

WHAT THE PARENTS THINK ABOUT NURSING CARE TO THE PRETERM IN NEONATAL INTENSIVE CARE UNIT?

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ABSTRACT

The nursing care of preterm newborns (PTNB) should be differentiated, because it implies in to secure individualized assistance for a child with peculiarities, including his family. Objectives: To understand the perceptions of parents of PTNT about the nursing care in a Neonatal Intensive Care Unit (NICU), as well as identify inherent aspects to this service. Methodology: A qualitative, exploratory and descriptive study, conducted in the NICU of a public hospital in the city of Feira de Santana-BA. Were conducted semi-structured interviews with nine parents, examined using content analysis of Bardin. Results: The parents perceive the nursing care tied to the technical procedures, besides identify conduct humanized by the form they touch and talk with the children. Also evidences that professionals perform procedures with responsibility, showing still care and affection. It emerged that parents trust on the team and who adopt the child's evolution as parameter of evaluation of care. Conclusions: It reinforces the need of the nursing professionals of NICU incorporate the humanized care, individual and centered in the family.

Keywords: Intensive Care Units. Neonatal. Nursing Care. Infant. Premature. Parents.

INTRODUCTION

The need of hospitalization in a Neonatal Intensive Care Unit (NICU) implies receiving the PTNB infant in a greatly different environment from the intrauterine one, full of equipment and technological resources where they will be given special care for their survival and well being.

For the parents the NICU represents both the hope for recovery as well as the fear of losing a child. Parents with children admitted in this type of unit experience emotions such as fear, anguish, anxiety, loneliness, which intermingle, on the other hand, with the faith, happiness and hope. Given these feelings, the team of professionals of NICU must deliver the necessary care for the recovery and well being of the newborn infant, combining the human care and motivating the relation family-baby⁽¹⁾.

Considering the prolonged period of time of admission of a PTNB infant, the best approach of assistance should be the one centered in the child and family, so that their demand is the

main decisive factor for the interventions, highlighting that the hospitalization may be a trauma, both for the child, as for their family⁽²⁾.

The Nursing, for being the health profession which is in direct contact with the patient and their family, must worry about a type of caring which is aimed at the emotional issues as well as the individual comfort; not allowing that the excessive working hours, the high level of tension, with an intense and exhausting work rhythm, bring negative factors for the practice of humanized, individualized and centered in the family type of care.

The premature infant admission in a NICU is a situation of crises for the whole family, because besides being a strange and frightening environment, we add the fact that the real baby can be different from the one that was imagined before. This way, the family experiences some tension between the approach and detachment from the baby – due to the admission, rules and routine of the NICUs -, family conflicts and the possibility of the NB infant's death⁽³⁾.

Starting from the problematic that the

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humanization of the nursing care delivered to the premature newborn infants (PTNB) admitted to a NICU can be neglected, at the same time that some technical and specialized procedures can be valued rather than emotional and individual issues that concern the care, it appears as a research question; "What is the perception of parents concerning the nursing care delivered to the PTNB infant in the Neonatal Intensive Care Unit?"

Thus, the present paper had as objectives: to understand the perception of parents of PTNB infants about the nursing care in a Neonatal Intensive Care Unit (NICU), as well as to identify inherent aspects to this assistance.

METHODOLOGY

It is a qualitative, descriptive and exploratory research. The field of this research was the NICU of a public hospital in Feira de Santana (Bahia). As some inclusion criteria we considered: being the father or the mother of a PTNB infant admitted to the NICU for at least four days; having visited the child at least three times and participating voluntarily in the research.

Regarding the ethic aspects, the subjects were identified with names of birds in order to guarantee the confidentiality of identity and secrecy. The research had the approval of the Ethics Committee of Maria Milza College (FAMAM), protocol nº 072/2010.

It was used the technique of semi structured interview, because it enables the interaction of researcher-researched and it allows the immediate collection of indispensable information, allowing the interviewer to make the necessary adaptations and the formulation of questions in a more free way ⁽⁴⁾. For conducting the interview, it was used two guiding questions: 1-Talk about the assistance that your child has received from the nursing team in the NICU; 2-How is your child being assisted?

The interviews were recorded and performed in a private room of the Kangaroo Accommodation, in order to guarantee some privacy to the interviewee. The data collection happened in November, 2010, preferably in the morning, because at this time there was a bigger frequency of visits of parents to the NICU.

The data was analyzed according to the Content Analysis proposed by Bardin, which allows identifying the main elements in the speeches in a specific group ⁽³⁾. The following categories emerged: **Care with the Newborn; Evolution of the Newborn infant as a result of the care; Attention of the Nursing team with the family; The trust as a care tool.**

RESULTS AND DISCUSSIONS

The study subjects were nine parents of PTNB infants. The results revealed the theme universe of the nursing care delivered to the premature infant and their family in a NICU, from the perception of the parents.

Care with the newborn infant

In this category, it is discussed about the care with the NB infant concerning the technical procedures reported by the parents, and the care regarding the approach of the nursing professional towards the child.

Technical Procedures: a strategy for the humanized care

In this subcategory, it is evident that for the perception of the parents of PTNB infants, the nursing care is associated with the technical procedures, which are translated as working hours fulfillment, tenderness when dealing with the child, care about hygiene and comfort.

I'm always... I get in at the time they are medicating them and sometimes also feeding them... and everything at the right time... all at the right time (Beija-flor)

If she poops, they always change her, they never leave her dirty, if she pees, they change her, feeding at the right time, they do not leave her crying (Sabiá).

We've already seen them giving milk, feeding him through the catheter. [...] they bathe and feed him at the right time (Pássaro Preto).

The nursing interventions must promote comfort for the child as well as help them with the transition from the intrauterine to the extra uterine life, avoiding stress, unnecessary manipulation and undesired stimulation. It is evident that the care delivered to the child such as body hygiene, diapers change and the

environment hygiene are seen by the parents as a nursing role ⁽⁵⁾.

Some nursing procedures performed with the children and seen by the parents as something important for the comfort and convenience of their children were characterized by the delicacy in its execution.

The nursing assistance is really good, you know! [...] They do not let them cry and sometimes they are in such a position there and we know they are feeling bad [...] They go and turn the child... they are extremely careful (Sabiá).

I've already seen them putting [...] catheter, isn't it? It's a kind of boring procedure for him [...] but it's conducted with a lot of delicacy (Canário).

It was also realized that the professionals asked for the parents to leave in order to perform some procedures which were more invasive and/or considered shocking for them.

Sometimes they ask us to leave because usually the child may have some reaction, you know! [...] when our baby had a crisis, she called the doctor and started with the procedures and said: "Father and mother, leave the room. We'll call you back in a while because it's fast" (Azulão).

When they are going to perform some procedure we have to leave. Then, it's impossible to see what happens there at this time (Gaivota).

During the intensive care the procedures are more complex and equipped with specific techniques, in order to focus on the recovery of an immature being, with an approach that is centered on the child and with no spaces for the insertion of the mother in the work organization ⁽⁶⁾. It is common that the care delivered to the NB infant is assumed by the neonatal team in its totality. It makes the parents start to believe that in such environment, only the professionals have to assist and provide the newborn infant necessities, and their role is only to observe everything that happens ⁽⁷⁾.

The parents are asked to leave the room because the procedures usually cause irritation and stress for the child; it is a way of avoiding them to see their child suffering. This way the team ends up joining the contextual power with the feeling of impotency and suffering of the parents.

They ask us to leave because, as in my son's case, he's very restless, so when you touch him, he

starts crying. We can't stand seeing our kid crying, can we? (Canário).

She doesn't let us see it. Not even drawing blood... not only from our baby, but other ones as well. They're afraid we see it and feel frightened, did you understand? (Sabiá).

They ask me to leave, then I do it. They say mothers feel pity... when they are puncturing the little baby. It's because mothers feel pity, then they ask us to leave (Bem-te-vi).

The possibility of suffering is an explanation used by the professional for the absence of parents during the procedures. However, we highlight that the staying of the parents together with the child during any procedure must be discussed and not be previously instituted that they leave for this care performance. So the team should make it flexible for the family to stay at the moment they feel prepared and consider it seasonable to be with the child.

In this perspective, the anxiety and suffering welcoming can help for the redefinition of the nurse work, in which their "know how to care" is characterized by the bond, by the responsibility ⁽⁸⁾.

The humanized care from the interaction professional/newborn infant

In the NICU, even valuing the techniques and sophisticated procedures, is also fundamental that the nursing team find some measures to minimize the suffering and the pain of the child and their family. With this, they must be aware in order to provide some assistance which is based on the humanization and integrality ⁽⁹⁾.

Taking into consideration the humanized care, the opinions of parents converge as they report the presence of care, love, attention, responsibility, dedication, dialogue and approach of the professionals during the assistance to the PTNB infant.

They say kind words, take care of her a lot; [...] they express some type of love, all that attention which makes her feel good; [...] she always goes there and plays: "Why are you crying little doll?". Then they're always there with all love, attention with the babies. (Sabiá).

They keep cuddling him, give him the pacifier, so that he's calm. [...] they treat him with a lot of affection (Bem-te-vi).

We see there's a lot of love from them, a lot of attention and care. [...] they talk, get close, touch, talk (Azulão).

The humanization establishes a meeting between the nursing team and the sick NB infant where the essential condition is the willing to find and be found and this meeting presupposes that they listen, look and have a clear, open and loving contact ⁽¹⁰⁾.

For parents, the humanized care emerges from several ways:

Having affection with the child, doesn't it? Because some people think that caring is to give all the equipment, all the tools; [...] it's not about this. The child for them is... to be secure, people have to manipulate and talk to him; so that he knows there's someone there who's taking care of him. He's in a safe place. So the affection is more important than some equipment there (Canário).

We keep observing how they treat the baby. And not only ours. The other babies who are outside there [...] when they cry the nurses come to play, and... you know... they have all that affection, then it's possible to realize they've been well treated (Sabiá).

In a study about the nursing work in NICUs, it was realized that ⁽⁵⁾ the care of the nursing team delivered to the babies was considered very loving. The parents evaluated that the team was considerate and responsible and they observe what they do with their child and other ones as well. For some parents, the dialogue between the nursing team and the NB infant is also a synonym of affection and attention and they emphasized the verbal communication of the nurse with the child during some procedures:

They talk to the child: "Oh baby, mom is here, you see? All will be fine, you're gonna be better soon, you'll leave it here". They're medicating and talking to the baby (Patativa).

She arrived and Said: "Calm down Guy! Go to sleep. You're making this noise again?" It's like some love feeling with him (Andorinha).

These reports show the interaction of the nursing team with the NB infants, and they indicate ⁽¹¹⁾ that the nursing team acts individualizing and rebuilding the care and that the NB infant behaves as an active and receptive subject, realizing and interacting with the nurse professional. This way, the communication with

the NB infant represents the preoccupation of the professionals with giving them attention, valuing their existence. This action is reported by a father:

He doesn't understand what the... nurse is saying, but he gets calm when we talk to him (Canário).

In this context, we highlight that the communication must systematically integrate the care of the baby, in a way it guarantees the applied/implemented care is always individualized and humanized.

Evolution of the newborn infant as a reflex of the care

For the parents the recovery of the health of the child, through some improvement of the clinical condition, meant that the NB infant was well cared.

He arrived there really complicated, his medical situation, and today he's going home, isn't him? So he was well cared (Pássaro Preto).

His improvement as for the other babies. [...] they already took out the tube yesterday, now there's only the little one in his nose, they've already taken out the one from his mouth. He's getting better. [...] yesterday he was still with little tube in his mouth to breath, today he's without it, only in the nose. This is some improvement (Azulão).

This view reflects the incorporation of the biomedical model, as they associate the good care with the positive responses to the treatment. In this perspective, the care restricts to the health recovery from the exclusive acting on the illness, through technologies that control it ⁽¹¹⁾.

It is evident in the research the attitude of the parents of qualifying the nursing assistance, having as a basis the recovery of their child and other NB infants in the same unit as well, besides considering the short period of time in which there was some evolution. This evidence shows that the meaning of this evolution is translated in the reduction of equipment/apparatus used by the child.

The NB infant frequently has at least one venous infusion, wires connected for monitoring them, endotracheal tube attached to a respirator and, most of the times, they stay in the incubators ⁽⁹⁾. When the parents see the gradual reduction of this equipment/apparatus, they associate it with a good evolution of the child.

Attention of the nursing team with the family

The parents report that the nursing team attention towards them happen through the doubts explanation, transmission of information and incentive about the bond with the NB infant.

They teach how to hold, how to leave her quiet. Place the hand on the head and on the legs. [...] When she's restless, then they tell me to do it (Bem-te-vi).

So she always explains what things mean [...] If I want to hold the baby, if I want to stay with her, then they teach me I can stroke her, I can stay with her, hold her in my arms, I can ask [...] she's always there willing to answer (Sabiá).

The support given to parents and family in this process turns really important, implying special attention. Then, the nurse professional must provide some attention to the family and be able to help them to overcome fears, insecurity, doubts, anxiety and obstacles which may harm the way to deal with the admission of the child. The nursing team ⁽⁸⁾ must understand the experience of parents in an extreme situation, in order to be willing to value the different ways of confronting each individual has when facing difficulties, the ways they experience the pain of separation, the illness and the loss of body contact.

Through the reports, we can infer that the care emerges and restricts in giving information and/or stimulating the approach towards the NB infant, at the same time the emotional issues has not appeared yet.

Although the PTNB infants are surviving due to the high technologies and new knowledge, their admission in the NICU may result in some troubles for the families, because they may have doubts about the used interventions, considering that the NICU is an area that presents extremely high technological advances. Even the fact that the machines technology is indispensable for this assistance, we must not substitute the family and human care ⁽¹²⁾.

I sometimes get a little nervous because his feet get loose and the heart thing is free. Then I call the nurses, they go there and explain why, it's because he moved his foot, put one foot on the other. At the time we call them and look for some things, they talk to us, have attention (Pássaro preto).

The parents claimed that they received explanations about some procedures that were being carried by the professionals, during their execution.

They say they're going to give some medicine to him... they would put... that one there was his food... they gave in the vein (Bem-te-vi).

Sometimes when they are going to give some medicine, and I'm near them: "Oh mother, I'm going to give him some medicine" (Patativa).

They say they're going to carry the procedure: "Oh mother, I'm giving medicine, I'm giving serum, I'm giving [...]" (Azulão).

The effective presence of the nursing team is as important as the technical procedure, because it is not always that it works so well in stressful situations. The essence of human caring is assisted and understood only seeing, listening, and feeling the NB infant and the family as whole. Then, the nursing team has the responsibility to involve the family, focusing on the parents, on the direct care towards their babies ⁽⁹⁾.

Concerning the incentive to the bond between family and NB infant, the parents claim that the team makes them feel calm when they approach their babies and exemplify how the team acts.

Even the time I spend with them, they praise me: "Oh mother, keep talking because it's helping!". Then I know they're also paying attention to me. So it makes me feel calm (Patativa).

They explain to us that when we arrive, we have to hold our baby's head tight, talk. [...] they tell us [...] to talk a lot because it helps the baby a lot, to stimulate the kid helps so much; [...] they tell us to be firm (Azulão).

They tell me that when I visit him, I must touch him, stroke him, hold him. They even gave me some information explaining the importance of the mother's touch. [...] they say we must stroke the baby, so that he feels our presence (Andorinha).

We realize that the nursing team attention with the parents transmits tranquility, making them believe that the bond construction is a benefit to the recovery of the child.

The contact of the family with the baby, its stimulation through touching and talking to the family – mainly the parents – emerge as positive factors for the recovery of this child ⁽¹³⁾, and they

are realized by the parents, as it is shown in the following speech.

The more we go there for him to feel our presence, the better for him; the recovery is faster (Andorinha).

The establishment and maintenance of the bond ⁽¹⁴⁾ during the hospitalization is fundamental for the awakening of the care of the family towards the NB infant, because it accelerates their health recovery process. In the first contact of the parents with the NB infant, it must be explained all the involved equipment for the care and the reasons why they need intensive care and what will be the treatment course.

The trust as a care tool

In this research, the trust is understood as some strong hope in somebody, a feeling of insecurity, of certainty, tranquility, calmness of someone who trusts in the probity of somebody.

The parents report that even when they are far from their children, they feel secure regarding the assistance received by them, supported by the trust they have on the professionals.

They pass on even some trust to us who are mothers and are far, and sometimes we go home and leave them there [...] they treat them as if they were relatives [...] as if they were someone from their family (Sabiá).

There they're well treated, as if they were their mother (Bem-te-vi).

It looks as if they were a niece or son, you know? As if they were really close to them (Canário).

These speeches show the closeness from the team towards the child, something that enables the family to trust the health professionals, allowing tranquility in the moments they cannot be present.

As they receive some guidance and trust the team who takes care of their child, positive feelings emerge among parents, such as faith, happiness, trust and hope, because they understand that the professionals are able to perform their role ⁽³⁾.

They talk to us. The way they give information, the way they treat us. This way we see they are really prepared to do their job (Azulão).

I go home really relaxed; with clear conscience [...] because I know my daughter is in good hands [...] with people who are with her 24 hours, for everything she needs, they are willing to help her. So I go home with no preoccupations at all, really relaxed (Sabiá).

We keep wondering if something happens when we're not there, you know? But we see the way they treat the patients. We get secure. [...] we're fathers, we [...] want to be with our children all the time, don't we? But I feel secure when I get out of there; I always know they're taking good care of him (Canário).

We realize that the parents refer to the nursing care from the close relation between the PTNB infant and their family, through closeness and the dialogue. This way the nursing care must include a trust, security and helpful relation, in which the team identifies the necessities of the family and patient, benefiting their treatment ⁽¹⁵⁾.

Therefore, the care must flow calmly and consistently, consolidated by the mutual interest and respect to individuality, solidified with true attitudes, through the partnership between family and the nursing team. This way, the trust may emerge as a tool (or strategy) of care.

FINAL CONSIDERATIONS

According to the interviewed parents, although the nursing assistance focus on specialized technical procedures, they stand out in the care delivered to PTNB infants with love, affection, attention, responsibility and security. The parents showed they trust the nursing team during their absence in the NICU and they observed that some professionals encourage the bond in the moment of the visit.

The nursing assistance in the researched NICU inserted the family superficially, because they include the parents as caretakers and co-participants of the assistance. The parents identified the technical care and also other cares related to the humanization, emphasizing that the approach of the nursing professional towards the NB infant contributes to their positive prognostic, besides the fact that it passes on trust and decreases their anxiety.

It is necessary that the nursing professional who works in the NICU is always updated concerning some knowledge about the

humanized care, considering they deal with patients who have recently arrived at the extra uterine world every day routine, who cannot present, not even understand the language yet.

This way, we hope the nursing team inserts the family in this process, straightening the bond that links them. We suggest the performance of professional qualification activities by the health services about this theme, considering the fact that some professionals still have isolated practices regarding the humanized care, in order to guarantee the incorporation of the humanized care as an institutional philosophy and a personal practice.

We still emphasize that the care of the PTNB infant must be focused on the family. The team

must share the care of the child with them through a straight relation and with such closeness that allows the parents to feel welcomed in order to clear their doubts, share their anxiety and fears and so that they can take care of their babies still in the NICU in a relaxed way.

Then, the importance of a sensitive listening emerges, something which will enable the health professionals to listen to parents, so that the care is not restrict only to information and their approach attempt towards the PTNB infant; but they should focus on the necessities the parents show and their individualized demands as well.

O QUE PENSAM OS PAIS SOBRE ASSISTÊNCIA DE ENFERMAGEM AOS PREMATUROS EM UTI NEONATAL?

RESUMO

O cuidado de enfermagem a recém-nascidos prematuros (RNPT) deve ser diferenciado, pois implica garantir assistência individualizada a uma criança com peculiaridades, incluindo sua família. Objetivos: compreender a percepção dos pais de RNPT sobre a assistência de enfermagem em uma Unidade de Terapia Intensiva Neonatal (UTIN), assim como identificar aspectos inerentes a essa assistência. Metodologia: Estudo qualitativo, exploratório e descritivo, realizado na UTIN de hospital público do município de Feira de Santana – BA. Foram realizadas entrevistas semiestruturadas com nove pais, examinadas segundo análise de conteúdo de Bardin. Resultados: Os pais percebem a assistência de enfermagem atrelada aos procedimentos técnicos, além de identificarem condutas humanizadas pela forma como tocam e conversam com as crianças. Evidencia-se que os profissionais realizam os procedimentos com responsabilidade, demonstrando ainda carinho e afeto. Emergiu a percepção de que os pais confiam na equipe e que adotam a evolução da criança como parâmetro de avaliação do cuidado. Conclusões: Reforça-se a necessidade dos profissionais de enfermagem das UTIN incorporarem o cuidado humanizado, individual e centrado na família.

Palavras-chave: Unidades de Terapia Intensiva Neonatal. Cuidados de Enfermagem. Prematuro. Pais.

¿QUÉ PIENSAN LOS PADRES SOBRE LA ASISTENCIA DE ENFERMERÍA A LOS PREMATUROS EN UNIDAD DE VIGILÂNCIA?

RESUMEN

El cuidado de enfermería a recién nacidos prematuros (RNPT) debe ser diferenciado, pues implica en garantizar asistencia individualizada a un niño con peculiaridades, incluyendo su familia. Objetivos: Comprender la percepción de los padres de RNPT sobre la asistencia de enfermería en una Unidad de Vigilancia (UVIN), así como identificar aspectos inherentes a esta asistencia. Metodología: Estudio cualitativo, exploratorio y descriptivo, realizado en la UVIN de hospital público del municipio de Feira de Santana, Ba. Se realizó entrevistas semiestructuradas con nueve padres, examinadas según análisis de contenido de Bardin. Resultados: Los padres perciben la asistencia de enfermería asociada a los procedimientos técnicos, además identifican conductas humanizadas por la forma que tocan y charlan con los niños. Se evidencia que los profesionales realizan los procedimientos con responsabilidad, aún demostrando cariño y afecto. Emergió que los padres confían en el equipo y que adoptan el desarrollo del niño como parámetro de evaluación de cuidado. Conclusiones: Se refuerza la necesidad de que los profesionales de enfermería de las UVIN incorporen el cuidado humanizado, individual y centrado en la familia.

Palabras clave: Unidades de Cuidado Intensivo Neonatal. Atención de Enfermería. Prematuro. Padres.

REFERENCES

1. Carvalho JBL de et al. Representação social de pais sobre o filho prematuro na unidade de terapia intensiva

neonatal. Rev. bras. enferm. [on-line]. 2009 out. [citado em 28 abr 2010] 62 (5): 734-738. Disponível em: <
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672009000500014&lng=pt&nrm=isso>.

2. Bengozi TM, Souza SNDH, Rosseto EG, Radigonda B, Hayakawa LM, Ramalho DP. Uma rede de apoio à família do prematuro. *Cienc Cuid Saude*. [on-line]. 2010 jan-mar. [citado em 11 nov 2011]; 9(1):155-160. Disponível em <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/10565/5753>.
3. Soares LO, Santos RF, Gasparino RC. Necessidades de familiares de pacientes internados em unidade de terapia intensiva neonatal. *Texto contexto - enferm*. [on-line]. 2010 dez. [citado em 18 dez 2012]; 19(4): 644-650. Disponível em http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072010000400006&lng=pt&nrm=iso.
4. Bardin L. *Análise de conteúdo*. 3. ed. Lisboa: Edições 70, 2004.
5. Kamada I, Rocha SMM. As expectativas de pais e profissionais de enfermagem em relação ao trabalho da enfermeira em UTIN. *Rev. esc. enferm. USP* [on-line]. 2006 set. [citado em 02 mai 2010]; 40(3): 404-411. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342006000300013&lng=pt&nrm=iso.
6. Gaiva MAM, Scochi CGS. A participação da família no cuidado ao prematuro em UTI Neonatal. *Rev. bras. enferm*. [on-line]. 2005 ago. [citado em 31 mai 2010]; 58(4): 444-448. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672005000400012&lng=pt&nrm=iso.
7. Guimarães GP, Monticelli M. A formação do apego pais/recém-nascido pré-termo e/ou de baixo peso no método mãe-canguru: uma contribuição da enfermagem. *Texto contexto - enferm*. [on-line]. 2007 dez. [citado em 15 jun 2010]; 16(4): 626-635. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072007000400006&lng=pt&nrm=iso.
8. Silva LJ, Silva LR, Christoffel MM. Tecnologia e humanização na Unidade de Terapia Intensiva Neonatal: reflexões no contexto do processo saúde-doença. *Rev. esc. enferm. USP* [on-line]. 2009 set. [citado em 30 nov 2010]; 43 (3): 684-689. Disponível em http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342009000300026&lng=pt&nrm=iso.
9. Reichert APS, Lins RNP, Collet N. Humanização do Cuidado da UTI Neonatal. *Rev. Eletr. Enf.* [on-line]. 2007. [citado em 28 abr 2010]; 9(01): 200 - 213. Disponível em: <http://www.fen.ufg.br/revista/v9/n1/v9n1a16.htm>.
10. Rolim KMC; Cardoso MVLML. O discurso e a prática do cuidado ao recém-nascido de risco: refletindo sobre a atenção humanizada. *Rev. Latino-Am. Enfermagem* [on-line]. 2006 fev. [citado em 02 mai 2010]; 14 (1): 85-92. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692006000100012&lng=pt&nrm=iso.
11. Rolim KMC; Cardoso MVLML. A interação enfermeira-recém-nascido durante a prática de aspiração orotraqueal e coleta de sangue. *Rev. esc. enferm. USP* [online]. 2006 dez. [citado em 30 nov 2011]; 40 (4): 515-523. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342006000400010&lng=pt&nrm=iso.
12. SILVA, Laura Johanson da; SILVA, Leila Rangel da; CHRISTOFFEL, Marialda Moreira. Tecnologia e humanização na Unidade de Terapia Intensiva Neonatal: reflexões no contexto do processo saúde-doença. *Rev. esc. enferm. USP*, [online]. 2009 set. [citado em 18 dez 2012]; 43 (3): 684-689. Disponível em http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342009000300026&lng=pt&nrm=iso.
13. Oliveira MMC, Barbosa AL, Galvão MTG, Cardoso MVLML. Tecnologia, ambiente e interações na promoção da saúde ao recém-nascido e sua família. *Rev. Rene*, [online]. 2009 jul./set. [citado em 18 dez 2012]; 10 (3): 44-52. Disponível em <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/516/pdf>
14. Loureiro LL, Castilho MA, Silva YE. Reações dos pais diante da hospitalização de um recém-nascido em uti neonatal. LINS, São Paulo, 2009.
15. Mezzaroba RM, Freitas VM, Kochla KRA. O cuidado de enfermagem ao paciente crítico na percepção da família. *Cogitare Enferm.* [online] jul-set 2009; 14(3): 499-505. [citado em 13 nov 2011], 42 p. Disponível em: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/download/16180/10699>.

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