



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

MATERNAL RECEPTION IN THE CONTEXT OF PREMATURITY

ACOLHIMENTO MATERNO NO CONTEXTO DA PREMATURIDADE

ACOGIDA MATERNA EN EL CONTEXTO DE LA PREMATURIDAD

Beatriz Dutra Brazão Lelis¹, Mirna Isicawa de Sousa², Débora Faleiros de Mello³, Monika Wernet⁴, Ana Beatriz Ferreira Velozo⁵, Adriana Moraes Leite⁶

ABSTRACT

Objective: to analyze the reception of mothers of preterm newborns (PTNB) hospitalized in the care settings of a Baby-Friendly Hospital. **Method:** this is a qualitative, exploratory and descriptive study, based on the concept of humanization. From the semi-structured interviews recorded with the mothers, the data were analyzed by the technique of content analysis in the thematic analysis modality. **Results:** the testimonies show the impact of mother-child separation with premature birth and there are repercussions after birth. The practice of reception in this difficult process of having a child hospitalized in NICU becomes fragile, since, in the current care model, even in a Baby-Friendly Hospital, professionals usually continue to place themselves as holders of knowledge without valuing listening to the woman. **Conclusion:** it is necessary to rethink and reorganize the daily routine of health actions for attentive listening and resolution of health demands. **Descriptors:** Host; Humanization of Care; Prematurity; Mothers; Postpartum Period; Maternal-Child Nursing.

RESUMO

Objetivo: analisar o acolhimento às mães de recém-nascidos pré-termo (RNPT) hospitalizados nos ambientes de cuidados de um Hospital Amigo da Criança. **Método:** estudo qualitativo, exploratório e descritivo, pautado no conceito de humanização. A partir das entrevistas semiestruturadas gravadas com as mães, os dados foram analisados pela técnica de Análise de conteúdo na modalidade de análise temática. **Resultados:** os depoimentos mostram o impacto da separação mãe-filho com o nascimento prematuro e que há repercussões após o nascimento. A prática do acolhimento nesse difícil processo de ter um filho internado em UTIN fica fragilizada, uma vez que, no modelo assistencial vigente, ainda que em um Hospital Amigo da Criança, os profissionais continuam habitualmente a se colocarem como detentores do saber sem valorizar a escuta à mulher. **Conclusão:** faz-se premente a necessidade de repensar e reorganizar o cotidiano das ações de saúde com vistas à escuta atenta e à resolução de demandas em saúde. **Descritores:** Acolhimento; Humanização da Assistência; Prematuridade; Mães; Puerpério; Enfermagem Materno-infantil.

RESUMEN

Objetivo: analizar la acogida a las madres de recién nacidos a pre-termo (RNPT) hospitalizados en los ambientes de cuidados de un Hospital Amigo del Niño. **Método:** estudio cualitativo, exploratorio y descriptivo, pautado en el concepto de humanización. A partir de las entrevistas semi-estructuradas grabadas con las madres, los datos fueron analizados por la técnica de Análisis de contenido en la modalidad de análisis temático. **Resultados:** las declaraciones muestran el impacto de la separación madre-hijo con el nacimiento prematuro y que hay repercusiones después del nacimiento. La práctica de la acogida en ese difícil proceso de tener un hijo internado en UTIN es fragilizada, una vez que, en el modelo asistencial vigente, aún que en un Hospital Amigo del Niño, los profesionales continúan habitualmente a colocarse como detentores del saber sin valorizar la escucha a la mujer. **Conclusión:** es necesario repensar y reorganizar el cotidiano de las acciones de salud para la escucha atenta y a la resolución de demandas en salud. **Descriptor:** Host; Humanización de la Atención; La prematuridad; Madres; Periodo Posparto; Enfermería Materno-infantil.

¹Master degree, University of Minas Gerais State UEMG. Brazil. E-mail: biadbl@hotmail.com ORCID iD: <http://orcid.org/0000-0003-1854-2273>; ²Master degree (Ph.D. student), Post-Graduation Program Public Health Nursing. School of Nursing Ribeirão Preto, University of São Paulo EERP/USP. Ribeirão Preto (SP), Brazil. E-mail: miisicawa@gmail.com ORCID iD: <http://orcid.org/0000-0002-5708-0967>; ³Ph.D. in Health Sciences, Associate Professor, Department of Maternal and Child Nursing and Public Health, School of Nursing of Ribeirão Preto. University of São Paulo EERP/USP. Ribeirão Preto (SP), Brazil. E-mail: deffmello@eerp.usp.br ORCID iD: <http://orcid.org/0000-0001-5359-9780>; ⁴Ph.D., Department of Nursing, University of São Carlos/UFSCar. São Carlos (SP), Brazil. E-mail: mwnet@ufscar.br ORCID iD: <http://orcid.org/0000-0002-1194-3261>; ⁵Master degree student, Postgraduate Program in Nursing in Public Health. School of Nursing of Ribeirão Preto at the University of São Paulo EERP/USP. Ribeirão Preto (SP), Brazil. E-mail: anabenfneo@outlook.com ORCID iD: <http://orcid.org/0000-0001-0885-779X>; ⁶Ph.D., Department of Maternal and Child Nursing and Public Health, School of Nursing of Ribeirão Preto. University of São Paulo EERP/USP. Ribeirão Preto (SP), Brazil. E-mail: drileite@eerp.usp.br ORCID iD: <http://orcid.org/0000-0001-8327-8718>

INTRODUCTION

The premature birth of a child and hospitalization is a source of distress and suffering for the parents and may constitute an emotional crisis with feelings of loss and mourning during and after the discharge of the baby from the Neonatal Intensive Care Unit (NICU).¹ Such feelings may affect parents' abilities to respond sensitively and contingently to the baby's signals with consequences for attachment and mothering.² Thus, preterm birth requires an unexpected adaptation by the mother marked by fears, yearnings, anguish, and sadness.³

There are different forms of maternal reactions to such a situation. Given this, a considerable number of them entrust the care of their child (ren) integrally to the NICU team, space with that begins to interact. From the dynamics of the NICUs, there is a certain tendency of the daily life to determine to the mother an expectant role of the care to the child.⁴ This fact has unfolding in the development of the maternal and child role, since the mother-child initial interactions are essential. Thus, the host to the mother of the preterm child is among other recommendations for health care in the NICU, inserting her in the care of the child.⁵

In Brazil, maternal and child care policies, programs and actions have been launched aiming at the humanization and qualification of the newborn and his family, many of which involve prematurity. It is worth noting the expansion of the Baby-Friendly Hospital Initiative (BFHI) to other care settings, such as the NICUs (IHAC-Neo), the Humanized Standard for Low-Birth Newborn Care (Kangaroo Method) of the Ministry of Health⁽⁶⁾, based on successful experiences in countries such as Sweden, Norway, Denmark, Finland and Canada,⁷ Mother-Friendly Care linked to the Stork Network strategy⁽⁸⁾, the Universal Declaration of Rights for Premature Baby⁽⁹⁾, the project Mother's support in NICU and the Pregnant Woman Home, a maternal and child health care system also proposed by the Stork Network.¹⁰

Considering the situation presented, some questions guide the motivation for the study: how does the experience and feelings of the mothers of premature infants admitted to NICUs in places accredited as a Baby Friendly Hospital? Is there a differential that contributes to support for these mothers?

OBJECTIVE

- To analyze the reception received by the mothers of preterm newborns (PTNB)

hospitalized in a NICU at a Baby-Friendly Hospital.

METHOD

This is a qualitative, exploratory and descriptive study, based on the concept of humanization and performed with hospitalized PTNB infants.

In general, the meaning of humanization in the health area has been elaborated by many authors for many years, always relating it in some way to the relational aspects of the social actors involved.¹¹ Humanization of the health sector means an intuitive care movement and appreciation of intersubjectivity in the relationships⁽¹²⁾. It is not a technique, an art, or even an artifice, it is a living process that permeates all the activity of the place and the people who work there, offering the patient and his family the treatment they deserve, within the peculiar context that each one at the time of admission.¹³

The study was carried out in a NICU of a Minas Gerais hospital accredited as a Child Friendly Hospital with the Kangaroo Method and the House of the Pregnant Woman.

The following inclusion criteria were defined for the mother: to have extreme preterm and/or moderate preterm newborns assisted at the Neonatal Inpatient Unit (regardless of time); whether or not she is discharged from hospital, if she is discharged while staying in the Pregnant Woman's Home or in her own home, in the case of mothers living in the municipality under study, and/or staying in the accommodation. Thus, eight mothers of preterm infants hospitalized in a NICU participated in the study, following the precepts of theoretical saturation.¹⁴

For the data collection, the recorded semi-structured interview was used. The data obtained were analyzed based on the content analysis in the thematic modality.¹⁵ It should be emphasized that data collection was only started after approval of the study by the Ethics Committee of the Nursing School of Ribeirão Preto - USP, under the opinion of 264,930 - CAAE 08975312.0000 5393.

In the results, the exemplifying excerpts of maternal speech are identified by the letter M followed by the translator's order number of the entry of this woman in the study. Thus, M1 is the first woman in the study.

RESULTS AND DISCUSSION

In a brief description of the women in the study, six of them were found to be in the age range of 25 to 30 years old, seven had high

school, four were married, two were housewives, four reported that the PTNB was the second son; three PTNBs were born less than 30 weeks and five PTNBs were more than 30 days old. Regarding PTNB/mother permanence, four were in the Kangaroo Method.

From the analysis of the reports, three thematic categories allowed the characterization of the reception received by the mothers: Sudden separation, concern and spirituality; Kangaroo Method: joys and troubles; Pregnant Woman House: support and learning.

♦ Sudden separation, concern and spirituality

The hospitalization of the preterm newborn infants imposes on the mother to remain in joint lodging in the postpartum period. This mother is frustrated because she hoped to have a healthy, full-term child and that she could leave hospital without any complications and return home with the baby. The hospitalization of the PTNB in the NICU is a maternal experience of suffering and sadness, especially by the separation of the child after all the time of pregnancy. The need to separate from her child is referred to as a terrible feeling.

[...] the hospitalization was an anguish of not being able to be together, so I would see that I was losing the milk and could not breastfeed, I gave up. (M3)

She was only with a little bit of oxygen, the moment I saw her, I had a desire to take care of her, to hug and kiss, and to see her there, so that I could not touch her, I said: my God, how we are useless. (M4)

The mothers report that all their actions in prenatal care were given to prevent preterm birth, but with the sudden interruption of pregnancy, they experience great tension and anguish in the uncertainty they are facing. All reflections and thoughts are structured in the possibility of survival and strong desire to take the baby home. There is fear for non-survival and possible sequel, which brings anguish and intense suffering and stress. This context contributes to intercurrents, both physical and emotional, which can be identified in the speech of M3.

[...] what we feel is very complicated, we get emotional, seeing the baby there and we are afraid, because every time a doctor, a nurse comes, they come to say something contrary to what we wish. (M3)

We suffer from seeing him there, from him crying and all these things, he is vomiting a lot [...] to see him feeling pain we suffer, our fear of everything, everything, everything, to leave the ICU to eat, going

outside, afraid of him dying, being that he is not with risk, but only negative thinking, too much pressure here in the head, I think there have been many changes very close to each other. (M8)

In almost all reports, the desire to be present to accompany the evolution of the child has been evidenced and thus to feel a participant in this very painful process. At such a delicate time, the reception and availability of someone from the health team proved to be an important comfort.

Wow, they treat us very well, and here they have suffering, so I guess they imagine what we go through, all the nurses ask what I'm feeling, even the kitchen arrives and asks: So mommy, is the baby fine?" Then you have that good reception. That's nice! They ask why they really care about the process, how it was around here, if you're okay, if you're feeling well. So I see it like this, I feel confident. (M3)

The words of these mothers demonstrate how the conversation and the welcome that the team gave them helped them to better face the situation. It is understood that the change from the pregnant woman to the mother state is abruptly anticipated by the baby's preterm birth, which constitutes a delicate and complex moment.¹⁶ The affective investment necessary for the psychic construction is impaired when the object in which the mother must invest refers to its imperfection. The fantasies and meanings attributed by the mother to the perinatal events may influence the psychic representations of the baby, motherhood, and herself. The ambivalence common to all pregnancies, coupled with preterm birth, can produce guilt.¹⁷

The mother needs to share her pain to ease her suffering, as well as being able to keep on waiting. They seek support in this direction and count on their companion, some professionals who work in the neonatal unit, family and friends, however, spirituality emerges as very relevant, as illustrated in the following statements:

We prayed a lot, prayed and prayed, taking a lot of divine strength. (M2)

I prayed for everything that was very holy for her to be well, to be well and to go home very well [...] thanks God, now I just have to thank her that she is healthy and perfect, she is here just to gain weight now. (M4)

Given the complexity of the situation, belief is a way of achieving salvation, whatever the rite, religion or culture of the believer. For these families, clinging to a higher self is a way to feel encouraged and

resilient to what they feel and the situation they face. Believing in something superior brings hope and with them new expectations, a culturally accepted way of going through an ordeal, believing that men's faith is capable of modifying a reality.¹⁸

◆ Kangaroo Method: joys and troubles

Mothers who have experienced the Kangaroo Method report learning about the child, especially the contact intimacy that the method provides. They mentioned feeling the child, their breathing, their modifications, the temperature, the nuances of sleep, among other peculiarities of the child. This aspect promotes the child's sense of belonging and a sense of being (she, the child, the family) victorious and slowly transposing this stage. Experiencing the method is also understood as closer proximity to discharge and going home.

In addition, they witness the benefits of the method to the recovery of the child and this brings satisfaction and joy. M1 reports his satisfaction saying:

It is very good for both the mother and them to be in contact with each other's body, it makes the child recover well, grow, gain weight, and it is very good to stay like this, you know? That gives hope to us, I think of him at home after all, because God willing will pass. (M1)

The use of KM by mothers can be beneficial for several situations, but it can also bring some discomfort or restrictions derived from their daily practice, especially in terms of position and seasonal aspects.

[...] a lot of times it sometimes gets in the way of going to the bathroom, when it's time to feed, so it's a bit difficult to stay with him like that, at night to sleep too. I do everything very fast, for example to go in the bathroom there I run, to eat, but I have had times to eat with him like this, when he was very quiet, he was warm and it was sad to take him off, not to be frozen [...] when Give me run. (M1)

The practice of the Kangaroo Method is also described by the women as uncomfortable restricting the movements and away from their daily tasks and living with the family⁽¹⁹⁾.

Another limiting aspect of the KM relates to the need for continuity of her domestic life and those who depend on her, like other children.

We suffered a lot with the situation, because I did not even expect that she would stay in the ICU, but I thought it would be a few days, but when the doctor said it would be months, it was a sadness, because everyone in the house waiting for his arrival. I have to leave my other child

with my mother-in-law/[...] It is bad to have to leave my other children. (M2)

◆ Pregnant Woman house: support and learning

The Pregnant Woman House (PH) was consummated as space of permanence for woman, fact that allowed that she stayed next to the son born premature, urgent maternal necessity. In the PH, she found physical and emotional welcome with professionals and other mothers, establishing new friendships and exchanging experiences.

On some occasions, the relationships among mothers were facilitated by professionals, especially with the provision of occupational activities, for example, the Maternal and Child Program (PROMAI) initiative, a work developed by an occupational therapist.

According to the mothers' testimony, during the listening group, the PROMAI allows the mothers to talk, to say what they feel and think, finally to be heard. In the exchange of experiences, mothers share experiences since pregnancy and, through comparisons and self-help, they feel strengthened and hopeful. Also, the group enables to clarify doubts that had not yet been clarified in the neonatal unit.

There are several mothers, you know others, too, there one is helping the other, giving strength to the other. (M4)

Certainly, they were very important to me, I needed a lot of help, besides, the grandparents who helped, too. (M8)

The need and importance of the creation of spaces where mothers can express the demands related to themselves and the moment they are lived, spaces that favor the decrease of the psychological stress during hospitalization and the formation of a network of support with others mothers living in the same situation and of them with health professionals are highlighted.²⁰

The satisfaction of the participants regarding to the care offered by KM professionals was expressive, and they managed to effect good communication and interaction with them. Also, they comment that they have been comfortable and have highlighted the excellent ambience of the place: "family environment", airy, surrounded by trees, gardens and birds singing, with good physical structure, which allows users to cook and wash their clothes in the need (despite having the hospital laundry available).

In the Pregnant Woman House they gives a great peace, you feel welcome and feel good. I have been here for 60 days [...] What made me stay all this time here was

the house of the pregnant woman [...] a place that welcomed me, a place for me to stay, that was important in the process, important for her to get there every day and pick up her little hand by saying 'little girl, mama's here with you'. So the Mother's House was very good! (M7)

The support offered by the Pregnant Woman House staff is essential, since mothers need someone who clarifies their doubts and conveys them self-confidence, essential to maternal performance. It also needs help and assistance from family members, as well as from support groups to favor this phase of adaptation. The parents report that the nursing care to them happens through the clarification of doubts, transmission of information and incentive to the bond with the NB.

It teaches how to give the baby a bath, how to change his diaper, how to spend the probe, everything about breastfeeding, it's like a course, and also how to get it, how to keep it quiet. He puts his hand on his head and his legs. (M5)

The effective presence of the nursing team is as important as the technical procedure because it does not always work so well in situations of stress. The essence of human caring is answered and understood only by seeing, listening and feeling the PTNB and the family as a whole. Thus, nursing has the responsibility of involving the family, focusing on the role of parents and special care for mothers.²¹

CONCLUSION

This study shows the importance of the mothers' need to talk about their feelings of distress and fears in the situation of the hospitalization of the premature infant. The testimonies bring the impact of the mother-child separation with the premature birth and there are repercussions after the birth.

The scenarios of care of the NICU, Kangaroo Method and the Pregnant women House studied show differences regarding the humanization and the reception offered to the mothers. Although the institutional proposals involve strategies aimed at meeting the psychobiological and social needs of the child, mother and family and the humanization of care, the established actions in the different scenarios involved in maternal and child care are not always effectively provided welcoming and proven beneficial, based on a culture of respect for human rights and a concept of integral health. These processes of care practice marked the discourses of the mothers about situations and feelings experienced in the hospitalization of their PTNB. These

processes showed guidelines for the production of care, in the dimensions of service structuring, with a greater emphasis on the scenario that involved the Pregnant Woman House, and in the scenarios of the NICU and the Kangaroo Method were not so evident.

The practice of receiving in this difficult process of having a child hospitalized in NICU becomes fragile, since, in the current care model, even in a Baby-Friendly Hospital, professionals usually continue to place themselves as holders of knowledge without valuing listening to the woman in this situation in which she experiences difficult moments in the process of premature birth suddenly. There is also a centrality in the biomedical model. Therefore, it is necessary to rethink and reorganize the daily life of health actions for attentive listening and resolution of health demands.

The increase in the humanized approach offered by the nursing team to mothers and families, with guidance, support, accurate information, encouragement of the bond with the baby, participation in care and learning to identify the needs of babies and different institutional settings.

FINANCING

Study conducted with financial support from CNPq.

REFERENCES

1. Merighi MAB, Jesus MCP, Santin KR, Oliveira DM. Caring for newborns in the presence of their parents: the experience of nurses in the neonatal intensive care unit. Rev. Latino-Am. Enfermagem [Internet]. 2011 [cited 2017 June 10];19(6):1398-1404. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692011000600017

2. Shah PE, Clements M, Poehlmann J. Maternal resolution of grief after preterm birth: implications for infant attachment security. J Pediatrics [Internet]. 2011 [cited 2017 May 12]; 127, (2):284-292. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3025424/pdf/zpe284.pdf>

3. Nascimento RRP, Arantes SL, Souza EDC, Contrera L, Sales APA. Choice of type of delivery: factors reported by puerperal woman. Rev gaúcha enferm [Internet] 2015 [cited 2017 May 28];36(esp):119-26. Available from: http://www.scielo.br/pdf/rgenf/v36nspe/en_0102-6933-rgenf-36-spe-0119.pdf

4. Marchetti D, Moreira MC. Vivências da prematuridade: a aceitação do filho real pressupõe a desconstrução do bebê imaginário? *Rev Psicol Saude* [Internet]. 2015 [cited 2017 Nov 14];7(1):82-9. Available from: http://pepsic.bvsalud.org/scielo.php?pid=S2177-093X2015000100011&script=sci_abstract&tlng=es
5. Menezes MAS, Garcia DC, Melo EV, Cipolotti R. Preterm newborns at Kangaroo Mother Care: a cohort follow-up from birth to six months. *Rev Paul Pediatr* [Internet]. 2014 [cited 2017 July 26];32(2):171-77. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4183013/>
6. Raju TNK. Moderately preterm, late preterm and early term infants: research needs. *Clin. Perinatol* [Internet]. 2013 [cited 2017 Jan 15];40(4):791-7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3845339/>
7. Nyqvist KH, Häggkvist AP, Hansen MN, Kylberg E, Frandsen AL, Maastrup R, et al. Expansion of the baby-friendly hospital initiative ten steps to successful breastfeeding into neonatal intensive care: expert group recommendations. *J Hum Lact* [Internet]. 2013 [cited 2017 May 12];29(3):300-9. <https://www.ncbi.nlm.nih.gov/pubmed/23727630> Doi: 10.1177/0890334413489775.
8. Ministério da Saúde (BR). Portal Saúde [Internet]. Hospitais devem adotar mais cuidados com as mães. 2012a. Available from: <http://portalsaude.saude.gov.br/portalsaude/noticia/8479/162/hospitais-devem-adotar-mais-cuidados-com-as-maes.html>.
9. Tavares, L. Uma declaração universal de direitos para o bebê prematuro. Rio de Janeiro: Diagraphic [Internet]. 2009 [cited 2017 May 12]. Available from: http://www.aleitamento.med.br/upload%5Carquivos%5Carquivo1_2044.pdf
10. Ministério da Saúde (BR). Portaria GM/MS nº 1.459/GM, de 24 de junho de 2011. Institui, no âmbito do Sistema Único de Saúde - SUS - a Rede Cegonha. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1459_24_06_2011.html.
11. Machado Júnior LC, Passini Júnior R, Rosa IRM. Prematuridade tardia: uma revisão sistemática. *J Pediatr (Rio J.)* [Internet]. 2014 May/June [cited 2017 Jan 15];90(3):221-31. Available from: http://www.scielo.br/pdf/jped/v90n3/pt_0021-7557-jped-90-03-00221.pdf
12. Barros JG, Clode N, Graça LM. Prevalence of late preterm and early term birth in Portugal. *Act Med Portug.* 2016 [cited 2017 Abr 29];29(4):249-53. <https://www.actamedicaportuguesa.com/revista/index.php/amp/article/view/6523/4652> Doi: 10.20344/amp.6523
13. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cad Saude Publica* [Internet]. 2011 [cited 2017 June 10];27(2):389-94. Available from: <http://www.scielo.br/pdf/csp/v27n2/20.pdf>
14. Ciancimino L, Laganà AS, Chiofalo B, Granese R, Grasso R, Triolo O. Would it be too late? A retrospective case-control analysis to evaluate maternal-fetal outcomes in advanced maternal age. *Arch Gynecol Obstet* [Internet]. 2014 Dec [cited 2017 May 12]; 290(6):1109-14. <https://link.springer.com/article/10.1007/s00404-014-3367-5> Doi: 10.1007/s00404-014-3367-5
15. Bardin, L. Análise de conteúdo. São Paulo: Edições 70; 2011.
16. Araújo BBM, Rodrigues BMRD, Pacheco STA. Promoting mothers' care for premature neonates: the perspective of problem-based education in health. *Rev enferm UERJ* [Internet]. 2015 [cited 2017 June 18];23(1):128-31. Available from: <http://www.epublicacoes.uerj.br/index.php/enfermagemue/rj/article/view/14779/18136>
17. Oliveira MC, Locks MOH, Girondi JBR, Costa R. Método canguru: percepções das mães que vivenciam a segunda etapa. *Rev. pesqui. cuid. Fundam* [Internet]. 2015 [cited 2017 May 12];7(3):2939-48. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3898/pdf_1652
18. Gooding JS, Cooper LG, Blaine AI, Franck LS, Howse JL, Berns SD. Family support and family-centered care in the neonatal intensive care unit: origins, advances, impact. *Semin Perinatol* [Internet]. 2011 [cited 2017 May 12];35(1):20-8. doi: 10.1053/j.semperi.2010.10.004
19. Lessa HL, Tyrrell MAR, Alves VH, Rodrigues DP. Information for the option of planned home birth: women's right to choose. *Texto & contexto enferm* [Internet]. 2014 [cited 2017 June 28];23(3):665-72. Available from: <http://scielo.br/pdf/tce/v23n3/0104-0707-tce-23-03-00665.pdf>
20. Reis ZSN, Lage EM, Aguiar RALP, Gaspar JS, Vitral GLN, Machado EG. Associação entre risco gestacional e tipo de parto com as repercussões maternas e neonatais. *Rev bras ginecol obstet* [Internet]. 2014 [cited 2017 Jan 28];36(2):65-71. Available from:

<http://www.scielo.br/pdf/rbgo/v36n2/0100-7203-rbgo-36-02-00065.pdf>

21. Bassil KL, Shah PS, Shah V, Ye XY, Lee SK, Jefferies AL, et al. Impact of late preterm and early term infants on Canadian neonatal intensive care units. *Am J Perinatol*[Internet]. 2014 [cited 2017 Apr 30];31(4):269-78. Doi: 10.1055/s-0033-1347364.

Submission: 2017/11/08

Accepted: 2018/04/21

Publishing: 2018/06/01

Corresponding Address

Mirna Isicawa de Sousa;
Rua Aquidaban, 205, ap 51
CEP: 14020-689 – Ribeirão Preto (SP), Brazil