MEANINGS OF PREMATURENESS FOR MOTHERS OF NEWBORNS ADMITTED TO A NEONATAL INTENSIVE CARE UNIT

SIGNIFICADOS DA PREMATURIDADE PARA MÃES DE BEBÊS INTERNADOS EM UNIDADE DE TERAPIA INTENSIVA NEONATAL

SIGNIFICADOS DE LA PREMATURIDAD PARA LAS MADRES DE RECIÉN NACIDOS INTERNADOS EN UNA UNIDAD DE CUIDADOS INTENSIVOS NEONATALES

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ABSTRACT

Objective: to know the meaning of prematurity for mothers of newborns admitted to a teaching hospital. Method: descriptive, exploratory study using a qualitative approach with three mothers of newborns admitted to a teaching hospital. Data collection was carried out in November 2010 through a semistructured interview. The technique of content analysis with a thematic mode was used for the analysis following the steps ordering, sorting, and analysis. The project of the research was approved by the Research Ethics Committee, Protocol 100/2010. Results: the mothers perceived their children as unfinished, causing feelings of insecurity, fear, and doubt, which were softened as they acquired confidence in the health team. They understood the outcome “premature childbirth” as a result of the cause-and-effect relationship. They affirmed that care provided in an intensive care unit would provide the rehabilitation of newborns for the family life. Conclusion: it was observed that professionals should work together with the mothers to avoid the stigmatization of premature newborns as unfinished children. Descriptors: Premature; Intensive Care Units; Mother-Child Relationships.

RESUMO

Objetivo: conhecer o significado da prematuridade para as mães de bebês internados em um hospital de ensino. Método: estudo exploratório e descritivo, de abordagem qualitativa, com três mães de bebês internados em um hospital de ensino. A produção de dados ocorreu em novembro de 2010 por meio de entrevista semiestruturada. Para a análise, empregou-se a técnica de análise de conteúdo na modalidade análise temática, seguindo as etapas de ordenação, classificação e análise. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, Protocolo 100/2010. Resultados: as mães percebiam seus filhos como inacabados, acarretando sentimentos de insegurança, medos e dúvidas, amenizados conforme adquiriam confiança na equipe de saúde. Compreendiam o desfecho “parto prematuro” sob a relação de causa e efeito. Expressaram que o cuidado em unidade de tratamento intensivo propiciaria a reabilitação dos bebês para o convívio familiar. Conclusão: evidenciou-se a necessidade dos profissionais trabalharem com as mães para evitar a estigmatização do prematuro como criança inacabada. Descritores: Prematuro; Unidades de Terapia Intensiva; Relações Mãe-Filho.

RESUMEN

Objeto: conocer el significado de la prematuridad para las madres de los recién nacidos internados en un hospital de cuidados neonatales. Método: estudio exploratorio y descritivo con enfoque cualitativo llevado a cabo con tres madres de recién nacidos internados en un hospital docente. La recolección de datos se llevó a cabo en noviembre de 2010 a través de entrevista semiestructurada. Para el análisis se utilizó la técnica de análisis de contenido con la modalidad de análisis temático siguiendo los pasos de ordenamiento, clasificación y análisis. El proyecto de la investigación fue aprobado por el Comité de Ética de la Investigación, Protocolo 100/2010. Resultados: las madres percibían a sus hijos como inacabados, provocando sentimientos de inseguridad, temor y duda, que fueron amenizados al ir adquiriendo confianza en el equipo de salud. Entendían el parto prematuro como resultado de la relación de causa-efecto. Expresaron que la atención en la unidad de cuidados intensivos proporcionaría la rehabilitación de los recién nacidos para la convivencia familiar. Conclusión: se evidenció la necesidad de que los profesionales trabajen con las madres para evitar la estigmatización del recién nacido prematuro como un bebé inacabado. Descriptores: Prematuro; Unidades de Cuidados Intensivos; Relaciones Madre-Hijo.

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INTRODUCTION

For society, the family is one of the most important and expressive social entities, which is even among the most researched, because it is directly related to the creation of beliefs and values that have contributed to the development of the family members. There are many definitions and conceptions of family due to some factors, such as differences in values and culture, moral and/or legal aspects of social policies, and the family tradition. Thus, there are several types of families in society, such as nuclear, single-parent, and extended families.

The period of conception and formation of children is one of the most common situations experienced by families, because it is understood as an important stage in the formation of the family context. At that stage, the family undergoes adaptations and maternal and paternal feelings emerge from specificities established by the parents. These feelings arise along with the changes that occur in the mother's body during pregnancy.

The gestational period is understood as a physiological and natural event. However, it causes a series of physiological and emotional changes that influence women's bodies, the family context, and the interpersonal relationships. The relationship between the mother and the child starts to be consolidated in the prenatal period, within an intimacy in which those involved do not know each other. This fact provides affinity structured in expectations, consolidating the imaginary baby's figure.

Premature childbirth occurs between the 20th and 37th week of pregnancy and it is associated with various circumstances and adversities, regardless of places and social classes, causing social and financial costs to families and society. Prematurity is among the leading perinatal causes of infant mortality. It constitutes a factor of relevance in children's deaths, therefore requiring a suitable management for the reduction of this mortality rate.

The birth of a premature newborn brings, for the most part, the need for hospitalization in a neonatal intensive care unit (NICU). This situation can lead to emotional problems for the whole family, since it is a scary environment that does not allow spontaneous contact between the family and the newborn. In this regard, the birth of a premature newborn can be regarded as a time of family crisis, with experiences of intense anxiety and apprehension that are likely to interfere in the formation of a safe emotional bond between the parents and the newborn.

OBJECTIVE

- To know the meaning of prematurity for mothers of newborns admitted to a neonatal intensive care unit.

METHOD

This article was drawn up from the monograph “Experiences of mothers of premature newborns admitted to a neonatal intensive care unit” submitted to the School of Nursing of the Federal University of Pelotas (UFPel), Pelotas, State of Rio Grande do Sul, Brazil, in 2010.

This is an exploratory, descriptive study using a qualitative approach with three mothers of premature newborns admitted to a NICU of a teaching hospital in the southern region of the State of Rio Grande do Sul, which only provided care to users of the Unified Health System. The criteria for selection of the subjects were: being a mother of a live-born premature newborn, with gestational age less than 37 weeks; maternal age greater than 18 years; length of hospital stay of the premature newborn over three days; availability to participate in the study; and allowing the use of an audio recorder, publication, and dissemination of the results of the study in scientific events. The women were randomly selected.

The data were collected in November 2010 by means of semistructured interviews, recorded and performed in a NICU room reserved for that purpose. The technique of content analysis with a thematic mode was used for the analysis following the steps ordering, sorting, and analysis.

The present study was approved by the Research Ethics Committee of the School of Nursing, Federal University of Pelotas (UFPel), under Opinion No. 147/2010 and internal Protocol No. 100/2010. In order to keep the participants anonymous, they were identified by fictitious names of their own free choice. The acceptance to participate in the research was formalized through the signing of an informed consent form.

RESULTS AND DISCUSSION

The age of the participants in this study ranged from 22 to 25 years. They were primiparas and the gestational age ranged from 27 to 33 weeks. All of the participants reported that they had desired the pregnancy.

Premature is all alive newborn whose gestational age is less than 37 full weeks, i.e.,...
less than 259-day gestation counted from the first day of the last menstrual period. Families often regard premature newborns as unfinished beings that were not yet ready to be born, and this fact entails feelings of insecurity, fears, and doubts. Therefore, women interviewed in this study agreed with the authors referenced when they were asked to define prematurity, as can be observed in the following statements:

Prematurity is when they're not ready to be born. [...] When they can't, they're not prepared yet to come into the world. (Vitória)

[…] It's a baby that is not yet well-formed, it is not yet ready to be born. (Daniela)

The statements demonstrated that, for the mothers, their babies were unfinished, incomplete. It is believed that this perception occurs due to the fact that the newborns do not match the perfect baby they planned and waited for. The need the babies have to remain hospitalized in the NICU confirms the statements because they did not meet the mothers' expectations, i.e., surviving without needing technological and trained professionals' aid, which is demonstrated in the following statements:

[…] they can't breathe by themselves, eat by themselves, most of the time they need mechanical aid and they have to stay in the NICU. (Vitória)

[…] He falls asleep and forgets to breathe, then he has to use the little machine to help him breathe. (Daniela)

In addition to the foregoing, Ana added that a premature birth can be associated with some factor, i.e., a problem during pregnancy, as illustrated in the following statement:

A premature newborn is a baby that was born due to something, some kind of disease, a problem during pregnancy, he was born before the time determined. (Ana)

Some studies point to several factors considered a risk for premature birth, such as: placental changes; excess amniotic fluid; cervical incompetence; maternal infection; maternal diseases; extremes of maternal age; primiparity; twin pregnancy; consumption of tobacco or drugs; poor prenatal care; low maternal prepregnancy weight; insufficient maternal weight gain; hypertension; low educational level; working standing; hormonal changes; and psychological stress, among others. 7,8,13-5

In the process of experiencing the hospitalization of their newborns in the NICU, the mothers also mentioned positive experiences during this period, such as the fact of having their children alive with the possibility of survival while being cared for in a specialized service. 9

The subjects of this study agreed with that perspective as illustrated in the following statements:

[…] they will leave this place with enough health, they will have an average of two kilos, they're going to suck at the breast and be ready to go home. (Vitória)

It's good to see that he's well, that he's properly cared for, that he's responding well, that it won't take long before I have him close to me, coming home, that he's going to be fine. (Daniela)

The good side of her being here is that I know that she is cared for, and that she will leave this place well. (Ana)

It is believed that the experience of conceiving and having a child is very important and exciting for the mothers. Therefore, when a baby is born prematurely and requires hospitalization, they emphasize positive experiences regarding hospitalization, because they understand this fact as being the best procedure for their children and they hope to go home soon with a healthy child. Thus, when mothers experience a trust relationship with health professionals who care for their children during hospitalization, their doubts and anxieties subside and their perception of the situation becomes clearer. In addition to this experience, the study pointed out that, in spite of all the difficulties that the mothers experienced regarding the hospitalization of their premature child in a NICU, there was also a lesson of life.

As life experience, we can't program everything, we program something, but God is who knows, things happen and we have to learn, it is not the day when we want, at the time we want, we have to learn to deal with humility, wisely, trusting and hoping it all works out. (Ana)

It was observed that suffering, uncertainties, doubts, and fears affected the mothers of premature newborns. However, hope was a feeling that they showed. They relied on the survival of their newborns and on the health professionals. That confidence is considered essential for the mothers so that they could feel secure and more comfortable with the hospitalization of their babies, because it facilitated experiencing that moment and helped them overcome this stage more easily. On the other hand, the mothers also experienced difficult moments during the hospitalization of their babies. The distancing between mother and child shortly after birth, the fact of going home and leaving their children in the NICU, and the distancing of the other members of the family were the main factors that triggered the negative feelings.
experienced by the mothers in this study. When questioned about the difficulties encountered in this period, they stated:

Not being able to take him home, also not being able to breastfeed, which is a very special moment, a moment of affection [...] the most difficult moment was when I left the room and the mothers at my side went away and took their babies and I couldn’t. He had to stay and I had to go away alone without my baby, it was the most painful moment even for me. (Daniela)

Staying away from my family, I’ve been here almost for a month and they came only on Sunday. […] I wished that the baby was born and went straight home with me. Because here at the ICU we can’t sleep with them; for me, I wanted to be 24 hours near him. (Vitória)

Early separation between mother and child after a premature birth raises a variety of emotional discomforts. The premature birth of a child and its consequent separation from the mother, emerging from the need for hospitalization in the NICU, transforms the reality experienced by the family, especially the mother, who suffers pain, sadness, anxiety, dysphoria, and even depression. In this respect, Ana stated that:

The biggest difficulty is waiting, time seems to run far away from us [...] And in the beginning there are more difficulties, I think that due to the nerves, apprehension, we get apprehensive about whether everything will be fine or not, it is the psychological aspect. (Ana)

Being parents of a premature newborn is an experience that typically involves high level of parents’ stress. It relates to aspects such as the birth of a non-idealized baby, the need for hospitalization in an intensive care unit—from which a series of negative representations about this environment emerges—as well as the deprivation of early contact between the mother and the child expected for long months, which can interfere with the formation of the bond between parents and babies. In this scenario of harrowing experiences, it was possible to observe that the mothers received the greatest support from the family members, as illustrated in the following statements:

My husband, my family supports me a lot, my friends. They talk a lot with me; they cheer me up a lot. (Daniela)

Family, friends, husband, I think first and foremost, my mother. From my family and my friends, it is emotional support mainly, the affection, the attention. (Ana)

My husband. It’s because we’re not from here, of course, my sister-in-law, my mother calling every day, but my husband is the one who’s here all day with me. (Vitória)

Notwithstanding the changes in the structure, composition, and functioning of the family in the course of time, it remains as a unit that takes care of its members. It assumes an important role when its members fall ill, with the consequent need for reorganization of the family dynamics. Considering the newborn as vulnerable and totally dependent beings, the family has a significant role with regard to the provision of the necessary care for survival, growth, and healthy development. In the case of premature newborns, the role of the family has even more prominence, since these newborns require a series of differentiated care that will allow them to overcome the hardships imposed by their early birth. In this sense, the family represents an important emotional support for these newborns. However, for the families to be able to contribute positively in the care provided to premature newborns, they must also be looked after by the health team in order to minimize the distress that these families might be experiencing and that may affect their capacity and availability to meet the newborns’ needs.

The present study showed that despite the mothers had experienced high levels of anxiety in face of the hospitalization of the newborns in an intensive care unit, they wished to learn how to deal with that feeling so that they could better interact with their children and contribute to their recovery and development. Professionals of the health team of the NICU should be aware not only about the clinical condition of the newborns, but also about the emotional state of the family, in particular the mothers, extending care beyond the biologicist focus on the newborns and paying attention to the more subjective issues of both the newborns and the families. To that end, the professionals of the NICU must address the families as early as possible in the search for a rapprochement with the reality experienced by them regarding the newborns’ premature birth, enabling the development of appropriate interventions in order to meet the needs of the parents and their children.

There is a need for professional actions aimed at the development of neonatal care centered on the family and not just on the pathology of premature newborns in order to meet the parents' emotional needs. This way, the relationship between the health team and the mothers should be based on actions leading to the reduction in distress and the strengthening of maternal competence, since becoming a mother in the NICU environment...
implies a construction supported by a close mother-newborn relationship. To that end, the recognition of the importance of the maternal role in the NICU environment becomes essential, assisting the mothers in the provision of care to their children and the improvement of their self-image as mothers. In this context, the importance of appreciating the role of the mothers in the process of neonatal care must be highlighted, aiming at reducing the distress and its consequences caused by newborns premature birth and their hospitalization in NICUs.

CONCLUSION

The study made it possible to know the meaning of prematurity and the different feelings expressed by mothers whose children were born prematurely. There is a need that health professionals clarify the mothers and family members about prematurity, in order to avoid the stigmatization of premature newborns as an unfinished child, as it may cause unconscious feelings of frustration in the mothers regarding their own competence in generating a being considered “complete/finished”.

Another relevant issue pointed out by the mothers was the participation of the family as a main source of support in the experience of a child born prematurely. In this sense, it was evident how important family relationships are, especially in unexpected situations as in the case of premature birth with consequent separation from the family unit.

Understanding this experience and its peculiarities collaborated by giving rise to reflections, deepening and generating knowledge, as well as emphasizing the importance of humanizing UTINs. Actions aimed at stimulating and strengthening the bond between the newborns and their families need to be developed so that feelings like sadness, anxiety, guilt, and even contradictory feelings pointed out by the mothers can be overcome or minimized. Each mother experienced the moment in a singular form, each of them with different life stories and experiences. Therefore, providing support for a healthier family experience in such a delicate moment can be understood as the condition that promotes the maximum development of the potentialities of each member of a family in the confrontation of prematurity.

REFERENCES
