RESUMEN
Objetivos: conocer los conceptos de puérperas sobre unidad de terapia intensiva neonatal y para identificar los factores que influyan en los ingresos de los recién nacidos. Método: estudio comprensivo e interpretativo de enfoque cualitativo, realizado en una maternidad en la ciudad de Campina Grande / PB / Brasil, entre agosto y septiembre de 2012 con once puérperas. Los datos fueron analizados mediante la técnica de análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética bajo el CAAE No. 0554.7312.10000.5175. Resultados: se encontró el conocimiento limitado de las madres acerca de la unidad de cuidados intensivos neonatal, además de la falta de la función y beneficios que aporta a la salud del recién nacido. Se observó que las dudas de las puérperas por veces son ignoradas y estas no son de manera correcta percibidas como parte integral del cuidado. Conclusión: las puérperas revelaron cariño de información y de acogimiento por parte de sus profesionales de salud, lo que puede potencializar el desarrollo de sufrimiento psicoafectivo. Descriptores: Estresse Psicológico; Periodo Pós-Parto; Unidad de Terapia Intensiva Neonatal; Recém-Nacido.
INTRODUCTION

Puerperium is defined as the final stage of the pregnancy, or the period in which local and systemic changes occur in the body to return to its pre-pregnancy. Begins approximately two hours after delivery of the placenta, however, the end of puerperium period is variable, in view of the differentiated changes raised from the lactation and return of menstrual cycles.  

The changes resulting from postpartum occur not only in physical appearance, since this period is perceived as critical to women's health due to its proximity to possible psychological disorders. It is common for the mother to experience mood changes and emotional liability may submit pictures of deep apathy or symptoms of psychosis and quirk. Some women are more likely to develop psychiatric disorders during the postpartum period, among them are those in which newborns (NB) require immediate treatment and comprehensive care offered by the Neonatal Intensive Care Unit (NICU). These mothers should be targeted for special attention, so that they feel supported and understood about their anxieties and feelings in the face of new and unexpected situation.

NICUs were created with the purpose of assisting the RN with a medical condition constitutes an immediate threat to life or potentially requiring complex interventions and sometimes invasive. These units excel in saving and / or prolong the life of this unique group of users, with the most common types of calls cases of prematurity and congenital diseases. Although the NICU has unique function of providing comprehensive care for infants, the hospital has been identified as the stressor and exhausting emotional balance family. The loss of power in the child and the care that would be released to her family elucidates the need to develop a repositioning in the roles of members in order to better adapt to the routine imposed by the institution.

Living with the possibility of death, the deficit of information, many devices connected to the baby and not knowing about the real state of the child, generate difficult and scary moments, coming to produce feelings and confused emotions, disconcerting and unforgettable in the mother. This is because, in this case, the mother and whoever else remains exposed to routine losses, sufferings and insecurities. Face risks that are experiencing a variety of feelings and emotions ranging from pity, fear, helplessness. Thus, among the experiences, sensations and feelings, mothers to see the newborn child domestic ICU can be inferred that the guilt emerges even more than the others, given that she finds herself responsible for the state of health that the nurse is . It is during the acceptance phase that a higher incidence of depressive and anxiety symptoms among mothers.

Becomes relevant expose even the presence of high levels of stress in mothers with this internal hospital sector, which may present an even greater increase in these levels due to the experience of this situation is during puerperal. Another factor, not least to increased levels of anxiety and stress of mothers and families of newborns internal is the lack of information and attention of the health team in the industry, coupled with the lack of knowledge about the hospital in question and your routine. In fact there is a deficit on the part of hospital staff about the provision of information to patients and families about their health status, invasive and non-invasive as well as time spent in the institution. The absence of this dialogue can seriously interfere with the development of practical care necessary for the improvement of the patient, as well as foster the development of anxiety symptoms.

Therefore, the mother / companion in the world stressful and confrontational of UTI's need of support and solidarity, not only relatives, but also and especially the team of professionals to help you find energy to live with the disease and treatment of his son, thus rescuing, feelings of hope and faith as a way to promote and encourage her to confront the experience hospitalar. Thus, we stood before this study, and to fill gaps that were prepared the following questions: What about the concept of puerperal NICU? What understanding of the mothers on the factors that influenced the hospitalization of infants in the NICU? So it was aimed to meet the conceptions of the mothers of NICU and identify the understanding of the mothers on the factors that influenced the hospitalization of infants in the NICU.

METHODOLOGY

Exploratory, descriptive, qualitative study was conducted in a public hospital, located in Campina Grande / PB / Brazil, having to collect empirical occurred during the months of August and September 2012. The study sample consisted of eleven who had recently given birth and accompanied innermost child in the NICU during the collection of the empirical material. Being
thus established the following inclusion criteria: Being a mother of children hospitalized in the NICU; Being over 18 years; Resident of Campina Grande and surrounding cities; Being literate; Being accompanied by the child at least 10 days in the ICU Neonatal and agree to participate voluntarily in the study by signing the consent form. Thus, mothers who did not fit the inclusion criteria were automatically excluded from the sample.

There was used to collect empirical one semistructured interview guide built to meet the proposed objectives, collected through a device Media Player 4 (MP4) for later transcription. The empirical data obtained was analyzed using the technique of content analysis of categorical theme 9, being used to analyze subjects’ speech in which consists in discovering the meaning units that make up the communication and whose presence or frequency of appearance can mean something for the chosen analytical objective. To that end, speeches obtained were presented in the form of narratives arranged in the form of themes in the literature.

The research was conducted according to the ethical aspects of research involving human subjects recommended by Resolution 196/96 of the National Health Council being submitted to the Ethics Committee in Research of the Center for Higher Education and Development, which issued a favorable opinion on 14 August 2012, No. CAAE 0554.7312.10000.5175.

RESULTS AND DISCUSSION

● Design of puerperal about NICU

The ICU's intention is to provide observation, care and support multidisciplinary continuous and integral. It was intended to provide specialized care to the health of seriously ill patients with organ dysfunction and dependent on high-tech devices to maintain vital. Moreover, this sector hospital several times can be perceived as a traumatic environment for patients and families susceptible to stressful situations.10

To have good development in routine ICU, it is necessary the presence of human resources with technical qualifications, scientific and humane care of critically ill patients and / or in critical condition in the possibility of recovery. However, when asked about the NICU, the testimonies of mothers allowed them to build the following narratives:

I know, I know it's a special corner for him, and he is there to gain weight because they are premature. (M.01)

I know, I know because it is a corner that children are premature, and that there is all kinds of tests to find out if the child have a problem, or not, only that I do not understand is this. (M.02)

Yes I know the NICU is a special little room for the baby who has severe case, [...] My baby's there because he was born with a little illness, there had to be operated to get better. (M.03)

The ICU is like when a child has a problem going to the oxygen tank, boot all appliances, the child recover and get well. (M.11)

From the analysis of the reports, it became apparent that the deponents have minimum and limited knowledge about the NICU and had fragile idea about your daily life and function. They only report what they see on a day-to-day, as they were passed on by the team or what they expect to happen across the child’s recovery.

The NICU is presented as a closed unit; traffic free only for health professionals sector employees, where in general, the input of parents is only permitted in visiting hours pre-set according to the institutional rules, which prevents continuous stay of the family beside the RN. These conditions are precursors of feelings such as fear and hope, interconnected by belief in the improvement of health status and doubts about the design minimum operating NICU.11

Being environment indicates that the worsening health conditions of the newborn triggers emotions in their families of different natures. It can be seen in the speeches that the environment of the Neonatal Unit was listed as something special, which was created to “bring healing” of the child who is born with prematurity, low birth weight or other health problems. In this case, it is important to highlight the examinations of high complexity and use of advanced support devices.12

Thus, the characteristics and complexity of the ICU, and cultural relations rooted in the population, impose mediate fear and distress in the family. 10Assim, over a long period in hospital, the NICU is no longer a frightening environment and begins to be considered necessary for the specialized care required by the health conditions of newly born.12 However, the most aggravating was that some mothers children inside the NICU to be asked what they would be referred to the sector, showed total ignorance on the subject, as seen in the category below.

● Ignorance of puerperal about NICU

The setting of the NICU is familiar to professionals working in it, but for parents, it
may seem a hostile and unwelcoming triggering thereby feelings of denial, therefore, can relate to the fear and anguish. The NICU RN is prepared to receive 0-28 days mostly premature aiming to promote strategies for health improvements.\textsuperscript{12} Is a section of the hospital care that aims to critically ill patients. Often noisy, adapted to large-scale technological standards in the uninterrupted activity of professional and technical language used by them make the environment uncomfortable and foreign to most parents, though, have primary aim of providing comprehensive care and strategies for developing unique healthy newborns.\textsuperscript{12} However, the lines below show the ignorance on the part of respondents:

\textit{Do not know, I just know he's there because he was born premature and was born with little pound [...]} (M.06)

\textit{I do not know what NICU is. I just know he too there because they had a little infection in his urine, now do not know what to say so I cannot explain right.} (M.07)

\textit{No. I do not know what is!} (M.10)

From speeches, it is clear that some women, when asked about what would be a NICU, report not knowing what it is. However, in their testimonies were still reported reasons for hospitalization of the child, such as prematurity, low birth weight and infection. Thus, it can be seen that there are women who know the environment in which their children are hospitalized and even the function that that environment back to health RN. Soon, a part of the concept to these mothers is even more vulnerable to the emergence of possible psychological complications, in the absence of knowledge, which creates the appearance of ambivalent precursors, which may be psychic suffering. Moreover, it becomes apparent deficit of information and the host of professionals.

Becomes important in this case to emphasize on research that revealed from testimonies of mothers who their sorrows and afflictions often seem not to be perceived by health professionals, which may in some cases be related to the deficit in the training in order that they sometimes do not consider the baby's family as a subject in need of care.\textsuperscript{13}

Other authors corroborate stating that the relatives usually are not informed and unaware of the routine in the industry, and this further elevates its concern, distress and its suffering. Being therefore extremely important that professionals have the responsibility, concern and commitment to educate families, to try to eradicate this negative cultural meaning attached to the ICU.\textsuperscript{10} Therefore, it is imperative that professionals facilitate the interaction of parents and the ICU environment, and realize the importance of establishing contact between humanized family members with the RN in treatment, which requires professional abandonment of prejudices mode that enables you to change your actions to transform them essentially human care.\textsuperscript{13}

It is understood, therefore, that care rendered improperly can generate conflicting reactions and unsatisfied, either for individual treatment, family and society in general, if this is not done in a comprehensive way. Thus, it is necessary to develop the thought that beyond the need to extend the life of RN stimulation is essential for it to create and strengthen bonds that will eventually assist you to acquire autonomy to life.\textsuperscript{14}

Continuing research, wondered if mothers knew why the children were inside the ICU, therefore, and constructed the category below:

- ICU due to health problems of newborns

When they experience the hospitalization of the children, the mothers feel increasingly uneasy about their health status. The NICU include various circumstances considered at risk, mainly associated conditions including premature birth, malformation and various other complications.\textsuperscript{15} Some of these causes of hospitalization were reported by mothers, as can be seen in the statements that follow:

\textit{Why was with little oxygen.} (M.09)

\textit{[...] Is to strengthen it, right? Why is he in need, he is sick.} (M.04)

\textit{Because it's past time to be born, there was no oxygen.} (M.10)

\textit{Yes I know that is how my son was born prematurely right, is to assist in the development, to develop, to be so good to be able to not need the help of devices right?} (M.08)

\textit{I know she went there because they had to do surgery on her navel, which has an umbilical hernia and then took her to the ICU.} (M.11)

Are reported in the statements, various diseases affecting newborns with certain frequencies, however, despite the mothers cite the problem or event that caused the hospitalization of the child, it is clear that there is no concrete knowledge regarding child pathology. When mothers (M.09, M.04 and M.10) claim that the child is in the ICU for "respiratory problems", "being sick", "to strengthen" it is clear that they do not have full information diagnosis of newborns, indicating with this, a gap in their relationship

\textsuperscript{10} Azevedo EB, Silva JB, Guimarães RCS et al.

\textsuperscript{11} J Nurs UFPE on line., Recife, 7(10):5851-7, Oct., 2013

\textsuperscript{12} DOI: 10.5205/reuol.4377-36619-1-ED.0710201303

\textsuperscript{13} ISSN: 1981-8963

\textsuperscript{14} English/Portuguese

\textit{Neonatal intensive care unit and triggering...}
with the professional responsible for care for the newborn.

It was seen that the perception of mothers in relation to your child is that the newborn child in the early stages of hospitalization is especially due to the frailty bias. Small, placed in the incubator and monitored by several devices, it is a baby alien and unknown to them. In addition, the impact of ICU admission of their child in the mother brings out a variety of feelings and emotions such as sadness, guilt, fear, shame, helplessness and hope that often lead her to move away, often unconscious act, and it therefore favors the development of reactions of denial about the state of health that the child presents RN. However, it is evident that while the mothers know the real function that performs under NICU infant health and understand the health condition of their child, they realize that babies need specialized care to assure the survival and the from this moment the perception of beneficial NICU environment is formed and this makes it ideal for further treatment.

**FINAL REMARKS**

Before this study, it was found that some women have a limited knowledge about the environment of the NICU, and yet claim to know the function of the environment, show only a simplified sense, insofar as that claim it is a space dedicated to conducting special treatments for maintaining the health of newborns.

However, other women show not knowing what it is that environment or function and the potential benefits that this sector can bring to RN there internal, therefore, considered a grievance to the treatment strategy RN, in view of the need for cooperation from mother to baby's healthy development. However, despite denying knowledge, report the reason for hospitalization of infants, indicating that they understand that the NICU is an environment that indicates worsening conditions of the newborn, this design, which evokes negative feelings in mothers, symptoms anxious and stressful.

In this perspective, before the reports, there was also a deficit and absence of this puerperal information for by the health team active in the NICU, where the doubts of the mothers are sometimes ignored and these are not properly perceived as an integral part of care. In this case, ignorance about the diagnosis and consequences of the condition that affects the RN brings as a consequence the lack of understanding on the functioning and treatment offered by the NICU, which actually sharpens the social significance fearful that the ICU's carry.

There postpartum women who have extreme lack of information and acceptance by health professionals, which may potentiate the development of psycho suffering generated by the lack of knowledge and the feeling of helplessness experienced by those on the situation. It is necessary, therefore, think of the development of actions to ease the anxiety, fear, sadness and powerlessness, experienced by the mother before the hospitalization of infants in the NICU, as well as develop strategies that benefit these postpartum women and improves access to information, awareness is essential for professionals to enter the humanization of bringing improvements in health and thereby reducing the chances of developing psychological disorders that can affect the emotional relationship between mother and son.

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