KANGAROO CARE: MATERNAL PERCEPTION OF THE EXPERIENCE IN THE NEONATAL INTENSIVE CARE UNIT

Método Canguru: percepção materna acerca da vivência na unidade de terapia intensiva neonatal

Método Madre Canguro: percepción materna de la vivencia en la Unidad de Cuidado Intensivo Neonatal

Original Article

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ABSTRACT

Objective: To investigate the maternal perception of the experience in the first phase of the Kangaroo Mother Care Method in the Neonatal Intensive Care Unit (NICU). **Methods:** Descriptive, exploratory and qualitative study, conducted in the period from August to October 2014, with 10 mothers of newborn preterm (NP) infants, who were admitted to the Maternity School Assis Chateaubriand (MEAC) in Fortaleza, Brazil, and had received skin-to-skin contact through the Kangaroo Care Method during hospitalization in the NICU. Data was collected by semi-structured interview, directed by guiding questions. Content analysis was used for processing the data, being established four categories: "The bond and the attachment", "Maternal competence", "The fear of losing the baby" and "The importance of the multidisciplinary team". **Results:** The Kangaroo Care Method is a safe and pleasurable practice for mothers and relatives, in addition to providing social and psychoaffective benefits, found in the imagery of the method institutionalization and in the mothers' experience when properly supported. The meanings of the maternal feelings of apprehension as a result of the first physical contact with the hospitalized child can be evidenced. Regarding the evaluation of its clinical practice, this method has provided better development of the newborn infant and a reduction in hospital stay. **Conclusion:** The study shows relevance, since the evidence of the maternal perception of this method supports its establishment as a mandatory practice in maternity hospitals, in view of the benefits to the mother and the neonate.

Descriptors: Kangaroo-Mother Care Method; Newborn; Neonatal Intensive Care Unit.

RESUMO

Objetivo: *Conhecer a percepção materna acerca da vivência na primeira etapa do Método Canguru na Unidade de Terapia Intensiva Neonatal (UTIN).* ***Métodos:*** *Estudo descritivo, de caráter exploratório e de natureza qualitativa, realizado no período de agosto a outubro de 2014, com 10 mães de recém-nascidos pré-termo (RNPT) que se encontravam internados na Maternidade Escola Assis Chateaubriand (MEAC), Fortaleza-Brasil, e que haviam feito o contato pele a pele por meio do Método Canguru durante a internação na UTIN. Coletaram-se os dados por entrevista semiestruturada, direcionados por questões norteadoras. Para tratamento dos dados, utilizou-se análise de conteúdo, sendo estabelecidas quatro categorias: "O vínculo e o apego", "A competência materna", "O medo da perda do bebê" e "A importância da equipe multidisciplinar".* ***Resultados:*** *O Método Canguru é uma prática segura e prazerosa para mães e familiares, além de propiciar vantagens sociais e psicoafetivas que se encontram no imaginário da institucionalização do método e na experiência das mães quando adequadamente apoiadas. Pode-se evidenciar significados dos sentimentos maternos de insegurança em decorrência do primeiro contato físico com o filho hospitalizado. No tocante a avaliação de sua prática clínica, este vem proporcionando melhor desenvolvimento do neonato e uma diminuição do tempo de internação hospitalar.* ***Conclusão:*** *O estudo apresenta relevância, pois a visão da percepção materna no que concerne este método faz com que este se firme como prática obrigatória em maternidades, tendo em vista seus benefícios para mãe e neonato.*

Descritores: *Método Canguru; Recém-Nascido; Unidades de Terapia Intensiva Neonatal.*

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RESUMEN

Objetivo: *Conocer la percepción materna sobre la vivencia de la primera fase/etapa del Método Canguro de la Unidad de Cuidados Intensivos Neonatal (UTIN).* ***Métodos:*** *Estudio descriptivo, de carácter exploratorio y naturaleza cualitativa realizado entre agosto y octubre de 2014 con 10 madres de recién nacidos pretermino (RNPT) que habían ingresado en la Maternidad Escuela Assis Chateaubriand (MEAC), Fortaleza-Brasil, las cuales habían tenido el contacto piel con piel a través del Método Canguro durante el período en la UTIN. Se recogió datos a través de la entrevista semi-estructurada orientados por cuestiones norteadoras. Se utilizó el Análisis de Contenido para el tratamiento de los datos del cual se estableció cuatro categorías: "El vínculo y el apego", "La competencia materna", "El miedo de perder el bebé" y "La importancia del equipo multidisciplinario".* ***Resultados:*** *El Método Canguro es una práctica segura y placentera para madres y familiares además de proporcionar ventajas a nivel social y psicoafectivo de la imaginación de la institucionalización del método y de la experiencia de las madres con el apoyo adecuado. Se puede evidenciar significados de los sentimientos maternos de inseguridad decurrente del primer contacto físico con el hijo ingresado. Respecto la evaluación de su práctica clínica lo mismo ha proporcionado mejor desarrollo del neonato y la disminución del tiempo de ingreso hospitalario.* ***Conclusión:*** *El estudio es relevante puesto que la visión de la percepción materna sobre este método le caracteriza como una práctica obligatoria de las maternidades por sus beneficios para la madre y el neonato.*

Descriptores: *Método Madre-Canguro; Recién Nacido; Unidades de Cuidado Intensivo Neonatal.*

INTRODUCTION

Pregnancy is one of the most critical moments in the formation of emotional bonds between the mother and her unborn baby. However, the birth of a preterm baby represents a new situation for the parents, thus susceptible to compromise the binding process[1]. One method that favors the strengthening of the mother-child bond is the Kangaroo Method (KM)[2,3].

The KM consists in a neonatal care technology that implies the skin-to-skin contact between the mother and the low-weight newborn, increasingly and for the time both understand to be pleasurable and sufficient, allowing greater participation of parents in care of their newborn[4,5]. The baby is usually placed supine, half-naked, between the mother's breasts, in a frog position[6].

It was originally developed in 1979 in the city of Bogota, and its use was justified by the lack of incubators, where it was often necessary to accommodate two or more babies[7], and the high mortality rate in Colombian maternity hospitals[8].

In Brazil, the KM spread rapidly from 1990 on. Brazilian norm states that the KM should be applied in three different stages, starting at the Neonatal Intensive Care Units (NICU) and Intermediate Care Units (ICU), passing on to the Neonatal Intermediate Kangaroo Care Units (NIKCU) (or kangaroo ward) and, after discharge, to the outpatient clinics in the follow-up[9].

The first stage initiates during the high-risk prenatal care, followed by the hospitalization of the newborn in the NICU. In this period, mother and relatives should be informed about the child's condition, emphasizing the benefits and importance of the KM. In the second stage, after stabilization of the newborns' clinical conditions, they are transferred to the kangaroo ward, where they will be accompanied by their mothers, who will assume the kangaroo position for as long as possible and thus allow increasing physical closeness and communication between mother and baby, and maternal empowerment. The third stage begins when the baby is discharged and is characterized by monitoring the baby and the family in the outpatient clinic and/or home up to the weight of 2,500 grams. After reaching that weight, the follow-up should be guided by the Ministry of Health standards for growth and development[10].

The promotion of emancipatory maternal care to the premature baby should be part of the multidisciplinary team practice in the care of newborns. By acquainting herself with the team communication code, the premature's mother becomes empowered, in her own way, to participate in decisions regarding therapeutic approaches directed at her child. Thus, while maternal empowerment causes some awkwardness and discomfort in the team, the mother redefines her space in the neonatal unit. As she exchanges the image of fragility for a more assertive position in relation to the child, the mother begins to take on her place, becoming qualified to the motherly care of her child, encouraging the interaction. KM therefore stimulates a new thinking within the team and provides greater maternal autonomy[11].

The advantages of this method, already known and studied, are: increasing the mother-child bond, avoiding long periods without sensory stimulation, promoting neurobehavioral development (since it offers olfactory, auditory, tactile, thermal, and proprioceptive stimuli) [11], stimulating breastfeeding, enhancing the parents' competence and confidence in handling their child, providing better thermal control, improving the family's relationship with the health team, reducing the risk of nosocomial and cross-infection, reducing the number of

abandoned babies, contributing to the attachment between mother and child[12], reducing the length of hospital stay, and promoting analgesic effect[13-15].

Understanding the KM as a key strategy to optimize humanized care to low-weight newborns, their mothers and other family members, a question is raised concerning the mothers' perception of the experience in the first stage of the Kangaroo Method in Neonatal Intensive Care Unit (NICU).

This study aimed at knowing the maternal perception of the experience in the first stage of the Kangaroo Mother Care in the Neonatal Intensive Care Unit (NICU).

In this context, this study is justified by the importance of knowing the autonomy in caring that is provided to the mother and the benefits brought by this transformation to the premature child.

METHODS

The study is inserted in the descriptive approach of qualitative nature, conducted at the Assis Chateaubriand Maternity School (*Maternidade Escola Assis Chateaubriand* - MEAC), which offers the Low-birth-weight Newborn Humanized Assistance Program - Kangaroo Project in Fortaleza, CE, Brazil.

Research conducted in the period from August to October 2014, with 10 mothers of preterm newborn infants (PNI) who were hospitalized and who had experienced the skin-to-skin contact through the kangaroo position during hospitalization in the NICU. As the research of qualitative type fully dispenses a previously set amount of people to be interviewed, given that this aspect depends on the theoretical saturation of data from the convergence of the findings to the purpose of the study[14], the number of survey participants was not previously established.

The data was collected by semi-structured interview conducted with tape recorder and field diary. It comprised two stages: the first consists of demographic data (age, marital status, religion, education level, family income) and data relating to newborns (sex, gestational age, Apgar, type of ventilatory support or oxygen therapy); the second stage consists of guiding questions based on the proposed objectives in this study: 1) Why did you join the kangaroo mother method?; 2) Did you know the kangaroo mother method previously?; 3) What is the importance of this method for you?; 4) How important do you consider the participation in the kangaroo mother method will be to your baby?; 5) How do you feel for participating in the kangaroo mother method in the Neonatal Intensive Care Unit?; 6) What does it mean to have a premature baby?; and 7) How is your relationship with the healthcare team?

The mothers were identified by the codes M01 to M10, according to the sequence of the interviews, respecting their intellectual, social and cultural integrity.

The interviews were performed in a room beside the NICU, in a quiet environment, with little movement of people. Mothers of preterm newborns who had undergone the first stage of KM were addressed by the physiotherapists working in the service, which reported the purpose of the study and asked about the mothers' interest in participating.

The data was analyzed using thematic category analysis technique[16], according to the recommended steps. Interviews were transcribed verbatim. Next, successive readings were performed, with a view to the exploitation of the material and cutting the text into record units. The following thematic categories were formulated: "The bond and the attachment", "The maternal competence", "The fear of losing the baby" and "The importance of the multidisciplinary team". The content analysis was based on the literature addressing the matter.

After clarification about the research was provided to mothers and their acceptance to participate in the study was attained, the free and informed consent form was signed, in compliance with ethical issues as established in Resolution no. 466/2012 by the National Health Council, and the research received approval of the Ethics Committee of the Assis Chateaubriand Maternity School, under no. 657292.

RESULTS E DISCUSSION

The demographic data of the mothers interviewed and the data concerning the newborns are presented initially, followed by the presentation of the thematic categories that emerged from the study.

When analyzing the age of the mothers in the study, it was found that three of the them were aged between 15 and 25 years. Five of them were between 26 and 35, and two were aged between 36 and 40 years. About the marital status of the mothers interviewed, four were married and five, single. On religion, seven were Catholic and three, Protestant. As regards the education level, it was found that one of the mothers was attending elementary school, six were in high school and three had complete higher education. On family income, one of the mothers got a minimum wage as source of income, seven of the mothers gained two to three minimum wages, one received four to six minimum wages, and the remaining was paid above 10 minimum wages.

Regarding the clinical data of the PNI involved in the research, it was found that seven were male and three, females; their gestational age ranged from 27 weeks and 2

days to 35 weeks, and their corrected age established until the day of data collection ranged from 30 weeks and 1 day to 39 weeks and 2 days. As for the weight at birth, it was observed that one baby was classified as low-birth-weight (<2500g) and seven had very low birth weight (<1500 g); other was classified as extremely low-birth-weight (<1000g), and another presented ultra-low weight at birth (<750g). The Apgar score at 1 minute after birth ranged from 2 to 9, and the 5-minute Apgar score varied between 7 and 9. Data collected on the type of support (ventilation or oxygen therapy) used on the day the mother adopted the KM found that six of the babies were in ambient air, two were under continuous positive airway pressure (CPAP), and two used a nasal catheter.

The bond and the attachment

This category evidences that the proximity to the premature infant favors the exchange of affection and the establishment of bond between the mother and her child. In this sense, the kangaroo position contributes to the exercise of motherhood, allowing postpartum women to experience a more direct sensory experience with the child, in addition to enhancing their role of caregiver, thus impacting on the negative feelings derived from the first days of the PNI hospitalization in the NICU[17].

The kangaroo position increases the skin-to-skin contact between mother and child, conveys caring, warmth and creates conditions for the establishment and strengthening of the bond and attachment. In mothers' perception, the first contact with the child through the kangaroo position would constitute a way to contribute to the return to their home environment, given that, by removing the child from the incubator and providing the warmth of their body, they could accelerate discharge[17].

Within this theme, the following statements emerged:

Sister, I think that's because he gets that contact with the mother, that he had lost. So we go on learning again how to have that cozy contact again. He feels me, I feel him. (M01)

Because the incubator environment is like this: they stay loose, they have no warmth. They leave the belly this way, all of a sudden, and stay thus to live alone already. (M04)

I wanted to hold my son for real, because I only saw him inside the incubator, so that was the chance I had to have him close to me. (M02)

Because, in fact, he should still be in the womb, right? And there (KM), it feels like he is; I think so. (M06)

Giving the parents the opportunity to see and touch the child after birth is extremely useful to initiate the affective bonding, the attachment and, therefore, to favor the development[18].

As observed, the separation between mother and child at birth causes damages, since the affectionate relationship is undermined and compromised. While the mother is insecure and anxious about not being able to care for her child, the child misses the security and attachment transmitted by the mother during pregnancy [4,18].

The affectionate relationship between mother and child is an instinctive factor that influences the maternal identity development, being related to the accomplishment of the role of mother, which seeks to provide physical and psychological support. The proximity to the premature infant favors the exchange of affection and the establishment of bond[6].

Maternal competence

This category concerns the benefits of KM for mothers and refers to increased competence and maternal confidence. In this sense, the concept of self-efficacy[19], defined as the belief that the person has on their ability to perform, successfully, a certain behavior, can also bring contributions to understanding how mothers feel facing the tasks comprised in caring for their baby[20].

Being close to the baby, participating in the care, feeding him, knowing that the team will be available to her child, becoming useful by helping other mothers, learning how to deal with the risks of prematurity by recognizing the specific characteristics of her baby and surpassing her difficulties are all coping strategies used by mothers to deal with emotions and feelings deriving from the mother-child relationship[6].

Within this thematic category, the following statements emerged:

I feel useful. (M06)

Super-mom, I'm full of myself. (M07)

I feel like the "top-mother", right? (M10)

Several authors point out that the KM provides greater acquisition of competence and confidence on the part of the parents, in the handling of their child after discharge[10].

Due to the mother's various feelings of insecurity, fear, anguish and sorrow for seeing his premature infant wrapped in an environment that is not her belly, lacking the embracement and warmth necessary for their development, she often feels guilty because he was born before the specified period. For mothers, the KM is a way for them to redeem themselves from that guilt, as it allows them to contribute to the baby's discharge from the NICU. In

the study, regardless of age, all mothers showed feelings of concern, safety, satisfaction and usefulness for their participation in the KM with their babies.

The fear of losing the baby

The category in question addresses the fear of losing the baby. Prematurity, with its risks and consequences, has a relevant significance for the parents. The premature's fragile situation, which symbolically indicates the presence of risks to their survival, their growth and development, signaled to parents the need to be near them, to care of them and monitor their progress through the KM[18,21].

For both the child and parents, the hospitalization is seen as a critical and delicate situation. During hospitalization, several adverse factors are present, such as the psychological changes, the physical environment, and the separation of the mother-child binomial, among others. The sight of an extremely sick baby, surrounded by care and appliances, can be very painful for parents, and certainly affects the quality of the initial contact. Thus, the fear of an impending loss and of the unknown probably converts a moment of joy in doubt and uncertainty about the near future[22].

The fear of losing their children was observed in all the interviewees' reports, demonstrating feelings of fear and horror to think that in each procedure, the use of breathing devices or some disease acquired during the hospital stay in the NICU can be life-threatening to their baby. Another feeling present in their report was the insecurity related to the act of taking care of their small and fragile child, after discharge. This aspect favors the rapid adoption of the method by mothers, as it enables the first moment when they are able to become in contact and start taking care of their child.

This feeling is expressed by mothers, as found in the following statements:

> *Sister, at the beginning it's a despairing situation, you know? (M01)*
>
> *Many questions, much fear. The first fear, the first one, is that he might not survive. There is that fear in the background, that is the fear of taking him home, at the same time that I do want him to go home, but I only want him to go when he manages to survive in the world out there. (M02)*
>
> *It requires more of us. We have to be more dedicated. (M06)*
>
> *We have to take great care of them, right? You have to be extra careful. (M09)*

Prematurity is a surprise and is seen by mothers as a life-threatening risk for their children, giving rise to the fear of not returning home with the son they have so-long dreamed about and planned. The moment of discharge is feared by the parents; even if they have had the opportunity to take care of the child, the fear that something might happen at home is present[23].

The importance of a multidisciplinary team

This category regards the support to the mother, who suffers at that moment and therefore constantly needs information, which should be regarded as relevant by the professionals since the problems experienced may interfere with the flexibility and spontaneity of the relationship with the health team. Often, because of the lack of information, mothers are dominated by feelings of distrust, despair, fear and misunderstanding regarding the baby's clinical conditions. These factors, combined, can result in deep suffering for the mothers, in addition to the separation from the NICU and, consequently, from the baby, because they expect to receive attention and reliable information with a minimum of plainness, that is, an effective communication[4].

The reception, interaction and team communication with parents represent a fundamental role for the emotional experiences of this period to be better perceived and the parents' suffering, minimized[6].

The mothers' reports stating how embraced they feel, the information they are provided about their babies' health, and the care resulting from the participation of the multidisciplinary team in general demonstrate the positive influence caused by having a dedicated team caring for the baby, at first, and providing mothers with psychological assistance, in a second moment, always with the purpose of rendering the mother participatory and active during the experience of the newborn's hospital stay.

Within this theme, the following lines have emerged:

> *The nurses and auxiliary nurses are very careful. They are very attentive. They answer to all we ask. They are always there, ready to help. (M04)*
>
> *They are all very thoughtful here. Everyone: the physician, nurses, nursing technicians, the physical therapists. (M02)*
>
> *They are always monitoring, constantly caring. So, the more, the better. (M06)*

For these reasons, proper information and dialogue between the health team and the family are so important, in order to minimize the fear felt by mothers in this moment of fragility[20]. According to researchers, promoting such care facilitates the mother-child bond because, when the participant mothers are welcomed by a team of professionals sensitized to humanize care, better interaction is observed between them, their son, the team and the institution[24].

FINAL CONSIDERATIONS

Analysis of the maternal perception of the experience in the first stage of the KM in the NICU involves aspects closely related to the feelings and emotions of those mothers when having the first skin-to-skin contact with their children, which, despite its short duration, enables the formation and strengthening of the maternal bond.

By finding the four thematic categories from the mothers' statements - "The bond and the attachment", "The maternal competence", "The fear of losing the baby" and "The importance of the multidisciplinary team" - the study corroborated the literature findings. Despite finding these four categories, the ones that were most striking and showed greater feeling for the maternal perception in the first stage were the beginning of the bond formation from the first contact and the fear of losing their child, involved in uncertainties, arising from prematurity, about having the child again in their arms.

This study has presented a theoretical, clinical and social relevance. With regard to the social aspect, it may evidence the meanings of maternal feelings resulting from the first physical contact with the hospitalized child. Regarding the evaluation of the clinical practice, it has been affording better development of the newborn, resulting in a decreased hospital stay, and theoretical relevance, because seeing the maternal perception of this method establishes it as mandatory practice in hospitals, given its benefits to the mother and the newborn.

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