

## REVIEW ARTICLE

## NURSING CARE TO FAMILIES OF NEWBORNS IN NEONATAL INTENSIVE CARE UNIT: AN INTEGRATIVE REVIEW

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### ABSTRACT

The hospitalization of a baby in a Neonatal Intensive Care Unit (NICU) generates fear and insecurity in the parents and family, requiring on the part of health professionals, strategies to minimize the anguish of this moment. This study aimed to identify intervention strategies used by nurses to provide nursing care to parents of newborns admitted to NICU. We conducted an integrative review, by means of two electronic databases (PubMed and LILACS), including publications from 1999 to 2010, in Spanish, English and Portuguese, and enjoying the following keywords: nursing care, neonatal intensive care units, new born and parents. Nine articles were analyzed, six of which dealt with group interventions. Although nascent, the scientific production in the period indicates the use of the group as a useful intervention strategy for nurses to provide emotional support and information to parents and families who face the situation of having a baby admitted to NICU.

**Keywords:** Nursing Care. Neonatal Intensive Care Units. Newborn. Parents.

### INTRODUCTION

During pregnancy, in addition to the physiological changes that happen in the body of the woman, also occur several psychological and emotional changes because of the bond established between mother and child during this period. In addition, the arrival of a baby generates expectations and anxiety in any couple.

The interaction increases as the pregnancy develops, through conversations between MOM and baby, tummy touch and especially through fetal movements that for mothers, becomes the most effective way to monitor the development of your baby. These interactions are the main reasons why, from the beginning of pregnancy, both the mother and the family establish a

fictional relationship with the fetus and, because of this relationship, it creates an expectation around the birth of the child, representing reason of celebration and joy to all members<sup>(1,2)</sup>. While this experience is more intense in women, since she's the one who can feel the child within you, give birth and nurse him, parents are proving increasingly connected to the baby through these images also build on it, increasing its approach with that being in development<sup>(3)</sup>.

However, complications as prematurity, post-term birth or even the emergence of diseases can culminate in hospitalization of newborns (NB) in a Neonatal Intensive Care Unit (NICU), generating, in parents, feelings of anxiety, doubt, fear and uncertainty, in addition to the difficulty of acceptance regarding the separation of the son<sup>(4)</sup>. In these cases, the

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mother's expectations regarding the birth of your baby are replaced by feelings of insecurity and the feeling of dispossession of their role as mother, once she loses her authority over her son, and can be converted to the role of caregiver assist<sup>(5)</sup>. In this context, it is important to consider that his wife prepares for motherhood and creates expectations surrounding the first meeting with his son. However, the hospitalization of RN in a NICU, a situation for which the mother and her family were not prepared, those expectations are dashed, generating much anguish, anxiety, doubt and, above all, fear of losing the child<sup>(6)</sup>.

The ICU commonly considered a cool, aggressive and invasive, where killings are frequent situations. It is a complex environment, in which focus specialized material and human resources to provide assistance to ensure the strict observation and appropriate treatment to their patients<sup>(7)</sup>. For the family, admission of a loved one in an ICU usually represents a crisis and this is especially true in situations where the entity is the baby.

Have denied the possibility of stroke your son at the time of their arrival to the world or whenever you want is a hard thing to be understood by the mothers who, in this situation, reveal fear at the possibility of losing what they consider a part of themselves<sup>(8)</sup>. Additionally, the RN admitted to NICU are exposed constantly aggressive therapies, stressful and painful, that involve physiological and behavioral disorganizations that may reflect negatively on the same care<sup>(4)</sup>.

In ICU, attention especially focused on environmental technology, pathologies and procedures; therefore, in most cases, the human dimension receives due prominence, making the depersonalizing and cozy little care. The life stories, personal positions, the socio-cultural context and the intense personal experiences shared by the baby and his family denied or little valued<sup>(9)</sup>.

During the period of hospitalization, parents fear losing the bond with her child due to interruption of coexistence in daily life and distance learning. In addition, when they are around the baby, experience also fear touching that be so small, fragile and connected to many wires and tubes and unknown devices. Parents

feel incapable and powerless and perceive the child as belonging to the NICU team. Facing this reality, every team's commitment to promote the improvement in health framework must include, the RN include strategies that consider the moment lived by the families, helping them overcome difficulties and offering them support, so as to facilitate continuity of care when baby after discharge<sup>(2)</sup>.

Thus, in order to humanize the care when RN NICU and admitted to the family of these neonates, we highlight the importance of the involvement of the team with the same. To offer a quality service to the binomial mother-son team must be interested in interacting with the family and, thus, provide the satisfactory development of the RN, minimizing the damage of hospitalization for both the child and their family members<sup>(4)</sup>. To this end, it is necessary for the professional nurse to establish ways of communication and interaction with family members and enhance the participation of parents in baby care<sup>(10)</sup>.

Thus, this work sets out to answer the following question: *what strategies have used by the nurses for the care of the parents of RN in NICU?* To answer that question, it was proposed, as a goal for this study, identify and analyze the scientific literature on intervention strategies used by nurses to provide nursing care for parents of infants admitted to Neonatal Intensive Care Unit. It believed that this knowledge would be of benefit to the practice of other professionals who propose to conduct a qualified service to patients and their families in NICU.

## METHODOLOGY

It is an integrative review of literature, research technique aims to synthesize results of research on particular theme or issue, and orderly manner, contributing to the deepening of the knowledge of the topic investigated<sup>(11)</sup>. In this type of study, the articles analyzed according to their goals, methodologies and results, being possible to reach conclusions about a body of knowledge<sup>(12,13)</sup>.

The development of an integrative review must obey some steps ranging from the drafting of the guiding question, until the review report

(12,13). After the delimitation of the problem and research the topic of revision, the guiding question that conducted the study was *what strategies have used by the nurses for the care of the parents of RN in NICU?*

For the conduction of the study, was conducted a search of the publications available in electronic databases, *National Library of Medicine* (PubMed) and *Latin American Literature in Health Sciences* (LILACS) since 1999 and until October 2010. To be included, the articles should be available in their entirety, have published in English, Portuguese or Spanish in the period defined by the study and address the nurses' participation in interventions with parents/relatives of RN in NICU.

In order to ensure the reliability of the search, were adopted the keywords included in the *Medical Subject Headings* (MeSH terms) to search in PubMed and LILACS, the Health Sciences descriptors (DeCS). The selected descriptors were nursing care/nursing care/atención of sick bay; neonatal intensive care units, neonatal intensive care unit; newborn/infant/newborn/recién nacido; family/family/familia; mothers/mothers/madres; parents/fathers/fathers.

During the search, identify possible terms used to describe the same theme; so, we have expanded the search also using such variations, as described in the table below

**Table 1:** Variation of descriptors used in the databases PubMed and LILACS. Goiânia-GO, 2010.

Descriptors of the LILACS database	Variations found
Nursing care	Nursing staff; nursing of the family; family nursing; family nursing; maternal-child nursing; neonatal nursing; pediatric nursing; perinatal nursing
Neonatal intensive care unit	Newborn unit; Newborn intensive care unit
Newborn	Infant, low birth weight; Infant, very low birth weight; Newly born premature
Parents	Parents; Mothers; Family; Members of the family
Total articles found	57
Descriptors of PubMed	Variations found
Nursing care	Nursing care; family nursing; maternal-child nursing; pediatric nursing; family-centered care
Neonatal intensive care unit	Neonatal intensive care units
Newborn	Infant; newborn
Parents	Parents; parenting
Total items found:	202

For the selection of the articles, held the titles, abstracts and, when necessary, of the text in its entirety to ensure that treated the subject researched. In this process, we have selected 60 of 202 references identified initially in PubMed and LILACS 57. The next step consisted of in-depth reading of each of the selected articles, in order to check the suitability of these to the subject set and the guiding question of the study. After this step, were included in the Search PubMed articles 1 and 8 of the LILACS. Worth to clarify that articles repeat not observed in the foundations consulted.

Thus, the 259 references initially obtained in the search in the two bases, only nine

considered consonant with the objectives of the study to be included in this review. It is noteworthy that, after this selection, all items included underwent comprehensive readings for identification and registration of the elements to be analyzed based on a specific form, which included article title, authors, journal and year of publication, where the survey was developed, the study's objectives, methodology, research subjects, studied variables, results and conclusions.

The results of the analysis presented descriptively and qualitatively analyzed.

## RESULTS AND DISCUSSION

In total, nine articles were included in this study, eight (88.9%) of PubMed and one (11.1%) of the LILACS database. Table 2 presents the nine selected articles, indicating the source (author, journal, country of origin, and year), focus of the study, subjects of research and methodological approach. All

studies conducted with parents/relatives of RN in NICU and/or health professionals of the faulty units. It was observed that has not been identified any publication prior to 2004 and that, with the exception of 2004, in which only a publication was found, all other years had two articles included and none of the journals published more than a study in the period investigated.

**Table 2.** Distribution of articles included in the study, about nursing interventions with families of infants admitted to Neonatal Intensive Care Unit, in the period from 1999 to 2010, according to the authors' characterization, Journal of publication, country of origin, year, focus of the study, sample, method and conclusions. Goiânia-GO, 2010.

AUTHOR (S)//JOURNAL COUNTRY OF ORIGIN- YEAR	FOCUS OF THE STUDY	SUBJECT	METHOD
1-Schwarz; Fatzinger; Meier/Maternal-child Nursing Journal/USA-2004 <sup>(14)</sup>	Describe the use of a program directed to parents of NEWBORNS in an NICU	173 parents	Qualitative-case studies
2-Valley; Souza; Carmona/International Journal of Nursing Terminologies and Classifications: The Official Journal of NANDA International/Brazil-2005 <sup>(15)</sup>	Identify nursing diagnoses related to parents of RN in NICU	Parents and relatives of RN in NICU	Qualitative-exploratory descriptive
3-Buarque et al./Journal of Pediatrics/Brazil-2006 <sup>(16)</sup>	Investigate the meaning of the support group for Newborn's family and team of professionals in neonatal unit	13 mothers, fathers and grandparents 2 6; 16 health professionals	Qualitative-participant observation
4-Campos; Cardoso/Texto e Contexto Enfermagem/Brazil- 2008 <sup>(17)</sup>	Describe the use of educational technology in the practice of nursing care with mothers of newborns in use of phototherapy	25 moms	Descriptive-qualitative with participant observation
5-Broedsgaard and Wagner/International Nursing Review/Denmark-2005 <sup>(18)</sup>	Describe and evaluate the use of intervention to ease the transition of the baby at the time of high	18 Parents	Quantitative and qualitative-descriptive, exploratory non-experimental
6-Hurst/Journal of Perinatal & Neonatal Nursing/Mexico- 2006 <sup>(19)</sup>	Evaluate a program with three types of support strategies directed to families of RN in NICU	477 families	Quantitative and qualitative-descriptive statistics and content analysis
7-Glazebrook <i>et al.</i> /Archives of Disease in Childhood. Fetal and Neonatal Edition/England-2007 <sup>(20)</sup>	Evaluate the effectiveness of an educational support programme for parents, in order to reduce your stress and increase your confidence like caregivers of their babies	233 RN (in 6 NICU)	Randomized controlled
8-van der Pal <i>et al.</i> / Acta Pediatric / Holland-2007 <sup>(21)</sup>	Evaluate two programs for reducing the stress level of the parents of NEWBORNS admitted to the NICU through the inclusion of parents in the care of the child with the support and guidance of the unit nurse	140 RN (70 in the intervention group and the control group 70)	Randomized controlled
9-Turan; Basbakkal; Ozbek/Journal of Clinical Nursing/Turquia 2008- <sup>(22)</sup>	Evaluate nursing interventions through information on the procedures/treatments performed in an NICU	36 individuals between fathers and mothers of babies	Randomized controlled

The majority (7-77.8%) of the articles was published in international journals and has been identified only two (22.2%) in national journals (Journal of Pediatrics and Nursing text and Context). Six (66.7%) works published in Nursing-specific journals. Although the search has performed to identify articles published during a period of almost eleven years (January 1999 to October 2010) and in national and international journals, scientific production on nursing care to family members of RN in NICU can still considered incipient.

Slightly over half (55.6%) of 5-selected studies used the qualitative approach, which may be a consequence of the topic investigated, which almost always implies the study of subjective variables, that are difficult to measure. With respect to the country of origin, there have been a number of studies developed in the discreetly Brazil (3-33.3%), and United States (2-22.2%). The majority (55.5%) of studies 5-had both parents as study subjects, which should be considered positive since the hospitalization of his son in a NICU almost always affects both the mother and the father, although in most cases the mother get busy with the care provided to the baby. Three (33.3%) studies also involved other relatives of the RN (grandparents) and the professionals who served in the unit and only one (11.2%) of them focused on interventions directed exclusively to mothers of babies.

In spite of the inclusion criteria, the number of jobs identified was small, especially considering the time that scholars of the theme have been making recommendations about the importance of family inclusion of patients in the practice of nursing spectrum. The most likely explanation for this fact may be the difficulty for disclosure of the actions of the nurse. Some studies indicate that the lack of ability to write and disseminate their professional experiences, low consumption of results of scientific research, the lack of support and guidance in this area, apart from the lack of encouragement of institutions employers are some of the difficulties reported by nurses caring for the development and publication of scientific papers<sup>(23,24)</sup>.

Group interventions were the most commonly used (66.7%)-six by the nurses in

the selected articles, with a predominance of support groups and or support for parents of NEWBORNS. The support group enables interaction between people experiencing the same situation, promotes the exchange of experiences, enables the clarification of doubts and the free expression of feelings, fears and anxieties, contributing to reduced levels of anxiety and stress of the participants and for the acquisition of healthier attitudes for coping problems<sup>(25)</sup>.

For family members, participation in a group of people living similar situations can be an experience with therapeutic value, both for the support received from other participants, and the opportunity to share their own experience and support others. On the other hand, provide information and guidelines of common interest to several family members at the same time can be a strategy for more rational use of the time and effort of nurses<sup>(25,26)</sup>. Thus, although it is not a practice routine for all nurses, working with groups can be an efficient strategy for nursing care to clients, facilitating the attendance of their needs for information, guidance and psychological support<sup>(27,28)</sup>.

The authors of the study 2 (table 2) used the support group to identify nursing diagnoses more frequent in parents with NEWBORNS admitted to NICU. Parents were encouraged to talk about your feelings, concerns and share experiences with other parents. Nursing diagnoses identified through the testimonies of the parent's group meetings. Although the focus of the study was the survey of the main needs of nursing assistance to parents, the intervention provided psychological support to them and certainly will serve as subsidy for the nursing staff can plan a more assistance directed to satisfaction of these needs<sup>(15)</sup>.

The evaluated intervention in Study 3 (table 2) was also the support group. Meetings of the group were discussed themes related to the hospitalization of the baby and the preparation of parents and family to take care of NEWBORNS after discharge. The nurse informed about the rules and routines of the NICU, provided guidelines to parents about the care of their children and encouraged

participants to talk about their experiences and offer opinions and suggestions to the other<sup>(16)</sup>.

In Study 4 (table 2), parents participated in a focus group coordinated by a nurse, where were discussed various aspects related to the hospitalization of the child. In the evaluation, 95% of participants considered that the participation in the Group was important to promote a network of social support for families, and the discussions and the support of the Coordinator were cited as two of the most significant aspects of the intervention, contributing to greater confidence that they had to take care of their babies after discharge<sup>(17)</sup>.

Nine study (table 2), the researchers investigated the effects of an educational program about stress levels of fathers and mothers of premature infants admitted to NICU. The program included topics concerning the baby, the NICU and their equipment, and to situations related to the RN. Parents were encouraged to talk about their experiences and feelings, sharing them with other parents. As a result, the authors found that the stress level of the participants who received the intervention was smaller than in those who had not participated in the program<sup>(22)</sup>.

In the investigation of the study 1 (table 2), the authors evaluated the usefulness of a program created for parents, in which, among other activities, they were encouraged to produce an album with pictures of your RN on special dates and commemorative. The program evaluated as therapeutic by participants, for allowing the expression of your feelings and the mutual help between parents<sup>(14)</sup>.

The study's author 6 (table 2) evaluated a program aimed at parents, which included three types of support, one of which was a group of coordinated support for an orderly, with weekly meetings. Participants who evaluated positively the intervention, highlighting the emotional support received as shared their experiences and feelings with other parents, suggested the themes discussed. In addition, stated that the information offered on the RN assistance facilitated their participation in baby care and the joint work with the NICU team<sup>(19)</sup>.

Only three (33.3%) of the studies analyzed were conducted using individual care strategies. In Study 4 (table 2) was evaluated the

usefulness of an educational technology applied to mothers of newborns in phototherapy, counting with the aid of an album series developed by individual authors, to help in clarification of doubts about the therapy and guidelines on care of the baby. The results indicated that the intervention helped to improve the knowledge of mothers about the treatment and, together with the dialogue with the nurse, contributed to the development of a more humanized assistance to the binomial mother-son<sup>(17)</sup>.

In Study 7 (table 2), researchers evaluated the effectiveness of an educational support programme for parents, in order to reduce your stress and increase your confidence like caregivers of their babies. The nurses of the unit trained by the programme to provide guidance to parents on the baby's development during hospitalization and involve them in childcare. At the end of the intervention, which began soon after the baby is born, the evaluation revealed there was no significant difference between the levels of stress of the parents who participated in the program and presented by other parents who did not receive the intervention<sup>(20)</sup>.

Eight study (table 2) reports a program directed to parents of NEWBORNS admitted to the NICU that included the use of a copper incubator to accommodate the baby and the inclusion of parents in the care of the child with the support and guidance of the nurse in the unit. The initial hypothesis that the program would help to increase parents' confidence and reduce your stress level has not been proven. Although the level of stress of parents who received intervention has been minor compared to those who had not participated in the program, the difference was not significant<sup>(21)</sup>.

One realizes that all interventions evaluated in the studies examined, they developed with groups of parents/family or individually, focused on the provision of information and psychological support aiming at reducing the stress level of the parents and relatives of the RN. The largest number of interventions using the support groups related to the advantages of using this capability, such as the optimization of the time spent with the customer in a collective way, considering that the family

members who experience the same situations tend to present the same needs. In addition, participation in support groups encourages the development of new ways of tackling the crisis, based on the experiences of people who are at earlier stages of adaptation to the situation<sup>(26,27)</sup>.

However, regardless of the chosen strategy to offer assistance, the most important thing is that the philosophy of work of the unit include the attendance to the families of the RN establishing forms of communication and interaction, promoting the participation of parents in helping, guiding and encouraging them to play in your children, being that an assignment not only nurses, but of the entire multidisciplinary team<sup>(10)</sup>. Although the individual initiatives are valid, the real humanization of assistance will be reached if all professionals have guided its operations in this principle.

### FINAL CONSIDERATIONS

The results of this study showed that the most commonly used interventions by nurses to meet the relatives of RN admitted to NICU are those who aimed at the satisfaction of needs of information and psychological support. Most interventions have been investigated by the authors of the work reviewed was the Group

attendance, although individual strategies have also been tested and, although sometimes have not determined statistically significant differences, certainly are of great importance.

However, the number of published works about the nursing interventions directed at parents of NEWBORNS admitted to NICU is still small, unlike expected, considering the criteria for inclusion of publications. One of the reasons for this may be the use of inappropriate keywords in publications, which would prevent their inclusion in a search performed using the keywords included in the MeSH Terms and in DeCS. Another possibility is that nurses are not really developing interventions directed at relatives of the hospitalized in NICU RN or, even, that they are performing service for these people, however, do not publish your experience or publish in journals not indexed in more bases to search for references accessed for bibliographic nature.

Whatever the explanation, the results of this study indicate the need for greater investment on the part of nurses in order to remedy this flaw, is implementing the assistance to these families and making their experiences public, especially if it is proving useful and effective, so that it can serve other professionals interested in deploying or improve customer service that clientele.

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## ASSISTÊNCIA DE ENFERMAGEM A FAMILIARES DE RECÉM-NASCIDOS EM UNIDADE DE TERAPIA INTENSIVA NEONATAL: REVISÃO INTEGRATIVA

### RESUMO

A hospitalização de um bebê em uma Unidade de Terapia Intensiva Neonatal (UTIN) gera medo e insegurança nos pais e familiares, requerendo, por parte dos profissionais de saúde, estratégias para minimizar a angústia desse momento. Esse estudo objetivou identificar as estratégias de intervenção usadas por enfermeiros para oferecer assistência de enfermagem aos pais de recém-nascidos internados em UTIN. Realizou-se uma revisão integrativa em duas bases eletrônicas (PubMed e LILACS), incluindo publicações de 1999 a 2010, nos idiomas espanhol, inglês e português, utilizando os seguintes descritores: cuidados de enfermagem, unidades de terapia intensiva neonatal, recém-nascido e pais. Nove artigos foram analisados, sendo que seis deles tratavam de intervenções grupais. Mesmo incipiente, a produção científica no período aponta a utilização do grupo como uma estratégia de intervenção bastante útil aos enfermeiros para oferecer suporte emocional e informações aos pais e familiares que enfrentam a situação de ter um bebê internado em UTIN.

**Palavras-chave:** Cuidados de Enfermagem. Unidade de Terapia Intensiva Neonatal. Recém-nascido. Pais.

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## CUIDADOS DE ENFERMERÍA A LAS FAMILIAS DE LOS RECIÉN NACIDOS EN UNIDAD DE TERAPIA INTENSIVA NEONATAL: UNA REVISIÓN INTEGRADORA

### RESUMEN

La hospitalización de un bebé en una Unidad de Cuidados Intensivos Neonatales (UCIN) genera miedo e inseguridad en los padres y familiares, que requieren, por parte de los profesionales de salud, estrategias para reducir al mínimo la angustia de este momento. Este estudio tuvo como objetivo identificar las estrategias de

intervención utilizadas por enfermeros para ofrecer atención de enfermería a los padres de recién nacidos internados en la UCIN. Fue realizada una revisión integradora por medio de dos bases electrónicas (PubMed y LILACS), incluyendo publicaciones de 1999 a 2010, en los idiomas español, inglés y portugués, utilizando los siguientes descriptores: atención de enfermería, unidades de cuidados intensivos neonatales, recién nacido y padres. Nueve artículos fueron analizados, siendo que seis de ellos trataban de intervenciones grupales. Aunque incipiente, la producción científica en el período indica la utilización del grupo como una estrategia de intervención bastante útil a los enfermeros para ofrecer apoyo emocional e informaciones a los padres y familiares que enfrentan la situación de tener un bebé internado en la UCIN.

**Palabras clave:** Atención de Enfermería. Unidad de Cuidados Intensivos Neonatales. Recién Nacido. Padres.

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