

**DIFFICULTIES LIVED BY MOTHERS OF PREMATURE NEWBORN BABIES
DURING PROLONGED STAY IN HOSPITAL****DIFICULDADES VIVENCIADAS POR MÃES DE RECÉM-NASCIDOS
PREMATUROS DURANTE A PERMANÊNCIA PROLONGADA EM AMBIENTE
HOSPITALAR****DIFICULTADES VIVENCIADAS POR MADRES DE RECIÉN-NASCIDOS
PREMATUROS DURANTE PERMANENCIA PROLONGADA EM AMBIENTE
HOSPITALARIO**

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ABSTRACT

Objective: to identify the difficulties lived deeply for the just-born mothers of premature during the permanence drawn out in the hospital environment. **Method:** descriptive study, of qualitative character, carried through in a University Federal Hospital. Nine just-born mothers of premature had participated. The data had been collected by way of interviews semistructuralized. E the material submitted to the technique of analysis of the Speech of the Collective Citizen. **Results:** of the stories one constructed three speeches, being: Adaptation to the hospital; Feelings that involve drawn out internment e; Concern with the family. **Conclusion:** the difficulties found for the mothers are the lack of experience, unreliability, fatigue, estresse, anxiety, homesickness of house, concern and the adaptation the hospital routine.

Keywords: Infant, Newborn; Hospitalization; Mothers.

RESUMO

Objetivo: identificar as dificuldades vivenciadas pelas mães de recém-nascidos prematuros durante a permanência prolongada no ambiente hospitalar. **Método:** estudo descritivo, de caráter qualitativo, realizado em um Hospital Federal Universitário. Participaram nove mães de recém-nascidos prematuros. Os dados foram coletados por meio de entrevistas semiestruturadas. O material foi submetido à técnica de análise do Discurso do Sujeito Coletivo. **Resultados:** dos relatos construiu-se três discursos, sendo: adaptação ao hospital; sentimentos que envolvem a internação prolongada e; preocupação com a família. **Conclusão:** as dificuldades encontradas pelas mães são: falta de experiência, insegurança, cansaço, estresse, ansiedade, saudade de casa, preocupação e a adaptação a rotina hospitalar. **Palavras-chave:** Recém-Nascido; Hospitalização; Mães.

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RESUMÉN

Objetivo: identificar las dificultades vivenciadas por madres de recién-nacidos prematuros durante la permanencia prolongada en el ambiente hospitalario. **Método:** estudio descriptivo, de carácter cualitativo, realizado en un Hospital Federal Universitario. Participaron nueve madres de recién-nacidos prematuros. Los datos fueron colectados por medio de entrevistas semiestructuradas. El material fue sometido a la técnica de análice del Discurso del Sujeto Colectivo. **Resultados:** de los relatos se construyó tres discursos, siendo: Adaptación al hospital; Sentimientos que envuelven la hospitalización prolongada y; Preocupación con la familia. **Conclusión:** las dificultades encontradas por las madres son la falta de experiencia, inseguridad, cansancio, estrese, ansiedad, nostalgia de casa, preocupación y la adaptación a la rutina hospitalaria.

Descriptors: Recién-nacido; Hospitalización; Madres.

INTRODUCTION

The World Health Organization states that around 15 million premature births happen around the world, more than 10% of the total. Brazil is in the 10th position in the ranking of countries with a higher number of premature births.¹ In 2011, 11.8% of the babies born in the country were premature – which is an extremely high rate, if compared with other countries under the same social and economic conditions.²

Premature newborns have specific characteristics, such as ineffective thermoregulation, thin skin, and in some cases, require enteral or parenteral nutrition, ventilatory support, venipunctures and monitoring.³ Due to these fragilities and intensive care needs, they tend to demand prolonged hospitalization.

Hospitalization times in the case of premature newborns can vary from eight to

36 days, according to studies conducted in different regions of the country.⁴⁻⁶ Prolonged hospitalization provokes controversial feelings in the family: fear, insecurity and sadness, since they cannot take their child home and offer it care; but also happiness and comfort, since they know their child is receiving an integral assistance with all the essential resources.⁷⁻⁸

The feelings that emerge with the hospitalization of the newborn can meaningfully influence the affective connection between parents and children, and therefore, minimizing the agonizing feelings and increasing those of hope is paramount for the recovery of the newborn. Strategies that aim at valuing the presence of the mother in the hospital also must be developed and stimulated. Mothers who accompany their kids should be included in daily care, the affective touch encouraged and the communication

between the health team and the family instituted.⁸⁻⁹

Health professionals, especially nurses, must undertake actions that allow and favor the progressive adaptation of the mother and the family to the reality of birth and hospitalization of a premature child. A new approach is necessary in the care for newborns, which must contemplate not only the aspects regarding their physiological needs, but also those connected to the care for emotional factors that involve the family members, especially in the moments of fragility they go through in the cases of premature children.

This approach comes from the perspective that these mothers demand special care, and, therefore, it becomes necessary to understand the psychological and social aspects of their situation, considering the hospitalization of their child, in an attempt to offer support for the development of the mother's role in the hospitalization units.

As a consequence, this study aims at identifying the difficulties the mothers of newborns go through during their prolonged permanence in the environment of a hospital.

METHOD

This is a descriptive, qualitative study, conducted in the unit for pediatric hospitalization of a Federal University Hospital, in a city in the state of Minas Gerais.

Nine mothers of newborns hospitalized for 14 days or more participated in the study. This sample was obtained through data saturation, a method of continuous data analysis that starts in the phase of data collection, stemming from the issues raised by the researcher. Pre-analyses were conducted to identify the topics approached in the answers of the interviewees. When the responses stopped offering new topics, data saturation was obtained.¹⁰

Data was obtained through semi-structured interviews, recorded in audio format. The interview consisted of the following question: "How was the experience you had during the prolonged hospitalization of your son, in the environment of a hospital?" Data was collected in the period from February to March 2013.

After data collection, the material that resulted from the interviews was transcribed in full. An analysis was conducted according to the Collective Subject Discourse (CSD) technique, which is used with verbal qualitative data,

obtained through sources such as interviews.¹¹

The key-expressions identified consisted in the most significant excerpts from the collected material, ones that expressed the essence of individual answers, and the central ideas that synthesize the content of the discourse used.¹¹ The grouping of key-expressions and similar central ideas resulted in three categories, which were: "adaptation to the hospital"; "feelings involving prolonged hospitalization"; and "preoccupations about family".

The discourse-syntheses will be presented in the singular first person, presenting the discourse of a group or collective as an individual discourse.¹¹ The discourses generated will be highlighted during the text.

The research project was approved by the Committee of Ethics and Research with Human Beings in the Federal University at the Triângulo Mineiro, under the protocol 2127/2011, and respected the ethical precepts of the Resolution 466/2012.

RESULTS

The age of the nine mothers who were part of the study varied from 17 to 39 years of age. Among the newborns, five were females and four were males. Their

weight at birth varied from 895g and 2390g, and their gestational age varied from 29 to 35 weeks. The minimum period of hospitalization was 14 days, and the maximum, nine months and sixteen days.

At first, the Collective Subject Discourse 1: "hospital adaptation", is presented. In this discourse, five key-expressions that allude to the adaptive process in the hospital setting were grouped together. The interviewees reported that the beginning of the hospitalization was frightening, but that the impact was softened by the routine in which it was transformed, and by the socialization with the other mothers.

In the beginning it was very difficult, I didn't have experience, not even with babies, I felt despair and insecurity cause she was so small, but little by little I managed to adapt to everything and now it's being easy. Getting to know other mothers like me was really good, we united, we talk a lot and that helps (E1, E2, E4, E5, E7).

Here follows the Collective Subject Discourse 2: "feelings involving prolonged hospitalization". They are composed by six key-expressions, and include the feelings that permeate the process of long lasting hospitalization.

Hospitalization is a mix of sadness and happiness, sadness because my daughter is here and happiness because she's alive. It was a surprise, a scare, when I saw all that equipment I was very scared that she

would never leave the Intensive Care Unit and that made me very worried, I cried a lot. Hospitalization leaves us exhausted, it's tiring and stressing to stay here all this time, our lives have to stop. I didn't expect to stay all this time, I was very anxious to go away and not have to come back (E1, E3, E5, E6, E8, E9).

Collective Subject Discourse 3: "preoccupations with family". This one indicates that, beyond dealing with the health conditions of the child and the need to adapt to the hospital environment, it is also necessary to confront a situation of family disorganization. It was based on eight key expressions.

I miss my house a lot, I'm here worried about my other daughter who's home. She asked for me a lot, but since I can't go see her, we just talk through the phone (E1, E3, E4, E5, E6, E7, E8, E9).

DISCUSSION

The adaptation of these mothers to the hospital includes the friendship relationships that are established there and the experience exchange between them, including support in the moments of despair, anguish, fear, anxiety, and the consolation that is the sharing of similar problems. Thus, the mothers build a network of solidarity and friendship among themselves, motivated by common needs and experiences. This day-to-day experience generates new possibilities of

relationship and connection, expressed in their daily lives through the preoccupation of one for the other, and the sharing of happiness and sadness.

The mother who stays in the hospital during the hospitalization of the premature child also needs care, support, help, and experience exchanges, and the other women in the same situation are the only ones with whom they can share their pain, fears, and the many conflicts they are going through. This reciprocity strengthens their hope daily, and consolidates the bond of friendships.¹²

The family becomes more confident to go through this difficult moment when they share experiences with the health professionals and other families. The strengthening of these links allow them to acquire information on the health situation of their child, and involves the parents in the act of caring.¹³

In the discourse of the mothers, it was reported that the hospitalization of the child made them feel contradictory feelings. They simultaneously enjoyed the happiness of life and experienced sadness as they saw their child in life support in a unit of intensive care. Moreover, the moment of hospitalization was described as tiring, stressing, and as a source of anxiety and anguish.

By trusting the health team to take care of their child, the mothers feel impotent and incapable. The length of the hospitalization process increases the anguish felt by the parents, due to the clinical condition of their child, and to the technological apparatus used in the treatment. These feelings are generated by the hospitalization, diminishing maternal self-esteem and possibly evolving to depression, which would affect the establishment of an affective connection between mother and child.^{9,24}

A study compared two groups: one of premature children mothers and another of non-premature children mothers, and revealed that the first suffered significantly more with clinical symptoms for anxiety (75%) and depression (50%). Among the mothers of non-premature babies, however, 65% neither presented clinically meaningful symptoms of anxiety nor those of depression. These results corroborate the literature, suggesting that prematurity tends to impact negatively in the mental health of the women who go through this situation.¹⁵

The anxiety that the mothers goes through seems to be connected to a transitory emotional state related to recent events, such as the birth and hospitalization of the child, being that the latter brings about unpleasant feelings of tension and apprehension regarding the

health of the newborn.¹⁴⁻¹⁵ It can be noted that the meaningful reduction in the number of mothers with anxiety and depression after the hospital discharge is related to a diminution of preoccupations regarding the survival of the child.¹⁴ These were also related to recent events, such as the birth and the hospitalization of the child.¹⁵

Although these symptoms of anxiety and depression might be transitory, it is necessary to be careful so situations do not intensify such feelings, as to minimize them and prevent these feelings from becoming chronic. If these manifestations become chronic, the mental health of the mothers can be negatively affected, making it more difficult for them to offer care to the newborn.

The mothers interviewed in this study highlight that, beyond feelings that come from the prolonged hospitalization, they need to manage the family unit and are worried, since they cannot take care of their other functions.

Another side of the hospitalization are the changes in the daily life, in the financial and domestic budget, and the worries about the family, including other children, who are forced to accept this unexpected distance from their mother, sometimes for an unpredictable amount of time.¹⁵ This routine between house and

hospital makes it so the newborn becomes the main focus of the maternal care, when compared to the other children.¹⁶

The prolonged hospitalization that arises from premature birth awakens in parents' negative feelings, of guilt, fear and impotence, and these favor the emergence of stress and anxiety, which can compromise the affective relationship between the parents and the baby. This situation impacts notably in the life of the family, and thus, it needs a holistic type of care, which involves not only the mother, but also the other family members.¹⁷⁻¹⁸

FINAL CONSIDERATIONS

In this study, the difficulties identified in the maternal discourse, regarding the prolonged permanence in the hospital environment were: lack of experience, insecurity, tiredness, stress, feelings of sadness, anxiety and homesickness, preoccupations, the need to adapt to the hospital routine, and that of transferring the responsibility of taking care of the family to another family member. The conviviality with other mothers proved to be very important in the process of coping with the situation.

Understanding maternal experience, planning a type of nursing assistance that favors the quality of life of

the son and the mother, having the well-being of the family as an important condition to guarantee the well-being of the patient, all of that allows for one to have a broad point of view regarding the meaning of "care" in health care.

The greatest limitation of this study is that it was conducted in a single hospital that offers care to the premature newborn in the countryside of Minas Gerais, which does not allow for a generalization of data.

Some actions, however, can be recommended: the promotion of a group of mothers, activities of guidance for the care of the newborn, surveying the doubts the mothers may have, stimulating experience exchange, union, and the strengthening of friendship bonds established in neonatal and pediatric hospitalization units.

Collaboration

Contim D e Ranuzi C contributed to the implementation of this work, analysis, data interpretation, article writing and final approval of the text to be published. Gonçalves JRL, Bracarense CF, Amaral JB and Costa NS contributed to the implementation of this work, article writing and final approval of the text to be published.

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RECEIVED: 23/06/2016
 APPROVED: 22/05/2017
 PUBLISHED: 31/07/2017