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ORIGINAL ARTICLE

RECOGNIZING THE EXPERIENCES LIVED BY MOTHERS OF RISK INFANTS ADMITTED TO THE KANGAROO NURSING

CONHECENDO AS EXPERIÊNCIAS VIVENCIADAS PELAS MÃES DE BEBÊS DE RISCO INTERNADAS NA ENFERMARIA CANGURU

CONOCER LAS EXPERIENCIAS EXPERIMENTADAS POR LAS MADRES DE INFANTES DE RIESGO ADMITIDOS EN LA ENFERMERÍA CANGURO

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ABSTRACT

Objective: recognizing the experiences lived by mothers of risk infants admitted to the kangaroo ward of a teaching hospital. ***Method:*** a descriptive study of a qualitative approach through interviews with ten mothers risk babies who remained hospitalized with her children in the ward Kangaroo. The data were analyzed using a Content Analysis after approval of the research project by the Research Ethics Committee, CAAE nº 32263314.2.0000.0104. ***Results:*** emerged three themes: Experiencing the expected discharge; Entering the kangaroo infirmary; The challenges of breastfeeding in the context of hospitalization. ***Conclusion:*** it showed the difficulty to breastfeeding even in the face of the adequate support from the institution and that, the prolonged stay in the kangaroo infirmary lead mothers to experience feelings of confinement, fatigue and lack of family support. However, the study showed satisfaction of mothers with the care received. ***Descriptors:*** Mothers; Neonatal Nursing; Premature; Kangaroo Care.

RESUMO

***Objetivo*:** conhecer as experiências vivenciadas pelas mães de bebês de risco internadas na enfermaria canguru de um hospital de ensino. ***Método*:** estudo descritivo com abordagem qualitativa, por meio de entrevistas com dez mães de bebês de risco, que permaneceram internadas com seus filhos na enfermaria canguru. Os dados foram analisados pela Análise Temática de Conteúdo após aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE nº 32263314.2.0000.0104. ***Resultados*:** emergiram três eixos temáticos: Experienciando a espera da alta hospitalar; Adentrando a enfermaria canguru; Os desafios da amamentação no contexto da hospitalização. ***Conclusão*:** evidenciou-se a dificuldade para a amamentação mesmo diante do suporte e apoio adequado da instituição e que, a estadia prolongada na enfermaria canguru levam as mães a experimentar sentimentos de confinamento, cansaço e carência de apoio familiar. Todavia, o estudo evidenciou satisfação das mães com o atendimento recebido. ***Descritores*:** Mães; Enfermagem Neonatal; Prematuro; Método Canguru.

RESUMEN

Objetivo: conocer las experiencias vividas por las madres de lactantes de riesgo ingresados en la enfermería canguro de un hospital universitario. ***Método:*** un estudio descriptivo de enfoque cualitativo mediante entrevistas con diez madres de bebés de riesgo que permanecían hospitalizadas con sus niños en la sala de canguro. Los datos fueron analizados mediante el Análisis de Contenido después de la aprobación del proyecto de investigación por el Comité de Ética en la Investigación, CAAE nº 32263314.2.0000.0104. ***Resultados:*** surgieron tres temas: Experimentando la espera de la alta hospitalaria; Entrando en la enfermería canguro; Los retos de la lactancia materna en el contexto de la hospitalización. ***Conclusión:*** Se evidenció la dificultad para la lactancia incluso antes de que el soporte adecuado de la institución y que la estancia prolongada en la enfermería canguro llevan las madres a experimentar sentimientos de confinamiento, la fatiga y la falta de apoyo familiar. Sin embargo, el estudio mostró la satisfacción de las madres con la atención recibida. ***Descriptores:*** Madres; Enfermería Neonatal; Niño Prematuro; Método Canguro.

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INTRODUCTION

Worldwide, are born each year 20 million preterm and/or low birth weight babies and one third of these dies before completing one year of life.[1] The occurrence of prematurity can be influenced by several factors, related or not. Among the most commonly cited causes are: low monthly family income, first pregnancy, lack of prenatal care or inadequate monitoring, bleeding and exclusive hypertensive disorders of pregnancy.[2]

With a view to curb its occurrence and impacts of this on infant mortality, neonatal care has, over the years, scientifically advanced in the statement of care focused on the newborn preterm (PN). This advance is likely to increase the survival of these babies, but increased survival also increases the likelihood of causing permanent damage in children that often may require specialized care and also require a huge time commitment from parents.[3]

Prematurity often implies a child's adaptation of difficulty and also the parents. In view of these difficulties and seeking to improve the service to this target audience, the Brazilian government launched Ordinance 1683, to July 12, 2002, establishing the Guidance Rules on Kangaroo Method Implementation, in order to seek changes in driving neonatal care, based on four basic principles: welcoming the baby and his family; respect for singularities; promoting skin-to-skin contact as early as possible; and involving the mother in baby care.[4]

The Kangaroo Mother Care (MC) was established in the Regional University Hospital of Maringa (HURM) in June 2002, and its use is recommended in the Intensive Care Unit (Neo-ICU) care unit Semi-intensive (USI), "Ward Kangaroo" and the “Ambulatory Kangaroo”.

The institution, the MC got their start with the premature baby in the ICU-Neo. In this perspective, the parents are not considered to visitors, being encouraged to stay close to their children as long as possible, with a view to bonding of establishment. Small care as the diaper and oral hygiene are carried out by them during the baby's hospitalization in this unit. The kangaroo position is only performed when the baby is clinically stable.

As the study's Hospital has the title Baby-Friendly Hospital Initiative, as soon as the baby is born, mothers were instructed on the importance of breastfeeding and are forwarded to the Human Milk Bank (HMB) to learn how to maintain lactation even apart their children, as recommended by the 5th step of this Initiative.[5]

The Semi-Intensive Unit is where the baby remains to complete the clinical treatment and reach the weight necessary to leave the incubator and be transferred to the Kangaroo ward. It is this unit that the mother receives intensive training about the care your child and about breastfeeding.

The ward kangaroo is the last sector within the hospital structure in which the baby must pass on the way to high. This is where the mother takes full care of his son. It is the opportunity for the consolidation of breastfeeding on demand, as well as weight gain and mother independence of acquisition over the support team. However, we perceive this environment of "stage" pre-discharge, experimenting with various feelings of mothers, such as fear, insecurity, loneliness, sadness, which ends sometimes causing difficulty in performing nursing the baby, and reducing the production of breast milk.

It must also be observed that many mothers find it difficult to achieve the goals for the discharge, requiring many days remain hospitalized with their baby (s) in a ward away from the team to which he was accustomed, as the kangaroo infirmary. It is located in the Pediatric Clinic and not in the Neonatal Unit. Add to this, the distance between their families, facing all the difficulties of this process.

It is expected that, by the high child occasion, the parents are well prepared for home care, considering that until then, the family usually consider that child care is the responsibility of the hospital and professional teams. Only last admission stage is the realization of care transfers to the family, especially for the mother.

Based on this assumption it justifies the need to understand the feelings and perceptions of mothers of children admitted to the ward kangaroo, as the process experienced this time and their social characteristics can influence directly on child care, on breastfeeding and bonding affectionate mother and child.

OBJECTIVE

- Meeting the experiences lived by mothers of risk infants admitted to the kangaroo ward of a teaching hospital.

METHOD

A cross-sectional descriptive survey of qualitative nature, considered the most appropriate to achieve the proposed aims, since it conform better with groups investigations and delimited segments and focused and performed[6].

Participants were ten mothers of premature babies or low-weight remained hospitalized with the child on the ward Kangaroo HURM and who agreed to participate. The number of participants was defined by researchers throughout the study by saturation of testimonials.

Data were collected in the second half of 2014. The interviews were conducted from a semi-structured, divided into two parts, the first aimed at socio-demographic characteristics of the participants and the second to addressing the central theme of the study from the question guiding: *How did you feel during the time you were hospitalized with your child at the ward kangaroo?* Also support questions were used to support the main issue.

The number of participants was not fixed a priori, but established as far as achieving the objectives of the study, from the recurrence or repetition of the reports, as they resulted in ten respondents. With agreement of the participants, and in order to ensure better interaction between interviewer and interviewee, maintain the reliability of received and agility of the process information, use a tape recorder as an additional resource. The collected data were fully transcribed in order to preserve the accuracy and completeness of the information for analysis.

Sociodemographic data were presented in figures in order to facilitate the visualization, allowing any associations with the information from the interviews. Qualitative data were submitted to Thematic Content Analysis.[7] After exhaustive reading of the material; the data were grouped into empirical categories and analyzed based on literature concerning the matter, through inferences from the experiences reported by respondents. To preserve the anonymity of participants, they were identified using flower names.

The research project was assessed and approved by the Standing Committee on Ethics in Research Involving Human Beings of Maringa State University (UEM), as Opinion nº 744.552 and CAAE nº 32263314.2.0000.0104. The interviews took place in accordance with all ethical principles established by Resolution 466/12 of the National Health Council/Ministry of Health.[8] The study included only participants who, after proper instruction and clarification of the study, signed the Consent in two identical copies.

RESULTS

♦ Presenting the mothers

In order to meeting a little of the ten study participants mothers, socio-demographics of them were organized In Figure 1, while obstetric and neonatal data are presented in Figure 2.

Mothers	Age (years)	Schooling (years of study)	Marital status	Family income (minimum wages)	Who resides	Works out	City
Amarilis	29	15	Married	1	Husband, children and fathers-in-law	No	Maringa
Begonia	16	8	Stable Union	1	Husband and son, rented house.	No	Rondo
Dalia	21	11	Stable Union	3	Husband, son and fathers-in-law, homeownership	Yes	Maringa
Gardenia	38	1	Married	1 and 1/2	Husband and daughters, given house.	No	Maringa
Jasmine	24	11	Married	4	Husband and daughter in home ownership	Yes	Iguatemi
Lily	20	11	Stable Union	1	With husband and son, given house	No	Palm
Margarida	35	5	Stable Union	2	Husband and sons, rented house	Retired	Nova Esperance
Orchid	20	9	Single	Half-salary	Mother	No	Mirador
Rosa	27	11	Stable Union	Non informed	Husband and children	No	Maringa
Violeta	23	8	Stable Union	1 and 1/2	Husband, children and stepdaughter	No	Araruna

Figura1. – Socio-demographic characterization of mothers who remained hospitalized in the ward of Kangaroo a teaching hospital in the Northwest of Parana, in the second half of 2014,Maringa-PR.

Mothers	Number of prenatal consultations	Pregnancy planning	Location of prenatal care	Previous abortion	Cause of premature birth	Type of birth	Gestational age	Birth weight (Kg)	Gender	Days of hospitalization in the infirmary of the Kangaroo
Amaryllis	>20	Yes	Doctor's Office	No	Centralization of babies/fetal twin pregnancy	Cesarean section	27 weeks	940 and 1,190	M	15
Begonia	04	Yes	BHU	No	Premature rupture of membranes	Normal	33 weeks and 3 days	1,485	F	09
Dalia	09	No	BHU	No	Oligodramne	Cesarean section	35 weeks and 1 day	2,185	M	04
Gardenia	08	No	BHU	No	Premature rupture of membranes	Cesarean section	32 weeks	1,685	F	03
Jasmine	04	Yes	BHU	No	Cord prolapse	Cesarean section	35 weeks and 1 day	1,830	F	15
Lily	02	No	BHU	No	Depression	Cesarean section	35 weeks	2,150	M	09
Margarida	> 10	No	BHU	No	Diabetes, hypertension, rheumatism	Cesarean section	33 weeks	2,870	F	15
Orchid	Ignored	Yes	BHU	No	Twin pregnancy	Cesarean	34 weeks	1,150 and	M	28

						section		2125		
Rosa	08	No	BHU	No	Help syndrome	Cesarean section	31 weeks	1,385	M	15
Violeta	05	No	BHU	No	Elective cesarean section	Cesarean section	37 weeks	2,660	M	11

Figure 2. Characterization according to the baby's and obstetrical mothers who remained hospitalized in the Kangaroo ward of a teaching hospital in the Northwest of Parana, in the second half of 2014, Maringa-PR.

From the characterization of the participants, the central theme of the study was addressed through the interview, in order to know the experiences of mothers of premature babies or low birth weight admitted to the Kangaroo ward HURM. The content analysis of reports issued in this process allowed the delineation of three topics with their respective sub-themes, which will be presented during this discussion.

♦ Experiencing the news of her son's referral to the infirmary Kangaroo

The first experience reported by mothers refers to receiving the news that his son would be transferred to the Kangaroo ward, allowing both to stay together.

The permanence of the newborn in the Neonatal Intensive Care Unit (NICU) is a difficult and painful experience for parents who see this environment as strange and stressful, which causes, often, feelings of sadness, anxiety, pain and fear.

Thus, upon learning that their children would be transferred to the Kangaroo ward and that ultimately could stay with them all the time, mothers experience feelings of joy and relief in association with feelings of fear and unpreparedness to face the new situation:

> *I felt happy and relieved! (Rosa)*
>
> *Wow! I gave joy leap. Oh my God! It was the best news I've had in my life: the time you called and spoke "Mother, your baby is going to the infirmary and you can come to stay with him." My God!(Violeta)*
>
> *I was very happy, but at the same time appeared the feeling of not being able to accompany his brother who was in the NICU. So I was very divided. (Amaryllis)*
>
> *I felt so, she came here, and she would improve even more! (Margarida)*
>
> *I felt happy, that it was a battle more than he had already won! Because he already leaving the ICU [...] Wow! It had been a blessing already, because he spent [...] in fact, had already made it through yet another stage in his life. (Lily)*
>
> *Yes. I was relieved, because it is the step to go, right? Dali's home. (ROSA)*
>
> *I was very happy when I heard he left the ICU to go there, because I knew that there already was going home, right? (GARDÊNIA)*
>
> *It was good because we get close. Not far from there as the ICU. Hence, it is close, we can breastfeed. So it was good. (Begonia)*

The statement revealed that, upon receiving the news that his son would be transferred to ward kangaroo, some mothers felt prepared to remain with their children and then take the fact that maternal care. Others, however, have shown fear and unpreparedness to face the new situation. Added to this, the existence of other children in their homes in need of their care, would require a new organization of family dynamics:

> *I was prepared to come, could not wait it out. It was a joy!(LÍRIO)*
>
> *The situation prepares us, but it was quiet. (JESSICA)*
>
> *Was (prepared), the pediatrician had already warned me that she would go to kangaroo ward. (Gardenia)*
>
> *For sure I was ready, for in the NICU would have me directing things. (Dalia)*
>
> *Kangaroo ward? Look, I was not prepared because I did not know what was going to be there [...] So I was really unprepared, I thought it was a short time and ended up staying so long there, interned with them. (Amaryllis)*
>
> *No, I was scared to death, scared! Because I've never experienced that, I had other children and always after birth, she went home. So I said: "My God! How are you going to be? I do not know if he was okay, it was not going to [...] if you need special care, such things [...].(Violeta)*
>
> *No, because I was not aware of anything! She would come to the room, because I thought there she would go home [...] No, no one has prepared, I sent come to stay with her and had to leave my other children to the neighbor. (Margarida)*
>
> *How am I going to do? Stick with both at once? So, it was that thing. (Amaryllis)*

♦ Experiencing breastfeeding: the two faces of this challenge

The following statements demonstrate that several mothers succeeded in the challenge of breast-feeding:

> *He's just sucking chest! (Violet)*
>
> *Only breast, he and mama! He's pretty quiet. (Jasmine)*
>
> *He is managing nurse, thank God! Only chest now. The baby takes well. (Lily)*
>
> *Sucks only chest. I have enough milk. (Begonia)*
>
> *It's great! Only breast! He got well; I just take the same breast. (Dalia)*

The reports confirm the importance of the health team's role in preparing mothers for successful breastfeeding. The guidance on the completion of the manual milking as breastfeeding maintenance form is also made effectively by the multidisciplinary team:

> *[...] I do not want to lose my milk, wanted to give him, so I've been donating milk they guided me to take [...]. (Jasmine 2)*
>
> *I was talking about: need to keep milk for these boys, I need to keep milk for these boys [...] then I started to stimulate, and it worked. (Amaryllis)*

Despite all the support provided by the institution, some mothers reported difficulties in breastfeeding, resulting in early weaning.

> *The milk dried [...] she was drinking milk through the tube, and then took the probe it today. Now, I am giving the bottle for her to recover and be able to have discharge. (Margarida)*
>
> *She did not breast chest because I do not have much milk, she breast Nan. I took medicine and to no avail. I put one in the chest and she cried from hunger. Then the doctor put his Nan. (Gardenia)*

♦ Waiting for hospital discharge

Family integration in newborn care appears as a decisive factor in favor of early bonding and to increase parents' safety at discharge, which is defined as "the most awaited moment for parents." In this way, the multidisciplinary team and especially the nursing staff, to remain doing the care to the newborn continuously, has key role in family preparation for high premature baby by offering information and guidance that can serve as support for parents.

Some mothers said they had been targeted by the team for managing hygiene, breastfeeding, preventing cramps and rash.

> *I received guidance for breastfeeding: all kinds of guidance. (Jasmine)*
>
> *Guided me how to breastfeed him, changing clothes, bathing him, everything here in the infirmary. (Lily)*
>
> *When the baby is baked, what must do [...] ah, taught me how to bathe, everything. (Orchid)*
>
> *Ah! Guided to be careful to bathe him, because he was premature; breastfeeding until six months after joining with other foods, but continue breast-feeding and stuff like that. Always accompany him at the pediatrician. (Violeta)*
>
> *Ah! They taught, by example, to bathe. Just bathe in fact I learned it was there in the ICU semi-intensive. Had a few things more. The baby, he was crying a lot, learned to do the massage on his belly; How to care for at home with the meds; diaper change [...]. (Amaryllis)*
>
> *I learned to bathe all over again, because I've never had premature. The rest, I already know. I was terrified of breaking, hurting, because it's very squishy, very small. But more I already knew. (Gardenia)*
>
> *I had a little trouble giving milk in a cup I was giving too, they came and taught me right. (Violeta)*

It can be seen in the following report, the time of discharge is anticipated as a possibility to access to comforts not found in the hospital:

> *If I was home, I'd be more relaxed, would be better than being in here! Only then can the person thought that way, you know? Home I'll eat fruit, I'm going to eat all the time, I'll sit down in a comfortable place, I'm going to breastfeed better, huh? So, the people thought that and almost drove. (Amaryllis)*

♦ Support team of health and satisfaction

The support of the health team professionals was appointed by mothers as a key factor for coping in their children's hospitalization experience as facilitator aspect of the process.

> *Many nurses coming in and out. It's a lot, but it's more nurses than doctors. (Begonia)*
>
> *[...]comes to nurse baby's doctor comes, comes a lot of people. (Margarida)*
>
> *I think everyone: since the nurses, psychologists, doctors, everybody! I had a visit from everyone. (Jasmine)*
>
> *Doctor, nurse, the fono came also [...] I find that these professionals. Came physiotherapist. (Lily)*
>
> *Yes I received the fono guidelines since when she was born, she's had a little premature difficulty breast-feeding. (Jasmine)*
>
> *Nurse, pediatrician, fono. Ah! A lot (laughs) I don't even know the name of everyone. (Violeta)*

With regard to satisfaction with service in the infirmary kangaroo, this is always associated with the care given to babies and aspects of the environment:

> *At one point, okay, because they take good care of the child [...]. (Daisy)*
>
> *Ah! I'm satisfied, because here the baby is well taken care of. (Daisy)*
>
> *[...] but I, as well, on the whole, we feel happy with everybody, because they saved the lives of our children. (Amaryllis) I was very well treated here, especially after my daughter was born, I think I had good professional to handle. (Jasmine)*
>
> *We were treated well, but it could have been much better. (Amarilis) Look, for me it's great! Everything I needed, I went there and the girls treated me very well, if I needed a diaper, a diaper, anything [...]. (Violeta)*
>
> *Our! I don't have to complain about anything, nothing at all! Thus, it was even more than I expected, had TV in room, air*

conditioning, food, juice, attention to the baby. All the time going there to see him, asking how I was, nor was I that was hospitalized, but went there and asked: mom, are you okay? How are you? (Violet)

I think so, if the intention of the infirmary Kangaroo is actually make the mother breastfeed and to take care of the baby, I think you need to improve the structure, how to put a chair more comfortable. (Amaryllis)

Leave the door open for airing more. Keep the door closed is bad. (Gardenia)

[...] But we get there (Infirmary Kangaroo) has a comfortable chair for nursing. (Amaryllis)

I dunno, I'm not used to the bed, the mattress is a little stiff, and so it hurts my back. (Margarida)

DISCUSSION

The study showed the feeling of happiness and relief to mothers received the news of the transfer of children to Kangaroo ward. This is a long-awaited moment for them, who remained for many days separated from children, experiencing a series of experiments, mostly negative, inherent to hospitalization. It is the ability to completely take over the mothering, delayed until then.

In the statements, it was clear that the transfer to the infirmary kangaroo is overcoming another stage of treatment, preceding the highly anticipated time of hospital discharge. However, some felt unprepared to face this new situation, showing feelings of fear and insecurity to having to take full care of their children. In addition, family estrangement and the lack of daily activities also caused suffering to some mothers. Studies with mothers of premature infants demonstrated insecurity and ignorance about the maternal role in caring for the child in this condition[4].

Transform admission to a hospital stay in a less painful and more pleasant for the patient is one of the challenges of the humanization of hospital care in Brazil.[9] The MC, as a humanization policy, focuses on the well-being of users in hospitals.[3]

In this perspective, it is understood that the nursing staff must be sensitive to identify the real maternal difficulty and help her live satisfactorily this experience in the hospital, so that occurs its proper preparation.[10] This should be valued at It is recognized that mothers suffer from hospitalization of the child, especially in the case of premature newborns who need to stay a longer period, causing a sudden change in family structure.[11]

The major difficulty in achieving the goals set for discharge is related to success in breastfeeding, because besides the physiological and neurological immaturity of these babies, add to the inherent mothers issues like low milk production caused by prolonged separation between mother -son, psychological and emotional factors. The emphasis on breastfeeding as part of humanized care, especially the preparation process for the high is widely prized for literature.[12-3]

It was found in some testimonies, the satisfaction of mothers to breastfeed their children exclusively get the mother's womb. The successful breastfeeding in women awakens a sense of deep connection with her son and achievement as a woman and mother.[13]

In some reports, it became apparent fulfillment of the 5th step of the Baby Friendly Hospital Initiative (BFHI), since the mothers reported the manual pumping to maintain milk production and milk supply to the baby in cup when needed.[5]

On the other hand, some mothers reported failure to breastfeeding, or by problems inherent to the baby, or by maternal difficulties. The clinical and physiological conditions of preterm infants often keep you from having oral reflexes or are incomplete, producing ineffective sucking, and arises a lack of coordination between swallowing and breathing. The early weaning takes place, often prolonged hospital stay, the maternal stress, lack of systematic routines that encourage breastfeeding and the clinical condition of the baby, which prevents direct suction to the womb.[13]

The active participation of mothers in the care of the child during hospitalization is essential to establish and strengthen the mother-child bond and contributes to the post-discharge care at home.

In some interviews, we observed that the mothers were guided directions, especially in hygiene, comfort and breastfeeding, corroborating other studies that highlight these issues guidance[14]. However, in some reports, mothers demonstrated need to grasp information which were not taught or adequately treated.

Professionals, commonly oriented care based on the routines of the service, while parents use the perception and knowledge gained to define what is best for their children, moving closer to their needs.[15] From this perspective, professionals need be sensitive to realize what mothers want to know, they often provide information that are important but for mothers make no sense. They also need to understand the moment of

readiness of mothers to receive information and to verbalize their concerns.

Another important factor in the health education process is the link between the team and the family. The involvement of health staff is seen as a way to ensure full and educational assistance to mothers, continuing to care.[16]

The patient's relationship with the health team has a strong influence on the evolution of treatment and user satisfaction. The patient-professional relationship enables the establishment of a trust. From the feeling of empathy, the official takes hold of the patient's perception of their situation, helping you to minimize your fears and anxieties, providing a necessary emotional support.[3]

In some interviews, it was possible to varying links between mothers with professionals that attended the infirmary kangaroo, and for the professionals ICU Neo and USI. Another relevant factor is that some mothers failed to define the professionals providing assistance to them and to their children, this may be due to several reasons: the high number of professionals, failure to produce the same or even a lack of bond. The presentation and identification of health professionals on the occasion of hosting is the first item that should be considered by them in the relationship with patients and families.[11]

It can also be seen that less frequent presence of some health professionals was evident, especially the medical professional. It is known that parents value and give credence to the information provided by the doctor. So, it emphasizes the fact that parents establish relationships with professionals seeking to meet their need for information on the health status of the children.[15]

The presence of nursing professionals was emphasized by most respondents. In the nursing fits provide humanized care that encompasses the needs of families by providing clear and objective information in order to provide the security that family assistance to their hospitalized child will be the best quality.[16]

The user's satisfaction is regarded to the subjective perception that the individual has on the care received, and may emanate from the interpersonal relationships between the professional and the patient. According to some researchers, to humanize is to adopt a practice in which professionals and patients are considered in their physical, subjective and social, health care.[17] The knowledge of the user satisfaction level elements contributes to the management decision-making and improving relationship between health service provider and the user.[18]

Through interviews, it became clear that mothers were satisfied with the care received, since the recovery of your child is a sign that it was well attended. The environment of the physical structure problems were cited, but minorized.

Another strategy that can be applied in these contexts are support groups among parents, that allow them to regain holistic and subjective questions in the care of individuals in hospitals, producing new ways of thinking care: A look wider and comprehensive understanding the complexities of not only physical and curativist but also contextual, personal and unique aspects of each.[19]

Most witnesses felt prepared to take the child home, while only one uncertainty in the reported discharge. It is noteworthy that this mother had twin sons, one of whom, Down Syndrome patients. The discharge of these premature babies may not mean full recovery of them, which may imply various concerns for the family.

The literature emphasizes the importance of preparing mothers for hospital discharge, along the baby's hospitalization, reducing anxiety, increasing maternal confidence in home care and easing family adaptation to the child.[4]

CONCLUSION

It was evident that some mothers were unable to breastfeed their children even through the support offered by the institution and that prolonged stay in the infirmary kangaroo made the same feel confined, tired and needy.

There was satisfaction with the care received, especially on the established correlation between the quality of care and the outcome of the recovery. In this sense, it should be noted that the guidelines made by the team, need to be focused on the real needs expressed by mothers and not only in institutional protocols.

The formation of support groups and lost my patience realizing recreational activities could be a way to identify the doubts, anxieties experienced by mothers as well as to minimize the effect of the stress of stay in the kangaroo ward.

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