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CASE REPORT ARTICLE

IMPLEMENTATION OF THE KANGAROO CARE METHOD IN A NEONATAL INTENSIVE CARE UNIT: EXPERIENCE REPORT

A IMPLANTAÇÃO DO MÉTODO CANGURU EM UNIDADE DE TERAPIA INTENSIVA NEONATAL: RELATO DE EXPERIÊNCIA

LA IMPLANTACIÓN DEL MÉTODO CANGURO EN UNA UNIDAD DE CUIDADOS INTENSIVOS NEONATALES: REPORTE DE EXPERIENCIA

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ABSTRACT

Objective: to report the experience lived by undergraduate students and monitors of the Education through Work Program for Healthcare (PET-Health) during the implementation of the first stage of the Kangaroo care method. **Method:** experience report. This is a descriptive study developed by Nursing and Occupational Therapy undergraduate students of the State University of Health Sciences of Alagoas (UNCISAL), who participate in the PET- Mother and Child Health developed in a reference maternity in the state of Alagoas. **Results:** during our visits to the NICU of the reference Maternity, we could observe that the healthcare service routines came into confrontation with the process of implementation of the first stage of the kangaroo method. Moreover, there was poor adherence of some professionals to the implementation of humanized care for LBW newborns together with their families. **Conclusion:** the experience lived during the implementation of the first stage of the kangaroo care method in the NICU evidenced some needs and difficulties. In addition, it revealed the importance of the role of the PET-Health monitors as “propelling” and active tools for the planning and implementation of intervention strategies. **Descriptors:** Kangaroo Mother Care Method; Neonatal Intensive Care Unit; Comprehensive Health Care.

RESUMO

Objetivo: relatar a experiência de acadêmicas monitoras do Programa de Educação pelo Trabalho para a Saúde (PET-SAÚDE) na implantação da primeira etapa do método canguru. **Método:** estudo descritivo, tipo relato de experiência, desenvolvido por acadêmicas de Enfermagem e Terapia Ocupacional da Universidade Estadual de Ciências da Saúde de Alagoas/UNCISAL e inseridas no PET-Saúde materno infantil em uma unidade de referência do estado de Alagoas/AL. **Resultados:** durante as visitas à UTIN, pôde-se observar que algumas rotinas assistenciais do serviço entravam em confronto com o processo de implantação da primeira etapa do método canguru. Além disso, observou-se a baixa adesão de alguns profissionais para a execução do atendimento humanizado ao RNBP junto à família. **Conclusão:** a experiência na implantação da primeira etapa do método canguru em UTIN evidenciou necessidades e dificuldades, bem como a importância do papel dos monitores do PET-Saúde, ferramentas propulsoras e ativas no planejamento e implementação das estratégias de intervenção. **Descritores:** Método Mãe Canguru; Unidade de Terapia Intensiva Neonatal; Assistência Integral à Saúde.

RESUMEN

Objetivo: reportar la experiencia de académicas monitoras del Programa de Educación por medio del Trabajo y para la Salud (PET- SALUD) en la implantación de la primera fase del método canguro. **Métodos:** Reporte de experiencia. Estudio descriptivo desarrollado por estudiantes de Enfermería y Terapia Ocupacional de la Universidad Estatal de Ciencias de la Salud de Alagoas/UNCISAL, insertadas en el PET-Salud Materna e Infantil en una unidad de referencia en el estado de Alagoas AL. **Resultados:** durante las visitas a la UCIN, se observó que algunas de las rutinas de cuidado del servicio entraron en confrontación con el proceso de implementación de la primera etapa del método canguro. Además, hubo baja adhesión de algunos profesionales a la aplicación de la atención humanizada a los recién nacidos con BPN junto a la familia. **Conclusión:** la experiencia vivida en la implementación de la primera etapa del método canguro en la UCIN reveló necesidades y dificultades, así como la importancia del papel de los monitores del PET-Salud como herramientas propulsoras y activas en la planificación e implementación de estrategias de intervención. **Descriptores:** Método Madre Canguro; Unidad de Cuidados Intensivos Neonatales; Atención Integral de Salud.

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INTRODUCTION

The Kangaroo Mother Care method (KMC) has been proposed as an alternative to conventional neonatal care for babies of low birth weight (LBW). It was ideated and first implemented by Edgar Rey Sanabria and Hector Martinez in 1979, at the Maternal and Child Institute of Bogotá, Colombia. It was called "Kangaroo Mother" due to the way mothers would carry their babies after birth, which resembles the way marsupial mothers care for their young. The method was designed for the early discharge of low birth weight newborns (LBW newborns), due to a critical situation experienced at that time: lack of incubators, cross-infections, lack of technological resources, early weaning, high rates of neonatal mortality and maternal abandonment.¹

In 2000, the Ministry of Health of Brazil approved the Policy for Humanized Care of LBW newborns (KMC), recommending it and defining the guidelines for its implementation in the Unified Health System (SUS) care units. The policy of the Ministry proposes the application of the method in three stages: it should begin in neonatal units (neonatal intensive care unit - NICU - and intermediate care units), subsequently move to kangaroo units (or kangaroo rooming-in) and then, after hospital discharge, continue in outpatient follow-up clinics (home kangaroo care).²⁻³

In the first stage, the early and free access of parents to the NICU, breastfeeding encouragement and participation of the mother in the care of the baby are recommended, as well as early skin to skin contact as soon as the clinical condition of the baby permits. In the second stage, mother and baby room-in together and the kangaroo position should be maintained for the longest possible time.

The eligibility criteria for staying in this rooming-in facility are: maternal availability, maternal ability to recognize potential risk situations for the newborn, and ability to place the child in the kangaroo position. Moreover, babies should have reached clinical stability, full enteral nutrition, minimum weight of 1.250 g and daily weight gain greater than 15 g.

The criteria for hospital discharge and transfer to the third stage are: mother's feeling of security regarding baby care; motivation and commitment to perform the method 24 hours/day; guaranteed return to the health unit in a frequent way; minimum weight of 1,500 g; infant receiving exclusive breastfeeding; adequate weight gain in the 3

days prior to hospital discharge; and possibility of seeking the original hospital unit at any time while in the third phase, which generally ends when the baby reaches a weight of 2,500 g.³

OBJECTIVE

- To report the experience lived by undergraduate students and monitors of the Education through Work Program for Healthcare (PET-Health) during the implementation of the first stage of the Kangaroo method.

EXPERIENCE REPORT

This study reports the experience lived by Nursing and Occupational Therapy undergraduate students of the State University of Health Sciences of Alagoas (UNCISAL), who participate in the PET- Mother and Child Health in a reference unit in the state of Alagoas.

The experiment took place from November 2012 to February 2013 at the neonatal intensive care unit (NICU) of a reference maternity, during weekly visits supervised by the multiprofessional staff of the kangaroo rooming-in ward (second stage of the kangaroo method), which motivated the implementation of the first stage of the method.

During the visits, we performed counseling and health education activities at the maternity for mothers who were still hospitalized or had already been discharged. In addition, we interacted with professionals of the NICU, watched the routines of the service, and had discussions with the multidisciplinary team and the mentors of the PET-Health.

The first stage of the kangaroo care method represents by itself some difficulty for the operationalization of the kangaroo care in general, due to the fact that it ultimately consists in the entrance of the mother/father/family into a high complexity unit as direct participant in the care and prognosis of LBW newborns. This was not required before the implementation of the new policy, which now makes this topic as one of the premises for the kangaroo care method.

During our visits to the NICU of the reference Maternity, we could observe that the healthcare service routines, performed primarily by nursing professionals (technicians and assistants), came into confrontation with the process of implementation of the first stage of the kangaroo method. The establishment of exact times for drug

administration, the use of infant milk formulas and performance of various procedures dramatically limited the times during which the baby could interact with his/her family and be breastfed. Thus, the mother/father/family oftentimes would come to the NICU and watch how the baby was receiving venipuncture, artificial feeding (which discourages breastfeeding), or other activities.

Added to the inadequacy of the routines there is the poor adherence of some professionals to the implementation of humanized care for LBW newborns together with their families. The instituting force of some of them is confronted with their difficulty to accept the new, with attitudes instituted at work - which make them more comfortable and "science-based", especially because there was, with rare exceptions, no great investment of maternity hospitals in order for the method to be standardized as a rule for the care of LBW newborns.⁴⁻⁵ During this experiment, we observed a poor adherence of professionals to the idea of including the mother as a participant in the care of newborns, which led us to reflect on the knowledge that these professionals - especially those who are in direct care, such as nursing assistants - have about the kangaroo care method, its principles and advantages, and the role of continuing education as a strategy for self-reflection at work.

Another point of analysis and intervention was the provision of health education for the family, with the transmission of knowledge about the method, its possibilities, and the role and importance of breastfeeding. We also introduced information about the kangaroo position and care of the newborn in the NICU.

LBW infants who still were not able to suck the breast were stimulated through the implementation of the first stage of the method and used the breast milk obtained by manual expression or milk pumps. Such procedure was extensively explained by undergraduates and professionals who participate in the kangaroo method program.

Our intervention strategies as PET-Health monitors were based on providing health education for the family as a way of helping them get more comfortable with the new routines of the Kangaroo method, and clarifying the relevance of their participation in the care of LBW infants. In addition, we provided training and guidance to the professionals of the service unit, stimulating new practices, a reflective way of thinking and acting, the comprehensive care of LBW

infants together with their families, and the encouragement of breastfeeding.

CONCLUSION

The experience lived during the implementation of the first stage of the kangaroo method in the NICU evidenced some needs and difficulties. In addition, it revealed the importance of the role of the PET-Health monitors in supporting the family, educating professionals, and working as "propelling" and active tools for the planning and implementation of intervention strategies. Moreover, this experience expanded the perceptions about the context of primary care, since many of the cases found in the NICU are amenable to early interventions in primary health care settings, which may foster other scientific studies.

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