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ORIGINAL ARTICLE

THE VALUE ATTRIBUTED BY NURSING PROFESSIONALS TO THE CARE PROPOSED BY THE CANGURU METHOD

O VALOR ATRIBUÍDO PELOS PROFISSIONAIS DE ENFERMAGEM AOS CUIDADOS PRECONIZADOS PELO MÉTODO CANGURU

EL VALOR ATRIBUIDO POR LOS PROFESIONALES DE ENFERMERÍA A LOS CUIDADOS PRECONIZADOS POR EL MÉTODO CANGURO

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ABSTRACT

Objective: to understand the value attributed by the Nursing professionals to the humanized care proposed by the Kangaroo Method. **Method:** descriptive, qualitative approach, with discourse analysis of the collective subject and assistance of Qualiquantisoft® software. The collection was performed, through recorded interviews, with 37 Nursing professionals of medium level. **Results:** five categories were chosen: << It favors the growth / development of the newborn >>; << It favors the newborn bond / family >>; << Provides the comfort of the newborn >>; << Reduces length of stay >>; << Safety for parents and newborn >>. **Conclusion:** the Nursing team considers the Kangaroo Method to be important for the management of preterm and low birth weight infants, with a view to providing a better quality of life for the newborn and his parents in the future. **Descriptors:** Kangaroo Method; Humanization of Assistance; Premature; Public Health Nursing; Health Policy.

RESUMO

Objetivo: compreender o valor atribuído pelos profissionais de Enfermagem aos cuidados humanizados propostos pelo Método Canguru. **Método:** estudo descritivo, de abordagem qualitativa, com análise do discurso do sujeito coletivo e auxílio do software Qualiquantisoft®. A coleta foi realizada, por meio de entrevistas gravadas, com 37 profissionais de Enfermagem de nível médio. **Resultados:** foram eleitas cinco categorias: <<Favorece o crescimento/desenvolvimento do recém-nascido>>; <<Favorece o vínculo recém-nascido/família>>; <<Propicia o conforto do recém-nascido>>; <<Reduz o tempo de internação>>; <<Segurança para os pais e recém-nascido>>. **Conclusão:** a equipe de Enfermagem considera importante o Método Canguru para a condução dos cuidados direcionados aos recém-nascidos pré-termo e baixo peso, com vistas a proporcionar melhor qualidade de vida futura ao recém-nascido e seus pais. **Descritores:** Método Canguru; Humanização da Assistência; Prematuro; Enfermagem em Saúde Pública; Política de Saúde.

RESUMEN

Objetivo: comprender el valor atribuido por los profesionales de Enfermería a los cuidados humanizados propuestos por el Método Canguro. **Método:** estudio descriptivo, de abordaje cualitativo, con análisis del discurso del sujeto colectivo y auxilio del software Qualiquantisoft®. La recolección fue realizada, por medio de entrevistas grabadas, con 37 profesionales de Enfermería de nivel mediano. **Resultados:** fueron elegidas cinco categorías: << Favorece el crecimiento / desarrollo del recién nacido >>; << Favorece el vínculo recién nacido / familia >>; << Propicia la comodidad del recién nacido >>; << Reduce el tiempo de internación >>; << Seguridad para los padres y recién nacido >>. **Conclusión:** el equipo de Enfermería considera importante el Método Canguro para la conducción de los cuidados dirigidos a los recién nacidos pre-termo y bajo peso, con miras a proporcionar mejor calidad de vida futura al recién nacido y sus padres. **Descriptores:** Canguro Método; Humanización de la Atención; Prematura; Enfermería de Salud Pública; La Política Sanitaria.

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INTRODUCTION

Prematurity is the second leading cause of death for children under five years of age, and the first that strongly contributes to infant mortality (IM). According to the World Health Organization, about 15 million preterm newborns (PTNBs) or low birthweight (LW) are born each year and are considered a public health problem.¹

Premature birth requires the NB great efforts for extrauterine adaptation, due to its organic and physiological immaturity, a situation that may imply, for the neonate, high chances of both physical and mental impairment.² In this way, PTNB and / or LW needs special conditions of Care for their survival, with the least possible involvement.

The Neonatal Intensive Care Unit (NICU), conformed to a large technological apparatus, is the environment that offers a safe treatment, and with professionals able to provide the necessary life support until the neonate presents conditions for safe hospital discharge. On the other hand, it presents aspects antagonistic to the process of maturation of the organs, and promotion of the future quality of life, injury explained by cerebral immaturity for the reception, in excess of stimuli, to which they are submitted during the hospitalization process, as the luminosity and noises, that can cause irreversible sequelae and iatrogenias.³

Recent technological innovations have lifted the life expectancy of PTNB and LW, but, new concerns are derived from these advances, especially quality of life.⁴ Considering the technical-scientific evolution of health services and the non-corresponding evolution in the quality of Human relationships, it became a pressing need to discuss the humanization of health care, which began in the 1980s under the motto of Humanization.

The Humanization theme, has been the subject of several national and international debates, over four decades, with the aim of improving the quality of care. In attention to the PTNB and / or LW, it is presented under the expression Kangaroo Method (KM).

Historically, the KM was born of the economic and technological difficulties in Colombia, which determined the shared use of incubators, and, as a consequence, the increase in the rates of cross-infection and infant mortality reached alarming levels. In an attempt to save PTNB and / or LW, the precursors of this new paradigm of care, they suggested that mothers should put their

children in skin-to-skin contact, to regulate and maintain body temperature.⁵

The success of the initiative was noted, with a significant reduction in infant mortality, promotion of breastfeeding rates, and the link between mother and child. In view of these benefits, the incorporation of humanized practices in the care of PTNB and / or LW, under the initial title of Mother Kangaroo, spread, even if adopted by different needs to the original, in the five continents, and were incorporated according to the social characteristics, economic and cultural aspects of each country.⁵

In Brazil, adherence to KM by the Ministry of Health between 1999 and 2000 was not due to a lack of equipment or a substitution for traditional practices, but due to the proposed change in the paradigm of humanized neonatal care, whose repercussions Great benefits to the mother-child binomial, and would be complementary to the classic and well-known technological advances.

In the method, care for the NB and family, involve a set of actions that seek to minimize the effects of the therapeutic process on premature birth, and the separation between parents and children, in the process of hospitalization. The KM promotes the reception of the parents, and allows the involvement and insertion of the same in the care of their children, encouraging the early touch with evolution to the kangaroo position, and promotes the beginning of bond formation.⁵ In this context, the preparation is clear which provides for safe hospital discharge and avoids unnecessary readmissions due to the appropriation by the mother and family of the special care required by the PTNB and / or LW.

Therefore, it is understood, as a priority, the health team's needs in relation to the adaptation to PTNB and / or LW care proposed by the Kangaroo Method. It is assumed that working with the fragility of PTNB and / or LW is a constant challenge for health professionals, and it requires individual responsibility to know and be alert to the specificities of the adaptations to which these newborns are exposed, in the trajectory of extrauterine development of physiological maturity.

In this sense, through the research question: "What is the representation that the Nursing team of a reference center for the KM has of its proposals?" Thus, the objective of this study was:

- Understand the value attributed by the Nursing professionals to the humanized care offered by the Kangaroo Method.

MÉTHOD

Article elaborated from the Dissertation << Nursing Care Algorithms Based on the Kangaroo Method: a participative construction >> presented to the Graduate Program in Nursing, Health Sciences Sector, Federal University of Paraná, UFPR, Curitiba, PR - Brazil. 2014.

A descriptive study, with a qualitative approach, whose theoretical reference was the Public Health Policies of Humanized Attention and the Kangaroo Method, and the methodological reference was the Discourse of the Collective Subject (DSC), whose theoretical foundation is the Social Representations.

Participants included 37 middle-level Nursing professionals, auxiliaries and technicians working in a NICU at a large teaching hospital in a capital of the southern region of Brazil, which is a state reference in the Kangaroo Method.

As inclusion criteria, were considered: professional stocking in the NICU; Accomplishment of the course of 30h in the humanized attention to the low weight newborn - Kanguru Method and be present at the time of data collection. As exclusion criteria: being on vacations, time off or other types of leave.

The definition by these social actors of mid-level Nursing was intentional, since the present purpose was to understand the perception of people already sensitized to the realization of humanized care, understanding that the success of KM is strongly conditioned to the care expended by these professionals to the PTNB and LWNB.

As a data collection technique, a semistructured interview was used, applied by the researcher herself, in the course of her professional master's program, and guided by a script containing: a) questions about social variables such as gender, professional category, age, performance in NICU, and educational level; B) question about the importance of KM for PTNB and / or LW. These were done individually, between February and August 2014, during the work shift of each professional, in a reserved room attached to the NICU, after being accepted by the invitation and signing of the TCLE. The substrate of the speeches of social actors was recorded and later transcribed literally, with reliability to the discourses uttered.

For the treatment of the data, the Collective Subject Discourse technique was used, which consists of analyzing the verbal

material collected in surveys that have testimonials as their raw material, was developed with the support of Qualquantisoft® software (QQT®) .⁶

The CSD, worked with the support of the QQT®, facilitates the organization of the qualitative data, and allows quantifying, in percentage, the qualitative substrates emerged from the speech in a discursive way, by extracting, from each of these statements, the Key Expressions (KE), and their corresponding Central Ideas (CI). KE are continuous or discontinuous segments of discourse, which reveal the essence of the interviewee's speech. After organizing the categories of analysis from the CIs, the collective discourses are reconstituted, from excerpts from individual testimonials. These discourses are presented in the first person singular and, tend to produce in the receiver, the effect of a collective position.⁶

Each CSD is seen as an assembly of fragments of individual discourses, and is repeated in the responses in varying numbers. In this sense, the number of appearances in the responses is quantified by the software and understood as the force of sharing, or expression, or representativeness of the idea, in turn expressed as a percentage.

In CSD, there is a need for textual organization of parts of speeches that point out particularities (proper names or specific situations), and which repeatedly expressed similar ideas. And, so that the narrative chain was presented in a clear and sequential way, the discursive information was linked by textual elements (conjunctions, articles, etc.), without interfering in the original meaning.

To ensure the quality of this research, the domains proposed by the Guideline COREQ (Consolidated criteria for reporting qualitative research), which includes 32 items in a checklist for qualitative research using interviews and focus groups, were observed and met.⁷ This research was approved in the Ethics Committee of the Health Sciences Sector of the University, under opinion 376.485, CAAE n°18426613.8.0000.0102, according to the ethical criteria related to Resolution of the National Health Council No. 466, of 2012.

RESULTS

The 37 interviewees were female, with 68% of Nursing assistants and 32%, Nursing technicians. The age ranged from 30 to 56 years, and 44% (20) had more than 16 years of work in the NICU. Regarding academic training, although the level of education

Stelmak AP, Mazza VA, Freire MHS.

The value attributed by nursing professionals...

required for the position was the average level, 51% (19) of the interviewees had the complete upper level.

Regarding the answers given after the question "To you, what is the importance of the humanized care offered by the Kangaroo

Method for PTNB and / or LW", after several readings and analysis of the answers with QQT® support, 86 KE were elected, and the CI, from which five categories of analysis for the elaboration of CSD were presented, presented in Table 1.

Table 1. Categories of Discourse Analysis of the Collective Subject, according to their frequency (n) and force sharing. Curitiba (PR), Brazil, 2014.

Category	n	%
Promotes NB growth and development	29	33.8
Favors the bond NB / family	19	22.0
Provides the comfort of the NB	14	16.2
Reduce time of intent	12	14.0
Safety for parents NB	12	14.0
Total	86	100

Source: Qualiquantisoft®, 2014.

It is noted that the main meaning attributed by these professionals, to the care recommended by the KM, refers to the growth and development of the NB, with a sharing power of 33.8%. With less strength of sharing, the categories are found: it reduces hospitalization time and promotes safety for the parents and the NB, with 14.0%. Following are parts of the emerging discourses in the five categories.

DSC1 - Promotes growth / development NB

"The whole of the care is related to the development of prematurity in a global way, focused on the baby's cerebral, psychomotor, emotional, physical, psychosocial and affective development. These actions, advocated by the KM, reflect the future, and his life later, because they were born prematurely and are not fully formed, and the cerebral part is very meticulous, is developing every day. This will interfere with his growth and development when he is in infancy, at school without injury, without sequels ... it should be followed by all hospitals that have premature babies, to prevent some deficits at this stage of the newborn. You reduce the risk of bleeding your brain, and, you will have fewer disabilities, faster development, a better quality of life. They are little birds in our hands, they have to be protected."

DSC2 - favors link NB / family

"The importance of kangaroo care is primarily to establish attachment / attachment between mother / father / child. Better connection between the mother and the baby, because when the baby is born, and already comes here ... already had the 'premature cut of the bond'. Sometimes, it was a problematic gestation, very short, and the internment in the NICU is usually very long. We realize that there is a mother who has no bond with the baby. So the moment

she is here, she has to encourage the mother, the father, to approach and learn to have this contact with the baby in touch, smell, voice ... If you do not have our incentive, I think it is At the risk of not forming the link. And this bond between mother and child is paramount! It will also encourage breastfeeding! The KM brings the mother of the child, the family of the child ... creates the family ties. "

DSC3 - Provides NB comfort

"I think like this: the premature is a child who is in an environment totally out of where he should be, and the Kangaroo Method is as if it were placed artificially back into the mother's womb. It provides comfort ... it's a 'life saver' for the baby! We observe that treating this baby with less light, quiet environment, less noise, preserving sleep, not placing the baby immediately inside the basin (bath), weighing the baby curled, providing comfort, the baby becomes less stressed, calmer , Helps stabilize his breathing and it saves energy, becomes more stable, gains weight and has a quick recovery. Observing the method before, we saw the 'size' of the baby's stress, the number of apneas ... Now, you see the baby's tranquility, stabilization, comfort! You are preserving the baby for everything! And reflect on the front! "

DSC4 - Reduces length of hospital stay

"Wow! The CM care is to improve the conditions of the newborn. I have observed that now it comes out of oxygen faster, and responds better to the evolution of the treatment ... all because the child goes faster to the kangaroo (infirmary) and the more the mother manipulates the child, and the care, Reduces the risk of a hospital infection. It's being very interesting. You see that recovery really is much faster! A high is precocious, it goes to the house faster and well. Must influence in the front! "

DSC5 - Safety for Parents / Baby

Stelmak AP, Mazza VA, Freire MHS.

The value attributed by nursing professionals...

"The importance is for the baby to go well home. Prepare the mother, not only the mother, the father also, to take better care of your baby. Before the Kangaroo, the mother could not 'lay her hand on the baby, she spent days ... months ... without doing the least. Then, when he was going to get ... he was a stranger! Now the mother has more guidance, learns here with us to do the care, and is more prepared for home, is able and safe to look, observe, take care of your baby, know the time you need to bring to hospital care, when Really is something that can not solve at home. So, I think it's a life insurance! The incidence of (re) hospitalization is much lower. "

DISCUSSION

It is verified that the Nursing team, working in the service, presents years of dedicated work in the care of the PTNB and LW. This may represent a great experience focused on the specificities that premature infants need.

Regarding the statements made by the professionals, we sought to understand the significance, the meaning, the representation, by the Nursing professional, to the humanized care and to its promoting effects of the child development for the NBs assisted in the NICU.

It was verified that the Nursing team presents knowledge about the care to the PTNB and / or LW. It is possible to perceive a (co) responsibility for the quality of life of these children, because the professionals believe that the reflection of the care provided during the internment in the NICU, in which the development of the organs is in the process of maturation, will be observed in the future development.

This concern is relevant because this condition of birth represents a high risk for different diseases and sequelae, with losses in the process of child development and growth.⁸

The findings of this study are consistent with a study that evaluated the application of KM in the Nursing technician's view. In both studies, the deponents revealed that KM helps in the recovery, growth and development of the newborn, and that all actions provide humanized assistance.⁹

Concern about the development of PTNB and / or LW has been increasing among those involved in the NICU care process, given that the technological advances achieved in recent years have made it possible to survive, especially, in extremely low birth weight infants (<1000 g).¹⁰ However, paradoxically, the environment where the newborn will

continue its development (NICU), the needs for a healthy development, within desirable parameters, are antagonistic.

It is noteworthy that the maturation of several organs of the fetus occurs in the last trimester of gestation, when the Central Nervous System begins its maturation process during pregnancy and ends at the end of the first year of life.^{5; 11} The PTNB and / or LW presents a vulnerability to several indicators of development and it is imperative that the health team, especially Nursing, know the singularities of the PTNB and / or LW for the planning and execution of their actions, envisaging a development care that minimizes the risks of sequelae.² Among the most prevalent sequels are cognitive deficit, motor deficit, and affective deficit.⁵

The aim of this study was to evaluate the cognitive development of PTNB, which showed that, independently of images with brain alterations, these children presented impairments in vocabulary skills, grammatical exercises and simple mathematical resolutions.¹² The lower the gestational age at birth, the reduction of intelligence coefficient.¹³

As for motor development, prematurity has a negative influence on motor activity, and the greatest damages were observed in children whose hospitalization was prolonged and who required oxygen therapy and prolonged mechanical ventilation.¹⁴

Another aggravating factor in the development of pre-terms is affective development. The affectivity begins in the first moments of life, and its evolutionary process is primordial for the structuring of the cerebral functions. Parents are significant elements for this structuring to happen. In the event of hospitalization, infants are deprived of the initial constructions of the affective bonds, and this separation can cause a separation between the parents and the baby, with deleterious consequences for the overall development of NB.⁵

A Danish study, whose purpose was to verify the relationship between premature birth and the risk of development of affective disorder revealed that this population had high rates of depression and schizophrenia.¹⁵

As evidenced in the Nursing team's speeches, there is a perception and commitment to development, recognizing that premature newborns "came ahead of time" before their full intrauterine maturation. Thus, respecting the singularities of the newborn, the Nursing professional must always be attentive to the moments in which the newborn is ready to interact, because

Stelmak AP, Mazza VA, Freire MHS.

The value attributed by nursing professionals...

when the newborns are not stimulated physically and mentally, they may present abnormalities in their development.¹⁶

In addition to contributing significantly to the growth and development of the newborn, another importance of care announced by these professionals reveals that 51% of respondents (19 expressions from 37 respondents), with a sharing strength of 22.0%, believe that the strategy The humanization of the KM is a facilitator for the formation of a bond between parents and newborns.

The long period of hospitalization, as well as the severity of the newborn, may impair the formation of affective bonds.¹⁷ In the study scenario, free access to parents has been a reality for more than two decades, and it was confirmed in the CSD that the Nursing team recognizes the presence of the family as a primary need to establish a bond between the newborn and their parents and encourages their participation in early care of their child, as an opportunity to establish the bond.

A similar study carried out in the NICU of the state of São Paulo evaluated that the presence of parents during the hospitalization process is circumstantial for the formation of bond, and they positively recognize the presence of the same in an integral period.¹⁸

Among the benefits of KM, linking is defended by several authors, and it was from this construction that the KM gained global visibility, removing initial precepts from the practice performed only as a substitute for incubators in developing countries.¹⁹

The affective bonds are initiated through the stimuli. In this aspect the Nursing team is a mediator so that the first interactions NB / team, NB / country, NB / family establish themselves. Thus, the vision and perception of the professional caregiver is important, as was evident in the DSC, in the conduction of parents to the first touch of their children, a movement of transposition of the physical barrier imposed by the incubator, fear, insecurity, and consequent The establishment of contacts necessary for the formation of links.

The barriers imposed by the technician model, biomedical and not allusive to family participation, during years of care delivery in NICU, seem to be slowly being replaced by a more humane care.

The perception attributed by Nursing teams, in researches reported and in the study, regarding the presence of parents not as caregivers, but as participants in the therapeutic process, expresses a new look for

care in neonatology. This, no longer centralized in the NB, but welcoming the family that can be understood as also sick, by the impact of the event. Thus, it is phenomenalized that the planning of the actions of the nurse must contemplate not only the NB, but the family context.

With a sharing strength of 16.2%, another important observation, regarding KM care, in the interviewees' perception, refers to the comfort provided to the NB during the hospitalization process.

In this sense, it was verified that the importance attributed portrayed a humanized care in the perspective of comforting the NB and to preserve it from the harmful effects of being born prematurely. There was, a concern in the speeches, about minimizing the excesses of noise, brightness, and providing a calmer environment in the NICU, because they believe that these shortcomings can lead to damages for the future infant development of the NB. They also believe that all actions that diminish the stress and pain of the NB and keep it calmer will reflect on their organization and, consequently on the recovery and future development and attribute this care to the broad process of Humanization.

These values are in agreement with other scholars, who stated that NB undergoing various painful and stressful procedures end up using the energy that would be directed to growth and development, in compensation for the then disorganized systems.²⁰

Excessive stimulation, such as the NICU, may compromise the development of newborn infants.²¹ Continued exposure to them may cause, among other signs and symptoms, changes in sleep patterns, apnea, irritability, crying crises, and anything else reflect on your weight gain and overall development. In addition to these complications, the adrenocorticotrophic hormone may be released, which triggers a chain reaction: increased adrenaline, elevated heart rate, systemic vasodilation, increased oxygen consumption, increased blood pressure and intracranial pressure, which predisposes to cerebral hemorrhage.²²

In the study scenario, the protective measures of KM were compared as a return of the newborn to the maternal uterus. The KM proposes this idea when it brings together actions aimed at preserving the NB of noise, excess of luminosity, excessive odors, minimal handling, seeking an approximation with the uterine environment. These aims are to provide the greatest comfort to the newborn,

Stelmak AP, Mazza VA, Freire MHS.

The value attributed by nursing professionals...

to minimize the risks of iatrogenies, and to avoid harm to child development.⁵

Another observation made by the interviewees concerns the difference in the reactions of the newborn in use of the KM, compared to the period in which these actions were not incorporated into the unit. They highlight the high number of apneas, and the degree of stress of the newborn. The deponents raised the significance of KM when they referred that these care corresponded to a "life insurance" for the PTNB and / or LW. These statements reinforce KM as a strategy to preserve the NB from sequelae arising from the premature birth condition with a view to expected childhood neurological development.

With less sharing power (14%), in CSD4, the interviewees related KM with the high score conferred by the rapid improvement of PTNB and / or LW. This relationship, recognized by the interviewees, confers on one of the benefits of KM and has evidence. According to a randomized clinical study developed in Kenya, Africa, whose objective was to determine the effect of partial KM on growth rates and length of hospital stay in underweight children, it was found that the intervention group, assisted by KM, presented significant weight gain in comparison to the control group, which was assisted according to the conventional method (incubators and cribs), thus, the newborns using the kangaroo methodology, were discharged in a shorter time.²³

These findings are relevant to the promotion and encouragement of KM implementation in other hospitals, considering that NB-assisted NBs are being discharged before the NBs assisted in conventional units, this gives the method, in addition to the overall NB improvement, greater availability of NICU beds, and consequent reduction of expenses by up to 25% in relation to UCINCo beds.²⁴

The previous affirmation was reiterated by results of another research carried out by the same authors, in a UCINCo and UCINCa, in the state of Rio de Janeiro. The objective was to verify the budgetary impact using KM in neonatal care and concluded that KM would mean a savings of 16% for the UHS within a year if all eligible NBs were assisted in UCINCa.²⁵

In addition to promoting the stay of the newborn under maternal care, favoring the construction of the bond, the ease of breastfeeding by the proximity of skin-to-skin contact, the safety of the parents to the time of discharge, among other benefits already

discussed The CSD revealed that the interviewees related the KM as a contributor to the reduction of hospital infection rates in newborns.

It is known that the newborn, especially the premature, is susceptible to hospital infection, due to its peculiarities of low immunity, together with the large number of invasive procedures resulting from the need of the therapeutic process, added to the prolonged hospitalization time. Among the most frequent infections in NICUs, are the bloodstream (45-55%), followed by the respiratory tract (16-30%), urinary tract (8-18%), and among the most prevalent individual risks low birth weight and prematurity. The authors point out that in addition to the biological factors, other factors imply the high risk of infection of the PTNB and / or LW, such as: inadequate working conditions, with professional disproportion to ensure the humanized care of each hospitalized neonate, or consequent periods overcrowding in NICUs.^{5;26}

A meta-analytical study aimed at analyzing the evidence and estimating the effect of KM on neonatal mortality due to the complications of preterm birth has shown that KM significantly reduces neonatal mortality in PTNB and / or LW, and is very effective in reducing Morbidities, especially of infections.²⁷

Attempts are made to use the KM that the stable NBs can, as soon as possible, initiate the 2nd step of the method, thus reducing excessive manipulation and by different professionals, since the care will be almost entirely carried out by the mother, also contributing to the reduction Of infections, and for a safe and timely hospital discharge.

As a last category, the safety of parents for care was remembered by 12 professionals, with a sharing strength of 14%. For the interviewees, KM is equally effective for the preparation of parents for the moment of hospital discharge, and for home care with autonomy and safety. A similar opinion was given in a national survey.¹⁹

The time of hospital discharge from a NICU is highly expected by all involved, staff, parents and family, but the insecurity in taking home a baby under 2000g, and since birth was surrounded by technological and professional apparatus for its recovery and preservation of health, is a common occurrence in NICUs.

In this perspective, the KM throughout the three stages rescues the role of Nursing, especially the nurse educator, as well presented in the CSD. The insertion of the

Stelmak AP, Mazza VA, Freire MHS.

The value attributed by nursing professionals...

parents in the care provides moments of orientation, of exchanges of experiences, enables doubts to be verbalized and healed, and thus develop the family self-confidence, a context that minimizes the fears and anxieties before the moment of discharge.²⁸

In this study, the KM was compared to a 'life insurance' for the NB, since it promotes the effective participation of the parents, giving them competence for the gradual care, and acquisition of skill and safety against the peculiarities of the premature child.

A similar finding in research that states that mothers who participate in the decisions to treat their hospitalized children, and develop care for the NB during the hospitalization process, feel more secure and able to care for their children at home.²⁹ Authors point out that, before KM, parental involvement in care was little encouraged by the professionals involved in care, especially by the Nursing team, which is responsible for full-time care and, which may express ownership of the NB³⁰. A similar finding was expressed in CSD when they reported that in time prior to KM, parents could not touch their babies, much less perform minimal care.

Through the CSD, it was shown that the behavioral change made possible by humanized care, with the participation of the parents, impacts on the (re) hospitalizations and newborns scenario due to parents' lack of preparation for care, reinforcing the benefit in reducing them.

The early interventions performed by the Nursing team, provided by the KM, are fundamental for adaptive care, and allow parents to expose their fears, longings, doubts and insecurities regarding the process of caring for the PTNB and / or LW.⁵

CONCLUSION

The findings of this study, regarding the importance of KM care to PTNB and / or LW point to a Nursing team in an already mature process of awareness of the changes, to conduct the care directed to the PTNB and / or LW during the hospitalization in the NICU, With a view to providing a better quality of life for the NB and their parents in the future.

It is also confirmed the need for critical evaluation by nurses, as managers of their work team, of the need to manipulate the NB in a NICU, based on the principles of KM care, knowing that unnecessary handling could lead to losses.

This research was developed in a scenario in which the KM is stimulated, for family members and health staff, and in which there

is a team accredited by the federal government as tutor and able to reproduce their knowledge, a fact that confers different characteristics to other realities . Thus, it is suggested to carry out similar studies in other scenarios that may or may not coincide with the findings of this study.

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