

Performance of the nursing team in the establishment of addition between mother and son: integrative review

Atuação da equipe de enfermagem no estabelecimento do apego entre mãe e filho: revisão integrativa

Desempeño del equipo de enfermería en el establecimiento de la afición entre madre e hijo: revisión integrativa

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RESUMO

Objetivo: Demonstrar as evidências científicas disponíveis na literatura atual acerca da atuação da equipe de enfermagem no estabelecimento de relações de apego entre mãe e filho. **Método:** Revisão integrativa da literatura realizada em abril de 2020 nas bases: Biblioteca Virtual em Saúde, United State National Library of Medicine e Scientific Electronic Library Online. Utilizou-se como descritores: “Relações mãe-filho/mother-child relationships”, “enfermagem/nursing” e o descritor não controlado “apego/attachment” combinados pelo operador booleano “AND”. **Resultados:** As dificuldades no estabelecimento de apego entre mãe e filho foram destacadas quando as crianças estão hospitalizadas, quando são deixadas em instituição de ensino ou pessoas externas e quando as mães tiveram hábitos inapropriados durante o período gravídico-puerperal que possa ter afetado o crescimento e desenvolvimento do bebê. A enfermagem facilita o estabelecimento do vínculo mãe e filho, atenua fatores estressores de forma humanística baseada na integralidade. **Conclusão:** O estabelecimento satisfatório do comportamento de apego é essencial para a saúde mental do ser humano. Envolver-se no cuidado na hospitalização e educação de uma criança requer conhecimento dos seus condicionantes biológicos, psicológicos, sociais, ambientais, para que se compreenda a complexidade da situação de afastamento do meio familiar.

Descritores: Relações mãe-filho; Relações Materno-Fetais; Enfermagem Familiar; Vínculo Afetivo; Vínculos Emocionais.

ABSTRACT

Objective: To demonstrate the scientific evidence available in the current literature about the performance of the nursing team in establishing attachment relationships between mother and child. **Method:** Integrative literature review conducted in April 2020 on the Virtual Health Library, United State National Library of Medicine and Scientific Electronic Library Online databases. The following descriptors were used: “Relações mãe-filho/mother-child relationships”, “enfermagem/ Nursing” and the uncontrolled descriptor “apego/attachment” combined by the Boolean operator “AND”. **Results:** The difficulties in establishing attachment between mother and child were highlighted when the children are hospitalized, when they are left in an educational institution or outside persons and when the mothers had inappropriate habits during the pregnancy-puerperal period that may have affected growth and baby development. Nursing facilitates the establishment of a mother-child bond, mitigating stressors in a humanistic manner based on comprehensiveness. **Conclusion:** The satisfactory establishment of attachment behavior is essential for human mental health. Getting involved in the care of a child's hospitalization and education requires knowledge of its biological, psychological, social, and environmental conditions, in order to understand the complexity of the situation of distance from the family.

Descriptors: Mother-child relationships; Maternal-Fetal Relations; Family nursing; Affective Bond; Emotional Links.

RESUMEN

Objetivo: Demostrar la evidencia científica disponible en la literatura actual sobre el desempeño del equipo de enfermería en el establecimiento de relaciones de apego entre madre e hijo. **Método:** Revisión integrativa de la literatura realizada en abril de 2020 en las bases de datos de la Biblioteca Virtual em Saúde, United State National Library of Medicine y Scientific Electronic Library Online. Se utilizaron los siguientes descriptores: “Relações mãe-filho/mother-child relationships”, “enfermagem/ nursing” y el descriptor no controlado “apego / attachment” combinado por el operador booleano “AND”. **Resultados:** Se destacaron las dificultades para establecer el vínculo entre madre e hijo cuando los niños son hospitalizados, cuando se les deja en una institución de enseñanza o personas ajenas y cuando las madres tenían hábitos inapropiados durante el periodo gestacional-puerperal que pueden haber afectado el crecimiento y desarrollo del bebé. La enfermería facilita el establecimiento de un vínculo madre-hijo, mitigando los estresores de manera humanista basada en la integralidad. **Conclusión:** El establecimiento satisfactorio de la conducta de apego es esencial para la salud mental humana. Involucrarse en el cuidado de la hospitalización y educación de un niño requiere el conocimiento de sus condiciones biológicas, psicológicas, sociales y ambientales, para comprender la complejidad de la situación de distanciamiento de la familia.

Descriptores: Relaciones madre-hijo; Relaciones materno-fetales; Enfermería de la Familia; Vínculo afectivo; Enlaces emocional

Introduction

At birth, the baby has some functions and abilities that demonstrate his aptitude for the extrauterine environment, however, he is a helpless human being and unable to meet his basic human needs, and it is up to the caregiver (family or health professional) to meet these needs and provide a safe and welcoming environment.¹

Faced with this dependence, which leads the child to completely need someone, it is possible to understand the Theory of Attachment: the child's search for survival and safety. The interaction between baby and caregiver is essential for the development of attachment, and this conviviality is the primary social environment of the individual, fulfilled a fundamental role in human development.²

In this context, attachment can be understood as the set of behaviors of the baby that is characterized not only by the search for physical proximity to the mother, but by the exploration of the environment. Thus, through the family figure, attachment develops, when it is related to the growth and development of a child, it imprints on the identity of the being, figures of self-esteem and perceptions of the environment in which they live. Therefore, it influences the formation of your personality, tending the way of feeling, thinking, acting, even speaking. The theory of attachment in understanding the child's development from complete dependence on care to the ability to regulate affection, the perception of individuality and social capacity is highlighted.²⁻³

Over the years, it has been observed that the development of life is directly linked to its physical, mental and psychological growth. And also, that child development depends not only on biological factors, but also on environmental factors, being influenced by family relationships and the environment that the child is inserted. Due to this need for continued physical and intellectual development, the need for maternal care at the child during their first months of life is predominantly verified.⁴

From this perspective, at the beginning of World War II foundations were set up in Europe to welcome orphaned refugees and children away from their parents. These institutions made children look after a situation to learn how to deal with the separation and loss of their parents and to develop socially and emotionally. With the end of the war, the reconstruction of the cities and the re-establishment of social life, these units were consolidated and called day care centers, which constituted services in which women left their children, thus having a freedom of access to the labor market and economic heating.⁵

Moreover, in view of this example and the constant changes in family patterns, we can observe that many mothers have been seeking support, which they have not always found in the family context and have reinvented themselves through social networks to which they seek help, guidance in appropriate ways aimed at the care of their children. This support and care has also been found in early childhood education institutions that aim to contribute and help in the needs of mothers. In addition, in the health services from which the parents seek guidance and care for the maintenance of the health of their children.⁶

In this current conjuncture of demand for care for the child, it is perceived that health education emerges as a practice capable of favoring recovery and healing, in addition to promoting health, as well as supporting the professional to evaluate the conditions of the mother or any other responsible person, to

assume, with sufficiency, care. Therefore, all opportunities should be used to talk and exchange experiences, perceiving their condition of caring for the child and demonstrating an attitude of understanding and approximation with the reality of families, that is, establishing an intersubjective relationship with these people who seek services in search of children's health, an objective not always achieved.⁷

In line with the conception of the importance of educational practice, the nursing team presents itself as an interventionist acting incisively and less painfully for both parties, mother-child. Here is the nurse health educator, who has an instigating role of contributing positively to the process of adaptation of the binomial, seeking to make this process of growth and development of the child less harmful, more pleasurable and strengthening the attachment process.^{5,8}

Exposed to the above-mentioned complexity, the following question is asked: What is the nursing team's role in establishing the relationships of attachment between mother and child? To achieve the response to this research question, the aim of this study was to demonstrate the scientific evidence available in the current literature on the performance of nursing in establishing attachment relationships between mother and child.

Method

This is an integrative review of the scientific literature. The integrative review is a study that takes place from the analysis of relevant research from secondary sources through a bibliographic survey that gathers knowledge about the phenomenon to be investigated. It is a research technique with methodological, judicious and conscientious rigor, which increases the credibility and depth of conclusions that can contribute to reflection on the realization of future studies, thus also contributing to decision-making that seeks the improvement of recent evidence.⁹

In the present study, we chose to search databases of wide scientific dissemination in the national and international environment, using the Virtual Health Library (VHL), the United State National Library of Medicine (PubMed) and the Scielo (Scientific Electronic Library Online).

In the digital search of the scientific articles indexed in the aforementioned databases, which occurred in April 2020, the following terms were used among the Descriptors in Health Science (DeCS) and Medical Subject Headings (Mesh): "Mother-child relationships", "nursing/nursing" and the uncontrolled descriptor "attachment" combined by the Boolean operator "AND" as explained in Chart 1. The search was also based on the research question: How is the nursing team's role in establishing the relationships of attachment between mother and child?

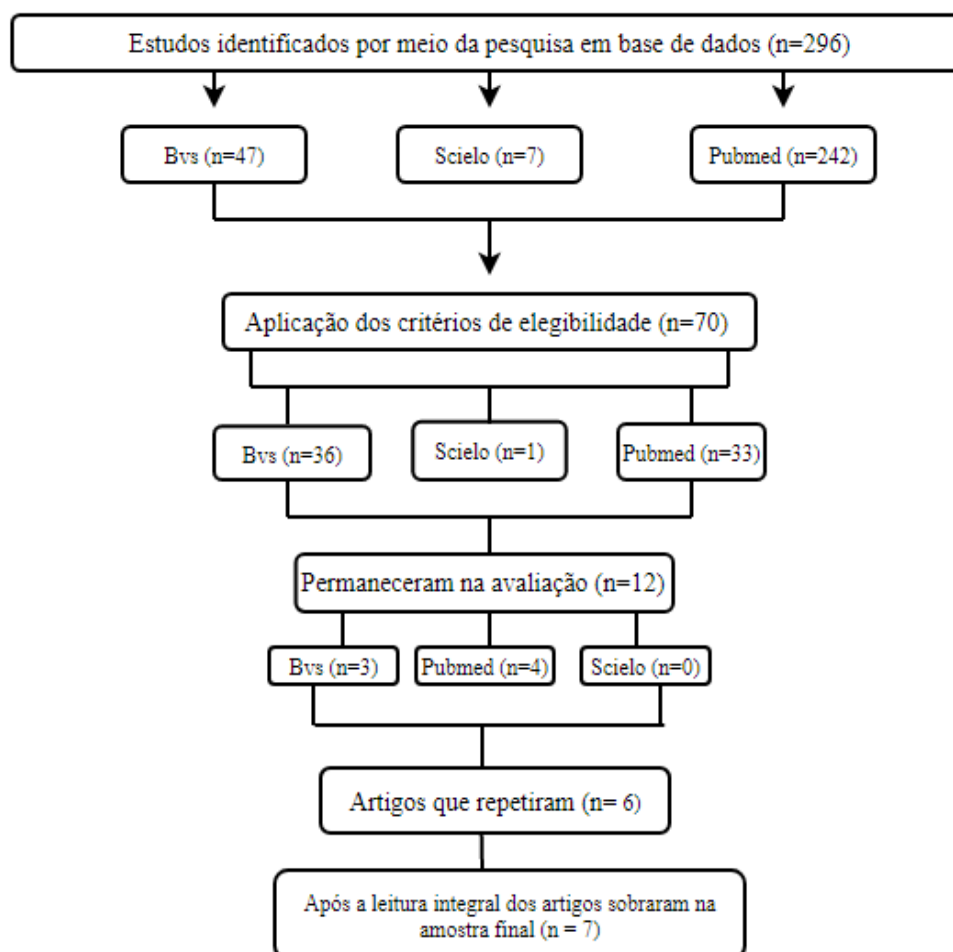
Table 1- Search strategy in databases. Brasília, Distrito Federal, Brazil, 2020.

Database	Search Strategy	Results	Filtred	Selected	Repetition
BVS (DECS)	tw:(relações mãe-filho AND apego AND enfermagem) AND (fulltext:"1") AND (year_cluster:[2010 TO 2020])	47	4	3	5
Scielo (DECS)	Relações mãe-filho and apego and enfermagem	7	0	0	1
PubMed (Mesh)	("mother-child relations"[MeSH Terms] OR ("mother-child"[All Fields] AND "relations"[All Fields]) OR "mother-child relations" [All Fields] OR ("mother"[All Fields] AND "child"[All Fields] AND "relationships"[All Fields]) OR "mother child relationships" [All Fields]) AND ("Attachment (Lond)"[Journal] OR "attachment" [All Fields]) AND ("nursing"[Subheading] OR "nursing" [All Fields] OR "nursing"[MeSH Terms] OR "nursing" [All Fields] OR "breast feeding" [MeSH Terms] OR ("breast"[All Fields] AND "feeding"[All Fields]) OR "breast feeding"[All Fields]) AND ("2010/04/28"[PDat] : "2020/04/24"[PDat])	242	8	4	5
Total		296	12	7	11

After the survey of the research results, the language (texts published in Portuguese, English and Spanish), the publication period (between 2000 and 2020) and its full availability (available in full) were applied as filters within the database and eligibility criteria. After the selection of titles and abstracts, studies that answered and met the research objective were included and dissertations, theses, editorials and literature reviews were excluded.

After the complete reading of the articles, seven studies were selected for the final sample as demonstrated by a flowchart below. From these, information was also extracted for the composition of the sinoptic table, and then the articles were presented through the following variables: authors, title, year of publication, basis, journal of publication, level of evidence according to the gridmethod¹⁰, method and country.

Figure 1- Flowchart of the steps related to the search for evidence in the databases. Brasília, Distrito Federal, Brazil, 2020.



The studies were also categorized and presented by central themes: facilities and difficulties in establishing and reestablishing attachment between mother and child; and, the nursing team's role in restoring the attachment between mother and child.

Results and Discussion

Chart 2 shows a predominance of studies with a qualitative approach (n=5, 71.43%), in international journals (n=5, 71.43%), with very low level of evidence according to the Grade method (n=5, 71.43%) and which were concentrated in nursing journals (n=4, 57.14%).

Table 2- Sinoptic table of the final sample according to authors, title, year of publication, database, journal of publication, level of evidence according to the Grid method, method and Country of publication (n=7). 2020.

Authors	Title	Year	Database	Journal	Evidence Level	Method	Country
Rockefeller K, Macken C.L, Craig A.	Trying to do what is best: A qualitative study of maternal-infant bonding and neonatal abstinence syndrome	2019	PUBMED	National Association of Neonatal Nurses.	Very Low	Descriptive qualitative study.	United States of America
Fatmawati A, Rachmawati N.I, Budiati T.	The influence of adolescent postpartum women's psychosocial condition on mother-infant bonding	2018	PUBMED	Enfermería clínica.	Very Low	Descriptive qualitative study	Spain
Feeley N, Genest C, Niela-Vil'ne, H, Charbonneau L, Axelin A.	Parentes and nurses balancing parent-infant closeness and separation: a qualitative study of NICU nurses' perceptions	2016	BVS	BMC Pediatrics.	Very Low	Descriptive qualitative study	United States of America
Alhusen J,L. Hayat M.T, Gross D.	A longitudinal study of maternal attachment and infant developmental outcomes	2013	PUBMED	Archives of Women's Mental Health.	Low	Analytical quantitative.	United States of America
Akbarzadeh M, Dokuhaki A, Joker A, Pishva N, Zare N.	Teaching attachment behaviors to pregnant women: a randomized controlled trial of effects on infant mental health from birth to the age of three months	2016	PUBMED	Annals of Saudi Medicine.	Moderate	Quantitative, longitudinal, retrospective and analytical type control case.	United States of America
Roecker S, Marcon S.S, Decesaro M.N, Waidman M.A.P.	Mother-child binomial based on attachment theory: meanings and perceptions about early childhood	2011	BVS	Revista de enfermagem da UERJ.	Very Low	Descriptive-exploratory quantitative approach	Brazil

	education center						
Terra A.A.A, Dias I.V, Reis V.N.	Nursing acting as a facilitator of maternal-branch attachment	2011	BVS	Revista de enfermagem do centro oeste mineiro.	Very Low	Descriptive qualitative approach.	Brazil

Facilities and difficulties in establishing and (re) establishing attachment between mother and child

The bond between mother and child is created from the visual contact and responses of signs and behaviors of children based on affection, which will influence the way they will interact and socialize with people during their development.¹¹

Thus, it can be considered that teaching mothers about some practices that should be developed with the fetus/baby such as: feeling the movements of the fetus increasing during the gestational period, speaking, looking and caressing the stomach, naming, encouraging other family members to talk, visualize the face, experience breastfeeding and embrace the fetus can lead to a significant improvement in attachment between mothers and the child, stimulating the mother's emotions, resulting in greater interaction with the baby.¹²⁻¹³

Thus, these practices provide the reduction of anxiety and denial in relation to the conceptus, providing the improvement of the mental health of this after its birth.^{12,13}

With regard to suffering in bond breaking, mothers/caregivers mention as predictors to the suffering of children enrolled in Children's Teaching Centers (CIS) or hospitalized, caused by outsourcing the care of their children, attachment in the hospital and educational area is considered by mothers as negative and uncomfortable situations regarding the breaking of bonds.¹⁴

A study conducted in the United States of America, between 2010 and 2011 with 166 participants, evaluated the association between Maternal Fetal Attachment (MFA) and neonatal outcomes during pregnancy demonstrating that some parents tend to be more attached to their children, consequently, parents are more receptive and sensitive, resulting in better development of their children. In a similar way, women in gestational periods who have demonstrated greater maternal affection, present safer attachment styles and consequently, children present a correct development in their early childhood compared to other children.¹²

Another negative aspect regarding the entry of early childhood children into an IEC or who need to be hospitalized for some problem, denotes for these more attached parents the possibility of presenting symptoms of depression, reflecting in their children and may cause restrictions in their development in early childhood, caused by the multiplicity of other paternal care that shake the strong bond of attachment.¹²

Thus there are two styles of attachments in adults, insurance, in which the "safe basis" has full availability and responsiveness to their attachment figure, and the insecure, which occurs when the caregiver does not correspond at desirable and/or indispensable moments.^{12,13}

The unsafe maternal attachment style is linked to symptoms of postpartum depression and may negatively impact infant development in the first stages of the child's life. In addition, anxiety and stress during pregnancy can also cause growth and development disorders in children.¹²⁻¹³

Therefore, it is not suggested that unsafe attachment remains in the relationship between mother and child, also in the relationship of maternal fetal attachment during pregnancy, and can demonstrate that depression during pregnancy can lead to a lower maternal affection, focusing on trust and its role as a mother, with consequences on the performance of the maternal role in the phase of the child's entry into an IEC and/or bonding when it needs to be Hospitalized.¹²⁻¹³

Many of these problems that usually occur in the postpartum period such as depression, anxiety and stress can negatively affect mother and child. Thus, a negative link is established in the binomial and may show rejection of the baby that results in negligence and carelessness even ill-treatment. In the meantime, in the study of adolescent mothers in Indonesia it was shown that the results of neglect between mothers and their children are high.¹⁵

Therefore, as a result of a child's limitations in facing stressful situations such as entering an IEC, coping strategies should be created. A study conducted in the municipality of Maringá/PR, with 12 mothers with the objective of demystifying the meaning of the CIS for mothers who had children entering such institutions, demonstrated that these units present themselves as a place of safety, learning, trust, care and help so that they could work.¹⁴

Therefore, for the better adaptation of children in CIS, factors such as: increase the time in which the baby stays in the institution over the first few weeks; decrease the number of children adapting according to the week; admit a family member during the adaptation period; summon a family member at the time of the child's meal; organize the children into small groups according to the counselor and prevent the caregiver from being changed so that it maintains the relationship with the child, proved to be predictors for the adaptation of the child and family in the institutions and to get used to the new routine.¹⁴

Thus, these adaptation practices can be adopted when mothers are forced to have to enter their children into an CIS. Some mothers, due to work occupations and other reasons of intimate forum, are forced to enter their children early in an CIS, being in many situations terrified by the feeling of fear because they have to leave them under the care of an institution, due to the need to have to go to work and not have a family member to leave. Others leave their children in the care of people they don't know, but trust, and there are those who have hospitalized children and who suffer when they are forced to leave them for their well-being.¹¹

Moreover, it is still extremely important that the mother obtains good psychosocial conditions to enable an effective bond between mother and child. A study conducted in Indonesia in 2018 with 103 adolescent women with a baby from 1 to 12 weeks showed an association between mothers with psychosocial problems, compromising mental, emotional and physical health that triggered in the parent's feelings of denial regarding the care provided to their children, making it difficult to create a bond or feeling.¹⁵

When it comes to adolescence, motherhood in this phase is characterized as a period of many emotions, in which they include feelings of irritation and anguish. These negative points that lead adolescent mothers to feel prevented

from assuming the role, such conditions that can cause an indifference between mother and baby harming in their affective bond and, therefore, attachment.¹⁵

However, it is essential to highlight that the involvement of fatherhood brings many positive aspects to motherhood, especially with the establishment of actions such as the prenatal partner, thus creating a definitive approximation of the arena of affection and care between father and child. Rockfeller¹¹ and his collaborators report that many mothers have requested more services and instructions for the paternal part in the hospital. Also according to the researchers, some mothers report feeling welcomed, supported and encouraged by the hospital, in addition to receiving a lot of information regarding Neonatal Abstinence Syndrome (ANS), support to take care of their own children and do what is best for their babies and still supported by the paternal presence.¹¹

It is noteworthy that when it comes to mothers dependent on drugs and psychoactive substances such as: benzodiazepines, buprenorphin, gabapentin, selective serotonin reuptake inhibitors (SRIs), heroin, cocaine and marijuana, reported that when receiving the support of community agents or people who have experienced the same experience with addiction or SAN, through community groups, sharing experiences and putting into practice the information given, were of great value for the restoration of the mother-child bond and soon, increasing the feeling of attachment.¹¹

Another factor that leads to the breaking of bonds, highlighted in the study done at the Philanthropic Hospital of the city of Juiz de Fora in 2011 with nurses, technicians and nursing assistants, was that the practices in daily professional life and the relationship between parents or family with children hospitalized in a Neonatal Therapy Unit (NICU) cause the parents lack of security that occurs when living with children in an unpleasant environment. Then, in the first contact in the NICU causes a feeling of astonishment resulting from the environment that demonstrates insecurity and concern about the clinical picture of the child, thus feeling unable to provide the care they could provide during the time when their children remain in the hospital, create a feeling of guilt in the face of the baby's hospitalization situation, developing a bond break, caused by the high demand for intensive care for the development of the newborn.¹⁶

In general, the factors of greater difficulty in establishing and (re)establishing attachment between mother and child were highlighted when children are hospitalized or when they are left in an IEC or with external people to be cared for due to the professional commitments of parents/caregivers and when mothers had inappropriate habits during the pregnancy-puerperal period that may have affected the growth and development of the conceptus.

Nursing team's role in restoring the attachment between mother and child

Nursing can intervene according to reality, identifying a greater knowledge about maternal and paternal feelings and creating possible measures to reduce stressful situations caused by bond breaking, even if it is temporary with regard to the binomial parents and children.¹⁴

Thus, the role of nursing in unwanted pregnancy, both in adulthood and adolescence, has its importance, as it can avoid many emotional problems in mothers such as: anger, anxiety, postpartum depression and neglect in relation to the baby.¹⁵

In what corresponds to hospitalized children, nursing has the important function of making the bond again favorable between parents and children, acting in the approach, guiding and stimulating care in this situation. This is due to the approximation of professionals when they bond with hospitalized children who often extrapolate their professional praxis, helping parents to mitigate these bad feelings.¹⁶

Thus, the constant permanence of the nursing team with the hospitalized child makes the bond stronger and more affectionate, expanding to the extra hospital environment. When this bond is ruptured, resulting from the death or discharge of the patient, it generates a suffering of loss in the professional, which symbolizes extra-family attachment. Therefore, many professionals do not bond with children and parents during the hospitalization process. It is extremely important to work by the nursing team to strengthen the attachment formation of their parents and family members.^{16,17}

In this context, nurses seek to answer all doubts that parents have, guiding about the child, creating an approximation and forming affection and attachment, thus opportunities for close relationships between parents and children, which may have meanings of satisfaction in nursing work. Thus, nurses should be seen by the family as friendly people, giving them confidence and demonstrating to be ready, in the technical way as in the scientific way to take care of their children.^{16,17}

Similarly, many caregivers tend to have the function of replacing the affection between mother and child so that the child will have a better child development. It is necessary that the pedagogical and health teams seek to reduce as much as possible the problems arising from the separation of the child with his/her parents, providing positively a strengthening in the effective family ties.¹⁴

Therefore, the nursing team should have a good perception, of the way affective bonds occur and how they should be worked not only with the hospitalized child, but also with the family, especially with the mother who feels guilty, because during pregnancy she used substances or medications that, unfortunately, caused the child's ill state. It is necessary to deconstruct the thought of disability and guilt, so that these psychosocial stressors such as maternal and AnS. So that nurses can intervene positively in the child's maternal bond and even in relation to treatment.¹¹

These mothers should be opportunistic and invited to participate in the care of their baby and many of them show to want to be with the child, breaking barriers and creating a connection with their child, mentioning the pleasure of being physically present in the hospital. They also demonstrated knowing the meaning of the bond that was created when breastfeeding or felt the desire to breastfeed and the pleasure of feeding their own child, in addition to creating greater feelings of affection and attachment as love in these moments.¹¹

Therefore, nursing presents itself as a facilitator of the establishment and reestablishment of the mother and child bond, attenuating the stressors experienced from conception, permeating the maturation phase until the adverse events that can denote in the health status of the child and the caregiver, in a humanistic way with care based on integrality.

Conclusion

Nursing plays an important role in the care of the mother-child dyad, being a link that can favor the establishment of attachment between this binomial, both recognizing the influence of the environment for attachment creation and, consequently, promoting bonds, as exercising an educational function in the orientation of the family as the relationship of affection and child development.

Getting involved in the care in the hospitalization and education of a child requires knowledge of its biological, psychological, social and environmental conditions, so that one understands the complexity of the situation of removal from the family environment because of hospitalization or admission to a teaching center.

In this sense, it is expected that the knowledge discussed and presented in this article will be recognized and expanded among nursing professionals, providing a specific professional improvement in the area. It is important to follow the discussions on the theme, considering the reduced amount of studies found that were related to nursing care to children who are experiencing a breakdown of the bond between mother and child.

Thus, it is possible to conclude that the satisfactory establishment of attachment behavior is essential for the mental health of the human being. Soon the positive results of this study, provided, in addition to the expansion of knowledge, an opportunity for reflection on the relevance of this theme for nursing professionals.

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