



## NEWBORN WITH CONGENITAL ANOMALY: A FOCUS ON NURSING DIAGNOSES RECÉM-NASCIDO COM ANOMALIA CONGÊNITA: UM ENFOQUE EM DIAGNÓSTICOS DE ENFERMAGEM

RECIÉN NACIDO CON ANOMALÍA CONGÉNITA: UN ENFOQUE EN DIAGNÓSTICOS DE ENFERMERÍA

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### ABSTRACT

**Objective:** to identify newborns with congenital anomalies in Neonatal Internment Unit and to describe the main nursing diagnoses, based on the NANDA International 2009-11. **Method:** descriptive cross-sectional quantitative study carried out in a neonatal unit of a public hospital in Fortaleza-CE, Brazil. The population was consisted of malformed newborns hospitalized in a neonatal unit from April to June 2009, with a sample of 30 newborns. Data collection was made through medical chart and physical assessment, recorded in own form. The data were analyzed by simply and absolute frequency. The research was approved by Research Ethics Committee of the institution under protocol number 295/2009, CAAE nº 0011.0.041.000-09. **Results:** the results showed that gender male, gestational age between 24-37 weeks, birth weight from 1500 to 2499g were more predominant and most of newborns were accommodated in an incubator under oxygen therapy by oxy-hood. Most present malformations: related to the Central Nervous System and Musculoskeletal System. Prevalent nursing diagnoses were: *ineffective standard of baby feeding and risk of injury to the bond between parent / children*, the domain security/protection was highlighted. **Conclusion:** it was noted the importance of an accurate diagnosis, facing the commitment to design the action plan, considering the particularities of the malformed newborn, guiding individualized assistance, in order to promote its health. **Descriptors:** congenital abnormalities; nursing diagnoses; infant, newborn.

### RESUMO

**Objetivos:** identificar os recém-nascidos com anomalias congênitas em unidade neonatal e descrever os principais diagnósticos de enfermagem, com base na NANDA Internacional 2009-11. **Método:** estudo descritivo, transversal e quantitativo, realizado em unidade neonatal de um hospital público de Fortaleza-CE, Brasil. A população em estudo foi composta por recém-nascidos malformados, internados em unidade neonatal em abril/junho de 2009, resultando numa amostra de 30 recém-nascidos, após o atendimento de critérios de inclusão e exclusão. Os dados foram coletados pela consulta ao prontuário e realização de exame físico, registrados em formulário próprio, analisados por frequência simples e absoluta apresentados em tabelas. Este estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa da instituição sob número 295/2009, CAAE nº 0011.0.041.000-09. **Resultados:** predominou no estudo o sexo masculino, a idade gestacional entre 24 e 37 semanas, o peso ao nascer entre 1500 e 2499g, acomodados, a maioria, em incubadora, sob oxigenoterapia por oxi-hood; as malformações mais presentes foram relacionadas ao sistema nervoso central e osteomuscular; os diagnósticos de enfermagem predominantes foram *Padrão ineficaz de alimentação do bebê e Risco de vínculo pais/filhos prejudicado, sobressaindo o domínio Segurança/Proteção*. **Conclusão:** percebeu-se importância de diagnosticar com precisão, diante do compromisso de elaborar plano de ação, considerando as particularidades do recém-nascido com malformação, norteando assistência individualizada, a fim de promover a saúde deste. **Descritores:** anormalidades congênitas; diagnóstico de enfermagem; recém-nascido.

### RESUMEN

**Objetivo:** identificar recién nacidos con anomalías congénitas en la unidad neonatal y describir los principales diagnósticos de enfermería, basado en NANDA Internacional 2009-11. **Método:** estudio descriptivo, transversal y cuantitativo, en unidad neonatal de hospital público, de Fortaleza-CE, Brasil. Población compuesta por recién nacidos malformados, hospitalizados en unidad neonatal en abril/junio de 2009, resultando en muestra de 30 recién nacidos. Los datos fueron recogidos mediante consulta de los archivos y realización del examen físico registrados en el formularios correspondientes, analizados por la frecuencia simples y absoluta. La investigación fue aprobada por Comité de Ética en Investigación de la institución, con el número 295/2009, CAAE nº 0011.0.041.000-09. **Resultados:** los datos mostró un predominio de varones, edad gestacional entre 24 y 37 semanas, peso al nacer entre 1500 y 2499g, acomodados, la mayoría, en incubadora bajo oxígeno terapia por oxi-hood. Malformaciones existentes: relacionadas al sistema nervioso central y músculo-esquelético. Diagnósticos de enfermería prevalentes: *Patrón ineficaz de alimentación del bebé y Riesgo de lazos padres/hijos afectados, destacando el dominio de seguridad/protección*. **Conclusión:** se consideró importante diagnosticar con precisión delante del compromiso de elaborar plan de acción, teniendo en cuenta las particularidades del recién nacido con malformaciones, con asistencia individualizada, a fin de promover la salud de este. **Descriptor:** anomalías congénitas; diagnóstico de enfermería; recién nacido.

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## INTRODUCTION

The news about admission in Neonatal Internment Unit (NIU) generates expectative in the multidisciplinary team, facing the possibility of pathologies which may affect the newborn (NB) that is about to be born, especially, if this news is preceded of the diagnosis of congenital anomalies.

On average from 2 to 5% of live births, in the world and in the Brazil, have some type of anomaly detected at birth, wholly or partially determined by genetic factors.<sup>1-2</sup> A change over the course of embryonic development may result in congenital anomalies which may vary from small asymmetries to defects with greater aesthetic and functional impairments, whose causes are related to events which precede the childbirth, and it can be inherited or acquired.<sup>3</sup>

With the progress of neonatal medicine, the increased survival of newborns with anomalies or premature infants is becoming a common reality,<sup>4</sup> it emerges from the advance of surgical techniques and new therapeutic resources, which contribute to the correction of anomalies that result in operable cases (or surgically correctable).<sup>2</sup>

At this time, the teamwork is essential, since there are several interventions that need to be made, almost simultaneously, prioritizing care and interventions to minimize the eventual risks of destabilization the health of newborns.<sup>5</sup>

In practice, it should be evidenced the presence of several pathologies in Neonatal Internment Units. Some of these diseases are not perceivable and require imaging methods for diagnosis definition and management. Other anomalies are perceivable such as gastroschisis, omphalocele, myelomeningocele, bladder exstrophy, cleft lip, and can be easily visualized.<sup>6</sup>

The hospitalization of newborns with anomalies is configured as stressful event for the professionals who seek caring in a specific and individualized way of this customer, in an attempt to provide a quality care, in an organized, systematic and effective manner. However, still, we can perceive unprepared health teams to deal with this kind of patient.

Despite advances in the nursing area, there is still a gap in the segment of Neonatology. Assisting the malformed infant, planning the care in a systematic way is not an easy task, because it requires a pretty good skill from the nurse. For the performance of nursing

care, it is necessary to know the evolution of the child, because, in this way, it contributes for performing interventions aroused from diagnostic decision, which enables the care systematization, resulting in the selection of appropriate actions and improving the prognosis.<sup>7</sup>

In the nursing process, the care is planned to meet the specific needs of the patient, and then they are drafted so that the people involved in the treaty may have access to the care plan.<sup>8</sup>

Guide the daily activities of nursing, in the search for optimization of the special care, is an essential measure to improve care. In order to ensure the quality of care, the nurse has like ally the process of standardization of Nursing Diagnoses (ND): classification system for nursing diagnoses from NANDA 2009-11, in which the real and risk diagnoses are listed with defining characteristics and related factors.

The use of the Nursing Diagnosis in nursing care is important for individualization of the care, assisting in the execution and assessment of care based on clinical reasoning, and recorded neatly, providing a basis for selection of nursing interventions to achieve outcomes, through which the nurse is the responsible subject.<sup>9-10</sup>

Therefore, competence, skill, autonomy and decision making, are essential characteristics to the nurse who intends to work with Nursing Diagnosis in a NIU. In this context, the assistance to the newborn with congenital malformation, in the search for excellence of this care, is considered important for knowing the characteristics of the customers so that we can trace a care plan with focus in the customer. Thus, the objective is:

- Identify the newborns with congenital anomalies in a maternity that is reference in neonatal care.
- Describe the main nursing diagnoses, based on NANDA International 2009-11.

## METHOD

It is a descriptive, cross-sectional, and quantitative study, held in the NIU of tertiary public hospital in Fortaleza-CE, Brazil, that is reference in neonatal care to rural or urban population of the Brazilian state of Ceará. The multidisciplinary team of the institution in question consisted of nurses, nurse technicians, neonatologist doctors,

physiotherapists, speech therapists, dietician, secretaries and general services assistants.

The NIU had 21 high risk beds and 32 medium risk beds which were registered by the Brazilian Unified Health System - *Sistema Único de Saúde* (SUS). The nursing staffs were on duty during 24 hours, in that place, it consists of 19 nurses and 33 nursing technicians. The unit contained the following sectors: secretariat, purge, warehouse, medical and nursing resting room with bathrooms and a hall at the entrance of the unit. It offers support services such as: Social Work, Milk Bank, X-Ray, Laboratory, Blood Bank and Surgical Center, providing care for 24 hours / day.

The population consisted of newborns diagnosed with congenital anomalies, and the sample totalized 30 infants, in whose the anomalies were detected during pregnancy or at birth, who were hospitalized in the NIU (High Risk or Medium Risk), from April to June 2009, whose parents agreed to their inclusion in this present study. The collected data were recorded on a form, considering data with regard to the RN such as: gestational age, weight, gender, diagnosis of congenital anomaly, ventilatory mode and nursing diagnoses identified.

The data were derived from medical charts associated with the physical examination for detection of problems and identification of nursing diagnoses that best suited to the time of assessment. For registration of ND, were included in the instrument diagnostics present at the time of assessment. We collected only

the titles of the ND, whose statements were adapted according to the NANDA International 2009-11.

The data obtained were analyzed by means of descriptive statistics and presented in tables.

The research project was submitted to the Ethics Research Committee of the institution, through CAAE n. ° 0011.0.041.000-09, being approved under the opinion n. ° 295/2009, respecting the ethical precepts of researches involving human beings, according to Resolution n. ° 196/96 of the Brazilian National Health Council / Brazilian Ministry of Health. We requested a written permission from parents or guardians, with the signing of the Free and Informed Consent Form, for the participation of the newborns in this study.

## RESULTS

To better describe the results achieved, tables have been prepared, in order to discriminate the most relevant variables to this study and present frequency in accordance to the sample taken into account.

**Table 1.** Distribution of the number of newborns, according to the characteristics at the birth time. Fortaleza, Brazil, 2009.

Characteristics	n=30	%
<b>Gender</b>		
Male	18	60,01
Female	10	33,33
Unanswered	2	6,66
<b>Capurro/ Gestational Age (weeks)</b>		
< 37w	18	59,99
37w - 41w 6d	11	36,66
> 42w	1	3,33
<b>Weight at the birth time (g)</b>		
500 - 999	1	3,33
1000 - 1499	4	13,33
1500 - 2499	14	46,66
2500 - 3999	9	30,00
>4000	2	6,68
<b>Housing</b>		
Incubator	19	67,85
Thermal Cot	6	21,42
Common Cot	3	10,73
<b>Ventilatory Mode</b>		
Mechanic Ventilation	4	13,33
CPAP	5	16,66
Hood	14	46,68
Environmental Air	7	23,33

Source: Medical charts about the newborns

The male gender was present in 60.01% of congenital malformations, followed by females, with 33.33% of the cases. It is noteworthy to note that the frequency of events was calculated with a sample of 30 newborns, since there were two, among the malformations which were diagnosed, whose were xyphopagus twins.

With regard to the maturity, we can perceive a predominance of preterm newborns (PTNB) (59.99%), with gestational age less than or equal to 36 weeks and 6 days. As for the weight, 46.66% had low weight at

the time of birth, from 1.500 to 2.499 grams. Most of them remained in a heated incubator in the period of data collection, with a frequency of 67.85%, calculated in the total of 28 newborns, since two pairs were xyphopagus twins and had to stay in the same housing.

The number of newborns who were requiring ventilatory support prevailed, with predominance of the oxy-hood mode, totalizing 46.66% of the sample.

**Table 2.** Relations between newborns and diagnostic impressions (malformations). Fortaleza, Brazil, 2009.

Malformation diagnoses	n=30	%
Central nervous system	6	20,00
musculoskeletal system	6	20,00
Conjoined twins	4	13,35
Malformations associated to the CNS	3	10,00
Respiratory system	2	6,66
Eye, ear, face and neck	1	3,33
Cleft lip and / or palate	1	3,33
Others malformations of the digestive system	2	6,66
Esophageal Atresia associated to other malformation	2	6,66
Sexual organs	2	6,66
Malformations associated	1	3,33

There was a predominance of congenital malformations involving the Central Nervous System (CNS) and musculoskeletal system, both with the same percentage, totalizing 40%

of newborns assisted in this period. Among these malformations were hydrocephalus, myelomeningocele, encephalocele, gastroschisis and congenital clubfoot.

**Table 3.** Nursing diagnoses evidenced in the newborns. Fortaleza, CE, Brazil, 2009

Nursing Diagnoses	n=30	%
Ineffective standard of baby feeding	28	93,33
Risk of injury to the bond between parent / children	28	93,33
Impaired skin integrity	25	83,33
Impaired mobility in bed	25	83,33
Ineffective breathing pattern	24	80,00
Risk of infection	23	76,66
Dysfunctional response to ventilatory weaning	20	66,66
Risk of disproportionate growth	20	66,66
Risk of developmental delay	20	66,66
Disorganized behavior from the baby	19	63,33
Risk of injury	8	26,66
Ineffective peripheral tissue perfusion	7	23,33
Hypothermia	7	23,33
Acute pain	7	23,33
Ineffective breastfeeding	4	13,33
Risk of aspiration	4	13,33
Impaired swallowing	4	13,33
Ineffective airway clearance	4	13,33
Risk for unstable blood glucose	3	10,00
Impaired gas exchange	2	6,66

After the execution of the collection of data inherent to the newborns and performing the physical examination, 22 Nursing Diagnoses were identified: ineffective standard of baby feeding and risk of injury to the bond between parent / children, according to the classification from the

NANDA International, had a frequency of 93.33%, followed by impaired skin integrity and impaired mobility in bed, they both had a frequency of 83.33%. In sequence, risk of infection was the fifth most common diagnosis in this case 76.66%.

**Tabela 4.** Frequency of domains and Nursing Diagnoses identified in the NIU, reported according to the NANDA 2009-11. Fortaleza, CE, Brazil, 2009

Domains	Nursing Diagnoses	n	%
Security/Protection	Risk of aspiration, Risk of infection, Impaired skin integrity, Risk of injury, Hypothermia, Ineffective airway clearance	30	27,27
Activity/Resting	Impaired mobility in bed, Ineffective peripheral tissue perfusion, Ineffective breathing pattern, Dysfunctional response to ventilatory weaning	20	18,18
Nutrition	Ineffective standard of baby feeding, Impaired swallowing, Risk for unstable blood glucose	15	13,63
Roles and Relationships	Risk of injury to the bond between parent / children, Ineffective breastfeeding	10	9,09
Growth and development	Risk of developmental delay, Risk of disproportionate growth	10	9,09
Coping/tolerance to the stress	Disorganized behavior from the baby	5	4,54
Elimination and exchange	Impaired gas exchange	5	4,54
Comfort	Acute pain	5	4,54

Among the 13 domains of NANDA I, eight were listed, which were referenced to the diagnoses identified, with higher incidence of nursing diagnoses belonging to the domain security / protection (27.27%), followed by the field activity / resting (18.18%).

## DISCUSSION

With regard to neonatal variables, the study showed that male gender prevailed; the most common gestational age was between 27 and 36 weeks and 6 days, which characterized the babies as preterm newborns (PTNB) and low weight at the time of birth. As for the gestational age of the newborn, it is classified as preterm (PTNB) that one born with less than 37 weeks of gestational age (or less than 259 days of pregnancy), and term (TNB) that one born between 37 and 41 weeks and six days of gestational age, or post-term (POT NB) that one born at 42 weeks or more of gestational age.<sup>11</sup>

It agrees to study performed in Rio de Janeiro, whose the major prevalence among newborns was male (9.5 / 100.000), as well as gestational age less than or equal to 36 weeks, corresponding to 23.9 / 100.000 live births and weighing less than 2.500 g (22.7 / 100.000).<sup>6</sup>

Generally, these newborns at the birth time are forwarded to the NIU due to the clinical picture, hemodynamic destabilization, low gestational age that is characterized by immaturity of its systems, or even the diagnosis of congenital malformation.

Regarding the oxygenotherapy used, 46.66% of the sample needed therapy under oxyhood, it is a method suitable for newborns to breathe spontaneously and require concentration of 60% oxygen, with minimal to moderate respiratory stress.<sup>12</sup>

Faced with congenital malformations detected, it was noted the involvement of the

central nervous and musculoskeletal systems. Study performed in the Brazilian state of *Pernambuco*, to estimate the prevalence of malformations showed that 33% of the sample had Closure Defects in Neural Tube - *Defeitos de Fechamento do Tubo Neural* (DFTN) and impairment of the Central Nervous System, being considered the most common congenital defects which were directly associated with mortality and morbidity rates, which prevalence of DFTN varied according to time and the region.<sup>13</sup>

A survey conducted by the System DATASUS showed higher prevalence in cases of commitment of the musculoskeletal and articular system (39.8%), as in this study, followed by other malformations (22.8%), and effects in the Central Nervous System (13.8%), reaching the third position among the most common malformations in that city.<sup>6</sup>

Studies that investigate Nursing Diagnoses in newborns with congenital anomalies are rare in literature. One study found approached newborns with a type of congenital malformation (myelomeningocele)<sup>12</sup> and researches involving greater children with congenital heart diseases.

The ND is an essential tool to provide specific and individualized care. By taking care of malformed newborn, with several peculiarities, it is necessary to combine this step of the Nursing Process, in order to plan an exclusive and appropriate assistance for each child. Therefore, the identification of exact Nursing Diagnosis helps in execution of nursing activities, making them more clear and enforceable.

The ND ineffective standard of baby feeding and risk of injury to the bond between parent / children were more evident in this study. With regard to the first diagnosis, we observed a high frequency among newborns with congenital anomalies. Consonant with the definition, it is the impaired ability of a

baby to suck or coordinate the response suction-swallowing, resulting in inadequate oral nutrition to the metabolic needs.<sup>9</sup>

The premature and malformed newborns of this study had factors related to the own prematurity or anatomic abnormality which incapacitated them to coordinate suction, swallowing and breathing, being this latter characteristics, those ones that marked the diagnosis.

Because of the need of newborns in this study, with regard to the use of ventilatory support, represented by oxy-hood, CPAP or mechanical ventilation for satisfactory gas exchange, it could difficult the breastfeeding, and the NB had to be fed by orogastric tube, preferably with breast milk, or by parenteral nutrition.

Breast milk for preterm newborns provides maintenance of the bond, immunization, reduction of the incidence of diseases related to prematurity; consequently it reduces the period of hospitalization and invasive procedures.<sup>14</sup>The birth of baby, in a different way of that expected, can cause a strong psychological impact to the mother. Hospitalization arouses anxiety and uncertainty for parents, who associate it with the risk of death. Thus, these factors may contribute to the reduction of milk production, so it will interfere in the baby feeding.

By identifying the ND risk of injury to the bond between parent / children, the literature justifies when it states that the birth of a newborn with congenital malformation awakens, especially, in mothers who have children interned in a NIU, conflicting feelings of rejection, fear and guilt, generators of intense psychological distress. A woman needs to deconstruct idealized beliefs, values and aspirations which turn this time into a frightening and distressing period for her and her own family; she must be well informed with scientific information.<sup>15</sup>

Another study performed to investigate the experience of parents of newborns with congenital malformations, also, was detected by means of the speeches of participants, unpreparedness for the news on anomaly. The news produces crisis and denial of expectations, requiring the adaptation from the idealized child to the real situation. It is for the professional nurse, along with a multidisciplinary team, share with parents the proper attention and necessary guidance during the period of internment.<sup>4</sup>

The NB while hospitalized in a NIU is inserted into an inhospitable atmosphere, where it is common having exposure to stress and pain, through complex therapies. When mothers, in particular, come to visit their babies in a NIU, it appears that at the bedside, they present themselves scared and curious to observe the physical environment full of sounds and mechanical instruments, mostly unknown for them. When they fix their gaze on the child, everything is transmuted into affection, what makes that moment like a unique and essential opportunity to the establishment of the bond between mother-baby.<sup>16</sup>

Nevertheless, to adapt to the new situation, mothers experience a process of (re) signification of social representations, which enables the effective and legitimate participation along with their babies during hospitalization. This process can be experienced with less distress and suffering from the mothers, if the professionals who assist the children, in the context of NIU, become available, becoming partners in maternal experience of experiencing the birth of the premature or sick child and its admission in the NIU, minimizing the risks of injury to the bond between parent / children.<sup>17</sup>

The formulation of ND impaired mobility in bed due to the types of anomalies of newborns that limited its decubitus change by nursing professionals. Among these, we mention myelomeningocele, hydrocephalus, encephalocele and gastroschisis.

A study in performed in *Ceará*, with children submitted to surgical correction of hydrocephalus showed the DN risk for impaired skin integrity related to immobility. The authors highlight the importance of the theoretical foundation of nursing in Stomatherapy for prevention of injuries through cares to the skin that covers the ventricular peritoneal shunt valves, the use of instruments to assess the risk for developing pressure ulcers and even actions for promotion of comfort.<sup>18</sup>

In newborns with other types of pathologies, there is the position change as routine of cares inherent to those who are hospitalized. As for the PTNB, in addition to concern about skin lesions due to immobility in bed, since the identification of ND impaired skin integrity, it is necessary having more attention with regard to the effective promotion of neurobehavioral development, by positioning in prone, supine, decubitus side, filling the spaces surrounding to avoid

developing of bad postures and stereotyped movements.

By observing the domains presented in the study, there was agreement regarding the research performed with PTNB in a NIU of hospital from the interior of *São Paulo*, in the domains that more appeared were security / protection (42.8%) and activity / resting (14.3%).<sup>10</sup>In this study, these domains were the most evident, with 27.27% and 18.18%, respectively.

These domains have a high frequency, because some ND are common to NB in hospital environments. In another study with newborns in rooming unit, it was found, also, the following nursing diagnoses: risk of infection and risk of imbalance in body temperature, representing the domain security / protection.<sup>19</sup> However, in the field safety / protection, the more frequent ND in this study was impaired skin integrity.

During the internment period, the baby may be submitted to certain procedures, which may contribute to the occurrence of skin lesions, a very common event, both in those in healthy state who stay in a little time of internment in the postpartum period, or in the skin of those who need internment in intensive or semi-intensive neonatal units, due to pathology, and also in cases of newborns with congenital anomalies.<sup>20</sup>

The diagnosis risk of infection was due to intravenous devices used for the establishment of therapies, endotracheal tube, and breakage of the skin layers by injuries resulting from anomalies or surgeries, orogastrics probes, since newborns have no well-developed immunological system and are often handled in the NIU, which increases the likelihood of infection, especially through the bloodstream.

Regarding the domain activity / resting, the ND which represent it refers to the complexity of the health state of newborns, since many of them needed some type of technological apparatus to supply the physiological immaturity.

According to the ND, the action plan is elaborated considering the particularities of each one. The prevention or treatment is determined according to the perception of a nurse before each malformation, not forgetting that a child exists behind the pathology, and could not stay in background.

Therefore, it emerges the need of having a multidisciplinary team qualified for assistance, especially, the nursing staff in the face of constant proximity with the NB. This

team must be regardful to ND present in newborns, observing signs and symptoms that might confirm them, as well as those that may arise, which is essential in assistance to the NB and its family members, because they have to deal with a particular situation, from primary care to complex procedures.

The gestation of a child with congenital malformation causes clinical, psychological and economical repercussions for the family. It is observed that studies whose theme is the congenital malformation, performed by professionals from this field, generally, are focused on the impact of malformations in the morbidity and mortality of the infants. In the case of Brazilian Nursing, the nurses focus on research both in physical disabilities as in the consequences in adults, than the proper congenital malformations.<sup>21</sup>

## CONCLUSION

We identified the predominance of malformed newborn of the male gender with gestational age between 24 and 36 weeks and 6 days, with weight between 1.500 and 2.499 grams. Mostly of them made use of oxygen through the oxy-hood. The most detected malformations were those that affect the Central Nervous System and the Musculoskeletal System. As nursing diagnoses, the most prevalent were: ineffective standard of baby feeding and risk of injury to the bond between parent / children, the domain safety / protection was highlighted

Considering all the reasons, it is important to do an accurately diagnose, before the commitment of elaborating the action plan, considering the particularities of newborns with malformation. The assistance to the NB, as well as the support for its family, activating, when it is necessary, support networks in prevention or in the specific treatment, is a decision making with responsibility, since it requires development of critical thinking from the multiprofessional team of managers in the search for the improvement of care.

Therefore, researches in this field are necessities, in order to concern with the newborn with anomaly, considering it as unique being for its family. With this information, the nurse gather the tools to guide the individualized care, focused on excellence of the attendance service and may determine nursing interventions necessary for the promotion of the health of this being.

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Sources of funding: No

Conflict of interest: No

Date of first submission: 2012/07/05

Last received: 2012/09/04

Accepted: 2012/09/05

Publishing: 2012/10/01

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