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KANGAROO MOTHER METHOD: MATERNAL PERCEPTION OF THE DISEASE CARE GUIDANCE TOWARDS THE NEWBORN

***[1]Maria de Belém Ramos Sozinho, [1]Maria de Nazaré da Silva Cruz, [2]Suelen Garcia Machado, [2]Marlene Sousa Ferreira, [2]Bruna de Paula Santana Lima, [3]Conceição do Socorro da Damasceno Barros, [4]Adams Brunno Silva and [5]Ilma Pastana Ferreira**

[1]Msc. Nurse. Teacher of Nursing at Centro Universitário do Pará
[2]Nursing student at Centro Universitário do Pará;
[3]Nurse. Teacher of Nursing at Centro Universitário do Pará
[4]Nurse, Mastering degree in Nursing at Universidade do Estado do Pará
[5]Nurse, PhD in Nursing. Teacher at Programa de Pós-Graduação em Ensino em Saúde na Amazônia

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****Corresponding author:***
Maria de Belém Ramos Sozinho

ABSTRACT

This study aimed to recognize the maternal perceptions of nursing team in the orientation of newborn cares in the Kangaroo Method (KM). It is a descriptive study, with qualitative approach, performed at Hospital Fundação Santa Casa de Misericórdia do Pará (FSCMPA). It was developed with 16 mothers of newborns admitted to the Intensive Care Unit (ICU) as the first stage; The second stage is marked to be the Kangaroo Mother hospitalization. It was approved at Committee of Ethics and Research of CESUPA and of FSCMPA and obeys466/12 of CONEP resolution. By the collected reports it was identified some thematic categories. The study showed that after the guidance provided by the nursing staff, mothers feel welcomed and are safer to take care of their babies. Nursing, together with the multidisciplinary team, has played a fundamental role in the implementation of KMM and in strengthening the affective bond between the baby, the mother and her family.

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INTRODUCTION

The Kangaroo Mother Method (KMM) is a model of perinatal care aimed at improving the quality of care. It is developed in three steps according to Ordinance GM / MS 1.683, of 12July 2007, which starts from the principles of humanized care[1]. Implies skin-to-skin contact between the mother and the low birth weight newborn, increasing and for both understand it to be pleasurable and sufficient, thus allowing parents to care for the child. The MC consists of keeping the lightweight newborn slightly dressed, in contact with an adult's chest, just as marsupials do, that means, as a kangaroo that raises her pup in a ventral pouch, where she suckles and protects her pup (BRASIL, 2009). The low weight to birth weight, defined as weight below 2,500g, and prematurity are largely responsible for neonatal mortality, accounting for 69% of all neonatal deaths and functional disorders among survivors (BRASIL, 2000).

In the KMM, the mother gradually replaces the incubator while maintaining the warm baby through the child's contact with his skin, and the practice begins with in the hospital and remains at home, following close monitoring by the health team. The Benefits of KMM includes reduced morbidity and length of stay facilitates adherence and breast feeding in the parents' sense of competence (TOMA, 2003). In Brazil, the Ministry of Health has launched the guideline for the implementation of KMM, establishing guidelines for its application in the Unified Health System (UHS) units, having as proposal essentially the caring, aiming that the women or mother are the caregivers primary Thus, it is worth reflecting on the aspects that could influence the KMM practice, seeking results from their interactions with hospital staff and family (TOMA, 2003). KMM is applied to neonates with 35 weeks of gestation stable in the delivery room. The method is divided into three steps:

The first stage is the period after the birth of a low birth weight newborn who, Is unable to go to the joint accommodation. Needs admission to the Intensive Care (ICU) newborns below1, 200gm. The 2nd stage is when the new born is discharged from the ICU, is stabilized and will remain monitored your mother's continuous at t this stage, after the adaptation and training period in the previous stage, the mother and child will be able to stay in a joint ward, where the kangaroo position will be held for as long as possible. This ward will act as a pre-discharge "internship" of the mother and child, allowing clinical stability: Full enteral nutrition (chest, gastric tube or cup); Minimum weight 1,250g; Daily weight gain greater than 15g. Step 3 consists of the appropriate follow-up of the child at the outpatient clinic after discharge. It should be taken into account that it is the child who will determine the length of stay in the kangaroo position, which occurs in generally, when it reaches the ideal weight (BRASIL, 2002). After the weight of 2,500g, the accompaniment will be oriented according to the norms to monitor growth and development of MS, and weight gain should be adequate for three days before discharge. After discharge, the first consultation should be held in until 48h, and the others at least once a week and the care in the hospital unit of origin must be guaranteed until discharge from the third stage (BRASIL, 2002). This study aimed a) to know the maternal perception of the Nursing team in guiding newborn care in the kangaroo method; b) Identify the guidelines passed by the Nursing team on the qualification of mothers for their co-participation in the kangaroo method and; c) To characterize the clinical conditions of NB admission using the weight-related kangaroo method.

MATERIALS AND METHODS

It was a descriptive study with a qualitative approach. This research was conducted at the Hospital Fundação Santa Casa de Misericórdia do Pará (FSCMPA), referral in obstetrics and neonatology for the entire state. Its essential purposes are assistance, teaching, and research in consensus with the care profile in child health care, women's health care and kangaroo mother ward, where the first and second stages are performed, the third stage of the Method is at the outpatient clinic. Sixteen mothers of neonates admitted to the study participated in this study. The participants agreed to participate in the interview after signature of the term of Informed Consent. The research was done through as emi-structured form with open and closed questions, which consisted of questions previously formulated and that value the presence of the researcher allowing the actors of the achieve freedom and spontaneity necessary to enrich research. The data were collected from the mothers through a previously scheduled interview, according to the availability in the kangaroo mothers ward, 2nd stage. The interview took place in the Kangaroo mother ward meeting. Data analysis was performed using the content analysis technique. In the first stage, the full report of the research subjects was transcribed. The second material exploration stage is essentially characterized by an operation, which aims to reach the core of text comprehension, where the researcher seeks find categories that are expressions in meaningful words against which the content The interview will be organized. The third and last stage consisted in the treatment of the results obtained and interpretation, in which the gross results are submitted in categories, which allow highlighting the collected information (MINAYO, 2007).

From this, the analyst proposes inferences and makes interpretations based on theoretical frameworks that address and direct the concepts related to the study in question, according to the interviewees' statements. It was time to group the answers by questions so to point out the repetition of statements of the deponents that are related to the theme and forming the categories and subcategories from the analyzed content. The confidentiality and privacy of the participants was guaranteed through their codification with pseudonyms formed by the initial of the word mother (M1, M2 ...), followed by an Arabic number which was adopted in ascending order. Data collection began after approval by the Research Ethics Committee (CEP) of the Para University (CESUPA) and FSCMPA, under number CAEE 1.792.034.

RESULTS AND DISCUSSIONS

From the reports of the interviewees, it was possible to identify some thematic axes and organize them into categories. Observing in the speeches of the mothers, the following categories emerge: CATEGORY 1: Factors that interfere and influence MC; CATEGORY 2: Care performed with the NB based on the nursing team's guidelines (this subdivided into 2subcategories: Subcategory I: Newborn Care: Nest's Contribution to Weight Gain; Subcategory II: Newborn Care: Handling Hygienic Care and Breast feeding); CATEGORY 3: Coping with newborn care in prematurity; CATEGORY4: Difficulty that mothers have encountered in KM.

CATEGORY 1: Factors that Interfer and Influence KM

According to the interviews, it was observed that fourteen mothers are able to maintain positioning for a long time and two mothers fail to do the kangaroo positioning, claiming lack of bag and very low weight. Regarding the factors, they report that the prematurity influences to keep in the method for a long time. From the reports of the research subjects, this category have emerged a subcategory: KM's position and mother's heat to gain weight. According to this subcategory, the mothers report that they put the child in the kangaroo position to gain weight because the positioning of the method allows less handling and promotes greater physiological stability.

CATEGORY 2: Caring for NB from the nursing team guidance

When mothers were asked about their newborn care, they revealed the importance of learning keeping in the nest to gain weight, so like changing diapers and baths, instead of the insecurity and fear. This category emerges in 2 subcategories: Caring for Newborn: Nest's Contribution to Weight Gain and; Caring for the Newborn: Handling Hygienic Care and Breastfeeding. In the first subcategory was observed that the nursing staff guides the mothers for the care of premature infants who need specialized care, such as nesting and the baby hygiene, diapering, bathing and breastfeeding. In the second subcategory, mothers reported that weight gain in the nest is the most performed with the NBs based on the nursing team's guidelines besides telling that hygiene, diaper changing and breastfeeding were the main information and the most practiced.

CATEGORY 3: Facing Nb Care In Prematurity

According to the interviewee, it was observed that most of the mothers were afraid and insecure at first, but over time and with team guidance, they would suiting the practice. The

prematurity, according to the study, represented a sudden rupture in the relationship between mother and child, and the prolonged hospitalization may pose risks to NB's physical and mental development, thus a psychological attention in these cases are extremely important in the strategy of assessment with prevention and health promotion of newborns.

This category emerged a subcategory: Insecurity and Fear. Reflecting on the speech of mothers when asked about the coping with care, in difficult times that these mothers spend many sometimes silent, unable to expose their sufferings, they report being a sad, distressing moment. Passing to the discussion, the kangaroo position is known to provide several benefits such as decreased risk of apnea, the appropriate body temperature of the baby from the mother's body contact, decreased nosocomial infection, breastfeeding promotion, neurological development, and strengthens affective bonds between mother and child (BRASIL, 2000). The method consists of three components: continuous kangaroo position (mother-to-skin contact) baby 24 hours a day 7 days a week for a long time); exclusive breastfeeding (ideally); and early hospital discharge in kangaroo position with strict follow-up out patient. Once the baby is clinically stable, requiring only warmth, infection protection and proper nutrition, the baby is entrusted to his mother to finish the growth next to her, similar to marsupials. The kangaroo mother illustrates the three key components of the model: heat, breast milk and love (BRASIL, 2011). The kangaroo position consists of keeping the underweight newborn slightly dressed, prone, in an upright position, against the adult's chest (BRASIL, 2000), but it may not be performeddue to bag unavailability.

> Emphasizes the importance of family insertion in care such as diaper changing, bathing, tube or oral feeding, temperature check, breast suction, method(skin-to-skin contact between mother / father and child), together with the promotion of a family environment. Families may be encouraged to customize the newborn bed, bringing home objects such as family photos, quilts and clothes from the baby in addition to toys (ROSO *et al*., 2014).

Generally, mothers are anxious to take their children home, which arouses feelings of happiness, joy and comfort for being watched. The involvement of the health team, which takes care of the children, is seen as a way of guaranteeing the integral and mothers, continuing the care provided (ROSO *et al*., 2014). Nursing follows the growth and development of the child since pregnancy, undergoing childbirth, and reaching the neonatal period, thus having an important role in the new born health care. Maternal participation in the recovery of the child is directed to the habit of breast feeding and participation in hospitalization care. Thus, parents, when actively involved in care, have greater confidence and less anxiety to help in this care, which was previously restricted to health professionals. Then, the real knowledge of the situation of the child is necessary to the mother's confidence development in the newborn care (ROSO *et al*., 2014). The scientific productions of breastfeeding in prematurity highlight the importance comprehensiveness, to understand the child, the woman and the family in their social context (RAMOS; CUMAN, 2009). The support, through health education, mothers of premature newborns can establish and maintain breastfeeding (ROSO *et al*., 2014).

Birth weight is the best predictor of the newborn's immediate and future health standard, being the very low weight considered relevant in the infant mortality rate. With that, the nutritional status of a newborn at birth varies according to the intrauterine living conditions has been submitted. The nutritional adequacy of the fetus can significantly influence the morbidity and mortality of the newborn. Being born prematurely puts the newborn in a condition of great nutritional risk. Food represents an ongoing challenge for those responsible for the nutrition of the especially those premature and very low birth weight (OLIVEIRA; SIQUEIRA. ABREU, 2008; ALVES, 2015). Changing diapers is considered a stressful procedure for the premature, not raising the legs and hips above trunk level since this can lead to increased intracranial pressure, increasing the risk of ventricular intracranial hemorrhage (TAMEZ, 2009).

Among the manipulations performed in the hospital routine, bathing is a life activity aimed at cleaning and protecting the body's outer lining, stimulating circulation skin, providing a feeling of comfort and well-being (MEDEIROS; MASCARENHAS, 2010; DAMASCENO *et al*., 2014). This proceeds characterized by a high level of manipulation of the baby, which can produce several reactions in the newborn. Thus, the bath should be performed taking into consideration the physiological condition and / or behavioral changes that the baby presents (BRASIL, 2009).

> Skin care of newborns (...) should seek to preserve skin integrity, prevent toxicity and avoid harmful chemical exposures to the skin. In new born preterm infants, the bath should be given every four days. Water temperature should be close to body temperature (37 ° C-37.5 ° C) (FERNANDES; MACHADO; OLIVEIRA, 2011).

Thus, the KMM recommended the humanized bathing procedure, as being the most indicated when assisting low birth weight infants, where the newborn is immersed in warm water to the neck, no exposure to airflow and containment of the flexor pattern by winding with diaper towel in order to avoid stress, motor disorganization and energy provide relaxation and pleasure to the submitted newborn (BRASIL, 2009; FERNANDES; MACHADO; OLIVEIRA, 2011). Families experience sometimes to contradictory existential situations of hope/hopelessness, sadness / joy and separation / attachment. The mothers of these babies can present conflicts of roles (mother, wife and professional) due to homelessness, Neonatal Intensive Care Unit (NICU) (OLIVEIRA; SIQUEIRA; ABREU, 2008). Premature birth and hence hospitalization of the baby is a stressful experience and source of fears, which involves a period of adaptation with the permanence of mothers in joint accommodation, where they are separated from their child and family life. This entails variety of feelings, from the frustration of not having a healthy child who could take home after hospital discharge, until the sadness and anguish of the hospitalization of the child and the uncertainty of survival of the same (LELIS, 2014).

> The separation of the newborn from the mother usually causes feelings of sadness, fear, stress, fragility and insecurity regarding the baby's life. Sometimes the mother isblamefor his son's suffering, having to leave him alone. The promotion of an environment of family interaction becomes essential at this stage for the establishment of the maternal bond and attachment of parents to their child and

vice versa as it provides encouragement and support in their interaction during child care and recovery (ROSO *et al*., 2014).

Hospitalization of the newborn in a neonatal intensive care unit may express a scenario of greater fragility for the mother and intensify the emergence of disturbances maternal emotional problems, such as depressive and anxiety symptoms, since this situation is very distant from that initially conceived for the first days of the child's life (SEPHAR; SEIDL, 2013). Given prematurity, mothers replace the euphoria of birth with anguish and uncertainty, and although they rely on the treatment of the experts, they express feelings of fear, anxiety, and sometimes denial before accepting the baby survivor (LELIS, 2014). The present study was developed in the second quarter of 2016 at FSCMPA, in two Kangaroo method. Sixteen mothers participated in the 2nd stage, although, there was no research in the3rd stage, as we did not find mothers and newborns available during the period of data collection in the outpatient data collection. The result of the research was extremely important for nurses and health professionals in order to provide quality and humanized care. It has provided a great experience, expanding the researcher's knowledge contributing to future mothers by offering them information about possible complications that may arise during the neonatal period in addition to clarify the nursing team guidelines in the care of newborns, ensuring affection as well as performing a holistic approach to the patient, taking care of the physical, social and the emotional of the person.

Final Considerations: Prematurity is due to diverse and unpredictable circumstances, and may occur in all places and social classes. It entails a difficult cost for families and society at a large and directly affect family structure, changing expectations and yearnings that permeate perinatality. Nursing, together with the multidisciplinary team, has played a fundamental role in KMM implementation and the strengthening of the emotional bond between the baby, the mother and her family, the bond that starts from pregnancy and may be compromised after birth premature. This study is important in order to know the maternal perception about the nursing in the orientation of the care with the newborns and demonstrated that after the provided by the nursing staff, mothers feel welcomed and are safer to caring for their babies. It was also possible to visualize the affective bond between mother and child, the importance that the kangaroo method brings to the baby and a better and a significant improvement in the affection and strengthening of this bond promoted by the KMM. Weight gain in nest building and maternal warmth with skin-to-skin contact for the warm development provided by affection and love. The research contributed to the construction of a more critical thinking about the reality experienced in the KMM program, because although this is developed in the locus of the research, there are still issues to be addressed as the difficulties of mothers both in the sentimental area, which was evidenced in the statement of mothers in the care of the NB and the difficulty in handling, changing diapers and bath that is differentiated, breastfeeding has to be careful with the breast to stimulate lactation, because some of them seemed sad to see their baby fragile and dependent on care, others depressed for not having enough milk to do the milking. At least, the research aimed to stimulate academics and nursing professionals, in order to benefit better care that qualifies mothers for their co-participation in the kangaroo method and the importance of adherence of the multidisciplinary team encouraged by the World Health Organization (WHO). As the results are extremely important for the scientific community, serving as a basis for further studies on the subject.

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