



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

SYSTEMATIC LITERATURE REVIEW ARTICLE

INSERTION OF THE FAMILY IN THE NEONATAL INTENSIVE CARE UNIT: A SYSTEMATIC REVIEW

INSERÇÃO DA FAMÍLIA NA UNIDADE DE TERAPIA INTENSIVA NEONATAL: UMA REVISÃO SISTEMÁTICA

INTRODUCCIÓN DE LA FAMILIA EN LA UNIDAD DE CUIDADOS INTENSIVOS NEONATAL: UNA REVISIÓN SISTEMÁTICA

Lucas Amaral Martins¹, Denise Santana da Silva², Aline Cristiane De Souza Azevedo Aguiar³, Aisiane Cedraz Morais⁴

ABSTRACT

Objective: to analyze the participation of family in the neonatal intensive care unit (NICU) through the perception from health care professionals in the light of a literature review. **Methodology:** this was a systematic literature review study guided by the descriptors "Neonatology", "Premature", "Neonatal ICU", "Family", "Family Relationship" and "Family-Professional Relationship". The accessed databases were: BVS, SciELO, and PubMed. Four articles were selected based on the inclusion criteria. The data were analyzed and categorized. **Results:** two categories were delineated after the analysis: The Family at NICU and the Care Context - Perception from the Health Team; and Stimulation from the health team for the bonding between the family and neonate. **Conclusion:** the small number of scientific articles addressing the perception from health professionals regarding family involvement in the context of care to the neonates in the NICU was observed and their focus on taking care of the family too. It was also evidenced that the family's participation in the NICU is not a consolidated reality. **Descriptors:** neonatology; family; neonatal intensive care unit; nursing.

RESUMO

Objetivo: analisar a participação da família na unidade de terapia intensiva neonatal (UTIN) por meio da percepção dos profissionais de saúde. **Metodologia:** trata-se de uma revisão sistemática da literatura, orientada pelos descritores "Neonatologia", "Prematuridade", "UTI Neonatal", "Família", "Relação Familiar" e "Relação Profissional-Família". Foram acessados os bancos de dados BVS, SciELO e PubMed e selecionados quatro artigos que aderiram a temática e aos critérios de inclusão. Os dados foram analisados e apresentados em categorias. **Resultados:** após a análise, foram delineadas duas categorias: A Família na UTIN e o Contexto do Cuidar - A Percepção da Equipe de Saúde; e, Estímulo da equipe de saúde para formação do vínculo entre família e neonato. **Considerações finais:** constatou-se o reduzido número de artigos científicos que abordam a percepção dos profissionais de saúde quanto à participação da família no contexto de cuidados ao RN na UTIN, e a abrangência de seu olhar para cuidar também a família. Também foi evidenciado que a participação da família no cuidado ao RN na UTIN, não é uma realidade consolidada. **Descritores:** neonatologia; família; unidade de terapia intensiva neonatal; enfermagem.

RESUMEN

Objetivo: analizar la participación de la familia en la unidad de cuidados intensivos neonatal (UCIN) por medio de la percepción de los profesionales de la salud. **Metodología:** se trata de una revisión sistemática de la literatura, orientada por los descriptores "Neonatología", "Prematuro", "UCI Neonatal", "Familia", "Relación Familiar" y "Relación Profesional-Familia". Fueron revisados las bases de datos de la BVS, SciELO y PubMed y seleccionados cuatro artículos relacionados con el tema y los criterios de inclusión. Los datos fueron analizados y presentados en categorías. **Resultados:** después del análisis se describieron dos categorías: La Familia en la UCIN y el Contexto de Cuidar - La Percepción del Equipo de Salud; y, Estimulación del equipo de salud para formar un vínculo entre la familia y el recién nacido. **Conclusión:** se encontró un reducido número de artículos científicos que abordan la percepción de los profesionales de la salud en relación con la participación de la familia en el contexto de los cuidados del RN en la UCIN y la capacidad para cuidar también de la familia. Como también fue evidenciado que la participación de la familia en el cuidado del RN en la UCIN no es una realidad consolidada. **Descriptor:** neonatología; la familia; unidad de cuidados intensivos neonatales; enfermería.

¹Nurse. Resident in the Neonatology Multiprofessional Residency Program in Health from the Bahia State University (UNEB/Campus I). Scholarship awardee from the Ministry of Health. Member in the Interdisciplinary Health Science and Society Study Group. Area: Family Life Cycle. Salvador (BA), Brazil. E-mail: lucasmartins31@hotmail.com; ²Nurse. Master degree in Nursing by the Nursing Graduate School Program from the Federal University of Bahia (EE/UFBA). Tutor at the Neonatology Center from the Multiprofessional Residency Program in Health from the UNEB. Research area: Children's Growth and Development. Assistant Nurse at the Camaçari Physical Rehabilitation Center (CEMPRE). Salvador (BA), Brazil. E-mail: denisenegat@hotmail.com; ³Nurse. Master degree graduate student at the Nursing School Graduate Program from the EE/UFBA. CAPES Scholarship awardee. Research area: Nursing care in the process of human development. Salvador (BA), Brazil. E-mail: alinecte@hotmail.com; ⁴Nurse. Ph.D. student in the EE/UFBA Graduate School. Assistant Professor at the Feira de Santana State University (UEFS). Feira de Santana (BA), Brazil. E-mail: aisicedraz@hotmail.com

INTRODUCTION

The birth of a desired child is an odd precious moment accompanied by great celebration and expectations by the parents and family; this stage in the family cycle is surrounded by dreams and idealizations of how this new *being* will be, along with the preparation of a cozy atmosphere, permeated of beliefs and values to receive him within the family. However, when a child is born requiring special care, the scenario of coziness and idealization is replaced with a whirlwind of emotions that can be set up in frustration and conflict.¹

In this perspective, the birth of a baby at risk is characterized as a moment of crisis and family vulnerability. The parents unleash a series of feelings of guilt, anxiety, worry, fear, and confusion.¹ When facing the risk of death of their child which are enhanced by being in a strange environment as the Neonatal Intensive Care Unit (NICU).

Therefore, the need for a follow-up on this family by a multi-professional team in order to meet not only the needs of the newborn but also mitigate the various conflicts that the family experiences is critical; distinct feelings arise from having a child born with health issues, the conflict between the imagined healthy child and the sick child, and the impossibility to take the child home to the family atmosphere, instead, staying hospitalized for an indefinite period.

The reception and support at the NICU refer to a prophylactic action to the development of relations of the family group in addition to minimize the suffering of those who have a baby admitted to a strange and frightening environment. The vision of this environment added sometimes to the feelings of guilt for the child's problems, generate an experience of helplessness. The doubts that arise are not always addressed in the first contact because quite often the health team is very busy.²

Thus, it is reasonable to think how much more careful attention offered by the health-care professionals, in those first moments, would reduce anxieties and fears. To listen to the parents' fears and concerns, and then offer information about the routine, devices, and care surrounding the child can in many cases facilitate the so special relationship that should arise between the family and the health team.²

In this context, some intervention measures have been recommended and

implemented in neonatal units to encourage family involvement in the care toward the neonate, and thereby strengthen the bond and affection between the triad: newborn, family, and healthcare team. The following can be highlighted among these measures: the parents' stay with the hospitalized child, free visitation options for other family members, implementation of family support groups, and encouragement on the mother's participation in the baby's care and in the treatment's decision-making, among others.

However, despite the advances reported in the literature and the advent of legislation on the children's rights, the situation of newborns in Brazilian institutions has not changed much.³ In most hospitals, visits from parents/family to hospitalized newborns is still restricted and controlled by strict regulations and the mother's insertion in the baby's care is still limited. The presence of the mother twenty-four hours a day is uncommon in the NICU routines; this is justified by the performance of invasive procedures, medical visits, limited physical space, hospital infection prevention, and shortage of human resources. This situation is even rarer toward other family members; few are the service sites where the presence and involvement of parents and grandparents in the caring is allowed.³

Therefore, it is understood that the family participation in the newborn care in the NICU, is a necessary and positive step that requires the acceptance and collaboration by the multi-professional team; nonetheless, it translates into a broad, complex, and time-consuming process, which offers resistance because it involves behavioral changes that can generate anxiety or fear.

The understanding of these aspects of family participation in the newborn care in the NICU has been a topic discussed in the literature and in ministerial policies toward improvement and support in this direction. This theme has triggered questions and fostered thinking-acting in the perspective of *being* a professional in training as a resident in the Neonatal Nursing arena because it is clear how much the parental involvement is restricted in the direct care for the child in the neonatal units in which we operate. Thus, the interest and motivation of research about this topic arose and the goal of this study was to analyze the participation of the family in the NICU through the perception of health professionals.

METHODOLOGY

This study was a systematic review of the literature with an exploratory and descriptive approach. This type of review search can provide an assessment of the theme under a new focus, reaching new conclusions, not just repeating what has already been said or written, because this study will address the vision of professionals who work in the NICU about the participation of the family in the care of newborns.⁴

The search was guided by the following descriptors "Neonatology", "Prematurity", "Neonatal ICU", "Family", "Family Relationship", and "Professional-Family Relationship" which were combined with each other. The following databases were accessed: BVS (Virtual Health Library), SciELO (Scientific Electronic Library Online), and PubMed (US National Library of Medicine, Public Medline).

A total of 698 studies was found, however, some were repeated in the databases and in between descriptors. Fifteen articles were selected based on adherence to the proposed thematic among the articles contemplating the topic under the understanding of various healthcare disciplines and considering the reading and re-reading of titles and summaries. These files were saved in *doc* and *pdf* formats, stored in proper folders, and identified according to the focus of the research. After reading and careful analysis on these complete articles, 4 were selected as compatible with the objectives of the authors and the inclusion criteria.

The inclusion criteria were: to be an original article published in Portuguese, English or Spanish; between the years of 2000 and 2010, and performed by health professionals working exclusively in NICUs. Hence, articles that did not adhere with the theme and were performed exclusively with family members and caregivers were excluded.

The thematic content analysis technique according to Bardin ⁵ was used and consisted of two steps: pre-analysis and analysis. The ‘free’ reading of these texts were the first step, represented by the corpus and followed by exhaustive reading, sorting and grouping them by similarity, which formed categories for analysis according to the understanding and inter-transverselly discussion presented by the authors.

RESULT AND DISCUSSION

Four articles that adhered to the study theme and could be included according to the selection criteria set forth herein were selected from the databases, read, and (re) read. In this way, two articles were performed exclusively with nurses, one with graduated professionals working in the NICU team and one with health professionals and family members participating in the meetings of the NICU group.

Authors	Title	Journal	Year Of Publication	Region/State
Tavares, Queiroz and Jorge	Attention and care to the family of the NB in the Neonatal Unit: perspective of the healthcare team	Science, Care and Health Journal.	2006	Northeast Ceará
Pedroso and Bousso	The meaning of family care in the NICU; Nursing team's beliefs	Acta Scientiarum.	2004	Southeast São Paulo
Conz, Merighi and Jesus	Affective bonding promotion in the NICU: a challenge for the nurses	Journal of the School of nursing USP.	2009	Southeast São Paulo
Buarque, Lima, Scoott and Vasconceles	The meaning of the support group for the family of NB in health risk and the team of professionals in the NU	Journal of Pediatrics.	2006	Northeast Pernambuco

Figure 1. Characterization of the Articles used.

Two categories emerged to provide a better understanding of the analysis so called: "The family in the NICU and the Context of Caring – The Perception from the Health Team" and "Stimulus from the health team

toward the bonding between family and neonate".

- The family in the NICU and the context of caring – the perception from the healthcare team

Martins LA, Silva DS da, Aguiar ACSA et al.

The articles, for the most part, pointed out that the newborn is the main focus of care in the NICU and that professionals do not have an extended look including the family in the condition of requiring care.

The recognition of the mother as subject and participant in the caring is a phenomenon that has been gaining space in the scenario of newborn care since the appearance of the Participant-Mother Program, which includes the family in the planning of child care considering the respect for their opinions. However, this assistance modality with the participation of the family in the care still find obstacles related to structural condition and understanding the professionals who work in the area.⁶

Thus, it is essential that professionals consider the features and particularities of each subject, have sensitivity toward family members, and feel capable and motivated to complete the work in the everyday practice. However, it appears that the professionals consider only the child element to be cared for, implementing a wide range of therapies for survival but not acknowledging the importance of the family in the child's recovery.⁶

The nursing staff has the belief of care focused on the neonate and develops the work actions geared to the recovery oriented to the NICU hospitalized newborn.⁷ In this context, the team does not direct its attention toward the family, which is not considered responsible for the child's care, from which responsibility for caring is expected only after the discharge. Therefore, the team believes that it is important to prepare the family to take care of the baby during the hospital stay, which certainly will need specialized care.⁷

The caring for the family becomes involuntarily part of a process that aims to prepare parents to take care of the baby at home. The actions of the professionals aim to ensure that the mother is capable to take care of the baby and prepared to continue caring for the child's needs after the hospital discharge.⁷

In this sense, the limited care provided by the health professionals to the neonate and family is observed. It is evident that the studied professionals and institutions have not yet managed to insert the family in the context of care in the NICU; they have not either gained awareness of the benefits of the family participation in the child care since this closeness between family and newborn favors the strengthening of the bonding and

Inserting of the family in the neonatal intensive...

leads to the best performance in the baby's growth and development.

These early interpersonal relationships favor the neurobiological organization in the newborns, on which the experiences and more complex learning will aggregate and successively be responsible for future actions and behaviors displayed in the child's life. The mother/child relationship will determine neurobiological modifications in both, especially in the child, creating the foundations for new functional acquisitions. The organization of the synaptic connections is dependent on the quality and, mainly, in the persistence of the succession of these stimuli to acquire a consistent structure.⁸

The importance of the participation of the family in the context of care for neonates in the NICU has been proven through benefits to child and family. This participation leads to better child development and favors the treatment performance and recovery of the neonate. Other authors⁹ report in their studies that the nurses realize the need to insert the family in the context of care because they know how much the presence of the child's family helps in the recovery. However, parents are not encouraged to develop a more proximal bonding, playing, touching, and talking with the children.

When the parents are not encouraged to create a more proximal bonding with their children and participate in the care, and are thus, left aside and/or forgotten, an increased stress level is observed in the neonate, with a consequently increase in cortisol levels, which, in turn, can cause damage to the metabolic and immune systems and to the brain.²

Therefore, the ways for caring for the neonate and their families need to be reassessed, through the planning of actions by the professionals encompassing the multi-dimensionality of this complex *being*. From this perspective, it is understood that the main focus of attention is the neonate, which is inserted into a family going through a time of crisis and fragility, requiring expanded, caring, and reflexive attention to meet their needs.

The professional who takes care of that child needs to have a differentiated attention not only focused on the neonate but extended to the family, tending to it in a complete biopsychosocial context so that the family can care for and interact with the newborn. It is necessary to prepare the teams to interact with the family, identifying their needs in

Martins LA, Silva DS da, Aguiar ACSA et al.

order to provide the professionals with a broader perspective of caring.⁷

● Stimulus from the health team toward the bonding between family and neonate

The recognition that health-care professionals have an important role in stimulating the bonding between the family and the baby in the NICU is evident because many parents feel unprepared and unable to take care of that child.

One of the main aspects that all parents express is the fear of losing the affective bond with their children during hospitalization due to the interruptions of daily life and the distance caused by circumstances. On the other hand, when the parent has the opportunity, they also fear touching the child, who at this time is small and fragile, and connected to several unknown devices. They feel incapable, powerless, and see the child as belonging to the team.⁶

The health professionals involved in the studies recognized the need to encourage parents to feel important to their children and become able to develop parent's functions;⁶ others, recognized the importance in the bonding and the need to intervene with the parents, in order to encourage and educate them in caring for the NB. However, it is observed that parents still do not feel inserted in this process of care considering their child as belonging to the healthcare team.

Hence, one can infer that there are professionals recognizing the importance of their role in encouraging the bonding between neonate-family; however, this act is not common to all in the institution, but occurs as isolated actions from some professionals who have the sensitivity and a more comprehensive and humanized care vision.

It is noted that the nurses recognize being the primary source in the formation of this bond between neonate-parents because they are in the position to care for, support, and establish a more human contact with the parents. In order for these to happen and their actions to be effective, it is necessary to want, make actions available, change ideas, and establish communication with the family and NB; this communication will define this relationship between them.⁹

The nurses recognize that the presence of parents in the NICU enables them to better understand the child, learn about their habits and reactions, while creating affective ties in the formation of a family. In this case, the

Inserting of the family in the neonatal intensive...

opening of a new perspective occurs, in which everyone grows, the care becomes more human, face to face, not only with the neonate, but extended to the parents. In this sense, the nurses report that this contact with the other allows them to grow through the experience of a world of everyday life that becomes common, similar, like actors in the same scenario and stage sharing feelings and establishing an inter-subjective relationship.⁹

The caring, especially in neonatology, requires concern, knowledge, dedication to others, and the self; the nursing professional is the participant of these assisting relations who has the best conditions to provide/promote/facilitate an environment of care to the neonate-family and the professional caregivers in a multi-professional team. When these forms of caring (of themselves, each other, and "we", the group) are interconnected, the care happens in circularity, as a centripetal movement, strengthening the bonds of relationships and the human/caregiver can be and feel cared for in a relationship of mutual exchange.¹⁰

This more comprehensive nursing approach showing sensitivity toward the relations and the more humanistic care occurs as a result of academic training that emphasizes the care for another as the essence of this profession. The Humanistic Nursing Theory directs its focus to the interpersonal interactions in the Nursing - human coexistence - in their relations of reunion and distancing, exchange of feelings and sensations, active or passive, which determine the involvement between people. Thus, it encompasses dialogue, meeting, relationship, presence, questions and answers, which, according to the theory, determines interpersonal communion.¹¹

It was identified that health professionals, especially nurses, have sought to insert the parents in the process of caring for the NB to the strengthening of family bonds. Progress is being made in this quest toward the humanization of care given to the NB in the NICU; however, there is still a long way to go to reach the levels of expectations established in the policies of humanization in the care for the NB. It was clear in the analyzed studies that larger families are not included in the context of the NICU; restricted access is only given to parents in the process of care when it is known that the family is not just the parents but all members with close ties.

In this context, it is necessary to seek strategies to care for the NICU hospitalized newborn and support their family. Based on a more comprehensive approach, some

Martins LA, Silva DS da, Aguiar ACSA et al.

healthcare institutions have already established mutual help and support services where there is interaction between professionals and family considering the various difficulties of coping with the crisis and these relationships.

The support groups represent the sharing of diverse experiences among families and newborn babies at different evolutionary phases, and with the team of professionals of the NICU. It is considered that the concept of working with a support group for families of newborns at risk is grounded in the principles of family-centered care. From these principles, it is possible to restore the parental competence, help the team of professionals to respect the family's values and feelings, and contribute to the parents and professionals' partnership in the work needed in the neonatal unit.¹²

The professionals state that the emotional value of the support group is related to the neonatal care promoting coping skills and adaptability in the family members after the birth and during the child's hospitalization in the NICU. The parents remain attentive to the negative feelings throughout the crisis, being able to express them through verbalization or other forms of expression in their interactions with other family members and with the team of professionals in the NICU.¹²

It is possible to visualize from this perspective the positive experience that should be disseminated to other health professionals and neonatal units so the bonds between newborn-family-health-care professionals is strengthened and strategies for mutual support and better treatment procedures for the NB can be achieved.

It is necessary to establish the link between family and NICU team members so that they become points of support for the family; this approach should start from the professionals using effective communication in monitoring the family during visits to the NICU and offering comfort, responding to concerns, and encouraging them to touch the NB. Thus, it is necessary, above all, to involve the family in the care for the neonate emphasizing the importance of their presence within the unit and promoting the bonding between the family and neonate.¹³

In this context, the formation of support groups will facilitate the link between family-health professionals because that encourages greater interaction, knowledge about wishes and expectations from the family, and a better discussion of the best therapeutic

Inserting of the family in the neonatal intensive...

measures in regard to the particularities of each baby and family. Therefore, it is necessary to think of possible pathways to a more proximal assistance covering the neonate-family in this context of care.

It is recommended that the family be inserted in the care in the NICU and be encouraged to verbalize their difficulties and fears, through support groups, directed by multi-professional teams. It is also necessary that the neonatal health team promotes discussions on how to become sensitive and aware of the inclusion of the newborn's family as an object of their caring activity and not only the NB and his morbid health issues.¹⁴

FINAL CONSIDERATIONS

A limited number of scientific articles were found addressing the study about the topic of the health professionals' perspectives on the participation of the family in the care of neonates in the context of the NICU.

The analyzed publications focused on the years 2004, 2006, and 2009; a considerable gap in the years of 2005, 2007, 2008, and 2010 was observed, which highlights the need for more studies in the area.

The need to raise awareness among professionals working in the NICU about the importance of focusing care not just on the newborn but also on the family was evident. Accordingly, it was demonstrated that the family involvement in the care of the NB in the studied NICU's is not yet a consolidated reality because it permeates through the professional lack of preparation and family insecurity, among others aspects.

It was evidenced that the nurses were the professionals mostly closer to this comprehensive and humanistic approach in the relationship and perception of the importance of placing the family in the context of care in the NICU. In addition, the positive experience of the formation of support groups for families is noteworthy; it showed better interaction with the team facilitating improved therapy for the NB, and a strategy to creating bonding between neonate-family-health team.

In this regard, it is highlighted that the multi-professional team work needs a dialogical communication between professionals and families because these are fundamental tools to overcome the fragmentation in the care service. Since the participation of the family in the care of the neonate is already proven favorable for the NB and family, with views to the therapeutic

Martins LA, Silva DS da, Aguiar ACSA et al.

and recovery benefits for growth and development, it is important to invest in these strategies.

The relevance of managers and health professionals involved in the care of newborns to discuss the participation of family members in the care and their integration in the context of NICU's is outstanding. Effective policies favoring horizontality instead of verticality approaches of the realities in the context of program implementation overcoming the encountered difficulties and obstacles are imperative.

Accordingly, it is proposed proper proceedings in the process of continuing education of health professionals involved in this area of care, but also in the academic level, reevaluating the guiding principles that are established in the formation of health professionals. The Pedagogical Political Project of institutions and the organization of curricula must be guided by an expanded conception of health-illness, through care centered in the user and family, and by valuing technologies about the relations in health practices, with a more multidimensional, systemic, and inter-subjective approach to care.

These considerations point to the need for health teams working in the NICU to expand the vision of neonatal assistance to their families, since the suffering with the entire inpatient process requires a biopsychosocial support throughout the period of hospitalization of the NB.

REFERENCES

1. Araújo BBM, Rodrigues BMRD, Rodrigues EC. O diálogo entre a equipe de saúde e mães de bebês prematuros: uma análise freireana. *Rev enferm UERJ* [Internet]. 2008 [cited 2011 Mar 12];16(2):180-86. Available from: <http://www.facenf.uerj.br/v16n2/v16n2a07.pdf>
2. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Área de Saúde da Criança. Atenção humanizada ao recém-nascido de baixo peso: Método Canguru. Brasília (DF): Ministério da Saúde; 2009.
3. Gaíva MAM, Scochi CGS. A participação da família no cuidado ao prematuro em UTI Neonatal. *Rev bras enferm* [Internet]. 2005 [cited 2011 Mar 12];58(4):444-48. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672005000400012&lng=en&nrm=iso&tlng=pt
4. Marconi MA, Lakatos EM. Técnicas de Pesquisa. 5. ed. São Paulo: Atlas; 2002.

Inserting of the family in the neonatal intensive...

5. Bardin L. *Análise de Conteúdo*. 4ª ed. Lisboa/Portugal: Edições 70, 2008.
6. Tavares AS, Queiroz MVOQ, Jorge MSB. Atenção e cuidado à família do recém-nascido em unidade neonatal: perspectivas da equipe de saúde. *Ciênc Cuid Saúde* [Internet]. 2006 [cited Mar 2011 15];5(2):193-203. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/5075/3294>
7. Pedroso GER, Bousso RS. O significado de cuidar da família na UTI neonatal: crenças da equipe de enfermagem. *Ciênc Cuid Saúde*. 2003; 2(2):123-29.
8. Cypel S. A humanização no atendimento ao recém-nascido: a importância das relações interpessoais e a organização neurobiológica. *Einstein (São Paulo)*. 2007;5(1):69-73.
9. Conz CA, Merighi MAB, Jesus MCP. Promoção de vínculo afetivo na Unidade de Terapia Intensiva Neonatal: um desafio para as enfermeiras. *Rev esc enferm USP* [Internet]. 2009 [cited Apr 2011 11];43(4):849-55. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342009000400016&lng=en&nrm=iso&tlng=pt
10. Baggio MA, Monticelli M, Erdmann AL. Cuidando de si, do outro e do "nós" na perspectiva da complexidade. *Rev bras enferm* [Internet]. 2009 [cited June 2011];62(4):627-31. Available from: <http://www.scielo.br/pdf/reben/v62n4/23.pdf>
11. Paterson JG, Zderad LT. *Humanistic Nursing*. New York: Wiley; 1976.
12. Buarque V, Lima MC, Scott RP, Vasconcelos MGL. O significado do grupo de apoio à família de recém-nascidos de risco e equipe de profissionais para a unidade neonatal. *J Pediatr (Rio de Janeiro)* [Internet]. 2006 [cited 2011 Mar];82(4):295-301. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0021-75572006000500012&lng=en&nrm=iso&tlng=pt
13. Lucas TAMPC, Barçante TA, Martin SH, Tannure MC. A Importância do Acolhimento à Família em Unidade de Terapia Intensiva Neonatal. *Rev enferm UFPE on line* [Internet]. 2009 Oct/Dec [cited 2011 Apr 14];3(4):322-2. Available from: <http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/125/125>
14. Santos MCL, Moraes GA de, Vasconcelos MGL de, Araújo EC de. Sentimentos de Pais Diante do Nascimento de um Recém-Nascido Prematuro. *Rev enferm UFPE on line* [Internet]. 2007 Oct/Dec [cited 2011 May 15];1(2):140-49. Available from:

Martins LA, Silva DS da, Aguiar ACSA et al.

Inserting of the family in the neonatal intensive...

<http://www.ufpe.br/revistaenfermagem/index.php/revista/issue/view/21/showToc>

Sources of funding: Capes

Conflict of interest: No

Date of first submission: 2011/11/22

Last received: 2012/03/28

Accepted: 2012/03/29

Publishing: 2012/04/01

Corresponding Address

Lucas Amaral Martins

Edif. Ogodum

Rua Barão de Loreto, 07, Ap. 1101 – Graça

CEP: 40150-270 – Salvador (BA), Brazil