

MATERNAL FEELINGS LIVED, FAVOURING OF BOND WITH BABIES AND APPROACH WITH CARE¹

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ABSTRACT

This is a study in order to understand the maternal feelings, the link establishment and mother's participation in the care of children in a neonatal unit. Qualitative study, ethnographic, conducted from April to October 2012, with 20 mothers and caregivers of babies in high-risk who have been admitted to the neonatal unit, and mothers of children discharged with follow-up at the clinic. Group and individual interviews were conducted that, when they were subjected to thematic analysis, resulted in the development of the categories: feelings experienced by mothers - fear, insecurity and the desire to care the child and bonding and participation of mothers in caring for the baby. The results express the mothers' feelings at the experiences permeated with meaning and intention of caring the child; They recognize the need, not only touch, but also a more affectionate approach that will strengthen the bond with him. It was noted the continuing need for an educational program to help in overcoming negative feelings, strengthen the mother-child bonding and maternal confidence to care for the child after hospital discharge.

Keywords: Mothers. Newborn. Nursing care.

INTRODUCTION

Nowadays, technological progress and, at the same time, scientific knowledge related to care provide greater treatment possibilities of babies in risk who previously had lower chances of survival. On the other hand, the parents were not prepared for the situation of having a child hospitalized in neonatal intensive care unit (NICU). This is a condition which can give rise to emotional damage for the whole family, since the expectation before the birth of a baby is that he is healthy and stay with the mother until the time of discharge⁽¹⁾.

Parents prepare images, dreams and hopes for the perfect baby, and then they are frustrated with the birth of a tiny, fragile premature baby, or with some congenital anomalies. This produces disappointment, feelings of inadequacy, guilt and fear of loss, which cause stress and estrangement between the parents and the child⁽²⁾, damaging attachment and bonding.

Thus, the team works with the baby in risk needs to host mother on her inevitable mourning course, so she can verbalize their feelings and to be understood by the health team, essentially nursing. Therefore parents should receive information about the baby's condition, to interact with this and develop maternal sensitivity and responsiveness in this training phase bonding. Nursing should pursue actions that promote this bond and strengthen such emotional ties, through the early physical contact and proximity maintenance⁽³⁾.

Theoreticians who study human development have pointed to the importance of the mother-infant bond in the process. It is considered that the mother's stay or a figure to replace boosts child development, which can be targeted disorders or disturbances when this bond is impaired⁽⁴⁾. In such a way, the mother-child bond is also an object for care given by the whole team that works with high-risk babies.

Mothers in the neonatal unit should not be only accepted or tolerated, but they must be valued by the team as an important moment for

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the continuity of child care after discharge. It is necessary to seize this opportunity for dialogue, a sensitive listening to their needs, answering questions with clear, objective and adequate language⁽⁵⁾ to insert the mother in the care of her child, as her caring skills will establishing the practice and experience⁽⁶⁾. Frightened, helpless and insecure parents when the birth of a premature baby, for example, they do not find the support and security they need, they feel incapacitated to care for their own children⁽⁷⁾.

Indeed, the interaction and educational moments with parents in the NICU, during the newborn hospital, is an activity of care, but also consists of a challenge because, in most cases, it is developed in an authoritarian and informative way; and, to be effective, it is necessary that the professionals use simple language, responding to the interests of individuals, reducing doubts, uncertainty and fear from these parents, who look for clarification on the health status of the child and support to meet the unexpected - the illness and the permanence of the child in a specialized unit.

It is defended the argument that educational activities for parents, involving them in the care and valuing their culture, changes the relationship of professionals with them and bring better results to children's health, encouraging families to participate actively in the establishment of their knowledge, exchange experiences and conquer empowerment on the care of their babies⁽⁸⁾.

In this sense, health education constitutes a primary action and inherent in the practice of all professionals and can be practiced in a radical way, allowing for reflection and critical awareness of the aspects of reality. Inspired by Paulo Freire's Liberating pedagogy, this educational modality in health contributes to the preparation of the emancipation of the subject in order to develop the individual and collective health, in so far as part of a horizontal dialogue between professionals and users⁽⁹⁾.

It emphasizes the fact that health education also consists of a strategy that can be performed in group, where every person is important and prominent in the group, making it more cohesive and effective. The dynamics of working with groups aims to share experiences as well as mutual aid, in addition to stimulating the search for information⁽¹⁰⁾.

Thus, work in groups allows the execution of dialogic educational practices and the exchange of experiences, based also on valuing the knowledge of all, and guiding principle of liberating educational activities. The Liberating Education as a principle the implementation of educational practices was an essential aspect for the development of the study originated from the master's thesis entitled "Educational activities with the mothers of babies in risk: grants for nursing clinical care."

The outline for this article features peculiarities emerging from the mothers' daily life, who accompanied their children in the neonatal unit and showed the relevance of discussing their needs while conducting educational groups.

It is believed, therefore, that the results will contribute to the training and reflections on the exercise of educational practice in the NICU environments. In the outline for the preparation of this article, we have as objective: to understand the maternal feelings, the link establishment and mother's participation in the care of children in a neonatal unit.

METHODOLOGY

This is a qualitative study by means of a focused ethnographic approach. This is done primarily when the researcher directs the test in a defined culture more narrowly through exhaustive studies in small, dense units of a group or culture⁽¹¹⁾.

The research was developed in the neonatal unit in a premature follow-up outpatient clinic of a tertiary hospital in the State of Ceará, which has overall 500 hospital beds, including maternity with 32 beds for the risks of childbirth. So, there is the monitoring of mothers and children who were born with diseases or illnesses, considered risks. The follow-up clinic assists an average of ten children per shift, working from Monday to Friday, with a multidisciplinary team composed of nurses, doctors (pediatrician and neurologist), speech therapists, physiotherapists and nutritionists, among other support staff.

Data collection was made initially through observation with participation in natural field conditions, the neonatal unit (which contains the neonatal intensive care unit - UTIN and unity of

conventional neonatal intermediate care - UCINCo) and ambulatory after the insertion of the first researcher in educational groups for mothers and caregivers. After the planning and negotiation with them and professionals of sector, we held meetings scheduled every Tuesday at the neonatal unit, where they conducted educational groups and group interviews, supplemented with individual interviews, those with mothers of children discharged that they were in the follow-up clinic. The groups were developed once a week by members of the health care team, including nurses, at which one of the researchers joined the backdrop for six months and developed the research. The question that guided the discussions in the groups was "What is your feeling about having a baby hospitalized at the neonatal unit?"

Data collection occurred from April to October 2012. They were recorded on a recorder (Digital Music Player) and a field diary. Nine educational groups were effectively implemented, with the participation of about 12 people in each group and eight individual interviews at the clinic, to complement findings that emanated from the groups. Parent, mothers and grandmothers who were accompanying the babies admitted to the neonatal unit participated in the groups.

The group meetings were held in the manual work room of neonatal unit and individual interviews were held in the waiting room of premature follow-up clinic. The groups lasted on average one hour and interviews about ten minutes. Data collection was closed when reached sufficiency of meanings, indicating the time of ending the development of groups and interviews, as they perceive repetition.

The information was submitted to thematic content analysis⁽¹²⁾. There was a moment for a deep reading of the material produced and for trimming, classification and codification procedures of sense units.

The project was appreciated by the local Ethics Committee in Research where the research was developed and received opinion under No. 190505/10. A formal permission was sought from the heads of the units for the study and the collection began after the informed consent of the subjects, contained in the Term of Consent. This obtained the study objectives, anonymity,

preserving the autonomy of the subjects and the risks and benefits of the research, thus obeying the ethical principles of research with human beings, based on basic principles of bioethics, configured in autonomy, non-maleficence, beneficence and justice⁽¹³⁾.

RESULTS AND DISCUSSION

The "educational groups" were inspired by the circles of culture, used by Paulo Freire in Adult Education, which established group discussions, sometimes to seek clearance situations or the same share of demand, due to the clearing of the situations of dialogical mode⁽¹⁴⁾. During the development of the meetings issues and topics were discussed demanded by the mothers during the previous survey done by professionals and one of the researchers. Issues such as breastfeeding, equipment used in the NICU, care with posture, breathing, environmental cleaning to receive the baby, home visits, walks with the baby after discharge, among others that arose during the talks, were discussed in groups. With mothers of egress babies, in follow-up at the clinic, addressed to such experience was caring for the child at home and, with the admission of the baby, the mother had learned something that helped in home care.

The realization of educational groups gave to mothers and caregivers of babies in risk hospitalized or egress of the neonatal unit the opportunity to talk about their feelings and experiences. Individual interviews ratified such feelings because they remembered facts and also narrated the present, bringing up interactions with the child.

After the organization and evaluation of reports, they were grouped into two themes around the discovered phenomena - **1 Feeling experienced by mothers: fear, insecurity and the desire to care the child;** and **2 Bond and participation of mothers in caring for the baby.**

The themes described represent the mothers' expressions, their experiences permeated with meaning, revelation of feelings such as fear, insecurity, and the desire to care the child.

Theme 1. Feelings experienced by mothers: fear, insecurity and the desire to care the child

In these circumstances, there are conflict situations, because of fear, child's fragility, they recognize they need not only touch, but also a more affectionate approach that will strengthen the bond with him, a natural event that during the baby sickening situation does not happen. Some feelings were common among mothers, demonstrated at different times.

I think when I take her at the time of feeding. Oh my God! Will she have a reaction? She does not want to suckle now. There are times when she does not want to suck the breast and I'll have to give milk. Oh my God, what a fear! (MOTHER ACÁCIA).

Because bath, bath, I know to bathe him, but when he is with tracheostomy!? (MOTHER PERPÉtua).

At the time of care, there are fear and insecurity. The task of caring infants and children is absorbent and stressful for the mother, but the more she learns about the baby whom they are caring, simpler and satisfier will be their task. It is necessary that the mother is also cared to be able to care the baby, getting the necessary support in order to be capable and confident in performing this care⁽¹⁵⁾.

Another sense of fear identified concerned the smallness and fragility of the child, for often caught in the discourse, revealing a sense that mothers had their children as little people and also fragile, which aroused in them the desire to care. This can be seen in the following statements:

My babies, there is one who is bigger, huh? I'm already so safer. The other is a little fragile. (MOTHER FLOR-DE-LIS).

My baby is very small. For me, there, any little thing... Because the child is very small, very delicate. You have to be patient. (MOTHER AZALEIA).

We see they are so little and think: will he grow up? It's all anxiety. In their one-year anniversary, it seemed they are six months-old. (MOTHER ROSA).

To develop family-centered care, essentially, the mother who gave birth to a risk of baby in need of specialized care requires the involvement of professionals, assisting in the recovery of children, requiring sensitivity and ethical commitment to provide significant moments to overcome fear and sadness, increasing confidence to care for the child. The family-centered care,

with consequent participation in the hospitalization of the child, is a breakthrough in care, coupled with technological progress⁽¹⁶⁾.

Mothers showed fear about the child's breathing. There is an understanding that breathing is a vital process and the use of devices (mechanical respirator, nasal CPAP - continuous positive airway pressure, oxihood) is necessary to safeguard the lives, although these devices also represent fear of supply. This demonstration of fear is that in the future, after discharge, when the baby is already home care:

I'm afraid when the baby does not breathe, that's what I'm afraid. For me I have to wake up is a lot because of her breathing and when I get home, how do we do? [...] I'm worry if I go to sleep at night and fail to see the girl. (MOTHER ORQUÍDEA).

My child sleeps a lot and I have to wake her to breathe, do you believe? The doctor comes, she wakes up for she breathes. That worries me. (MOTHER JASMIM).

These devices that we see... This is what we are afraid. When I go home they will be in my ears these devices there, I won't to get sleeping listening their sound PI, PI, PI, PI. All into my ears. Holy Mary! (MOTHER ORQUÍDEA).

It was observed that the fear regarding the treatment of the child also permeates the experience of mothers in the NICU.

He's been still intubated for 15 days. I can take him, but I'm very worried because he will make a heart surgery. Even if they say it's simple, we are afraid. He has made a treatment with medicine to see if it closed, but it did not close. (MOTHER COPO-DE-LEITE).

At first it was a little difficult because my baby was in the ICU because she was born with an anomaly that is myelomeningocele and I was very afraid. I feel like a little insecure because she had surgery on his back; it's punctate, I'm afraid to hurt. And it also makes me more scared, right? (MOTHER ALFAZEMA).

In the group, mothers were free to talk about themselves and speeches portrayed the experience of each. They also expressed feelings of loneliness because they are accompanying their hospitalized children. Often they are in the state, have other children, and the companion or family other end taking care of them so that the mother can devote to hospital risk baby. Hospitalizations of these newborns are usually

long and mothers also express fatigue and a feeling of abandonment of life outside the hospital:

Everything is difficult. Everything is left in our lives. This is so hard that sometimes I think that I will not hold out so hard. (MOTHER ORQUÍDEA).

I have been for three months away from home. I have suffered a lot. (MOTHER FLOR-DE-LIS).

Some days we're fine and another we are distressed. Even the fact for us spending all day there, we get tired. (MOTHER IRIS).

He's sucking me very much. He has sucked me a lot since the day I got pregnant so far. (TULIP MOTHER).

The feeling of *suffering by separating the child to the hospitalization* with a view to treatment also appeared in the educational group. The statements that expressed the suffering that were strongly made, loaded with a lot of emotion and meaning:

I've had two losses and this weakened me more. [...] A long-awaited baby and very celebrated, and there was this entire scare. [...] The most emotion I've felt was when I heard my baby's cry, but I did not want to leave the hospital without him, I did not accept it. I thought I was not going to support! I come home and see all the little room assembled, it was very painful [...] For me now there is nothing more painful than to go to a maternity hospital and return home empty-handed. It is very difficult! And people would ask and I wanted to hide from everyone. I do not want to tell [...] I think the biggest anxiety is to know when I'm going to take my baby home. (MOTHER PETUNIA).

One of the most difficult experiences for me was when I had to take her and she had to stay. And the sensations are varied, are many. It's difficult? Very difficult! (MOTHER ROSA).

Thus, we should ensure the mother the possibility to express themselves, to make a place for dialogue, to listen, if it is available. To stimulate free and early mother's access to the NICU enables to understand how important their participation to be a mom for his son, facilitating thus a likely relationship of an inter motion and thus be-with-son⁽⁷⁾.

The speeches bring several permeated experiences of suffering mothers, whom the risk is prematurity, congenital heart disease or any other reason; removed the child's warmth and stole the dream of the perfect baby, as desired.

Theme 2 Bond and participation of mothers in caring for the baby

In the NICU, it is important to provide the mother-child bond, protecting the health of both, but also so that during hospitalization, maternal fears of getting closer to the baby are minimized and overcome. In all educational groups, mothers and caregivers are encouraged to talk to babies, touch them and stay as long as possible near the newborns. And the mothers have realized that the presence favored the emotional bond, as shown in the speeches:

Also, when we're here every day, we realize how she recovers quickly. Because before I came here little, I was operated. Then I started to come more. And another thing, she knows my voice and the voice of his father. (MOTHER ORQUÍDEA).

I think it's important to do. I think it's important I give the bath, I change the diaper. I think it is important. I give the medicine. Sometimes she puts and I just apply. I think it is very important because the baby feels that we're present there, all next to him. He does not feel abandoned. Not that he is abandoned, we're there. But it's different when the mother is doing. (MOTHER ANIS).

The proximity of the mother and child and the favor of the bond as being important for the baby's development are clear in the following statement:

It's a battle! They need a lot of their presence here because they feel. [...] My boy has always been very busy in the nursery, I washed his hand and was stroking him, and he is quiet. And to this day it is much grabbed to me. A lot! (MOTHER ROSA).

Although the family is suffering from the hospital of baby, when they realize they are included in the care of the team, she has the opportunity to regain strength, empowering them to continue their struggle, hoping to bring the baby home recovered⁽¹⁷⁾. You can identify the attitudes of participation in the care of newborns in the speeches of some mothers:

They said that after breastfeeding I have to put him to burp. After I spend an hour and a half with him. Then he lies on side with his head tilted more as possible. She used a doll in the ambulatory to demonstrate the right positions, how to breastfeed, to lie, to change his diaper. (MOTHER TULIPA).

Girls in kangaroo told me how it was. They taught to clean, to catch him, how bathing. (MOTHER OLÍVIA).

In neonatal they taught me to bathe, change, eat, he has reflux, to lay him down for not to choke. These things are basic care. (MOTHER FLOR DO DIA)

The mother/child interaction opportunity also provides grants in the acquisition of the necessary baby care skills. Mothers who perform daily care for their babies in the NICU increase their interaction with the children, strengthening the bond and having the opportunity to learn and practice what is taught about the care of the risk of the baby. Indeed, some mothers overcame fear and insecurity to take care of their baby with confidence and motivation in the performance of daily activities, transmitted by health professionals that encourage interaction between mother and child and teach the basic care for mothers they should take after hospital discharge⁽¹⁸⁾.

And when the mother passes to take such care at home, even with difficulties, it shows the feeling of having the child for them, feeling "more mother" than in the hospital when the baby seemed to belong to the health team. This feeling of not belonging was also evidenced as a result of little contact between mother and child, who was also responsible for emerging feelings of sadness, rejection, stress⁽¹⁹⁾. And this was said by one of the mothers:

When she was just in incubator, I take her and all, but I had not had this contact, for me it was the incubator was not mine. But when I took it and created this bond with her, it was there that I discovered she was my daughter even. (MOTHER IRIS).

Mothers have shown that, despite the fear, they try to approach the children, full of desires, struggling to overcome the fears and learn to care for the child under special conditions. That means ensuring greater security to take care, as reported in the statements:

As we accompany and ask our doubts, you have this fear when you get home, to take care of the newborn. (MOTHER IRIS).

The only uncertainty that we had was to get home, we do not have the power and we do not see the child. Because here I had all that equipment for them and suddenly we left with nothing. It was a very tense year because we were afraid. (MOTHER ROSA).

Even at home, outside the hospital, the mothers continue to worry about breathing, afraid of the equipment, which is manifest in NICUs memories and interfere with their well-being.

My husband has panic about the noise of those things. When we go out and there is a cell phone with the noise is horrible, because our heart jumps out. (MOTHER ROSA).

And in breathing, sometimes at night, I'm afraid of him stop breathing and I doze off and do not see. Sometimes, I'm looking at here (points to chest) if it is straight up and down, looking at him. (MOTHER CAMÉLIA).

It is known that neonatal unit is a hostile environment, fear and tension generator, a place that comes as a surprise amid the dream of perfect motherhood; but that, in addition to specialized care, able to recover that dream, saving the life of the risk baby is an intense learning place for parents who face this so new and unwanted situation.

FINAL CONSIDERATIONS

Fulfilling the goal of understanding the maternal feelings and establishing a connection with the child in the neonatal unit, it was detected the fact that these paths help mothers to gain confidence and skills to care for the child. Therefore, such experiences bring meanings about care in a specialized environment intermingled hard technologies but also soft skills through interaction and sensitivity with those who suffer, but need to be together, participating and sometimes learning to take care of their child.

At this time, we realized the need to help parents in regaining that dream - to save the life of the baby in, but also work hard to minimize damage, and one of the ways is to provide the approach of family, to foster mother-child bond. Thus, we see the need for an educational practice based on dialogue, valuing culture, prioritizing care centered on the child and the family, especially the mother. This care should focus on the pursuit of overcoming fear and insecurity by the mother, and the whole family, requiring the establishment of bonds and participation in care, starting as soon as the child express conditions and intensifying near the hospital discharge.

In this research, it was observed that the educational practice carried out by the professional staff in the neonatal unit is an exercise of responsibility and commitment. It was necessary, however, to take effect dialogically, valuing and reflecting with and about the reality of the student, based on their needs. It was also noted that it takes greater nursing involvement in educational groups, considering it is this professional who spends more time dedicated to direct care of the child and therefore has greater knowledge about the conditions of health.

The health team, especially nursing, for the greater contact with the mother-baby in risk, should be prepared to assist the mother in the rescue of this dream and face the new reality and bond with the child. Finally, this research has shown a continued need for an educational program to help overcome negative feelings, strengthen the mother-child bonding and maternal confidence to care for the child after hospital discharge.

SENTIMENTOS MATERNOs, FAVORECIMENTO DE VÍNCULO COM BEBÊS E APROXIMAÇÃO COM O CUIDADO

RESUMO

Estudo com o objetivo de compreender os sentimentos maternos, estabelecimento do vínculo e participação da mãe no cuidado ao filho em unidade neonatal. Estudo qualitativo, etnográfico, realizado de abril a outubro de 2012, com 20 mães e acompanhantes dos bebês de risco, internados na unidade neonatal, e mães de filhos egressos com seguimento no ambulatório. Foram realizadas entrevistas grupais e individuais que, submetidas à análise temática, resultaram na elaboração das categorias: Sentimentos vivenciados pelas mães – medo, insegurança e o desejo de cuidar do filho e Vínculo e participação das mães no cuidado com o bebê. Os resultados expressam os sentimentos das mães ante as experiências vividas permeadas de significados e a intenção de cuidar do filho; reconhecem a necessidade, não somente de contato, mas também de uma aproximação mais afetiva que venha fortalecer o vínculo com ele. Percebeu-se a necessidade contínua de um programa educativo que ajude a superação de sentimentos negativos, fortaleça o vínculo mãe-filho e a autoconfiança materna para cuidar da criança após a alta hospitalar.

Palavras-chave: Mães. Recém-Nascido. Cuidados de Enfermagem.

SENTIMIENTOS DE LA MADRE, EL BONO FAVORABLE CON BEBÉS Y APROXIMACIÓN DE CUIDADO

RESUMEN

Este estudio tuvo el objetivo de comprender los sentimientos maternos, el establecimiento del vínculo y la participación de la madre en el cuidado al hijo en unidad neonatal. Estudio cualitativo, etnográfico, realizado de abril a octubre de 2012, con 20 madres y acompañantes de los bebés de riesgo, internados en la unidad neonatal, y madres de hijos egresos con seguimiento en el ambulatorio. Fueron realizadas entrevistas grupales e individuales que, sometidas al análisis temático, resultaron en la elaboración de las categorías: Sentimientos vividos por las madres – miedo, inseguridad y el deseo de cuidar al hijo; y Vínculo y participación de las madres en el cuidado con el bebé. Los resultados expresan los sentimientos de las madres ante las experiencias vividas permeadas de significados y la intención de cuidar al hijo; reconocen la necesidad, no solo de contacto, sino también de una aproximación más afectiva que venga a fortalecer el vínculo con él. Se percibe la necesidad continua de un programa educativo que ayude la superación de sentimientos negativos, fortalezca el vínculo madre-hijo y la autoconfianza materna para cuidar al niño tras el alta hospitalaria.

Palabras clave: Madres. Recién Nacido. Cuidados de Enfermería.

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