

The impacts of hospitalization for mothers of newborns

Os impactos da hospitalização neonatal para mães de recém-nascidos

Los impactos de la hospitalización neonatal para las madres de recién nacidos

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RESUMO

Objetivo: Analisar os impactos da hospitalização neonatal em UTI para as mães de recém-nascidos. **Método:** Trata-se de um estudo de abordagem quanti-qualitativa. Para a coleta de dados utilizou-se perguntas feitas de maneira virtual através de um questionário com 13 perguntas, aplicado por meio da plataforma digital Google Forms. As participantes foram mães de recém-nascidos que estiveram ou que estão hospitalizados em UTIN. Para análise de dados utilizou-se a compilação dos dados que posteriormente foram agrupados por afinidade e apresentados no relatório final em gráficos e dados discursivos. **Resultados:** A discussão foi construída com 10 categorias, sendo algumas delas: o tratamento humanizado dos profissionais na UTIN, a visão que as mães têm da UTIN antes e depois da hospitalização, os impactos que a hospitalização geram na vida das mães, os sentimentos das mães ao vivenciarem essa experiência, compartilhamento de informações da UTIN para as mães. **Conclusão:** O presente estudo deixa evidências de que a hospitalização é um período doloroso para as mães, onde há um grande número de transtornos psicológicos como consequência, há também uma necessidade de humanização de forma integral, além do estímulo, compartilhamento de informações e principalmente empatia dos profissionais que atuam nessa área.

Descritores: UTIN; Hospitalização; Recém-nascido.

ABSTRACT

Objective: To analyze the impacts of neonatal hospitalization in ICU for newborn mothers. **Method:** This is a quantitative-qualitative study. For data collection, questions were asked in a virtual way through a questionnaire with 10 questions, applied through the digital platform Google Forms. The participants were mothers of newborns who were or who are hospitalized in the NICU. For data analysis, we used the compilation of data that were later grouped by affinity and presented in the final report in graphs and discursive data. **Results:** The discussion was built with 10 categories, some of them being: the humanized treatment of professionals in the NICU, the view that mothers have of the NICU before and after hospitalization, the impacts that hospitalization generates on the lives of mothers, the feelings of mothers in experiencing this experience, sharing information from the NICU to mothers. **Conclusion:** This study leaves evidence that hospitalization is a painful period for mothers, where there is a large number of psychological disorders as a consequence, there is also a need for full humanization, in addition to the stimulus, information sharing and especially empathy of the professionals who work in this area.

Descriptors: NICU; Hospitalization; Newborn.

RESUMEN

Objetivo: Analizar los impactos de la hospitalización neonatal en UTI para las madres de recién nacidos. **Método:** Se trata de un estudio de abordaje cuantitativo-cualitativo. Para la recolección de datos se utilizaron preguntas hechas de manera virtual a través de un cuestionario con 10 preguntas, aplicado por medio de la plataforma digital Google Forms. Las participantes fueron madres de recién nacidos que estuvieron o que están hospitalizados en UTIN. Para análisis de datos se utilizó la compilación de los datos que posteriormente fueron agrupados por afinidad y presentados en el informe final en gráficos y datos discursivos. **Resultados:** La discusión fue construída con 10 categorías, siendo algunas de ellas: el tratamiento humanizado de los profesionales en la UTIN, la visión que las madres tienen de la UTIN antes y después de la hospitalización, los impactos que la hospitalización generan en la vida de las madres, los sentimientos de las madres al experimentar esta experiencia, compartir información de la UTIN para las madres. **Conclusión:** El presente estudio deja evidencias de que la hospitalización es un período doloroso para las madres, donde hay un gran número de trastornos psicológicos como consecuencia, también hay una necesidad de humanización de forma integral, además del estímulo, intercambio de información y principalmente empatía de los profesionales que actúan en esa área.

Descritores: UCIN; Hospitalización; Recién nacido.

ORIGINAL

Introduction

Hospitalization in a neonatal intensive care unit (NICU) is a period of vulnerability for the mother and family of the hospitalized newborn (NB), because with the news that the child will go to the NICU, frailty begins to emerge affecting the routine of life and even the personal relationships of the mother and family.¹ The emotional adaptation of the mother of a newborn who goes to a NICU is more difficult, because during pregnancy mothers create an expectation of the ideal child and a child that will bring joys as soon as it is born, but it is during birth that this drop in expectation occurs, where the mother has to deal with the reality of the child being born with some complication and have to be directed to the NICU, thus having to adapt to the real image of your child and not the one that was imagined.² Another factor that contributes to the emotional vulnerability of the mother in this period is the puerperium, because usually during this period the mother feels insecure and has changes in mood, the birth of a child generates anxiety and questions, which can lead to a postpartum depression, about 50 to 70% of women have changes in mood such as hyperemotivity, fragility and feelings of disability.³

The neonatal intensive care unit has the care directed to the care of the newborn in critical or life-threatening situations, being indicated for: newborns who require mechanical ventilation, regardless of gestational age, or in the acute phase of respiratory failure; newborns with gestational age less than 30 weeks or weighing less than 1000 grams; newborns requiring major surgeries and immediate postoperative surgeries of low and medium-sized surgeries; newborns in need of parenteral nutrition; and newborns requiring specific care such as use of central venous catheter, use of vasoactive drugs, treatment for serious infections.⁴

The mother of a premature baby is more susceptible to suffering from emotional disorders in the puerperium, the hospitalization of the baby can trigger several affective disorders such as an inconsistent bond between mother and child, which may have consequences for the child during childhood and adolescence, such as sensory impairments, neurological disorders, among others.⁵

Given these facts, the question arose that impacts hospitalization in a neonatal intensive care unit has on the life of the mother of a newborn?

The aim of this study was to describe the impacts caused in mothers of newborns who are or who were hospitalized in the neonatal intensive care unit.

Method

The methodology for this study was a quantitative-qualitative approach following the assumptions of Gil, 2008.⁶

Data collection took place through the Google Forms platform, with 76 participants, from the Facebook virtual group called "ICU Mothers", whose is visible where anyone can find it, but it is a private group in which only members can see who is in the group and what is posted in it. It was created on June 20, 2019, with 7,800 members, and has two administrators. The inclusion criteria for participation in the research were women aged 18 years or older; women with good mental health, women who agreed to participate in the research and sign

the Free and Informed Consent Form, women who have at least 1 child who is or has been hospitalized in the neonatal intensive care unit, that the length of hospitalization is or has been at least one week. And as exclusion factors, the study ruled out: women under the age of 18 years, women who are not in good mental health; who do not agree to participate in the research, who do not sign the free and informed consent form, women who do not have any children hospitalized in the neonatal intensive care unit, and women who have been hospitalized for less than a week.

The participants of this study were the mothers inserted in the context of the experience by children who were in the hospital. These mothers named participants in this research are women who for different reasons made or are part of the routine experienced in the hospital, encompassing the integrality of care by health professionals and coping in this period, consequently, directly participating in the nursing care process. For this study, the collection instrument used was a questionnaire composed of 10 discursive and objective questions.

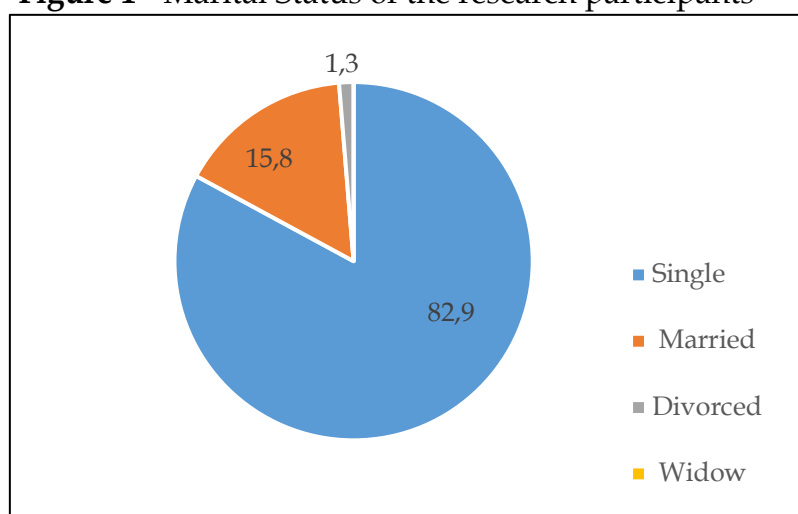
Resolution 510 of April 7, 2016 incorporates, from the perspective of the individual and the collectivities, references of bioethics, following the principles of recognition of the freedom and autonomy of those involved, respect for individual values and customs, without discrimination or prejudice, non-maleficence, justice and equity, the guarantee of the consent of the participants, in addition to the confidentiality of the information.

For data analysis, we used the compilation of data that were later grouped by affinity and presented in the final report in graphs and discursive data.

Results

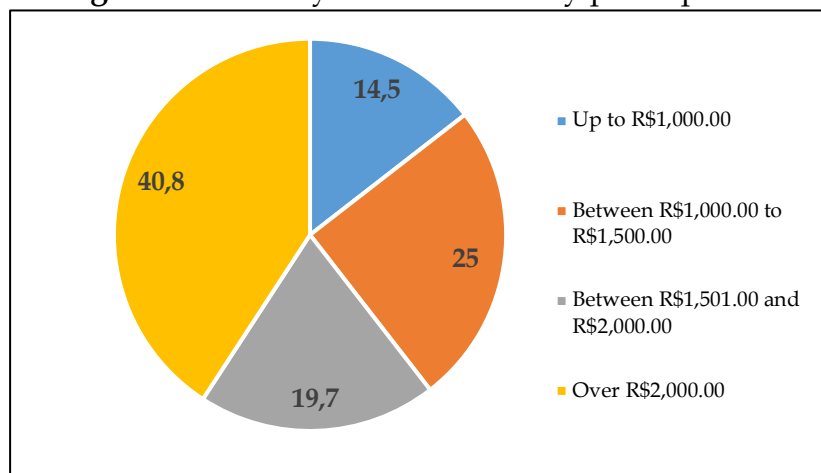
As a result of this study, the participants' profile is profiled, as follows: Most of the participants were of marital status; married, followed by single persons, divorced and widowed, as shown in Figure 1:

Figure 1 - Marital Status of the research participants



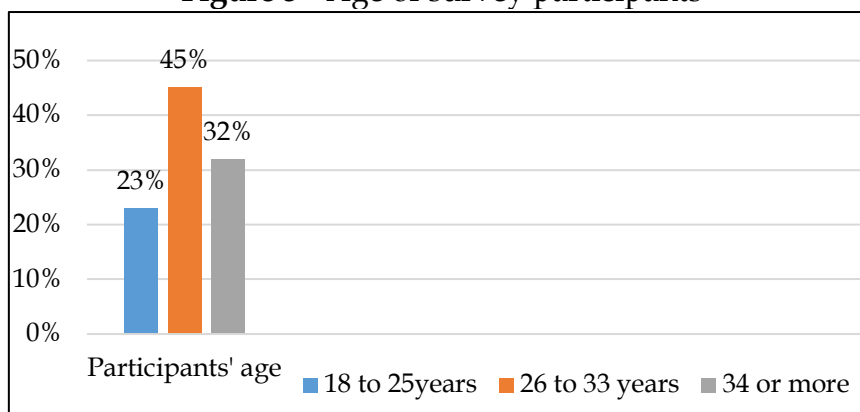
Among the results, it is found that the income of the participants of this research is above 2,000.00, ranging from 1,000.00 to above 2,000.00 (Figure 2).

Figure 2 - Monthly income of survey participants.



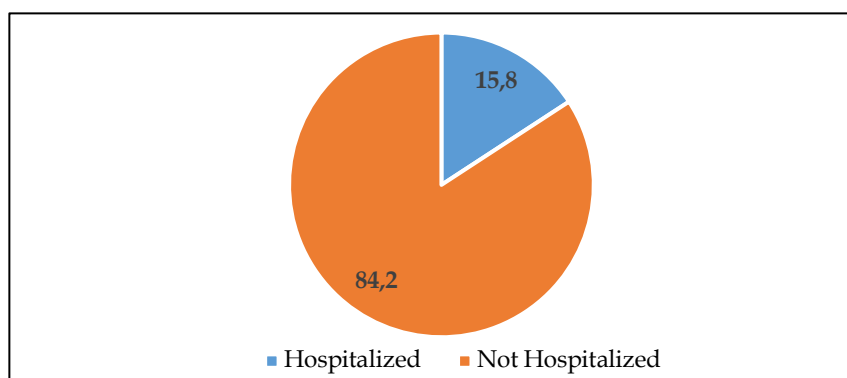
Among the results, it is verified that the predominance of participants aged between 36 and 33 years (45%)(Figure 3).

Figure 3 - Age of survey participants



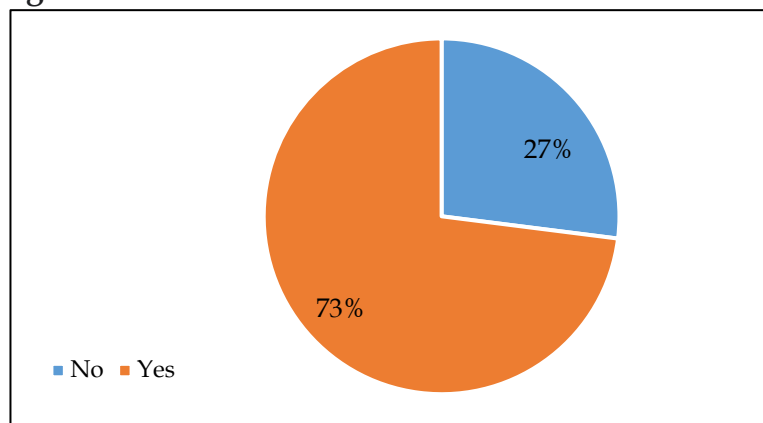
The participants of this study reported that about 84.2% have already gone through the period of hospitalization in the NICU with their children, while 15.8% are hospitalized.

Figure 4 - Child's hospitalization situation



Among the participants in this study, 27% reported having other children, and 73% reported having no other children (Figure 5).

Figure 5 - Mothers of more than one child alive or dead.



Discussion

For the discussion of the theme, the data found were organized in the form of categories. Thus, there were 8 categories, as follows:

Nursing professionals in neonatal ICU and humanization

88.2% (67) Participants said that nursing professionals are humanized in their actions, and 11.8% (9) participants said that professionals are not humanized.

Humanized care is still a challenge in the NICU, because often the difficulties and obstacles that arise in the professional's work process hinder the realization of humanization, issues such as accommodation for mother, physical space, lack of employees are factors that contribute to prevent this realization.⁷

Humanization for parents has a different meaning, it is part of the idea that care should be based on human contact, in the form of treatment with newborns, parents define humanization basically in three categories that highlight as the main points of humanization, which are: Care for newborns that is defined the way of treating newborns present there, the care, the affection, the attention that the professionals have with each one, also affirm that the way of having a specific treatment for all children understanding the peculiarities of each one.⁸

Humanization in health care results in promoting a place to the user's speech regarding that of health professionals, in a way that integrates with a network of dialogue, that idealizes and promotes campaigns, programs, actions and care policies based on respect, solidarity, ethical dignity and mutual recognition. The process to practice humanization is extensive, complex and long, as it requires changes in behavior, which always cause resistance and insecurity. Humanizing health is not only to soften hospital life, it is the possibility of putting oneself in the place of the other, unfortunately in many places the lack of technical conditions, whether of materials and training make it impossible for care to be humanized, and dehumanization aggravates situations that were already precarious.⁷

The experience of having a child in the neonatal ICU

The research participants reported that having a child in the neonatal ICU is a painful experience, with a mixture of feelings, anxiety and physical fatigue, as follows:

It was very painful, it was the moment That I but created strength in my life! And God helped me a lot! P. 3

It's a mixture of feelings, good days, others not so much. Anxiety, worry take over the days, in addition to physical and mental fatigue. Tiring and distressing. P.24

It was painful, because every premature, especially extreme that was the case of my baby, scares, every little problem already makes us leave there with a tight heart in hand. Our struggles, the morning and night come back were tiring, a weariness and feeling of enormous incapacity. P.32

It's very difficult, the fact that you leave and your child stay, it's an inexplicable feeling, I've been in the ICU for only 48 days, we feel a mixture of feeling and feelings is one day at a time, but the learning I took from those days I spent in the ICU with my son is priceless. P.7

Most mothers are not ready to have their newborn children hospitalized in a NICU, the news that the child will be hospitalized in the intensive care unit generates a strong impact on the whole family, especially in mothers, the various appliances and equipment present in this ward scare at first sight, even having the knowledge that all the resources present there are to monitor and treat the newborn fear does not diminish , and when you see the amount of wires and tubes connected in your children, feelings of sadness, anguish and anxiety are aroused and predominate in mothers. ⁹

The feelings obtained upon receiving the news that the child is going to neonatal ICU

The participants of the research reported that upon receiving the news that their children would go to the NICU, it is a mixture of sensations, and the feeling of guilt is one of the most present, fear, uncertainties, insecurity, as follows:

At the time I was in shock, not knowing what to think, but my husband calmed me down a lot telling me that it would be better for her. P.29

Fear, anguish, guilt and despair mixed with faith. P.30

It was like i was ripping off a piece of me mercilessly. The worst moment of my life so much uncertainty. A mixture of happiness with fear and sadness. I felt guilty that she was going through all this, even though it wasn't my fault. P.61

The ICU environment causes stress and causes contradictory feelings in mothers, happiness for having given birth to their child, and sadness at seeing him in the situation of hospitalization of vulnerability and frailty in an ICU. ⁹

Being in a NICU for the mother, is painful and scary, because seeing the son long awaited in a serious situation generates these feelings, however, some nurses can notice the importance and positive results in the period in which the mother spends with her hospitalized child, because the mother being present in the NICU makes her acquire more confidence to take care of the NB and assume the maternal role , helps to mature motherhood and reduces the suffering of the

mother by having contact with the child, closely assessing the positive evolution of the situation also makes mothers feel more reassured.¹⁰

Factors that hinder hospitalization in the NICU

The participants stated that among the main factors that hinder the hospitalization period, it is mainly the lack of physical contact, the limitation of taking the lap, the deprivation of breastfeeding, lack of information, seeing the situation that the child was also, as if he was in the incubator, or using devices, as follows:

The fact that I have to leave him every day. My other son is older so I needed to share my attention. P. 19

The hardest part was not being able to take my daughter in my lap, breastfeed her, see the other mothers with the children in the room and only I didn't, i suffered a lot, i did everything not to stay in the room, because if I stayed there I just cried, because I wanted my daughter with me. P.57

Seeing him connected to so many devices, lack of information, everything i was told was" due to prematurity ", is being difficult to still deal with this environment. P. 68

everything... Unemployed husband, pandemic, not being able to hold him in his lap or take him home. Not being able to breastfeed was what really did it. P.72

Some difficulties prevent the establishment of the bond between mother and child, such as a bad structure of nicu, the lack of education on the part of professionals in helping mothers to have the first touch, providing the lap for the first time, in addition to the mother's own insecurity, which, seeing the child in such a fragile situation, is afraid to get close or hold on the lap.¹⁰

There are cases where mothers cannot have a permanent presence to accompany, but it is necessary to have empathy and care with this mother, because it is not known why she cannot accompany the child, may have other factors influencing such as other obligations, sometimes work, or a difficulty in accepting the fact that the child is hospitalized in an ICU or is premature.¹¹

The idealization of the neonatal ICU before the first contact

The participants reported that the main association made with the NICU is related to death, suffering, extreme cases, as follows:

I've imagined a gloomy environment, rush, unknown cases, machines beeping. P.9

I think in every mother's mind, that's what happens. P.26

He had an image of series: incubator, intensive care. Nothing comfortable, but with a severe extreme premature baby, it's a lot worse than you could ever imagine. P.46

For most mothers the NICU is an environment very associated with death, there is a thought that babies who go to this ward are about to die or who are in a very critical situation, relate the NICU with a negative environment, scary is very common, but generates bad feelings.¹²

NICU vision after hospitalization in the unit and the effect on mothers' lives

The participants reported that they changed their minds about the NICU, after having their children hospitalized, and how hospitalization affected their lives, currently the mothers evaluate the unit in a more positive way, as a place of support, where professionals are careful, a place of hope, and the appreciation of the unit's professionals, as follows:

Today I see the ICU with good eyes, and not just a place that goes when the patient no longer has hope. P.10
I had my daughter for her, and I was afraid at first she didn't have everything I needed, but I was surprised, the ICU was very well equipped and many competent professionals took very good care of her and me too. P. 28
I could see when the work of all professionals is valuable, we see miracles happen every day with our little ones, after all, their lives are forming outside our bodies now. P.39

Living together in the NICU slightly deconstructs this vision that mothers have, because with the permanence in the unit, they can closely monitor everything that happens to their child, procedures and care, demystifying the idea that an intensive care unit is a place of mystery and total isolation.¹⁰

Mothers observe the environment and especially the approach of professionals with patients, the relationship and care with their children pass a sense of security, the view that the child is being cared for by a good professional and that he has the necessary care reassures mothers, the need to have qualified, humanized and empathic professionals, who are helpful, calm mothers, because they feel safe to ask questions, to talk about their afflictions, ask for help when necessary, and reduces the fear of the NICU, because they observe that the professionals who work there are properly trained and the vast majority are dedicated and are very careful with the procedures.¹³

The instruction for mothers about the neonatal ICU and its peculiarities

About 47% of the participants reported that they had no previous instruction when they were informed and directed to the NICU, those who were instructed, reported that it was abrupt, and that the nursing team explained in more detail, as follows:

Yes. Nursing staff explained to me in detail and lovingly. P. 18
They only came with my son full of braces, in an incubator, and they said he will be forwarded and when the lady is well, you will be able to see your son, only! P. 7
Not because I didn't have time after an emergency C-section my baby. P.74

In fact, when I got the news was still in the operating room, my husband who went after everything, I went to have news almost 4 hours later when I went up to the room. P. 37

There is a need for instruction to prepare them when having contact with the neonatal intensive care unit, so that they understand how is the functioning and routines of the sector, the physical environment, the importance of being present in this phase and how it is necessary for the recovery of the child, in addition to explaining the situation in which the newborn meets the needs and possibilities that he has , in order to provide that the first contact between mother and child is pleasurable and reduce the impact that hospitalization and the environment causes. ⁹

Changes regarding the treatment and behavior of professionals working in the NICU

Most of the participants reported that they would not change anything about the treatment and conduct of the professionals, however, there are participants who report that they would change the behavior of physicians, the way they gave bad news, have greater access to information, the opinion about the nursing team was mostly positive, as follows:

Where my daughter stayed, I just have good things to say. Big-hearted human professionals. They were angels in my baby's life and in my life. Gratitude comes down to these professionals!!! P.34

In nursing, we would not change we were very welcomed in the hospital that my son was hospitalized. By doctors, they need to be humanized and stop treating people like dumb people. P.28

By the doctors, a lot of information was left behind. For the nursing, they were excellent! They treated me very well, always attentive and doing what they could. P. 17

Space for us parents, space for rest, for our feedings, because we are a whole day sitting there in chairs, psychologist for the accompaniment of our pains, and truer human beings! P.12

The relationship of professionals with family members: for parents, the professional giving importance to the patient's family, is one of the meanings of humanization, the act of informing, treating with respectful and careful attitude, clarifying doubts, giving support at that difficult time, is highly valued by parents, empathy and communication is paramount; the behavior of the health professional is also cited as one of the pillars of humanization, it is linked to dedication, the vocation to activities, the attitudes of the professional, parents observe professionals and perceive those who are more careful, those who are busier, and consequently trust more in one than in others, this bond of trust is generated through the behavioral analysis of each employee. ⁸

Conclusion

The present study met the objectives of the research, since the aim of the study was to describe the impacts caused on the lives of mothers of newborns who are hospitalized in the neonatal intensive care unit, 76 participants were interviewed about the consequences generated in the mother's life, most of these impacts are negative, where mothers are left with psychological disorders, such as anxiety and depression, but also resilience is strengthened, feelings of strength, courage are also generated and consolidated in these mothers. There are still points to be improved in the NICU's, so that it can reduce the number of negative impacts generated, as the study presents, humanization is a very important factor in this environment, which transforms and motivates people who are going through the hospitalization period. There is a need for improvement in question of the infrastructure of these units, and an uninterrupted process of humanization, where there is a daily construction on this point.

By knowing the mothers' feelings and vision about this situation, it becomes more evident the conducts, improvements and even the actions of health professionals in the neonatal intensive care unit.

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