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A word with mothers: understanding occupational forms and meanings of caring for preterm infants in the kangaroo method

Com a palavra as mães: uma compreensão da forma e do significado da ocupação de cuidar de recém nascidos pré-termos no método canguru

Con la palabra las madres: una comprensión de la forma y del significado de la ocupación de cuidar de recién nacidos en pre-términos en el método canguru

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Rafaela Freires do Carmo[1]
Victor Augusto Cavaleiro Corrêa[2]

The objective of this research was to understand the form and meaning of the occupation of mothers of newborns who were in the second stage of the Kangaroo Method. The study consisted of a qualitative exploratory and descriptive research. It was developed in a Kangaroo Neonatal Intensive Care Unit of a public reference hospital in maternal and child care in the Northern Region of Brazil. Ten mothers of newborns in the second stage of the Kangaroo Method participated in the study. Semi-structured interviews were conducted and thematic content analysis was used as a data-processing strategy. The results were grouped into two categories: 1) On the occupational form: how the Activities of Daily Living (ADLs) of mothers in a Kangaroo ward take place; 2) On the occupational meaning of caring for preterm newborns in a Kangaroo ward. The research made it possible to understand the fears, doubts, expectations, and desires related to the occupation of caring, revealing how the daily activities occur in these conditions. It made it possible to understand the occupational form and meaning of being mothers of premature children and being in a Kangaroo ward.
Descriptors: Mothers; Kangaroo mother method; Occupational therapy.

O objetivo desta pesquisa foi compreender a forma e o significado da ocupação de mães de recém-nascidos que se encontravam na segunda etapa do Método Canguru. O estudo consistiu em uma pesquisa qualitativa de caráter exploratório e descritivo. Foi desenvolvida em uma Unidade de Terapia Intensiva Neonatal Canguru de um Hospital público de referência na assistência materno infantil na Região Norte do Brasil. Participaram da pesquisa dez mães de recém-nascidos que se encontravam na segunda etapa do Método Canguru, sendo aplicada uma entrevista semiestruturada e a análise de conteúdo temática como estratégia de tratar os dados. Os resultados foram agrupados em duas categorias: 1) Sobre a forma ocupacional: como se apresentam as Atividades da Vida Diária (AVD'S) de mães em uma enfermaria Canguru; 2) Sobre o significado ocupacional de cuidar de recém-nascidos pré termos em uma enfermaria Canguru.A pesquisa possibilitou compreender os medos, as dúvidas, as expectativas, os desejos referentes à ocupação de cuidar, revelando como se apresentam os fazeres diários nestas condições. Possibilitou a compreensão da forma e do significado ocupacional de ser mãe de crianças prematuras e que se encontravam em uma enfermaria Canguru.
Descritores: Mães; Método canguru; Terapia ocupacional.

El objetivo de ésta investigación fue comprender la forma y el significado de la ocupación de madres de recién nacidos que se encontraban en la segunda etapa del Método Canguro. El estudio consistió en una investigación cualitativa de carácter exploratorio y descriptivo. Fue desarrollada en una Unidad de Terapia Intensiva Neonatal Canguro de un Hospital público de referencia en la asistencia materno infantil en la Región Norte del Brasil. Participaron de la investigación diez madres de recién nacidos que se encontraban en la segunda etapa del Método Canguro, siendo aplicada una entrevista semi-estructurada y el análisis de contenido temático como estrategia de tratar los datos. Los resultados fueron agrupados en dos categorías: 1) Sobre la forma ocupacional: cómo se presentan las Actividades de la Vida Diaria (AVD'S) de madres en una enfermería Canguro; 2) Sobre el significado ocupacional de cuidar de recién nacidos pre-término en una enfermería Canguro. La investigación posibilitó comprender los miedos, las dudas, las expectativas, los deseos referentes a la ocupación de cuidar, revelando cómo se presentan los quehaceres diarios en éstas condiciones. Posibilitó la comprensión de la forma y del significado ocupacional de ser madre de niños prematuros que se encontraban en una enfermería Canguro.
Descriptores: Madres; Método madre canguro; Terapia ocupacional.

[1] Occupational Therapist, University of the State of Pará (UEPA), Belém, PA, Brazil. ORCID: 0000-0001-6602-269X E-mail: rafa_freire3@yahoo.com.br
[2] Occupational Therapist. Master in Psychology. Doctor of Tropical Diseases. Lecturer at the Faculty of Physical Therapy and Occupational Therapy at UFPA, Belém, PA, Brazil. ORCID: 0000-0003-0133-7927 E-mail: victorcavaleiro@gmail.com

INTRODUCTION

Maternhood is considered a moment when the mother-infant bond is established, which begins with the desire to generate a child, passing through the intrauterine bond, and the development and other phases of a child's growth and development.

The conception and the choice of a couple to raise a child make them susceptible to the responsibility to make the baby be born healthy in all respects. Gestation may be therefore associated with manifestations of anxiety.

Situations such as having a baby that does not have the expected and/or idealized characteristics, or life-threatening traits, can often generate doubts in the parents about the survival of the child. It can often be associated with feelings of incapacity, fragility, guilt and fear[3] on the part of parents, and the possibility of having to use equipment[1], concerns about socialization[2], and possible accessibility difficulties[4], developmental delays and/or deficits[5,6] of the child, and all these factors may interfere with the relationships with the environment and with daily occupations[7,8].

On July 5, 2000, the Brazilian Ministry of Health launched the Norm on Humanized Care to Low-Weight Newborns - Kangaroo Mother Project, which became known as the Kangaroo-Mother Method[9-11]. This norm, subsequently updated by Administrative Rule nº 1683 of July 12, 2007, contains the information necessary for the application of three stages of the KM, which includes the target population, the resources needed to adopt the KM, the general norms and the advantages for health promotion of low birth weight infants[12].

The KM is a model of perinatal care focused on humanization. It consists of promoting gradually, from the kangaroo position, the skin-to-skin contact between the mother/father/family members and the low weight baby, allowing greater affective bonding, stability temperature of the child's body, stimulation of breastfeeding and development of the newborn, as well as shorter hospital stay, decreased crying, and increased safety and family involvement in baby care[12].

The second stage of the method requires the child's clinical stability, regular weight gain, maternal safety, and interest and willingness of the mother to remain with the child as long as desired and possible. The benefits of the method include reduced morbidity and length of stay of infants, improved incidence and duration of breastfeeding, and contribution to the parents' sense of competence[12]. All these factors contribute to more frequent breastfeeding and faster weight gain, reducing stress and, consequently, minimizing energy and caloric expenditure[13].

According to Riego[14], each individual is modeled by the internal environment (physical, mental and intellectual), the physical space (home, school or work), the rules that condition us (legal and cultural factors), and the interaction of the social environment (family and friends). Thus, the individual is shaped by the environment that is experienced. In the case of this research, the place of being a mother can be modified by the physical space of the hospital. The mother starts to follow rules, to experience a hospital routine, a differentiated context, in which changes are perceived in the interaction with the social environment. Such characteristics may affect the daily activities of those who live this context.

When this imagery is somehow modified by the situation lived and is different from what was planned, either by the premature birth of the child or the image of the baby inside an incubator, the context may begin to change the position of being the mother of a preterm baby.

The interest of this research was anchored in the importance of understanding the occupational scope. Occupations are understood as human activities that meet the vital needs of an individual, and may or may not give meaning to life, or create a personal, cultural and social identity[15].

Occupation is seen as fundamental for human beings and is a dynamic process influenced by physical, psychic and social factors, such that its use may or may not favor

adaptation to the environment[14]. Thus, it is understood that the human being assumes various occupations and, with the conception of a child, the woman, now also a mother, will exercise a new occupation or new occupations.

For Clark and Lawlor[15], the Science of Occupation addresses the centrality of engagement in occupations and human life, especially as they relate to health, well-being, social and occupational participation. In this sense, occupations are actions that constitute everyday experience; they include the types of intentional activity that make up people's lives, such as activities of daily living, interpersonal activities, physical activities, restoration activities, and social and cultural practices, among many others. In this field of knowledge, occupation is defined as an action that has a form, a sense and a meaning for those who execute it, wrapped in a particular sociocultural context.

The form of the occupation focuses on the directly observable aspects of how people organize and develop their daily actions, is related to how the occupation is performed and how people fill time in a given context[16].

The sense or function comprises the ways in which the occupation promotes health, well-being and quality of life. And the meaning comprises the feelings, expectations and the importance of the occupation within the context of life and the culture of individuals[15]. Starting from these premises, we posed as a research question: Which are the form and meaning of the occupations of mothers of newborns (NB) found in the second stage of the Kangaroo Method (KM)?

Occupational Therapy is the art and science of helping people to perform activities of daily life that are important and meaningful for their health and well-being through engagement in valued occupations[15,16] and a possibility to reflect on the social environment, especially on the conditions that may or may not contribute to building a healthy environment[17,18].

The second stage of the method requires the mother to remain with the child for the longest time possible, skin-to-skin contact between mother and baby, and daily involvement in the care of the baby, which may change the form and meaning of occupations[12].

Thus, the objective of this research was to understand the form and meaning of the occupation of mothers of newborns who were in the second stage of the Kangaroo Method.

METHOD

This is a qualitative, exploratory and descriptive research.

According to Minayo[19], in qualitative research, the researcher tries to understand the phenomena, facts or events according to the perspective of the participants of the studied situation and, based on this, place their interpretations about the phenomena approached. Exploratory research seeks to gather information about a particular object.

The research was developed in an Intermediate Care Unit - Kangaroo NICU of a Public Hospital in the North Region of the Country.

The study included 10 mothers of newborns who were in the second stage of the Kangaroo Method in the period of August and September 2013. The inclusion criteria were: to be a mother of a newborn who was in the second stage of the Kangaroo Method, be over 18, and agree to participate in the survey.

The research was approved by the Research Ethics Committee (REC) of the Health Sciences Institute (HSI) of the UFPA, and all the mothers were informed through an Informed Consent Form (ICF), explaining the objectives and purposes of the study, respecting all rights and duties according to Resolution 466/2012 of the National Health Council, in which all confirmed to be aware and authorized their participation in the research.

At first, a link with the participants of the research was established and the dynamics of the institution and of the Kangaroo NICU and its staff was investigated through free observation and recording in a field diary.

Subsequently, the research was applied at the Kangaroo NICU, which provides care for sixteen mothers of all ages on average.

The study was conducted in a two-month period. In the interview, the general

identification of the participants (name, sex, age, marital status, education, religion, length of stay in the Kangaroo NICU) was collected and the following two questions were used: "*Describe your day in the kangaroo ward*", in order to know the occupational form of being a "kangaroo mother" and then: "*For you, what is the occupational meaning of caring for a newborn in the Kangaroo Method?* ".

The interview was recorded, and notes on a field diary were also taken in order to complement the research, recording the daily "care" that existed between the mother-baby dyad. This information was then used to analyze the data.

Data was analyzed through thematic content analysis, which consists of a methodology of analysis of information contained in a document in the form of speeches. It aims to understand in a critical manner the manifest or hidden meaning of communications[20].

The analytical process used in content analysis was the thematic analysis, which consists of reporting in each life report the passages concerning this or that subject, then comparing the contents of these passages between different reports. Thus, thematic analysis means to discover the nuclei of meaning that make up the communication and whose frequency of appearance can give meaning to the chosen analytical object[20].

The reports were analyzed respecting the individuality and specificity of each participant, but their discourses were grouped into categories, according to the themes that emerged.

After categorization, a complete re-reading of the interviews was carried out, comparing them with the thematic units, identifying the possibility of discovering new themes and how to cluster the thematic units.

In order to preserve the identity of the research participants, their names were replaced by flower names.

RESULTS

The results were grouped into two categories: 1) On the occupational form: how the Activities of Daily Living (ADLs) of mothers in a Kangaroo ward take place; 2) On the occupational meaning of caring for preterm newborns in a Kangaroo ward.

The analytical categories of this study were constructed with the guiding thread of the form and meaning of care in a hospital context with focus on a Neonatal care.

On the occupational form: how the Activities of Daily Living (ADLs) of mothers in a Kangaroo ward take place

In the list of occupations of mothers in the Kangaroo NICU, there were changes in the occupations, mainly in relation to their activities of daily living, with a broad repercussion on hygiene, food and sleep, in order to meet the needs of the child, which is the main goal of the ward.

We noticed that, because they were in the hospital environment, mothers were already submitted to changes in the routine of the ward. But when they started the second stage of the Kangaroo Method, they had to stay 24 hours in the place and became responsible for basic daily care, stimulation of the neurological system of the child for its development, learning their role of motherhood, among other care measures, as reported below:

"And he does not sleep at dawn, then I usually go to sleep about half past two, because that's when he is usually breastfed, an hour before the feed or half an hour before the feed, so I do not sleep because I sleep a little and then is time to wake up (...) To bathe him is also very fast, because when we are in the bathroom, there are already people telling us why are they screaming..." (Cherry blossom).

Changes occurred in the rhythm and time spent on the other occupations of these mothers, as well as a need to reorganize the routine. There is also a distancing and/or abandonment of occupations that used to be developed before the experience of hospitalization, actions that became secondary because of the dedication to the baby:

No, my goodness, no way, he is breastfed at midnight, but sometimes he stays awake until three in the morning. I keep awake with him on my lap. But it's not just him. Most children stay up until three in the morning, then they are fed again. Then they sleep a little. Then when we wake up, it's six o'clock, time to breastfeed again. We do not sleep well. So we basically do not sleep well. But there are some days when they let us sleep (...)" (Daisy).

In some cases, their children are in the Neonatal Intensive Care Unit (NICU) because they need greater technological support for survival. In other reports, these children came from the Semi-Intensive Unit, and the NB was a little more stable, but still needing complementary care needs after discharge from the NICU.

This reality announced a differentiated care unique of the second stage in a hospital service with physical infrastructure and material to accommodate mother and child, who had to rest and stay in the same environment for 24 hours a day until hospital discharge.

Thus, when the child reached the ideal weight for full enteral nutrition, the children were moved to another stage of the method. This new situation was often experienced in a positive way, because leaving the Neonatal Unit meant clinical improvement, hope and new responsibilities, which were exclusively experienced by the mother and/or a substitute responsible for the baby during 24 hours in the Kangaroo NICU.

"So, when I was in the other sector, it was different. Because I came here, but we are not the ones who take care of the baby, right? They do not take care like we do (…) that's exactly why I wanted to come down here, just for this. Because here, I would learn to take care of him; because I have to learn. If anything happened to him, it would be my fault, not theirs. Once I asked the girl why they did not change it, then she said that in that sector it was more for medication... they do not know how to deal with a premature child. That's what she said (laughs). It's different here..." (Cherry blossom).

Other participants reported as a positive aspect the proximity between mother and baby that the Kangaroo method promotes.

"Ah, taking care of him is wonderful, compared to what I went through there in the isolation that I could not even put my hand inside the Isolation, (...), I take him, I carry him, I bathe him, I myself, I give his food, sometimes I take the milk from my breast to give it to him, which is the same of being at home, that's good, very good, even better than my first pregnancy, it's an experience, a very good thing that we go through. Because, thank God, we can stay here and look at him, and if we could not, how could it be, I keep thinking, right? I can do everything with him, even the bath..." (Daisy).

In the reports, the survey participants revealed that engaging in this context can mean something that varies between good and bad extremes. They reported that the place was different, with rules and duties that cannot be broken and that implied changes in the role and rhythms in the occupations of each mother.

It was also noticed that no mother participating in this research came from the metropolitan region or state capital, that is, they were all far from their municipalities of origin, and often due to socioeconomic and geographical conditions they could not have the support of their families through visits, which are even restricted and scheduled.

Family members usually can only visit once a week, or every fifteen days, once a month, and some never visited them due to socio-economic conditions, long distances, and infrastructure to stay in the capital. This factor, coupled with an intense routine of child care schedules and occupations, can intensify the feelings of absence, abandonment or postponement of other occupational desires and preferences.

"Taking a shower is possible; food I have to eat fast, and shower too, my shins are even grayish (laughs). I like it here because the girls are being well cared for, taking medicine, thank God, if we were at home, it would be worse, but on the other hand, it is very stressful, very tiring, taking care of two then, the routine is tiring, it's just to spend most of the time sitting, lying down, without going anywhere, without going outside, then the girls start to cry, then I also feel homesick, miss people, right?" (Orchid).

The support received from the family is an important structuring element for these mothers to better deal with the situation and seek strength in the face of the challenges posed by daily care:

"(...) it is because we are a family here, if something happens to anyone from here we are all worried, sad, because we do not want this to happen to any of them, neither with our baby nor with theirs" (Tulip).

"(...) it's great, I'm going to miss here, the nurses at the time of the medicine, and the breastfeeding, "mommy is here", "mommy the medicine", and there at home is not like that, I will need to be much more attentive, when the alarm rings, I need to be awaken I have to get up, I have to put the alarm to wake up half an hour before to be with the eyes wide open (laughs)" (Lavender).

In the following reports, personal experience is seen through the perception of the occupational form and expression of emotions and the will to return home:

"(...) I want to go home, go to my bed, eat my food, because I cannot take it anymore here. But I am afraid to go home and being with them alone right now, because

here we have a some help from time to time and at home, I won't have any, right?" (Azalea).

On the occupational meaning of caring for preterm newborns in a Kangaroo ward

The perception of care is perceived in the following statements:

"Taking care of him is good, but a little tiresome, worrying, because we do not know, we think, will he gain weight? Will he not? we have to see everything very carefully, do not let cry, put him to sleep, put him in the kangaroo, all the time worried to see if he gains a little weight in the afternoon, that's the main preoccupation..." (Tulip).

In the following speech the issue of the mother-baby dyad is shown:

I'm afraid of her health, because when she was in the ICU, as she spent much time intubated, there always remains a sequel, because as the doctor said, although oxygen helps the child to survive it also harms a lot, so my only concern with her is that one day she gets very tired, as happened to a colleague, and that's it, because she spent a lot of time in the ICU, almost two months, a few days to complete two months, so I have a lot of concern, nothing that some care cannot solve right? I have taken care of the children of others, and other children, and what I learned from them I want to do with her, take care of her, her health, that's what I hope, I do not want to see my baby sick (Jasmine).

Through direct reports and by attitudes demonstrated by the mothers such as dedication, effort, joy for the minimum clinical improvements, as well as facial expression, in which satisfaction and happiness showed the accomplishment of this occupation without obligation:

"At first I was very afraid to take care of him, because the first time I saw him in the ICU with the other children in critical condition I felt very bad, you know? my pressure went up and I cried a lot, that day I did not want to see him, when he came down here, he was very small, I was afraid to hold him, to touch him, you know? Well, first he was light, right? he weighed almost nothing, now he's 1360g, so I keep watching him the whole day, taking care of him, because he's much better now, I feel confident to touch him, to bathe him, reassure him. For me, to take care of him means everything" (Bergamot).

Motivation and personal interest, which involve some challenges for those who develop it and which, when achieved, becomes personal satisfaction.

The meaning of these experiences can also be influenced by the innate conditions of the person that impel her towards certain styles of occupations, such as *first-time* mothers and mothers who already have other children but have never had the experience of being the mother of a premature child. Then, this differentiated care alternate between other meanings:

"Taking care of them sometimes is good, but other times is not (laughs), the good thing is that we learn to take care of them, but sometimes I lose patience, if they were older, I would give a good slap on the little ass" (laughs) and every day we learn something new, if I were at home I would be lost, I already took care of a lot of children, but a premature child, no, this is the first time, if I had gone home straight I do not even know what could have happened because it is very different to take care of a normal baby now way, it is already complicated to take care of a baby, imagine a premature baby!" (Orchid).

"(...) Caring for a premature baby is very difficult for those never had the experience before, because a baby born normally after nine months is different, you bath normally, you take care of her, and in the case of the other one, you are afraid even to take a flu because of her nose is too small, she cannot even breathe when her nose is dirty, it's different, complicated, but we learn, we learn to lead with the situation" (Lily).

DISCUSSION

The form of occupation is a set of external physical and sociocultural aspects that represent an event in the person's life. Structured in a unique way, due to the abilities and characteristics of each person, the occupational form is in ongoing development and change[16].

It is related to directly observable aspects, that is, what people do, how they do it (relation to time, space and performance) and under what circumstances[16].

There are countless factors that can influence the occupational form, including living a new daily routine, missing home and family, and expectations about the baby's prognosis and spirituality, which are determined by personal characteristics and values.

The recognition of the environment in the conditioning of human experience is related to how the person understands it, and cannot be achieved without an appreciation of the environmental context[21]. Interventions that take a person out of place - for example, those involving the reconfiguration of the residence or those occurring in a hospital, clinic or rehabilitation setting - are invariably jeopardized because the person's organization is necessarily modified to deal

with the adaptation of a new and unknown environment[21].

The feeling of a person being in a certain place is a complex and dynamic phenomenon. Throughout the life trajectory, as you move from one place to another, you are constantly creating and recreating the place as a component of personal identity. Some of these are individual and quite personal meanings; they can express a sense of affinity with the places where key events occurred in life[21].

The recognition of time in human experience allows us to understand being in a certain place as more than a physical occupation of space, but also as the use of oriented skills and the development of emotional affiliation with certain places[21].

Other feelings related to space reflect shared meanings; they originate from the common habitation of space[21].

The more intense expression of being in a place typically involves the relationship with home - usually, though not invariably, the house in which one lives[21].

To be in a place and in a relationship with oneself is a dynamic phenomenon throughout the life trajectory. As the person moves from one place to the other, she creates and recreates the place, also giving personal significations. For each mother, the Kangaroo NICU will mean something for the rest of their lives, either positive or negative experience.

Home is a place of privacy, security and safety. Home is often the spatial center of our life, a place of comfort and centralization from which we venture into a potentially hostile outside world beyond home and to which we return for shelter[21].

Occupation is considered a central aspect of the human experience that meets the basic needs that are essential for survival, providing mechanisms for people to exercise and develop their biological, social, cultural, and other capacities.

Thus, we noted that to be a mother of an NB in the Kangaroo ICU may mean fears, desires, emotions, (re-)significations peculiar to this experience, and also the presence of hope and expectations that the healthy child may come with them back home.

Home is a place of freedom, a place where we can relax and be ourselves. It is a repository of items we accumulate, that register our history and define who we are[21].

The reports of the study participants made it possible to know the various factors that influence the organization of the occupational form of maternal care in a hospital context.

They included socioeconomic and cultural issues, the presence of stimuli or the lack of them, such as being able to count on the support of other important people to share the functions, the treatment with neighbor people, either family members or the health team, which in that moment is primordial, because in the hospital context, it is the health team that is closets and spends most of the time with these mothers.

Many of these mothers had to go through a re-adaptation in order to somehow adjust to a new condition of being in an strange environment until the discharge of their babies, and thus to exercise the occupational participation totally changed by the duties and schedules "imposed" by a routine sometimes tiring and difficult.

In this context the focus is on their babies, who are as important as them, and need their full well-being for their survival.

Generally, caring for and raising children are essential conditions for the continuity of life. These are common but complex occupations. These occupations are deeply meaningful, intensely personal, frankly shared, and socially constructed[22].

Care is characterized as a vital phenomenon in the life of human beings, based on the human identity of coexistence and interrelation, forming a relationship of exchange and empathy. It is a way of being with the other that refers mainly to the special aspects of people's lives, such as the preservation and recovery of health, birth and even death[23,24].

In this research, the occupation of "caring for" these newborns of low or very low weight meant pleasure of caring for such a small and fragile life, but also living with the fear of a possible loss, sometimes death

inherent to the clinical condition, regardless the care provided by the mothers.

Care can be understood as solicitude, dedication and restlessness for the other, and it implies knowledge, behaviors, values, abilities and attitudes of the caregivers, which are influenced by their social, cultural and psychic experiences[23].

The family can be understood as the primary care unit, because values and beliefs are created and cultivated through the lived experiences, and contribute to shape its members, who interact with each other, supporting and exchanging experiences to seek and join efforts to overcome limits and solve problems[23].

It is also worth noting that mothers can evoke feelings of anxiety, fear and insecurity, because the condition of being a mother of a premature child is not always assimilated quickly, and these feelings make them more fragile and susceptible. So, the support of family members brings not only a great contribution to aid in this care, but also greater security and shelter to these mothers who spend a long time in an atypical hospital routine.

From the point of view of the newborn child, it is known that it needs continuous affective contact, coming from a constant figure - usually the mother - with whom the baby will establish a close relationship that will ensure and favor his bio-psychological-affective development[24].

Attachment (affection) is a behavior seen as occurring when certain behavioral systems are activated. It is believed that behavioral systems develop in the infant as a result of his interaction with the environment of evolutionary adaptability, and especially of their interaction with the main figure in that environment, that is, the mother[24].

In the context of prematurity, this may not occur because of the separation necessary for the survival of the baby, but at the same time detrimental as regards the affective relationship of the mother-baby dyad.

Each family is unique and experiences this process in its own way. Therefore, it is important to know the family, understand its behavior, its feelings and the meanings of this experience. Based on the knowledge of the specific family contexts in which each premature child is inserted, we must seek to promote a care centered on the baby's individual needs, recognizing him as a subject that maintains relationships with its social scene and with its family group[24].

The birth of a child and its insertion in the family context requires adaptations and changes in the form of occupational participation of each family member, which seek to meet the demands of affection and care of the newborn (NB) and organize the new family dynamics. However, when birth occurs prematurely and it is associated with low birth weight, there is a need for the baby to be hospitalized, changing the family dynamics in an unexpected way.

From the point of view of the woman who begets a child, the initial moment after childbirth is considered the precursor of attachment, the mother's first opportunity to be sensitized by her baby and to begin the social exercise of motherhood. According to the mother, this narrowing serves as a final outcome for the long-term gestational trajectory[24].

When babies are born, they are already endowed with a number of behavioral systems, ready to be activated by stimuli such as skin-to-skin contact, eye-to-eye, speech and/or emanation of sounds, odor (smell) and breastfeeding[24].

Some of the neonatal procedures are essential for the vitality of the newborn, but the separation of the mother and baby may trigger harm to the beginning of the attachment and interrupt an essential moment for the establishment of bond[24].

Among the results of the research, the association of the occupation of care not as an obligation was noticeable in the mothers' reports, although they have to follow a list of tasks focused on their babies.

But even with this differentiated care and sometimes transpired by feelings such as fear of the child's prognosis, care was also associated with small daily pleasures and achievements, coming from a small weight gain to its possible hospital discharge.

The participants' anguish and hope to ensure that all the effort dedicated to their children was rewarded through clinical improvement and development of their babies were evident. These expectations were highlighted as one of the main motivating conditions of caring occupation.

The reports revealed that the reformulation of life plans led to gains in behavior and/or attitude toward the family, improving relationships, responsibilities, dedication, and a better understanding of their social and especially personal and occupational role.

Some mothers described this situation as a unique learning directly linked to the birth of their babies.

It is important to note that, in the midst of the difficulties perceived in the daily life and reported throughout this research, mothers assumed that despite having experience in raising kids, caring for a premature infant was a new, different, challenging situation and a moment of learning, a lesson of life, and for life.

Therefore, the research allowed the understanding of the innumerable feelings that surround this public, because although many mothers reported to perceive the responsibility of the care as a pleasure, they also revealed stress in certain moments, due to the intense routine.

This represents an oscillation in the way of seeing and/or facing this occupational condition, understood by the excess of zeal, responsibility, tasks assumed, and the different roles that must be played in the face of this reality. It is a list of occupations permeated by doubts, fears, discoveries, learning, achievements, among other lived situations.

Based on the reports, we believe that these mothers managed to organize the form of their occupation of care, facing each situation demanded by the babies, divided between meeting the baby’s needs and their own activities. These factors were of great importance for the understanding of the meaning attributed to this occupation.

CONCLUSION

Understanding how the occupations of caring for a preterm and sometimes low-weight child take place, the feelings involved, the time spent, among other things, presented a rich instrument of knowledge capable of contributing to the people involved in this context. The mothers of these children care daily for the survival of their newborns.

The moment of the interview also worked as a listening and welcoming space, a means of communication in which strategies of support and assistance were made possible in this delicate process, given the diversity of experiences brought up, placing them in a context in which, above all, their most intimate feelings towards the actions in that moment of life were heard and valued, allowing them to express themselves, recognizing the existence of the singularity of each case.

The research served as a subsidy to understand the occupational forms and meanings of this important occupation. Understanding the needs of mothers made the assistance offered to the children more complete by embracing and instructing those who are closer to them in the day to day.

Knowing the other and seeking to understand the different forms and meanings attributed to doing were achievements that the research made possible.

It is possible to provide occupational therapeutic assistance anchored and turned to the occupational demands resulting from the living process and the possible implications of being experienced in hospital settings.

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CONTRIBUTIONS

Rafaela Freires do Carmo participated in the design, analysis and discussion of the data, and preparation and revision of the manuscript. **Victor Augusto Cavaleiro Corrêa** coordinated and guided the research, participating in the analysis, discussion and interpretation of the data, and preparation and revision of the manuscript.

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