

ATIVIDADE EDUCATIVA PARA MÃES DE BEBÊS PREMATUROS COMO SUPORTE PARA O CUIDADO

EDUCATIVE ACTIVITY FOR PRETERM INFANT MOTHERS AS A SUPPORT TO CARE

ACTIVIDAD EDUCATIVA PARA MADRES DE BEBÉS PREMATUROS COMO SOPORTE PARA EL CUIDADO

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RESUMO

Objetivos: descrever o processo de elaboração e desenvolvimento metodológico de atividade educativa realizada junto às mães de prematuros hospitalizados e avaliar o grau de conhecimento materno sobre cuidados com o prematuro antes e após a atividade educativa. **Métodos:** estudo metodológico de proposta de atividade educativa sistematizada, avaliada por meio de pré e pós-teste com mães de prematuros hospitalizados. **Resultados:** 17 mães participaram do estudo, com idade prevalente de 30 a 35 anos. Em sua maioria, possuíam de 5 a 9 anos de estudos, eram casadas ou viviam em união estável. No pré-teste, as mães acertaram, em média, 80% das questões e, ao término das atividades, acertaram, em média, 93%. De modo geral, as participantes disseram que a atividade educativa foi importante para solucionar dúvidas e aumentar a confiança materna ao cuidar dos filhos prematuros. **Conclusão:** as atividades educativas realizadas mostraram ser uma tecnologia leve em saúde para melhorar o conhecimento e o empoderamento materno nos cuidados dos filhos pré-termo. **Descritores:** Educação em saúde; Mães; Recém-nascido prematuro; Treinamento por simulação.

ABSTRACT

Objective: to describe the process of methodological development and development of educational activity carried out with the mothers of hospitalized preterm infants and to evaluate the degree of maternal knowledge about preterm care before and after the educational activity. **Methods:** Methodological study of a proposal of a systematized educational activity, evaluated through pre and post-test with mothers of hospitalized preterm infants. **Results:** 17 mothers participated in the study, with a prevalence of 30 to 35 years. Most of them had five to nine years of schooling, were married or lived in a stable union. In the pre-test, mothers averaged 80% of the questions and at the end of the activities they averaged 93%. In general, the participants said that the educational activity was important to solve doubts and increase maternal trust in the care of preterm children. **Conclusion:** the educational activities carried out have been shown to be a light technology in health to improve maternal knowledge and empowerment in the care of preterm children. **Descriptors:** Health education; Mothers; Premature newborn; Simulation training.

RESUMEN

Objetivos: describir el proceso de elaboración y desarrollo metodológico de actividad educativa realizada junto a las madres de prematuros hospitalizados y evaluar el grado de conocimiento materno sobre cuidados con el prematuro antes y después de la actividad educativa. **Métodos:** estudio metodológico de propuesta de actividad educativa sistematizada, evaluada por medio de pre y post-test con madres de prematuros hospitalizados. **Resultados:** 17 madres participaron del estudio con edad prevalente de 30 a 35 años. En su mayoría, poseían de 5 a 9 años de estudios, estaban casadas o vivían en unión estable. En el pre-test, las madres acertaron, en promedio, el 80% de las cuestiones y, al término de las actividades, acertaron en promedio un 93%. En general, las participantes dijeron que la actividad educativa fue importante para solucionar dudas y aumentar la confianza materna al cuidar de los hijos prematuros. **Conclusión:** las actividades educativas realizadas mostraron ser una tecnología ligera en salud para mejorar el conocimiento y el empoderamiento materno en el cuidado de los hijos pre-término. **Descriptores:** Educación en salud; Madres; Recién nacido prematuro; Entrenamiento por simulación.

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INTRODUCTION

The birth of a child brings with it the need for the exercise of parenthood, which means to assume the responsibilities inherent in the care and education of the children, implying rights and duties for the development and self-realization of the child⁽¹⁾. Parents begin to exercise their parenting through interactions with their child through direct and unrestricted contact. When hospitalization occurs in the neonatal intensive care unit (NICU) after birth, ambivalent feelings emerge, especially negative ones, in which parents feel powerless in the face of the newborn's needs⁽²⁾. The performance of health professionals during hospitalization, through precise guidelines on care for newborns, can help in coping with this moment⁽²⁻³⁾.

Changes in the parenting process may undermine the strengthening of self-confidence, self-efficacy, and parental competence. Self-confidence is the mother's perception of her ability to care for and understand the child, while self-efficacy is understood as the judgment that an individual has of his ability to achieve certain goals⁽⁴⁾. The occurrence of preterm birth can be traumatic and associated with a feeling of sadness making the mother-infant bond negative⁽⁵⁾.

Changes in self-confidence and maternal competence, generated by the hospitalization of the newborn, may interfere with the exercise of parenthood, still in the NICU, and extend to the home. The development of parenting strategies for parents with children in the NICU is effective in reducing the signs of depression and increasing their parental self-efficacy, also contributing to the reduction of the level of perceived stress in parents of very low birth weight infants⁽⁶⁾.

Self-care preparation experiences, after discharge, presuppose the involvement of the families of premature newborns (PTNB), considering that they can adequately perform care outside the hospital setting. Such experiences include educational activities understood as the teaching process that involves the sharing of information and experiences to develop learning and behaviors related to health⁽⁷⁻⁹⁾.

It is possible to identify positive aspects of the educational activities with PTNB parents in the mentioned texts, such as improving the knowledge of the family, inserting it in the care of the babies in the hospital environment, preparing for discharge and reducing stress levels. In this

sense, this study aimed to elaborate a protocol of educational activities applied to PTNB mothers, based on the Freirean presuppositions of problematization and dialogicity.

For Freire, problematizing education happens when men perceive the world critically and how they are being in this world⁽¹⁰⁾. The problematization was used during the educational activities, in the sense that the participants understand the context that involves them critically and, from this, raise topics for discussion in the activities.

Another freirean presupposition respected during the activities was the dialogue, which can be understood as the meeting between the reflecting and acting in a world to be transformed and can not be summed up to a simple fact of depositing ideas of an individual in the other⁽¹⁰⁾. The presupposition of dialogicity was used to permeate the discussions, so that the mediators of the educational activities and the participants could interact, considering the life history and the previous knowledge of the mothers participating in the study.

The simulation was used as one of the teaching-learning strategies to approach the mothers of real situations and the daily care of the PTNB. One of the main recommendations for the use of simulations in educational activities is that they stimulate reflection on a given problem; generate a less formal climate, allowing students, in addition to experiencing situations and develop specific skills, express doubts about the theme worked⁽¹¹⁾.

Based on the Freirian presuppositions for the development of educational activities, this study aims to describe the process of methodological development and development of the educational activity carried out in the mothers of hospitalized PTNB infants and to evaluate the maternal knowledge regarding pre and post PTNB care said educational activities.

METHODS

It is a methodological study that has as a characteristic to develop or delineate a method of collecting, organizing or interpreting the data and also presents, as objective, the development of effective instruments for clinical use and applied research⁽¹²⁾. The results presented are part of the research project "Repercussions of prematurity: maternal stress and metabolic programming after hospital discharge," which was submitted to Universal CNPq 014 Call and

approved by the 457109/2014-9 process. The research was approved by the Research Ethics Committee of the State University of the West of Paraná, according to Opinion 385.370, on September 17, 2013.

The description of the theoretical-methodological approach used in the planning and realization of educational activities that, guided by the Freirean assumptions (problematization and dialogicity), were addressed to the mothers of preterm infants hospitalized in the Neonatal Intensive Care Units and the Intermediate Care Unit (IMCU) from a university hospital in the western region of Paraná, from November 2014 to June 2015.

The educational activity was carried out on two consecutive days, lasting one hour and thirty minutes each, by a nurse and a nursing student, considered mediators of the same and was developed according to the following steps:

1) Literature review in order to identify the themes related to the care of the infants in the hospital and home environment that are often reported by the mothers as generators of doubt. The topics that emerged were: breastfeeding, breast care, milking and storage of milk, signs of intercurrent events (fever, crying, convulsions, changes in respiratory rate, etc.), medication care, baby hygiene, diaper change and care of the clothes of the PTNB;

2) Elaboration of didactic material to support the theoretical-practical classes from the content obtained in the aforementioned revision;

3) Simulation of the NICU/ICU environment in the Hospital Skills Laboratory, study site, using material resources such as heated cribs, incubators, mechanical ventilators, cardiac monitors, catheters, puppets, models and images;

4) Selection of the participating mothers. The mothers present at the NICU/ICU, during the period of selection of the study subjects, were invited to participate in the randomized clinical trial developed in the larger study of which this study is a part. Next, they were allocated by randomization in control group and intervention group. In this manuscript, the educational activity developed with the mothers of the intervention group (IG) is described. Thus, by drawing lots, among all the PTNBs included in the study inclusion criteria, three to four mothers were selected to participate in the study. After this selection, during the maternal visit to the PTNB in

the unit, the researchers invited them to participate in the proposal and explained about the research. With acceptance, they signed the Term of Free and Informed Consent and were scheduled the days of activities.

5) Reception of the mothers in the NICU/UCI, on the scheduled day, one of the researchers welcomed the mothers in the unit and led them to the Skills Laboratory.

6) Presentation of the environment, simulating the NICU/ICU, in the arrival of the mothers in the simulation laboratory, at which time they were stimulated to express their doubts about their hospitalized PTNB, clarifying the function of the materials and equipment in contact with the baby (mannequin) and environmental characteristics such as sounds, lights, among other demands of mothers.

7) Formation of a circle of conversation between the mediators of the educational activity. At that moment, the doubts about the care of the PTNB were raised with the mothers and, according to these, the mediator with the aid of an audiovisual resource (Power Point slides) began the conversation on the topic of "PTNB care". The duration of this activity was around 40 minutes of theoretical exposure, being mediated by the dialogue and interaction between the subjects. The mediators of the educational activity compared the themes that emerged in the conversation with those evidenced in the literature, which demonstrated convergence among themselves. Thus, on day 1 of the intervention, the topic of breastfeeding and signs of danger was addressed, and on day 2, the question of caring for the PTNB at home.

8) Practical activity on the dummy. After the discussion of the topic, the practical activity began, which consisted of demonstration and realization of the care approached in the theme, in the conversation wheel by the mediator, when the simulation was performed, for example, the baby bath, the exchange of diapers, lasting about ten minutes for each simulated care;

9) Realization of the practice of caring for the PTNB by the mothers with the manikins, one at a time, being assisted by the mediator of the educational activity, during 20 minutes. All the participants could help the mother who was practicing, giving suggestions or talking about their experiences and desires;

10) Realization of the practice, by the mothers, with the children. At the end of the educational activity, in the simulation laboratory,

the participating mothers were followed up to the place of internment of the PTNB (NICU/ICU) and performed the practical activity with their children, considering the health status of the PTNBs, being assisted by the mediators and with the authorization of the nurses of the sector. This step took around 20 minutes;

11) Completion of the educational activity.

At the end of the second day of educational activity and practices, the mothers were photographed with their son using Fujifilm Instax Mini 8 instant camera, receiving the photo and a souvenir kit (newborn diapers, soap or small toy);

12) Caring for the premature baby: guidelines for the family⁽¹³⁾. This booklet, besides supporting the construction of the theoretical reference of educational activity, was delivered to the mothers, at the end of the second day of the activity, as a resource to be accessed by them at home, as a complement to the information received during the activity.

In addition to participation in educational activities, the mothers answered a questionnaire called Maternal Knowledge Analysis, containing 13 multiple choice questions about basic care with the premature infant, such as interurrences and warning signs, breastfeeding and milking at home, hygiene and changing diapers, preventing rashes and taking care of medications. The instrument was answered when the mother accepted to participate in the research, that is, before the participation in the activities (pre-test)

and again at the end of the educational activity (post-test), in order to verify the variation of knowledge the subjects of the study. In addition, the participants answered, at the end of the educational activity, an instrument to evaluate the activity carried out.

The use of the maternal knowledge analysis was preceded by the evaluation of the instrument by a Judges Committee, composed of seven professionals in the field of child health, with expertise in this subject: two teaching nurses (teacher and specialist in obstetrics); a neonatologist; a teaching nurse and doctor in education and active in the area of health education and training; a pedagogue with a doctorate in education and a professor in the area of health education and training; and two nurses working in neonatology.

The opinions of the Committee were analyzed and the reliability of the instrument was verified by calculation of Cronbach's alpha, having obtained a value of 0.9257. The data obtained in the evaluation of maternal knowledge were analyzed by descriptive statistics, presented in tables and discussed in the light of other studies on the subject.

RESULTS AND DISCUSSION

Participating in the educational activities were 17 mothers of PTNBs whose birth weight was less than 1000 grams and gestational age less than 28 weeks, according to Table 1, which presents the characterization of the sample.

Table 1 - Characterization of the preterm infants in the NICU / ICU regarding socio-demographic data and type of delivery. Cascavel, PR, Brazil, 2015 (n = 17).

| Variables | FA | FR (%) |
|----------------------------------|----|--------|
| Mothers age | | |
| Up to 14 years | 1 | 5.88 |
| From 15 to 19 years | 3 | 17.65 |
| From 20 to 24 years | 4 | 23.53 |
| From 25 to 29 years | 1 | 5.88 |
| From 30 to 34 years | 5 | 29.41 |
| 35 years or more | 3 | 17.65 |
| Schooling | | |
| From 5 to 9 years of schooling | 9 | 52.95 |
| From 10 to 12 years of schooling | 6 | 35.29 |
| More than 12 years of schooling | 2 | 11.76 |
| Not informed | 0 | 0 |
| Marital status | | |
| Married or stable union | 11 | 64.71 |
| Single | 6 | 35.29 |

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| Variables | FA | FR (%) |
|--|-----------|---------------|
| Occupation | | |
| Informal worker | 1 | 5.88 |
| Formal worker | 9 | 52.94 |
| Maid | 7 | 41.18 |
| Family income | | |
| Less than 1 minimum wage | 1 | 5.88 |
| From 1 to 3 minimum wages | 11 | 64.71 |
| From 4 to 6 minimum wages | 3 | 17.65 |
| | 2 | 11.76 |
| Number of children besides PTNB | | |
| One | 3 | 17.65 |
| Two | 3 | 17.65 |
| Three | 1 | 5.88 |
| Four or more | 1 | 5.88 |
| No other children | 9 | 52.94 |
| Type of birth | | |
| Normal | 5 | 29.41 |
| Caesarean | 12 | 70.59 |

Source: Data collected in the survey.

With regard to age, the most frequent age group was 30 to 34 years, for five (29.41%) participants. The prevalence of schooling was five to nine years of study, ie, nine (52.95%) mothers reported having started or completed elementary school.

The majority of participants, 11 (64.71%) mothers, were married or lived in a stable union; formal work was prevalent and the predominant family income was up to three minimum wages for 12 (70.59%) of the participants. Nine (52.94%) of the mothers were primiparous (first gestation); cesarean delivery was the prevalence in 12 (70.59%) of the mothers.

Participating mothers presented different characteristics of another study, which found

prevalence of high school⁽¹⁴⁾ complete, but resembles this study, as to the marital status in which the mothers were, for the most part, married or lived with the father of the drink. In another study, most mothers were also primiparous and cesarean deliveries prevailed⁽¹⁵⁾, as in this study, which may be related to preterm birth, since in normal birth there is a higher risk of intracranial hemorrhage.

Mothers were questioned about previous experiences in hospitalization sectors such as NICUs and ICUs with other children and about the receipt of information related to the care of the premature baby coming from professionals in the hospitalization sectors (Table 2).

Table 2 - Characterization of hospitalized PTNB mothers in the NICU / ICU experience. Cascavel, PR, Brazil, 2015 (n = 17).

| Variables | FA | FR (%) |
|--|-----------|---------------|
| Other experiences at the NICU / ICU | | |
| Yes | 2 | 11.77 |
| No | 6 | 35.29 |
| No, because he has no other children | 9 | 52.94 |
| Receipt of guidelines on PTNB care | | |
| Yes | 7 | 41.18 |
| No | 10 | 58.82 |

Source: Data collected in the survey.

Considering participants who had children other than PTNB, six (35.29%) women had no prior experience with the NICU or ICU sectors,

and the majority of the mothers, ten (58.82%), reported having received no guidance about of

premature baby care from professionals working in the child's hospitalization sector.

With regard to the participants' knowledge about early child care, in the analysis of maternal knowledge in the period prior to the educational activity, the mothers answered, on average, ten (80%) of the questions. After completing the activities, the participants matched, on average, 12 (93%) of the questions, showing that there was an increase in the correct answers after the educational activity, expressed in the significant statistical difference between the pre- and post-test ($p < 0,0001$).

Most of the mothers reported not having received guidance on the care of the premature baby during the hospitalization of the child. However, health education, aimed at mothers of premature infants, is important to integrate the mother in the care of the child and to participate in the decisions related to the treatment of the baby⁽¹⁶⁾.

The study showed that welcoming the parents of PTNB infants leads to an appreciation

of their involvement in the recovery of the child, so that they participate, understand and clarify the conditions of the child and can feel integrated into the care. However, the mothers were not guided in relation to the care that the baby would need at home. They suggest that there is a greater approximation and interaction between health professionals and parents, so that care is continued in the same parameters that were developed during hospitalization⁽¹⁷⁾.

Parents have doubts, especially regarding feeding of the PTNB and about direct care. The former are more oriented, according to an integrative literature review, but the latter lack attention from the nurses⁽¹⁸⁾.

The questions present in the evaluation of maternal knowledge were subdivided into different themes and Table 3 presents the number of correct answers of the mothers participating in the study, according to the themes of the questions.

Table 3 - Number of correct answers presented by the mothers of babies hospitalized in NICU / ICU, in the Analysis of maternal knowledge by subjects. Cascavel, PR, Brazil, 2015 (n = 17).

| Variables | Pre-test | | Post-test | | p |
|--|----------|--------|-----------|--------|-------|
| | FA | FR (%) | FA | FR (%) | |
| Breastfeeding | | | | | |
| Question 1 | 11 | 64.70 | 15 | 88.23 | 0.565 |
| Question 2 | 15 | 88.23 | 17 | 100 | |
| Question 3 | 11 | 64.70 | 5 | 29.41 | |
| Question 4 | 16 | 94.12 | 17 | 100 | |
| Question 5 | 16 | 94.12 | 17 | 100 | |
| Hygiene and comfort | | | | | |
| Question 6 | 8 | 47.06 | 17 | 100 | 0.279 |
| Question 7 | 16 | 94.12 | 17 | 100 | |
| Medications and health of child | | | | | |
| Question 8 | 15 | 88.23 | 17 | 100 | 0.958 |
| Question 9 | 14 | 82.35 | 17 | 100 | |
| Question 10 | 15 | 88.23 | 16 | 94.12 | |
| Question 11 | 12 | 70.59 | 17 | 100 | |
| Intercurrences and alert signs | | | | | |
| Question 12 | 12 | 70.59 | 16 | 94.12 | 0.781 |
| Question 13 | 16 | 94.12 | 17 | 100 | |

Source: Data collected in the survey.

P- value calculated by the Monte Carlo Method.

In the pre-test, eight mothers matched Question 6, related to diaper dermatitis and hygiene care in the diaper region. In the post-test, Question 3, which concerned the best way to breastfeed the baby, if he did not accept the

mother's womb, was the one that mothers most missed at the end of the educational activities, so that five women answered the question. The information was collected in the follow-up of the preterm infants, in the outpatient clinic, in the

continuity of the study. Even presenting difficulties in the issues described above, the answers of the participants did not present a significant statistical difference between the pre- and post-test ($p > 0.05$).

Participants also responded to a questionnaire to evaluate the activities in which they participated. All the participants evaluated that the educational activity contributed to clarify questions related to the care of the baby and that the form of content exposure was satisfactory. As to the practical activity, 17 (100%) of the participants reported that it was very good to simulate the care of their child in the dolls, as well as when they performed the care of the preterm infants in the ICU and NICU. Regarding the time available for the activity, all the participants stated that it was adequate. All the participants said that the educational activity helped increase the confidence to take care of the child at home.

The percentage of correct answers in the pretest questions can be considered high, evaluating that more than half of the respondents did not receive orientations. Such knowledge may have been acquired by media influence (television, radio and Internet) or guidance received during prenatal care. The literature⁽¹⁹⁾ indicates the influence of improving the health conditions of a population based on the guidelines received during prenatal care and the information available in the media.

As seen, the educational activities carried out in this study, permeated by dialogue and interaction between mediator and participant, allowed to improve the knowledge and self-confidence of mothers with infants hospitalized in NICU and ICU. The educational activity based on the problem and conducted by the dialogue between those involved in the teaching-learning process can be used as one of the methodologies dispensed in health care, since health education can be considered a light technology⁽²⁰⁾, which occurs based on the relationships and links developed by the subjects and contrasts with the amount of hard technology involved in the care of children who are hospitalized in sectors such as the NICU and the ICU.

Several strategies can be implemented for the task of preparing the family for discharge and for their empowerment. Successful experiences are reported with the use of Freire's referential, to sustain, from a pedagogical point of view, educational intervention⁽²¹⁻²²⁾. Health education,

used to bring mothers of preterm infants, was important for mothers to heal their doubts and share their feelings, to interact with the other mothers, when they could identify as partners in the experience of the child care experience premature and, therefore, empowering learning for care⁽²²⁾.

The performance of the team, based on dialogue and problematization, recognizing the knowledge derived from the subjects' experience, is fundamental for overcoming coercive and authoritarian educational activities. It is necessary to construct, jointly, the conducts that make them authors of their experiences after hospitalization.

The simulation has been used with good results in teaching, in the health professions, observing that it contributes to satisfaction, self-confidence with the greatest contribution of knowledge, experiencing empathy, to reduce anxiety, to motivate, to propitiate reflection, when dramatization becomes a resource to be considered⁽²³⁾. It constitutes an effective method of experiential learning, in a controlled environment, in which it can be implemented and supported by reflection guided by teacher's mediation⁽²⁴⁾.

CONCLUSION

The process of elaboration and development of a methodology of educational activity that would support the care of the PTNB, as described in this study, proved to be a positive tool for the establishment of a coherent method of health education, articulating practice and theory, based on the Freirean principles of dialogicity and problematization.

It is emphasized, as central, the planning of educational activities in health that consider the needs of the subjects involved, that depart from their reality, their doubts and problems. In addition, it is essential that pedagogical strategies be devised that allow the acquisition of knowledge and development of new postures in front of the daily care. Thus, the simulation was highlighted as an important tool in the development of educational activities with the mother of PTNB infants, by involving the participants in situations.

The method described can be adopted by health professionals in the planning and health care of families with preterm infants, since it showed that the mothers' knowledge was expanded after its realization.

In addition, the mothers reported that their participation in the educational activity allowed them to feel more confident about taking care of their children at home, that it was very good to participate in activities and to solve doubts, and that the meetings helped to reduce anxieties and fears related to care of a premature baby, which can empower them for everyday care.

The Freirean principles of dialogicity and problematization enabled a closer approximation of the real needs of the participants and families of premature infants, allowing the subjects to be understood as active and critical individuals facing the reality that surrounds them, empowering the mothers, in the sense of constructing autonomy, without leaving to understand that access to quality health services coupled with welcoming practices is fundamental to the care of their preterm children.

It is considered that educational activity based on dialogue is an important tool in the instrumentalisation of mothers to care for the newborn when he leaves the hospital environment, at which point the mother takes all care. Being prepared for this condition must be the right of every mother, at the same time as these actions can contribute to the reduction of interferences with the PTNB after dehospitalization.

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