



Perception of mothers when visiting their child in the neonatal unit for the first time

Percepção das mães ao visitar seu filho na unidade neonatal pela primeira vez
Percepción de las madres en visita a su hijo en la unidad neonatal por la primera vez

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ABSTRACT

Objective: to identify feelings, experiences and expectations of the mothers during the first visit to the child hospitalized in a Neonatal Intermediate Care Unit of a teaching hospital in the interior of the state of Minas Gerais. **Method:** qualitative research conducted between November 2016 and April 2017, with 24 mothers during a first visit to their children in the intermediate care unit. Data were collected through semi-structured interviews, transcribed and submitted to Content Analysis. **Results:** from the analysis emerged three thematic categories: feelings that precede the first visit, the experience of the first visit, feelings experienced during the first visit. **Conclusion and implications for practice:** the participants demonstrated that the first visit to their children can bring positive feelings and negative experiences. Strategies to minimize fears and clarify doubts favor the realization of motherhood.

Keywords: Infant, newborn; Nurseries; Mother-Child Relations; Emotions.

RESUMO

Objetivo: identificar sentimentos, experiências e expectativas das mães durante sua primeira visita ao filho internado em uma Unidade de Cuidados Intermediários Neonatais de um hospital de ensino do interior do estado de Minas Gerais. **Método:** pesquisa qualitativa, realizada entre novembro de 2016 a abril de 2017, com 24 mães durante a primeira visita aos seus filhos na unidade de cuidados intermediários. Os dados foram coletados por meio de entrevistas semiestruturadas, posteriormente, transcritas e submetidas à Análise de Conteúdo. **Resultados:** da análise, emergiram três categorias temáticas: sentimentos que antecedem a primeira visita, a experiência da primeira visita e sentimentos maternos vivenciados durante a primeira visita. **Conclusão e implicações para a prática:** as participantes demonstraram que a primeira visita aos seus filhos pode ter sentimentos positivos e experiências negativas. Estratégias para que sejam minimizados os medos e as dúvidas esclarecidas favorecem a concretização da maternidade.

Palavras-chave: Recém-nascido; Berçários; Relações Mãe-Filho; Emoções.

RESUMEN

Objetivo: identificar sentimientos, experiencias y expectativas de las madres durante la primera visita al niño hospitalizado en una Unidad de Cuidados Intermedios Neonatales de un hospital universitario en el interior del estado de Minas Gerais. **Método:** investigación cualitativa realizada entre noviembre de 2016 y abril de 2017, con 24 madres que hacían la primera visita a sus hijos en la unidad de cuidados intermedios. Los datos fueron recolectaron a través de entrevistas semiestructuradas, transcritas y sometidas al Análisis de Contenido. **Resultados:** del análisis, emergieron tres categorías temáticas: sentimientos que anteceden a la primera visita; la experiencia de la primera visita; sentimientos maternos vividos durante la primera visita. **Conclusión e implicaciones para la práctica:** las participantes demostraron que la primera visita a sus hijos puede tener sentimientos positivos y experiencias negativas. Estrategias para minimizar los miedos y las dudas aclaradas favorecen la materialización de la maternidad.

Palabras clave: Recién Nacido; Casas Cuna; Relaciones Madre-Hijo; Emociones.

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INTRODUCTION

The first visit of the mother to the Newborn (NB) hospitalized in a neonatal unit is considered a frustrating and shocking experience, regarding the expectation of taking care of a healthy child. The reality imposed by the neonate with health problems that requires hospitalization and care, makes the mother feel vulnerable, guilty, insecure and scared.^{1,2}

The maternal autonomy is challenged when the mother transfers the care of the newborn to the health team and has no control over the health condition of the newborn. Spending a lot of time in the hospital or on the way between the house and the hospital becomes a stressful routine. And those who have other children need to leave them under the care of family members, another source of concern. Impaired parental behaviors can affect the baby's growth and development.³

The environment of the neonatal unit, while transmitting the possibility of healing of the newborn, is associated with the suffering and chances of death. The dense technology, the emission of equipment alarms sounds, and high illumination impact on the first visit.^{4,5} In this coping process, informational support and encouragement in the participation of care are essential.⁶

The availability of the health staff to be with and talk to mothers is important. They feel that by asking questions they may disrupt the care provision, becoming embarrassed, which increases fear and anxiety. Providing detailed and accessible language information about the clinical status and procedures that will be performed with their children, emotional support through groups, involvement in baby care are behaviors that make them feel welcomed and supported.²

Being the nursing team responsible for the welcome at the first visit and providing guidance on treatment care, this team must improve new behaviors regarding the welcoming of parents, seeking to understand this particular moment. Therefore, it is necessary to reflect on attitudes that value the feelings expressed by the mothers, aiming at positive contributions to soften up the experience of this phase, minimizing the emotional and psychological sequels that usually characterize it.⁷⁻⁹

In this sense, this study aimed to identify feelings, experiences and expectations of the mothers during their first visit to the children hospitalized in a Neonatal Intermediate Care Unit (NICU).

METHODS

This is an exploratory descriptive study through qualitative approach. This choice was based on the interpretative approach of observed reality, with the purpose of accessing the individual subjective world for the understanding of meanings that people construct based on what they experience.¹⁰

The research location was a NICU of a teaching hospital in the interior of the state of Minas Gerais. The study participants were 24 mothers who were experiencing the first contact with the child after delivery according to the established inclusion criteria: those who had the delivery performed in the hospital

under study; six to 12 hours after the childbirth and being over 18 years old. Those who were in the process of postpartum illness (eclampsia, HELLP syndrome, hemorrhagic syndromes and puerperal blues) and those who were not in a position to respond due to drug use, abuse or withdrawal were excluded.

The interviews were performed according to the availability of the participants in a room available in the referred service, with an average duration of 15 minutes. The data collection was performed from November 2016 to April 2017, through semi-structured interviews, which were recorded in audio and later transcribed in full and certified in two moments by two researchers to guarantee the reliability of the transcription and after stored in an electronic database for analysis. The interviews were divided into two parts: the first included socio-demographic data: age, marital status, type of delivery, number of children, schooling and prenatal care; the second, the following guiding question: How was your experience visiting your child for the first time at the NICU? Would you like to report anything else about this experience? The interviews had an average duration of 15 minutes.

The sociodemographic data were analyzed by means of simple frequency, and those of the guiding question were analyzed by the thematic analysis method, which consists of a grouping of techniques, divided into three parts: pre-analysis, which comprises the exhaustive reading of the material; exploitation of the data, where the exploitation of the material, the search for categories by means of classification, codification and categorization occur; followed by the treatment of the results, inference and interpretation of the data of the emerged categories, which is when the results are based on the theoretical references.¹¹ In order to preserve the identity of the study participants, it was decided to name them using the initial "E", referring to the interview, followed by an Arabic number, in correspondence to the inclusion sequence in the research (E1, E2... E24).

The development of the study met national and international standards of Research Ethics involving human beings, in compliance with Resolution MS/CNS 466/2012. The collection began after approval by the Research Ethics Committee of the Federal University of Triângulo Mineiro, on 03/06/2015, according to the CAAE: 40394414.2.0000.5154.

RESULTS

Twenty-four mothers, aged between 22 and 39 years old, were included in the study, 13 of whom were in the 28-35 age group. Of the participants, 20 were married, two had a stable relationship and two were divorced, ten performed a cesarean section and 14 performed a normal delivery, all of them had undergone prenatal care. As for schooling, 15 had secondary education completed or to be completed. The gestational age varied between 29.3 and 39 weeks and the number of pregnancies between one and four, being that four children were the first-born and 45% premature, representing the main cause of hospitalization of the NB.

From the identification of the registration units, the themes

were grouped, which allowed the construction of three categories, as follows:

Feelings before the first visit

The need of hospitalization of a baby right after the birth, whether expected or not, is an unwelcome occurrence for the parents, they do not know what to expect or do. As mothers prepare to visit their child for the first time, they feel fear, anxiety, trembling, and despair. The support received by the nursing team is identified in the speeches.

[...] Today, when they said that I was going to see my son, I felt a lot of fear [...] fear of what it is going to be [...] it was strange when I arrived in the nursery, I did not know if I would recognize my son, there are other babies in the nursery, right? [...] Then the nurse came to talk to me [...] (E2).

[...] When I got to the nursery the nurse came to talk to me, I think she realized that I was scared, afraid, she talked to me a lot, it seemed that she wanted to calm me down [...] (E4).

[...] we are already afraid of something happening, I came in here trembling with fear, I was shaking, I thought I was going to fall down [...] (E5).

E3 states that at the same time that she wants to visit her child, she feels fear and shock because she does not know how she would find the child.

[...] When the time came, I was feeling a shock, just as I wanted to see I did not want to, I was really afraid [...] (E3).

The speeches of the mothers of first-borns show that they feel less prepared to experience this moment.

[...] When I got here at the nursery I was pretty tense because it is the first child [...] (E5).

[...] I was scared, I was really scared, it is my first child and it was born sick, we get really scared ... very scared [...] (E7).

[...] I cried a lot in the beginning, I do not know if it is because I am a first time sailor [...] (E10).

The experience of the first visit:

The interviews revealed that the experience of the first visit has a strong impact, leaving these mothers vulnerable regarding care. Even with all the suffering of seeing the child hospitalized for having the need of continuous care, they do not fail to offer love to the baby. This is demonstrated by the following speeches:

[...] I felt like crying, taking care of, caring and I could not. [...] I got close to the incubator and started shaking. [...] I was shaking a lot. I was afraid to put hands on her because she is so tiny, poor thing [...] (E16).

[...] when I arrived in here at the nursery, I thought I would pick it up, breastfeed, but he is in the incubator, right? [...] I thought I was not going to get him on my lap, I was anxious, the nurse talked to me, calmed me down, she was attentive [...] I got close, she opened the door of the incubator and then I touched him, I was thrilled, to see my son alive was very good [...] (E1).

[...] When I saw my baby I wanted to get him on my lap, I would hold his little hand, touch his legs, his little foot, it was very good, to see that my son was there alive [...] (E17).

The first encounter between a mother and her child in a regular birth is a great event; she will know its traits, receive the baby in her arms and perform the first touch. There is a break in this first encounter when something makes these actions impossible and the baby is taken to a neonatal care unit at birth. The first visit is of great expectation to mothers as she will finally meet and touch the baby, one of the mothers referred to it as the great moment.

[...] The nurse asked me to wash my hands, the water would fall on my hand and give me some relief [...] I thought now is the great moment. Because as soon as he was born, I saw him very fast, so I did not even know how he was, whether he was alive [...] (E20).

When the mothers arrive to visit the child they are confronted with a great technological apparatus, that until then was unknown, they feel frightened and they wonder if they will need that support forever. They question whether this is really their son, they become apprehensive and tearful. The support and information received by the nursing team that accompanies this first contact is important to guide and calm them down. One of them asks if the baby feels pain.

[...] I thought I was ready, right? No way, at the time you see it you feel the whole body cold, it seems like you are going to fly [...] when you enter the room where the baby is, you feel scared by all the equipment, right? It is like it is not even our son [...] (E11).

[...] the first impact is difficult, right?, see him like that with that bundle of stuff on his face, those devices, the wires, that bundle of wires connected to him, serum bound in the machine, we wonder if he is in pain. I cried a lot, the nurse had to hold me, I think I was very shocked, the feeling was

of despair [...] (E6).

[...] I was happy, I was happy, but it was a horrible feeling to see him connected to the devices, all full of tape on his face, on his arms, medicines, you wonder how long he is going to stay like this [...] (E18).

In addition to the shock when seeing the child connected to equipment, to see them without clothing even though inside the incubator, makes them question whether it is being well cared for and not cold.

[...] when I saw he was in the incubator without clothes I was scared, very scared [...] then the nurse said that inside the incubator is warm just like it was in my belly, you know I am calmer now, just waiting to see how she will develop [...] (E23).

The participants revealed that they felt bad when visiting the child, they had support of the nursing team, who through the care provision and communication, made it possible to reduce the anxiety, nervousness and fear of the first visit.

[...] I was nervous, I felt sick, but then the nursing team came, helped me [...] (E12).

[...] The nurse explained about the serum, about the crib [...] I had to wash my hands well, because I would touch her, the moment I touched her I felt my heartbeat go off. I leaned on my husband and looked at the nurse. I felt that I was being well accompanied, supported, it was a very good feeling [...] (E14).

[...] I was afraid to lose her [...] The nurse noticed this, called the doctor, they stayed close to me, I was balancing myself, having a little hope [...] she was so small, even though I was frightened, to see my daughter like this in the incubator, I was just looking from above [...] (E22).

Maternal feelings experienced during the first visit

After discovering that they will have a child, the mothers expect them to come healthy so they can take them home and perform the first care. However, the need for hospitalization in the neonatal unit causes a huge sense of sadness because it affects the family routine and the dream plans.

When seeing the child hospitalized and in an incubator, the mothers are sad because they cannot perform the role of mother as they imagined from the beginning. Including them in the care offered to the newborn as soon as possible minimizes separation and assists in the coping process.

[...] I cried a lot, because it is very, very painful for a mother [...] in pregnancy we are relating to the child, then it is born so small, the relationship comes from the pregnancy, you love, you are building real love [...] seeing this comes the fear of losing [...] (E12).

[...] I thought I was not going to handle it, the wait is really, really bad, it makes us feel bad, I do not know if it is the emotion of waiting or the sadness of it not being born at the right time, it is an emotion that I cannot explain [...] (E19).

[...] We are not happy, because what we wanted was to get the baby and take it home, we feel the sensation that it is a wait, without a beginning action [...] (E9).

Even with the sadness of knowing that the child needs hospitalization at birth, they do not fail to express their maternal feelings of love, affection and care. The concern about whether the baby is being cared for, whether it is breathing properly, whether it is being medicated and fed, shows that they are present in the NB recovery and feel emotional about their evolution.

[...] but the feeling is of fear because you never expect that your child will come to the nursery, you want your child to stay by your side, but love is inexplicable [...] (E7).

[...] It is a feeling of two sides: good and bad. Because we know it is being taken care of and bad because we cannot take it home [...] (E14).

[...] We feel a wonderful feeling just by knowing that they are alive, that they are being taken care of, it is one of the best sensations. Feeling of a mother. Feeling cozy, we want to protect, want to be close [...] (E10).

The feeling of guilt was reported by one of the participants regarding the child's health problem.

[...] I felt guilty for all of this [...] we feel love, since I discovered that I was pregnant I wanted her so much [...] I could not speak, I just cried with so much emotion [...] (E24).

DISCUSSION

It is understood that the feelings and experiences of the mothers during the first visit to the hospitalized child is different from the expected reality in relation to the experienced reality, because they imagine during the gestation a healthy child, who after birth goes home.² When there is a need for hospitalization in a neonatal unit there is a restructuring of the plans and feelings

of shock, denial, anger, frustration, guilt, depression, hopelessness, impotence, loss, isolation, confusion, anxiety, stress, fear and sadness that are manifested by mothers.^{2,8} Thus,⁰ the theory of the primary affective bond is privileged, establishing that the interaction between the mother and her child is a process that begins before birth, and consolidates at the end of the first year of life, being able to suffer influences and consequences of psychological and environmental variables.¹² Faced with the unexpected path to this experience, women often feel unable to care for or protect their babies, which interferes with the way they interact with their children.¹³

In the speeches it is possible to perceive that the biological fragilities of the hospitalized children generate feelings of anxiety and stress. Results of a study showed that mothers with children admitted to a Neonatal Intensive Care Unit (NICU) had moderate to severe stress levels, reinforcing the need to develop coping strategies.¹⁴ In addition, the birth of preterm infants can aggravate the emotional distress of these women, resulting in implications for the well-being and capacity of the maternal function.¹⁴

⁰The neonatal intensive care environment is considered shocking because of the technology in it; mothers do not know how to behave and what they can or cannot do, many are afraid to touch their child because of the devices attached to it. This situation represents the feeling and sensation of impotence.¹⁵

It is possible to see in the reports that the mothers, when they arrived at the NICU, received support from the nursing team. Although they were scared and anxious, the support offered helped them to cope with the situation. Providing emotional and informational support reduces distress and strengthens the bond of mothers with their children and staff. In other studies, there is a concern of the mothers regarding the preparation and informational support.^{3,14}

Although it is a traumatic moment to see the child with the whole technological apparatus, fragile and debilitated every detail becomes important.¹⁶ The attitude and positioning were important memories reported by the mothers during a first visit.¹⁷ When mothers arrive to see the baby, they believe they will be able to breastfeed them and pick them up, but this does not happen, generating feelings of frustration and expectancy.¹⁴

Faced with the risk of death of the baby, mothers experience anxiety, concern and confusion, and sometimes feel guilty,¹⁶ evidencing the feelings mentioned in this study, being the most frequently cited anxiety and fear of losing the child. The separation of the binomial is an important difficulty that the mothers will face, which was also shown in another study.³ In the process of bond building, encouraging the touch represents the appropriation of the child and the fulfillment of a dream. The gradual and planned involvement of mothers in the care provision softens the feeling of impotence and assists in the construction of autonomy.¹⁶

In this way, adequate support is necessary, as well as their participation in the care of the newborn, which may be useful to

reduce anxiety, as suggested by the literature.

CONCLUSION AND IMPLICATIONS FOR THE PRACTICE

The present study showed that the first visit of the mothers to their children in the NICU can bring positive feelings (development, care and love) and negative experiences (lack of information, fear, anxiety and stress). The positive ones could help them deal better with the critical situation. Therefore, it is important that the nursing team accompany them during the first visit to the NB, so that the impact and shock caused are minimized, fears diminished and their doubts clarified, favoring the realization of their motherhood.

The reduced number of participants is considered a limitation of the study, although it has been representative for this reality. Therefore, it is necessary to carry out new research on this subject in order to deepen the knowledge for the provision of evidence-based nursing care in humanized practice.

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