ORIGINAL ARTICLE

NURSING CARE FOR NEWBORN CHILDREN OF MOTHERS THAT USE DRUGS*

CUIDADOS DE ENFERMAGEM AOS RECÉM-NASCIDOS FILHOS DE MÃES QUE USAM DROGAS

CUIDADOS DE ENFERMERÍA PARA NIÑOS RECIÉN NACIDOS HIJOS DE MUJERES QUE USAN DROGAS

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ABSTRACT

Objective: to know the specificities of the care provided by the nursing staff to the children of women who use drugs. **Method:** this is a qualitative, descriptive, exploratory study that used, as an instrument for data collection, a semi-structured interview with 13 nursing professionals who work in the maternity hospital of a teaching hospital. Data was analyzed according to the technique of Content Analysis in the Thematic Analysis modality. **Results:** it was observed that there are some specificities in the health condition of newborn children of women who use drugs and some care that differ from the care of other children. It was also evidenced that the hospitalization of the mother who uses drugs, in most cases, is permeated by stigma and prejudice. **Conclusion:** it was demonstrated the need to sensitize professionals to the theme, seeking to overcome possible stigmas suffered by these children and provide quality care for them. **Descriptors:** Nursing Care; Infant, Newborn; Women; Drug Users; Nursing; Social Stigma.

RESUMO

Objetivo: conhecer as especificidades dos cuidados prestados pela equipe de enfermagem às crianças filhas de mulheres que usam drogas. **Método:** trata-se de estudo qualitativo, descritivo, exploratório que se utilizou, como instrumento para a coleta de dados, a entrevista semiestruturada, com 13 profissionais de enfermagem que atuam na maternidade de um hospital escola. Analisaram-se os dados conforme a técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** observou-se que existem algumas especificidades na condição de saúde dos recém-nascidos filhos de mulheres que usam drogas e alguns cuidados que se diferenciam dos cuidados às demais crianças. Evidenciou-se, ainda, que a internação hospitalar da mãe que usa drogas, na maioria das vezes, é permeada de estigma e preconceito. **Conclusão:** demonstrou-se a necessidade de sensibilizar os profissionais para o tema, buscando superar possíveis estigmas sofridos por estas crianças e prestar uma assistência de qualidade para elas. **Descritores:** Cuidados de Enfermagem; Recém-nascidos; Mulheres; Usuários de Drogas; Enfermagem; Estigma Social.

RESUMEN

Objetivo: conocer las especificidades de la atención brindada por el personal de enfermería a los hijos de mujeres que usan drogas. **Método:** este es un estudio cualitativo, descriptivo, exploratorio que utilizó, como instrumento para la recolección de datos, una entrevista semiestructurada con 13 profesionales de enfermería que actúan en la maternidad de un hospital escuela. Los datos se analizaron de acuerdo con la técnica de Análisis de Contenido en la modalidad de Análisis Temático. **Resultados:** se observó que existen algunas especificidades en el estado de salud de los recién nacidos de mujeres que usan drogas y algunos cuidados que difieren del cuidado de otros niños. También se evidenció que la hospitalización de la madre que usa drogas, en la mayoría de los casos, está impregnada de estigma y prejuicio. **Conclusión:** se demostró la necesidad de sensibilizar a los profesionales sobre el tema, buscando superar los posibles estigmas que sufren estos niños y brindarles una atención de calidad. **Descriptores:** Atención de Enfermería; Recién Nacido; Mujeres; Consumidores de Drogas; Enfermería; Estigma Social.

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INTRODUCTION

Drug abuse has become a growing worldwide concern and is considered a chronic problem that can have significant personal, physical, economic and social consequences.¹⁻² It is revealed that this issue has been gaining ground in discussions of different knowledge sectors, often associated with violence. The subject is portrayed by the media in a controversial way, bringing information to the population that may generate dread for the effects of the drug “underworld”. The risk factors that influence the use of alcohol and other drugs are sadness, loneliness, parties, substance use in the family and companies.³

Problems related to drug use were more common among men, but with the changes in the social role of women, this difference has been decreasing. The reasons that lead women to adhere to consumption can vary according to the socio-cultural and family context in which the woman is inserted, since the meaning of this use differs from one group to another.⁴

It is necessary to recognize that women with drug abuse problems have different characteristics and needs than men. Therefore, attention is recommended to specificities of the female condition, such as pregnancy, as there are few studies that expose the real consequences of drug use before, during and after pregnancy. It is of utmost importance that research in this area be carried out to observe the context in which these women are inserted and the implications that this use may have on pregnancy, the fetus and the mother-child relationship.⁵

It is pointed out that the harm to health caused by drug abuse does not only impact the mother, but also the fetus, since this consumption can affect the child's central nervous system, causing cognitive problems, malformations, withdrawal syndrome and others, being that she may still have low weight and prematurity. It is added, therefore, that there are some care and interventions most used by the team in these cases, such as constant monitoring of vital signs, nursing guidelines to the family, such as attention to the newborn's grip, follow up via the Basic Health Unit, through monthly childcare up to one year of age, blood glucose monitoring, among others, which are fundamental for the integral care and better development of the newborn child of women who use drugs.⁶⁻⁸

It is observed that professionals who assist women who use drugs may not understand and know the universe that permeates them, which hinders, among other aspects, communication between those involved. It is understood the universe of women who use drugs as the social context, cultural, physical condition and psychic weaknesses.⁹

In addition, attention and knowledge are needed to meet the health needs of the mother-child binomial inserted in the context of drug abuse. Therefore, it is imminent the need to know the care offered by the Nursing team, considering the comprehensive care offered to children and their specificities.

OBJECTIVE

- To know the specificities of the care provided by the Nursing team to the children of drug-using children, aiming at improving the care of newborns.

METHOD

It is a qualitative, descriptive and exploratory study. Data were collected through semi-structured interviews. The participants were the Nursing professionals who work in a maternal and child unit of a teaching hospital in a city in the state of Rio Grande do Sul.

It is noted that data were collected at the hospital in January 2018, in a private room. Thirteen professionals were interviewed, all women, between 27 and 50 years old, three of them nurses and ten nursing technicians. Participants were identified by previous visits by the researcher to the unit. Inclusion criteria were defined as acting in the chosen unit and having already given some care to newborns born to women who use drugs. Professionals who were on vacation, time off or away for health reasons during the data collection period were excluded.

Data was analyzed using the Content Analysis technique in the Thematic Analysis modality.¹⁰ The interviews were transcribed and identified and the information was analyzed in three stages: pre-analysis, material exploration and data processing. Participants were identified with fictitious names (Disney princesses), thus ensuring anonymity. After this stage, data were read and organized so that they could be interpreted and grouped into themes. The data was grouped for analysis, dividing them into two themes to be presented: Nursing care and routines provided to newborns with symptoms related to drug abuse by mothers and Stigma suffered by the drug-using mother during hospitalization.

The work was submitted to Plataforma Brasil with the approval of the Ethics and Research Committee of the Nursing School of the Federal University of Pelotas/UFPel under the opinion number 2.446.556. The participants signed the Free and Informed Consent Term (FICT). Ethical principles were ensured according to Resolution No. 466/12 of the National Health Council of the Ministry of Health, which deals with research involving human beings.¹¹⁻²

RESULTS

It is noted that Nursing professionals are organized differently in relation to the delivery of women who use drugs, observing possible consequences due to drug use performed by the mother during pregnancy and referrals to other services in the network. However, it is observed that, for professionals, the care provided to this newborn is the same as any other newborn, regardless of whether or not the mother uses drugs during pregnancy.

[...]We always seek to contact family, social assistance, psychology to support these patients, see how will be the care at home with this baby, if she already has other children, with whom they are, give a research of the social context, support as well as taking care of the baby's nutritional needs and theirs as well. They arrive very hungry, so we are more attentive, we seek to provide differentiated support, seek other sources that give this support; We try our best to make sure that baby has all the care he needs at the first moment. The Social Service makes referrals to the CAPS, to the Guardianship Council, so they know when the baby goes home and escort out of here. I do not believe that you have a differentiated care for a baby who is a user, apart from those I told you, which are already part of our routine. (POCAHONTAS)

Postnatal care will depend on how this baby is born, whether it is a term baby, quiet, without pathologies. (RAPUNZEL)

We have no specific routine, what it presents and the mother's clinical condition and what the child will present at birth. (ANNA)

[...]It is a baby like the others, regardless of the mother's use, the care is the same for everyone, the same machinery, cradle [...]; blood collection, blood count, bilirubin, reticulocytes are requested immediately, you ask for everything because that baby is subject to everything, but it would be no different if it were a non-drug mother who did not have prenatal care. If the mother did not have prenatal care, there is a differentiated care because you do not know the history of either the mother or the baby, but if the baby is a drug-using mother specifically does not have [...]. (AURORA)

[...]there is no specific routine, the only routine we have differentiated is for the mother with HIV [...]. (JASMINE)

It is noted that when professionals perceive a fragile bond between the mother and the newborn, they encourage the bond between both, as this weakness by affecting breastfeeding and effective nutrition of these children. This conduct should be performed, however, in a subtle and empathic manner, always respecting the mother's desire to perform breastfeeding or not.

[...]besides the labor, which is tiring, or the cesarean section, they are more tired, you see

that they cannot breastfeed, there is no bond [...]. (MULAN)

Mother, give the baby milk now, breastfeed"; then they take it and give it because I'm sending it, but not that it's something: "oh, I'll try to breastfeed now [...]. (AURORA)

We will take care, talking, oriented for her to breastfeed, because the first days of breastfeeding, although everyone says they are flowers, that is all wonderful, is not it, because the woman faces the whole issue of the puerperium, the immediate postpartum, it's too big a hormone discharge, too big a charge for them to breastfeed, so if the mother doesn't feel well wanting to breastfeed, I don't push because it's her wish, it's an option. (ANNA)

It can be observed that even though professionals report that newborn care is the same for any newborn, regardless of drug use, for these women, some professionals report situations that, to some extent, they may be permeated by prejudice that they are substance users. It was verified, through the professionals' speech, that there is also prejudice from other women and family members inside the hospital unit.

They suffer prejudice from society because they are women and they take drugs. If you are a woman, you are on drugs and you are pregnant, then it has gotten worse. How many did it go with? Oh, she doesn't even know who the father is. From nursing itself or from doctors, I see biased comments and I think it's wrong because it's a disease. (MULAN)

[...]that mother there is a crack user, I already know that she is a mother who goes to sleep and that baby will be in the background, so we already go on duty and keep an eye [...] because that mother is differently, the conversation is not so soft anymore, because you say, "Mommy, wake up to breastfeed your baby" the first time. In the second, the third, the fourth, the fifth, you already say: "Wake up and go breastfeed your baby now," you change even your speech [...]. Our look at her and our care is different because even the information that comes from them sometimes you doubt because they lie. I never noticed a blatant prejudice to mistreat or the mother or the baby, no, no, not all of them are treated with as much respect as we can, only the speech is differentiated [...]. (AURORA)

Ah, of course they suffer, is that veiled prejudice, that the person says: "Ah, see? Smoked the whole pregnancy "; "Ah, that mother does not breastfeed"; "Ah, so young is already all drugged, all this way" [...]. You do not know what is the history of that woman, are comments that come, even from within the family, the users themselves, how much of society, as the people of that hospital. It is not because we are a health team that we do not have our prejudices, we do not have our beliefs. So, as much as we say "Ah, I'll leave it out, I'm a professional" there's no way, it's built-in, it has to work over time [...]. (ANNA)

[...]suffer for sure; I think that in the first place, by the society where they are, before they get here, they have already suffered some prejudice and for us too, because we get "oh, she's a user", but we don't think what led her to use [...]. (ELSA)

Our wards are joint, many mothers are hospitalized and suffer from abstinence, so, I notice a certain prejudice on the part of other patients and relatives of other patients and even their own relatives [...]. I have had experience of patients who wanted to leave the room because they would not want to stay in a room with that patient. She already gets here taxed: "Oh, she is a drug addict". (ARIEL)

[...]will be treated the same, sometimes it happens in the rooming because they actually end up causing a major disorder because they are very expansive, are very anxious about abstinence. Sometimes the partner is together, so there is the question of the partner, if he is a user, if not, generating discomfort for other pregnant women. We try our best, if it didn't work out in one room, switch to another, try to make sure that she doesn't suffer any kind of discrimination. As for the team, I believe that the care they receive is the same, at no time are they discriminated against. The judgment, I will not tell you because it is personal, as I told you, we are human beings before being professionals, we know that the team comments: "Ah, is a user, did not have prenatal care." [...] we stay with the newborn issue, because it is their right to receive quality care, but I believe that they are not discriminated in here. (POCAHONTAS)

DISCUSSION

It has been pointed out in some studies that drug abuse can have harmful effects on both mother and fetus and the most common consequences of drug use during pregnancy are multifactorial. These include maternal hypertension and tachycardia, reduced fetal growth, congenital malformations, premature placental displacement, miscarriages, hearing impairment, tremors, exaggerated reactions to environmental stimuli, hyperactivity and restlessness, low weight, smaller head circumference, and difficulty in sucking.¹³⁻⁵

However, there are other factors that may influence the health of the newborn, not necessarily the use of drugs, such as maternal, environmental, social, nutritional, genetic and psychosocial factors, which may also cause harm to the fetus.^{5,16}

Thus, it is necessary to implement a care process that preserves the uniqueness and individuality of each child, thus providing adequate care to the NB and to the mother herself. Therefore, the team must be able to identify the needs of each individual and plan care according to the needs and specificities of the

mother/child binomial, without any kind of labeling.

It is explained that the experiences lived during pregnancy are complex and are characterized by different issues that may interfere with the acceptance of pregnancy, as well as the bond of this mother with her child. It is noted that pregnancy planning, emotional conditions, relationships, expectations about the child and possible pregnancy risk are some of the factors that may influence the mother-child bond after birth.¹⁷

It should be noted that health professionals, through their behaviors, may positively or not influence the beginning of the breastfeeding process. Nursing professionals should be able to guide this mother about breastfeeding, respecting her wishes and using, as the main tool, communication and dialogue, qualified listening and bonding.¹⁸

It must be established, however, that the guidelines on breastfeeding are followed so as not to harm the NB, a relationship of trust with this mother, so that she can perform, in the post-discharge period, what was explained to her during hospitalization. This woman should be respected in her individuality whatever her choice of breastfeeding; only in this way, will it be possible to solidify these important bonds for the care of both mother and child.

It is required, by the care to the woman who uses drugs, whatever it is, a closer look, and one of the biggest obstacles to this care is the prejudice, which multiplies when she is pregnant. Stigma makes it difficult for mothers to ask for help, so much so that sometimes they even choose to have prenatal care and, when they do, they often do not report drug use; However, this period is a facilitator to sensitize this woman, in the presence of a prepared and qualified team, to adhere to a treatment, since it is not the desire of these women to harm their children.¹⁹

The stigma suffered by cultural issues can be reinforced, such as the fact that women have more responsibility for their child than men, which includes the perception of health professionals themselves, and this may cause this woman to move away from her service or does not report its use, increasing the risks to your and your child's health.²⁰⁻¹

On the other hand, in the interviewees' statements, a reflection on the professional ethics regarding the prerogative of care to the person is observed, regardless of their situation. It is also important to note that many study participants are daily reflecting on their daily practice in the maternal and child unit. It is believed that this self-criticism is the first step for these professionals to broaden their views on the subject and be open to new information and

training that help them to provide care free of prejudice, focusing on establishing bonds, thus favoring integral care and sensitive to these particularities.

It is necessary to rethink the approach to these mothers so that the monitoring of both her and the newborn is not harmed by inappropriate behaviors and stigmatizing attitudes during their hospitalization period. It is warned that it is not up to health professionals to judge their patients, but to provide care based on their scientific knowledge as best as possible, providing information and showing empathy with the situation of these women, an attitude that will bring this mother closer to the service and it will facilitate the care, since the dialogue with them will be easier and the truthfulness of the speech of these mothers will be more frequent due to the bond created with the professional, which will greatly facilitate the care planning for each case.

Remember that each human being is unique, each has its own specificities and that it is everyone's right to have access to a quality health service in which their health needs are met and the stigma imposed by society is overcome through a be careful that the focus is on the human being and not the substance he uses.

CONCLUSION

The objective proposed by this research was to know the specificities of care provided by the Nursing team to newborns born to women who use drugs. It was found that the routines of the unit where the research took place are not differentiated to receive this newborn, however, most professionals have a closer look at this mother and her child. It is necessary to reflect on the fact that there are numerous other factors that may cause complications to occur at birth. Care should be based on an integral look, taking into consideration the specificity of each individual, meeting the health needs that each one presents.

It was also found that the hospitalization of this mother, at times, is permeated by stigma and prejudice, both by some team members and other mothers admitted to the unit and sharing the same accommodation, as well as from your family members. These issues make it difficult for these women who use drugs to access the health service, as well as the truth of the information provided by them due to the fear of being judged. However, the team observed the ethical movement of each professional with the preservation of life as a priority.

This research allowed the reflection on the need to qualify the professionals who work with this population, as well as to encourage more research on the theme, including the type of training that the professionals are receiving, since

the care provided are permeated with discrimination and prejudice. The study was limited mainly by the scarcity of publications related to the research theme.

It is believed, as contributions to nursing and health, that it is necessary to invest in more studies that enable the training of professionals who care for women who use drugs and their children. It is often revealed that the lack of knowledge and preparation about the issues involving drug abuse causes professionals to reproduce the stigma and prejudice with this population, as many worry only about substance use, without reflecting on other issues involving this woman/mother, such as the cultural, social, family and emotional context. Further research is suggested to investigate the topic beyond substance and focus on caring for women who use drugs, their children and all the particularities and demands they represent.

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