

Specific Comments To Authors: It is an interesting systematic study elaborates the maternal emotions related with having a child in the NICU and give recommendations for clinical practice. This study concluded that NICU environment is not favorable to mother-child bonding, but specifies steps that health care professionals can take to minimize the negative emotional toll on mothers of NICU babies. Although some minor changes needed to be addressed. 1)The inclusion criteria is not suitable up to the mark, as the authors not declared included article selection based on the number of cases in each article. 2)The inclusion criteria point b) “studies in which the premature infant was monitored in the NICU for >1 week” why you not selected the article in which the infant was monitored in NICU for < 1 week? 3)The large numbers of studies are excluded; please specify the exclusion criteria too. 4)Within the text many words are written in italic, it is not recommended. 5)In the result section, subheading Support From Family Member “Both Lee et al. [19] and Khoza & Ntswane-Lebang [21] reported.....” Please remove the word “Both” from the sentence.

Answers:

- 1) We included article selection based on the number of cases in each article Using the PEO framework, we identified inclusion criteria and exclusion criteria based on population, exposure, and outcome, respectively, as follows:
a) studies that identified more than or equal to six mothers who had a live, premature infant born before 37 week gestation
- 2) The reason why we selected studies in which the premature infant was monitored in the NICU for >1 week

This is because it is easier for mothers to have negative emotions when the infants stayed more than 1 week in the NICU

- 3) The exclusion criteria
a) studies that identified mothers who had not a live, premature infant born before 37 wk gestation; b) studies in which the premature infant was

monitored in the NICU for <1 wk; c) studies that provided active descriptions of the mothers' experiences of having a preterm infant in the NICU. Since we aimed to evaluate qualitative empirical articles, studies that utilized survey data were excluded

4) We have modified the italics in the text

5) We had removed the word "Both" from the sentence

Lee et al [19] and Khoza & Ntswane-Lebang [21]

Thanks for editors' comments, We are pleased to provide point-by-point responses.

(1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: The corresponding author has send 66352-figure PPT.pptx to editorialoffice@wjgnet.com

(2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Response: References List

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(3) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text.

Response: Article highlights

Research background

Worldwide, approximately 15 million infants are born prematurely each year. Complications due to premature birth is the largest direct cause of neonatal mortality and accounts for 35% of the global 3.1 million neonatal deaths each year. Mothers who have a preterm infant in the NICU often report significant negative experiences that may have far-reaching implications, although the full ramifications are not yet understood. The current review addresses this gap by systematically reviewing published articles aimed at evaluating mothers’ experiences when their infant is confined to the NICU.

Research motivation

Since there is no published qualitative systematic review in this area, it is necessary to explore the experiences of mothers who have a premature infant in the NICU. Notably, parents often report different experiences and responses when their preterm baby is in the NICU; usually, mothers experience more stress and other negative emotions compared with fathers.

Research objectives

The current study aimed to 1) explore mothers' experiences of having a premature baby in the NICU; 2) identify the source of mothers' emotional

stress; and 3) provide recommendations for future research by identifying common themes in the relevant published literature.

Research methods

A systematic and comprehensive electronic literature search was conducted using search terms relevant to NICU exposure and mothers' stress. The "Population-Exposure-Outcome" (PEO) framework was used to identify the inclusion and exclusion criteria based on population, exposure, study design, language, publication date, and study result. The selection of studies followed two phases: first, we determined whether the study was relevant to the current review questions and met inclusion criteria by reviewing the abstract. For relevant studies, we then analysed the full paper for determination of final inclusion. Finally, we utilized a narrative synthesis approach to identify key findings from each included study.

Research results

Four common themes emerged: 1) Negative emotional impact on the mother; 2) Support; 3) Barriers to parenting; 4) Establishment of loving relationships between mother and baby.

Research conclusions:

Based on the literature review, the current study recommends that NICU staff actively involve mothers when taking care of their infants. This involvement will help the mothers in their transition to motherhood, and support the well-being of infants and families alike.

Research perspectives:

Further qualitative research is needed to better explore and understand the experiences of mothers using family-centred care in the NICU. Furthermore, while this research is critical, there is still a need for research that identifies the experiences of family members when a premature infant is in the NICU, as this review focused on only the mothers' experience, and other members of the family may have different perspectives.

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In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

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Maximum file size: 10 MB

To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

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(5)Regarding the figures:

Please provide the decomposable figure of figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "Manuscript No. -Figures.ppt" on the system, we need to edit the words in the figures. All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes.

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(6)Please change to "Malakouti et al^[10], Iran"

Response:

Table 1. Characteristics of included studies

Author/country of study.	Design/data collection/data analysis	Population studied (P)/Exposure (E)	Sample selection	Outcomes
Malakouti et al ^[17] , Iran	Descriptive qualitative study; Individual semi-structured interviews; Phenomenological method (Colaizzi's)	P: 20 mothers (19–37 y) with average socioeconomic status in a NICU. No data on infants provided.		Four main themes: 1) Sense of alienation, 2) Lack of control, 3) Care, 4) Deprivation
Lindberg and Öhrling ^[18] , Northern Sweden	Descriptive qualitative study; Narrative interviews; Content analysis	P: 6 mothers (25–35 y); infants GA 28–34 w. E: The infants were cared for at the NICU for at least one week.	Purposive sample	The content analysis resulted in five categories: 1) Being a mother without being prepared, 2) Being in a situation filled with anxiety, 3) Struggling to feel close to the infant, 4) Effects on family life, 5) Being able to handle the situation.

Lee et al ^[19] , Taiwan	Qualitative research, ground theory; In-depth interviews and participant observations; Comparison analysis	P: 26 mothers (22–36 y); infants GA 25–34 w, BW 530–1490 g E: The infants remained in NICU for periods of 32–120 days.	-	The paradigm model comprising: 1) Casual conditions 2) Context, 3) intervening conditions, 4) Action/interaction strategies, 5) Consequences.
Obeidat and Callister ^[20] , Jordan	Descriptive qualitative study; Individual open-ended interviews; Phenomenological method (Colaizzi's)	P: 20 Muslim mothers (25–42 y); Infants born before GA 28–34 w. E: The infants were hospitalized in NICU for at least one week.	-	Four main themes: 1) Feeling emotional instability 2) Living with challenges in observance, 3) Finding strength through spiritual beliefs, 4) trying to normalize life
Khoza and Ntswane-Lebang ^[21] , Africa	Descriptive qualitative study; Individual in-depth	P: 13 mothers (15–31 y) for at least one week.	-	Five major categories: 1) Emotions, 2) Subjective suffering 3) Support, 4) desperate wishes, 5) Expressed needs.

			interviews; Tesch's method of analyzing qualitative data	No data on infants provided		
Medina London	et al[22].	Interpretive qualitative research; In-depth, semi-structured interviews; Gadamer's hermeneutic phenomenology	P: 16 mothers (>18 y); infants mean GA 25.9 w. E: The infants were hospitalized in NICU for at least 30 days.	Convenience sampling	Two main themes: 1) negative emotional impact, 2) learning to be a mother.	

Table 2. Thematic Analysis

Author/year publication	of	1. The negative emotional impact on mother						2. Support		3. Barriers to parenting		4. Establishing loving relationships with their	
		1). Shock and unpreparedness	2). Fear and	3). Guilt	1). Support from	2). Support	3). Support from health						

			anxiety		religious spiritual beliefs	or from family members	professionals		baby
Lindberg and Öhrling ^[18] , Northern Sweden	✓								✓
Khoza and Ntswane-Lebang ^[21] , Africa	✓		✓						
Lee et al ^[19] , Taiwan	✓				✓	✓	✓	✓	✓
Malakouti et al ^[17] , Iran			✓	✓			✓	✓	
Obeidat and Callister ^[20] , Jordan			✓	✓	✓				✓
Medina et al ^[22] , London			✓	✓					✓

