion criteria.

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
a. Articles published between 2013 and 2022	a. Opinion Articles
b. Articles published in English and Indonesian	b. Conference Proceedings
c. Complete and accessible articles	c. Gray Literature
d. Articles discussing Low Birth Weight (LBW) Babies	

3. Article selection

The search results identified 484 articles from 3 databases and reference lists, then doubled to 480. Titles and abstracts related to the care experiences of LBW mothers were then filtered, and 478 articles were retrieved. Data mapping was then carried out based on article screening and full-text searching of identified articles, inclusion and exclusion criteria, full-text screening results, population suitability, and methods of 6 eligible articles to obtain new themes and sub-themes.

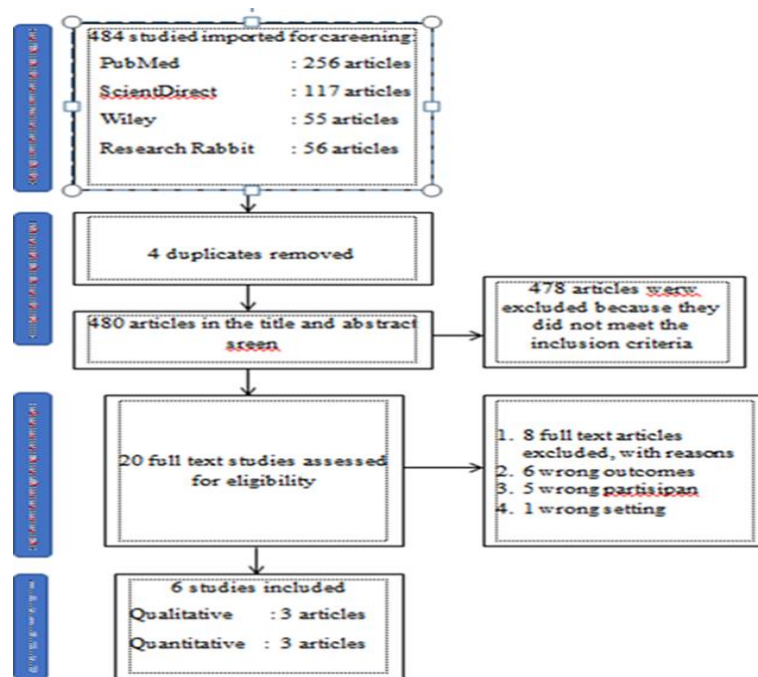


Figure 1. PRISMA Flowchart

The tool chosen to assess the quality of articles was the Joana Briggs Institute (JBI) checklist, which assesses the methodological quality of research and determines the extent of peer review of research. Concept, application analysis, and critical assessment were carried out in 6 articles.

4. Charting data

Based on the six filtered articles, the data graph tries to classify the values or parts of several articles, such as research assignments, research concepts, number of images and results or outcomes of this research.

Table 3. Charting data

No	Title/author/year	Country	Objective	Method	Results
1	Knowledge, Family Support and Self-Reliance Capital when Caring for Low Birth Weight Babies (Astuti et al., 2019a)	Indonesia	This study aimed to determine the extent to which the mother's level of knowledge and the family's desire are related to preventing infection at home.	Correlation	The findings of this study led researchers to the conclusion that further research needs to be done regarding maternal knowledge about preventing infection and providing family support to increase maternal capacity in caring for babies born with low birth weight (LBW).

2	Mother's Behavior In Caring For Low Birth Weight Babies (LBW) At Home (Ramenia M Lubis, 2021).	Indonesia	This study aimed to identify the level of knowledge, actions and activities of mothers in caring for low birth weight (LBW) babies at home.	Qualitative/ Descriptive	The findings of this study indicate that mothers have a positive attitude in providing LBW care at home for their young children.
3	Mother's Experience in Caring for the Kangaroo Method (Wahyuni & Parendrawati, 2013)	Indonesia	This study aimed to learn more about mothers' experiences when providing kangaroo care at home to babies born with low birth weight.	Qualitative	According to the findings of this study, the mother wanted her husband and other close relatives to support the implementation of this healing technique. However, the active participation of health workers in monitoring FMD use at home and exchanging information is also essential. Moreover, the mother wanted her husband to support the implementation of this healing method. It is best to avoid babies born with low birth weight.
4	Experiences of Teenage Mothers in Caring for Low Birth Weight (LBW) Babies in Medan City (Ningsih & Setiawan, 2018)	Indonesia	This study aimed to determine the experiences of young mothers caring for babies born with low birth weight.	Qualitative	Based on the findings of a comprehensive study on the experiences of teenage mothers with low birth weight babies who are looking for shelter, exceptional care for LBW children to avoid detention in prison facilities, and efforts to prevent physical, mental and emotional suffering during care and efforts for LBW babies to be supported by families and health workers, shelters must provide exceptional care for LBW children to avoid detention in correctional facilities.
5	Kangaroo Mother Care for Low Birth Weight Babies: A	India	This study aims to determine the	Randomized Controlled	The findings of this study show that the

	Randomized Controlled Trial in a Tertiary Care Hospital of Bangladesh (Rahman, 2017)		impact of KMC on babies born with low birth weight (LBW).	Trial	KMC approach is beneficial in treating low birth weight (LBW) babies, as well as having a more positive impact on increasing body weight and providing exclusive breastfeeding.
6	The Effectiveness Of Kangaroo Mother Care (KMC) Technical Training In The Group Of Housewives On The Ability To Implement KMC In Caring For Low Birth Weight Babies At Home (Indriyani et al., 2019).	Indonesia	This study aimed to establish techniques for preventing hypothermia in the home care setting for low birth weight infants.	Randomized Controlled Trial	Based on the findings of this study, the use of KMC in LBW babies cared for at home is very helpful. This KMC approach can help the baby adjust to temperature variations outside the womb, which has proven beneficial.

5. Thematic Analysis

Thematic analysis was carried out on the synthesized data by reading the results of each article repeatedly before continuing with coding and identifying themes and subthemes discussed between the authors. Based on the six articles reviewed, three major themes emerged from a comprehensive assessment of mothers' experiences in caring for LBW. These three points are explained in several sub-themes according to the diagram below, namely:

Table 4. Thematic Analysis

Theme	Sub Theme	Reference
Mother's Knowledge in Caring for Low Birth Weight (LBW) Babies	a. Mother's knowledge about preventing infection in LBW b. Support from family in caring for LBW c. Mother's attitude in caring for LBW	1 and 2
Mother's Experience in Caring for LBW Using the Kangaroo Method	a. Support from husband and health workers in caring for LBW	3 and 4
LBW Treatment Using the KMC Method	a. Exclusive breastfeeding for LBW b. Prevention of hypothermia in LBW	5 and 6

RESULTS AND DISCUSSION

The outcome of this review attempts to investigate the perspectives or experiences of women caring for newborns born with low birth weight, including the themes and sub-themes of these experiences.

1. Theme 1: Mother's Knowledge in Caring for LBW

a. Sub Theme: Mother's knowledge about preventing infection in LBW

People are the catalyst for creating knowledge, which is the product of cooperative efforts between the knowing subject and the known object. Everything that can be said or known about a particular

subject. Uneducated mothers and health professionals are uneducated about LBW care, especially knowledge about when to prevent LBW children. In this scenario, the topic discussed is when to avoid LBW newborns. Babies born with meagre birth weight (LBW) have very weak or non-existent immune and immune systems. Therefore, it is pretty worrying if low birth weight babies often experience infections. Infected babies may show symptoms such as drowsy sucking, restlessness, lethargy, relatively high body temperature, frequently increased respiratory rate, vomiting, diarrhoea, and rapid weight loss. Additionally, they will have a high body temperature of 12.

This treatment is intended to reduce the chance of infection in low birth weight newborns. Children are not allowed to have any contact with people who are sick with this disease. When caring for young children, it is essential to use unique masks and gowns, treat injuries to the central junction, protect the eyes, nose, and skin, limit the amount of time spent breastfeeding, prevent asphyxia, and administer appropriate antibiotics (Indriyani et al., 2019).

b. Sub Theme 2: Support from family in caring for LBW

A family consisting of a relatively cohesive group formed for the next generation. In a broad sense, "family" refers to a small social group usually consisting of a mother, father and their offspring as its leading members. Apart from feelings of love and care, a sense of responsibility also permeates family ties. At the same time, it is the responsibility of each family member to educate, care for, and look after the others (Kesehatan Masyarakat et al., 2018).

The family is the most significant and influential support that can influence the care of newborns born with low birth weight (LBW). Education in the form of excellent and correct early education is necessary so LBW parents can raise their children confidently. Every LBW parent wants the help they need, both from the family and outside the family environment. Education is critical. When faced with an LBW newborn, parents, and especially women, may experience difficult times. Therefore, effective communication is needed with mothers, husbands and families, as well as support from all parties, especially health workers (Schuler et al., 2023).

c. Sub Theme 3: Mother's attitude in caring for LBW

Attitude is an expression of a person's feelings, which shows liking or hating an object, initially a condition for forming actions. Attitude is a necessary condition for the development of behaviour. Action events are psychological ways that evaluate, develop ideas, color emotions, and influence behavioural tendencies towards someone, especially oneself. Statements and emotions are shaped by a person's previous experiences and the impressions they acquire and maintain throughout their lives. Reactions that can be assessed are called attitudes. Only when the person is faced with a stimulus that requires an individual reaction does that response occur. This response provides conclusions about the stimulus in the form of good or bad, positive or negative, pleasant or painful values, which become potential attitude objects. Responses appear only when individuals face stimuli that require an individual response (Dawar et al., 2019).

2. Theme 2: Mother's Experience with Caring for LBW Using the Kangaroo Method
 - a. Sub Theme 1: Support from husband, family and health workers in caring for LBW

She needs help from several sources, and she says her husband is her leading supporter. Partner support is essential, but both men and mothers have the opportunity to participate in treatment, as LBW is said to be recommended on a skin-to-skin family basis, especially for mothers (Merdikawati et al., 2021). Family support is critical so that mothers do not worry or stress when facing LBW cases. Even when the mother and child can be at home to help care for the child. Besides that, nurses and doctors support mothers, especially both; for example, nurses share information about the baby's condition and care, while nurses explain to mothers and provide emotional support (Mhango et al., 2020).

Family support is critical so that mothers do not worry or stress when facing LBW cases. Even when the mother and child can be at home to help care for the child. Besides that, nurses and doctors support mothers, especially both; for example, nurses share information about the baby's condition and care, while nurses explain to mothers and provide emotional support (Mhango et al., 2020).

Health workers are every individual committed to working in the health services sector and have skills, knowledge and abilities obtained through education in the health services sector. Specific forms of health services require permits to be carried out. Therefore, only certain people can work as health workers. A person receives support from a health professional through physical and psychological comfort, attention, recognition, and other assistance. This support can come from a health professional both physically and psychologically. Emotional support, validation, tools, and knowledge are all components of potential help health professionals offer. Because other parties provide very little support and roles change very quickly, health workers' support for women is an essential aspect of ensuring exclusive breastfeeding practices. These health workers are also a source of social support. The other party needed more assistance (Iva Murty, 2018).

3. Theme 3: LBW Treatment Using the KMC Method
 - a. Sub Theme 1: Exclusive breastfeeding for LBW

For starters, breastfeeding alone without additional foods and other fluids is considered breastfeeding between 0 and 6 months of age. The baby should be allowed to breastfeed indefinitely and for quite a long time. The advantages of breastfeeding are as follows: (1) benefits for the baby: breast milk has faster psychomotor protection, supports cognitive development, supports visual development, and strengthens the emotional bond between mother and child; (2) benefits for the mother, namely preventing postpartum nosebleeds, speeding up shape recovery. A natural uterus prevents anaemia, increases the mother's weight to normal, delays fertility, and reduces the risk of breast and ovarian cancer (Astuti et al., 2019).

Breast milk has unique and complete nutritional value that meets the needs of children's growth and development. Wulandari and Irianan (2013) said that with the right content and structure adapted to the child's needs, such as: (1) Breast milk contains most of its calories from fat. Arachidonic acid (AA) and docosahexaenoic acid (DHA) are essential for brain development.

Long-chain unsaturated fatty acids such as DHA and AA are essential for proper cell formation. (2) Breast milk, compared with the milk of other animals, has the highest concentration of lactose, the main carbohydrate. Other benefits of lactose include increased calcium absorption as well as stimulation of the expansion of lactase, the enzyme responsible for converting lactose into milk. Two separate examples of acetic acid. (3) Casein is a protein that is difficult to digest, while whey is a protein that is easily digested. Together, these two types of protein make up milk protein. These two acids turn the digestive system into an acidic environment, which inhibits the growth of bacteria such as *E. coli* and other pathogens that can cause diarrhoea in babies. Because a newborn's kidneys cannot concentrate urine properly, a particular type of milk is needed that is low in salt and mineral content. However, breast milk is ideal for babies because it contains more whey than casein and is easily absorbed by the body (Mony et al., 2021).

Breast milk is superior to cow's milk for babies because it is lower in minerals and salt and contains five different vitamins, each of which contributes to a baby's overall health uniquely. Vitamin A helps develop healthy vision in babies. The amount of vitamin A found in colostrum gradually decreases as breast milk develops into the mature form. Breast milk contains vitamin B, which protects babies from various health problems, including anaemia or blood deficiency, growth retardation, loss of appetite, and skin irritation. Vitamin C, found in breast milk, helps children build healthy teeth, bones, and collagen and can prevent disease in young people. The calcium and vitamin D found in breast milk contribute to bone health. In addition to the baby's red blood cells in breast milk, vitamin E helps maintain healthy baby skin (Koenraads et al., 2017).

b. Sub Theme 2: Prevention of hypothermia in LBW

Hypothermia is when the body temperature is lower than the body's normal range. Causes of LBW hypothermia include extreme body weight, exposure to low environmental temperatures, malnutrition, lack of subcutaneous fat, hypothalamus damage, alcohol consumption, wearing thin clothing, slow metabolism, inactivity, heat transfer (e.g. conduction, convection, evaporation and radiation), shock and ageing, pharmacological effects of substances. Possible causes of body heat in newborn babies include conduction, convection, radiation and evaporation. Signs and symptoms of minor and significant hypothermia in infants are (1) severe, such as cold skin, shivering and hypothermia; (2) mild, namely acrocyanosis, bradycardia, hypoglycemia, hypoxia, increased oxygen consumption, decreased ventilation, piloerection, tachycardia, peripheral vasoconstriction and other skin inflammations (in newborns) (Schuler et al., 2019).

Comparing the levels of action and understanding, this action consists of different levels, namely receptive, meaning that a person (subject) needs and pays attention to the motivation (object) that has been determined, reacts (responds), that is, gives an answer when asked, so the task of trying is effort. to respond to a given task, solve a problem or complete, whether the work is right or wrong, implies that someone has received an idea, value (appreciate), invites others to do or discuss the problem prove the action, responsibility to be responsible for whatever is chosen with all risks (Hadi et al., 2019).

CONCLUSIONS

The findings of the Scooping review show that caring for LBW babies requires cooperation from all parties, especially the family. Extended families will be replaced with accurate information from health workers. The next activity is that health workers can collaborate with related community institutions so that if there are people who have LBW babies, they can access health services regarding the care of LBW babies optimally. Treatment of low birth weight (LBW) babies can be carried out for three different purposes, depending on a person's education level, level of experience, and level of care for low birthweight babies.

The lack of information that mothers have about preventing low birth weight babies, lack of motivation from husbands, families caring for LBW babies, and mothers' behaviour in caring for LBW babies are some of the alibis that influence mothers in caring for low birth weight babies. Heavy baby. Other alibis include a lack of encouragement from the husband. On the one hand, mothers receive counselling on how to avoid hypothermia in low birth weight babies at home, which helps them feel comfortable and confident in their ability to care for their child. On the other hand, health assistance makes mothers feel safe and gives them confidence in their ability to care for LBW babies.

Acknowledgements: All authors of the found pieces have our gratitude. Apart from that, we would like to express our thanks to the head of the Master of Midwifery Study Program, Aisyiyah University, Yogyakarta, for his assistance in the process of preparing this scoping review.

Conflicts of Interest: The authors declare no conflict of interest.

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