

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i68p7203-7216>

Humanization actions for pretermes developed in Brazil

Acciones de humanización para prematuras desarrolladas en Brasil

Ações de humanização para prematuros desenvolvidas no Brasil

ABSTRACT

OBJECTIVE: To identify humanization actions in the care of premature infants. **METHOD:** This is an integrative literature review, from August to December 2019. The databases were: BDNF, LILACS, INDEX PSICOLOGIA E COLECCIONA SUS, based on the keywords kangaroo method, premature newborn and humanization. Studies published between 2014 and 2018, in Portuguese, with Brazil as the country of origin and full articles, were included. **RESULTS:** The importance of humanized care with the NB and their parents was identified, thus being able to minimize future damage and provide less painful experiences, considering that families express feelings such as sadness, anguish, guilt and fear during the hospitalization of their children. **CONCLUSION:** It is understood that it is essential that the health professional favors the affective bonds between the family, empowering mothers and fathers to care for the premature and, in the future, improving the quality of life of these families.

DESCRIPTORS: Nursing; Premature; Humanization.

RESUMEN

OBJETIVO: Identificar acciones de humanización en el cuidado del prematuro. **MÉTODO:** Se trata de una revisión integradora de la literatura, de agosto a diciembre de 2019. Las bases de datos fueron: BDNF, LILACS, INDEX PSICOLOGIA E COLECCIONA SUS, en base a las palabras clave método canguro, recién nacido prematuro y humanización. Se incluyeron estudios publicados entre 2014 y 2018, en portugués, con Brasil como país de origen y artículos completos. **RESULTADOS:** Se identificó la importancia del cuidado humanizado con el RN y sus padres, pudiendo así minimizar daños futuros y brindar experiencias menos dolorosas, considerando que las familias expresan sentimientos como tristeza, angustia, culpa y miedo durante la hospitalización de sus hijos. **CONCLUSIÓN:** Se entiende que es fundamental que el profesional de la salud favorezca los vínculos afectivos entre la familia, empoderando a madres y padres para cuidar a los prematuros y, en el futuro, mejorando la calidad de vida de estas familias.

DESCRIPTORES: Enfermería; Prematuro; Humanización.

RESUMO

OBJETIVO: Identificar ações de humanização no cuidado do prematuro. **MÉTODO:** Trata-se de uma revisão integrativa da literatura, de agosto a dezembro de 2019. As bases de dados foram: BDNF, LILACS, INDEX PSICOLOGIA E COLECCIONA SUS, a partir dos descritores método canguru, RN prematuro e humanização. Foram incluídos estudos publicados entre 2014 e 2018, em português, com o Brasil de país de origem e artigos completos. **RESULTADOS:** Identificou-se a importância do cuidado humanizado com o RN e seus pais, podendo assim minimizar danos futuros e proporcionar experiências menos dolorosas, tendo em vista que as famílias expressam sentimentos como tristeza, angústia, culpa e medo durante a internação de seus filhos. **CONCLUSÃO:** Compreende-se que é essencial que o profissional da área da saúde favoreça os laços afetivos entre a família, empoderando mães e pais aos cuidados do prematuro e, futuramente, melhorando a qualidade de vida dessas famílias.

DESCRIPTORES: Enfermagem; Prematuro; Humanização.

RECEIVED ON: 04/05/2021 APPROVED ON: 04/20/2021



Daniela Ester Kunzler

Bachelor's Degree in Nursing from the Ritter dos Reis University Center - UniRitter; Nurse at the Hospital da Restinga Extremo Sul.
ORCID: 0000-0002-0506-8261

Bruna dos Santos

Bachelor's Degree in Biomedicine from the Federal University of Rio Grande do Sul (UFRGS). Resident at the Multiprofessional Residency in Collective Health at UFRGS.

ORCID: 0000-0002-8477-5692

Cláudia Rodrigues de Oliveira

Sanitary Nurse at the Campo da Tuca Family Clinic, Primary Health Care at the Divina Providência Hospital, Porto Alegre-RS; Bachelor's Degree in Nursing from the Ritter dos Reis University Center (UniRitter); Master's student in the Graduate Program in Public Health at the Federal University of Rio Grande do Sul (UFRGS); Bachelor of Public Health from UFRGS.

ORCID: 0000-0003-0074-9495

Amanda Pereira Ferreira Dellanese

Manager of the Campo da Tuca Family Clinic, Primary Health Care, Hospital Divina Providência, Porto Alegre-RS. PhD in Child and Adolescent Health from the Federal University of Rio Grande do Sul (UFRGS) Collaborating Lecturer at the Multiprofessional Integrated Residency in Collective Health at UFRGS.

ORCID: 0000-0002-1515-9693

INTRODUCTION

Humanizing is and should be the inclusion of differences in care processes, bringing new ways of care, building relationships that affirm the values that guide public policies. In this context, the National Humanization Policy (PNH - Política Nacional de Humanização) program, which was established in 2003 by the Ministry of Health of Brazil, meets the demand for the principles of the SUS, aiming at changes in the way of acting and caring. Indeed, the PNH encourages communication between managers, employees and users, promoting and disseminating innovations in ways of doing health.¹

According to Fonseca (2009),² a baby is considered premature when delivery occurs before the 37th week of gestation. This event is related to several health problems for the baby. Premature can be classified into three categories, according to Dantas (2018):³ borderline premature, between 35 to 36 weeks of gestation; moderate premature, between 30 and 34 weeks; extreme premature, under 30 weeks. It is noteworthy that prematurity is present in 47% of infant deaths, and the rate is concentrated in those born in less than 27 weeks.⁴ In about 50% of cases of preterm birth, there is no well-defined etiological factor, since preterm birth can be related to several risk factors, such as high ra-

tes of cesarean sections, development of treatments for infertility, increasing the number of pregnant women of twins, medical interventions, histories of

spontaneous preterm birth, family histories, persistent bleeding, infections, hypertension, diabetes, obesity, alcohol, stress, dehydration and others.⁵

Studies bring about 15 million births of premature newborns (NB) per year in the world, with a third of them dying before completing one year of life. Nevertheless, technologies and human resources related to neonatal settings help to increase the survival of preterm infants.³

To Santos (2012),⁵ interventions in newborns, such as admission to the NICU, should be carried out as soon as possible, avoiding long-term injuries. It is extremely beneficial, if possible and the baby is clinically stable, to leave the premature baby as much as possible skin-to-skin with the mother, thus maintaining the family bond between this family, as well as leaving the umbilical cord clamped to the NB in the first hour of life, with the benefit of oxygen transfer in the first respiratory incursions. In fact, studies prove that the first care in the baby's first weeks results in better neuropsychomotor growth and development.

Premature babies are often hospitalized in the NICU for a long period, away from their parents to receive the care necessary to maintain their life. In this first moment, families present feelings related to premature birth, such as sadness, anguish, guilt, fear, hope, faith

Humanizing is and should be the inclusion of differences in care processes, bringing new ways of care, building relationships that affirm the values that guide public policies.

and joy, these are the main feelings expressed.⁶ Therefore, it is extremely important that the nursing team favors the strengthening of the family bond, being able to identify and understand these feelings expressed during hospitalization, thus providing humanized care to these families. In addition, it is important to guide the need for each hospital device to which the baby is submitted, and to explain the health status of the premature baby, bringing these parents to care for their baby. It is necessary to demonstrate to these families that this baby belongs to them, and this starts when there is a closer physical contact between parents and baby.⁶

Humanized care for premature infants comes through actions that can minimize damage, since, during their hospitalization, they will undergo numerous invasive and acute processes, reaching around 100 to 234 manipulations in 24 hours. Many of these procedures are painful and can impact the baby's quality of life and psychomotor development.⁵ In this sense, the study aims to identify humanization actions to care for premature infants developed in recent years in Brazil.

METHOD

This is an integrative literature review of a descriptive nature. The integrative review is a general overview of various literatures, including methods of inclusion and exclusion for the topic addressed, being of great importance for scientific and clinical knowledge in nursing. According to Mendes (2008),⁷ the study allows for the critical analysis of the researches that were selected, enabling the interpretation and synthesis of the collected data.

For the construction of the present study, 5 steps were followed: 1) identification of the theme and selection of the research hypothesis for the elaboration of the integrative review; 2) establishment of inclusion and exclusion criteria for studies/sampling or literature search; 3) definition of information to be extracted from selected studies/ categorization of studies; 4) evaluation of the studies included in the integrative review; 5) interpretation of results and 6) presentation of the review/synthesis of knowledge.

To carry out the study, the following research problem was used as a basis: "What humanization actions for pre-

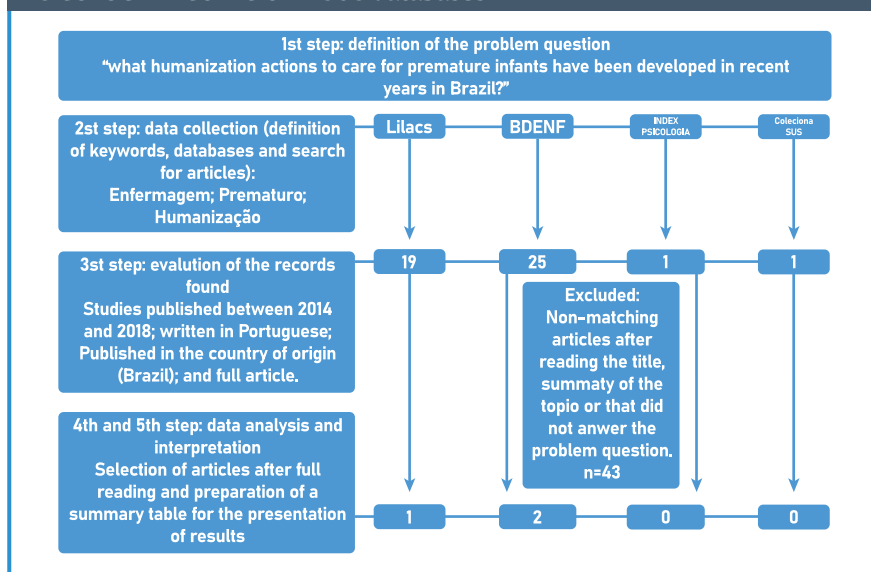
term infants have been developed in recent years in Brazil?". The study was carried out from August to December 2019.

The search for articles and readings was based on the guiding question, through electronic databases Database in Nursing (BDENF), Latin American and Caribbean Literature in Health Sciences (LILACS), INDEX PSICOLOGIA E COLLECTIONS SUS. The descriptors were defined by the Virtual Health Library DeCS (Descriptors in Health Science): Enfermagem; Prematuro; Humanização. The VHL filter tool was applied, allowing the search to be carried out only for studies that met the inclusion criteria. As inclusion criteria, articles were chosen that, in their context, addressed the theme of "humanized care for premature infants". Complete articles were used, in Portuguese, from 2014 to 2018 and "article" text types, electronic database.

The articles collected were selected by title, followed by the abstract and reading of the full article. The titles, abstracts and complete articles were then read, thus selecting those that addressed actions for the humanization of premature newborns. After selecting the studies, it was necessary to review and systematize the extracted information. The studies were critically analyzed by 4 researchers regarding their methodological quality and relevance of the information. During the process, there were disagreements and new joint analyzes were carried out so that consensus could be reached. 45 articles were found from the DeCS, no duplicates were obtained.

When filtering, 36 articles were excluded from period, article type and language, resulting in 9 articles. After reading in full, 6 articles were excluded for not corresponding to the problem question and after reading the title. The final sample of this review consisted of 3 articles. The studies were synthesized in a flowchart, in order to facilitate the handling of information and to allow the reader to visualize the results obtained in detail.

Image 1: Flowchart of article selection steps in BDENF, LILACS, INDEX PSICOLOGIA E COLECCIONA SUS databases.



RESULTS

A total of 45 articles were identified in the databases: 25 in BDENF, 19 in LILACS, INDEX PSICOLOGIA E COLECCIONA SUS. After the "filter" tool, it resulted in 9 articles, after selection by title, 6 articles remained and, with the reading of the abstract, it resulted in 3 articles, remaining after reading in full. The articles found report a proposal for the care of premature newborns with strategies for relieving the pain experien-

ced during hospitalization. It is noteworthy that the identification, as well as the assessment of pain need to become routine within the NICUs, being considered a challenge, as stated by Marcondes (2017).⁸

Furthermore, the articles collected and analyzed in the research demonstrate that the provision of nursing care to the RNP and the families who experience hospitalization must include comprehensive care and adequate assessment of the feelings expressed during hospitalization,

as mentioned by Dantas (2018).³ Therefore, the nursing team has a fundamental role to provide a better quality of care, providing some comfort for the baby and also for his family, as stated by Lelis (2018).⁹

DISCUSSION

The analysis of the studies showed several humanizing actions that can minimize damage to the premature, these include:

ARTICLES	AUTHORS	YEAR/COUNTRY	SOURCE	ARTICLE TITLES	METHODOLOGICAL APPROACH
Lelis, 2018	Lelis, Beatriz Dutra Brazão; Sousa, Mirna Isicawa de; Mello, Débora Faleiros de; Wernet, Monika; Velozo, Ana Beatriz Ferreira; Leite, Adriana Moraes.	Recife, Brazil, 2018	Rev. Enfermagem UFPE on line; 12(6): 1563-1569, jun. 2018.	"Maternal care in the context of prematurity"	Qualitative, exploratory and descriptive study, based on the concept of humanization and carried out with mothers of premature babies.
Dantas, 2018	Dantas, Jéssica Machado; Leite, Helder Camilo; Querido, Danielle Lemos; Esteves, Ana Paula Vieira dos Santos; Almeida, Viviane Saraiva de; Haase, Micheli Marinho Melo Cyntia; Labolita, Thaciane Henriques.	Recife, 2018	Rev. Enfermagem UFPE on line; 12(11): 2944-2951, nov. 2018. ilus. tab.	"Mothers' perception of the applicability of the Kangaroo Method"	Qualitative, descriptive and exploratory study, used as a strategy for semi-structured interviews.
Marcondes, 2017	Marcondes, Camila; Costa, Antonielle Moreira Dutra da; Chagas, Elen Kauani; Coelho, Joeci Baldin	Recife, 2017	Rev. Enfermagem UFPE on line.	"Knowledge of the nursing team about pain in premature newborns"	Descriptive, exploratory study with a qualitative approach, focusing on the social, as a world of meanings, subject to investigation.

ARTICLE	YEAR/COUNTRY	SOURCE	OBJECTIVE	HUMANIZATION ACTIONS FOR PREMATURE INFANTS DEVELOPED IN RECENT YEARS IN BRAZIL
1	Recife, Brazil, 2018	Rev. Enfermagem UFPE on line; 12(6): 1563-1569, jun. 2018.	To analyze the reception of mothers of preterm newborns (PTNB) hospitalized in the care environments of hospital Amigo da Criança	<ul style="list-style-type: none"> ▪ Humanized care, maternal care; ▪ Adoption of the skin-to-skin contact kangaroo method; ▪ Minimal manipulation of the newborn; ▪ Spirituality; ▪ Casa Gestante.
2	Recife, 2018	Rev. Enfermagem UFPE on line; 12(11): 2944-2951, nov. 2018. ilus. tab.	To investigate the perception of mothers who use the Kangaroo Method about its applicability in a Neonatal Unit.	<ul style="list-style-type: none"> ▪ Show mothers the importance of the kangaroo method for the recovery of their children; ▪ The importance of effective dialogue between a multidisciplinary team; ▪ Applicability of the kangaroo method.

3	Recife, 2017	Rev. Enfermagem UFPE on line.	Identify the knowledge of the Nursing team about pain in premature new-borns.	<ul style="list-style-type: none"> ▪ Implementation of non-pharmacological scales and measures that can stop pain; ▪ Assess the pain responses of PTNBs submitted to painful procedures.
---	--------------	-------------------------------	---	--

HUMANIZED ASSISTANCE AND MATERNAL ACCOMMODATION

The parents of newborns face an intense feeling of anguish in the premature birth, feeling of sadness, guilt and fear, which arise from their immediate separation from the baby, as mentioned in an article by Silva (2016).⁶ The articles found address the humanization of welcoming families who have their babies hospitalized in the NICU. A study by Lelis (2018),⁹ carried out in the neonatal ICU of a hospital in Minas Gerais with mothers who have their children hospitalized, resulted in the impact of the separation between mother and child, which has repercussions after birth. The mothers say that the conversations and welcoming of the health team help to face the situation, promoting humanized care for them. In Brazil, maternal and child care policies and actions have been launched aiming at humanization, such as the standard of humanized care for low birth weight newborns by the Ministry of Health, the Amigo da Criança hospital, the Support Home Project for Mothers of Neonatal ICU, Casa da Gestante and Rede Cegonha.⁹

MINIMUM NEWBORN MANIPULATION

During pregnancy, the baby spends 80% of its time sleeping in a dark, pleasant, low-noise and warm environment, so that it can grow and do nothing to hinder its physiological development and brain growth.⁴ When the baby is born prematurely, it is exposed to several procedures for its survival. These procedures can cause problems during your life, such as skin lesions, and interfere in the day and night pattern, in the physiology of sleep, cause cranial hemorrhage, alterations in cochlear development, among others. Thus, the minimum handling must be introduced by all multidisciplinary professionals, grouping care for pre-

mature infants and avoiding unnecessary handling. Minimal handling should be restricted to the first 72 hours of a premature baby's life, thus avoiding future injuries.¹⁰

A study by Marques (2017),¹⁰ analyzed the risk of excessive handling in premature infants, and brought the result that premature infants are handled a lot during hospitalization. Many procedures can be avoided, reducing future harm to babies, but, for that, the measures to be taken are simple, such as delicate care with minimal handling, respecting the moment of each premature baby.

PAIN ASSESSMENT

The concept of pain was established in 1979 by the International Association for the Study of Pain (IASP), as an unpleasant emotional and sensory experience, which is considered subjective and a great cause of suffering. In preterm infants, pain was not a matter of concern to researchers for a long time, as it was believed that the neonate was incapable of feeling pain. Afterwards, numerous studies have shown that the neonate has all the functional neurochemical components for the transmission of painful stimuli. Thus, pain can be seen as an alarm signal when something is not right in the body, it usually disappears when the problem is resolved, and it can also persist, either because the cause was not detected, or because the medication used was not enough.

Pain control is directly related to the implementation of protocols and established routines for pain management, with training for multidisciplinary professionals being of paramount importance to acquire knowledge about the subject of pain, especially nursing professionals, as they are closest to the patient.⁸

The development of anatomical pathways, necessary for pain transmission,

also takes place in the fetal pathway. There is evidence that a premature infant can feel pain more intensely than an older child, as it has an immature inhibitory mechanism, and this makes it limited in its ability to modulate the painful sensation.⁶ It should be noted that the nursing team needs to be prepared to be able to assess the pain of premature infants, taking into account that they are able to feel painful stimuli, and it is not always easy to identify them, however, a correct assessment is very important for their care. For this, scales are applied to assess pain in newborns. At each vital sign verification, pain assessment is performed by nursing using the NIPS scale, with pain being considered the fifth vital sign. Studies demonstrate the importance of correct pain measurement in neonates, which can be performed with the NIPS scale, which is an instrument used in pain assessment, being a very reliable multidimensional method of assessment, differentiating painful from non-painful stimuli through of behavioral and physiological parameters.¹¹ The application of the N-PASS scale, created in 2000, used in neonatal ICUs for all hospitalized babies, aims to assess the NB's degree of sedation or the presence of pain and agitation; evaluates healthy babies on mechanical ventilation after painful procedures and in the postoperative period, and is composed of five indicators: irritability/crying, behavioral status, facial expression, limb tone, vital signs, heart and respiratory rates, blood pressure and saturation of oxygen.⁵

NON-PHARMACOLOGICAL MEASURES

Studies show that painful stimuli trigger a global response to stress in premature infants, which includes changes in the cardiovascular, respiratory, immunological, hormonal and behavioral levels,

among others, which interfere with the preterm infant's already impaired homeostatic balance.⁸ Growing evidence suggests that, before any painful manipulation in premature infants, the nursing team can stop their pain with non-pharmacological measures.

Some of the pharmacological measures are: the humanized environment, breastfeeding, skin-to-skin contact, kangaroo method, facilitated containment and wrapping maneuver, oral glucose or sucrose solution and non-nutritive sucking with a pacifier, which can be considered as the most effective. It is necessary for the health team to know these methods to better use them in the daily routine of the NICU, and it is especially important that professionals who work in these services become aware of the use of these measures.¹²

Regarding sucrose, a study demonstrates the effectiveness of this sweetened substance introduced in premature babies orally or via tube, in which it was observed in hospitalized babies that two minutes before performing a painful procedure, received sucrose orally, and there was a result in decreased crying. Intense pain must be managed with pharmacological agents.¹³

THE IMPORTANCE OF EFFECTIVE COMMUNICATION AMONG THE MULTIDISCIPLINARY TEAM

Studies provide evidence that, for the effective understanding of mothers, the multidisciplinary team has a fundamental role in providing correct guidance regarding the kangaroo position, breastfeeding and the special care provided to the premature child. Thus, the team needs the information to be aligned between professionals and the family to reduce the fear felt by mothers at this very difficult time.

In the study by Dantas (2018),³ mothers who had their children hospitalized in neonatal ICUs bring, in their statements, that the help of the nursing staff during the hospitalization of babies is very efficient and is essential in the care of premature infants and also parents. This ac-

tion brings them care, communicating about their child's condition and the procedures necessary to keep him stable.

The relationship with the team makes the parents trust them to leave their most precious possession in their hands, moreover, the clarifications received, the attention and daily interaction are fundamental factors, thus bringing relief and hope to the parents, always providing so that communication between parents and teams is not deficient, as this will only bring more anxiety.⁶

SPIRITUALITY

It is evident that faith and religiosity are important supports for mothers and fathers in ICUs. The hope in the children's recovery is often placed in a divine figure.⁹ Faith is something comforting in a moment of sadness and anguish experienced during hospitalization. Spirituality for mothers facing their children's grief is an important factor that helps in the elaboration of grief, as cited in the study by Silva (2016),⁶ which addresses parental feelings related to children's hospitalization.

Also, during the baby's hospitalization, stress is one of the feelings frequently addressed by mothers, because the hospital is a life-threatening environment. For this reason, in an attempt to manage the stress experienced, religion and spirituality are resources often associated, as the belief in God helps the baby's recovery, giving strength to face the challenges of an ICU.⁶

It is important to mention that coping with stress can vary in the forms of behavior, which can be adaptive or maladaptive, in the short or long term. Furthermore, religion, when used in a positive way, can bring self-confidence, being a support for that moment lived, acting in an adaptive way.¹⁴

However, if used as a maladaptive form, religiosity can have an opposite relationship with God, causing a feeling of abandonment by him. Therefore, understanding and helping at this time of coping with stress is of paramount im-

portance and resources must be used within hospital units, such as a psychologist, chapels and emotional help, which are fundamental in the process of coping with the conditions experienced during hospitalization.¹⁴

PREGNANT'S HOUSE (CASA DA GESTANTE)

The mother's permanence during her child's hospitalization is essential in the formation of the maternal bond and in the baby's recovery, in addition to strengthening ties and reducing the anguish experienced by the sudden separation between mother and baby. In this context, a study by Lélis (2018)⁹ presents the Casa da Gestante (the support house project for the NICU mother) in Brazil, which is considered a policy of actions for maternal and child care, as a space for mothers to express feelings, exchange experiences, clear up doubts, encourage self-confidence, taking information and encouraging the bond with the NB. Positive feelings about the house were evidenced by the study participants. It is important to emphasize the importance of the support network for these mothers, such as the standard of humanized care for low birth weight newborns, the Baby-Friendly Hospital and the Mother-Friendly Care linked to the Cegonha network strategy.⁹

KANGAROO METHOD

The kangaroo method (MC - método canguru) was implemented in part of the analyzed studies. Since the 1990s, care for pregnant women and NBs has been increasingly improving, given that, in that year, the Child Statute (ECA - Estatuto da Criança e do Adolescente), through Federal Law No. 8.069, guaranteed free access to parents in the Brazilian neonatal ICUs, thus bringing improvements in the quality of life and in the bond between these families. The MC was created in 1978 in Colombia and aimed to reduce the number of neonatal ICUs, thus providing an early discharge of these clinically stable NBs.

In turn, the nursing team must play a

fundamental role in encouraging parents to participate in the MC, which effectively contributes to increasing the bond and empowering the baby. This method was implemented in Brazil in 2000, with the aim of promoting humanized care in order to complete technological advances. It must be performed by the adult in order to keep the NB on his chest in an upright position and in the prone position, with the child wearing a minimum of clothing. It is also necessary to maintain an environment with low light and without noise, with the presence of background music therapy. Furthermore, it is important that nursing staff undergo training to safely guide parents.

One of the pillars of MC is breastfeeding, encouraging skin-to-skin contact and the constant presence of the mother with the NB.⁴ The implementation of the method in hospitals consists of three steps. The first begins in prenatal care, in high-risk pregnancy, continuing the

hospitalization of these NBs, providing a humanized care to these parents, encouraging contact with their baby and participating in all activities provided to the NB. In the second stage, the baby remains continuously in the kangaroo position for as long as possible, in which the family member actively participates in the care of their child. In the third stage, the baby goes home and is accompanied along with his family by the MC clinic and basic health units.¹⁵

CONCLUSION

The present study showed that there are several humanization actions for the health care of the mother and premature NB. The kangaroo method had a lot of emphasis in research, bringing the importance of maintaining the affective bond between the baby and their parents, providing them with skin-to-skin contact. Furthermore, CM has been one of

the pillars of humanization of low birth weight NB, according to the article by the Cochrane Library, which demonstrates that the method is a strategy that has a positive impact on the reduction of mortality in preterm infants. It can be seen that, with this review, the training of multidisciplinary professionals is very important to provide an effective dialogue, safe and confident information for these families who experience premature birth, in order to gain confidence in the team during hospitalization of the baby. It is concluded that the applications of these humanization actions are essential, with the purpose of minimizing damage to the premature, mainly due to its subjective characteristic, without verbal expression, since it is not able to express itself in this way but with the facial expression, crying and changes in vital signs. This research identified the lack of studies related to humanized care for premature newborns and their families. ■

REFERENCES

1. Ministério da Saúde. Política Nacional de Humanização. (2013).
2. Mora Moni Fonsoo Oarmen Groeinda Silvan Seoehi, L. 8 Jeitos de Mudar o Mundo. (2009).
3. Dantas, J. M. et al. Percepção das mães sobre a aplicabilidade do método canguru. *Rev. Enferm. UFPE* line 12, 2944 (2018).
4. Ministério da Saúde. Secretaria de Atenção à Saúde Departamento de Ações Programáticas Estratégicas, B. Atenção à saúde do recém-nascido: guia para os profissionais de saúde, Volume I – Cuidados gerais.
5. Santos, L. M., Pereira, M. P., dos Santos, L. F. N. & de Santana, R. C. B. [Pain assessment in the premature newborn in Intensive Care Unit]. *Rev. Bras. Enferm.* 65, 27–33 (2012).
6. Silva, R. M. M., Menezes, C. C. da S., Cardoso, L. L. & França, A. F. O. Vivências de famílias de neonatos prematuros hospitalizados em unidade de terapia intensiva neonatal: revisão integrativa. *Rev. Enferm. do Centro-Oeste Min.* 6, (2016).
7. Mendes, K. D. S., Silveira, R. C. de C. P. & Galvão, C. M. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto Context. - Enferm.* 17, 758–764 (2008).
8. Costa, A. M. D. et al. Conhecimento da equipe de enfermagem sobre a dor no recém-nascido prematuro | *Revista de Enfermagem UFPE on line.* <https://periodicos.ufpe.br/revistas/revista-enfermagem/article/view/110233/22160>.
9. Lelis, B. D. B. et al. Maternal reception in the context of prematurity. *Rev. Enferm. UFPE* line 12, 1563 (2018).
10. Marques, L. F. et al. Cuidado ao prematuro extremo: mínimo manuseio e humanização | *Rev. Pesqui. (Univ. Fed. Estado Rio J., Online);9(4): 926-930, out.-dez. 2017. tab | LILACS | BDEFN.* <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-908488>.
11. Pedreira, M. et al. Neonatal Infant Pain Scale (NIPS) na Avaliação da Dor em Neonatologia – Faculdade Inspirar. <https://www.inspirar.com.br/revista/neonatal-infant-pain-scale-nips-na-avaliacao-da-dor-em-neonatologia/>.
12. Oliveira, M. C. et al. Vista do Medidas não farmacológicas para o alívio da dor no recém-nascido prematuro na UTI neonatal. (2019). *Rev. Saúde Coletiva.* <http://www.revistas.mpmcomunicacao.com.br/index.php/saudecoletiva/article/view/112/96>.
13. Gaspardo, C. M. et al. A eficácia da sacarose no alívio de dor em neonatos: revisão sistemática da literatura. (2005). https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0021-75572005000800005&lng=en&nrm=iso.
14. De Lima Foch, G. F., Da Silva, A. M. B. & Enumo, S. R. F. Enfrentamento Religioso-Espiritual de Mães com Bebê em Unidade de Terapia Intensiva Neonatal. *Temas em Psicol.* 24, 1181–1192 (2016).
15. Ministério da Saúde. Manual Técnico de Assistência Humanizada ao Recém-Nascido. Brasília-DF 2017.