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The kangaroo method as a tool for maternal empowering

O Método Canguru como um veículo para o empoderamento materno

El método Canguro como un vehículo para el empoderamiento materno

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Descriptive study with a qualitative approach, aimed at getting to know the perceptions of the mother/women about their participation in the Kangaroo Method, in a public maternity in the city of Joinville - SC. Nine mothers who had participated in one of the three stages described by the Kangaroo Method from July to November 2017 were interviewed. A Thematic Content Analysis was used, from the perspective of the theoretical framework of public health policies. The results highlighted the Kangaroo Method as a technology which materializes the realization of the dream of being a mother, having as a starting point the empowerment of the mother, and permeating the main strengths and fragilities resulting from the unexpected birth of a preterm newborn. Considering the importance of the Kangaroo Method to the development of maternity, the health team needs to accept the mothers as protagonists of the process of hospitalization of their child, minimizing its negative effects.
Descriptors: Kangaroo-mother care method; Infant newborn; Mother-child relations; Neonatal nursing; Intensive care units neonatal.

Estudo descritivo com abordagem qualitativa, com o objetivo de conhecer as percepções da mulher/mãe sobre a sua participação no Método Canguru, em uma maternidade pública no município de Joinville – SC. Foram entrevistadas nove mães que participaram de alguma das três etapas descritas pelo Método Canguru, no período de junho a novembro de 2017. Foi utilizada a Análise de Conteúdo Temática, sob a ótica do Referencial Teórico das Políticas Públicas de Saúde. Os resultados destacam o Método Canguru como uma tecnologia que concretiza a realização do sonho de ser mãe, a partir do empoderamento materno, permeando as principais fortalezas e fragilidades decorrentes do inesperado nascimento de um filho pré-termo. Considerando a importância do Método Canguru para o desempenho da maternidade, é necessário que a equipe de saúde acolha as mães como protagonistas no processo de internação de seu filho, minimizando efeitos negativos.
Descritores: Método canguru; Recém-nascido; Relações mãe-filho; Enfermagem neonatal; Unidades de terapia intensiva neonatal.

Estudio descriptivo con abordaje cualitativo, con el objetivo de conocer las percepciones de la mujer/madre sobre su participación en el Método Canguro, en una maternidad pública, en el municipio de Joinville-SC. Fueron entrevistadas nueve madres que participaron en alguna de las tres etapas descriptas por el Método Canguro, en el periodo de junio a noviembre de 2016. Fue utilizado el Análisis de Contenido Temático, bajo la óptica del Referencial Teórico de las Políticas Públicas de Salud. Los resultados destacan el Método Canguro como una tecnología que concretiza la realización del sueño de ser madre, a partir del empoderamiento materno, permeando las principales fortalezas y fragilidades resultantes del inesperado nacimiento de un hijo prematuro. Considerando la importancia del Método Canguro para el desempeño de la maternidad, es necesario que el equipo de salud reciba a las madres como protagonistas en el proceso de internación de su hijo, minimizando efectos negativos.
Descriptores: Método madre-canguro; Recién nacido; Relaciones madre-hijo; Enfermería neonatal; Unidades de cuidado intensivo neonatal.

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INTRODUCTION

Preterm births (before the 37th week of pregnancy) are approximately one out of every ten births worldwide. According to the World Health Organization (WHO), 15 million preterm babies are born every year around the world, and the association of this fact with high rates of morbidity and mortality mean that premature births are a serious public health problem[1]. In regards to this setting, Brazil is in the tenth position in the ranking[2], and the south of the country presents one of the highest percentages of preterm births, with a ratio of 12%.

Initially idealized in Colombia in 1979, to humanize the attention offered to hospitalized newborns (NB), the Kangaroo Method (KM) starts being used in Brazil in 2000, instituted by the "Norms of Humanized Attention to Low Weight Newborns (NAHRNBP) - Kangaroo Method"[4] The method is organized in three stages, the first of which is still inside the Neonatal Intensive Care Unit (NICU) and the Conventional Neonatal Intermediary Attention Unit (UCINCo). The second is carried out in the Kangaroo Neonatal Intermediary Attention Unit (UCINCa), and the third, after discharge, in the residence of the patients, with a counter-reference of the patient to the Primary Health Care[5-7].

The method consists in a model of perinatal assistance, targeted at the improve in the quality of care. Its premises are the humanization of assistance, the diminution of the separation between mother and NB, and the favoring of their affective bonds. The method has been proven to influence a series of physiological changes, such as: adequate heat control; diminished risk of hospital infections, diminution of the NB's stress and pain; increased rates of breastfeeding; neurological protection to the baby, after the environment has been adapted through, for instance, the diminution of noise and luminosity in the Neonatal Unit (NU); enabling of early discharge; and diminished readimissions[8].

Giving birth is a special moment in the life of a woman, and many changes take place in all contexts of their lives. It is a unique moment, with different meanings, bringing forth emotions and feelings according to their lives[9]. From this perspective, preterm birth is understood as an unexpected moment, anticipated, that undermines projects and destroys the idea of a perfect and healthy baby.

The hospitalization period of the preterm baby is denoted by an assistance that focuses on the NB, and the mother oftentimes has only a supporting role in the care of her child. It can be noticed that the health team has a hard time aligning assistance to the neonate, and caring for the mother's emotional needs by including her in the care for her child[10].

The interest on this theme was raised by an observention of the "Neo mothers" as they are oftentimes called during the multiprofessional Residency in Mother-Child Health. The difficulties in caring for these mothers during the hospitalization of their children were the factors that motivated the attempt to better understand this process, since the negative effects of the hospitalization of the neonate can be minimized, favoring the establishment of a bond between mother and baby. Therefore, this study was proposed as a result of the following guiding question: What are the perceptions of the woman/mother about her participations in the Kangaroo Method?

Perception is described as the "act of noticing, the action of mentally forming representations"[11], and for empiricists, perception is the source of all knowledge. In this study, perception is understood as knowledge, experience, understanding, and feelings. From this perspective, in order to answer its guiding questions, this study aimed at getting to know the perceptions of the mothers/women about their participation in the Kangaroo Method, in a public maternity in the city of Joinville - SC.

METHOD

This is a descriptive and qualitative study, conducted from June to November 2017, in a public maternity, a reference for the use of the Kangaroo Method (KM) in the state of Santa Catarina, located in the city of Joinville.

Nine women/mothers of preterm babies were invited to participate in the study, who had participated in some of the three stages described by the KM during data collection and were older than 18 years of age.

Since this is a qualitative research, the number of participants is not relevant to guarantee the quality of the data, and the collection is finished once its saturation is reached[12].

The data collection technique used in this research was the individual semi-structured interview, with open and closed questions aimed at characterizing the participants according to socioeconomic and obstetric data, also including questions regarding the objectives of this research, to identify the perception of the mothers regarding their experiences with the method, the difficulties and strengths.

Seeking to guarantee that the data is trustworthy, the interviews were conducted in a private environment, with as little external interference as possible. Before the research was started, a pilot test of the instrument was made, with two mothers that were not included in the study.

The Thematic Content Analysis method was used[13]. Working with thematic analyses means unravelling the centers of meaning that make up communication, whose presence and frequency are significant for the subject of the analysis. Operationally, this analysis is described in three stages: pre-analysis, exploration of the material, treatment of the results obtained, and interpretation[13]. The theoretical framework used was the public health policy of the Kangaroo Method[4].

This research complied with Resolutions n. 466/12[14] and 510/16[15] and was approved by the Research Ethics Committee under protocol n. 2.212.546.

RESULTS

To display the results in an easier to understand manner, first we have an introduction to the participants. Later, the information given in the interviews was grouped according to similarity, in the following thematic areas: knowledge of the mother about the Kangaroo Method; the feeling of a job well-done: the mother's perception of her participation in the Kangaroo Method; putting the baby in the kangaroo position for the first time: fulfilling the dream of being a mother; experiencing the unexpected: strengths and fragilities.

Introduction to the participants

Nine mothers, aged from 20 to 34 years old, participated in the research. Regarding their origin, seven were from the city of Joinville, one from Araquari, and another, from Barra Velha (neighbour cities whose reference maternity for obstetric treatment is the same).

Regarding their educational levels: four had elementary education (though one had it incomplete), one had completed high school, two had complete higher education, and two were post-graduates. Regarding their marital status, eight had a partner (were married or lived in a stable union). Only one declared she was single. The participants mentioned working as: teacher, entrepreneur, lawyer, office assistant, and cleaning maids (formal occupations). Three were housewives and one was unemployed.

Regarding obstetric data, four were primiparous and five, multiparous. Only one pregnancy had been planned, all of them had from two to 11 prenatal consultations. Only one mother had had a preterm child in previous pregnancies. All mothers were experiencing the Kangaroo Method for the first time. The gestational age of the babies varied from 27 to 33 weeks, and when born, they had from 585g to 2080g.

Knowledge of the mothers about the Kangaroo Method

All mothers understood the KM, in general, as: contact and proximity between mother and baby; feelings of protecting the baby;

promotion of the mother's heat; help in the development of the baby; connections between mother and the reestablished baby; and an easier coming down of maternal milk. As Petúnia and Margarida state in the statements below:

The method only brings benefits, it makes the baby feel safe, they feel safer knowing that their mother is there (Petúnia).

It is very important, the mother is the incubator of the baby, the heat of the mother warms him, helps in the development and in weight gain (Margarida).

The feeling of a job well-done: the mother's perception of her participation in the Kangaroo Method

Regarding the participation/role in the KM, the mothers had the following perceptions: the babies are calmer in the presence of their mother; caring, safety and trust are transmitted to the baby; it helps in the development; it encourages breastfeeding and the milk comes down easier; the clinical situation of the baby improves. These characteristics reiterate the importance of the presence of the mother in the recovery of her preterm child. During this adaptation process, the mothers feel that they are fulfilling their responsibility and there is an increase in the mother's competence and confidence regarding the care offered to her child. In the scope of this theme, the following statements ware made:

I feel I make her feel safe, that I her bedrock (Azaléia).

I notice that the proximity between mother and child is very important for her development, I feel responsible for that, and that's why every time she's on my arms, I know I'm doing the best for her (Tulipa).

Look, all mothers should do the Kangaroo, because you go back home relieved and feeling realized. Although you have to leave, you feel that feeling of a job well-done, dedicating one hour of my day to just be with her and think only about her. (Petúnia)

Putting the baby in the Kangaroo position for the first time: fulfilling the dream of being a mother

This thematic area makes it clear that the proximity with the preterm baby favors the exchange of affect and the establishment of a bond between a mother and her child. For the mothers, feeling the child in their arms is the realization of motherhood.

Generally, the lines of the participants highlighted their emotional as they held their babies for the first time, felt that they were looking for the mother's breast, that they can identify and recognize the mother, and, finally, feeling their breath, their hearth beating: it is an unconditional love.

The mothers feel pleasure when in the Kangaroo position, for the fact that they are closer to their child, who was preterm, something for which the mother could not prepare.

This contact refers to skin-on-skin contact, which is perceived by the mothers as the best moment except for birth. A moment of well-being, pleasure, emotion and satisfaction. That is expressed by the following statement:

At first it's hard to accept, you can't hold the baby, can't touch, hug... The first thing the mother wants when the baby is born is holding the baby, caressing it, and she cannot. [...] (Margarida)

Being in the position got me much calmer! Feeling relief for being with him in my arms again, because it felt like they had taken him away from me... [crying]. (Bromélia)

It is the fulfillment of my dream of being a mother. All the feeling my mother always mentioned, today I know what it is, I live it and feel a love this big! (Lírio)

Experiencing the unexpected: strengths and fragilities

The mothers mentioned mixed feelings of fear, anguish, guilt, incapacity, sadness, insecurity, despair, doubts, struggle, love, happiness, affection, victory, among many others, that were present in this adaptation period. In the table below, the main strengths and fragilities in the process of hospitalization of the NB are highlighted.

Table 1. Main strengths and fragilities experienced by the mothers during the hospitalization of their preterm children. Joinville, 2018.

THEME	STRENGTHS	FRAGILITIES
HOSPITALIZATION	- Feeling that every stage is a victory;	- Feeling of despair and abandonment; - Feeling divided between the role in the NU and at home with the other children; - Fear of bad news;
KANGAROO METHOD	- The KM brings benefits for both mother and baby; - Feeling of belonging; - Benefits for the breastfeeding and for the development of the baby; - Inclusion in the care of the NB; - Possibility of learning to deal with risks of prematurity and recognizing the needs of the baby;	- Difficulty to feel as a mother; - The pleasure of feeling the baby, and then having to give the baby back; - Having to ask for permission to hold her own baby/having to wait for a specific time to hold the baby; - Fear, justified by the fragility of the preterm and/or low weight baby;
PROFESSIONAL TEAM	- Welcoming team; - Tightening of bonds between professional and user; - Thankfulness for the care offered by the team;	- Lack of privacy; - Remaining 24h in maternity, lack of rest and space;
STATEMENTS	*- At first I felt insecure, afraid from getting there and receiving news that we don't expect. Now, the feeling is of love, happiness, hope and victory. Every day there's an evolution (Cravo)*	*- The difficulty is not having a space in maternity, privacy. When we're waiting for the next time, we can't distract ourselves, we just think about having the child close all the time. Not to mention, we need an authorization to hold our own child [...]. (Girassol)*

DISCUSSION

The birth of a premature child generally makes the mothers feel anguish about the unexpected birth, and due to the fragile aspect of the baby, which differs from the idealized image they imagine during pregnancy[16]. The statements presented in this study highlighted the importance of the KM as a technology that makes it easier for mothers to face the hospitalization of their children.

Studies have pointed out that low socioeconomic levels, low educational levels, being single, and suffering stress during pregnancy, are factors that lead to a negative outcome to the pregnancy[17,18]. There is an inversely proportional relation between the likelihood of a preterm birth and the number of prenatal consultations[19]. The Ministry of Health prescribes that since the start of pregnancy, every woman must undergo at least six prenatal consultations, aiming to diminish the complications at birth, and guaranteeing the well-being of both NB and mother[20].

In this study, most participants said that they do have a partner, which can be seen as a positive aspect, since every woman/mother who experiences the KM must have a support networl, which makes them even safer when the emotional support comes from their partner. Such findings are reflected on the monitoring of gestation that starts in the execution of the prenatal, although only two pregnancies were planned according to the mothers.

During the prenatal, it is possible to identify women with a higher chance of having low-weight newborns; and for them, information on specific and humane medical care should be offered. In situations where there is a risk of the birth of low weight children, the pregnant woman should be taken to reference care centers, since this is the safest way to attend these women[5].

The hospitalization of the child at birth is an unexpected event. When the mother has to deal with that, she suffers, since the hospital environment is perceived as frightening, provoking conflicting feelings

that lead to anguish[21]. The hospitalization of the baby can also lead to frustrations since the baby is born different than what the mother had in mind[16].

In the context of a NU, for the mother to follow the situation of her hospitalized child, she needs other people to develop, for instance, household chores and aid in the care for her other children[22,23]. Knowing that, the social and personal networks of the parents should be considered, and findings of this procedure should be a part of the clinical history of the baby and the family.

The way in which the mothers experience the hospitalization of their child directly depends on their previous experiences. Such experiences have been accumulated since their childhood and depend on their origin and family culture. Each individual behaves and reacts differently, especially when situations of fear and anguish are confronted. The feelings of fear, insecurity, loneliness, and hope are alternatives the family have to deal with difficult moments[24].

In Brazil, the focus of the KM is to improve the care offered to the preterm NB, aiming for early skin-on-skin contact between mother and baby, and promoting a stronger affective link, greater thermal stability and a better development of the baby[5].

As made clear by the statements of the participants, all of them understand the importance of the KM, which leads to many benefits to their children, such as progressive weight gain, the strengthening of the bond between mother and child, and the faster recovery and greater safety of the child.

The KM encourages and values the presence and the participation of the mothers, considering their important role in the NU. From this perspective, informing the mothers about the benefits of the KM favors the inclusion of these women/mothers in this maternity process. In this study, the participants mentioned that the information they received about the method were mostly offered by the nursing team, and the nurse was highlighted as the professional who highlights the KM in the unit. Only two mothers received guidance about the method during the prenatal, as opposed to what the Ministry of Health prescribes when it comes to high-risk pregnancies[5].

On the theme "The feeling of a job well done: the mother's perception of her participation in the Kangaroo Method", it was found that the KM offers the mother well-being, since they feel responsible for the recovery of their children. A systematic review on the theme pointed out that the continuous presence of the mother with the baby, in addition to granting them heat and breast milk, brings many other advantages, such as the promotion of the mother-baby bond - an essential condition for the quality of life and survival of the NB after discharge from the NU. The KM is also broadly recommended by scientific evidences[8].

The baby starts to exist to their parents much before conception, and the relationship between the mother and the child is instinctive. Therefore, the Kangaroo position makes it easier for an approximation of the dyad, favors the exchange of affect, and the establishment of the bond. To this end, the KM contributes to the exercise of maternity, making it possible for the mother to exercise her role as a caretaker[25].

The Kangaroo position increases the skin-on-skin contact between mother and child, transmits care, heat, and creates conditions for the strengthening of the bond and of the affect. In the perception of the mothers, the first contact with the child in the kangaroo position would be a way to contribute to their return home, since they could make hospital discharge the babies faster by offering their own body heat to the them[5,23,26].

The skin-on-skin touch must be increasingly reestablished between the mother and the NB, for as long as they feel it to be pleasurable and sufficient, so that they can participate more in the care of the baby. The KM encourages and values the presence and the participation of the mothers, and one of its objectives is to bring them near the NU, since they have an important role to

guarantee the safety of their baby, by providing them with breastfeeding and forming affective bonds[5].

The mothers who are brought away from their routines to dedicate to caring for this child oftentimes need to be listened to, and need support to be able to give all the affective support for their children. However, for that to happen, they also need to feel welcomed in this new environment. From their statements, it was found that not all of them felt that their needs were being adequately cared for.

During the time in which the mother must be available for the NB, the support of the family makes her feel supported. The presence of the partner during the entire hospitalization process, reiterates and nurtures all the investments she conducts regarding her child. Therefore, the father must also be encouraged to hold the child in the Kangaroo position and remain as long as possible in the UCINCa. That leads all of them (mother, father, baby, family) to have a health shared interaction. For the NB, new proprioceptive, perceptive, and therefore, cognitive experiences will be possible, not to mention affective ones[5].

It is paramount for the KM assistance teams to understand this process of the unknown, respect these women/mothers as social beings, that are women in addition to mothers, as well as wives and workers, which means they need to be considered from a different perspective.

The guarantee of other spaces and activities that favor the permanence of the mother in the hospital contributes for them to feel better integrated in the environment. The creation of manual workshops, practical activities, and discussions that make it possible for the group of mothers who participate in the KM to exchange experiences, are all indicated. Regarding manual work, a successful idea is the making of objects or clothes to the NB. While the mothers sew, cut, stitch and glue what the child is going to use, they are also constructing the babies themselves[5].

The fact that the mothers feel embraced by the hospital team and by their families, keeps these women/mothers safer while closer to their children. Additionally, since in the KM the mothers themselves are tasked with the care for their children, they feel more useful and calmer.

The closer contact with the child, the monitoring of their clinical evolution and their growth, leads the parents to feel calm. Generally, it demonstrates the positive influence caused by a team whose objective is giving the initial care to the baby, in addition to offering psychological care for the mother, always including them in active roles during the experience of hospitalization of the baby.

The Kangaroo Method is a type of humanized assistance that encourages the presence of the baby as family, and secure the care they receive, contributing to the strengthening of the affective bonds. Thus, the approximation between mother and baby must be a priority of the nursing team.

CONCLUSIÓN

It is necessary to consider the role of the mother in the KM process, and the importance of the multiprofessional team in the offering of quality and individual assistance, emphasizing these women/mother as active subjects who participate in the process, identifying the mothers as people with a great need for guidance and support.

The quality of the assistance offered by the health team to these mothers and babies favors the empowering of the mother in the care of her baby, leading to a more humanized care.

This methodology tends to expand even more, since it only brings benefits to the mother and to the state, especially considering the reduced costs and hospital infections. Therefore, it is up to the health team as a whole to spread the word about this model of assistance, since the best treatment for the preterm and/or low weight baby is the humanized care.

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CONTRIBUTIONS

Tâniélyn Tuan Teston contributed in the conception and design of the research projecti, data collection, analysis and interpretation, and article writing. **Luana Cláudia dos Passos Aires** participated in the conception and design of the research project, analysis and interpretation, critical review of the content, and approval of the final version to be submitted.

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