Perception of mothers on the applicability...



### **ORIGINAL ARTICLE**

### PERCEPTION OF MOTHERS ON THE APPLICABILITY OF THE KANGAROO **METHOD**

### PERCEPÇÃO DAS MÃES SOBRE A APLICABILIDADE DO MÉTODO CANGURU PERCEPCIÓN DE LAS MADRES SOBRE LA APLICABILIDAD DEL MÉTODO CANGURU

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Objective: to investigate the perception of mothers using the Kangaroo Method on their applicability in a Neonatal Unit. Method: this is a qualitative, descriptive study. Data were collected through a semi-structured interview with 11 mothers, performed 24 hours before discharge. We opted for the analysis and treatment of information, through the technique of Content Analysis in the Thematic Analysis modality. Results: it was shown that mothers understand the value of the method for the recovery of their children and that dilemmas and particular difficulties can compromise and even prevent their participation in the program. Thus, the support of the health team is fundamental for the mother to be able to act on the Kangaroo Method. Conclusion: it was concluded that, in order to understand the mothers about their role in the care and recovery of their child, changes in the look and posture of the multiprofessional health team are essential, since these mothers should be oriented in order to act as coparticipants in the care of the newborn. Descriptors: Kangaroo-Mother Care Method; Comprehension; Humanization of Assistance; Neonatal Nursing; Interview; Infant; Premature.

Objetivo: averiguar a percepção das mães usuárias do Método Canguru sobre a sua aplicabilidade em uma Unidade Neonatal. *Método*: trata-se de um estudo qualitativo, descritivo. Realizou-se a coleta de dados por meio de entrevista semiestruturada com 11 mães, realizada 24 horas antes da alta hospitalar. Optou-se na análise e no tratamento das informações, pela técnica da Análise de Conteúdo na modalidade Análise Temática. Resultados: mostrou-se que as mães compreendem o valor do método para a recuperação de seus filhos e que os dilemas e as dificuldades particulares podem comprometer e até impedir a sua participação no programa. Considera-se assim, o apoio da equipe de saúde é fundamental para que a mãe consiga atuar no Método Canguru. Conclusão: concluiu-se que, para a compreensão das mães acerca do seu papel no cuidado e na recuperação do seu filho, são imprescindíveis mudanças no olhar e na postura da equipe multiprofissional de saúde, pois essas mães devem ser orientadas com vistas a atuar como coparticipantes no cuidado ao recém-nascido. Descritores: Método Canguru; Compreensão; Humanização da Assistência; Enfermagem Neonatal; Entrevista; Recém-Nascido Prematuro.

### **RESUMEN**

Objetivo: se debe determinar la percepción de las madres usuarias del Método Canguro sobre su aplicabilidad en una Unidad Neonatal. Método: se trata de un estudio cualitativo, descriptivo. Se realizó la recolección de datos por medio de entrevista semiestructurada con 11 madres, realizada 24 horas antes del alta hospitalaria. Se optó en el análisis y en el tratamiento de las informaciones, por la técnica del Análisis de Contenido en la modalidad Análisis Temático. Resultados: se mostró que las madres comprenden el valor del método para la recuperación de sus hijos y que los dilemas y las dificultades particulares pueden comprometer e incluso impedir su participación en el programa. Se considera así, que el apoyo del equipo de salud es fundamental para que la madre pueda actuar en el Método Canguro. Conclusión: se concluyó que para la comprensión de las madres acerca de su papel en el cuidado y en la recuperación de su hijo, son imprescindibles cambios en la mirada y en la postura del equipo multiprofesional de salud, pues estas madres deben ser orientadas con vistas a actuar como coparticipantes en el cuidado al recién nacido. Descriptores: Método Madre-Canguro; Comprensión; Humanización de la Atención; Enfermería Neonatal; Entrevista; Recien Nacido Prematuro.

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INTRODUCTION

## It is revealed that the number of preterm births has been growing in several countries, and it is possible to identify about 15 million

preterm newborns per year in the world, which represents more than one case in ten births, of these newborns, a third die before reaching one year of life.<sup>1</sup>

The possibility of survival of the premature newborn due to the use of technologies and human resources related to the neonatal scope is increased. The Kangaroo Method is presented as an intervention approach complementary to neonatal technology to promote the direct contact of the neonate with the mother from the moment they both present clinical conditions to develop it.<sup>2</sup>

The Kangaroo Method was created in Colombia in 1979 at the Instituto Materno-Infantil de Bogotá, by Dr. Reys Sanabria and Dr. Hector Martinez, with the intention of improving the care provided to newborns and reducing hospitalization costs hospital, promoting the increase of the affective bond, thermal stability and the better development through the skin-to-skin contact.3

This method of perinatal care developed based on the model of humanized care, such as: reducing the separation time between the newborn and the parents; promote adequate thermal control; reduce the risk of nosocomial infection and pain stress of the newborn: stimulate breastfeeding; improve neurobehavioral and psycho-affective development and the relationship professionals and between parents reduce number and the of readmissions.3

The Kangaroo Method is divided into three stages, namely: the first stage begins in the prenatal period of high-risk gestation and goes until the newborn's hospitalization in the The second Neonatal Unit. stage characterized by the continuous stay of the newborn with his mother aiming at the realization of the Kangaroo Position for the longest possible time. It is understood the third step of hospital discharge after the NB reaches 1,600 grams when will be carried out the monitoring of the child and the family in the ambulatory and / or at home until the baby reaches the weight of 2,500 grams.<sup>4</sup>

It was chosen as the guiding question of this study: What is the perception of mothers of preterm infants on the applicability of the Kangaroo Method in the Neonatal Unit of the Maternity School of UFRJ?. Perception of mothers on the applicability...

#### **OBJECTIVE**

• To ascertain the perception of mothers using the Kangaroo Method on its applicability in a Neonatal Unit.

#### **METHOD**

This study is a study of a matrix project whose general objective is to analyze the practices related to the Public Health Policy aimed at the Low-weight Newborn - Kangaroo Method carried out at the Neonatal Unit.

It is a qualitative, descriptive semistructured exploratory study using interviews as a strategy.<sup>5</sup> It is then decided to validate the data collection instrument through the Delphi Technique, which allows the consensus of a group on a certain phenomenon formed by expert judges professionals participants), (indirect effectively specialists in the field.6

The objective of the study was reached after the validation of the instrument by expertises applied to 11 participating mothers who were invited to perform the interview on the day before discharge, since the discharge is planned by the team of the Kangaroo Unit.

The following inclusion criteria were listed for the participants: being the mother of a newborn in physical and psychological conditions to be interviewed; be at least 18 years of age; agree to participate in the survey and who stayed at least one week in the Kangaroo Infirmary. The following stand out as exclusion criteria: mothers with cognitive deficit and living in the Kangaroo Unit less than one week.

All mothers with infants hospitalized at the Neonatal ICU of the ME / UFRJ are considered priority in attending the Psychology Service. Thus, the mother of a preterm infant admitted to the ICU begins to be accompanied by a psychologist still at the time of her hospital stay, due to the delivery, and continues to be followed up after the baby's stay in the Neonatal ICU.

Before inviting the mother to participate in the research, information about the emotional and psychological with the state accompanying psychologist was sought to determine if she would be able to be interviewed, as indicated in the inclusion criteria. It was considered that if there was any change in the emotional or psychological situation during the interview, it would be closed and the Psychology service would be activated. It should be emphasized that there was no need to activate the Psychology Service at any time.

The data was collected after approval of the research project by the Ethics Committee, according to Resolution 466/2012 of the National Council of Ethics in Research (CONEP), under the number of opinion 06125/2017 and number of the CAEE: 69379217.0.0000.5275 .7 The collection was started from August to December 2017 through a semi-structured interview, with nine open and closed questions about the Kangaroo Method, recorded with multimedia equipment and performed 24 hours before discharge.

For the analysis of the data, the interviews were interviewed, which were listened to and transcribed in full by one of the researchers. It was taken into account that the participants were coded M as the mother and the number corresponding to the order of the interviews, which were later subjected to exhaustive reading. The categories and subcategories were identified in the next step and content analysis was chosen in the Thematic modality.<sup>8</sup>

#### **RESULTS**

### ◆ The mothers' perception of the use of the Kangaroo Method

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The sociodemographic data of the interviewed mothers and the data related to the newborns are presented below, and the responses of the interviews with the mothers and the thematic categories that emerged in the study.

It was observed, when analyzing the age range of the mothers participating in the study, that four mothers were aged between 18 and 26 years. Five of them were between 28 and 35 years old and two were over 38 years of age. The marital status of the participating mothers was verified; four were married and seven were single; on religion, declared themselves Catholic; five, evangelicals and two declared they had no religion. It was found that two mothers had primary education; four had incomplete fundamentals; three, high school; one had incomplete high school and one had complete upper course. It was found that three mothers had a minimum wage as a source of income, seven mothers earned from one to three minimum wages and one received from three to five minimum wages.

Socio-demographic data						
Age group	18 to 26 years	4				
	28 to 35 years	5				
	>38	2				
Marital status	Married	4				
	Single	7				
Religion  Level of schooling	Catholic	4				
	Evangelical	5				
	No religion	2				
	Incomplete elementary school	1				
	Complete elementary school	2				
	Incomplete highschool	1				
Family income	Complete highschool	3				
	Higher education	1				
	1 Minimum wage	3				
	1 to 3 Minimum wages	7				
	3 to 5 minimum wages	1				

Figure 1. Socio-demographic data. Rio de Janeiro (RJ), Brazil, 2017

As regards the clinical data of the PTNBs involved in the research, nine were male and seven were female, with gestational age ranging from 26 weeks to two days up to 33 weeks and five days (data collected on day of birth by means of the Ballard examination). It was found, with regard to birth weight, that four were classified as low weight (<2500g) and eight had very low weight (<1500g), and four were classified as extremely low weight (< 1000g). It was seen that the Apgar bulletin in the first minute of the birth varied between two and nine and in the fifth minute ranged between six and nine.

In the classification of preterm infants, gestational age, birth weight and / or gestational age-to-weight ratio are taken into account. Using weight as a parameter, the premature infant can be classified as low birth weight (LBNB), which weighs between 1,501 and 2,500 grams; very low birth weight newborns weighing between 1,000 and 1,500 grams and very low birth weight newborns (LBWNB) weighing less than 1,000 grams.<sup>9</sup>

The classification of preterm infants according to gestational age is classified into three categories: borderline premature - with gestational age between 35 and 36 weeks;

moderate to premature - between 30 and 34 weeks and extreme premature, with gestational age below 30 weeks.9

1. The length of time your child was in the neonatal ICU (your children, if they are twins).

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Figure 1 shows the period of hospitalization of the newborns, in the Neonatal Maternity Unit, of the mothers who participated in the research.

	M1	M2	М3	M4	M5	M6	M7	M8	М9	M10	M11
How long did							1s1d	2s1d			
your child stay in	3s5d	2s2d	1s5d	2s1d	2s	2s5d			1s4d	3s4d	1s2d
the NICU??											

Figure 1. Period of hospitalization of newborns in the Neonatal Unit. Rio de Janeiro (RJ), Brazil, 2017. Legend: s = weeks / d = days.

It is reported that the mean hospitalization time of neonates in the Neonatal Intensive

Care Unit ranged from one week to one day to three weeks and five days.

2. How much time did your child stay in Kangaroo Lodge (your children, if you are twins)

	M1	M2	M3	M4	M5	M6	M7	M08	M09	M10	M11
How long has your child been hospitalized in Kangaroo ward?	2s5d	2s6d	1s1d	2s1d	2s	1s4d	1s1d	2s1d	1s4d	3s4d	1s2d

Figure 2. Period of hospitalization of newborns in the Kangaroo ward. Rio de Janeiro (RJ), Brazil, 2017. Key: s = weeks / d = days.

The mean number of days of hospitalization for newborns in the Kangaroo ward varied from one week to one day to three weeks and four days.

# ♦ Category: The importance of the multidisciplinary team

#### 3. Did you know the Kangaroo Method?

Mothers were asked about prior knowledge about MMC and nine (81.82%) mothers responded that, before the newborn was transferred to the Kangaroo Infirmary, they were unaware of the method. Thus, two (18.18%) were informed about the Kangaroo Method before the newborn was transferred to the Kangaroo Ward.

# ♦ Category: The importance of the multidisciplinary team

### 4. How did you meet the Kangaroo Method?

The mothers' responses are reported on when they learned about the Kangaroo Method.

It was at the URN, when I was coming to Kangaroo Nursing, and the mothers who were with me at Joint Accommodation had already told me. (M11)

It was just when I was discharged from the infirmary and came to take care of my children here, there I became acquainted with the Kangaroo Method. (M7)

The psychologist came to talk to me. Then she explained everything about the kangaroo and then asked if I wanted to be part of it and if I had availability. I replied, 'Of course, because I want to be with him.' (M3)

The nurse is very careful with the girls who stay here. Staff, professionals are very attentive. Whatever we ask, they respond. They are always there ready to help. (M4)

# ♦ Category: The importance of the multidisciplinary team

### 5. Some professional introduced him?

The mothers' responses to the question about the professional who explained about the Kangaroo Method in the sequence are shown.

It was my psychologist and my social worker who told me before we went there. (M9)

It was the nurse who explained that they could come here. (M4)

The doctor came, came to me, explained that they could participate, I came here, right, they were already in a good condition, was when I met, she explained me and such, was when I even knew. (M6)

# ♦ Category: The meaning of the Kangaroo Method for mothers

#### 6. What is the Kangaroo Method for you?

Transcribe, as to the question "what do you mean by Kangaroo Method?", The following answers.

Ah! It's good, right, because of the mother who stays with the baby, I was crazy because I left, thank God, I came here, I thought it was very good, but he was kind of crap because he only wants a lap, because he's old, right, he's small, I liked it a lot because we spend more time with the baby, it takes away the fear of bathing because here we do everything with him alone and it's good because now, at home, let's go have more

security. It's when he puts it here, right inside the blouse, to get a temperature that also helps in weight and really like that, right, he got some nice weight after he started doing it, right. (M2)

It is the time when the mother can stay closer to the baby, while he is recovering, gaining weight, to be able to stimulate breastfeeding, is the time when we get in touch with each other. (M4)

I think that here is a place for us to learn, of course, we do not know much, first premature child, so it's very very difficult, right, so we'll come here, we'll have help, we'll is guided, we can ask what we want and such and we understand a lot here. (M6)

## ♦ Category: Knowledge of the Kangaroo Method for mothers

7. At what time of hospitalization did your child participate in the Kangaroo Method?

In relation to the question "at what point did your child participate in the Kangaroo Method?", The following answers.

You only participated in the method here at Kangaroo Lodge. (M1)

In the ICU, since five days of being born, she was already participating, already put inside my clothes that whole thing. (M12)

He made the Kangaroo Position here inside the lodge twice; in the ICU, I only breastfeed, I do not know if the Kangaroo Method is just that, but, finally, in the ICU, half an hour before his meals, they asked me to go downstairs to try to make him suck. (M3)

# ♦ Category benefits of the Kangaroo Method in the perception of mothers

8- What are the advantages and disadvantages of the Kangaroo Method for you and your child in the Neonatal ICU?

Record the answers to the question about the advantages and disadvantages of the Kangaroo Method for you and your child in the NICU.

> Look, I think it's a downside, not one. I think that advantage is this approximation even because, in the ICU, I started breastfeeding her in the chest and here, in the Kangaroo, I have been improving, né, breastfeeding and the approach with herself, I think there is no against, no, just for yourself. (M7)

> Disadvantage, actually, inside is more complicated, right, you know that there it is closed and you cannot keep it in your lap, at least on your lap next to it, no, the difference from here to here would be the one I realized. (M?)

Advantage, I realized that there she was well cared for, I saw all her procedures, the exchange of apparatus, I saw her take a little weight faster, already came nursing from there practically. (M5)

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I do not see any disadvantage, it is not the advantage to be there near the child. (M1)

# ♦ Category benefits of the Kangaroo Method in the perception of mothers

9. What are the advantages and disadvantages of the Kangaroo Method for you and your child in Kangaroo ward?

The following answers were raised about "the advantages and disadvantages of the Kangaroo Method for you and your child in Kangaroo Ward".

In fact, I only see advantage because at no other time did I get directly to her and here, yes, I have not seen a disadvantage yet. (M5)

The advantage here I think is to create bond, to have a greater contact with him, to be able to breastfeed. The only disadvantage, well, but it is not disadvantage, as you have this focus of the Kangaroo I understand, but it is that this business of being only in the chest, understood, I do not know if it is disadvantage, but then you get kinda stuck here because your son has to leave here knowing suck your chest and you can not use another method other than that, then I was just a little bit scared about it, but I do not think it's a disadvantage either. (M3)

I do not see any disadvantage. I only see advantage because I see her evolution, getting closer, is getting super right, right; At first, I thought it was just another project, right, but I see that it works, it gets calmer, I put it in the kangaroo so its frequency improves, so I only see an advantage. (M9)

The main advantage is the contact with him. He gets calmer, he cries little when he's with me. (M2)

Being close to them brings me more tranquility, they become more quiet. (M11)

### **DISCUSSION**

It was evidenced, according to the mothers' answers about how they knew the Kangaroo Method, that most of them knew the method when they were invited to participate. According to the Manual of the Ministry of Health, the first stage of the Kangaroo Method starts in the prenatal gestation of risk in which the newborns have the possibility of being hospitalized in the Neonatal Intensive Care Unit due to their state of health. They should inform the professionals who are accompanying these pregnant women in the prenatal care about the Kangaroo Method, resolve doubts and follow the parents' first visit to the NICU.<sup>3</sup>

This care should be continued during the newborn's hospitalization at the NICU where the multidisciplinary team should explain the

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state of health of the newborn and encourage contact with it, encourage breastfeeding, presence of parents without restrictions, stress and pain of the NB, noise, luminosities, offer the puerpera the stay of five days of hospitalization, transportation to go to the health unit and return home, meals while in the unit and chair to stay as long as you want in the NICU. <sup>10</sup>

It is noticed, with regard to the question of which professional guided on the Kangaroo Method, that the multi-professional team is able to provide the necessary guidance to the infants' mothers hospitalized in the Neonatal Intensive Care Unit who will go to the Kangaroo Infirmary.

The role of the multi-professional team in assisting the newborn and his parents is essential as, besides the specific care he needs, the team needs to take care of the parents with: the reception, interaction and communication about the state and the procedures needed to keep it stable; to encourage parental involvement in the care of the newborn to reduce the suffering, fear, anxiety and withdrawal that hospitalization in the Neonatal Intensive Care Unit generates.<sup>11</sup>

The Kangaroo Method is inserted in a health institution with the commitment of the multi-professional team (nurses, nursing technicians, physicians, speech therapists, physiotherapists, occupational therapists, psychologists and nutritionists) to provide quality and humanized care. It is seen that for this, it is necessary that the professionals have knowledge, receive training, are trained and valued to care for the puerperal and the newborn. 12

Therefore, the correct information and the dialogue between the multi-professional health team and the family are essential, in order to minimize the fear felt by the family members in this important moment.

The mother-child bond is facilitated by the promotion of this care, according to researchers, because when the participating mother is welcomed by a team of professionals sensitized to humanize care, there is a greater interaction with her child, the staff and the institution.<sup>12</sup>

It is analyzed that when asked about "what do you mean by Kangaroo Method?", The statements of the mothers point out that, for them, the Kangaroo Method is the creation of the bond, the Kangaroo Position, weight gain by exclusive breastfeeding, the adaptation of the mother to the care of her child. However, the Kangaroo Method encompasses seven strategic axes that structure this policy with

the objective of guiding and qualifying care for children so that they have quality from birth to the complete development of childhood, reducing the risk of illness and preventing chronic diseases when they become adults.4 They are:

- 1° Humanized and qualified assistance to the pregnant woman, to the birth, to the birth and to the newborn; between the Basic Unit and the Specialized Attention of the neonatal risk and neonatal screening;<sup>4</sup>
- **2°** Breastfeeding and healthy complementary feeding;<sup>4</sup>
- **3°** Promotion and monitoring of growth and integral development; <sup>4</sup>
- 4° Comprehensive care for children with diseases that are prevalent in childhood and with chronic diseases; Integrated Management of Childhood Illness (IMCI); the construction of care guidelines and lines of care and the promotion of care and home hospitalization; <sup>4</sup>
- 5° Comprehensive care for children in situations of violence, prevention of accidents and promotion of a culture of peace; the implementation of the "Line of Care for the Integral Attention to the Health of Children, Adolescents and their Families in Situation of Violence"; the articulation of intrasectoral and intersectoral actions to prevent accidents, violence and promote the culture of peace, and support the implementation of protocols, plans on addressing violations of the rights of the child agreed with governmental and nongovernmental institutions that make up the Guarantee System of Rights;<sup>4</sup>
- **6°** Attention to the health of children with disabilities or in specific situations and vulnerability; <sup>4</sup>

**7°** Surveillance and prevention of infant, fetal and maternal death.<sup>4</sup>

The presence and participation of parents and the family in the Neonatal Unit is encouraged and valued through this form of attention that is the Kangaroo Mother Method. It is believed that through skin-to-skin contact, there is a much greater link between mother and child that contributes to the psychomotor development of newborns, especially low birth weight infants, stimulating breastfeeding and ensuring that the infant - the mother has a healthy life both the opportunity to strengthen affective bond, and for the maintenance of breastfeeding. 12

It is believed that in the Neonatal Intensive Care Unit, when the newborn is stable and the parents have the possibility, the Nursing team should guide them and stimulate the Kangaroo

Position, breastfeeding and the care provided to the baby. 13

With regard to the question about the advantages and disadvantages of the Kangaroo Method in the Neonatal Intensive Care Unit, the mothers did not see any disadvantages and the perceived advantages are in accordance with what is presented in the Manual of the Ministry of Health.<sup>3</sup>

It is emphasized that the advantages of this method, already known and studied, are: to increase the mother-child bond; avoid long periods without sensory stimulation; promote neurobehavioral development; encourage breastfeeding; increase parental competence and confidence in the handling of your child; provide better thermal control; improving the family's relationship with the health team; reduce the risks of cross-infection and hospital infection; reduce the number of abandoned babies; contribute to attachment between mother and child; decrease the length of hospital stay and promote analgesic effect.<sup>14</sup>

It is known that with the hospitalization of the newborn in the NICU, depending on its severity, it has to stay inside incubators without manipulations, damaging the creation of the bond with the parents and leaving them distressed and sad because they cannot pick up their child. It is considered that as the newborn gets better or if his health is not so severe, parents must be included in the care of their child through the following activities: diaper change; get a little on the lap as the team changes the sheets of the incubator to help in the parents-baby bond and so they are more relaxed; breastmilk or, preferably, breastfeeding, if possible.<sup>2</sup>

The advantages and disadvantages of the Kangaroo Method in the Kangaroo Nursing, through other researches, show that mothers whose children are hospitalized have a rupture in their daily activities, because they stay with the child and stay away from home. companion. It is seen that women who already have children suffer because they are far from them, however, they are happy to be doing the care of the NB and accompanying their improvement every day.<sup>14</sup>

It is necessary, therefore, that information and communication be reliable between the health team and the family to reduce the fear felt by the mothers in this moment of fragility. 15

It facilitates, according to researchers, through the promotion of this care, the mother-child bond. Thus, the participating mother is welcomed by a team of professionals sensitized in humanizing care

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and there is a greater interaction of this with her child, the staff and the institution. 16

The Kangaroo Method can be observed in various ways by the mothers and their emotional participation is fundamental to the good development of the Kangaroo Method, but this participation will depend on the circumstances that involve conception, pregnancy and premature birth, as well as history personal and family life of each parent. These aspects will determine a greater or lesser degree of involvement with the baby and the method.

### CONCLUSION

It is perceived, therefore, that information is lacking to the population about the Kangaroo Method Policy and health professionals should seek ways to disseminate this policy in a way that is accessible to all and easy to understand so that the couple, by becoming pregnant and discovering in the prenatal care, that your child may need hospitalization at the Neonatal Care Unit, know that health professionals are doing their best to minimize pain, stress, welcome the family and create the bond between parents and baby.

It is concluded that, in order to understand the mothers about their role in the care and recovery of their child, changes in the look and posture of the multiprofessional health team are essential, since these mothers should be oriented in order to act as coparticipants in the care for the newborn.

In the hospital, it is necessary to create ways for the parents to easily understand that the Kangaroo Method is not only the Kangaroo Position and that breastfeeding is very important, that milk, even if it is a milliliter, already makes all the difference, it is expected that bringing parents to participate even more in the care of their children within the ICU, because it is known how important this participation.

### **REFERENCES**

- 1. Oliveira LL, Gonçalves AC, Costa JSD, Bonilha ALL. Maternal and neonatal factors related to prematurity. Rev esc enferm USP. 2016 May/June; 50 (3):382-9. Doi: <a href="http://dx.doi.org/10.1590/S0080-623420160000400002">http://dx.doi.org/10.1590/S0080-623420160000400002</a>
- 2. Spehar MC, Seidl EMF. Maternal perceptions in the Kangaroo method: skin-to-skin contact, breastfeeding and self-efficacy. Psicol estud. 2013 Oct/Dec; 18 (4) 647-56. Doi: <a href="http://dx.doi.org/10.1590/S1413-73722013000400007">http://dx.doi.org/10.1590/S1413-73722013000400007</a>

3. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Atenção humanizada ao recém-nascido de baixo peso: Método Canguru [Internet]. Brasília: Ministério da Saúde; 2014 [cited 2017 Oct 02]. Available from:

http://bvsms.saude.gov.br/bvs/publicacoes/a tencao\_humanizada\_recem\_nascido\_canguru\_ 1ed.pdf

- 4. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 1130 de 5 de agosto de 2015. Institui a Política Nacional de Atenção Integral a Saúde da Criança no âmbito do Sistema Único de Saúde [Internet]. Brasília: Ministério da Saúde; 2015 [cited 2018 Jan 17]. Available from: <a href="http://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130\_05\_08\_2015.html">http://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130\_05\_08\_2015.html</a>.
- 5. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14th ed. São Paulo: Hucitec; 2014.
- 6. Faro ACM. The Delphi Technique to validate the nursing interventions. Rev esc enferm USP. 1997 Aug; 31(2):259-73. Doi: <a href="http://dx.doi.org/10.1590/S0080-62341997000200008">http://dx.doi.org/10.1590/S0080-62341997000200008</a>.
- 7. Ministério da Saúde (BR), Gabinete do Ministro. Resolução nº 466 de 12 de dezembro de 2012 [Internet]. Brasília: Ministério da Saúde; 2012 [cited 2017 Nov 26]. Available from:

http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466\_12\_12\_2012.html

- 8. Bardin L. Análise de conteúdo. 5th ed. Lisboa: Edições 70; 2009.
- 9. Margoto PR, Moreira ACG. Classificação do Récem-Nascido. In: Souza BG. Enfermagem Neonatal: Cuidado Integral ao Récem-Nascido. São Paulo: Martinari; 2011.
- 10. Balbino FS, Balieiro MMFG, Mandetta MA. Measurement of Family-centered care perception and parental stress in a neonatal unit. Rev Latino-Am Enferm. 2016 Aug;24:e2753.

http://dx.doi.org/10.1590/1518-8345.0710.2753

- 11. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas. Atenção Humanizada Recém-Nascido de Baixo peso Método Canguru: Manual Técnico [Internet]. 2nd ed. Brasília: Ministério da Saúde; 2011 [cited 2017 Aug 07]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/ metodo\_canguru\_manual\_tecnico\_2ed.pdf
- 12. Nunes NP, Pessoa UML, Montálverne DGB, Sá FE, Carvalho EM. Kangaroo Care: maternal perception of the experience in the neonatal

Perception of mothers on the applicability...

intensive care unit. Rev Bras Promoç Saúde [Internet]. 2015 July/Sept [cited 2018 Jan 17];28(3):387-93. Available from: <a href="http://periodicos.unifor.br/RBPS/article/view/3558/pdf">http://periodicos.unifor.br/RBPS/article/view/3558/pdf</a>

- 13. Gomes JATS, Martins MJL, Hertel VL. Método Mãe Canguru: percepção da equipe de enfermagem. REENVAP [Internet]. 2015 Aug/Dec [cited 2018 Jan 13];1(8):63-79. Available from: <a href="http://www.publicacoes.fatea.br/index.php/reenvap/article/view/1496/1156">http://www.publicacoes.fatea.br/index.php/reenvap/article/view/1496/1156</a>
- 14. Borck M, Costa R, Klock P, Custódio Z, Barcelos M. Interdisciplinarity at attention humanized to low-weight newborn in a reference center national of the Kangaroo Method. Holos [Internet]. 2015 [cited 2017 Dec 23]: 31(3):404-14. Doi: https://doi.org/10.15628/holos.2015.2730
- 15. Santos LM, Morais RA, Miranda JOF, Santana RCB, Oliveira VM, Nery FS. Maternal perception of the skin to skin contact with premature infants through the Kangaroo position. J Res Care Fundam online. 2013 Jan/Mar;5(1):3504-14. Doi: 10.9789/2175-5361.2013v5n1p3504
- 16. Lucci, MA, Alvarenga MC, Infante AM, Freire, ACIF. Profissionais de enfermagem e suas representações sociais sobre o método mãe canguru. In: V Congreso Internacional de y Práctica Profesional Investigación Psicología, XX Jornadas de Investigación Noveno Encuentro de Investigadores en Psicología del MERCOSUR. Anais do V Congreso Internacional de Investigación y Práctica Profesional en Psicología, XX Jornadas de Investigación Noveno Encuentro de Investigadores en Psicología del MERCOSUR. 2013 [Internet]. Buenos Aires (AR): Acta Academica; 2013 [cited 2018 Jan 13]:150-3. **Available**

http://www.aacademica.org/000-054/578.pdf.

Submission: 2018/06/13 Accepted: 2018/09/09 Publishing: 2018/11/01

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