

“I DIDN'T EXPECT HIM TO BE BORN EARLY “ - MATERNAL EXPERIENCE REGARDING HOSPITALIZATION IN THE NEONATAL INTENSIVE CARE UNIT*

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ABSTRACT: The aim was to understand the experience resulting from pregnancy interrupted by the premature birth of the baby requiring hospitalization in the Neonatal Unit. It is a phenomenological investigation with a Heideggerian framework, undertaken in December 2010 – May 2011, through interviews held with seven mothers whose children were hospitalized in the neonatal unit of a teaching hospital. In relation to the fact of having a pre-term baby who needed to be hospitalized, the women indicated pregnancy-related health problems which led to the premature birth, and want to understand what is happening. Furthermore, they continue to be frightened even when they are accustomed to their child's hospitalization. As a result, it is necessary to make possible a dialogic relationship and a relationship of support for the mothers so that they may develop strategies for re-establishing the bond with the baby and the care for the specific demands posed by prematurity.

DESCRIPTORS: Mothers; Premature; Neonatal intensive care units; Nursing.

“NÃO ESPERAVA QUE NASCESSE ANTES” - VIVÊNCIA MATERNA DIANTE DA INTERNAÇÃO NA UNIDADE DE TERAPIA INTENSIVA NEONATAL

RESUMO: Objetivou-se compreender a vivência decorrente da gestação interrompida pelo nascimento prematuro do bebê que necessita de internação em Unidade Neonatal. Investigação fenomenológica com referencial heideggeriano, realizada no período de dezembro de 2010 a maio de 2011, por meio de entrevista, com sete mães cujos filhos estavam internados na Unidade Neonatal de um hospital universitário. Diante do fato de ter um bebê pré-termo e que precisou ser internado, as mulheres indicam os problemas de saúde da gestação que levaram ao parto prematuro e querem entender o que está acontecendo. Além disso, permanecem assustadas mesmo que estejam habituadas com a internação do filho. Dessa forma, é necessário possibilitar uma relação dialógica e de apoio às mães, a fim de desenvolver estratégias para reestabelecer o vínculo com o bebê e o cuidado às demandas específicas da prematuridade.

DESCRIPTORIOS: Mães; Prematuro; Unidades de terapia intensiva neonatal; Enfermagem.

“NO ESPERABA QUE NACIERA ANTES” - VIVENCIA MATERNA DELANTE DE LA INTERNACIÓN EN LA UNIDAD DE TERAPIA INTENSIVA NEONATAL

RESUMEN: Fue finalidad de este estudio comprender la vivencia producida por la gestación interrumpida por el nacimiento prematuro del bebé que necesita de internación en Unidad Neonatal. Investigación fenomenológica con referencial heideggeriano, realizada en el periodo de diciembre de 2010 a mayo de 2011, por medio de entrevista, con siete madres cuyos hijos estaban internados en la Unidad Neonatal de un hospital universitario. Delante del hecho de tener un bebé prematuro y que necesitó ser internado, las mujeres apuntan los problemas de salud de la gestación que llevaron al parto prematuro y desean entender lo que está ocurriendo. Además de eso, permanecen asustadas mismo que estean habituadas con la internación del hijo. De esa forma, es necesario posibilitar una relación dialógica y de apoyo a las madres, a fin de desarrollar estrategias para restablecer el vínculo con el bebé y el cuidado a las demandas específicas de la prematuridad.

DESCRIPTORIOS: Madres; Prematuro; Unidades de terapia intensiva neonatal; Enfermería.

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INTRODUCTION

There are various causes for the hospitalization of new-borns (NB) in the Neonatal Intensive Care Unit (NICU), with prematurity being the most prevalent. Babies born prior to the 37th week of the pregnancy, regardless of their birthweight, are considered pre-term or premature new-borns (PNB), such that the lower the weight and gestational age, the greater is the possibility of hospitalization in a NICU⁽¹⁻²⁾.

The prevalence of premature pregnancies is associated with environmental and socio-economic factors, biological characteristics of the mother, the obstetric history, the conditions of the pregnancy, the characteristics of the fetus and the prenatal care⁽²⁻³⁾. In spite of these factors, on most occasions, hospitalization is necessary for the survival of the NB⁽⁴⁾.

The NB's condition of vulnerability can trigger a certain emotional destructuring in the family. Because of this, the birth of a premature child can bring worry, fear, distress and doubts relating to the child's life and prognosis, as well as to feelings of guilt on the part of the mother⁽⁵⁻⁶⁾.

The imaginary constructed prior to the baby's birth, in particular by the mother, becomes distorted due to the prematurity and to the need for the NB to remain in the NICU. The expectation that the child will be healthy and remain with the mother after the birth is undone in the light of the prematurity⁽⁶⁻⁷⁾.

During the period of hospitalization of the PNB, there is the presence of the maternal figure who experiences a time of weakness and facing adversities arising from the baby's premature birth and hospitalization in the NICU⁽⁶⁻⁹⁾. Thus, it is understood that understanding the phenomenon of experiencing accompanying a child during the hospitalization valorizes the subjectivity which shapes every being in her existentiality.

Such a study may broaden the view of the nursing professionals, who work in the greatest proximity to the PNB and to the mother during the hospitalization, regarding the effects which the hospitalization can bring into the life of the mothers and their children, and that they may have the possibility to implement actions which afford the comprehensiveness of the nursing care. Thus, they can contribute in the care for the mothers and their children, facilitating

the interaction between both and with the professionals themselves, providing support for this bond⁽¹⁰⁾.

As a result, the objective of this investigation was to understand the experience resulting from pregnancy interrupted by the premature birth of the baby requiring hospitalization in the NICU.

METHODOLOGY

This is a qualitative investigation, with a phenomenological approach and the theoretical methodological framework of Martin Heidegger⁽¹¹⁾. This approach seeks to reveal in the study object how it is in itself, it being necessary for the analysis to suspend the factual knowledge (what is known regarding the study object) in search of the understanding of the phenomenon.

The study's field stage was undertaken in the period December 2010 – May 2011, in a teaching hospital located in the Center-West region of the Brazilian state of *Río Grande do Sul* (RS). This is a specialist service for medium and high complexity care in the macro-region. The research scenario was the NICU, which has high and medium risk beds as well as isolation beds.

The participants, in accordance with the inclusion criteria, were the mothers of PNBs hospitalized in the NICU. The number of participants was not predetermined, given that the field stage developed concomitantly with the analysis showed the number of interviews necessary in order to respond to the research objective, indicating the sufficiency of meanings expressed in the mothers' accounts⁽¹²⁾, such that they totaled seven participants.

In order to produce the data, the phenomenological interview was held, which is developed with one encounter established on a single occasion between the researcher and each participant. This meeting was mediated by empathy and intersubjectivity, based on the reduction of presuppositions⁽¹³⁾. It required a phenomenological attitude of the researcher, to direct herself, intentionally, to the mothers' understanding.

During the meeting, it was necessary to pay attention to the ways that the mothers interviewed presented themselves; capturing what was said and not said verbally; observing the other forms

of discourse, namely, silence, gestures, reticences and pauses; and respecting the other's space and time. This position of openness of the researcher to the other made it possible to progressively improve the conduct of the interview, so as to allow the phenomenon to emerge in each one of the interviews⁽¹³⁾.

Throughout the interview, the researcher formulated empathetic questions, so as to avoid inducing responses, emphasizing issues expressed by the mothers themselves, which needed to be deepened for better understanding of the possible meanings indicated. To finish the interview, feedback was provided, asking whether the mother would like to add something, and thanking her for her willingness to engage in the meeting⁽¹⁴⁾.

The accounts were recorded following consent, and the transcription of the interviews occurred in accordance with the original accounts, with the silences and the bodily expressions observed during the meeting being indicated. The interviews were coded with the letter M for Mother, followed by the numbers 1 to 7.

The participants in the investigation were characterized in relation to age, marital status, educational level and number of children, these data not being an object of analysis.

The Heideggerian analysis was undertaken at two points of analysis: comprehensive and interpretive⁽¹¹⁾. The first consisted of suspending presuppositions, and undertaking the attentive listening to and reading of the interview with a view to understanding the study object. For this, categories were not created which were predetermined by the theoretical/practical knowledge. The essential structures (words or phrases which manifest the same meaning) were highlighted in the transcriptions. These were excerpted and inserted in a table in order to give continuity to analysis. Based on this, the units of meaning and the phenomenological discourse were constituted, namely: 1) Having some health problem in the pregnancy which caused the baby to be born early; 2) Being frightened and wanting to know the baby's health situation and what is happening; 3) In the beginning it is difficult, but afterwards the fright goes away, one becomes accustomed and calms down.

The units of meaning were the leitmotif of the second point in the analysis, termed interpretive, which consists of the understanding of the

meanings which emerged from the meanings expressed by the mothers⁽¹¹⁾. This presupposition entails not comparing the investigation's results with the scientific literature (factual knowledge), and indicates undertaking the interpretation in the light of the philosophy of Martin Heidegger.

The research project, approved on 11/09/2010 by the Ethics Committee (CEP-UFSM/RS) under process number 23081.016681/2010-51, complied with the principles of: voluntariness, anonymity, confidentiality of the research information, justice, fairness, reduction of the risks and strengthening of the benefits, safeguarding their physical-mental-social integrity from temporary or permanent harm. The terms of consent were signed by the mothers who accepted to participate in the study.

RESULTS

According to the characterization of the mothers, these were aged between 21 and 36 years old, and 71% (n=5) of them were married. In relation to educational level, the majority (71%, n=5) were undertaking or had concluded senior high school and had two or more children (71%, n=5).

Based on the accounts, the mother describes having some health problem in the pregnancy which caused the baby to be born before the expected time, that she had health problems such as placental abruption or high blood pressure during the pregnancy, that her waters broke too early, she lost liquid, felt a lot of pain and remained at rest trying to hold in the baby, but was not able to. She did not expect the baby to be born early, but, when she saw, he was born.

I came here because I was in great pain, I spent the whole night resting without getting up for anything, trying to hold him back but it was no use [...] he was born. (M4)

[...] I didn't expect her to be born at five months, for me there was no pain or anything, but the waters broke and when I saw, she was born [...] She wasn't born healthy but she was born alive. (M5)

They [the twins] were born at 8 months [...] because I had placental abruption. (M6)

[...] *I had my baby at 8 months, 35 weeks and 2 days, there was a problem with high blood pressure in my pregnancy, I had to control it [...] when I went to the doctor, I didn't know I was going to have [child's name] [...] they induced the birth [...] and I had him.* (M7)

The mother reports that she became frightened and wants to know the baby's health situation and wants to know what is happening in the NICU. Normally, she asks questions to clear away her doubts; even though she is afraid of the answers, she receives an explanation.

I arrive here sometimes and the doctors say that they have to do something, I get frightened straightaway [...] And I want to know the reason, why, how. (M1)

[...] *We are scared of asking the doctor to explain directly what is happening, there is a certain fear about hearing the answer.* (M2)

The pediatrician said that everything was well, that he had a bit of difficulty breathing [in the hospitalization] [...] she [the doctor] was explaining things to me just now. (M4)

We come here to clear up a doubt and leave with an answer, we never leave with a question mark in our heads [...] she [the doctor] explained the situation to us clearly, and we leave here aware. (M6)

The mother expresses feeling worried with the baby's situation and that she is scared, and cries all the time. In the beginning it is difficult, but later the fear passes, the mother becomes accustomed and calms down. She perceives that the baby is better, but that at any moment the baby's condition can worsen, so it continues to be difficult, as she remains frightened.

[...] *We get really worried [...] I thought that she would never leave, but afterwards we calmed down. [...] Any little thing terrifies me [...] I get frightened over everything.* (M1)

[...] *I just want to cry, but I try as hard as I can to keep my head, to try to think about tomorrow,*

to see if calming down passes calm to him, that there are times that it is so painful and you have to cry, it's like that nearly every day. (M2)

I am not so frightened, I think that everything will be okay. (M3)

Now, I only cry sometimes. In the first week I cried all the time, I couldn't even manage to come here [...] But the fright has gone [...] You get accustomed to the people, if the baby doesn't give you any frights [...] But it is really frightening in here! (M4)

[...] *I was terrified [...] After, I calmed down [...] It is very difficult for me, very difficult [...] I no longer want to have more children.* (M7)

DISCUSSION

In speaking about the routine of having a premature child hospitalized in the NICU, the mother shows herself as an "I" in her existing. In presenting herself in this way, she reveals herself as being-mother-of-PNB. In showing herself as "I", she takes the place of protagonist of her experiences, saying that it is she herself: in how she (re)cognizes herself, how she relates and how she behaves.

Being-there, "what I always am" indicates "an I and not another"⁽¹¹⁾. The "I", which reveals itself to be present (-there), behaves in different ways in its existing. In this regard, the presence, in the multiplicity of ways of being, continuously indicates the happening of the history experienced by each being.

The being was determined by Heidegger as presence. It is in the presence that the man constructs his way of being, his history and his existence. The essence of the man resides in his existence⁽¹¹⁾. As presence, the being-mother-of-PNB shows herself in the different modes of being in her routine. These modes of being are constitutive characteristics of her existing, being mother of a baby which is premature and is hospitalized in the NICU.

The mothers reported not expecting the baby to be born early, but, when they saw, he was born. They describe it as a fact that one has

to live with. It is possible to understand that the being-mother-of-PNB is an experience of double-facticity, seeing under different conditions: in the permanent character of having given birth prematurely and in the transitory character of being hospitalized in the NICU. The being-mother-of-PNB cannot escape from either fact, they are situations placed in her routine.

That from which one cannot return reveals the character of being placed in a fact which imposes a condition of remaining in a certain situation. This fact, in which there was no choice, belongs to the facticity of the presence⁽¹¹⁾. The facticity is in the fact that the baby was born early due to a health problem in the pregnancy which determined the prematurity and in the fact of its clinical condition requiring hospitalization in a NICU.

In the light of this double facticity, the mothers describe a relationship between the problems of the pregnancy, the prematurity of the baby, and the interaction in the NICU; and express what they feel and how they signify these facts. Thus, the being-mother-of-PNB is shown in a transitoriness experienced routinely, that is, from being a pregnant woman to being the mother of a premature baby who, at this time, needs to be in NICU in the expectation of being discharged to go home to be with her family. This transitoriness expresses that the being of the human is actualized as "being-discoverer"; and is in the continuous of coming-to-be⁽¹¹⁾.

In the movement of existing-being, the being overcomes the immobilism, in conserving what has passed (past), understanding what is (present) and moving forward (future). This indicates the ontological constitution of the actual happening of the presence⁽¹¹⁾, that is, the historicity of each being. This coming-to-be happens continuously in the routine, at this time, in being together with the child in the NICU.

This is the space in which the being-mother-of-PNB is discovering herself, acquiring experiences and learning. Therefore, the presence, that is, the way in which the being shows herself in the routine, occurs in a spaciality: in the world – the NICU. Thus, it indicates the way of being-in-the-world, which is constituted as a basic way for the human being to exist, considering the multiple ways in which they live and can live, and how they relate to things and persons⁽¹¹⁾.

This spaciality indicates the context in which a presence actually lives; it being the case that she is not only in a world, but also relates with the world. The relating is essential for the constitution of the world, as this does not correspond to a geometrical structure already given, in which the being is located. Being-in-the-world designates an articulated totality, as there is no world without being, as there is also no being without world⁽¹¹⁾.

The mothers talk of themselves and of the facts: the pregnancy, the causes of the premature birth, the birth of the baby and the hospitalization in the NICU. Thus, it is possible to understand that, in its existing, the presence already has an interpretation of itself and of the facts, inherited from tradition, that is, from the knowledge which is in place and which it shares in the routine mediated by the relationships. The being-mother-of-PNB knows about pregnancy, through the experience of coexisting with other women in the gravidic-puerperal cycle, or through experiences of previous pregnancies, as well as already having heard people speaking about babies who were born premature and about the NICU. This previous interpretation of the facts opens up to her and regulates the possibilities of her existing-being.

The mothers describe the health problems to understand how they arrived in the condition of having a premature baby. They use a language with scientific terms, repeating what was said to them regarding the causes of the premature birth. Thus, the being-mother-of-PNB shows herself in the way of being of the prattling⁽¹¹⁾. Through the need to maintain herself in the world, she repeats what she heard people saying and processes the information forward without really understanding what happened. What really should be understood remains at the bottom, undetermined and unquestioned.

Prattling is the language in which it seems that the being understood everything, without having previously appropriated the thing⁽¹¹⁾. The things are thus as they are because it is in this way that people speak of them (impersonally), revealing the authoritarian character of the speech.

The mothers mention that, due to the prematurity, the babies needed to be hospitalized in the NICU. In the light of these facts, they tried to understand what is happening, and because of this ask questions and want to know everything. Thus, the being-mother-of-PNB maintains herself

in the mode of being of curiosity⁽¹¹⁾. She occupies herself in accessing a knowledge in order to simply make herself aware of the things, not in order to understand them.

Curiosity seeks the new, is not to do with learning, nor with being through the knowledge but rather with the possibility of abandoning oneself to the impersonal in the world, in a concern in the light of the new and the changes of that which comes to meet one.

Due to the need to understand how they arrived in the condition of being-mother-of-PNB, they maintain themselves in the prattling, and in order to know of the situation of the baby, they maintain themselves in the curiosity. The curiosity which misses nothing and the prattling which understands everything give to the presence a guarantee of a life full of life which is supposedly authentic⁽¹¹⁾. These two routine ways of being (prattling and curiosity) are not simply one next to the other in their tendency of impersonality, but one mode drags the other with it.

The mothers mention that in the beginning it is difficult, but that with time they become accustomed and finally become calm. They perceive that the baby is better, although that she can worsen at any time, so they remain frightened. They seem to have understood everything, but when, at the bottom, they did not understand what is happening with them and with the PNB. Thus, the being-mother-of-PNB maintains herself in the mode of being of ambiguity⁽¹¹⁾.

The ambiguity is a possibility of every presence, as all know and discuss what occurs and already know how to talk about what will occur and what must be done⁽¹¹⁾. The being-mother-of-PNB seems to have captured, discussed and understood everything about her baby who is in the ITU, when, at bottom, she has not understood.

This ambiguity offers the curiosity which she seeks and the prattling, the appearance that everything is decided in her. The prattling, the curiosity and the ambiguity characterize the fundamental mode of being of the routineness, the decadence⁽¹¹⁾. This existential meaning does not express any negative evaluation, but indicates how the presence, on most occasions and nearly always, is shown in the routine: impersonally. Declining in the impersonality indicates the effort in the coexistence, in which the being is maintained as all are and want it to be, and does not reveal how it itself is in its uniqueness.

The presence itself prepares for itself the constant temptation of declining. The public interpretation maintains the presence held in its decadence. The being-in-the-world of the decadence is, in itself, both tempting and calming. This tranquility does not lead to inertia and to inactivity. The decadence moves the presence to an alienation which covers its deepest self. The alienation closes the possibilities of the being-itself, and causes the presence to be imprisoned in the impersonality⁽¹¹⁾.

Thus, the being-mother-of-PNB, in the light of the newness of the premature birth and hospitalization in the NICU, maintains herself in the impersonal mode of showing herself as all the mothers in the routine: imprisoned in the prattling of the information, curious to know what is happening with the baby and in the ambiguity of thinking that they have understood everything, when in truth they do not authentically understand what they are experiencing.

FINAL CONSIDERATIONS

For the mother, who experienced the pregnancy interrupted by the premature birth of the baby who needs hospitalization in the NICU, double facticity was shown. In the light of this, they want to understand what is happening, repeat the information received from the professionals, and seemed to have understood everything, when in reality they have not appropriated the knowledge. Thus, they maintain themselves imprisoned in the prattling, curious, and in the ambiguity, this being the interpretation possible in the light of the framework of Martin Heidegger.

This understanding points to the need to ally the assistance to the PNB with the care given to the family, in particular to the mothers. Bringing together the biological and clinical dimension, essential for the survival of the PNB, with the subjective and social dimension of the care provided to the mother/child/family triad.

This care by professionals has the intention to allow the being-mother an existential movement of impersonality, for the possibility of discovering herself in her uniqueness and showing herself as herself in the light of her strengths and limitations. For this, she needs to be supported by the professionals and other family members, through

a shared dialogic relationship, collaborating such that they may understand the situation which she is passing through, and develop strategies for re-establishing the bond with the baby and skills for care given the specific demands of prematurity.

As a limitation of the study, one can indicate the time of the interview in a high complexity environment in which all the attention is directed towards the NB. In this regard, there is a need for investigations which broaden and deepen the networks of support for these women and also the perception which the professionals have regarding these mothers, such that it may be possible to establish not only links between the mother and the baby, but also with the professional.

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