

ORIGINAL ARTICLE

MOTHERS' EXPERIENCES IN CARING FOR PREMATURE NEWBORN IN THE KANGAROO METHOD

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ABSTRACT

Objective: to describe mothers' experiences in caring for the premature newborn in the kangaroo method.

Method: exploratory descriptive study, of qualitative nature, carried out in a public maternity hospital in Teresina-PI, northeast region of Brazil. Data collection, with mothers between 18 and 45 years old, took place in August and September 2018. The data were analyzed by the Collective Subject Discourse.

Results: the mothers' reports established five central ideas: Care of mothers with the newborn in the kangaroo method; Kangaroo Method: benefits for the baby; Facilities experienced by mothers in the kangaroo method; Difficulties in the kangaroo method experienced by mothers; The relationship of the mother/child bond in the kangaroo method.

Conclusion: the experience in the kangaroo method enables the construction of the affective bond, favors the baby's growth and development, provides confidence and autonomy to the mother in the consolidation of care. However, mothers pointed out difficulties related to the care of the newborn.


DESCRIPTORS: Child Care; Infant, Premature; Mothers; Kangaroo-Mother Care Method; Nursing.

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EXPERIÊNCIAS DAS MÃES NO CUIDADO AO RECÉM-NASCIDO PREMATURO NO MÉTODO CANGURU

RESUMO

Objetivo: descrever experiências das mães no cuidado ao recém-nascido prematuro no método canguru.

Método: estudo descritivo exploratório, de natureza qualitativa, realizado em uma maternidade pública de Teresina-PI, região nordeste do Brasil. A coleta, com mães entre 18 e 45 anos, ocorreu em agosto e setembro de 2018. Os dados foram analisados pelo Discurso do Sujeito Coletivo.

Resultados: os relatos das mães deram origem a cinco ideias centrais: Cuidados das mães com o recém-nascido no método canguru; Método Canguru: benefícios para o bebê; Facilidades vivenciadas pelas mães no método canguru; Dificuldades no método canguru vivenciadas pelas mães; A relação do vínculo afetivo mãe/filho no método canguru.

Conclusão: a vivência no método canguru possibilita a construção do vínculo afetivo, favorece o crescimento e desenvolvimento do bebê, proporciona segurança e autonomia à mãe na consolidação do cuidado. No entanto, as mães apontaram dificuldades relacionadas aos cuidados com o recém-nascido.

DESCRITORES: Cuidado da Criança; Recém-Nascido Prematuro; Mães; Método Canguru; Enfermagem.

EXPERIENCIA DE MADRES EN EL CUIDADO DE RECIÉN NACIDOS PREMATUROS UTILIZANDO EL MÉTODO CANGURO

RESUMEN:

Objetivo: describir experiencias de las madres en el cuidado de sus hijos recién nacidos prematuros con el método madre canguro.

Método: estudio descriptivo exploratorio, de enfoque cualitativo, realizado en una maternidad pública de Teresina, PI, región nordeste de Brasil. La recolección de datos, con madres de 18 a 45 años, se llevó a cabo entre agosto y septiembre de 2018. El análisis de datos se realizó a la luz del Discurso del Sujeto Colectivo.

Resultados: los testimonios de las madres dieron origen a cinco ideas centrales: Cuidados de las madres con sus hijo recién nacido bajo el método canguro; Método Madre Canguro: beneficios para el bebé; Facilidades que advierten las madres en el uso del método canguro; Dificultades que experimentan las madres en el método canguro; Dificultades que atraviesan las madres en el método canguro; La relación madre/hijo en el método canguro.

Conclusión: la experiencia del método madre canguro permite la construcción de un vínculo afectivo, favorece el crecimiento y el desarrollo del bebé y transmite seguridad a la madre en la consolidación del cuidado. Sin embargo, las madres señalaron dificultades vinculadas a los cuidados del recién nacido.

DESCRIPTORES: Cuidado del Niño; Recién Nacido Prematuro; Madres; Método Madre Canguro; Enfermería.

INTRODUCTION

Parental participation in the care of premature babies is of essential importance for the child's growth and development, requiring guidance for health promotion activities, allowing parents and family to build collective knowledge about newborn care⁽¹⁾.

The care for the premature newborn provides the construction of maternal autonomy in face of the daily care of this newborn (NB) that is attributed to them, such as bathing, hygiene of the umbilical cord, changing diapers. This progressive process of closeness gives the mother greater confidence, making her feeling capable of exercising maternal care. In this sense, the guidelines of nursing professionals regarding the care of the NB are necessary and must be repeated several times so that they are put into practice, until the moment when the mother feels safe to perform care, despite the apparent fragility of the newborn⁽²⁾.

Prematurity is a public health problem and a determining factor for infant mortality, in addition to the fact that low birth itself is a relevant factor to the causes of infant death⁽³⁾. Currently, neonatal mortality has been responsible for approximately 70% of deaths in the first year of life, and in this context, adequate care for the newborn has been the great challenge to reduce these mortality rates in Brazil⁽⁴⁾.

As a plan to improve the care provided to low birth weight newborns, the Ministry of Health standardized, through Ordinance n. 1,683 of July 12th, 2007, Humanized Care for Low Weight Newborns, establishing a model of care called the Kangaroo Method (MC)⁽⁵⁾. This method consists of a model of care aimed at qualification and humanization, which involves the participation of parents and family in neonatal care, keeps skin-to-skin contact between the mother and her baby, strengthens family bonds, favors breastfeeding, baby's growth and development⁽⁶⁾. MC has been a reality in care models in Brazil and worldwide, showing that its use has a positive impact on reducing the morbidity and mortality of low birth weight newborns⁽⁷⁾.

The integral assistance of the Nursing team is essential in the activities carried out in the MC. With the provision of humanized care and the effective participation of family members in this process, the provision of services by the Nursing team establishes a relationship of trust between caregivers and patients, which implies strengthening actions in the recovery of the baby and in the excellence of care⁽⁸⁾. Thus, this study aimed to describe the mothers' experiences in caring for premature newborns in the MC.

METHOD

This is an exploratory descriptive study, of qualitative nature. In descriptive research, the facts are observed, recorded, analyzed, classified and interpreted, the phenomena of the physical and human world are studied without the researcher's interference⁽⁹⁾.

The research was carried out in a public maternity of reference for high complexity in women's health, in the city of Teresina-PI, a northeastern region of Brazil. It has a total of 248 obstetric beds and 167 neonatal beds, with an average of 1200 hospitalizations per month, and of these, 900 are deliveries⁽¹⁰⁾.

A total of 20 mothers who met the following inclusion criteria participated in the study: belonging in the age group between 18 and 45 years old, having had a premature birth, having the NB hospitalized for more than 7 days and using the kangaroo method. Adolescent mothers, mothers with newborns undergoing phototherapy, and mothers who had experiences with another child using the kangaroo method were excluded.

Data collection took place from August to September 2018. For a better data

collection performance, first, all participants received oral and written information about the research. Then, to those who freely accepted to participate in the research, a semi-structured individual interview script was applied, with two parts, the first with participants' characterization data and the second with data related to the theme.

The participants were identified by crescent ordinal numbers, with the addition of the letter D. The interviews were conducted in a quiet and reserved place on the maternity ward, with only the presence of the participant and the researcher, had an average duration of 20 minutes and were recorded with a digital recorder.

The interviews were transcribed in full and the speeches were analyzed through the Collective Subject Discourse (CSD), which consists of a qualitative way of representing the thinking of a collective, adding in a synthesis discourse the discursive contents of similar meaning emitted by different people⁽¹¹⁾.

The research followed the ethical and legal aspects, as determined in Resolution n. 466/12 of the National Health Council⁽¹²⁾. Participants were informed about the research and included in the study after accepting and signing the Informed Consent Form.

The project was authorized by the research co-participant institution and approved by the Ethics and Research Committee of the Centro Universitário Uninovafapi, opinion n. 2,741,753.

RESULTS

A total of 20 mothers who experienced the kangaroo method during their children's hospitalization at the Kangaroo Intermediate Care Unit participated in this study. The mothers' age ranged between 18 and 40 years. Regarding education, four (20%) had completed higher education, 11 (55%) had completed high school, three (15%) with incomplete high school and two (10%) with incomplete elementary school. As for marital status, seven (35%) were married, four (20%) single, and nine (45%) in a domestic partnership. Regarding the number of previous pregnancies, 12 (60%) interviewed mothers reported that it was their first pregnancy.

When considering the study object, after reading the interviews and analyzing the individual response of the participants, the key expressions (K-EX) that correspond to the central ideas (CI) were selected, allowing the synthesis discourse. The K-EX were presented in the form of the collective subject discourse (CSD). The mothers' testimonies were organized into five CIs: Care of mothers with the newborn in the kangaroo method; Kangaroo Method: benefits for the baby; Facilities experienced by mothers in the kangaroo method; Difficulties in the kangaroo method experienced by mothers; The relationship of the mother/child bond in the kangaroo method. Each CI resulted in a DSC.

The first central idea - Care of mothers with the newborn in the Kangaroo Method

The key expressions were: Care with feeding and breastfeeding, Maintenance of temperature, Care with hygiene and bathing. Collective Subject Speech:

The care that I have, is that I have to feed the baby every two hours, then in my case I have to do the milking and I give it through the tube, because she cannot really suck. To maintain the temperature, I keep him well dressed, with lots of warm clothes, and when I put him in the crib, I cover him well. I'm starting to give him the milk in the cup. When I breastfeed, I take him out of the kangaroo, then I put him on my chest, and I breastfeed, when he finishes suckling, I take him back to the kangaroo. I just change the diapers, as she still doesn't suck, I do the milking, and give it to her, through the tube, but at the same time I stimulate her, training her to suck the milk. I know how to take care of him properly,

his hygiene, I bathed him today, then change the clothes, the diaper, you know, when he pees and poops too, everything is fine. To do her hygiene, we use the wet wipes, to clean, because usually all the time, she is peeing and pooping. (D20; D06; D03; D05; D18; D02; D17; D13; D12)

The second central idea - Kangaroo method: benefits for the baby

The key expressions were: Immune benefit, Weight gain, Temperature control, More affection. Collective Subject Speech:

We spend the day, giving priority to being with them in the kangaroo method, to be closer to us, it was explained to us that this contact has several benefits for the child, starting from the immunological one. I try to spend as much time as possible with him close to me, skin to skin, for us to get more affection out here, for him to gain weight, it is very important. At first, his temperature was low, so I put it here in the kangaroo, it's normal. I try to stay as long as possible with her in the kangaroo method because there are many benefits for her, it helps in her temperature, if I have nothing to do, that I would need to take her off me, she stays with me as long as possible. (D01; D03; D15; D02; D04; D10; D18; D09)

The third central idea - Facilities experienced by mothers in the kangaroo method

The key expressions were: Learning a little, feeding through the tube, guidelines for care. Collective Subject Discourse

I found it easy, because we learn a little bit, then when we learn to have that little extra experience, everything becomes easier. I'm finding it easy to feed him because he's on the probe. The nursing team comes here and explains how the care is, I already learned a lot! They guided me, explained how to put him on the kangaroo, the professionals are always here with us, if there is a need, we can call someone. He can be in the kangaroo and we can do other things, like making the bed, you can do several things. (D05; D01; D07; D13; D14; D09; D11; D12; D16)

The fourth central idea - Difficulties in the kangaroo method experienced by mothers

The key expressions were: Breastfeeding and feeding, Bath time, Fear of picking the baby up, Physical and psychological wear. Collective subject discourse

The difficulty I have is about breastfeeding him, not in the breast, right, but because it is in the cup. To feed in the probe, it is difficult because he often chokes, then pulls the probe. The greatest difficulty is to breastfeed, because she does not know how to suck the breast. I have a harder time bathing, because I don't know how to bathe. We are afraid when putting the diaper on, the clothes, fear of hurting the child. At first it was difficult for me to do things, the fear of picking her up, of making mistakes, and the nurses helped me well, I managed. The fear of dealing with the situation, so little, a premature baby, which requires a lot of care, we are afraid that we will not be able to, and there is the tension of our psychological, you get very psychological, you get are very anxious. (D19; D07; D14; D16; D08; D01; D20)

The fifth central idea - The relationship of the mother/child bond in the kangaroo method

The key expressions were: I give affection, kisses, talk and sing songs, This bond is very good, An unconditional love, An indescribable sensation. Collective Subject Speech:

I talk to her when she's crying, I give affection, kisses, I calm her down by talking, I sing a little song. When he is angry, when I say "daddy", I think he already knows my voice, don't

you? Then I say "daddy", what is the matter "daddy", you too little. This bond between the two of us is very good. It is a very good affection, because it is an experience that I have never had. It is unconditional love, I cherish it too much. It's affection, it's too much love. Our affective bond is wonderful, it is an indescribable sensation. I have to say, right, that a mother's love has no limit, and then I have a lot of patience, which is what we must have the most. (D04; D06; D10; D11; D12; D13; D14; D15; D16; D17)

DISCUSSION

As exposed in the CSD of the first central idea, mothers express in their speeches their daily experience in caring for their child in the MC, with the mother taking care of food, breastfeeding, temperature, hygiene. In the MC, breastfeeding is encouraged to support the baby's weight gain, due to the nutritional benefits and to the healthy growth and development of the newborn, in addition to the active and autonomous participation of mothers in carrying out their child's daily care^(1,13).

During hospitalization of the newborn in the kangaroo method, mothers gradually acquire the specific knowledge to care for the baby, strengthening the mother/child relationship and the autonomy to care for the newborn, from changing the diaper, performing the bathing, feeding through the tube and cup, adequate positioning for breastfeeding and sleeping^(14,15).

In the DSC of the second central idea, mothers express that the method provides continuous skin-to-skin contact, favors weight gain, establishes an affective bond and the baby's temperature control. This method allows skin-to-skin contact between mother and child, passes on kindness and affection, provides the preterm's feeding, creating conditions for strengthening and establishing the bond through the mother's physical and psychological contact^(16,17).

Mothers consider skin-to-skin contact for their premature babies to be essential, highlighting that the most important elements of MC are the supply of natural heat for the baby, the support of breastfeeding, the support of weight gain and the increase of maternal bonding child⁽¹⁸⁾.

The experience of mothers in the MC intensifies the care of this baby continuously. Mothers learn a lot, so much so that they notice changes in the baby's breathing, sleep and temperature, recognizing the method as the best way for the newborn to recover and gain weight⁽¹⁹⁾.

In the Collective Subject Discourse of the third central idea, mothers positively report in the speeches the facilities in caring for their child and point out as an ally in the MC the frequent presence of the Nursing team developing activities of guidance and assistance in baby care. The team acts directly in the development of the mother's confidence in times of doubt, guiding mothers in carrying out baby care. Thus, it is highlighted that the training of the team and the awareness contribute to quality care, with a view to these women as subjects participating in this process⁽²⁰⁾.

The work of the nursing team contributes to the care of the NB submitted to the MC and is based on care actions that include guidance on aspects related to the newborn's proper position to the Kangaroo Position, skin care and hygiene of the NB and respiratory changes as a warning sign⁽²¹⁾.

The information provided by professionals about NB care, in a clear and simple language, facilitates the care process. This interaction between professionals and mothers allows them to remain in the method, as they develop feelings of certainty, tranquility and self-confidence to care for the newborn⁽²²⁾.

In the DSC of the fourth central idea, mothers presented difficulty as difficulties in the MC the breastfeeding, feeding, bathing, changing diapers, handling the baby, tiredness. The mothers' feeling of insecurity and concern is caused by the baby's difficulty in breastfeeding, and emphasize that the mother/child binomial needs time for breastfeeding to be effective. It is noteworthy that this situation is variable and depends on several factors. This insecurity related to breastfeeding, feeding, bathing, increases due to the prematurity of babies, because it is a new experience, because they do not have the necessary skills to care for the premature baby, considering they are very small and fragile^(14,23,24).

The daily routine of demands for the mother due to baby care, the distance from home experience and the long stay in the hospital environment makes the baby's hospitalization period stressful sometimes, which results in the mother's physical and emotional exhaustion⁽²⁵⁻²⁶⁾.

The experiences of mothers in the Kangaroo Method are surrounded by fear, insecurity and doubts, however, it is highlighted the overcoming of these difficulties through the welcoming of the team, humanized assistance and involvement in the basic care guidelines provided to the baby. The nursing professional is the one who has the most direct contact with the mother/child, and in this interaction, it is noticed that mothers feel anxious about being discharged, insecure in relation to baby care, often missing her other children, among other responsibilities outside the hospital. In this context, these professionals use strategies as measures to support the mother, through welcoming, guidance, teamwork and empathy^(27,28).

As explained in the DSC of the fifth CI, mothers express that the MC provides an emotional bond with the child, and the speeches reveal maternal love allowing an effective approach in care.

The MC is a natural method that does not use any technical resources to bring the mother and child closer together. It uses the approach to improve the baby's condition, stimulating the affective bond through the exchange of affection and protection, and emphasizes that the family has an important role in affective interaction. The MC favors the baby's weight gain, there is a stimulus for the development of premature babies and early hospital discharge^(8,29).

The establishment of the affective bond between the mother and the child is considered a relevant factor, and in this sense the understanding of the baby's non-verbal language, offering affection, touch, human warmth, are essential for the baby's physical and psycho-affective development. During the entire process of the MC, the mother wants to be present in the care of her child, whether by a simple touch, affection, even the act of breastfeeding, putting to sleep, bathing, calming the crying, these are moments that enable a process confidence in care^(17,30).

Although the study was carried out with ease and availability by the participating mothers, we highlight as difficulties the resistance of other mothers who did not accept to participate in the research, as well as the little availability of current articles in virtual libraries on the subject. The difficulties found, however, did not impair the achievement of the proposed objective, and gave us the opportunity to acquire experiences and learning from the mothers who lived in the Kangaroo Unit.

FINAL CONSIDERATIONS

It was possible to verify that the speeches of the participants express that in the kangaroo method experiences are acquired in the performance of continuous care to the NB, which allows a greater bond between mother and child and the mother's autonomy in the care process.

From the speeches, it is clear that mothers recognize that this method brings benefits to their baby, such as improving the immune system, affective bonding, weight gain and temperature control. And they point out as facilities: the guidelines received for the learning and operationalization of the MC, adaptation of the method through the continuous experience of care, optimizing their time.

However, the mother's speeches also express difficulties in care during their child's hospitalization in the MC, such as: feeding, hygiene, handling of the baby, physical and emotional tiredness. These difficulties emerge as challenges in the care process, emphasizing that overcoming is made possible through the guidance and welcoming of health professionals, especially the nursing team. These are in direct contact with the mother/child binomial, highlighting that health education is an important activity of the nursing professional.

It is hoped that the results of the study may contribute to the strengthening of new research in this field, whose theme is indispensable and needs more attention from the scientific field, being important for the dissemination of the method, contributing to humanized practices in the Kangaroo method and enabling reflection in the methodology of care of the Nursing team to the mother/child binomial.

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