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PERCEPTION OF PREMATURETY: A CASE STUDY AIMED AT APPROACHING MOTHERS

PERCEPÇÃO DA PREMATURIDADE: UM ESTUDO DE CASO VISANDO À ABORDAGEM ÀS MÃES PERCEPCIÓN DE LA PREMATURIDAD: UN ESTUDIO DE CASO DIRIGIDO AL ACERCAMIENTO A LAS MADRES

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ABSTRACT

Objective: to analyze the perceptions of two mothers facing the preterm baby, focusing on the idealizations, feelings and advices received from health professionals. **Method:** a qualitative approach study, case study, with two mothers at a hospital in the city of Porto Alegre/RS. In the production of empirical data, semi-structured interviews were used and analyzed, based on content analysis technique. Free and Informed Consent Term was signed by the participants. The research project was approved by the Ethics Committee Research, Protocol 46/2011. **Results:** the following topics emerged: prematurity, idealization, the news of prematurity, separation and guidance. **Conclusion:** the need to maintain the hospitalization of the mother in the hospital, positively influences the acceptance. Thus, by this condition, the sensitivity of the team should be intensely worked. **Descriptors:** Premature; Pregnancy; Neonatal Nursing

RESUMO

Objetivo: analisar as percepções de duas mães frente à prematuridade do bebê, enfocando as idealizações, sentimentos e as orientações recebidas do profissional da saúde. **Método:** estudo com abordagem qualitativa, do tipo estudo de caso, com duas mães de uma instituição hospitalar, no município de Porto Alegre/RS. Na produção de dados empíricos, utilizou-se uma entrevista semiestruturada, os quais foram analisados a partir da Técnica de Análise de conteúdo. O Termo de Consentimento Livre e Esclarecido foi assinado pelas participantes. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 46/2011. **Resultados:** emergiram as seguintes categorias temáticas: prematuridade, idealização, a notícia da prematuridade, a separação e orientações. **Conclusão:** a necessidade da manutenção da internação da mãe na instituição hospitalar influencia positivamente na aceitação. Logo, mediante esta condição, a sensibilidade da equipe deve ser intensamente trabalhada. **Descritores:** Prematuro; Gestação; Enfermagem Neonatal

RESUMEN

Objetivo: analizar las percepciones de las madres frente a la prematuridad del bebé, enfocando las idealizaciones, sentimientos y las orientaciones recibidas del profesional de la salud. **Método:** estudio con enfoque cualitativo, tipo estudio de caso, con dos madres de una institución hospitalaria, en el municipio de Porto Alegre/RS. En la producción de datos empíricos se utilizaron entrevistas semi-estructurada siendo analizadas a partir de la Técnica de Análisis de contenido. Fue firmado el Término de Consentimiento Libre y Esclarecido por las participantes. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo 46/2011. **Resultados:** surgieron las siguientes categorías temáticas: prematuridad, idealización, la noticia de la prematuridad, la separación y orientaciones. **Conclusión:** la necesidad del mantenimiento de la internación de la madre, en la institución hospitalaria, influencia positivamente en la aceptación. Luego, mediante esta condición, la sensibilidad del equipo debe ser intensamente trabajada. **Descriptores:** Prematuro; Gestación; Enfermería Neonatal

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INTRODUCTION

Pregnancy is a natural process and represent for women a unique moment, emerging dreams, expectations and apprehension feelings, with the new being arrival. The partner is involved in this process most of the time, and live this experience together with her wife, helping her going through this moment. The pregnant and her partner experience a new life, a new moment, occurring psychosocial, emotional, cultural, life style and roles changes.¹

In this scenario of dreams and expectations, the family idealizes the arrival of a healthy baby, with adequate weight at the right time of pregnancy. However, in the prematurity situation, with the arrival of the baby before the expected time, dreams can change into anxieties, fears and even in a blaming process of the mother during hospitalization. Thus, with the birth of the child in this situation, the family experience the loss of the perfect child of their dreams. Parents need to deal with this loss and the sadness caused, developing ways to adapt to their expectations and plans.²

Mothers also dream during pregnancy about the breastfeeding, having a birth without complications, having care to the newborn, being discharged and taking the baby home, everything going well as planned.³ In this sense, the birth of a premature baby is something that changes the family dynamics and makes parents anxiety and fear for the survival of the newborn.⁴

With regard to prematurity, it is a pregnancy finished before 37 weeks completed.⁵ Early birth is considered a public health problem and it is a subject of study due to its high morbidity and mortality. Premature neonates are at high risk of disease and death due to their incomplete fetal development and increased susceptibility to infections, which is aggravated due to the manipulations and prolonged hospitalization in neonatal units.⁶ Prematurity characterized by being different and unexpected circumstances, occurring in all places and social classes.⁷

Through this fact, many babies are long periods in the Neonatal Intensive Care Unit (NICU), hampering the creation of bond and affection with the mother. In this way, the hospitalization of a premature baby in the NICU is a situation leading to emotional damage for the whole family, especially the mother, because it is a scary environment permeated with hostility, capable of inhibiting the spontaneous contact between mother and

child.⁵ Thus, "to know and understand the complex process of birth and the factors affecting it, especially in the case of prematurity, it is important for an effective quality care to both mother and child."^{8:1010}

OBJETIVE

- To analyze the perceptions of two mothers with preterm baby, focusing on the idealizations, feelings and advice received from health professionals.

METHOD

Article elaborated from the monograph << **Perception of prematurity: a study case approach to mothers** >> presented to Methodist University of IPA. Porto Alegre/RS/Brazil, 2011.

It is a qualitative study developed through study case, detailing and deepen the situation. It was held at the Neonatal Intensive Care Unit of a private hospital in Porto Alegre, in September 2011, with mothers who experienced the process of hospitalization of their son, beyond the condition of prematurity after signing free and informed consent (FIC).

These mothers (identified by name of flowers) were investigated by a semistructured interview guided by the research question: what are the perceptions of mothers with the prematurity of your children? Besides these questions, the interview included a characterization of participants through information such as age, education, number of pregnancies/births and gestational age the baby when was born, later comparing the results. The interviews were recorded on audio tape equipment and full transcribed.

As inclusion criteria mothers over 18 years old were selected, approximate age range and an interval of not more than five years between them. In this way, we have as participants in this study, Orchid (35 years old) and Violet (33 years old), with educational levels respectively of higher education level and high school level, minimizing discrepancies related to knowledge and learning. Primiparous mothers with premature delivery, Orchid with 28 weeks pregnancy (seven months) and Violet with 33 weeks pregnancy (eight months and a week) with the same etiology in this case, pre-eclampsia. There were excluded from the study mothers who being discharged in the period of data collection, thinking that they would be focused on the process of discharge and probably were not available to be interviewed.

For data collected interpretation, the content analysis technic was used, divided into three moments: in the first one the was the full transcription of the interviews and the previous reading of them, identifying some key elements. This was followed by rereading, deepen analysis and categorization of the thematic approaches and, finally, there was the composition of the descriptive structure.

The research project was approved by the Ethics Committee and Research of the Methodist University Center of IPA, protocol 46/2011 and the granting institution.

RESULTS AND DISCUSSION

◆ Facing prematurity

In this topic, mother's understanding of prematurity was analyzed that this condition is increasing more and more in many countries by clinical and/or midwives to pregnant women. Currently, there is an increase in early births, where estimates of the World Health Organization (WHO) indicate that each year 20 million preterm babies are born in the world.¹⁰ This situation is dramatic since the complications of preterm birth are the leading cause of neonatal mortality, being about 27% of the nearly 4 neonatal million deaths that occur each year in the world.¹¹

Then, it is considered that "premature are a population that follows a very peculiar growth profile and could be influenced by certain factors related to maturity, the clinical conditions and nutritional support that is offered to them".¹² Therefore, this baby born before time expected, is considered premature or preterm. The speeches below show the knowledge emerged about prematurity:

Prematurity I understand that a baby is born before time, before the gestational age. (Orchid)

The baby born before the period of gestation, before 40 weeks. (Violet)

In the literature, preterm pregnancy is considered when is between 22 (or 154 days) and 37 (or 259 days) weeks.¹³ Preterm labor (PTL) is responsible for about 75% of births before the 37th week of pregnancy.¹⁴ Hypertensive disorders during pregnancy are a major cause of prematurity, maternal and perinatal mortality, with an incidence of 1 in 10 pregnancies. The prevalence varies according to age, sex, race, obesity and pathologies such as diabetes and kidney disease.¹⁵

Prematurity needs special care and support from the health team because, at this time, mother and baby are fragile and bonding and affection may be damaged. It is realized that preterm birth is a difficult situation for the

whole family, specially in the affecting and bonding establishment.¹⁶

From this scenario, it is shown the importance of actions that can minimize the consequences of prematurity, involving the parents in the care of the premature baby, strengthening the emotional bonds between parents and newborns.¹⁷

◆ Idealization

In the idealization, we approach the initial consequences of prematurity on family plans highlighting the confrontation between the idealized son and reality. In this regard, most of the time mothers imagine a baby born in term, healthy and normal, to taking him home without any problem during this time. Therefore, we present the idealizations of the surveyed mothers about their baby before birth. The speech below shows the frustration of not having a full term baby:

I idealized it as normal. My belly growing normal, it was developing normal as it should be and it should born in the right time. (Orchid)

Violet demonstrates acceptance of the premature baby, despite expressing it would be nice if he had been born a little bigger than he actually was.

As it came healthy, just a little bigger, for sure. (Violet)

It is worth mentioning when comparing the two speeches that the mother who felt genuine frustration, had her baby before the mother with the process of accepting, even having mixed emotions. In this sense, we know that parents do not wait for a premature birth. However, in their imaginary pregnancy will be a birth of a child through normal childbirth.¹⁸ Furthermore, there is the stereotype imposed by the society that the newborn has to be healthy and beautiful, usually not occurring this with premature or sick babies.¹⁷

From this, it is stated that "(...) premature birth is a traumatic situation also for the mother, because besides the risk of loss, she is with a different baby than the idealized for her and the father, fragile and very small (...)"^{19:203} With this, for parents having a newborn who does not approach the dreamed features, can bring feelings of guilt, disability and even the fear of not survival.²⁰

Parents does not believe what is being experienced and they are frustrated, showing fear of the unknown. It is noted, that the small size of a baby can generate many conflicts, because this change tends to be more intensified before the paradigm experienced by parents, that the bigger the baby, the closer to the ideal the babies are.

◆ The news of prematurity

As previously emphasized, the news to a mother that her baby is premature generates many subjective feelings. The disorientation of parents and their looks of desperation and anxiety with an extremely fragile baby reinforce this moment of concern.

Thus, these feelings will be around the family, generating uncertainties, doubts and the feeling of death on the preterm baby. Even if the baby born is the fulfillment of a dream, its premature situation brings it to NICU hospitalization, leading the family to live days of sadness, anxiety and fear.²

Relevant aspect to be commented in this scenario, is the way in which the health professional reveals and works this news to the mother, i.e., supporting and sheltering the mother, since the situation can generate extreme feelings as concern, rejection, or even acceptance of this pregnant mother before this condition of her son. It is observed that transcending this state of anxiety aroused by having a premature child, mothers are hoping the necessary strength to give a new direction to his being.²¹

In this acceptance, there will be suffering upon the situation in which the birth of her baby had to be anticipated and a state of shock with this abnormality. Thus, the perception that the mother has about her baby, it is considered negative, may be an indication that she is being realistic, i.e. she can have the exact realization that her child is not well and that presents concrete difficulties.²²

In this topic, there are evidenced contradictory statements, being possible to understand the mother universe and detect the emotional charge showed by pauses in the speeches, expressing the difficulty in reporting, as well as the words of shocking and sadness:

I realized after the doctor told me [huh?]. After I had a problem that it was high pressure. For me it was a shock, I did not know he was born, until then. Untill my 5th month he was normal when unexpectedly appeared a preeclampsia and then pregnancy would have to be stopped, and I could wait another month until he was born. (Orchid)

Violet showed that the prematurity situation not severely impacted her, only recognizing that her baby has to gain weight and it is in the neonatal ICU (NICU) in order to receive this care:

Today I realize that it is a healthy baby, he has to gain weight yet. That is, the difference is that it is a smaller baby than a normal baby, than if he had been born at 40 weeks. (Violet)

It can see the moments that follow the news of prematurity, stating the hospitalization of the NB a critical phase, because parents undergoing stressful times, it becomes essential to support the mother, so that overwhelms the difficulties of the child's health.²³

So, before this news, the mother has to accept that her son goes to an unfamiliar environment, which is the NICU in order to provide the necessary care, may be decisive in the life of her baby.

◆ The separation

For this category, the mutual separation between mother and child is analyzed from the perspective of the baby hospitalized in the NICU to receive the necessary care during this period.

With the advancement of technology, premature babies have increased their chance to survive and live a normal life without sequels in the future. In the literature, it is shown this circumstance where the development of technological and care resources has significantly increased the chances of survival of premature neonates.²⁴

Then, the care objective in the NICU is to provide the baby all necessary assistance aiming to guarantee the best conditions for their survival, focused on care. However, during the process of hospitalization to the NICU, the bond between mother and child is broken at the time of separation. Thus, it is important that the approach and the mother-child affection is encouraged by health professionals, for this moment to be the least traumatic as possible, contributing to the psychological well-being of both.

With respect to the separation of the child during the process of hospitalization to the NICU, statements of the interviewees showed different conditions, because a mother had to separate his son and continue her normal life, making daily visits; and other, being hospitalized yet, she did not have to completely separate from her child:

It was bad, it was very difficult, it was really very difficult. It was very hard to go home and know that you have to leave your "little baby" there, in the care of others, without knowing how it will be, how it will spend the night, what will happen to it or what will not happen, it was very difficult and I need enough support at this time. (Orchid)

I did not have to separate from it, I'm still hospitalized. I think that's a big difference, because I can stay with it, in full period, there is no way to separate me. Surely if I had to separate, it would be very difficult and complicated. (Violet)

Through this content, it can be noticed

that the first mother (Orchid), showed extreme suffering on the separation, and then she explains clearly the fundamental need of support. The second mother (Violet), showed that the moment for her is different because she did not need to separate from her baby, being a positive aspect to this moment of weakness.

In this context, the experience of mothers has the trauma of premature birth with conflict and suffering resulting from the lack of routine perinatal support for these women.²⁵ Thus, the first visit of the mother to her baby in the NICU is the first contact after birth, able to generate a number of meanings that are special to both and becoming the time when their recognition of each other.²⁶

Over the days and the daily contact in the NICU, parents will get used to it and realizing that it is a necessary care place for their baby, stopping that fear and uneasiness. Thus, it can be stated that the daily of parents in neonatal environment and dialogues with the unit staff will weaken the feeling of hostility, making easy this scenario.²⁰

It is considered that early contact between mothers and their babies in neonatal units, can minimize suffering, especially for those mothers who need to separate from their children during the hospitalization, as also develop affection and bonds between them.

◆ Guidance

The guidance provided by the healthcare team during the prenatal period on prematurity is the focus of this topic. Thus, the mothers' reports demonstrate ambiguity in relation to the provision or not of guidelines:

I had not my prenatal in the public area, it was private. It was just doing everything right and suddenly, as I was already mentioned, it was a shock, because until my fifth month of pregnancy were all normal, my baby was developing well, with no problems, nothing. My pressure was always normal and then one day, when I went to the appointment, my blood pressure had risen too far and not fallen over and preeclampsia was detected, so the doctor, explained me everything, what would happen, how it would be, it would be better for him to be born earlier than staying inside the belly and that he might die there. (Orchid)

During prenatal, I was in private areas, I had no guidance, because it was well suddenly his birth. From one week to another my blood pressure changed, I was hospitalized and then he was born. So, there was no time to explain medical, or we talk about prematurity. (Violet)

The statements respectively show that for Orchid, there was guidance, but only by the

doctor, there is no reference to the involvement of professional nursing. She reports to be guide, but the news of a pregnancy complication that could trigger a risk of death to her baby was a shock at the time. For Violet, there was not guidance from any professional, causing perplexity of lack of time of the doctor to talk about prematurity.

With regard to prenatal care, it is characterized as a set of actions that aims to diagnose and treat diseases and/or injuries that arise or had not yet been discovered.²⁷

There is a difference in prenatal care between private and the public areas, since the private the only expertise in the consultations is the doctor and in the public who attends is a multidisciplinary professional team. Currently, there is consensus and politically established that all women, regardless of the health system, have the right to a dignified and respectful care. They should receive information on the recommended care, their risks and alternative benefits, and the right to take decisions.²⁸ With that, in prenatal consultation in the public area, there are various professionals involved, including the nurse, who has a big role and can see the mother in their singularities and integral form.

Nursing consultation during pregnancy is recognized as a welcoming environment because it enables dialogue, allowing free expression of doubts, feelings, and experiences, strengthening the bond between the nurse and the pregnant woman.²⁹ Thus, prenatal a pregnant woman should be prepared for childbirth and all complications that can occur, as well as maternity.

The time of prenatal care is a stage of physical and psychological preparation for childbirth and motherhood and it is a teachable moment is an opportunity for staff to develop health education.³⁰

It is for professionals involved in prenatal care, to conduct the necessary guidelines for each trimester of pregnancy and prepare the pregnant for any complications that may occur during this period, such as preterm delivery. Through the initiative it could be minimized shock and feelings experienced at the time of an impactful news, such as prematurity.

CONCLUSION

As we enter the context of prematurity in neonatology, we found a number of factors and subjective feelings, that pervades the mother of a premature baby, and require care and deserve special care from health professionals. Thus, it was realized through this study, that prematurity is always

impressive, and that brings out deep conflicts in the mothers of these babies. With regard to the mothers' knowledge of prematurity, we obtained a satisfactory result, although these mothers have undergone different processes of prenatal guidance, since one of them indicates having been guided and not the other, but both knew about the subject. It was also evidenced in this study, the absence of effective participation of nursing during the prenatal period, as they were treated in private outpatient service, with no nursing visits.

Regarding the idealization of their baby, that is, the contrast of feelings between the idealized and the real son, it is clear that mothers of preterm babies experience a conflict. However this tends to be more intense as the physical development of newborns, i.e., the bigger the closer they are from the ideal. This condition is reflected at the time that the mother receives the news of prematurity, it will be less shocked in which the baby is more physical development, even recognizing that he has to stay in the Neonatal Intensive Care Unit to receive necessary care.

The separation of the premature child generates much pain and suffering to the mother, that her stay in the hospital due to her own health condition becomes an advantage before the mother discharged and needs to return home without her son. This advantage analyzed from the perspective of full stay with the child, clearly stating that before the birth, both the mother and baby is established immediately, making them a unique being, inseparable and so painful, the need for a separation.

It is analyzed the process of training, focusing and rescuing a learning centered on the full and humanized care, with the capacity and responsibility to transform practices in daily work; understanding and supporting the baby, the mother and her family in the path of emergence of the discovery of prematurity until the time of discharge.

Study on the perception of the mother against the prematurity of her son, allow academics, future nurses and those who are already trained, to reflect on building their professional profile and performance, compared to mothers and families who experience this process. It is clear that the action strategies must be geared to the emotional condition of the mother throughout pregnancy, especially when receiving news of prematurity, which eventually develop a conflict of ideals in relation to their child, plus the need for separation.

The maximum sensitivity must face this context, and support groups can give a chance for a declaration and release of feelings with the potential to reduce the mother's stress and consequently the newborn at this difficult moment. It would be useful also to rethink in nursing, the insertion in private health care, which nursing consultation is still almost utopian, considering that the nurse added that awareness developing service issues that come to the meeting exactly the required sensitivity and humanization for this moment.

This topic does not end here with the need for jobs that complement and pointing paths relatively unknown, with respect to the instance of nursing care to premature newborns.

REFERENCES

1. Santos MRC, Zellerkraut H, Oliveira LR. Curso de orientação à gestação: repercussões nos pais que vivenciam o primeiro ciclo gravídico. *O Mundo da Saúde*, São Paulo. 2008; 32(4):420-9.
2. Costa DG, Chagas GM, Souza NR. Educação em saúde para mães em uma unidade de terapia intensiva neonatal. *Ciência et Praxis* [Internet]. 2009 [cited 2011 Oct 1]; 2(3):37-40. Available from: <http://www.fip.fespmg.edu.br/ojs/index.php/scientae/article/view/82/53>
3. Fraga IT, Pedro EN. Sentimentos das mães de recém-nascidos prematuros: implicações para a enfermagem. *Rev Gaúcha Enferm* [Internet]. 2004 Apr [cited 2011 Oct 1]; 25(1):[about 6 p.]. Available from: <http://www.lume.ufrgs.br/bitstream/handle/10183/23540/000439971.pdf?sequence=1>
4. Simioni AS, Geib LTC. Percepção materna quanto ao apoio social recebido no cuidado às crianças prematuras no domicílio. *Rev Bras Enferm* [Internet]. 2008 Sept-Oct [cited 2011 Oct 1]; 61(5): 645-51. Available from: <http://www.scielo.br/pdf/reben/v61n5/a03v61n5.pdf>.
5. Souza NL, Araújo AC, Costa IC, Carvalho JB, Silva ML. Representações de mães sobre hospitalização do filho prematuro. *Rev Bras Enferm* [Internet]. 2009 May [cited 2011 Oct 1]; 62(5):[about 6 p.]. Available from: <http://www.scielo.br/pdf/rsp/v41n5/5965.pdf>
6. Santos AM, Santos EIB, Paula WKAS, Santos RB. Prevalência da prematuridade e perfil epidemiológico de mães de recém-nascidos prematuros. *J Nurs UFPE on line* [Internet]. 2011 July [cited 2013 Oct 1]; 5(5):[about 6 p.]. Available from <http://www.revista.ufpe.br/revistaenfermage>

m/index.php/revista/article/view/1426/pdf_531

7. Ramos HA, Cuman RK. Fatores de risco para prematuridade: pesquisa documental. Anna Nery Rev Enferm [Internet]. 2009 abr-jun [cited 2011 Oct 1];13(2):[about 6 p.]. Available from: <http://www.scielo.br/pdf/ean/v13n2/v13n2a09.pdf>
8. Nogueira PT, Santos IM. O processamento de aleitamento materno de recém-nascidos pré-termo: bases para a assistência de enfermagem. Rev Pesq. Cuidado é fundamental [Internet]. 2010 out-dez [cited 2011 Oct 1];2(1):[about 6 p.]. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/897/pdf_314
9. Minayo, MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 8th ed. São Paulo: Hucitec, 2004, 269p.
10. Hartmann JB, Amadeu VT. O binômio mãe-bebê na UTI neonatal: A mãe que eu tenho e a mãe que eu preciso. Iniciação Científica CESUMAR [Internet]. 2005 Jan-June [cited 2011 Oct 1];7(1):[about 6 p.]. Available from: <http://www.cesumar.br/pesquisa/periodicos/index.php/iccesumar/article/view/100/315>
11. Matijasevich A, Domingues MR. Exercício físico e nascimentos pré-termo. Rev Bras Ginecol Obstet [Internet]. 2010 nov [cited 2011 Oct 1];32(9):[about 6 p.]. Available from: <http://www.scielo.br/pdf/rbgo/v32n9/v32n9a01.pdf>
12. Freitas JO, Camargo CL. Método Mãe-Canguru: evolução ponderal de recém nascidos. Acta Paul Enferm [Internet]. 2007 Dec [cited 2011 Oct 1];20(1):[about 6 p.]. Available from: <http://www.scielo.br/pdf/ape/v20n1/a13v20n1.pdf>
13. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas, Área Técnica de Saúde da Mulher. Gestaçao de Alto Risco: Manual Técnico, 5th ed., Brasília (DF): MS; 2010. [cited 2011 Oct 1];[about 6 p.]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/gestacao_alto_risco.pdf
14. Bittar RE, Carvalho MH, Zugaib M. Condutas para o trabalho de parto prematuro. Rev Bras Ginecol Obst [Internet]. 2005 ago [cited 2011 Oct 1]; 27(9):[about 6 p.]. Available from: <http://www.scielo.br/pdf/rbgo/v27n9/27567.pdf>
15. Verma R, Lahon K, Tonpay SD, Kale VJ. A

comparative randomised controlled parallel group study of maternal, fetal and neonatal outcomes of labetalol versus methyldopa in the treatment of new onset hypertension during pregnancy. Int J Pharm Bio Sci [Internet]. 2012 Jan-Mar [cited 2011 Nov 2];3(1):201-11. Available from: http://www.ijlpr.com/admin/php/uploads/46_pdf.pdf.

16. Azevedo M, Mendes EN. Manutenção da lactação: um desafio para mães de prematuros hospitalizados. Rev Gaúcha Enferm [Internet]. 2008 Mar [cited 2011 Nov 2]; 29(1):[about 6 p.]. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/5282/3002>
17. Chagas NR, Monteiro AR. A relação entre a mãe adolescente e o bebê pré-termo: sentimentos desvendados. Rev Gaúcha Enferm [Internet]. 2007 [cited 2011 Oct 1]; 28(1):[about 6 p.]. Available from: <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/4692>
18. Caetano LC, Scochi CG, Angelo M. Vivendo no método canguru a tríade mãe-filho-família. Rev Latino-Am Enfermagem [Internet]. 2005 July-Aug [cited 2011 Oct 1];13(4):[about 6 p.]. Available from: <http://www.scielo.br/pdf/rlae/v13n4/v13n4a15.pdf>
19. Moreira JO, Romagnoli RC. Reinventando a maternidade no Programa Mãe Canguru: o encontro com as redes sociais e a singularidade da maternidade. Rev Mnemosine [Internet]. 2008 [cited 2011 Oct 1];4(2):[about 6 p.]. Available from: <http://www.mnemosine.cjb.net/mnemo/index.php/mnemo/article/viewFile/321/532>
20. Guimarães GP, Monticelli M. A formação do apego pais/recém nascido pré-termo e/ou baixo peso no método mãe-canguru: uma contribuição da enfermagem. Texto Contexto-Enferm [Internet]. 2007 Oct-Dec [cited 2011 Oct 1];16(4):[about 6 p.]. Available from: <http://www.scielo.br/pdf/tce/v16n4/a06v16n4.pdf>
21. Sales CA, Alves NB, Vrecchi MR, Fernandes J. Concepções das mães sobre os filhos prematuros em UTI. Rev Bras Enferm [Internet]. 2006 Jan-Feb [cited 2011 Oct 1];59(1):[about 6 p.]. Available from: <http://www.scielo.br/pdf/reben/v59n1/a04v59n1.pdf>
22. Povedano MC, Noto IS, Pinheiro MS, Guinsburg R. Expectativas e percepções de mãe quanto ao seu recém-nascido: aplicação do inventário de percepção neonatal de Broussard. Rev Paul Pediatr [Internet]. 2011 Sept [cited 2011 Oct 1];29(2):[about 6 p.]. Available from:

<http://www.scielo.br/pdf/rpp/v29n2/a16v29n2.pdf>

23. Cruz AR, Oliveira MM, Cardoso MV, Lúcio IM. Sentimentos e expectativas da mãe com filho prematuro em ventilação mecânica. *Rev Eletr Enferm* [Internet]. 2010 [cited 2011 Oct 1];12(1):[about 6 p.]. Available from: <http://www.revistas.ufg.br/index.php/fen/article/view/9530/6599>

24. Silva RV, Silva, AS. A vivência de mães de recém-nascidos prematuros no processo de lactação e amamentação. *Anna Nery Rev Enferm* [Internet]. 2009 Sept-Dec [cited 2011 Oct 1];13(1): [about 6 p.]. Available from <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/296/286>

25. Siqueira MB, Dias MA. A percepção materna sobre vivência e aprendizado de cuidado de um bebê prematuro. *Epidemiol Serv Saúde* [Internet]. 2011 Sept-Dec [cited 2011 Oct 1]; 20(1): [about 6 p.]. Available from:

<http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/296/286>

26. Camargo CL, Torre MP, Oliveira AF, Quirino MD. Sentimentos maternos na visita ao recém-nascido internado em Unidade de Terapia Intensiva. *Ciênc Cuid Saúde* [Internet]. 2004 set-dez [cited 2011 Oct 1];3(3):[about 6 p.]. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/viewArticle/5394>

27. Lopes CV, Meincke SM, Quadros LC, Vargas NR, Schneider CC, Heck RM. Avaliação da consulta de revisão puerperal no programa de pré-natal. *Rev Enferm Saúde* [Internet]. 2011 jul-set [cited 2011 Oct 1];1(1):[about 6 p.]. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/viewFile/16178/10697>

28. Merighi MA, Carvalho GM, Suletroni VP. O processo de parto e nascimento: visão das mulheres que possuem convênio de saúde na perspectiva da fenomenologia social. *Acta Paul Enferm* [Internet]. 2007 May [cited 2011 Oct 1];20(4):[about 6 p.]. Available from: http://www.scielo.br/pdf/ape/v21n1/pt_19.pdf

29. Shimizu HE, Lima MG. As dimensões do cuidado pré-natal na consulta de enfermagem. *Rev Bras Enferm* [Internet]. 2009 May-June [cited 2011 Oct 1];62(3):[about 6 p.]. Available from: <http://www.scielo.br/pdf/reben/v62n3/09.pdf>

30. Rios CT, Vieira NF. Ações educativas no pré-natal: reflexão sobre a consulta de enfermagem como um espaço para educação em saúde. *Ciênc Saúde Coletiva* [Internet].

2007 [cited 2011 Oct 1]; 12(2):[about 6 p.]. Available from <http://www.scielo.br/pdf/csc/v12n2/a24v12n2.pdf>

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