PERCEPTION OF PUERPERALS ABOUT NURSING CARE PROVIDED TO THE NEWBORN

ABSTRACT

Objective: to understand the perception of mothers about the nursing care provided to newborns. Method: a descriptive, exploratory study with a qualitative approach, conducted with the participation of 20 mothers in a Neonatal Intensive Care Unit/Utin. The empirical data were obtained through interviews and analyzed, using the technique of the Collective Subject Discourse. The research project was approved by the Ethics Committee of the institution attended with Case No. 002/2011 and the Institute of Integral Medicine Professor Fernando Figueira/IMIP, receiving assent to the Protocol 2337-11. Results: the Discourses of Collective Subjects demonstrated that mothers consider the host as well as the care received by the mother and her son as very good. Conclusion: the humanization of care related to attitudes appeared to pay attention, take care, responsibility, take care, respecting the particularities of each, and especially promoting comprehensive care to the baby and family. Descriptors: Nursing Care; Newborn; Neonatal Intensive Care Unit.

RESUMEN

Objetivo: comprender a percepción de puérperas sobre a asistencia de enfermería prestada al recién nacido. Método: estudio descritivo, exploratorio, de abordaje cualitativo, realizado con la participación de 20 puérperas en una Unidade de Tratamento Intensivo Neonatal/Utin de una institución pública de Recife/PE/Brasil. Los datos fueron coletados por entrevistadas e analizadas utilizando-se a técnica do Discurso do Sujeito Coletivo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa da instituição formadora com processo n° 002/2011 e do Instituto de Medicina Integral Professor Fernando Figueira/IMIP, recebendo parecer favorável com o Protocolo n° 2337-11. Resultados: as puérperas consideram o acolhimento, assim como, o atendimento recebido pela mãe e seu filho como muito bom. Conclusión: a humanização do cuidado apareceu relacionada a atitudes de dar atenção, ter responsabilidade, cuidar bem, respeitando as particularidades de cada um, e principalmente, promovendo a asistencia integral ao bebê e a familia. Descritores: Assistência de Enfermagem; Recém-Nacido; Unidade de Tratamento Intensivo Neonatal.

RESUMEN

Objetivo: conocer la percepción de las madres sobre los cuidados de enfermería al recién nacido. Método: estudio descritivo, exploratorio, con abordaje cualitativo, realizado con la participación de 20 madres en una Unidad de Cuidados Intensivos Neonatales/Utin. Los datos empíricos fueron obtenidos a través de entrevistas y analizados utilizando la técnica del Discurso del Sujeito Colectivo. El proyecto de investigación fue aprobado por el Comité de Ética del centro al que asistió con el caso núm 002/2011 y el Instituto de Medicina Integral Profesor Fernando Figueira/IMIP, recibiendo parecer favorable con el Protocolo n° 2337-11. Resultados: los discursos de sujetos colectivos demostrado que las madres consideran la sede, así como la atención recibida por la madre y su hijo como muy buena. Conclusión: la humanización de la atención en materia de actitudes parecía prestar atención, asumir la responsabilidad, cuidado, respetando las particularidades de cada uno, y sobre todo promover la atención integral al niño y la familia. Descriptores: Atención de Enfermería; Recién Nacido; Unidad de Cuidados Intensivos Neonatales.
INTRODUCTION

The birth of a premature child or pathological complications that result in hospitalization is a difficult and painful situation for everyone in the family. However, many times, who else lives regret that moment is the mother may feel guilty. In other words, change occurs in all family plans, causing difficulty to approach parents with a schizophrenic son.

Studies in health care, specifically in nursing, reported factors that may contribute to premature delivery. One indicator is the infant mortality rate that is closely related to the quality of life of a population. This charge has two major components, which are the neonatal mortality and infant mortality post-neonatal or late. Therefore, the more developed the country, the greater the weight on neonatal infant mortality, because the environmental conditions cause the post-neonatal mortality is reduced.

Neonatal mortality, however, has remained relatively stable because it is the result of close and complex interaction between biological, social, economic, political, demographic and health care, which makes it difficult to control a component. The incidence of premature births, which has long remained between 8 and 10% in most developed countries in recent years, is increasing due to the increase in the number of multiple pregnancies caused by infertility treatments.

However, in developing countries like Brazil predominate, yet, premature births and children with low birth weight, triggered by poor social and economic conditions, infections and poor prenatal care. Besides low birth weight and prematurity are important factors of death in these countries, and the preventable causes related to the quality of perinatal care, such as anoxia and neonatal infections, unlike developed countries, predominantly congenital malformations.

In this scenario, the admission to the Neonatal Intensive Care Unit / Utin is mandatory and is seen by parents as something negative that arouses different feelings, from relief in certain cases, even menacing in others, because during pregnancy, the parents feed the fantasy dream of a perfect birth, breastfeeding, care of the newborn and the hospital, taking the child home as scheduled during this period.

Therefore, Utin is an industry that must meet the newborns with humanized and quality, developing actions necessary to help them in the transition from newborn sick neonatal independent for life. For that, you need a trained multidisciplinary team and a unit which has the specific equipment and suitable material, and the periodic review of the techniques used to provide the newborn suitable conditions for extrauterine adaptation to life by intervening early in cases with pathological conditions that threaten his life.

Accordingly, when the baby is hospitalized in Utin, the work of all professionals, especially nurses, should be targeted for insertion of the baby and his family through acceptance, respect for individuality, promoting contact "skin to skin" as early as possible, the involvement of parents in baby care and breastfeeding warranty. The team should work as a link, ensuring information and clarifying doubts. Parents should always be encouraged to participate in the admission of the child, which is of utmost importance to draft their conflicts about the baby's birth and begin to interact with it and can recognize it as her.

Another important aspect that should be considered in this scenario is the right and the need that children have to follow their parents during neonatal hospitalization. Research shows that the absence of the mother or the family can take the baby to present the development and worsening as a child or if the newborn feel abandoned, may result, anxiety, developmental delay and weight loss in prematurity. Therefore, the absence of family members results in future ardo for the child and complications that may influence the trajectory of the child in adulthood.

The interest on the subject arose from one of the authors, because it was a premature baby, sensitizing them to the encounter as a nurse in providing care to newborn preterm in a Utin. In this scenario, it was realized how difficult it is to understand the feelings of mothers that permeate the care given to the newborn preterm and his family. Thus, this research aims to contribute to the construction of knowledge about the process of care in the context of child health, creating possibilities for expanding the focus of care, seeking the perspective to see the newborn hospitalized and the family as a set to be careful.

For marking the investigative process, ask: what is the perception of mothers about the nursing care provided to newborns in Utin?

In order to get an answer to this question, to draw the following objective: the...
perception of mothers about the nursing care provided to newborns.

**METHOD**

A descriptive, exploratory qualitative approach, conducted in a Neonatal Intensive Care Unit/ICU of a public institution of Recife/PE/Brazil, recognized as the benchmark in the city for being Baby Friendly Hospital.

The research collaborators were mothers whose newborn found himself hospitalized in the NICU. The quantity of participants was defined as the saturation of the data obtained, considering that this is a qualitative study. Participants were 20 mothers, which is enabled by the following inclusion criteria: having inner child in the NICU, research scenario and agreeing to participate in the investigative process, the signing of Consent - IC before the collection of empirical data.

The research was carried out only after review and approval of the research project by the Research Ethics Committee of the Institute of Integral Medicine Professor Fernando Figueira / IMIP, Protocol 2337-11. The involvement of the study subjects followed the criteria established by Resolution No. 196/96 of the National Health Council, which deals with the ethical aspects of research involving humans.

Data were collected in June 2011, on weekdays, in the afternoon, following these steps: prior contact with each participant where he explained the purpose of the research, as well as the importance of participation of each of the collection data, presented in sequence was obtained from the IC and the acceptance of participants about recording the interviews, too, were provided clarification on the guarantee of anonymity for the interview procedure, and choice of pseudonym. The time for each interview was on average 30 minutes.

As an instrument of data collection was used a semistructured interview guide; data were analyzed using the technique of the Collective Subject Discourse/DSC, methodological strategy that consists of a set of individual lines, which are taken from the central ideas for building a speech-synthesis that represents the collective thinking.

**RESULTS**

The study included 20 women aged between 13 to 35 years old. Regarding education, 13 (65%) of the participants attended the elementary school, 06 (30%) high school and 01 (5%) attended higher education. With regard to family income, only 01 (5%) had no income, 13 (65%) reported having income below the poverty level and 06 (30%) have an income of up to two minimum wages. The realization of prenatal care, 08 (40%) of the respondents had less than six visits and 12 (60%) underwent more than six visits.

During the interviews, four questions were applied to women in the study. The responses were transcribed and analyzed, yielding the central ideas and collective discourses. The result of this analysis is in tables 1 to 4.

<table>
<thead>
<tr>
<th>Central Idea</th>
<th>Discourse of the Collective Individual</th>
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<tr>
<td>[...] The reception was great, the nurse says agent everything that is happening, and this is very good. She comes along and says that the baby is Coradinho, there is no purple [...] (Diamond).</td>
<td>Optimal Asistance</td>
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<td>[...] Was great, there are people here who work with heart [...] with wonderful care and treatment [...] (Pearl).</td>
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<td>[...] Was great because where I live does not have the same service here, giving me attention [...] (Jade).</td>
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<td>[...] I think a marvel, is great, the attention given to me and to my son, lacks nothing [...] (Agate).</td>
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<td>[...] Great because everything you need is here, the service is excellent and humane [...] (Amethyst).</td>
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**Figure 1.** Idea Central and Collective Subject Discourse on the question: how was the reception that you and your child received in the NICU?

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<tr>
<td>[...] The tour was good, because he needed was here and is very well attended [...] (Emerald).</td>
<td>Good Asistance</td>
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<td>[...] Was very good, because she really needed this place to be very premature and needed an ICU care serious because she had three surgeries and the structure is very good [...] (Quartz).</td>
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<td>[...] Was very good, and it was because saved my life and my son, and thank God I was eating healthy, I took prostenam from the beginning to be able to handle [...] (Jade).</td>
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<td>[...] Was great, many thoughtful people are [...] are quite competent professionals here [...] (Rubi).</td>
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**Figure 2.** Idea Central and Collective Subject Discourse on the question: what is your opinion about the assistance that you and your received?
In this study, we developed the analysis of the core ideas and CSDs from a purposive sample with the mothers. On being asked about how the reception was received at Utin, the DSC said that the host was great (Figure 1). The women portrayed that professionals discuss the disease and the treatment of children with promptness of significance in the aspect of welcome and treat with dignity. In this sense, the moral of the profession were made in the context of this passage by Utin of the hospital guidelines humanization characterized in attendance and host.

The host is an action of technical assistance that enables the shift in the professional / user and their social network, through technical, ethical, humanitarian and supportive care. Therefore, one can say that the host is characterized as the mode of operation work processes in health, in order to serve all who seek services. It means in essence: welcome, listen, listen, analyze, efficiently meet the demand, give the most appropriate responses to users and their social network, and you realize as a subject and an active participant in the production of health. It also implies resoluteness to provide care and accountability, directing, when appropriate, the patient and family in relation to other health services for continuity of care, establishing linkages with these services to ensure the effectiveness of these referrals.

Thus, the host should be seen as a means of providing user-bond between team-family, with the goal of making it a powerful tool for comprehensive care and modification of the disease process, is a device used to question the work process service and health care team.

Therefore, the working process of the nursing team in Utin possible to understand the perception that mothers have, as the constituent elements of the work process and learn in nursing care provided to children, the measures adopted humanization, providing positive effects the quality of nursing care.

The second inquiry was conducted on the belief that the mothers had about the care received. The DSC showed that the care received by the mother and her son was very good (Figure 2). This recognition on both the host and about the functioning of the unit and targeting professionals is characterized by the satisfaction of mothers on the care of themselves and their children.

Thus, the satisfaction of the family regarding the care provided is influenced by interpersonal behavior of health professionals, expressed by verbal or nonverbal. Among the elements of such behavior are: give clear explanations and comprehensive and chances of the father and/or mother talk host expressed by the absence of prejudice, demonstration of interest by the person seeking assistance and information exchange.
The Utin is a hospital where they are used sophisticated techniques and procedures that can provide conditions for the reversal of the disturbances that endanger the lives of high-risk infants. However, it is also a harsh environment, where there is intense exposure to noxious stimuli such as stress and pain, being considered for many years as a space somewhat humanized.

Thus, in recent years there has been increasing concern about the humanization of intensive care environments, seeking to promote an environment that provides better patient well-being while respecting their physical and mental favoring relatives and even the proximity of patient via a suitable physical plant. In this scenario, a big step for the triggering of humanization in NICUs was the host played by the process of humanization of the team in your procedure and adequacy of treatment before the child and their family.

Besides the aspects of commitment, infrastructure and hospital management, the humanization of health involves the act itself. In NICUs, there is the concern of the nursing staff with the clinical picture of the newborn, however, identifies the difficulty in glimpsing the baby in its entirety, which is part of a family, and that this is unbalanced. Therefore, the NICU nursing care should be facing the needs of children and their families, developing a proposal of family-centered care, encouraging them to emotional involvement and care of your child. This is intended to preserve the indissolubility of both mother and child, thereby reducing the length of stay, increasing the heat affective and collaboration of the healthcare team, creating a bond of trust between family and staff.

On being asked about how the mothers evaluated the communication and the bond between her and the nursing staff of Utin, the DSC showed that the explanatory communication between health professionals, specifically between nurses and mothers was constant during hospitalization, helping the link nurse-user-newborn.

During hospitalization Baby Utin occurs in the breaking of the bond between mother and newborn, which often compromises the affection between parents and children. Besides the separation body, the physical contact between the two becomes sporadic and distance on a cold and hostile. The family lives an experience that is governed by suffering, insecurity, worry, frustration, disappointment, anxiety and lack of confidence in the ability to care for your baby. It is these factors that the nursing staff should establish and create a bond of trust and communication with the family tailoring the questions and trying to explain the simplest possible framework of bébé.

Therefore, the quality of interaction and communication between nurses and relatives of patients is of paramount importance, because these provide clarification, and to establish an emotional bond that consequently promotes optimal care and initiates a process essential in nursing: humanizing communication.

The fourth question was done to the mothers about how they perceive the environment of the NICU. The DSC revealed that mothers see the Utin as a horrible environment (Figure 4). They showed fear of the unknown, to come across a place so full of machines, people dressed differently, and a greater uncertainty if their children would come out of there alive. Mothers reported that this is a sad moment, distressing, shows that loneliness and fear. In this environment, it is good to remember that this is a phase that can last for days, weeks and even months, but these mothers know that at some point it’s going to end and they will enjoy the constant presence of her baby.

The first visit to a Utin cause some degree of anxiety in parents, because when faced with the reality of this unit feel daunted by the large number of devices used in your baby or others similarly situated. In an attempt to minimize the feelings and apprehensions about this new environment, the professional team should provide essential information before the first visit to the baby and Utin along too, so they could better signify the events and feelings.

Thus, for parents, Utin is an environment of hope and fear. Hope to hear that this is a place prepared to better serve your child and increase the chances of survival. Fear, knowing the risks of the patients who go to this environment, and also feelings of frustration, because they are not usually prepared for this separation.

Considering these challenges, it is fruitful to rethink health actions in this regard, seeking quality care in NICUs. Therefore, humanization is a set of initiatives aimed at the production of health care able to reconcile with the best technology available to promote acceptance and respect the cultural and ethical patient, workspaces conducive to exercise technical and professional satisfaction health and users.

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Finally, he was asked what would be the score given with respect to the humanization of care in the NICU. Table 1 revealed that the vast majority, 12 (60%) of mothers related that the note was 10, having been treated as human beings and are welcomed in an industry so stressful and that messes with the mother of all psychological, 6 (30%) reported giving note 9, since 10 only if it were to have particular advantages, only 2 (10%) reported giving 8, for the simple fact that some should be more welcoming.

**CONCLUSION**

The assistance provided to the newborn was considered by most mothers of good quality in all aspects, both in relation to medical care such as nursing. This might be perceived by the positive aspects identified by mothers as being well informed and satisfied with the service, talk to the team where necessary and there is conflicting information, suggesting that there is a process of humanization in progress in maternal and child health in service studied.

In this sense, the humanization of care related to attitudes appeared to pay attention, take responsibility, take care, respecting the particularities of each, and especially promoting comprehensive health care to the baby and family. According to the mothers, humanitarian action relates to the way it looks and how it welcomes family.

However, another aspect to be highlighted is that parents perceived the hospital as something scary. This way of seeing is related to the ICU environment. Parents, vulnerable, when they leave their universe, are therefore at the mercy of norms and behaviors that begin to direct his steps in this unknown place and that is scary for them to Utin.

The research also revealed that mothers recognized the quality of care provided to newborns which scores that reveal an excellent tour. This reflects the qualification of human resources, procurement and maintenance of materials and equipment, changes in the organizational culture of institutions, involving the participation of users in the care process and also reviewed in order to build services that meet the needs of the population and neonatal his family.

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