ORIGINAL ARTICLE
Revista de Enfermagem do Centro-Oeste Mineiro
2021; 11/4203
DOI: http://doi.org/10.19175/recom.v11i0.4203
www.ufsj.edu.br/recom

Perceptions of postpartum women and nursing team about parents in neonatal unit

Percepções de puérperas e da equipe de enfermagem sobre mães e pais na unidade neonatal

Percepciones de puérperas y del equipo de enfermería sobre madres y padres en una unidad neonatal

ABSTRACT

Purpose: To understand the perceptions of nursing professionals and postpartum women regarding the presence of parents in the Neonatal Unit. **Methods:** A descriptive, exploratory, and qualitative study, developed in a Neonatal Unit. Data were collected through personal interviews with 15 nursing professionals and 8 postpartum women; data analysis was performed according to content analysis and based on theoretical framework of humanization of childbirth care. **Results:** Three categories emerged: 1) Time for visit; 2) Nursing perceptions regarding the visit to the Neonatal Unit; 3) Strategies to integrate parents in the Neonatal Unit. Among nursing professionals, there are diverging opinions regarding the presence of parents in the unit; postpartum women showed different feelings, but they felt satisfied with the care. **Final considerations:** The nursing team must advise parents about their rights and include them in baby care practices, minimizing the effects of hospitalization.
Descriptors: Infant, Newborn; Intensive Care Units, Neonatal; Nursing, Team; Mothers; Parents.

RESUMO

Objetivo: Conhecer as percepções de profissionais da equipe de enfermagem e de puérperas, acerca da presença de figuras maternas e paternas no ambiente da Unidade Neonatal. **Métodos:** Estudo descritivo, exploratório, qualitativo, desenvolvido em uma Unidade Neonatal. A coleta de dados ocorreu, por meio de entrevistas com 15 profissionais e oito puérperas, e a análise de dados fora realizada conforme Análise de Conteúdo, sustentada no referencial teórico da política de atenção humanizada ao recém-nascido. **Resultados:** Emergiram três categorias: 1) Período de tempo para visita; 2) Percepções da enfermagem sobre a visita na Unidade Neonatal; 3) Estratégias para a inserção dos pais na Unidade Neonatal. Existem divergências nas opiniões dos profissionais quanto à presença dos pais na unidade; as puérperas demonstraram diferentes sentimentos, mas sentem-se satisfeitas com o cuidado. **Considerações finais:** A equipe de enfermagem deve orientar os pais acerca de seus direitos e inclui-los nos cuidados ao bebê, minimizando os efeitos da hospitalização.
Descritores: Recém-Nascido; Unidades de Terapia Intensiva Neonatal; Equipe de Enfermagem; Mães; Pais.

RESUMEN

Objetivo: Conocer las percepciones de los profesionales del equipo de enfermería y de las puérperas sobre la presencia de figuras maternas y paternas en el ámbito de la Unidad Neonatal. **Métodos:** Estudio descriptivo, exploratorio, cualitativo, desarrollado en una Unidad Neonatal. Datos recolectados mediante entrevistas con 15 profesionales y 8 puérperas. Datos analizados por Análisis de Contenido respaldado por el referencial teórico de política de atención humanizada al recién nacido. **Resultados:** Surgieron tres categorías: 1) Período de tiempo para la visita; 2) Percepciones de los enfermeros sobre visitas a la Unidad Neonatal; 3) Estrategias de ingreso de padres en la Unidad Neonatal. Existen divergencias de opinión entre los profesionales respecto a la presencia de padres en la unidad; las puérperas expresaron sentimientos diferentes, sintiéndose satisfechas con la atención. **Consideraciones finales:** El equipo de enfermería debe instruir a los padres sobre sus derechos e incluirlos en la atención al bebé, minimizando los efectos de la hospitalización.
Descriptores: Recién Nacido; Unidades de Cuidado Intensivo Neonatal; Grupo de Enfermería; Madres; Padres.

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How to cite this article:

Maia CC, Roque ATF, Costa R, et al. Perceptions of postpartum women and nursing team about parents in neonatal unit. Revista de Enfermagem do Centro-Oeste Mineiro. 2021;11:e4203. [Access_____]; Available in:_____. DOI: http://doi.org/10.19175/recom.v11i0.4203

INTRODUCTION

Each year, the number of premature births grows, a relevant health problem, as it is one of the main causes of death in children under five years-old[1]. Although preterm newborns (PTNB) are normally seen as those ones who are most in need of hospitalization in the Neonatal Unit (NU) environment, there are term or post-term newborns who can also be hospitalized as a result of a series of pathologies, including respiratory problems, hypoglycemia, congenital malformations[2]. When in situations such as the ones above, in which there is a risk of death or a state of seriousness requiring comprehensive care, the place that offers a structure with adequate conditions for babies is the NU, which was created for saving babies and children's lives, according to the advancement of technology[3].

Several ordinances, statutes, laws and policies govern our State regarding the care of newborns (NB)[4-5]. The presence of parents must be prioritized during any hospitalizations and/or health care. The need for specialized care for the NB interrupts the formation of affective bonds in the family. During the hospitalization period, the members of the family experience a mixture of positive and negative feelings. The family-centered care is a way of offering attention to these feelings, together with the care of the baby's clinical aspects, based on scientific evidence that aims to alleviate suffering and well-being, and it is important to apply it in scenarios such as those of NU[6].

Having the family at the bedside offers greater opportunities for establishing trust and also a good relationship between nurses and families. Thus, enabling the inclusion of parents in the care of their own children, whether in diaper changing, bathing or procedures, allows them to assume their parental roles[4,7].

The postpartum period comprises a moment of crisis for the mother, father and family, as it causes physical and emotional changes, as well as those related to the family structure that will need adaptation[8]. It is recognized that the separation between the mother-infant pair has a negative effect on the baby's physiological stability, psychosocial well-being and the child's brain development. However, it is known that the effects of premature birth or hospitalization are not only felt by the NB, but also by the parents and other family members[4,9].

Studies recognize that the formation of affective bonds between parents and babies is extremely relevant for the NB's overall development, and the involvement of the family is considered important for the establishment of potentially positive effects regarding physical health, as well as cognitive and psychosocial development of the baby. Providing and maintaining the bond with the NB also benefits parents, such as reducing anxiety and stress[9-12].

Based on the above, it is important to identify the perceptions about the presence of parents in the NU environment, both from the perspective of the nursing staff and women, in the puerperium period, in order to seek subsidies to enable their presence together to their hospitalized babies and contribute to improving the quality of neonatal care.

In this sense, it was decided to carry out this study guided by the following question: "What are the perceptions of professionals from the nursing staff and postpartum women about the presence of parents at the NU?". It is aimed to know the perceptions of professionals in the nursing team and postpartum women about the presence of maternal and paternal figures in the environment of the Neonatal Unit.

METHODS

This research is descriptive and exploratory, with a qualitative approach, based on the Consolidated Criteria for Reporting Qualitative Studies (COREQ)[13]. The study setting was a NU of a hospital of general complexity in the State of Santa Catarina, which provides public reference care for the mother and child population in all municipalities in the south of the state. According to the National Register of Health Establishments in 2019, this establishment had 13 beds in the type II Neonatal Intensive Care Unit, three beds in the Pediatric Intensive Care Unit, ten beds in the Conventional Neonatal Intermediate Care Unit and two isolation beds.

The study comprised professionals from the nursing team and postpartum women. The inclusion criterion was that all professionals had a technical or higher education degree in nursing and that they had a job contract in the NU of the hospital under study, excluding those who were on vacation or away. As for the puerperal women, they should be 18 years-old or older, have their child hospitalized in the researched institution

and have experienced the child's hospitalization in the investigated NU.

The NU had a quantity of about 25 nursing professionals during the study period. The selection of participants was made using the type of convenience sampling. Regarding the professionals, it occurred through visits to the hospital, in different shifts, according to the work schedule. In the case of puerperal women, all those who visited the baby, when the main researcher was in the unit, were approached. All participants who met the research inclusion criteria agreed to participate, after a brief explanation of the study and reading the consent form.

The research meets the relevant ethical and scientific foundations, according to Resolution No. 466, of December 12, 2012[14], having been approved by the Research Ethics Committee of the Federal University of Santa Catarina under CAAE 04556918.0.0000.0121. To maintain the anonymity of the participants, their names were coded by acronyms, according to the category to which they belonged. Thus, for the nursing technicians, the acronym "NT" was used and the sequential numbering, according to the order of the interview (example: NT1, NT2...), for the unit nurses, the acronym "N" was chosen (N1, N2...) and for mothers, the acronym “M” for mother (M1, M2...).

Data collection took place in January 2019, during different periods of the day, through semi-structured interviews, with questions to identify and outline the profile of professionals and postpartum women and four main, discursive questions, aimed at each specific audience.

The professionals were asked: “How does the visit of parents to newborns admitted to the NU work?”; “Do you believe this period of time is enough?”; “How do you host them at the NU?”; “Do you, as a professional in the nursing team, encourage parents in the caring of the NB? How do you do it?" In the interview with the mothers, the following questions were included: “How do visiting hours work for your child at the NU?”; “Were you guided about the NU routines? When did it happen?"; “How is your relationship with the NU professional team?”; "Tell me about your experience at the NU, from hospitalization to the present moment".

The interviews were applied privately, in a room of the unit, individually, conducted by the main researcher who presented herself as an undergraduate nursing student. These were performed quickly, lasting approximately five minutes, in just one moment, so for not interfering in the unit's dynamics. The audios were recorded using a mobile device and stored locally and in the cloud. Afterwards, they were transcribed into a document on Microsoft Word software.

We opted for the end of data collection, when there was data saturation, identified through the repetition of information in the statements of the mothers and professionals. Data saturation occurs when “no new element is found and the addition of new information is no longer necessary, as it does not change the understanding of the phenomenon studied”[15].

Data analysis in this study was carried out through content analysis[16], following the steps of: pre-analysis, material exploration and treatment of the results obtained/data interpretation. Content analysis comprises a set of communication analysis techniques, whose interpretation focus oscillates between objectivity and subjectivity[16]. In this study, the lines were corrected for spelling errors arising from the interference of orality, so as not to affect the respondent's speech.

When performing the coding, the themes that most appeared in the interviews were raised as registration units, such as: visiting time, nursing work, breastfeeding, baby care, infection, communication, welcoming, feelings. Thus, three categories emerged: 1) Time for visits; 2) Perceptions of nursing about the visit to the NU; 3) Strategies for the insertion of parents at the NU.

These findings were analyzed in the light of the theoretical framework of the humanized care policy for the NB, which establishes parameters for neonatal intensive care and covers the psycho-affective aspects of the NB, their parents and family, protection of the NB's development and care for the health team at the NU[4].

RESULTS

In the study, there was a quantitative of 23 interviewed participants; out of them 15 were professionals of the nursing team, in which four had a higher education degree in nursing and 11 had a technical level, with the majority being female and only one male; and eight women in the postpartum period. Out of these, it was observed that only one woman was primiparous,

seven women had two children or more, and three had experience with other children hospitalized at a NU. Regarding the NB's length of stay at the NU, the babies were/remained hospitalized for between one and 23 days.

The researchers undertook to disseminate the research results among the participants, especially at the hospital, after publication of their results. The categories found in the study are presented below.

Time for visits

The professionals and mothers interviewed mentioned knowledge about the hours of visits to the NU. Visiting hours were restricted to three times during the day, one in each period (morning, afternoon and evening), with maximum stay, during visits of 1 hour and 30 minutes for the parents or family figure responsible for the child. There are also times twice a week for other family members.

When asking about the length of visit, it became clear that not all professionals were able to establish a conclusive position. A part of the interviewees made it clearer that they considered the hours to be sufficient, while other interviewees considered it insufficient: "I believe it is enough [...], but of course, for parents, the longer it is, the better, but for us, professionals, I believe it is enough" (N2); "It's a good time I think, very good" (NT8); "Yeah, I believe so, because we have three, three times during the day, so you can be organized to try to come [...]" (N4).

NT3 demonstrated that they believed that the hours were sufficient. She was concerned about how a more serious baby could have a negative impact if the mothers stayed longer in the unit: "I believe so. Of course, if the baby has been better, the more contact with the mother, the better for him; but when there's also a baby with a very serious problem, a mother who sees a child with a serious problem and her baby is well, I don't know what's going on in her mind [...] it's good for the children who are more stable, but it's also bad for the mothers for seeing that child with serious problem" (NT3).

As for the professionals who reported believing that time was insufficient, one of the technicians reported a personal experience of being a mother of a NB admitted to a NU: "[...] a little time ago, I was a mother of a premature baby. I think that it would be better if the hours of visit were more, you know, because they [parents] don't disturb us, they just observe... Some parents use to ask us a lot, but then we put rules [...] at this moment parents need so much to be close; there are some parents who 'live' here... 30, 60 days for a mother... let's say... it's a long time" (NT4).

Other professionals highlighted: "[...] putting ourselves in the family's shoes, I think they find little time, because whether you like it or not, when you have a baby you always want to be on his side, it's complicated to leave the baby here and go home [...] I don't think it would be enough [...]" (N3); "I don't think so, for a mother to spend only these hours near her child, I think it's complicated, but that's what you can do..." (NT9).

Perceptions of nursing about the visit to the NU

In this category, it is observed that some professionals related the visit to the unit with contamination, infections and with the work performed by nursing.

Regarding the nursing functions and routines, interviewees brought in their speeches that the presence of parents, for a longer time in the NU environment, could come to disrupt the nursing routine, execution of procedures and other care performed by the team professionals, as highlighted: "On one hand, it would be good to increase the hours a little, but sometimes there is also the nursing part, there are medications to do, the procedures, so we do not do it in the presence of the parents, even for not causing a trauma" (NT1); "[...] as inside the ICU we manipulate the children a lot, not all the time, but we are always doing procedures. I believe that maybe if the parents come here at more times, it could be bad for us to be able to give a qualified care for the baby" (N1); "[...] there is also the work of nursing, so the times were established so as not to harm the routine" (N4).

Regarding the contamination/infection factor, the following lines were selected: "[...] while you're here, we even say: 'oh, don't kiss the baby, mother, because our mouth has many little things [...]' you don't need to be kissing, I think, because they have lower immunity, wanting it or not" (NT3); "[...] no matter how much they go through a cleaning process, but they don't change clothes like us [...] I believe that if they opened up more space, it could even become such a more risky environment for the baby [...] it would be risky to increase this time, which would thus be more risky to bring contamination into the ICU"

(NT7); “[...] they know that the risk of infection is high, they are coming in and out all the time, so that's why a time is set [...]” (NT11).

It is known that communication and relationship with the NB's family is one of the tasks of nursing. Here, some difficulties reported by the interviewees stand out: “[...] these are things that we guide but they do not listen, the nurse has to go there and be firmer [...] because they [mothers] they don't accept our opinion” (NT3); “[...] the doctor explains the child's condition, because usually the doctor is who explains and clears doubts about the child's condition, so I don't say anything and, if necessary, the doctor talks to them too” (N1); “[...] we clarify some doubts, what we can say, because they are quite used to asking about the patient's case, but the doctor is the one who talks about it [...]” (NT9) ; “[...] we don't give much information about the patient's condition, which is more with the doctor, but we always ask questions, because they always ask us, they ask the technician, they ask the doctor, about the same thing [...]” (N4).

Strategies for the insertion of parents at the NU

This category encompasses issues relevant to the strategies of insertion of parents at the NU by the nursing team, perceived by the team and by the mothers. Thus, strategies such as welcoming parents and family, empathy, baby care and breastfeeding are highlighted.

In relation to welcoming and empathy, the professionals reported as follows: “[...] we are taking care of their children as if they were ours, so we introduce ourselves, go through the whole routine, try to have the greatest affection; it’s like this, because we have to put ourselves in the mother's place, if it were my son there...” (NT1); “[...] we guide, talk, [...] it gives us strength, we see that they are very needy, they don’t have information, need to see the baby [...] they suffer a lot, and we, I , for example, I put myself in their place, because it's very sad [...] it's gratifying to see a baby that arrives here very bad getting better [...]every day the parents' faces are happier [...]” (NT4); “[...] I’m always there during visiting hours [...] I'm always at the bedside talking, asking if they need anything [...]” (N2);

When questioning the puerperal women about the orientation about the unit's routine and about the relationship with the professional team, it was evident that all considered the relationship with the professionals identified as members of the nursing team to be positive, according to the actions mentioned: “[...] in the first day I was guided to everything, from the arrival until the time I went to formulate the milk [...] they are very good for me, there isn't what to say [...] they help us a lot, because we need support, we see the child in the situation [...], they are very blessed [...]” (M1) ; "[...] when I started to attend the ICU, I already had the necessary guidelines, like how the routine would be, all the procedures, the rules, everything that was to be followed [...] the team is good attentive, they are very helpful, they are very committed to their work, to caring for the children, they show a lot of affection, well, a very good job” (M6); “[...] since the first visit, they called me, talked to me [...] they treated us well [...] they shared information almost every day” (M7).

Some of the mothers interviewed reported that the assistance of professionals helped them to experience their child's hospitalization in the NU, even though it was a difficult time: "So, this experience, this life of premature babies is very busy, well, it's not a very pleasant experience because it is very tiring, but with the help of the team, all the professionals who have worked here with her, they make us happier [...] I see that she is evolving very well, then, this is what encourages us to continue in this, this battle, which is very difficult, but everything will get better” (M6); "So, it was a surprise because I was not expecting a premature birth, I knew she was going to be born with a small bowel problem, I had already seen this on ultrasound, then the premature birth only aggravated the situation a little, but I'm doing very well assisted, both she and I, so I'm happy with the service” (M4).

The professionals reported about baby care and breastfeeding in their speeches: “[...] we also take care of the issue of humanization [...] when the parents come like this, depending on the patient's situation, let's assume that the father can already change a diaper, the patient is no longer intubated [...] we offer them to hold the baby [...] when they come to breastfeed, we help [...] when we go to bathe the child and invite a mother to bathe it together, and the father, their smile is immense [...]” (NT5); "[...] regarding child care, we always teach how to breastfeed, the correct way to breastfeed, we clarify their doubts, usually when it's the mother's first time, that the mother is also the first little baby, we stay

together with the mother, until the child suckles well, she tells her that she has to be patient, that it is just like that, that in the beginning it is difficult" (N1); "Especially when it's premature, especially when it's getting close to discharge, we always encourage the mother to give the baby a bath, because many of them are first-time mothers or the baby is so small that sometimes she's even afraid to touch it. So, we make them to change diapers, to bathe and, mainly, in the care afterwards at home, visiting, washing hands, which is very important also for babies who were born and stayed in the ICU [...]" (N3).

DISCUSSION

It is known that despite the recommendations of the Brazilian Ministry of Health for free access to parents at the NU[4], some institutions still impose time restrictions for visiting NBs in Brazil, mainly due to the need for adaptations regarding the infrastructure of the units, which should adapt to accommodate the presence of parents, welcoming and comforting them, generating the need for greater human and material resources. Even with national legislation[4-5] that NU must provide an adequate structure for parents to stay with their children, it is noticeable in this study that not all nursing team professionals demonstrated that the presence of parents in the unit, with no time restrictions, is totally beneficial.

Regarding the time and guidelines about the visit to the NU, one of the women considered the visiting time "very good" (M1), demonstrating that the parents are not sufficiently informed about their rights regarding the hospitalization of a child, especially when it is about a child, and they are unaware that there are ordinances, laws and policies that legally support them, guaranteeing them to stay with the baby. The presence of the mother in the healthcare environment is one of the ways to encourage her participation in the baby's care and must be supported by the healthcare team. Promoting free and early access, as well as the permanence of parents at the NU, without time restrictions, is a recommending of the public policy of humanized care for newborns[4].

The professionals pointed out some difficulties regarding the presence of parents in the unit, such as in relation to nursing work and generating a negative impact on mothers, for example. However, it is known that the free access of parents to the NU enables familiarization with the hospitalization process, requiring the nursing professional to carry out initiatives that seek the insertion of parents in the care of their child[17]. Thus, the experience of hospitalization can occur in a constructive way. In the professionals' reports, it is possible to see that some initiatives were already being adopted in the researched NU.

Nursing professionals believed that performing procedures on babies in front of their parents, or while they are waiting, could generate anxiety, interfering with the team's routine in providing care to the NB. It is known that, historically, parents could visit their children only for brief moments, due to the great concern with infections, privacy and space[7]. However, the constant presence of parents demonstrates that they can better assume their roles as caregivers, offering a little normality to their lives and strengthening the affective bond; improving the safety of parents when caring for the baby, as well as strengthening the relationship and trust with the health team. These benefits were discovered over time and allowed for the creation of public policies that provided opportunities for longer visits by parents to NB, including the presence of the extended family, to allow free access and continuous permanence of parents at the NU[4].

The relationship that professionals attributed to the presence of parents as a cause of infections in NB was associated with the fact that babies have low immunity, to the hospital environment, and to contamination from the external environment, caused by the entrances and exits of parents in the sector. Newborns are born with greater susceptibility to infections, as the immune system is naturally immature; however, the colonization process, which is extremely important, starts at the time of delivery and continues, through the baby's contact with family members, health professionals and even contact with objects used in care[18].

The opinion of professionals may not always demonstrate what they fear, but what they think will affect the other. The double attention is one of the reasons that make professionals consider the presence of parents 24 hours in the unit as a challenge for nursing. When the family is present, care will no longer be focused only on the NB, as they will ask questions and will need attention, even at times when care is being provided to the baby[7].

On the other hand, a study carried out in a NU in which the presence of the mother is allowed throughout the hospitalization period showed that most professionals perceived the importance of the presence of parents, both for the newborn's recovery and for development of the relationship between parents and child. It is possible to reflect, then, that when care is centered on the family, nursing will be more effective in the face of the demands of newborns and their families, developing a practice with sensitivity, knowledge and professional qualification[6].

The functions assigned to the nursing team go beyond performing techniques, including communication, for example. Be it with the other professionals that make up the nursing team, with the multidisciplinary team, NB, family members or visitors. In the case of assistance to the hospitalized NB, communication with the parents is essential for a good service. It was observed that some of the professionals reported, in their interviews, the difference in parental acceptance, when the guidelines are carried out by the technical team and nurses; others attributed the act of communicating updates about the NB's case only to the medical team.

Good communication with the healthcare team is essential for parents during their child's hospital stay. Communication can be understood as a skill and, thus, improving it, in the hospital environment and, especially, in the NU, can facilitate the parents' experience during the baby's hospitalization, as well as reduce the stress faced by the team professionals nursing, benefiting both[4,19].

As for access to information, it is a right of parents, and the professional nurse must have knowledge of the baby's clinical condition, with an emphasis on nursing care. Establishing effective communication is also part of expressing scientific knowledge in nursing; however, when this activity is delegated only to professionals in the medical team, nurses lose space and visibility to parents and other team members, limiting their performance. Studies corroborate by stating that nursing care for newborns does not only involve the proper implementation of nursing techniques, but also knowledge about the most frequent pathologies of the NB, and the social and emotional needs of the baby and his family[20].

Regarding the relationship with the professionals of the nursing team, all postpartum women demonstrated that they had a good relationship with the professionals. The majority also mentioned receiving explanations, support, affection and attention, which reflects the importance that nursing has in the care of the mother-infant binomial in the NU. Mothers of hospitalized NBs require emotional support; premature birth, for example, is characterized as an unexpected situation for parents, who are not prepared for this situation and end up experiencing emotional shock, feelings such as fear, anxiety, depression and post-traumatic stress. The importance of understanding, on the part of professionals, of respect and empathy is highlighted, as well as the need for help in creating and maintaining a bond, through the involvement of parents and physical contact with the newborn[12].

In category 3, it was possible to identify that some professionals demonstrated, through their speeches, that they exercised empathy, as they pointed out that the more time parents spend with their children, the better; or they put themselves in their parents' shoes, imagining what they are going through. In a NU, it is important to establish an affectionate relationship between the nursing staff and their clients, as the nursing professionals are the ones closest to the health service users; thus, when exercising empathy, they are demonstrating the ability to visualize and feel the experiences lived by other people, which constitutes an attitude that qualifies the physical and mental well-being of those involved people[21], humanizing the service provided.

A study pointed out that when the mothers' needs are not met by the team, in relation to the bond and involvement in the care of the NB, feelings of anxiety, loss and lack of control over the situation are generated. Thus, the acceptance and reception of families within the NU is necessary, not only as a result of the imposition of laws, but mainly as a perceived need by the health team[3].

When questioning whether the professionals encouraged mothers and fathers in the care of the NB, they mainly reported the guidelines with care, such as changing diapers and bathing, but also reported encouraging conversation between parents and babies, in addition to stimulate aid in diet and nail clipping. However, some professionals reported care related almost exclusively to hospital discharge or

the need to care for the baby at home, which should be expanded, as the encouragement of care for the NB by the parents, during the entire hospital stay at the NU also is important.

Supporting parents in the care of babies, including them in decision-making, carrying out family-centered care can improve the quality of care for the newborn[22]. In the NU environment, it is known that the accessibility of parents can be compromised when they are unable to directly care for their babies, which can occur, due to the clinical condition of the NB, due to the distance that parents must travel to the hospital, due to the domestic responsibilities they have or, still, the limitations imposed by the unit's interventions and routines[23].

In the neonatal environment, "affective resources need to be strengthened, skills need to be learned, skills need to be modeled", that is, parents need support and guidance on care in the hospital, outpatient and home environment, throughout the hospital stay. Thus, there will be better adaptation and understanding of new guidelines in the care of the child, who will have special care needs[24]. At the time of hospital discharge, in addition to the NB's good clinical condition, the family must be well structured and emotionally prepared, with the nursing team's attentive look being essential in order to identify needs and activate support services[6].

Another point that the professionals considered in terms of baby care was breastfeeding. The nursing team is directly responsible for assisting in breastfeeding, teaching the mother the correct way of latching, clarifying doubts, teaching milking techniques and encouraging her even in the face of nervousness and anxiety. Breast milk contains an adequate concentration of macronutrients and micronutrients, which help not only in the nutrition of the newborn, but also in fighting infections, gastrointestinal maturity, neurological development and in reducing new infections and predisposition to chronic diseases, thus regulating the systems physiological characteristics of the mother and the NB[25]. Given the above, if the mother does not have free access to the unit, she ends up harming breastfeeding, as the demand for breastfeeding will be based on the needs of the NB and will be encouraged with their contact with their mother.

As limitations of the study, the low number of NB hospitalizations during the data collection period is pointed out, considering the availability of beds in the period and the reports of the NU professionals. However, it is considered that the study is relevant to the area of neonatal and pediatric nursing, as well as in relation to public health policies. Evidence is shown for managers of health institutions to adapt their units to receive parents and other family members, including adjustments in the infrastructure and in the work process of the health teams, following the recommendations of the health policy for humanized care for NBs established before almost 20 years in the country, qualifying the service to the binomial baby-family.

FINAL THOUGHTS

When thinking about the care of the NB admitted to the NU, it is necessary to pay attention to the fact that the NB is a member of a family. Therefore, taking care of him also means taking care of his parents and family, treating them as a single unit of care. The NU is considered a stressful environment; there is a need for constant care by professionals in the health team, especially nursing, as well as the use of various technologies. Thus, mothers end up being satisfied with any period of time they can spend with their children, considering sufficient time limits.

It is noteworthy, therefore, that it is the right of parents to have free access and, also, the right to remain in the unit, but they often do not know it, and it is important that nursing professionals are able to provide guidance on the rights of these parents to include them in the baby care, to empower them, to keep them informed and to educate them about the beneficial effects of the presence of parents in the unit and also the formation of a bond with the NB.

Regarding the nursing team, they mostly have an opinion about the presence of maternal and paternal figures in the NU environment, based on their experiences, showing concern with the execution of procedures and other nursing care, and how much the risk of infections, adopting a posture contrary to that proposed by public health policies adopted in Brazil. Thus, it appears that they end up valuing more the execution of care with tranquility and without communication demands, than the adoption of free access and guarantee of parental permanence inside the NU, harming the offer of care to the family and humanized care to the baby.

From the professionals' statements, it is clear that the presence of parents, for a longer time, would make it difficult for nursing. However, it is noteworthy that in the same state where the study was carried out, there are examples of hospitals that follow what is recommended in Brazil, by allowing the presence of parents with their babies without time limit, humanizing care at the NU. It is suggested, then, the exchange of experiences between professionals and places of health care to raise awareness of both professionals and managers for changes.

However, professionals demonstrated empathy and knowledge about the importance of the presence of parents in the hospital environment. There is ambivalence on the part of nursing professionals regarding the rights of parents to have free access and guaranteed permanence in the unit; there is still no stimulus on the part of all professionals for the participation and promotion of the role of parents in caring for their own child.

Therefore, this research generates subsidies for carrying out permanent health education practices, within the scope of the NB's hospitalization; as well as demonstrates evidence for managers of health institutions to adapt their units to the proper reception of parents and other family members, as recommended by public health policies, providing adequate, humanized and qualified care in the field of neonatology and pediatrics, with dignified valuation of childhood.

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Note: Article extracted from the Term Paper of the Undergraduate Nursing Course entitled: "Presence of parents in the Neonatal Unit: perceptions of postpartum women and nursing team"; presented to the Universidade Federal de Santa Catarina, 2019.

Received in: 27/01/2021

Approved in: 22/06/2021