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## ORIGINAL ARTICLE

### PATERNAL SPEECHES BEFORE PREMATURE CHILD'S BIRTH AND HOSPITALIZATION

#### DISCURSOS PATERNOS FRENTE AO NASCIMENTO E HOSPITALIZAÇÃO DO FILHO PREMATURO DISCURSOS PATERNALES FRENTE AL NACIMIENTO Y A LA HOSPITALIZACIÓN DEL NIÑO PREMATURO

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#### ABSTRACT

**Objective:** seizing paternal speeches before birth and hospitalization of premature child's in the Neonatal Intensive Care Unit. **Method:** a descriptive study of a qualitative approach, through semi-structured interviews conducted with 15 parents, from August to November 2012. The data were processed with the Collective Subject Discourse. The study had the project approved by the Research Ethics Committee, CAAE n. 02030268093/11. **Results:** six central ideas that emerged were: feeling of suffering before the admission of their child; certainties and uncertainties facing birth; confidence in the health team; impotence facing gravity; paternity as a magical moment and trust in God. **Conclusion:** the parents go through hard times during hospitalization, supporting up; however, in faith and competence of the health care team. **Descriptors:** Paternity; Risk; Neonatal Intensive Care Unit; Premature.

#### RESUMO

**Objetivo:** apreender os discursos paternos frente ao nascimento e à hospitalização do filho prematuro na Unidade de Terapia Intensiva Neonatal. **Método:** estudo descritivo de abordagem qualitativa, por meio de entrevista semiestruturada realizada com 15 pais, no período de agosto a novembro de 2012. Os dados foram trabalhados de acordo com o Discurso do Sujeito Coletivo. O estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE n. 02030268093/11. **Resultados:** emergiram seis ideias centrais que foram: sentimento de sofrimento frente à internação do filho; certezas e incertezas frente ao nascimento; confiança na equipe de saúde; impotência frente à gravidade; paternidade como momento mágico e confiança em Deus. **Conclusão:** os pais passam por momentos difíceis durante a internação, apoiando-se, entretanto, na fé e na competência da equipe de saúde. **Descritores:** Paternidade; Risco; Unidade de Terapia Intensiva Neonatal; Prematuro.

#### RESUMEN

**Objetivo:** comprender los discursos paternos frente al nacimiento y la hospitalización del niño prematuro en la Unidad de Cuidados Intensivos Neonatales. **Método:** es un estudio descriptivo de enfoque cualitativo, a través de entrevistas semi-estructuradas a cabo con 15 padres, de agosto a noviembre de 2012. Los datos se procesaron con el Discurso del Sujeto Colectivo. El estudio tenía el proyecto aprobado por el Comité de Ética en la Investigación, CAAE n. 02030268093/11. **Resultados:** seis ideas centrales que surgieron fueron: padecer de sentimiento en contra de la admisión de su hijo; certezas e incertidumbres frente al nacimiento; la confianza en el equipo de salud; impotencia frente a la gravedad; paternidad como momento mágico y confianza en Dios. **Conclusión:** los padres pasan por momentos difíciles durante la hospitalización, que soporta hasta, sin embargo, en la fe y la competencia del equipo de salud. **Descriptores:** Paternidad; Riesgo; Unidad de Cuidados Intensivos Neonatales; Prematuro.

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## INTRODUCTION

For a long time, child care was sole and exclusive responsibility of the woman, and the man responsible for the family's livelihood. This is because man is the result of the cultural environment in which he was socialized. He is an heir of a long cumulative process that reflects the knowledge and the experience gained by many generations before him, and his way of seeing the world, the assessments of moral and value order, the different social behaviors and even body postures are products of cultural heritage, or the result of the operation of a particular culture<sup>1</sup>.

As a result of social changes, this division is no longer used and the father figure is given a key role in view of the needs of the house, supporting his wife in the care for the child, be they at home or in hospitals. In the context of childbirth, a study says the mate, when he participates and is emotionally involved with the welfare of women and child, can be very useful in the care of both. The father is the first to follow and take care of his baby in the Neonatal Intensive Care Unit. It is he who keeps the first contacts with the health team; takes care of the fragile partner can assume other domestic and professional activities<sup>2</sup>. The emotional support that offers to his wife helps in adapting to pregnancy. His presence at birth is associated with less need for analgesic use in postpartum and with more positive experiences the moment of birth. Even breastfeeding is influenced by the paternal attitude<sup>3</sup>.

The most significant presence of the mother during hospitalization of the newborn is explained by the father's responsibility to bringing the support of the home, as well as the restricted times visit the NICU and social recovery. This division has been transgenerationally accepted in care of responsibility to the child primarily by the mother. In this logic, attention in the baby care, guidance and care of the family still have been centralized in the mother figure and, in this context, the father becomes just supporting the process. There is a need to conduct a study that prioritize, allowing the father to demonstrate their peculiar feelings, as relevant and real as the mother, even if sometimes overlooked and forgotten by the health team.

Because of these feelings and difficulties pointed out in the literature, and to improve care and ensure compliance with the Ordinance N0 930, of May 10, 2012, the Ministry of Health, which sets a guideline

stimulating the participation and role of mother and father in the care of newly nascido<sup>4</sup> in to motivate this study. Therefore, the objective of the study:

- Seizing the paternal speeches facing birth and premature child's hospitalization in Neonatal Intensive Care Unit.

## METHOD

A descriptive character study with a qualitative approach<sup>5</sup> developed in the NICU of a teaching hospital located in Londrina/PR, accredited by the National Health System (SUS). This hospital engaged in the provision of health care services in virtually all medical specialties, human resources training, continuing education, and research and technology development, technical and scientific cooperation with the network services. It has in its structure units of medical and surgical hospital, pediatric, maternity, surgical center, emergency room and ICU adult, pediatric and neonatal. The NICU has seven beds and pediatric ICU five beds.

This study is part of the doctoral project entitled: Care for the newborn of a very low birth weight: representations of family and nurses.

The data production was carried out through semi-structured interviews<sup>6</sup> administered to parents from August to November 2012. The study questions were: "How are you experiencing the birth of your child's situation?"; "As the day of the birth of your son?" "For you, that means newborn risk?" "How did know that her son was a premature newborn and considered risk?"

This study integrated 15 parents who had their children considered newborns at risk, due to prematurity diagnosis in the Neonatal ICU of the hospital, in the period from August to November of 2012.

The theoretical basis adopted for the construction of the interview scripts were the assumptions of the Social Theory<sup>7</sup>, representations interpretation of reality that assumes that there is no distinction between subject and object of the study, since all reality is represented by the individual.

The data were processed according to the Collective Subject Discourse (CSD). The DSC proposal basically consists of the analysis of verbal material collected by extracting the speeches four methodological figures to organize, present and analyze the data obtained through interviews. The key expressions consist of verbatim transcripts of part of the testimony, which allow the rescue

of what is essential in the discursive content; the central idea (IC) of a speech can be understood as statement (s) that allow (s) conveying the essential content of the discourse; DSC aims to reconstitute, with significant fragments of individual speeches as a puzzle, many synthetic discourses as deemed necessary to express the thought or social representation of a group of people about a particular subject and is built in the first person singular; anchoring is the explicit linguistic manifestation of a given theory, ideology or belief that the author of speech and may declare that, as a general statement, is being used by the enunciator to "frame" a specific situation<sup>8</sup>. In the present study it was developed the first three figures.

The study had the project approved by the Research Ethics Committee of the State University of Londrina - UEL by CAAE n. 02030268093/11, receiving assent for publication under Protocol 228/2011. To ensure anonymity, the name of the respondent father was replaced by the letter P followed by sequence number.

RESULTS AND DISCUSSION

A brief characterization of the parents showed that they were in the age group 18 to 42 years old, being eight married, and four had consensual union and three singles. Of these, nine were experiencing for the first time parenthood and six already had other children.

After the analysis of the interviews, emerged six central ideas presented below. To better understanding the analysis and preservation of the anonymity provided by the consent, the subjects were identified with the letter P, preceded by numbering each one, from the order in which the interviews were conducted and transcribed.

IC 1 - Feeling of suffering in face of hospitalization of the child

DSC1 -Oh, it's complicated, huh? The suffering is enough. Is too much nervousness, anxiety by situation, we enter into despair. It is being very difficult, because for me, as a human being, it is worrying, we keep the head warm, because at risk, inspires caution. It's sad, you're afraid of the child be here with the gadgets in the nose, and may lose it, see the downside. Besides, the baby is born with weak little lung, can get pneumonia, have to be on antibiotics. I wouldn't want to be living right. We can't sleep; have to go back and forth all the time. But do what? I'm taking, I think who goes through this knows. (P1, P3, P4, P7, P9, P10, P12, P13, P14, P15)

It is noticed that speech that the uncertainties on the child's hospitalization in the NICU refer to the feeling of suffering, since society has the NICU term as a synonym for death, gravity and little prospect of life. This causes the imagination of parents about the child's health conditions tend to pessimism, causing them to feel that their weaknesses outweigh their forces, making it difficult to overcoming hospitalization<sup>9</sup>.

Furthermore, the experience of prematurity for families modifies life values, placing limitations on their members, and impediments situations that often weaken routine family.<sup>10</sup>.

IC2- Certainties and uncertainties facing birth

DSC2- Oh, we didn't expect it was a scare. We were waiting for further ahead, and there was a shock at the time. I fell into the real. (P2, P5, P8, P11)

DSC3 - Was already waiting, huh? I was prepared; I knew you wouldn't get to nine months, which would be between seven and eight. We were not even expecting that nor reached 36 weeks, expect less. (P7, P10)

Some of the families interviewed already passed by monitoring during pregnancy, which was considered risky. When this situation happens, it is clear the calmer reaction of all family members, including his father, who had already aware, less shocked at the hospital and all that it brings. On the other hand, for others, the situation of preterm birth and hospitalization were unexpected, which was previously organized is changed abruptly with the premature birth of the child and his hospitalization in a UTIN<sup>10</sup>. This situation has generated smoothly and anxiety reported in the statements of individuals.

IC3 - Confidence in the team

DSC4-At first I felt a little bad, but then I saw him and the doctor said that would be fine, that he was born strong, there I was more comfortable. You see the head shaved, we think you're kicking, but I know that's not right? We know that he is safe, is being well taken care of. Today we talk about risk, but he is accompanied, okay footwear. Today the risk is minimal; it used to be much worse. I don't think most at risk, I think in health. (P4, P7, P10, P11, P15)

It appears this speech last confidence by Health Team. Therefore, it is essential the actual contact between staff and family with information that is also real and able to reassure them. The relationship between professional, patient and family is very important throughout the process of recovery of health. This relationship should be characterized by the establishment of links. In

this context, create links requires the improvement of close and clear relations, so that the suffering of others is sensitizer<sup>11</sup>. It is indispensable; therefore, that NICU team accepts and carries out effective communication, therapy with parents, avoiding the use of technical terms which differ from the maternal reality and makes professionals are seen as only holders of knowledge<sup>10</sup>. It should be aware that this is a unique moment and new to you and your family, and that all information, even if it seems simple and obvious to the professional, has a noble value for building a solid emotional by the user.

**IC4- Impotence facing gravity**

**DSC5** -It's sad that he's not home huh? We had hoped to get out, get in my arms; I wanted to be with him so close. I wanted to take him away, because while it's here still take risks. But I can't do that, get us cannot. Are things in life, so we have to accept. At that time we can only come to visit, look, stay right there. We hope that soon, so I can go home with him. **(P1, P4, P10, P13, P15)**

In this speech it is evident denial regarding the child's health status; more than that, the feeling of impotence facing the disease. It is known that the male figure carries a sense of strength, resolution, and at that moment, then his father, who should theoretically be the son of the hero; it is seen in the viewer condition, not being able to get it out of situation you are in. The NICU is a familiar scenario for health professionals who work there; however, for parents, may seem an unfriendly and unwelcoming environment triggering the same feelings and unpleasant reactions such as sadness, anxiety and fear mainly<sup>2</sup>, but fatherhood brings positive aspects for parents even before the birth of the adversities of premature children, as can be seen below:

**IC5 - Fatherhood: a magic moment**

**DSC6**-Ah, to me is being wonderful, unforgettable, a joy for another life be near us. I've always had the dream of being a parent, and it's a feeling that we just being dad to feel, is a very good experience that I will never forget, it was marked. He is in ICU now, and I'm taking on greater tranquility, because the joy of being born is even better. **(P3, P6, P9, P12, P13, P14, P15)**

By seeing a completely different perspective of the powerless and apprehensive found previously, there is another group of individuals who, even at the risk and hospitalization, nurture a feeling so great joy by paternity overrides the negative aspects and make this moment should be pain, a period of joy and fulfillment.

Fatherhood came about not as a "weight" in the case where the man remembers only, financial expenses and its role as the authority to help the growth and development of the child, but also began to realize fatherhood more affective way, as something good that came to add to the family<sup>12</sup>.

Another relevant factor is that in general, the man, was long regarded as the rational being of the family, who did not emit feelings or beliefs but opinions and objectivity; however, this profile has changed and it can be seen that regardless of gender father search religiosity a way to find strength to face the pain of having a child hospitalized in a NICU.

**IC6- Trusting God**

**DSC7**- Thank God we are overcoming everything. I'm glad he was alive until now. Always with faith in God that everything will work out, isn't it? And we are already seeing the results, it is already better, overcoming every passing day. It is important to keep the peace, because nervousness others also hinders. The suffering and the anguish was just in time. God is in control, he is in the hands of God, and there is no risk, because he is bigger, and from the moment that the baby was born, I believed in God and he is exploding, squandering health, great, winning weight. Every day that passes is a victory for us, have to see the good. **(P1, P2, P3, P4, P5, P6, P12, P14)**

Spirituality is also a relevant aspect observed in many difficult situations. It is the responsibility of the individual transfer to someone considered more that can really pamper yourself when the forces and human power vanish up.

Religion and prayer show to be essential to provide the family a means of supplication and interception for a loved one. Faith in a higher or divine God culminates in self-Hope Family<sup>13</sup>. As evidenced by other authors,<sup>7,13</sup> spirituality is a decisive factor in the reaction of family coping with disease, hospitalization and terminally.

From the perspective of Nursing, the spiritual dimension of care is an integral part of patient's therapy and should be performed during the care for him and his family in all degrees of complexity, because seeks to restore its health, providing security, comfort, confidence, well-being and greater resilience capacity of the disease process.

FINAL REMARKS

It is considered that the objective was reached, to obtain, by means of the fathers, looks inherent to its experience during the birth and hospitalization of their children at risk, as in the case of preterm infants. Among



the difficulties encountered, the highlights were the feeling of suffering ahead to hospitalization, certainties and uncertainties facing the birth and the impotence to gravity. On the other hand, faith in God, trust in the health team paternity of joy up configured as facilitators aspects of this experience.

The father is an important figure in birth and monitoring of the child, and has significant feelings, especially because of the birth of a premature child and the need for hospitalization that in a NICU, revealing the need for professionals in this unit include the father figure in newborn care -born premature hospitalized providing him fully experience his paternity.

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