

THERAPEUTIC ITINERARY OF CHILDREN'S MOTHERS AFTER THE KANGAROO METHOD

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ABSTRACT

This study described and analyzed the therapeutic itinerary of mothers of premature infants from the Kangaroo Method. From a qualitative methodology, it was carried out with seven mothers, through semi-structured interviews in the ambulatory of a public hospital. The collected data were submitted to Thematic Content Analysis, emerging two categories: Perception of mothers about the routine of care of premature children and the therapeutic itinerary of premature children drawn by mothers. The Kleinman Health Care System was a theoretical reference for data analysis. The therapeutic route is evidenced as an important strategy of care, knowing the possibilities found by the mothers in the various subsystems for the process of monitoring the growth and development of children. It is necessary to recognize the family as protagonist of the child's care, guaranteeing a regular and effective accompaniment to the premature one. Therapeutic itineraries subsidize the process of managing integrated care practices focused on the needs of families and, as a priority, on follow-up services.

Keywords: Continuity of patient care. Patient Discharge. Kangaroo-mother care method. Premature. Neonatal Nursing.

INTRODUCTION

Premature infants are a group susceptible to greater occurrence of morbidity and mortality, requiring more frequent assessments of health status for follow-up.

The Ministry of Health introduced the Standard for Humanized Care of the Low Weight Newborn (LWNB) and the Premature Newborn (PTNB): the Kangaroo Method (KM), which begins during the first phase at a time prior to the birth of a LWNB or PTNB, with the identification of pregnant women at risk of this event; its second stage promotes the kangaroo, skin-to-skin contact between mother and baby, requires clinical stability of the child, regular weight gain and maternal safety; and the third stage that starts with the hospital discharge, careful outpatient follow-up of the baby and his/her family. From the first phase, a multidisciplinary team, trained in the methodology of humanized attention to the newborn performs the KM⁽¹⁾.

The first consultation of the PTNB in the KM third stage should be done around one week after discharge, to evaluate his/her adaptation at home, as well as its evolution during this period. Next, bi-monthly consultations in the first semester and quarterly up to 18 months. From two to four years, if the child is

progressing well, the consultations can be every six months, and then once a year. There is no time limit for follow-up, but it is recommended that these children be evaluated at least until school age⁽²⁾.

Monitoring of preterm infants after hospital discharge is still limited in our country, so it is relevant to observe the therapeutic itineraries (TI) covered by PTNB. TI is constituted by the entire path traveled by individuals or groups in the health preservation or recovery, mobilizing different resources ranging from home care and religious practices to the predominant biomedical devices (primary care and urgency)⁽³⁾.

TI can be traversed by three arenas that comprise a health care system: the informal (popular sector), which includes family, community and all kinds of activity and social network support; the popular (folksector) includes non-professional healing specialists, such as those linked to religious and secular groups; and the professional subsystem, which consists of professionals in scientific medicine or traditional medicines (such as chinese)⁽⁴⁾.

Thus, the present study starts from the following question: **how does the therapeutic itinerary of the mothers of premature infants from the Kangaroo Method occur?** To investigate this problem, the objectives were to describe and analyze the therapeutic

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itinerary of mothers of premature infants of the Kangaroo Method.

METHODOLOGY

A qualitative study was carried out with mothers of PT children from the Kangaroo Lodge of a public maternity hospital in the municipality of Feira de Santana-BA between May and July 2016. For the participants of this study, the following inclusion criteria were established: residing in the municipality of Feira de Santana and that the PT child had been discharged before two months of age, and as an exclusion criterion, the child that had some congenital malformation, since it implies other specific care.

The selection of the participants took place in the public maternity hospital, after its had signed consent term and authorize the research in this place allowing data collection of medical records from the KM in the financial sector of this hospital. The mothers were selected according to the inclusion criteria. The data collected were: name of the PTNB mothers, address and telephone contact for contact and to schedule the interviews, if there was interest, and how many days since the child was discharged, to contemplate the inclusion criteria.

Regarding the child, the following data were collected: Gestational age at birth; Current Age; Sex; Weight at birth and at discharge; Time of hospitalization in the NEO-ICU and in the Kangaroo Method.

The households of mothers with children from the KM were initially chosen as data collection field; however, there were difficulties contacting some mothers and scheduling the visit. Thus, the data collection also took place in the waiting room of the outpatient clinic of the public maternity hospital, where the mothers were making several consultations with the PT child, with authorization from the maternity coordination. It was possible to conduct the interview in two households and the other mothers were interviewed in the outpatient clinic of the aforementioned public maternity hospital. In all cases, the researcher explained to the mothers the research objectives and later followed the semi-structured interview script

The interviews were recorded in order to guarantee the reliability of the answers, collecting the sociodemographic data and guiding questions: 1) Tell me how you have been taking care of your child after hospital discharge; 2) How has your child's follow up been occurring after being discharged from hospital?;

3) What do you do when your child has a health problem? After the interviews, the empirical data were fully transcribed and submitted to the thematic content analysis of Bardin⁽⁶⁾.

This study was evaluated and approved by the Research Ethics Committee with Human Beings (CEP) of the State University of Feira de Santana (UEFS), under number of C.A.A.E. 53425316.0.0000.0053 and opinion number 1,458,459.

The researchers informed the participants about the objectives of the study and only started collecting the data after their signature of the Informed Consent Form (ICF), one of the interviewees was an adolescent mother, and she was asked to sign the Clarified Assent Form (CAF) and her tutor signed the ICF for Legal Representatives.

The confidentiality and privacy of the employees were ensured through identification codes, replacing their names with fictitious proper names chosen by the interviewees.

RESULTS AND DISCUSSION

Knowing the TI thematic universe of mothers of PT children from the KM allowed analyzing particularities of this context through interviews with the mothers of these children.

To understand the TI of mothers of PT children, it is fundamental to analyze how their families are configured, starting from the understanding that each one of them traces her own itinerary. Thus, it was observed that the mothers were the caregivers and three were single, and as for the parity, three were primiparous, experiencing a remarkable event in the life of the people and consequently, in their development process.

One of the changes that happens in the family context is the financial question, since the hospital discharge of the PTNB requires expenses during his/her monitoring. The interviewed mothers reported having a monthly income equal to or less than a minimum wage.

Regarding the children, only two were PT borderline (born at 35 weeks of gestation) and the others were moderate PT (born at the 34th week of gestation). The children's age on the day of the interview was between one month and two months and ten days of life. The mean birth weight was 1,900g and, at the discharge, 1,970g. Regarding hospitalization time, the mean was four days in the

Neonatal Intensive Care Unit (NICU) and eight days in the KM.

These children's data are related to post-discharge hospital follow-up, since the lower the gestational age and the lower the birth weight, the higher the risk of sequelae these children may present, thus interfering with their TI.

Perception of mothers about the routine of care of premature children

The PT child has peculiar characteristics, demanding a longer hospital stay, where he/she will have support for his/her vital functions and preparation for the growth and development with his/her family, which is marked by feelings of anxiety and insecurity due to the idealization of the PT child is more fragile and needs specific care.

The care at home is a redoubled care... We have to pay more attention... Because she is little. (Natalia).

Ah... I take care of my little girl as a doll. (Renata).

There is the view that the PT son needs more care in the lines of Natalia and Renata. Although mothers receive guidance during their children's hospitalization, they feel insecure and have difficulties in the initial moments.

Families experience feelings of insecurity, stress and anguish over the whole period of the child's hospitalization and when they move into the home, since they do not feel prepared to take care of him/her. The change in family everyday life is noticeable when the child is discharged, because it is necessary to reorganize the routine to meet the demands and needs presented by him/her. The permanent demand for guidance and assistance from health professionals is a reality of the families participating in this research⁽⁶⁾.

The parents' commitment to the caring process is fundamental for the development of the PTNB, and nurses should support and clarify with pertinent and adequate information the aspects of prematurity so that adequate care can be promoted⁽⁷⁾.

I'm taking the same care I had in the hospital. Before picking up the child, I have to wash my hands, pass the alcohol gel. I cannot let her have contact with animals, these things. Normal things you do for a child always avoiding bacteria, it's... in order not to get sick. (Carolina).

In the first fifteen days after we left the hospital, the care was the same as the hospital. I didn't bath him every day, one day, I did, the other, hygiene, because he did not have two kilos yet. (Fernanda).

The speeches of Carolina and Fernanda show the importance of the guidelines given by health professionals still in the period of hospitalization. The autonomy of these mothers in caring for their children was worked out; so that they could feel more secure after discharge.

Social support is an important element when analyzing TI, regardless of which situation it is directed to; however, when the PT child is delimited, it is evident that social support will directly influence the therapeutic path that will be traced, as described in the following category.

The therapeutic itinerary of premature children drawn by families

The trajectory of patients seeking care in the health system was studied by the physician Arthur Kleinman, one of the first researchers in this subject, who considers the individual a social and cultural being, which will determine the relation of people with places of assistance to the formal and not formal health. Considering cultural and social aspects, as well as the search for care, can allow a more complete view of the health care network.

The PTNB TI should correspond to the third stage of the KM; consists of outpatient follow-up, considered as a strategy for the care of the PT child, to evaluate growth and development in a systematic way, through a multidisciplinary team⁽⁸⁾.

After discharge, E* [referring to her son], is having necessary follow-up in the hospital... and so he is being accompanied by the pediatrician... As soon as he was born he went to the phonoaudiologist and now a physiotherapist every week. (Luana).

For me, the accompaniment is great, I like the pediatrician. And the physiotherapy, today it's the first time I'm bringing him. I will bring him up to a year, physiotherapist and pediatrician. (Carolina).

Luana and Carolina show satisfaction regarding the care of their children, since they have primarily pediatric care. These mothers take their children to the hospital's outpatient service, where they attend pediatric and physiotherapy consultations.

Even though their children are assisted, the mothers reported some difficulties, which may interfere with the follow-up of the PTNB.

The difficulty that I encounter for the accompaniment of my son is the bus passage that I spend... sometimes, today he has a pediatrician, tomorrow he has physio. (Babe).

The only thing I found a bit... the pediatrician, on the first day, was impolite. Because we were wondering how it was going to be this way back to school, how I would do to get my milk and store, how the storage would be. But she did not let us explain, and she came to us ignorantly, saying that I could not give him another milk. (Fernanda).

Families are essential in the care process, so it is necessary to analyze the context in which they are inserted in order to determine the forms of treatment and facilitate the search for care for them. Fernanda's speech becomes emphatic when evidencing when the professional is endowed with power and knowledge in the relationship with the patient and/or family, without valuing the issues and situations that each family presents in an individualized way.

To obtain resolution of health needs, care is formed, sought and managed from the experience of the family's sickness. Thus, TI has several paths, not only those institutionalized by the Unified Health System⁽⁹⁾.

When a condition affects the PTNB, mothers seek alternatives through the various systems, whether professional, popular or informal, the latter being the first to be sought, which will direct the TI to be followed.

Yeah, she's got a little hernia and she has a little button. It's a superstition, they told me to do it, do what right?! We put the button and put a band on her little belly button. My mother-in-law taught me how to reduce her belly button, which was big, when she cried, it increased more, but with a week, it's getting better. (Renata).

My son never had any health problem. Only one day I left and left him with my mother and she said he cried a lot, so she gave him chamomile tea. She gave the tea to calm him... she already knew it, nobody told her. (Luana).

The speeches show that the informal system is sought in the daily life of families of PT children, demonstrating that the culture has an impact to solve the illness process, determining how each family elaborates their habits and carries out the care for reestablishing the health.

Among the interviewees, it was observed that the care initially takes place by individual and family means; but when it is not possible, they seek other sectors of care.

I took her to the health center this month because she had a flu. [...]. I also took her because of the cramps. She gave me colic remedy for her to take. (Carolina).

When he gave the vaccine, he had a fever [...]. When that happened I called SAMU for guidance, what to do. (Fernanda).

The interviewees' statements show that the search for health institutions and health professionals that can assist them is very significant during the process of their children's illness, and there is an adherence to the treatments and guidelines.

The PT children have particularities, which imply an adequate follow-up by health professionals and a social network that are supports after hospital discharge, being configured in a specific TI.

Some policies are initiatives to ensure the continuity of attention to the PTNB. The Stork Network, instituted from Administrative Order nº 1,459 of June 24, 2011⁽¹⁰⁾, is one of them, which aims to implement a comprehensive care model seeking a healthy childhood and associate care services in a way to guarantee access, attachment, reception and improvement of the resolution. Outpatient follow-up of the PTNB, according to the third stage of the KM, should occur in a specialized outpatient clinic linked to the hospital where the patient was discharged.

By identifying a process of illness in her child, each involved mother recognizes it differently, which influences the search for different treatments and care. This occurs both when the disease sets in as in its prevention.

Understanding TI is fundamental to understand the culture, defined by Kleinman as mediator of the search for the various forms of care, a set of meanings that reflects social reality and personal experience, representing the relationship between people and formal institutions of health⁽¹¹⁾.

The development of maternal care for the PT child is a process that health professionals should structure and share with the family. Besides the attention and assistance to the PTNB, it is important to intensify the maternal duty to care for the child, stimulating autonomy in this care process, considering the particularities of each situation with the principle of maternal care.

Professionals need to exercise ethics, comprehensiveness and humanization in health care practices, promoting health, care, family and community role, valuing the subject, its community and culture⁽¹²⁾.

Health institutions, based on the biomedical, scientific model and their professionals, compose the professional sector. The other sectors (informal and popular) are often not accepted, taken as risky and

unscientific⁽¹³⁾. Thus, there is prejudice that cultural aspects related to health would be less important⁽¹⁴⁾.

Still composing the health care system proposed by Kleinman, the (non-professional) popular sector involves holistic care, encompassing body, mind, environment, morals and spirituality, and includes non-professional healing specialists as linked to religious and secular groups, such as the action of healers, preachers, mediums or care developed in Candomblé centers.

Traditionally, the search for care through the professional sector is quite expressive, since hospital institutions and their professionals represent the scientific knowledge that will give resolution to the families' needs. In this industry, individuals feel confident about reproducing care when directed.

In this study, none of the interviewees reported the search for the popular sector, which is possibly related to the fact that, because they are PT children, there is still some fear in popular care or unconventional medical actions, since mothers use essentially formal and/or professional care.

FINAL CONSIDERATIONS

Knowing the TI of mothers of PT children from the KM allowed describing the path that these mothers

travel in the search for care for their children. It was possible to characterize them, to know the care given to the PT child and to understand the TI of each of them, which are elaborated according to their perceptions of health/illness as well as their living conditions. These TIs corresponded to the third stage of the KM, where all PT children were in ambulatory follow-up to evaluate their growth and development.

Therefore, TI is a way to promote care. It is, thus, necessary to recognize the family and their actions as protagonists in the growth and development of the PT child and to establish links between them and the health professionals, ensuring a regular and special monitoring of the PT in an integral manner.

This study also points out the need to discuss how to address the different care ways of families in the academic training of health professionals, so that they may reflect that the dimension of care goes far beyond scientific knowledge and that it is possible to redeem this approach with the patient. It is also pointed out the possibility of other academic researches that can elucidate the TI in diverse situations of infantile illness. Finally, the results may support processes of organization of health services and management in the construction of integrated care practices focused on the needs of these families and, specifically, for follow-up services.

ITINERÁRIO TERAPÊUTICO DE MÃES DE CRIANÇAS EGRESSAS DO MÉTODO CANGURU

RESUMO

Este estudo descreveu e analisou o itinerário terapêutico de mães de crianças prematuras egressas do Método Canguru. De metodologia qualitativa, foi realizado com sete mães, por meio de entrevistas semiestruturadas no ambulatório de um hospital público. Os dados coletados foram submetidos à Análise de Conteúdo temática, emergindo duas categorias: Percepção das mães sobre a rotina de cuidados dos filhos prematuros e O itinerário terapêutico de crianças prematuras traçados pelas mães. O Sistema de Cuidado de Saúde de Kleinman constituiu referencial teórico para análise dos dados. O itinerário terapêutico evidencia-se como importante estratégia de cuidado, ao conhecer as possibilidades encontradas pelas mães nos diversos subsistemas para processo de acompanhamento do crescimento e desenvolvimento infantil. Precisa-se reconhecer a família como protagonista do cuidado da criança, garantindo um acompanhamento regular e efetivo ao prematuro. Os itinerários terapêuticos subsidiam o processo de gestão de práticas assistenciais integradas voltadas para as necessidades das famílias e, prioritariamente, nos serviços de *follow-up*.

Palavras-chave: Acompanhamento dos cuidados de saúde. Alta do paciente. Método canguru. Prematuro. Enfermagem neonatal.

ITINERARIO TERAPÉUTICO DE MADRES DE NIÑOS PROVENIENTES DEL MÉTODO CANGURO

RESUMEN

Este estudio describió y analizó el itinerario terapéutico de madres de niños prematuros provenientes del Método Canguro. De metodología cualitativa, fue realizado con siete madres, por medio de entrevistas semiestruturadas en el ambulatorio de un hospital público. Los datos recolectados fueron sometidos al Análisis de Contenido temático, promoviendo dos categorías: Percepción de las madres sobre la rutina de cuidados de los hijos prematuros y El itinerario terapéutico de niños prematuros trazado por las madres. El Sistema de Cuidado de Salud de Kleinman constituyó como referencial teórico para el análisis de los datos. El itinerario terapéutico se evidencia como importante estrategia de cuidado, al conocer las posibilidades encontradas por las madres en los diversos subsistemas para el proceso de acompañamiento del crecimiento y desarrollo infantil. Es necesario reconocer a la familia como protagonista del cuidado al niño, garantizando un acompañamiento regular

y efectivo al prematuro. Los itinerarios terapéuticos auxilian el proceso de gestión de prácticas asistenciales integradas dirigidas a las necesidades de las familias y, prioritariamente, en los servicios de *follow-up*.

Palabras clave: Acompañamiento de los cuidados de salud. Alta del paciente. Método canguro. Prematuro. Enfermería neonatal.

REFERENCES

1. Brasil. Ministério da Saúde. Atenção humanizada ao recém nascido de baixo peso: Método Canguru: manual técnico. Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. 2. ed. 1. Reimpr. Brasília, DF: Ministério da Saúde, 2013. Disponível em: URL: <http://www.redeblh.fiocruz.br/media/mtcanguri%202ed.pdf>. Acesso em: 12 ago. 2017.
2. Couto, F. F.; Praça, N. S. Recém-nascido prematuro: suporte materno domiciliar para o cuidado. *Revista Brasileira de Enfermagem* [on-line]. 2012. fev. [citado em 24 de mar. 2015]; 65 (1):19-26]. Disponível em: URL: http://www.scielo.br/scielo.php?pid=S0034-71672012000100003&script=sci_arttext.
3. Cabral, A. L. L. V.; Martinez-Hemaez, A.; Andrade, E. I. G.; Cherchiglia, M. L. Itinerários terapêuticos: o estado da arte da produção científica no Brasil. *Revista Ciência & Saúde Coletiva* [on-line]. 2011. [citado em 24 de mar. 2015]; 16 (11): 4433-4442]. Disponível em: URL: <http://www.scielo.br/pdf/csc/v16n11/a16v16n11.pdf>.
4. Kleinman, A. Concepts and a model for the comparison of medical systems as cultural systems. *Journal Social Science & Medicine* [on-line]. 1978. [citado em 16 de abr. 2015]; 12 (2B): 439-455]. Disponível em: URL: <http://www.sciencedirect.com/science/article/pii/0160798778900145>.
5. Bardin, L. Análise de conteúdo, São Paulo: Edições 70; 2011
6. Gomes, I. F.; Oliveira, J. A.; Lopes, M. R.; Galdino, M. F. G.; Gesteira, E. C. R.; Braga, P. P. Vivências de famílias no cuidado à criança com complicações da prematuridade. *Revista Ciência, Cuidado e Saúde* [on-line]. 2016. [citado em 08 de ago. 2016]; 15, (4): 630-638]. Disponível em: URL: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/29959/18471>.
7. Shah, I.; Clements, M.; Poehlmann, J. Maternal resolution of grief after preterm birth: Implications for Infant Attachment Security. *Journal of Pediatrics* [on-line]. 2011. [citado em 08 de ago. 2016]; 127, (2): 284-292]. Disponível em: URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3025424/>.
8. Moraes, A. C.; Quirino, M. D.; Camargo, C. L. Suporte social para cuidar da criança prematura após a alta hospitalar. *Revista Eletrônica de Enfermagem* [on-line]. 2012. jul. /set. [citado em 29 de ago. de 2016]; 14, (3):654-662]. Disponível em: URL: <https://revistas.ufg.br/fen/article/view/13108>.
9. Mufato, L. F.; Araujo, L. F. S.; Bellato, R.; Nepomuceno, M. A. S. Mediação nas redes para o cuidado de pessoa e família que vivencia o câncer colo retal. *Revista Texto & Contexto – Enfermagem* [on-line]. 2013. jun. [citado em 05 de set. de 2016]; 22, (2): 407-415]. Disponível em: URL: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072013000200017
10. Brasil. Ministério da Saúde. Atenção humanizada ao recém-nascido de baixo peso: Método Canguru: manual técnico. Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. 2. ed. 1. Brasília, DF: Ministério da Saúde: 2013. Disponível em: URL: <http://www.redeblh.fiocruz.br/media/mtcanguri%202ed.pdf>.
11. Souza, M. H. T.; Signorelli, M. C.; Coviello, D. M.; Pereira, P. P. G. Itinerários terapêuticos de travestis da região central do Rio Grande do Sul, Brasil. *Revista Ciência & Saúde Coletiva*. [on-line]. 2014 [citado em 01 de set. 2016]; 19 (7): 2277-2286]. Disponível em: URL: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232014000702277.
12. Custódio, M.; Marski, B. S. L.; Abreu, F. C. P.; Mello, D. F.; Wernet, M. Interações entre profissionais de saúde e mães de prematuros: influência no cuidado materno. *Revista Enfermagem UERJ*. [on-line]. 2016. [citado em 24 de ago. 2016]; 24 (1): 1-6]. Disponível em: URL: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/11659>.
13. Kleinman, A. Patients and healers in the context of culture: an exploration of bordel and between anthropology, medicine and psychiatry, California: University of California Press: 1980.
14. Viana, D. L. A trajetória de mulheres assistidas em um centro de parto normal e sua relação com as escolhas no parto e no nascimento. [Dissertação]. Belo Horizonte (BH): Escola de Enfermagem Universidade Federal de Minas Gerais; 2016. [citado em 01 set. 2016]. Disponível em: URL: <http://www.bibliotecadigital.ufmg.br/dspace/handle/1843/ANDO-ABNKBA>.

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