

Experiences of Premature Mothers Regarding the Kangaroo Mother Method

Vivência de Mães de Prematuros no Método Mãe Canguru

Vivencia de Madres de Prematuros en el Método Madre Canguru

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ABSTRACT

Objective: The study's goal has been to show the results of the digitization project and online publishing of Collection of Nursing Memory (BSEN). **Methods:** It is a research of existing bibliographical material that was held in the collection, with the stages of selection, preparation of items, digitization and publication in the catalog. **Results:** The creation of the digital library collection Memory Nursing - *UNIRIO*. **Conclusion:** The digitization of special collections is an essential process for the preservation of memory and dissemination of historical information.

Descriptors: Special collection, Memory collection, Preservation, Digital preservation.

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RESUMO

Objetivo: Descrever e analisar vivência de mães de prematuros no Método Mãe Canguru (MMC). **Métodos:** descritiva, exploratória, abordagem qualitativa. Entrevistadas 15 mães com filhos prematuros no MMC, forma voluntária, seguido da assinatura do Termo de Consentimento Livre e Esclarecido (TCLE) respeitando critérios de inclusão e exclusão. Realizada numa maternidade pública de referência de Teresina. Para coleta de dados foi aplicado roteiro de entrevista individual semiestruturado, contendo questões abertas e fechadas. Análise de conteúdo, após transcrição das gravações das falas das entrevistadas. **Resultados:** a partir destes depoimentos evidenciou que as mulheres vão para prática do MMC com pouca orientação ou subsídio, dificultando desenvolver de forma adequada e efetiva o método. **Conclusão:** através das falas das depoentes que o MMC não está sendo muito divulgado, encontram-se no método com pouco conhecimento a respeito do mesmo, o que contradiz a política de humanização da assistência ao recém-nascido.

Descritores: Método Mãe canguru, Prematuro, Recém-nascido.

RESUMEN

Objetivo: Describir y analizar la experiencia de las madres de bebés prematuros en Madre Canguro (MMC). **Métodos:** aproximación descriptiva, exploratoria, cualitativa. Entrevistado a 15 madres con bebés prematuros en el MMC, seguido voluntariamente a la firma del Consentimiento Informado (CI) respetando los criterios de inclusión y exclusión. Celebrada en Teresina hacen referencia a los hospitales públicos. Para la recolección de datos se utilizó la entrevista individual semiestructurada guió con preguntas abiertas y cerradas. análisis de contenido, después de la transcripción de las grabaciones de los discursos de los entrevistados. **Resultados:** A partir de estas entrevistas mostraron que las mujeres van para la práctica MMC con poca orientación o subsidio, por lo que es difícil desarrollar correctamente y con eficacia del método. **Conclusión:** a través de los testimonios de los testigos que la consola no está siendo ampliamente publicitados, son el método con poco conocimiento de la misma, lo que contradice la política de humanización para el recién nacido.

Descriptores: Cuidado Madre Canguro, Prematura, Recién nacido.

INTRODUCTION

During gestation, the family is faced with a variety of feelings and expectations related to the newborn (RN), with the constant desire to have him by his side and in his arms, being an act of affection, love and Safety, in order to lessen the stress that the neonate experiences at birth¹.

In this period, women experience fantasies of a perfect birth, breastfeeding, newborn care and hospital discharge taking the child home. With premature birth there is a change in all family plans making it a contradictory reality. Therefore, premature birth means passing very abruptly from a warm and safe environment, the maternal uterus, to another extremely aggressive and new, the external environment².

All that the expectant parents expect is a calm, calm and uneventful gestation. However, this is not always the case, as premature delivery often occurs, a risk pregnancy, in which unexpected disorders cause the baby to reach the world ahead of schedule³.

Preterm birth is a challenging experience that alters family dynamics, especially that of the mother, who during the experience of premature motherhood faces conflicts, given the frequent need for hospitalization of the child. In addition to this, for some period she will have to go with her either in the Neonatal Intensive Care Unit (NICU) or the Kangaroo Mother Method (MMC) until her baby reaches the ideal weight, Advanced technology that often causes impact and fear to the family of premature infants⁴.

The World Health Organization determines two classifications that should be used for newborns to identify physical conditions and, even those related to maturation, the first is related to the gestational age of the newborn, which are classified as: -term, those with less than thirty-seven weeks of gestational age, term, those between thirty-seven and forty-one weeks and six days of gestational age, or post-term, those with forty-two weeks or more of age Gestational; The other classification is in terms of weight, weighing less than two and a half kilos is considered low weight, and with less than one and a half kilos it is considered very low weight⁵.

Due to the conditions of organic instability of the baby and the need for specialized medical care, the Ministry of Health's Humanized Newborn Care Standard (RNBP) proposes the application of the three-step method of care, starting in neonatal units Of neonatal intensive care units (NICUs), and intermediate care units), moving to kangaroo units (or kangaroo joint accommodation) and, after hospital discharge, follow-up clinics (home kangaroo)⁶.

With this, the humanized attention to the newborn in Brazil gained strength and was normalized from the Kangaroo Mother Method (MMC), instituted as National Health Policy in December 1999, where it defines the Method as being a type of neonatal care Which implies early skin-to-skin contact between the mother and the newborn, in an increasing manner and for the time that both understand to be pleasant and sufficient, thus allowing parents to participate in the care of the newborn, thus enabling Several advantages such as increases the mother-child bond, stimulate breastfeeding, favoring a higher frequency and duration, and favors thermal control among others⁶.

Before the birth of a premature baby, one observes the physical and emotional conditions faced by the parents. The existing data indicate the great psychological stress of the family, especially the mother, who, most of the time, stays with her child during hospitalization. In this way, the mother is submitted to hospital routines and is removed from her family and social life, to the detriment of prioritizing the care of the hospitalized child⁶.

As a mother accompanying the child, it is essential to discuss the experiences of the mothers of premature newborns, thus highlighting the difficulties they face due

to the health conditions of their children and waiting until they meet prerequisites of the high protocol⁷.

Prematurity is the main cause of neonatal morbidity and mortality, in which it has shown a high index over time and a large number of cases of hospitalization due to premature birth. It is known that during the whole process of hospitalization in the Kangaroo Method, the mother most often stays with her child throughout the hospitalization⁸.

In this context, it is relevant to discuss the experiences of the mothers, thus highlighting their experiences during the stay in the Kangaroo Mother Method. Therefore, this research may contribute to a better quality of care for the mother who accompanies her child throughout the hospitalization process in relation to the preterm newborn, prioritizing humanization in care, favoring maternal emotional stability, and providing confidence. And the mother's competence in caring for the baby.

It may also contribute, therefore, to increase knowledge about the functionality, limits and possibilities of care / care provided in the Kangaroo Mother Method, based on what will be expressed by the participating women, which will allow the reflection of health professionals and Of the managers, with a view to maintaining or changing the operating routines, to achieve Kangaroo Mother Method objectives and directly and indirectly involved people's satisfaction.

Faced with this, she was the object of study: Life of mothers of premature babies in the Kangaroo Mother Method. And as a guiding question: What is the experience of the mothers of premature babies in the Kangaroo Mother Method?

To answer this question the following objectives were chosen: Describe the experience of mothers of premature infants in the Kangaroo Mother Method and to analyze the experience of mothers of premature infants in the Kangaroo Mother Method.

METHODS

It is a descriptive, exploratory, qualitative approach. Descriptive research makes it possible to observe, record, analyze and correlate facts or phenomena without manipulating them, trying to find out with precision the frequency with which a phenomenon occurs and its relation with other factors⁹.

The research was carried out at a public maternity hospital in *Teresina - PI*. Fifteen mothers who had preterm children in the Kangaroo Mother Method were interviewed on a voluntary basis, followed by the signing of the Informed Consent Term (TCLE). The interviews were stopped according to the saturation of the speeches. Inclusion criteria include mothers of premature newborns over 18 who were hospitalized for more than

thirty days in the Kangaroo Mother Method, those who had psychic and physiological conditions for participation in the interview and those inserted in the Kangaroo Mother Method, Who agreed to voluntarily participate in the research through the term of said term. All those that did not meet the inclusion criteria mentioned above were excluded.

The interviewees were identified by flower names in order to guarantee these mothers anonymity, thus fulfilling the ethical, moral and legal requirements of the research through a declaration of consent and from that the participation of the mothers in the research was sealed.

To better perform the data collection, all the participants received oral and written information about the research, then those who freely accepted to participate in the research were applied a semi-structured individual interview script, containing open and closed questions, in order to guarantee Information. After the interviewee's consent through the ICF, all the speeches were recorded with the aid of a tape recorder that were later used for transcription of the speeches.

The analysis was performed after the transcription of the recordings of the interviewees' speeches, in which they were recorded in a literal sense and then carefully read and compared to the script, to guarantee reliability and knowledge of the content. After this stage the content analysis was carried out, in which a categorial analysis of the speeches was carried out.

This research was carried out in accordance with the Resolution of the National Health Council (CNS) 466/12 that approves the directives and norms of research involving human beings after approval of the Ethics Committee of the University Center Uninovafapi with the N° CAAE 53902816.4.0000.5210 in April 15, 2016. The data were used exclusively for this study, and any information that allows the identification of the involved parties, nor even these ones, is omitted, subject to any risk of exposure or damage. The research contains the TCLE, being applied directly with the kangaroo mothers.

RESULTS AND DISCUSSION

Fifteen mothers aged between 18 and 30 years were interviewed, all of them living in cities in the interior of *Teresina-PI*, and all are brown. In relation to schooling, eight have completed high school and the others have incomplete elementary education. In relation to the profession, thirteen affirmed to be "of the home" and two work outside. As for marital status, four are married, two single and nine live in stable union. Regarding the number of previous pregnancies, ten of the interviewed mothers report being the first gestation, while five have had previous pregnancies. The predominant type of delivery was the cesarean section. Only one had another

underweight child previously. Among the risk factors that gave birth to preterm birth are the Specific Hypertensive Disease of Gestation (DHEG) and loss of amniotic fluid. Most performed prenatal consultation, with numbers ranging from two to nine times.

Following the similarity of the interviewees' statements, they were organized into *Between the Will to Stay in the Institution and the Saudade de Casa*.

The prolonged stay in the hospital environment causes some conflicts for the mothers, the ambiguity of the feelings, the will to remain in the institution and the homesickness of the other children and their families. These feelings become more pronounced when the woman is discharged from the maternity ward and must remain in the hospital due to the hospitalization of the newborn who has no prediction of being discharged from the Kangaroo Mother Method, as can be seen in the following statements¹⁰.

categories, as described below:

[...] Here it is not good, because we are not in the comfort of our house [...] (Bromélia).

[...] It is bad for the distance of my family [...] (Rosemary).

[...] Being in a hospital is a bad thing, because it is out of the family [...] (Jasmin).

[...] It is bad to stay away from the family, but it is better to accept [...] (Iris Azul).

For the mothers of this study, the suffering is considered more intense because they all live outside the city, in other localities of the interior of the State, far from their stronghold, and, indirectly, are deprived of receiving daily visits from family members of daily living.

Some of the mothers participating in the MMC, especially those with lower purchasing power, living away from hospitals and in other cities, generate, in addition to emotional and physical fatigue, the increase in transportation expenses, which is another difficulty faced¹¹.

[...] It's bad because we live far away and we are poor, we live from the school scholarship, my mother had to come here to help me and will only come back when I'm together [...] (Orchid).

The fact that the mother lives in another city can cause worsening of the preterm's clinical condition due to her full-time stay with the NB being impaired, as well as promoting a family distancing¹².

Experiencing and Learning the Kangaroo Mother Method

This category emerged from the reports in the interviewees' speech about the experience in the kangaroo method. Although maternity is recognized by the implementation of this method in accordance with the norms of the Ministerial Order No. 693 of the Ministry of Health, it was verified the need for a more effective orientation and able to guarantee to these mothers the greater knowledge about the method and benefits Related to him is what is observed in the following lines:

[...] I did not know anything, they only told me when they left the medium risk that they told me to come here [...] (Iris Amarelo).

[...] I did not know no, I knew as soon as I got here, I know I'm here because the baby was born premature [...] (Flor-de-Lis).

[...] I understand little, but they said that I stay here until the baby gains weight [...] (Yellow Tulip).

[...] I had never heard of [...] (Violet).

[...] I did not know anything [...] (Margarida).

[...] I did not know no, I learned now (Rosa).

From these testimonies it was evidenced that the women go to the practice of the MMC with little orientation or subsidy, finding therefore difficulties to develop in an appropriate and effective way the method, thus learning in the day to day to become mothers-kangaroos. The MMC is a place of teaching and learning, and there is a need for constant evaluation of the adequacy of the transmitted guidelines and the effective learning¹³.

It was observed that the mothers' experiences and their perceptions of the MMC showed positive results, although they were not fully satisfied, the mothers understood the importance of the method for their children demonstrated in the results of the same.

[...] Although time is long, more is good, I did not think it was bad that I came from my city here, not because it was necessary for me to come [...] (Yellow Tulip).

[...] Staying here is not good, not if it is for his improvement [...] (Sunflower).

Despite the limited information about the method, some of the interviewed mothers were able to respond in a simple way, without much depth, to some of the benefits of the method, as described below:

[...] They taught me to put the baby inside us, which helps in breathing [...] (Iris Amarela).

[...] I learned in the kangaroo method that people get closer to the baby, get closer, help in recovery [...] (Sunflower Flower).

[...] He has to stay on our lap for him to feel our warmth and help gain weight [...] (Flor-de-Lis).

[...] I spend the day taking care of her, paying attention to her in the kangaroo position, because it helps to breathe better, it helps to gain weight [...] (Pink Dahlia).

[...] They say that it is to put all day, for the baby to feel the warmth of the mother [...] (Acacia).

[...] I read in a book, learned how to bathe, how to take care [...] (Red Tulip).

There is evidence that an intimate contact between the mother and her preterm infant can positively interfere with the infant's relationship with the world. The skin, the largest organ in

the body, receives sensory stimuli of various magnitudes, and skin-to-skin contact, which in MMC implies body / chest skin contact between the premature baby and its mother, can promote several changes in the body of both one Of the other¹⁴.

Scientific evidence indicates that MMC brings benefits to the health of low birth weight infants, reduces cost and length of hospital stay, humanizes care, improves the mother-child bond by giving the mother an essential role in the care of the newborn , Increases adherence to exclusive breastfeeding and reduces morbidity and mortality¹⁵.

The method specifying the following benefits and enhances the bond between both parties, reduces mother / child separation time, maintains temperature, improves the quality of neurobehavioral and psychoactive development of the newborn, promotes proper sensory stimulation, support and emotional balance , Development in spontaneous movement and muscle tone, stimulation of early maternal breastfeeding, weight gain, reduces hospital infection risk, allows hospital discharge, attenuates stress, pain and cry time, reduces morbidity and mortality, elevates the family's relationship with the team Health, as well as providing greater parental confidence in the management of their underweight child⁵.

CONCLUSION

At the end of the study it was possible to consider that when analyzing the profile of the interviewed women, it was observed that the main risk factors that gave birth to premature birth are gestational problems, such as Specific Hypertensive Disease of Gestation and loss of amniotic fluid.

According to the results obtained in this research, it can be verified that the MMC is not being widely disseminated, the participating mothers are in the method with little knowledge about it, with little subsidy, which contradicts the Humanization Policy of the Assistance to the Newborn, thus failing on the part of the health professionals, mainly of the nursing team, since they are in direct contact with the mother the newborns, it is emphasized the importance of new researches in this field , Whose theme requires more attention from the scientific community, and it is important that there are more incentives to increase the dissemination of the method, thus contributing to better care for both the newborn and the mother that may reduce the difficulties faced by the mothers.

Nursing stands out in this sense, as it is the profession that is closest to the family and caregivers, guiding and clarifying all the information regarding MMC. Health education is an important educational practice of the

nursing professional, in which, using clear language, establishing an interaction with the mother, this professional facilitates learning and promotes autonomy. In this way, health education, using clear and objective language, with resources that facilitate the teaching of learning, can facilitate the maternal understanding, here highlighting the MMC, its purpose, its benefits, making the mother understand the importance of this, And to his son.

It was also highlighted that, despite the difficulties and fears faced by the mothers participating in the MMC and even without adequate knowledge about the method, they were well accepted to participate in the program and were satisfied with the results. MMC was positive in the recovery of preterm infants and increased maternal competence in caring for their children.

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