MOTHER’S LOOK ABOUT THE NEWBORN CHILD’S PAIN
OLHAR MATERNO SOBRE A DOR DO FILHO RECÉM-NASCIDO

MIRADA MATERNA ACERCA DEL DOLOR DEL HIJO RECién NACIDO

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ABSTRACT

Objective: Understand mother’s look about the pain of the child hospitalized in a neonatal intensive care unit (NICU). Method: this is a descriptive study, with a qualitative approach, conducted with 28 mothers of newborns (NBs) in a public hospital in Fortaleza, Ceará, Brazil, in June and July 2011. For obtaining and analyzing data, we adopted the steps of Paterson and Zderad’s Phenomenological Nursing. The study was approved by the Research Ethics Committee of the hospital concerned, under the Protocol 020602/11. Results: data were organized and analyzed into 3 categories based under the light of humanistic assumptions: 1) Mother’s understanding of the presence of pain in the newborn infant admitted to the NICU; 2) Signs of pain in the newborn infant perceived by the mother: call for help; and 3) Mother’s perception of the painful procedures experienced by the newborn infant. Conclusion: we found out that mothers perceived pain in the NB due to her/his clinical condition, associated to the implications experienced during hospitalization, and this pain is characterized by behavioral and mood changes. Descriptors: Pain; Newborn Infant; Mother; Neonatal Nursing.

RESUMO

Objetivo: compreender o olhar materno sobre a dor do filho internado em unidade de terapia intensiva neonatal (UTIN). Método: trata-se de estudo descritivo, de natureza qualitativa, realizado com 28 mães de recém-nascidos (RN) em hospital público de Fortaleza (CE), em junho e julho de 2011. Para a obtenção e análise dos dados foram adotadas as etapas da Enfermagem Fenomenológica de Paterson e Zderad. O estudo foi aprovado pelo Comitê de Ética em Pesquisa do hospital em questão, sob o Protocolo n. 020602/11. Resultados: os dados foram organizados e analisados em 3 categorias fundamentadas à luz de pressupostos humanísticos: 1) Compreensão da mãe sobre a presença de dor no recém-nascido internado na UTIN; 2) Sinais de dor no recém-nascido percebidos pela mãe: o chamado de ajuda; e 3) Percepção da mãe sobre os procedimentos dolorosos vivenciados pelo recém-nascido. Conclusão: constatou-se que as mães perceberam a dor no RN devido ao estado clínico deste, associado às implicações vivenciadas durante a internação, e essa dor é caracterizada por alterações comportamentais e de humor. Descritores: Dor; Recém-Nascido; Mãe; Enfermagem Neonatal.

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Objective: Understand mother’s look about the pain of the child hospitalized in a neonatal intensive care unit (NICU). Method: this is a descriptive study, with a qualitative approach, conducted with 28 mothers of newborns (NBs) in a public hospital in Fortaleza, Ceará, Brazil, in June and July 2011. For obtaining and analyzing data, we adopted the steps of Paterson and Zderad’s Phenomenological Nursing. The study was approved by the Research Ethics Committee of the hospital concerned, under the Protocol 020602/11. Results: data were organized and analyzed into 3 categories based under the light of humanistic assumptions: 1) Mother’s understanding of the presence of pain in the newborn infant admitted to the NICU; 2) Signs of pain in the newborn infant perceived by the mother: call for help; and 3) Mother’s perception of the painful procedures experienced by the newborn infant. Conclusion: we found out that mothers perceived pain in the NB due to her/his clinical condition, associated to the implications experienced during hospitalization, and this pain is characterized by behavioral and mood changes. Descriptors: Pain; Newborn Infant; Mother; Neonatal Nursing.

RESUMEN

Objetivo: comprender la mirada materna acerca del dolor del niño hospitalizado en una unidad de cuidados intensivos neonatales (UCIN). Método: esto es un estudio descriptivo, de naturaleza cualitativa, realizado con 28 madres de recién nacidos (RNs) en un hospital público en Fortaleza, Ceará, Brasil, en junio y julio de 2011. Para la obtención y el análisis de los datos fueron adoptadas las etapas de estudio de enfermería fenomenológica de Paterson y Zderad. El estudio fue aprobado por el Comité de Ética en Investigación del hospital en cuestión, bajo el Protocolo n. 020602/11. Resultados: los datos fueron organizados y analizados en 3 categorías fundamentadas a la luz de presupuestos humanísticos: 1) Comprensión de la madre acerca de la presencia de dolor en el recién nacido ingresado en la UCIN; 2) Señales de dolor en el recién nacido percibidas por la madre: el llamado de ayuda; y 3) Percepción de la madre sobre los procedimientos dolorosos vivenciados por el recién nacido. Conclusión: se constató que las madres percibieron el dolor en el RN debido a su condición clínica, asociada a las implicaciones experimentadas durante la hospitalización, y ese dolor se caracteriza por cambios comportamentales y de humor. Descriptores: Dolor; Recién Nacido; Madre; Enfermería Neonatal.

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INTRODUCTION

Pain is an unpleasant experience, a response to a problem deriving from stressful situations, such as performing painful procedures, especially in newborns (NBs) hospitalized in the neonatal intensive care unit (NICU), exposed to devices which potentially cause pain. In addition, there are the complexity of this context, the weakness of neonates, and the severely compromised clinical condition.

It is known that the development of anatomical pathways required for transmitting pain in NBs is present in fetal life and at the first months of life. However, from the 16th gestation week on, the fetus is able to feel pain, having its full development after the 26th week. We highlight the importance of knowledge on the embryology and physiology of pain and its relationship to the ill NB, since the holistic care, based on scientific evidence, is wished by the neonatal nurses who routinely deal with the dyad mother and child.

Pregnancy is accompanied by various physical, emotional, and psychological changes which trigger in the future mother many feelings, such as lack of confidence, joy, satisfaction, and doubts; however, when the child is born before the time and needs care in the NICU, the mother becomes a mere spectator of the specialized care provided by the health team, something which generates uncertainty and lack of confidence with regard to the child’s life outside that environment.

In order to manage a good quality care with regard to the NB’s pain and the mother’s uncertainties in face of the child’s health, there is a need for a humanized attitude within the hospital environment, which includes the integration of physical, social, and emotional care, which goes beyond care grounded on routine assistance, appreciating the other’s uniqueness, realizing potentials and difficulties. Thus, one of the opportunities to provide a humanistic care pervades the understanding of the dyad mother and child in a painful situation. To the mother due to the admission of her child and, as a consequence, separation from her/his, even though it is momentary and required; to the NB due to the weaknesses and to undergo painful procedures in the NICU, in addition to the separation from her/his mother. However, it is important to promote and appreciate family’s involvement, stimulate an adequate interaction between professional/NB/mother, try to add multimethods to minimize damages that hospitalization involves, especially during painful procedures.

We list the need for conducting care grounded on nursing theories, which improve the assistance to the NB and the family, contribute to construct other theories and disciplines, and they may be used in situations specific to the nursing field.

Among nursing theories stands out the Humanistic Theory, used to describe the interactions between nursing professional and patient. The interaction experiences with patients are focused on studies aimed to reveal the nature and meaning of the nurse/patient relationship, contributing to deepen knowledge on phenomena inherent to human care and, consequently, it affects the personal and professional growth.

The Humanistic Theory of Nursing, published by the American nurses and teachers Loretta T. Zderad and Josephine G. Paterson, describes what is called “humanistic nursing practice”, formalized by ideas deriving from Humanism, Existentialism, and Phenomenalism, within a philosophical and methodological context.

Paterson and Zderad explain that a theory of Nursing science evolves through experiences of the nurse and people receiving care, established by a relationship understood by means of 3 dimensions: the I/You relationship (subject/object), the I/It relationship (subject/subject), and the We relationship.

The authors propose the humanistic practice through 5 methodological steps of Phenomenological Nursing: nurse preparation for coming to know; nurse’s intuitive knowledge about the other; nurse’s scientific knowledge about the other; nurse’s supplementary synthesis about the realities she/he knows; and, finally, nurse inner succession from many to a paradoxal one.

Following the steps, initially, the nurse is introspectively and intellectually willing to deal with the phenomenon to be studied, through dialogues, readings, and reflections on books pertinent to the object under study. She/he goes on knowing the study participants with no scientific pretension, envisaging the meeting and presence in an I/You relationship (subject/object) and the We relationship.

In the third step, the phenomenon is scientifically analyzed, characterized by the I/It relationship (subject/subject); at this phase, the nurse gets away from the subjects, in order to study the information with regard to various aspects, by analyzing, comparing, classifying, interpreting, and categorizing...
Melo GM de, Lélis ALPA, Cardoso MVLML et al.

them, she/he will build a new kind of knowledge in face of the object under study, and, then, at the fourth phase, she/he broaden her/his view of the object within the universe of practices experienced by nurses in different contexts and scenarios. And, thus, we achieve a conception of the phenomenon which reflects a reality experienced by most or all people.

Given this context, the following question emerged to guide this study: “What is the mother’s understanding about the pain of her newborn infant hospitalized in the NICU?”. Therefore, this study aimed to understand the maternal look about the pain of the child admitted to a NICU under the light of Paterson and Zderad’s Humanistic Theory.

METHOD

This is a descriptive study, with a qualitative approach, conducted having the theoretical and methodological assumptions of the Humanistic Theory of Nursing as a basis, since “for the development of humanistic nursing it is a must to investigate and describe its intersubjective character”.9-46

The study was conducted in the NICU of a public hospital in Fortaleza, Ceará, Brazil, in June and July 2011. The participants were 28 mothers of NBs, selected by means of intentionally non-probability sampling, taking into account the following inclusion criteria: having a child hospitalized in the NICU; being aged ≥ 18 years; being present in the unit at the data collection time. The exclusion criterion was: mothers biopsychologically unable to answer to the questionnaire. It is noteworthy that, safeguarding anonymity, mothers were identified by the letter “M” followed by cardinal numbers.

The operationalization of data collection and analysis followed the proposal of Phenomenological Nursing in its 5 steps. In the first step, nurses prepared themselves by means of readings on the theory and on the theme related to being mother of a NB admitted to the NICU and pain in NBs. Concomitantly, we narrowed contact with mothers accompanying their children, as well as with the study scenario.

It is noteworthy that prior contact with mothers favored receptivity to conduct the dialogue on a sensitive subject, child’s pain during hospitalization. It also allowed the female nurse/researchers to feel prepared for the meeting, a time when they faced the new realities and experiences of the phenomenon under investigation. At this time, the invitation for participating in the research was formalized, individually, to mothers. When the meeting is planned or expected, it influences on the dialogue, thus, both the nurse and mother may have motivation feelings by anticipating the event.9

The second step was conducted through the meeting with mothers, in order to know them, without pretending to analyze their behaviors or attitudes. The nurse uses intuition as an element to glimpse the mother as someone who has experiences that deserve being abstracted, in order to try improving her/his human potential to care for these people and their family.

This way, the meeting was held in a private room, with individual embracement of each mother, with explanation of the study objectives, and reading of the Free and Informed Consent Term (FICT). Then, we introduced the questionnaire to participants, in order to clarify possible doubts. It is noteworthy that one of the researchers remained along with the mother, being present, available, and receptive, determining the being with, appreciating the meeting time and looking for the uniqueness of answers and questions presented, developing a subject/subject relationship between the nurse and the mother.

For conducting the third and fourth steps, moments of distancing between researchers and participants in order to analyze the answers, when the I/You relationship of the past becomes the I/It relationship, because it is intended to scientifically know the phenomenon under study, seeing it as an object. To do this, there were successive readings of mothers’ answers, looking for repeated ideas on the NB’s pain, followed by their ratings and comparisons, through which the following categories emerged: 1) Mother’s understanding of the presence of pain in the newborn infant admitted to the NICU; 2) Signs of pain in the newborn infant perceived by the mother: call for help; and 3) Mother’s perception of the painful procedures experienced by the newborn infant. Thus, through the discussion based on the humanistic theory and literature on the theme, we reflected on mothers’ understanding about the NB’s pain, completing the 5 steps.

Complying with the Resolution 196/96, from the National Health Council, this study was approved by the Research Ethics Committee of the hospital concerned, under the Protocol 020602/11. People responsible for the NBs signed the FICT, ensuring their anonymity.
RESULTS AND DISCUSSION

In order to provide means so that there is a better reflection on mothers’ discourses, it was regarded as important outlining a profile of mothers and NBs, since experiences, age group, education level may interfere with the ability to interact with the environment.

The study had the participation of 28 mothers, out of these, 2 had already had a child hospitalized in the NICU. Their ages ranged between 14 and 44 years and all of them were from Fortaleza. Regarding marital status, 10 mothers were married and 18 were single. Only 21 of them underwent prenatal care, 8 were primiparous and 20 were multiparous; 12 underwent cesarean section, while 16 had a normal delivery. As for the education level, 17 had complete Primary School, 10 had High School, and only 1 had Higher Education.

About the NBs admitted to the NICU, 19 were male and 9 female. The NBs’ weight ranged from 670 to 4,430 g. As for gestational age, 26 were premature and 2 were born at full-term; in terms of Apgar, this ranged from 3 to 9 in the fifth minute of life. The most frequent medical diagnosis was the respiratory distress syndrome (RDS), associated to prematurity, followed by malformation and neonatal asphyxia.

Based on the analysis of mothers’ answers, thematic categories emerged representing the way how participants understood the pain of the NB admitted to the NICU.

♦ Mother’s understanding about the presence of pain in the NB admitted to a NICU

The NB’s pain perception is part of the daily routine of professionals, especially nursing professionals, who work in the NICU. Including the mother into this context means appreciating the baby’s uniqueness, wrapped by a family which often accompanies moments of clinical worsening or improvement, something that is significant to their lives.

It is through the NB’s relations to other people that her/his unique individuality is expressed, as she/he shows up as a being in the world, through the paradox of her/his interdependence and singularity, i.e. a necessarily related being.

Individuality and the different realities experienced by the dyad can stimulate the nurse to show her/his better performance, promoting her/his human potential by appreciating the relationship with the mother through the attitude, look, or talk about her understanding about the NB’s pain. In this search, we gathered the answers of most participants (24), who believed that their children were feeling pain when hospitalized in the NICU.

Yes, because he breathes through devices. (M5)
Yes, because every person with an infection feels pain. (M6)
Yes, through the drugs injected. (M9)
Yes, because he cries. (M10)
Yes, when she is very agitated and receiving a medicine. (M11)
Yes, her/his face shows that something is not right. (M16)

For mothers, pain was present in the NB due to her/his health status, the therapy implemented (ventilatory support and administration of medicines), and the conditions at admission, manifested by signs, such as facial expression of crying. The environment provided by hospitalization reveals ambivalence in face of the need to ensure the child’s survival, in opposition to therapies causing discomfort and pain. Therefore, a technologically structured physical space does not guarantee that the objectives will be achieved, since they must be combined to the values, beliefs, and professional attitudes that may interfere with the provision of a good quality care and even a humanized one.

The trajectory to the at-risk NB’s feeling better must be glimpsed through the subject/subject relationship, which does not aim at care only as a curative end, rooted in a positivist model, with the goal to get better whatever it costs. The mother needs to be informed that, although care and procedures cause pain, the professionals involved, including the nurse, conducts interventions to minimize discomfort and the perceived and diagnosed pain.

Providing and explaining realistic information about the NB’s conditions in an honest way, sharing the clinical evolution, expressing respect by calling her by name, participating in decisions, taking into account feelings based on past experiences, highlighting similarities and differences determine a comfort attitude for the mother. This attitude is related to 5 out of the 12 nurse’s behaviors for providing the patient and family with comfort.

Relieving the hospitalization experience could come true through attitudes which minimize suffering, demonstrating receptivity, availability, as a being with the other, expressing authentic presence in face of the difficulties experienced in the routine of the

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Melo GM de, Lélis ALPA, Cardoso MVLML et al.

Mother’s look about the newborn...
hospitalized human being and her/his family, especially in a NICU.

- Signs of pain in the NB perceived by the mother: the call for help

In order to realize pain in the NB, it is a must to evaluate changes in non-verbal communication, since babies cannot verbally describe what they are feeling. Communication is not restricted to the notion of sending or receiving verbal and nonverbal messages, but, in a broader sense, it involves calling and answering.¹

The pain call perceived by the NB’s mother could be observed through the following signs:

- Through movements. (M1)
- Due to a lot of crying. (M2)
- When I get close to her and she firmly holds my hand. (M4)
- When she cries a lot and is very agitated. (M10)
- He makes a grimace and turns red, cries, gets very restless. (M16)
- When he squeezes or cries. (M24)
- Due to his traits. The way how he behaves, even in his look. (M28)

Mothers showed pain in the NB by means of behavioral characteristics and mood changes in, through crying, facial expressions, limb movements, and agitation, followed by relaxation moments.

Thus, facial expressions and gestures of the child feeling pain are used to express subjective experiences¹¹, reflecting a call for help.

Nursing is a call and answer with a given purpose, because the patient calls the nurse hoping to receive attention and see her/his help need met, in turn, the nurse answers to the patient with the intent to help her/him, provide her/him with support.⁹

Meanwhile, the mother, mostly as a provider of care to the child, demonstrates the way how to recognize the needs flagged, with a view to the intersubjective relationship between mother and child, which goes beyond the technical care sometimes observed in the nurse/NB relationship.

The maternal look singularity is meaningful at the admission time, as it can characterize the authentic and genuine I/You relationship, when the mother puts herself in the shoes of the child, understanding her/his pain and the way how this phenomenon affects her directly.

Thus, the dialogue established requires from the nurse a humanized look, in order to obtain an effective response to the child’s pain. The humanistic act, at this moment, is putting oneself in the shoes of the other and, subjectively, understanding behavioral changes and expressions⁵, respecting the mothers’ opinion, regarding them as allies of nursing praxis.

Meanwhile, we also observed that most mothers pointed out crying as one of the characteristics showing the presence of pain in the NB. However, at the moment of meeting the mother, it becomes pertinent to make clear that, although crying may be observed in the NB, after a painful stimulus, along with facial, body, and physiological changes, it can also indicate other signs, such as hunger, discomfort, anger, ask for attention and affection.¹²,¹³ This way, the nurse, who has scientific knowledge, must encourage the mother to provide touch, eye contact with the child, and speaking during hospitalization in environments regarded as stressful, such as the NICU.¹⁴

- Mother’s perception about the painful procedures experienced by the NB

People regard as painful procedures blood collection, venous dissection, heel-lancing, umbilical catheterization, orotracheal aspiration, intubation, orogastric catheterization¹⁵, venous and capillary puncture.¹⁶

By means of mothers’ reports, we realized the appreciation of injectable procedures as the main causes of pain in the child:

- When it involves intubation and some sticking procedure. (M6)
- When they give a medicine and make examinations. (M8)
- Collecting blood, aspirating, placing and displacing accesses, [peripherally inserted central catheter] PICC, and others. (M11)
- When the nurse places the access to his vein. (M12)
- Maybe when they are cleaning or bathing him. (M14)
- When she/he is applying an injection, collecting blood. (M17)
- When they are going to bathe him. (M20)
- During blood collection, I do not know if she feels pain during the gastric tube application, but she gets quite annoyed, because she always coughs. (M27)

In the NICU, the NBs are usually exposed to many stressful and painful procedures. As for the bath, it may be regarded as a stressful and not painful procedure, causing hypothermia, increased crying, with an increased oxygen consumption, respiratory distress, and destabilization of vital signs.¹⁷

Such knowledge instigates the nurse working with neonatology to provide means which minimize the stress of this procedure, also involving the mother in this process, as,
thus, she would notice, with the caregiver’s focus, a possible discomfort generated by bath and ways to alleviate it.

Professionals often relate more to machines than to the people who make up the scenario in this unit. The human being, ill person, relative, and professional is seen only as a being by her/himself, and not as a being with the other.18 In this aspect, the I/It relationship (subject/object) overlaps the I/You relationship (subject/subject).

In this sense, providing a humanistic nursing urges that the nurse must work making, remaking, constructing, and reconstructing a care in which the NB is observed not as an object, but as an active and receptive subject, perceiving and interacting with the caregiver.19

Such reflection indicates that the nurse supports the other when this person needs, but asks for help, recognizing her/his limitations and, at the same time, tries to extract the best of both of them, creating an environment which favors the other’s conditions to be able to overcome her/his situation in the health/illness process.3

From this perspective, the existential nursing practice is established in the relation of nurses to people, when they understand the principles of singularity, authenticity, experience, appreciation, and “being more” or “becoming more” in the caring process.9

Mothers showed to be attentive to procedures and identified them by scientific names; it was also perceived that they recognized the needs for hospitalization, although provoked pain for children.

This paradox reflects the potentials of maternal coping in face of NB’s pain, in which the appreciation of mother’s presence favors the care that is being provided by the nurse, in the pursuit of NB’s feeling better.

The appreciation of mother’s presence, along with family involvement, was pointed out by nurses as a care procedure for the humanistic practice in face of NB’s pain in the NICU.5

Although there is such recognition, in parallel, it is understood that in nurse’s daily practice difficulties are found for actions based on the I/You relationship, such as the many procedures to be performed in a short time, overcrowding of beds, strenuous workload, and limited amount of working professionals and, often, the requirement for managing the sector and, at the same time, caring for the NB.

However, it is warned so that such obstacles do not become eternal justifications for the predominance of the I/It relationship, in a NICU, since the person is an end in her/himself rather than a means to an end; the I/It relationship takes place when the other is, essentially, an object to us used as a means to an end.

**CONCLUSION**

Mothers understood that pain was present in the NB due to her/his clinical status, associated to the implications experienced during hospitalization in the NICU, and pain is characterized by behavioral and mood changes, which are caused by the routine procedures at the NICU, such as blood collection, application of injections, and venous punctures.

It is believed that the mothers had potential for coping with the NB’s suffering during painful procedures, something which made them allies in the caring process, having in mind the subject/subject relationship advocated by the Humanistic Theory.

It is understood that apprehending the way how mothers visualize the pain of the child admitted to a NICU can allow the nurses working with neonatology to conduct interventions, extending them to the maternal, neonatal, and family context.

It is suggested that small gestures and attitudes by the nurse towards the mother and the NB, who is involved in an impersonal atmosphere, consisting of sounds, people, equipment, professionals who were not part of her/his universe, may represent to the dyad and family the possibility of practical application of humanistic aspects to the nursing routine.

We emphasize that the humanistic nursing practice is an instrument which may favor clinical care, since it aggregates theoretical and philosophical assumptions of Existentialism/Phenomenalism/Humanism to the technical and scientific aspects inherent to the Nursing science, by providing care, teaching, and research with a theoretical and practical support.

We aim at the development of further researches seeking to understand and describe phenomena of interest for Nursing, especially in order to transform a humanized praxis, backed by scientific knowledge and compliance with ethical precepts.

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