

Physical and psychosocial disorders suffered by mothers of newborn hospitalized in a neonatal intensive care unit

Agravos físicos e psicossociais sofridos por mães de recém-nascidos hospitalizados em unidade de terapia intensiva neonatal
Trastornos físicos y psicosociales de las madres de recién nacidos hospitalizados en unidad de cuidados intensivos neonatales

RESUMO

Objetivo: Identificar os agravos físicos e psicossociais sofridos por mães de recém-nascidos(as) hospitalizados(as) em Unidade de Terapia Intensiva Neonatal. **Método:** Trata-se de uma revisão sistemática de abordagem qualitativa com busca nas bases de dados da LILACS, BDENF, SciELO, INDEX e na plataforma da BVS, com seleção de 17 artigos científicos no período de março a outubro de 2021. **Resultados:** Compreende-se que o sofrimento das mães ultrapassa as questões relativas à prematuridade e enfermidades do(a) neonato(a), além de etapas físicas patológicas vivenciadas na Unidade de Terapia Intensiva Neonatal, sendo necessária capacitação da equipe de saúde, assim como investir na melhoria das políticas e programas de cuidado integral à família, especialmente à mulher/mãe. **Conclusão:** Visto isso, é fundamental os cuidados direcionados para as mães e a família do(a) neonato(a) hospitalizado, pois o atendimento humanizado a essas mulheres, priorizando a relação mãe-filho(a), é capaz de prevenir alguns agravos sofridos por essas mães.

DESCRIPTORES: Unidade de Terapia Intensiva Neonatal; Recém-nascido; Relações Mãe-Filho.

ABSTRACT

Objective: To identify the physical and psychosocial injuries suffered by mothers of newborns hospitalized in a Neonatal Intensive Care Unit. **Method:** This is a systematic review of a qualitative approach with a search in LILACS, BDENF, SciELO, INDEX databases and BVS research platform, with a selection of 17 scientific articles from March to October 2021. **Results:** It is understood that the suffering of mothers goes beyond issues related to prematurity and newborn illnesses, in addition to pathological physical stages experienced in the Neonatal Intensive Care Unit, requiring training of the health team, as well as investing in the improvement of comprehensive care policies and programs to the family, especially the woman/mother. **Conclusion:** In view of this, it is essential to provide care for the mothers and family of the hospitalized newborn, as humanized care for these women, prioritizing the mother-child relationship, is able to prevent some injuries suffered by these mothers.

DESCRIPTORS: Neonatal Intensive Care Unit; Newborn; Mother-Child Relations.

RESUMEN

Objetivo: Identificar las lesiones físicas y psicosociales que sufren las madres de recién nacidos hospitalizados en una Unidad de Cuidados Intensivos Neonatales. **Método:** Se trata de una revisión sistemática de abordaje cualitativo con búsqueda en bases de datos LILACS, BDENF, SciELO, INDEX y en la plataforma BVS, con una selección de 17 artículos científicos de marzo a octubre de 2021. **Resultados:** Se entiende que el sufrimiento de las madres va más allá de los temas relacionados con la prematuridad y las enfermedades del recién nacido, además de las etapas físicas patológicas vividas en la Unidad de Cuidados Intensivos Neonatales, que requieren capacitación del equipo de salud, así como invertir en el mejoramiento de políticas y programas de atención integral a la familia, especialmente a la mujer / madre. **Conclusión:** Ante esto, es fundamental brindar atención a las madres y familiares del recién nacido hospitalizado, ya que la atención humanizada a estas mujeres, priorizando la relación madre-hijo, es capaz de prevenir algunas lesiones que sufren estas madres.

DESCRIPTORES: Unidad de Cuidados Intensivos Neonatales; Recién nacido; Relaciones madre-hijo.

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INTRODUCTION

The gestational period is characterized by physical and psychic changes in the woman's body, and the end of this phase is marked by the birth event. This, in turn, is a moment of great importance and joy for most women.¹

However, when birth occurs early or when the newborn (NB) has some illness, requiring intensive care, the woman/mother has to face early separation from an unestablished relationship. Thus, separated from the NB, the mother starts to present conflicting feelings, for example, joy of the child being alive, but also guilt for the premature birth and/or illness of the NB, as well as the fear of losing the child.¹ These feelings, therefore, end up reflecting directly and negatively on this woman's physical and mental health.

In this context, the understanding of the

patient is still mostly restricted to the NB, thus, the physical and psychological state of the mother is neglected. It turns out that mothers of newborns hospitalized in the Neonatal Intensive Care Unit (NICU) tend to follow the entire hospitalization process of the NB even after their discharge, that is, they remain in the hospital environment awaiting their child's discharge.²

This period of hospital experience in a NICU constitutes a physical barrier between mother and child. Thus, another range of feelings is triggered that directly reflect on the woman's health, as well as on the process of recognizing the NB as her/his child. Added to the conquest of her protagonism as a woman/mother, since during this period of hospitalization, care for the NB is carried out by the medical and nursing teams.¹

In this sense, the question that guided the study of this work was: What are the physical and psychosocial injuries suffered

by women/mothers/procreators of newborns hospitalized in a Neonatal Intensive Care Unit?

Given the above, this study aimed to identify the physical and psychosocial injuries suffered by women/mothers/procreators of newborns hospitalized in a Neonatal Intensive Care Unit.

It is expected that this investigation will favor the encouragement of preventive and promotional research on physical and mental health problems, which can affect women/mothers/procreators of NB in intensive care in the NICU, helping to mitigate them, as they are extremely aggravating to health.

METHOD

This is a systematic literature review, carried out from March to October 2021. The PRISMA instrument was used for a careful

evaluation of the studies found, gathering information contained in the title, abstract, objectives, method, results and research discussion. For that, a chart was created, separating this information, for a better analysis of the collected data. Thus, the following steps were followed: delimitation of the object of study and guiding question; definition of descriptors and inclusion and exclusion criteria for the search for scientific articles; evaluation of materials found for selection and categorization of information; interpretation and presentation of results.

The consultation of health terminologies took place through the Health Sciences Descriptors (DeCS) tool, namely: "Intensive Care Units, Neonatal" (Unidades de Terapia Intensiva Neonatal); "Mother-Child Relations" (Relações Mãe-Filho); and "Infant, Newborn" (Recém-Nascido). Initially, the descriptors were searched in isolation, finding numerous articles; later, the descriptors were grouped using the Boolean AND Operator to filter publications. Thus, the databases used were: Latin American and Caribbean Literature on Health Sciences (LILACS), Nursing Database (BDENF), Scientific Electronic Library Online (SciELO) and Psychology-Scientific Journals (INDEX). Added to the search platform for scientific articles from the Virtual Health Library (VHL).

The inclusion criteria used for the selection of materials were: primary publications, in full; in Portuguese, English and Spanish; and that addressed as a central theme the feelings and experiences of women/mothers/procreators of newborns who were or were hospitalized in a NICU, as well as research that presented strategies and programs that sought physical and psychosocial improvements for these women.

Time-cut criterion was not adopted, as it is believed that any and all information addressing the topic in question was relevant to the study, regardless of the year of publication. However, we initially sought to prioritize publications from the last five years, 2016 to 2021; subsequently, from the last ten years, 2011 to 2014; and studies with more than ten years were also considered, due to the relevance of information

not found in more recent research: a publication from 1995 and others from 2004 to 2006 and 2010. As exclusion criteria, studies focusing on NB were included, regardless of whether or not there is a problem with maternal relationships or family ties; duplicate manuscripts and available only in abstract format; as well as those that were not within the central theme of the research, not meeting the proposal of the object of study.

Eliminating those that touch on the related theme or address different target audiences, at first, 32 (thirty-two) works were found based on the descriptors, with 25 (twenty-five) articles being selected after reading the abstracts. In a second moment, applying the inclusion and exclusion criteria, only 17 (seventeen) publications met the research interests.

The analysis of the selected materials took place through exhaustive readings to extract the main idea of each study, in a systematized and synthesized way, reflecting on the object of investigation and, subsequently, a critical and analytical discussion of the collected data. Thus, after an exploratory reading of the selected studies, possible events/elements related to physical and psychosocial harm suffered by women/mothers/procreators of NB hospitalized in the NICU were listed. Figure 1 summarizes the information collected from each database.

RESULTS

Among the 17 (seventeen) selected articles, with a view to highlighting the events/elements related to physical and psychosocial harm suffered by women/mothers/procreators of NB hospitalized in the NICU, the studies listed in the research, based on the systematization of the data, pointed out the following units of information categorization: Contextualization of the pregnancy process to the misfortune of going through a NICU; Reports of experiences and sensations felt by the mothers during the hospitalization period of the newborns; in Strategies and Policies for the Humanization of Mother-Child Care.

It turns out that mothers of newborns hospitalized in the Neonatal Intensive Care Unit (NICU) tend to follow the entire hospitalization process of the NB even after their discharge, that is, they remain in the hospital environment awaiting their child's discharge.

Figure 1: Selected articles about events/elements related to physical and psychosocial harm suffered by women/mothers/procreators of newborns hospitalized in the NICU.

Year	Author	Title	Objective	Method	Results
2009	Cunha EFC; Carvalho MMS; Santos CA; Ferreira EL; Barros MMS; Mendonça ACM	Socio-emotional aspects of mothers of premature babies	To investigate the social aspects of mothers of premature children, their emotions and feelings about the birth and hospitalization of their children	Ten mothers with premature children who were hospitalized in the NICU were interviewed. In order to trace the profile of mothers and the emotional aspects of mothers related to the birth and hospitalization of premature infants.	With regard to schooling, it was observed that 40% of the sample completed high school and half of the participants did not. As for marital status, most mothers declared they lived with their child's father, while the others were single or married. With regard to family income, most were in the salary range of up to two minimum wages (smr - salários-mínimos referencial), with the others between three and eight smr and one of them did not report income.
1995	Belli MAJ	Assistance to the mother of a newborn hospitalized in the neonatal ICU: experiences, feelings and expectations expressed by mothers	To verify the experiences, feelings and expectations of mothers of newborns hospitalized in the neonatal ICU.	An interview was carried out, using a form with closed and open questions focused on identification data of the mother and the NB and data related to their experiences, feelings and expectations as mothers of NBs hospitalized in the NICU.	Most mothers were young, primiparous, with low education, "housewives", lived far away and depended on public transport. Most newborns had low birth weight and were classified as preterm or immature. As for maternal experiences and feelings, lack of knowledge of the health status of their babies was identified; increased impact felt by parents when seeing their children full of equipment; lack of physical structure for unit permanence; lack of involvement with the professional team; lack of effective contact in the care provided to the NB.
2011	Perlin DA; Oliveira SM; Gomes GC	The child in the neonatal intensive care unit: impact of the mother's first visit	Knowing the impact for the mother of her first visit to her child hospitalized in a neonatal ICU.	Qualitative work. The research took place in a neonatal ICU where semi-structured interviews were carried out with mothers of neonates hospitalized in a neonatal ICU.	The vision of a mother watching her hospitalized child, connected to several devices in an unfamiliar environment is frightening and distressing. However, simple, but clearly passed information is able to soften these feelings.
2004	Mittag BF; Wall ML	Parents with children hospitalized in the neonatal ICU – feelings and perceptions	To know the feelings and perceptions of the parents of babies in the NICU environment.	Interviews were conducted with parents who had their children hospitalized for at least 1 week in the NICU. The research used the method proposed by Minayo: "Content Analysis" to analyze the data obtained.	Nine phases were identified, each one corresponding to the feelings and perceptions of parents facing a new stage in the process of hospitalization of the newborn. The testimonies, for the most part, reported the same feelings and perceptions of the parents towards the baby, as well as the environment of the neonatal ICU, and they changed with the progress of the process, mostly for the better.
2019	Santos AS; Rodrigues LN; Santos MSN; Sousa GJB; Viana MCA; Chaves EMC	Maternal role during the child's hospitalization in the neonatal intensive care unit.	Identify how mothers experience the baby's hospitalization and what information they would like to know, or learn, in relation to the care of their child during hospitalization, to guide the assistance of the nursing team aimed at promoting maternal protagonism in the NICU.	Interviews were conducted in a neonatal care unit. In the interview, we sought to know the maternal experience during the baby's hospitalization in the NICU by the mothers.	It was identified that the mothers presented negative feelings, such as fear, sadness and anguish, which caused a difficulty in the exercise of the maternal role in the neonatal intensive care unit.
2020	Silva RS da; Barbosa MO; Teixeira P da C; Silva GQ da; Oliveira PP; Koeppe GBO; Rocha JRC	Humanization in the Neonatal Care Unit: mothers' perception	Provide a better view of the mother's perception at this time of stay in the NICU. His role as a companion and the care importance of the nursing professional in the NICU.	Descriptive study with a quantitative approach carried out through interviews with mothers of babies hospitalized in a neonatal ICU. The data analysis method used was biostatistics.	About 46% of mothers are over 35 years old. Interesting data, since older mothers are more likely to have children with pathologies or conditions that require hospitalization in ICUs. Mothers face a difficult time when having their babies hospitalized in the NICU, which are not always included in the process of humanization and care of the child and that this can generate problems in the mother-baby relationship. Among the humanization strategies that we can use to bring the mother and the baby closer is active listening.
2014	Antunes BS, Paula CC; Padoin SMM; Trojahn TC; Rodrigues AP; Tronco CS	Hospitalization of the newborn in the Neonatal Unit: meaning for the mother	To understand the meaning of hospitalization of a newborn child in the Neonatal Intensive Care Unit for mothers.	Descriptive research, with a qualitative approach. Interviews were conducted from December/2010 to April/2011, with seven mothers of newborns admitted to the ICU at a teaching hospital in the interior of the state of Rio Grande do Sul, Brazil.	It resulted in three categories: admission to the NICU generates concerns and difficulties for the baby's mother; the need for professional assistance and the use of technologies that ensure comfort for the binomial, regardless of which technology is used; and the routine between home and hospital.

2016	Melo RA; Araújo AKC; Bezerra CS; Santos NM; Marques WF; Fernandes FEC	Feelings of mothers of newborns hospitalized in a neonatal intensive care unit	To analyze the feelings of mothers of newborns admitted to the NICU, about the behaviors developed in their children, by professionals in the sector.	Descriptive, exploratory research with a qualitative approach. The research was carried out at the NICU through interviews with mothers of newborns admitted to the NICU.	It was evident in the profile of the mothers surveyed in this study, which showed that there may be some maternal immaturity in the experience of existing complications and the hospitalization of the child in the NICU. The fact of experiencing the early experience of the child's hospitalization in an intensive care environment favors the mother's emotional conflicts. The presence of a steady partner in the mother's life is considered a favorable factor in coping with situations.
2021	Teixeira BM de ST; Lira TG da S; Barros CMDL	Maternal Function in Women with a Preterm Child Hospitalized in a Neonatal Unit	To analyze how the maternal function can be affected by the conditions of the premature birth of the baby and by the therapeutic itinerary in a neonatal unit of reference for the Kangaroo Method.	Mothers of preterm children hospitalized in a neonatal unit of reference participated. The interview started with the following question: "What is it like for you to have had a premature birth and to have your child hospitalized in a neonatal unit?" In handling the interview, the IRDI was used as a reference to interpret the maternal narratives.	Two thematic categories emerged from the Content Analysis: "Repercussions of prematurity on maternal subjectivity" and "About time and support networks". The waiting time for the hospitalization of the preterm child had repercussions for the mother as a time of psychic re-elaboration.
2019	Lima LG; Smeha LN	The experience of motherhood in the face of the hospitalization of the baby in ICU: a roller coaster of feelings	To present and discuss the experiences of mothers living in small towns in the interior of Rio Grande do Sul, who have been hospitalized in the ICU of their babies.	This is a qualitative, exploratory-descriptive study, which allows for a closer relationship with the daily life and the experiences lived by the subjects themselves. The research was carried out with mothers who experienced the hospitalization of their baby in a Pediatric or Neonatal Intensive Care Unit.	Mothers associate ICU with death, not recovery. Mothers report that if they had more knowledge about the environment and the procedures performed, they would feel more relaxed. Many mothers are not included in the baby's daily life and often receive little information about their children's health status. Lack of support received by some mothers, in addition to fear, anguish, hope and the feeling of helplessness, they feel alone.
2011	Costa LM; Souza DSB	The nursing team's understanding of the importance of the affective bond between mother and newborn hospitalized in the neonatal ICU	To identify the understanding of the nursing team regarding the importance of the affective bond between mother and newborn hospitalized in the NICU and if the contact between them is encouraged and/or valued by these professionals.	Descriptive cross-sectional study, with a qualitative approach, developed in a Neonatal Intensive Care Unit (NICU) through interviews. The content analysis instrument had Bardin's theory as a theoretical reference.	All professionals interviewed believe that the affective bond between mother and newborn is of great importance to both, in the same way that they emphasize the advantages and positive evidence that this contact provides. It was also found that professionals seek to promote actions that favor interaction.
2005	Tronchin DMR; Tsunehiro MA	All professionals interviewed believe that the affective bond between mother and newborn is of great importance to both, in the same way that they emphasize the advantages and positive evidence that this contact provides. It was also found that professionals seek to promote actions that favor interaction.	Understanding the experience of parents of very low birth weight preterm infants discharged from a neonatal intensive care unit	Recorded semi-structured interviews were carried out, which sought to identify the collaborators, the child and data referring to health status, life habits, and outpatient follow-up.	Six categories emerged from the analysis (early delivery; the uniqueness of the premature child's admission to the NICU; life in the Nursery; welcoming the child at home; religiosity; and the remarkable events and changes in the parents' lives). The parents experienced the entire process permeated by the ambivalence of feelings where fear and hope prevailed as a remarkable and transforming experience.
2010	Véras RM; Yépez MAT	Motherhood in the humanization policy of care for premature and/or low birth weight babies – Kangaroo Program	Develop a reflection on the models of motherhood and family implicit in the official document of the Ministry of Health on the Kangaroo Program.	The discursive constructions were analyzed, specifically, present in Module 2 of the official training document for the Kangaroo Program teams – Humanized care for premature and/or low birth weight newborns – Kangaroo Mother Method: course manual – and the possible ways that can influence the way of thinking and acting of the social actors involved in this program. Therefore, this study is complemented with data from participant observation, interviews and developed focus groups.	There is a lack of reflection on the socio-historical-cultural character of parental relationships and social changes in the family institution over time. In fact, it is observed that the conception of the Kangaroo Program focuses on idealized family and motherhood models, which can be quite different from those present in the population, especially in the low-income class, which uses these services. It is observed that the baby's development is analyzed only from the supposed healthy relationship between parents and between parents and children. Aspects such as the social, cultural and economic context, which have an enormous contribution to human behavior, are neglected.

2006	Raad AJ; Cruz AMC; Nascimento MA	The reality of mothers in a neonatal intensive care unit	To verify the reality experienced by the hospitalized mother-baby dyads.	Research carried out with mothers whose babies were hospitalized in the neonatal ICU, using participatory observation as a technique and a semi-structured questionnaire and application of the questionnaire to collect data with the mother individually.	The women presented variable ages, however with a high rate for young-adult and adolescent mothers, in addition to a high number of housewives and with schooling between elementary and high school. According to the data, it was noticed that family planning is still very little practiced. As for maternal history, numerous antecedents were detected that put the life of the fetus at risk and can influence premature birth.
2018	Zanfolim LC; Cerchiari EAN	Difficulties Experienced by Mothers in the Hospitalization of their Babies in Neonatal Units	To describe the feelings and difficulties that mothers experience during their child's hospitalization.	Qualitative study, with an action research approach. For data collection, voice recordings were performed and subsequent transcription, as well as notes. After data collection, Bardin's content analysis was performed.	Difficulty and suffering in the experience of hospitalization of babies. Difficulty in experiencing the baby's hospitalization, lack of empathy and the pressure they feel from the team, at a time when they are more physically and emotionally sensitive.
2016	Ferreira JHP, Amaral JFF, Lopes MMC	Nursing team and promotion of humanized care in a neonatal unit	Understand knowledge and actions of the nursing team about humanized care in a Neonatal Intensive Care Center.	Qualitative research, carried out with 14 nurses and 20 nursing technicians working in a public institution. A semi-structured interview with content analysis was applied.	Three thematic categories were obtained: Humanized care for the newborn; Welcoming the newborn's family and promoting the neonatal environment. The performance of the Nursing team demonstrated technical-scientific knowledge, humanized skills and attitudes that provided the recovery of the newborn's health, minimized the stressful factors in the neonatal environment, in addition to promoting welcoming to family members and the establishment of a bond during the care process.
2011	Bragheto ACM, Jacob AV	Psychological support to mothers of premature infants in a neonatal ICU: experience report	Its objective was the care of mothers and their babies during the period of hospitalization.	It was proposed to work on two fronts: group service and individual service. The group care was proposed to meet the mothers of the babies hospitalized in the neonatal ICU and took place once a week, lasting 1 hour and 30 minutes each, in a room reserved for mothers. Some mothers were offered individual care. The conversations were about the specific fears of that group that day.	There is a sense of guilt for the premature birth of their children. They related the fact that the baby was born prematurely due to individual issues. The possibility of talking about this birth, which so often remains undesirable, provided the mother with an early and, therefore, privileged listening.

source: PREPARED BY THE AUTHORS, 2021

DISCUSSION

Contextualization of the pregnancy process to the misfortune of going through a Neonatal Intensive Care Unit

A healthy pregnancy is when the female body is slowly prepared to welcome, nourish and give life to a new being, as well as when there is a mental development process capable of understanding the new image of the woman as a mother that is being formed.¹

Being a mother is a unique moment, a construction process that begins during pregnancy and, when it occurs in a healthy way, lasts for nine months.³ However, when the gestational period is prematurely interrupted or when a NB is born with some complication or illness, the

mother tends to get involved in a kind of tangle of emotions and feelings. According to Cunha¹ (2009), many of these have a negative nature, such as insecurity, fear or mourning for the child, even if they are alive.

The existence of grief, experienced by the woman/mother/procreator and family of the NB admitted to the NICU, is due to the idealization that parents usually have towards their newborn. Thus, birth becomes a kind of "shock", caused by the discrepancy between reality and what was idealized. Since a premature, sick or with some anomaly NB differs physically from a healthy NB, which was expected by the parents.⁴

In view of the anticipation of the event of birth or the discovery of an illness that results in premature birth, hospitalization

of the NB in a NICU is necessary, as they will receive essential intensive care for the maintenance of their life and/or recovery of their health. Being a complex environment, full of devices, rules, protocols and routines, which health professionals working in this work carefully follow; the NICU is considered the most suitable unit for the care of high-risk newborns. However, despite being a fully functional environment for the preservation and safety of the newborn's life, those standards, plus a highly technical team focused on their functions, as well as the complexity of the environment, makes it difficult to approach from the mother to the NB and, consequently, the construction of the mother-child relationship.⁵

It is common knowledge that contact between mother and child should be pro-

vided as soon as possible, preferably still in the delivery room, as this is capable of triggering a series of physiological and behavioral events, which are positive for both. However, when there is a need for early hospitalization of the newborn, this contact is compromised.³ Thus, the mother-child dyad, formed since prenatal care, established in the postpartum period, is highly impaired.⁴

Mittag⁴ (2004), in her research, she reveals that the first contact between mother and premature child takes place in the NICU environment and that most parents are afraid to touch their child because they believe it is too small and fragile. It was also found that the term Intensive Care Unit (ICU) is seen as something bad, that is, it has negative aspects, which in themselves are capable of causing feelings of fear and anguish for people who are not familiar with it. Thus, the image of the NB in the NICU environment makes the mother and family interpret the situation as an imminent risk of death for the newborn. According to Silva e Barbosa et al.⁶ (2020) when the mother sees the NB connected to tubes and in a highly technological environment, it is difficult to recognize the baby as her child, directly impacting the reestablishment of the mother-infant bond that was broken at the time of hospitalization.

According to Antunes et al.⁷ (2014), socioeconomic issues directly influence the way mothers deal with the situation of having their child separated so early and hospitalized in a NICU. In their research, the authors found that mothers with a low level of education (less than five years), had greater difficulty in understanding regarding the "new" environment full of appliances and especially the exchange of information between professionals and the family. However, when the mother has between five and eight years of schooling or more, it "allows" a better flow of communication (audiovisual), as well as facilitating the understanding of the information provided by the health team. In this way, they are able to exchange feelings of denial for feelings of hope and credibi-

lity in the advancement of science.

Also in the same study, it was also identified that mothers with low financial conditions tend to suffer more from the new situation that was imposed on them, that is, the condition of "NICU mother", as their routine changes completely, spending a large part of their day at the hospital. So, there is an urgent need for a structural reorganization of her entire personal and even professional life so that the mother can remain close to her child. Thus, not being able to afford transportation, food and rest, after all this woman has just had a birth, whether normal or cesarean, she needs rest and good nutrition, minimum conditions for her postpartum recovery, keeping herself healthy to taking care of herself, as well as her newborn child, who needs special care.⁷

In this scenario, there is also the importance of the presence of the father/partner/partner at this time, which is also crucially essential for this woman to be able to follow this process of hospitalization of the newborn in a good way, more confident, secure and stable. However, the family as a whole also has its share of relevance in emotional support for women. The emotional support of the partner and/or family brings a little more comfort to this mother, who is in a moment of turmoil of feelings and emotions, so as not to feel alone in this hospitalization process that is an unknown for everyone, and the responsibility towards the RN. It should be noted that the heart of a mother always anxiously longs for a healthy NB in her arms. Thus, it is evident the importance that the parent or a family member or even an intimate and trusted person of the woman has at this time, working as a foundation to support her in such a situation.⁸

Furthermore, the establishment of a support network among mothers who are in the same situation has the ability to nurture feelings of self-confidence and optimism about the baby's recovery.⁹

Reports of experiences and sensations felt by mothers during the

hospitalization period of newborns

Lima and Smeha¹⁰ (2019) show in their research how the experiences of many "NICU mothers" occurred. It is noteworthy that most mothers interviewed brought the focus to the first contact. Unfortunately, many of them did not have the pleasure of touching their child in the first hour of life. When they were allowed this "touch", many of them reported a certain fear: fear of fragility, fear of the new, fear of how much that touch would be "good" or "bad" for that small being and connected to different devices. However, the most important was the feeling of pleasure, satisfaction, love and affection when they first felt skin-to-skin contact with the NB, this being a unique and special moment for most women, who most likely, it will be etched in their minds for the rest of their lives.

In studies by Costa¹¹ (2011), another point much discussed by the mothers was the exchange of information and humanized assistance from health professionals. Without generalizing, mothers reported that some teams would be "better" than others, as they perceived and felt affection in caring for their child. The treatment of some members of the team towards the family was clear and objective regarding information on the health status of the child or in the teaching of actions such as bathing, changing diapers and taking care of the umbilical stump, besides being present in some specific exams, they understand the importance and why of many of these exams.

The interviewed mothers also point out that they learned the relevance of breastfeeding, had help with breastfeeding care and some of them had the opportunity to receive information about care for the woman's health. However, not all interviewees had this exchange of information and care with professionals. Some mothers reported a feeling of helplessness regarding the humanized support that should have been offered by the team, which did not happen. Therefore, a good team-family interpersonal relationship

reflects for the mother a greater security and confidence in the health care of her child.¹¹

To Lima and Smeha¹⁰ (2019), the total change in the mothers' routines was also highlighted. Many of them did not live close to hospital units and did not always have their own transport to make this daily movement. Spending the entire day in a NICU requires structural physical support for mothers. Most mothers in the selected studies reported that within the unit, the most they could find was a chair, which did not offer them any type of comfort. In addition, as they were no longer hospitalized in the unit, they were not offered any meals. When the hospital had a cafeteria-restaurant, high food prices did not allow for adequate food. Therefore, many mothers had to take their meals, but they did not always have a suitable place to heat them at lunchtime. The lack of an environment that offered minimal comfort to mothers was something present in almost all hospitals that participated in the research. In other words, the mothers had to spend the whole day sitting in a chair, or "walking around" through the unit.

Furthermore, the flow within the NICU, when fully released, was offered only to the mother and father of the newborn. If the father was not present, only a few surveyed units allowed the exchange for a closer family member or (fixed) friend. This access control has scientific explanations of security for the unit, since it is an environment conducive to negative hospital infections for its inmates and passersby. However, it increases the mother's burden of daily fixed stay in an environment that unfortunately does not offer any physical structural support. In other words, for the "NICU mother", having at least external support is essential. Because she needs to handle huge amounts of chores, someone who takes care of her house, food preparation, basic cleaning organizations, washing clothes, among others.¹⁰ Some mothers in the research studied by Antunes⁷ (2014) they reported not having any support, not even from the father-partner or family mem-

ber, and low financial conditions that clearly hindered their permanence in the unit.

Given the above, the results added numerous feelings and sensations for "NICU mothers". In addition to fear, as mentioned above, negative feelings related to anguish, despair, sadness, loneliness, helplessness, apathy, incapacity.

[...] there is a need to implement programs and strategies aimed at preserving and reestablishing the mother-child bond. In addition to a careful work of welcoming and adequate health education strategies, bringing comfort and greater understanding of the experienced reality.

Mothers feel anguished for going through such a problem involving the most important person in their lives that makes them desperate when thinking about negative prognoses. This brings a great feeling of sadness, which is often promoted by social helplessness (the non-offer of structural and financial conditions for permanence in the NICU), by the apathy of many

professionals in not transmitting information and not transmitting confidence and security in the care provided. Then comes the feeling of inability or impotence. The inability to do something for her/his child and for themselves, often because they are forced to go through these difficulties without any help.²

Mas, em meio a tantos pontos negativos abordados por diferentes autores, no trabalho de Tronchin e Tsunechiro¹² (2005), mothers reported positive moments, all related to the feeling of presence and physical contact with their NB, or information on progress in their health status. Each advance in the clinical condition of the newborn is a reason for joy and hope for these women; every moment spent holding your little hands or having them in your bosom gives you strength to continue fighting for a long walk in order to achieve a victory; each hospital discharge received results in immense happiness shared between the mothers involved, together with remnants of anxiety for this long-awaited day, that is, the day they will leave the unit's door carrying their child with them.

Strategies and Policies for the Humanization of Mother-Child Care

According to Verás and Traverso-Yépez¹³ (2010), the impact of the prematurity and/or low birth weight condition on the child's development and psychosocial adaptation, boosted the Brazilian government's interest in editing ordinances and norms, through the Ministry of Health (MH), supported by a humanizing discourse. Thus, on July 5, 2000, the MS published Ordinance 693/GM, establishing the Guidelines for the Implementation of the Kangaroo Method. After revocation, the method only came into force in 2007. Small changes were observed, such as the recommendation of the Kangaroo Method in the third stage, that is, at the household level and the well-being of the dyad, and not only of the NB.

The Kangaroo Method, one of the most developed programs in the world,

is now being implemented in SUS maternity hospitals and neonatal intensive care units throughout Brazil as a public health policy. The common pattern is the use of humanizing discourse, encouraging the mother's participation in the care of her child, arguing the need to encourage the formation of mother-child attachment, becoming the first and responsible for its development. However, it tends to disregard this type of intervention, in the assessment of Drs. Martinez and Sanabria, creators of the Kangaroo Program in Colombia, should be something proposed by the health team and never an imposition.¹³

To Raad and Nascimento¹⁴ (2006), the contact between mother and child allows the woman to continue producing milk, take care of her child more easily, more safely, have a faster physical recovery from pregnancy and childbirth, and reduce her feelings of inadequacy. The authors also emphasize that the MH, as a body that emphasizes the need for the formation of affective bonds between parents and premature babies, considers that the initial relationships between them will be prototypes for future social relationships.

However, although professionals promote actions that favor the interaction of the mother-child bond, in a study carried out by Costa and Souza¹¹ (2011), some difficulties that hinder the formation of this bond were reported: accumulation of tasks, the mother's own insecurity in approaching the NB and the lack of an adequate environment for her permanence.

Zanfolim and Cerchiari¹⁵ (2018), report that the positive and empathetic interaction between the mother and the health team is also something strengthening, reducing doubts, anxieties and suffering of these mothers. However, despite the existence of policies such as the National Humanization Policy (PNH - Política Nacional de Humanização) and the Permanent Education Policy (EP Educação Permanente), the authors criticize the unpreparedness of health teams, with regard to the subjective aspects of users

and the care they encompass the family. The non-empathic relationship of some members of the health team towards these women and their NB is identified as causing suffering, with a predominance of technical and poorly humanized care. It is noticed that the focus is still on the patient and not on comprehensive care for the family.

Another relevant point brought up by the authors is that the health institution needs adaptation, with regard to physical structure, materials and organization, as mothers remain in places that are not appropriate to their needs, feeling imprisoned and disrespected, experiencing constraints and lack of resources. The inadequacy is added to the lack of activities, making this moment, which is already unique in these women's lives, even more difficult.¹⁵

In a study by Ferreira, Amaral and Lopes¹⁶ (2016), the zeal and security of professionals with the newborn was highlighted, respecting their individualities and specificities, as well as the insertion of the family in the care process. Crucial elements, according to authors, in nursing care, raising the technical standard of care, through the improvement of technical conduct and professional posture. For the authors, care should be a dynamic process and its essence should not be limited to the act of medicating, consulting and examining in health-disease situations.

In the context of the NICU, the work of the hospital psychologist is still necessary and essential, as the care is carried out with the mother-child dyad, in which the physical suffering is only for the NB, but the Psychic questions concern the pair, the mother-child pair.¹⁷ In this sense, their job is to offer a space for listening, welcoming and the possibility of identifying fears and fears that exist in this dyad that is being formed.¹³

CONCLUSION

It is noticed that the permanence of the NB in a NICU is due to the early birth or illness presented by him, soon after birth,

being a necessary environment to increase his survival. However, it is also configured as a physical barrier between mother and child, which hinders the formation and consolidation of the bond between them and for the development of both, including for women, who must develop skills linked to their maternal role.

Adverse and particular situations, such as the difficulty of moving, staying in the unit for different reasons, and the lack of family support, further impair the permanence and coexistence of this mother in the NICU. Thus, the spaces for listening seem to provide some condition of support and psychological containment, favoring a reorganization of these mothers facing the situation of suffering. For this reason, there is a need to implement programs and strategies aimed at preserving and reestablishing the mother-child bond. In addition to a careful work of welcoming and adequate health education strategies, bringing comfort and greater understanding of the experienced reality.

Therefore, the non-empathic relationship of some professionals with these mothers, is pointed out as causing suffering for them, with a predominance of technical and little humanized care, making it clear that the focus is still on the patient, in this case on the NB, and not in comprehensive and holistic care for the family. This fact leads to a reflection on the need to invest in training and qualifications, in order to improve professional satisfaction and the quality of care provided, in particular, between the mother-child dyad and the nursing team, respecting the emotions and feelings involved in the process and the individuality of the mothers to reduce the newborn's hospitalization time.

Therefore, it is concluded that directed care for the mothers and family of the newborn hospitalized in the NICU is essential, as humanized care for these women, prioritizing the mother-child relationship, is able to help both the development of the NB, as well as alleviating or even preventing some of the injuries suffered by these mothers.

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