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CASE REPORT ARTICLE

HUMANIZED ASSISTANCE TO THE NEWBORN AT RISK: IMPLEMENTATION OF THE FIRST STAGE OF THE KANGAROO METHOD

ASSISTÊNCIA HUMANIZADA AO RECÉM-NASCIDO DE RISCO: IMPLANTAÇÃO DA PRIMEIRA ETAPA DO MÉTODO CANGURU

ASISTENCIA HUMANIZADA AL RECIÉN NACIDO DE RIESGO: IMPLEMENTACIÓN DE LA PRIMERA ETAPA DEL MÉTODO CANGURO

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ABSTRACT

Objective: reporting the process of implementing the first phase of the Kangaroo Method. ***Method:*** an experience report conducted in the neonatology of a General Hospital of Fortaleza/CE. Data collection was conducted from interviews with three nurse women and then the data were analyzed according to the similarity of the testimonies and the chronological order of implementation of the Kangaroo Method. The project was approved by the Research Ethics Committee, Protocol nº 310 397. ***Results:*** actions to implement: observation of the sector; changes in the environment; sensitization and training of professionals and adjustments in the work routine. ***Conclusion:*** the process of implementation of the CM involves professionals, mother, father and family, emphasizing the role of parents as protagonists in the early recovery of the NB. ***Descriptors:*** Kangaroo Mother Care; Humanization of Assistance; Newborn.

RESUMO

Objetivo: relatar o processo de implantação da primeira fase do Método Canguru. ***Método*****:** relato de experiência realizado na neonatologia de um Hospital Geral de Fortaleza/CE. A coleta de dados foi realizada a partir de entrevista com três enfermeiras e em seguida, os dados foram analisados conforme a semelhança dos depoimentos e a ordem cronológica de implantação do Método Canguru. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 310 397. ***Resultados*****:** ações para implantação: observação do setor; modificações no ambiente; sensibilização e capacitação dos profissionais e adequações na rotina de trabalho. ***Conclusão***: o processo de implantação do MC envolve profissionais, mãe, pai e familiares, destacando o papel dos pais como protagonistas na recuperação precoce do RN. ***Descritores***: Método Mãe Canguru; Humanização da Assistência; Recém-Nascido.

RESUMEN

Objetivo: describir el proceso de implementación de la primera fase del método canguro. ***Método:*** un relato de experiencia llevado a cabo en neonatología de un Hospital General de Fortaleza/CE. La recolección de datos se llevó a cabo a partir de entrevistas con tres enfermeras y luego los datos se analizaron de acuerdo a la visión de los testimonios y el orden cronológico de la aplicación Método Canguro. El proyecto fue aprobado por el Comité Ético de Investigación, del Protocolo nº 310 397. ***Resultados:*** acciones para poner en práctica: observación del sector; los cambios en el medio ambiente; sensibilización y capacitación de los profesionales y los ajustes en la rutina de trabajo. ***Conclusión:*** el proceso de implementación del MC implica profesionales, madre, padre y familia, haciendo hincapié en el papel de los padres como protagonistas en la pronta recuperación del RN. ***Descriptores:*** Método Madre Canguro; Humanización de la Asistencia; Recién Nacido.

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INTRODUCTION

Worldwide there are born each year 20 million new born preterm (PN) and/or newborn of low weight (LBW). Of these, a third dies before reaching one year of age. In Brazil, the perinatal conditions are the leading cause of infant mortality. In addition, many babies are afflicted with metabolic disorders, difficulty feeding and to regulate body temperature.[1]

In the last decade, the initiatives of humanization of assistance have brought the debate about the importance of coordinating the technical quality of the reception technologies. Kangaroo care (MC) is an example of the implementation of humanized care model that generates a set of actions in assistance involving the newborn (NB), his family and health professionals.[2]

The technologies can be classified as soft, soft-hard and hard. Since the lightweight technology is related to relationships; the soft-hard is related to knowledge structured as theories, and the hard involving material resources.[3]

In this study we approach the soft technology, as it is based on a welfare approach, which takes place from the meeting between people who act and influence each other in an inter-subjective space. In this technology there are moments of speaking, listening and interpretations, producing accountability around a problem that will be faced, time reliability and hope, in which is produced bond relationships and acceptance between the user and the professional.[4]

♦ Kangaroo Method: description of stages

The CM is developed in stages, and the first one starts at the pre-natal high-risk pregnancy followed by hospitalization of infants in the neonatal intensive care unit (NICU). At this stage, the procedures should follow some special care with NB as suit care according to the individual needs of each of them. In addition to providing, whenever possible, contact of the NB with the mother, ensure them stress protection measures and of pain and use the proper positioning providing greater comfort, organization and better sleep pattern, thus favoring an adequate development.[1]

The first stage must first occur at birth, with the identification of pregnant women at risk of preterm childbirth. After birth if there is need for NB's stay in the NICU, parental input should be encouraged in the drive to establish a skin to skin contact with the infant, since the clinical conditions of both allow.[5]

The second stage is on the LBWI situation with conditions to stay in continuous rooming with the mother, where they remain in the kangaroo position for as long as possible. The mother exercises breastfeeding and provides specific care to preterm infants. The third stage is the home stage, whose baby is monitored at the clinic by the team responsible for the method every two or three days initially and then weekly until it reaches 2.500g or more, when it is forwarded to the public health system.[5]

A study that looked preterm infants on mechanical ventilation as its behavioral states during use of the first stage of the MC in a one hour period found that the CM favored sleep, especially deep, since 52,3% of the newborns remained in this state during the method, while only 6,8% had deep sleep before the MC and 13,6% after. The results showed that the implementation of the first stage of the MC can be considered a strategy favoring the neurobehavioral development, considering that deep sleep is critical to brain development and organization of preterm newborns.[6]

Studies indicate the MC as beneficial to the health of LBW infants because it reduces cost and length of hospital stay, humanizes care, improves mother-child bond, to give the mother essential function in NB care and increases adherence to exclusive breastfeeding.[6-8]

Thus, we see the importance of implementing the MC in hospitals with maternity and/or NICU. Therefore become necessary studies to enable a better understanding of the process of implementation and development of this method. It notes that in Brazil, as in developed countries, the MC has been proposed as an option for a portion of LBW infants, not replace technology now used in neonatal units.[7]

Given these considerations, there is the question: How was the process of implementing the first stage of kangaroo care in a public hospital in Fortaleza?

It is believed that the resolution of this question can direct the hospitals to deploy the MC, to reduce complications in newborns, favoring their growth and development and improving the quality of life of the binomial.

It has the general objective: reporting the implementation process of the first stage of the MC in a public hospital in Fortaleza. And as specific: describing the phases, the strategies used and the difficulties faced in

the implementation of the first stage of the MC in a public hospital in Fortaleza.

METHODOLOGY

This is a descriptive study of experience report type, held at the neonatal unit of a large hospital of the State Public Service, located in Fortaleza, Ceará. They participated in three clinical nurses of the NICU that accompanied the implementation process of the first MC step in that hospital.

Data collection was conducted in May 2013, by conducting a semi-structured interview individually. The issues contemplated the professional and personal identification data of the nurses and data from the neonatal unit for the implementation process of the first stage of the MC. Data were analyzed according to the vision of the professional reports, directing them to an order of chronological events of MC implementation. These data were discussed and substantiated in the literature on topic.

The study followed the recommendations of Resolution 466/12, whose project was approved by the Research Ethics Committee, under Protocol 310.397. Study participants were oriented as the objectives of the study, which agreed to participate signed an informed consent form.

RESULTS AND DISCUSSION

The three respondent nurses were aged 26, 38 and 44, which work in the NICU for 4, 13 and 22 years, respectively.

♦ Kangaroo Method: implementation of the first stage

Regarding the initiative to implement the first stage of MC in the hospital it was found that several factors contributed to that it occurred. As mentioned by the nurses in the following lines:

> *The first stage of MC longer occurs in the federal hospital for at least 22 years ago, when I started working here, but I believe we've accomplished since the beginning of the unit, but three years ago it is making official by the Ministry of Health designations. (E3)*
>
> *Because the first step has to be performed empirically and not systematically. (E1*)

Kangaroo care is a practice that does not require much investment, so perhaps it was held in the unit since its inception, but without scientific basis and without institutional official.

This practice was adopted at a hospital in São Paulo in the nineties in the wards of rooming and from there was being spread throughout the country; soon other hospitals began to establish the use of the kangaroo position practices for the population of mothers and babies pre term, but without well-defined technical criteria.[1]

> *The deployment took place by the Federal Government's requirement for the MC already exists in its second and third step in this institution.* (E1)

The statement reveals that the institution researched the MC was already applied, but only in the second and third stages, the rooming units and outpatient respectively. This factor, relevant to the Ministry of Health, requires the institution to implement the first stage in the neonatal unit.

The statement made is similar to the results found in a study that shows the results for the stages of MC implemented in 28 hospitals in different states, with the most widely deployed was the first stage, because the institutions already had the service in the second and third stages.[5]

> *It is because the hospital develop humanized relief activities as milk bank and have baby friendly Hospital Initiative, also for the detection of the need for implementation through the talks of professionals and service users.* (E1)

In line with the deponent, the institution of the research is a teaching hospital accredited by Initiative Child Friendly Hospital. The institution also has the Human Milk Bank that besides receiving, processing, pasteurizing, fractionating and delivering all the milk, it is responsible for the care and encouragement to mother breastfeeding.[1]Both strategies favor the implementation and the course of the kangaroo method.

The first stage of the kangaroo method is implemented in the NICU. The way to begin the deployment process happened in a sequential manner, as shown in the following account:

> *Initially it should be made observation of reality checking the assistance gap and detecting the need for systematic implementation, professional training and choosing a responsible professional, formulation of indicators of assistance, such as: weight control, provided guidelines, examinations and vaccinations.* (E1)

The first stage of MC is developed within the neonatal unit, for this to happen there needs to be some changes in both the physical structure and in the work routine of professionals and in their attitude towards this novelty. These modifications must be made based on observations of reality. As the MC is performed by a multidisciplinary team these professionals should be trained so that their conduct conform to what is established by the Ministry of Health.

In a study reported the implementation of MC at a university hospital in the first stage there was also the training, the Ministry of Health, a multidisciplinary team, with a difference between reporting interviewed in the survey that only a professional was appointed be responsible in this study a multidisciplinary team became responsible for seeking partners and multiply the proposal for effective implementation of KMC.[9]

Another aspect to be highlighted within the context of changes that MC causes is that they are necessary and important in health institutions, leaving nurses to assume the role of initiator of this process.[10]

Even with the training of professionals for the implementation of kangaroo care, there is the need for continued work to improve with the whole team. As reported by the nurse:

> *A course was held with participation of 70 technical professionals and nurses at the initiative of the head of nursing at the hospital, but there is a need for a permanent orientation so that the whole team is capable*. (E3)

Despite the Health Ministry's effort to train professionals of hospitals and standardize the MC, its implementation in services is not always effective. Experience shows that despite the great mobilization training courses provided by the institutional routine and often the lack of support from managers hinders the necessary changes to implement.[1]

It was initially suggested forming a group that should have an element of multiprofessional and interdisciplinary work. Its members should represent sectors involved with the baby and its family. The participation of medical management and nursing of neonatal unit is suggested as well as others that the staff perceive to be important in this process.[1]

Another line refers to the stages of implementation of the first phase with the approach of the host family and the care of the newborn.

> *Action plans have been developed directed toward the high risk and in this sense has been the next host family members of high-risk NB with main focus on breastfeeding*. (E3)

The host family is a crucial phase of implementation of the MC, because that is where professionals in the neonatal unit come in contact with the mother, father and other family members to provide the first information on the health condition of your child them and with them can be critical in early recovery it.

In the application of kangaroo care, the nursing team occupies a special position, because by hosting maintains a direct and ongoing relationship with the baby and his parents in all stages of the program and performs care geared for comfort and for the most rapprochement between them.[4]

♦ Kangaroo method: strategies used for deployment

The analysis of the narratives allowed the description of a sequence of strategies used by professionals in the NICU for the first stage of the MC was located. These strategies are based on the method of knowledge of principle and how it should be applied as well as the training of professionals and the environment. These are: observation of reality; sensitization and training of professionals and search inputs (kangaroo pouch and chairs) to tailor the unit carrying out the MC.

Some strategies were directed to parents and also to family members who do not even practicing MC act as network support to the couple; among them stands out: groups for mothers and families with multi-professional discussions; sensitization of parents and relatives to join the method and family welcome in the unit with listening, training, guidance and encouragement for breastfeeding and care of the NB.

Other strategies have sought to improve the baby's condition inside the unit so that it obtain medical conditions favorable to the implementation of the MC earlier, such as: reduction of noise and light in the unit at the time of the baby's nap; positioning care; minimum and delicate handling; non-pharmacological pain relief with non-nutritive sucking glucose 25%; decreased stress and tactile contact and kangaroo care as early as possible.

A study examined the effectiveness of strategies made for implementation of the first stage of the MC in a public hospital. According to them before deploying father entrance to the unit was restricted to visiting hours and after the implementation went to visit free for parents and family members that there was someone else in the unit. The pharmacological resources for pain relief was not used at all, after the strategies undertaken professionals began to perform nutritive sucking with 25% dextrose three minutes before any procedure. Another change was in relation to the nesting before the newborns were placed in incubators without support and after strategies mesh nests were made for all babies.[11]

♦ Kangaroo Method: difficulties for deployment

According to the analyzed reports it was possible to highlight as the main difficulty for the implementation of the first stage of the kangaroo method acceptance and involvement of professionals.

> *The greatest difficulty is the acceptance of the professionals, they are insecure handling of extreme premature, beyond the lack of involvement, lack of professional link with the institution and the high turnover of them. An insufficient number of middle-level professionals participated in training.* (E1)
>
> *It is not easy to change routines, notice little commitment, but differently to handle changes gradually.* (E2)
>
> *The biggest difficulty is for professionals who still resist a mother who wants to care for and handle her son who is in intensive care, resist especially in placing the NB on Kangaroo position, that in use of fan and parenteral nutrition.* (E3)

Any changes you make in a work environment ends up generating routine in the modification process of professionals and thus triggers a feeling of uncertainty and insecurity in them, but this should not be seen as something negative, on the contrary should awaken the desire to seek the knowledge in order to improve the assistance.

For some professional presence and the mother's participation in the NICU contribute to a good outcome of the newborn, but also constitute something that culminates in a greater well-being of herself, as will be following a participatory manner the recovery of her child and despite difficulties in keeping this method by institutional difficulties at the present time, it is still an effective method.[12,13]

CONCLUSION

The study made it possible to conclude that the implementation of the first stage of the Kangaroo method is a process that involves the institution, the professionals, the newborn, parents and family, which despite not involve large arsenal of hard technology or high material resources financial costs facing difficulties, particularly from professionals working in the neonatal unit.

The initiative of the implementation of the first stage of the MC was given by government requirement because the institution has appropriate criteria for this deployment as having Friendly Hospital Initiative Child, Human Milk Bank, for carrying out the second and third stages of the method and empirically the first stage.

The study highlights the importance of the host, for performing the first stage of the MC is not only allow family into the unit, this should be done by a team trained by a dialog informing and preparing the people from the beginning to the end of his stay in the institution, respecting the personal and social aspects.

The strategies used to implement the kangaroo method resulted in some changes both in routine work and in the conduct of health professionals in a newborn with opportunities to participate in the MC. But the difficulties, particularly those relating to occupational, damaged the course of an effective humanized. Therefore, awareness and ongoing training of professionals is required.

The study brings benefits for nursing practice, as the humanized the MC approaches the professionals of family aside a totally technical and mechanical work, which is the differential of nursing to see the person holistically.

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