

SUBJECTIFICATION PROCESSES EXPERIENCED BY MOTHERS IN A NEONATOLOGY UNIT

Karina Lima Lara¹

Luciana Kind

Pontifícia Universidade Católica de Minas Gerais, Belo Horizonte-MG, Brasil

ABSTRACT. This research aimed to investigate the experience of being the mother of a premature infant admitted to a neonatal unit, context of the first stage of the Kangaroo Care. The concept of subjectification processes was used based on readings of Deleuze, Guattari and Rolnik. This is a qualitative study, with production of empirical data collected in a public hospital located in the metropolitan area of Belo Horizonte, Minas Gerais. It counted with the participation of six mothers of premature babies admitted to the neonatology unit of said hospital, and used semi-structured interviews, in addition to participating observation for data production. The results of the investigation were revealed in two major categories: the experience of being the mother of a premature baby, and the relationships mediated by the hospitalization of the baby in the neonatal unit. The bonds established between mothers, machines, objects and narratives led to the comprehension of singular forms of experiencing maternity.

Keywords: Subjectification processes; maternity; premature infants.

PROCESSOS DE SUBJETIVAÇÃO VIVENCIADOS POR MÃES EM UMA UNIDADE DE NEONATOLOGIA

RESUMO. Nesta pesquisa buscou-se investigar a experiência de ser mãe de um bebê prematuro na unidade neonatal, contexto da primeira etapa do Método Canguru. O conceito processos de subjetivação foi utilizado com base nas leituras de Deleuze, Guattari e Rolnik. O estudo se caracterizou como qualitativo com a produção de dados empíricos realizada em um hospital público da Região Metropolitana de Belo Horizonte/MG. Foram envolvidas seis mães de bebês prematuros internados na unidade de neonatologia desse hospital e utilizadas entrevistas semidirigidas e a observação participante para a produção dos dados. Os resultados da investigação se revelaram em duas categorias centrais: a experiência de ser mãe de um bebê prematuro; e as relações mediadas pela internação do bebê na unidade neonatal. As ligações estabelecidas entre as mães, máquinas, objetos e narrativas provocaram a compreensão de formas singulares de se experimentar a maternidade.

Palavras-chave: Processos de subjetivação; maternidade; recém-nascidos prematuros.

LOS PROCESOS DE SUBJETIVACIÓN VIVIDOS POR LAS MADRES EN UNA UNIDAD DE NEONATOLOGÍA

RESUMEN. Este estudio tuvo como objetivo investigar la experiencia de ser madre de un bebé prematuro en la unidad neonatal, el contexto de la primera etapa del Método Canguro. El concepto de los procesos de subjetivación fue utilizado basado en las lecturas de Deleuze, Guattari y Rolnik. El estudio se caracterizó como cualitativo con la producción de datos empíricos realizada en un hospital público en la región metropolitana de Belo Horizonte/MG. Participaron seis madres de bebés prematuros ingresados en la unidad de neonatología de este hospital y se utilizaron entrevistas semidirigidas y la observación participante para la producción de los datos. Los resultados de la investigación se

¹ *Correspondence address:* Rua Professora Josefina Bento, 215. Bairro Angola – CEP 32.604-074 – Betim-MG, Brasil. *E-mail:* klimalara@hotmail.com

revelaron en dos categorías principales: la experiencia de ser madre de un bebé prematuro y las relaciones mediadas por la hospitalización del bebé en la unidad neonatal. Los vínculos establecidos entre las madres, máquinas, objetos y relatos provocaron la comprensión de formas singulares de experimentarse la maternidad.

Palabras-clave: Procesos de subjetivación; maternidad; recién nacidos prematuros.

A premature or preterm infant (PTI) is the one born with less than 37 gestational weeks (WHO, 1961). According to data of the Brazilian Ministry of Health (Brasil, 2009), 20 million low-weight premature babies are born every year, 1/3 of which dies after completing the first year of life, a high neonatal morbidity and mortality rate.

Premature babies' fragility and immaturity contribute to the possibility of risks and aggravations in neonatal development and growth. Perinatal impairments comprehend mostly breathing problems, birth asphyxia and infections, besides metabolic disorders, and difficulties to eat and regulate body temperature (Brasil, 2009). Thus, the attention to this risk population has been the focus for reducing infant mortality.

According to Sales et al. (2005), from the moment when a woman finds out she is pregnant, she develops a feeling of attachment to the future child. However, when experiencing a premature birth, the mother faces a situation of pain linked to the possibility of losing her child. Premature birth, in general, happens without warning, against all the expectations of the mother and the family. For Moreira (2007), the mother needs to deal with the difference between the imaginary baby and the real one. Brum and Schermann (2004), who studied the initial bonds and infant development in risk situations, understand that parents of premature children live in an environment of worries, feeling anxious, tired, scared and helpless. In this situation, premature birth may represent a trauma for the baby, the mother and other relatives. The mother needs to deal with an unexpected birth, when maternity conditions are crossed by guilt, by the fact of not being able to hold the baby, and by the constant fear of losing him/her (Moreira, Romagnoli, Dias & Moreira, 2009).

The daily contact of one of the authors with premature newborns, their mothers and their stories, as a physiotherapist at the neonatology services division of a public hospital in the metropolitan area of Belo

Horizonte, led to questions about this context in which new ways of being a mother seemed to be shaped. These initial questions defined the design of the research conducted during the development of master's degree studies in psychology, driven by the need for understanding who the mothers marked by this scene were.

In this way, this investigation searched for a theoretical and conceptual literature for the analysis of subjectification processes that mark the experience of being the mother of a premature baby hospitalized in a neonatal unit – scenario of the first stage of the Kangaroo Care. The concept of subjectification processes was used for this task, supported by readings of Deleuze, Guattari and Rolnik.

The assumption of this research is that the experience of being a mother could be changed in this new scene, as a result of multiple influences of the environment, of the professionals and of specialized language, contributing to the production process of subjectivities. Even recognizing the expression of cultural roles frequently attributed to women that become mothers, there was the expectation that multilayered experiences before prematurity, the equipment and the procedures that compose neonatal care would be found.

Considering this scenario, Rose (2011) explanation is taken as a support, approaching subjectivity through the view of socialization, comprehending the interaction of the human being with the environment into which he/she is inserted. These varied relationships and bonds the subject produces work as intermediators and have their properties changed as they expand and integrate other connections (Rose, 2011). According to Lemos (2013), it seems that there are possibilities of putting together discursive and non-discursive elements that compose the forms of being a mother in contemporaneity. The mother and her connections with the new space and its arrangements, as well as the prematurity condition of the baby, produce a new subject, a new meeting. Therefore, subjectivity is not

seen as something acquired, or defined; it is a process, is constantly moving, made up of several elements from multiple intermediations.

This context leads us to think about the historical intervention of maternity and about the idealized figure of the mother, which is evident in normalization practices, like the Kangaroo Care, in the discourse of health professionals, and in what is socially perpetuated in culture. These and other elements that have a connection in the prematurity scene are present so that the mother finds a singular way of establishing a relationship with her child. With the concept of subjectification processes, the belief is that the universal view on maternity is deconstructed. The possibility of combining diversified elements would encourage the mother to reach new territories and establish singular forms of affection and maternity when experiencing prematurity.

Based on discussions found in Deleuze and Guattari, these premises about the concept of subjectification processes show that such processes are marked by a game of multiple, coexistent and, somewhat, complementary relations (Haesbaert & Bruce, 2002). In the neonatal unit scene, one can experience new ways of being a mother, since the intermediations that compose this scenario can simultaneously construct identity positions – representations about being a mother, crystalized roles and stereotypes that are often taken as universal – and the singularity of each relationship between mothers, children, machines and the variety of meetings that happen in such a context. There is the expectation that the discussions herein presented can contribute to neonatal care, having in mind the multilayered dimension of experiences involving being the mother of a premature baby, expanding intervention possibilities and allowing for a quality and humanized attention, in addition to approaching the need for a better understanding of public health practices in perinatal care.

A quality and humanized attention to the premature infant and the family is preconized by the federal government, and has been officially established through the creation of the Kangaroo Care. The change in the neonatal care proposed by this care is based

on the promotion of skin-to-skin contact, regarding individualities, on the promotion of breastfeeding and on the involvement of the mother in the care for her child. It is developed in three stages. The first happens in the neonatal unit, stage included in this study. The second takes place in the kangaroo infirmary, where the infant stays with his/her mother all the time. Finally, the third stage is the outpatient follow-up of children and family.

In this way, the program intends to not only favor the improvement and maintenance of the premature infant's health, but also encourage the creation of the mother-baby bond. The Care believes in the approximation of mother and baby day-by-day, in a gradual, increasing and safe contact, in breastfeeding stimulation and participation in daily care as elements that reinforce the early affective involvement and caring role attributed especially to the mother.

The study works with the idea of a constantly produced subjectivity, which means the possibility of deconstructing, deterritorializing and reterritorializing, establishing new and singular intermediations in the experience of being a mother. The bonds created in the neonatal unit between the subject, the machines and the narratives produce subjective capacities and experiences, elements of subjectivity production.

Experiencing prematurity, its intermediations and everything that is part of this meeting contribute to the composition and modulation of the mother of a premature infant. The way the program is appropriated is part of singular compositions of each one of the mothers. It is important to consider the neonatal unit as a production element of subjectification processes experienced by the mothers, according to the individual experience and the personal way of singularizing it. This approach was the starting point that guided the research herein presented.

CARE

Participants

Six mothers of premature infants admitted to the Neonatology Unit of a public hospital, in the metropolitan area of Belo Horizonte, were involved. The mothers were directly approached

by the researcher in charge of the production of empirical data after the first week of the baby hospitalization. The study included mothers of premature babies born between 31 and 36 gestational age, with average weight of 1,500 and 2,500 g, clinically stable, observing the greater prevalence of admissions to this unit. Taking into account the capacity of admissions in the unit, 24 beds, it was considered that this number of subjects was adequate to the objectives of the study, remembering that case studies are not interested in generalizing data produced, but seek to deepen the questions of the investigation.

Only the mothers were involved. Grandparents, parents and other relatives of the baby, who used to walk around the unit, were not included as direct subjects of the research, although, in some moments, their participation in the care for the newborn is significant. Religion, age, marital status, schooling or economic condition were not used as inclusion or exclusion criteria for this research, despite the knowledge that the hospital, for being public, serves especially low-income women.

All six mothers interviewed were aged between 21 and 36 years old and completed primary school, at least. Their characteristics are displayed in Chart 1.

Chart 1 - Characteristics of the Interviewees

Mothers	Age (years)	Mar. Status	Schooling	No. Children	Delivery Type	Gestational Weeks	Planned Pregnancy
M1	21	Married	Primary School	01	C-section	33	No
M2	28	Single (in a relationship)	High School	01	Normal	31	No
M3	29	Single (living together)	Higher Education	01	Normal	30/31	Yes
M4	31	Single	High School	01	C-section	34	No
M5	36	Married	Primary School	02 (+ 2)	Normal	34	Yes
M6	30	Living together	Incomplete High School	01 (+ 3)	C-section	32	Yes

Source: research data

The mothers were referred by the letter M followed by a number from 1 to 6, as shown in Chart 1. All of the mothers showed interest in participating in this work, and were very receptive during the interview.

The scene

The neonatology unit where this research was conducted is located on the fourth floor of a public hospital in the metropolitan area of Belo Horizonte, MG. Service is guaranteed by a covenant with the Brazilian Unified Health System (SUS). The hospital has implemented the Baby-Friendly Hospital Initiative², which

consists of encouraging and promoting breastfeeding. Babies that need medical follow-up after birth and do not have clinical conditions for staying with their mothers in the collective room are the target of this service. According to managerial control data of the neonatology unit, in the first half of 2011, from January to July, the unit received 308 newborns, 160 of which were premature, accounting for 51.94% of all babies admitted to the neonatology unit.

This sector is composed of 24 beds, 14 of which of high risk, accredited as intensive care unit, and 10 of low risk. The physical area is divided into high risk (isolated and "behind the wall") and low risk, in addition to rest and evolution room. The name of this physical space called "behind the wall" was given by

stimulating the hospital network for accreditation (Brasil, 2011).

² The Baby-Friendly Hospital Initiative (BFHI) was conceived in 1990 by the WHO and UNICEF to promote, protect and support breastfeeding. It was incorporated by the Brazilian Ministry of Health as a priority in 1992 and, since then, with the support of State and Municipal Secretariats of Health, has been qualifying professionals, performing assessments and

the health team that works at this unit. The babies who stay there are clinically stable and are likely to be sent to the low-risk beds.

The high risk is the place that admits newborns coming from the obstetric block and Intensive Care Center (ICC). It receives those babies in need of a more special attention, with breathing, hemodynamics or metabolic instability. The high risk has also an isolated infirmary for patients in contact or respiratory isolation. The low risk cares for babies that are clinically stable, that are being breastfed or that are gaining weight, and offers hospital discharge training to families.

In general, the newborn is admitted to the high risk and, as soon as the clinical picture allows so, he/she is sent to the low risk for later hospital discharge. It is worth stressing that inside the high risk unit the baby goes to the larger area and, after stability, is sent to the low risk or goes behind the wall, when the next step is sending him/her to the low risk. These divisions of physical space inside the unit and their reference with the clinical stability of the baby are well known by the mothers, who, most of the times, are constantly watching over this displacements. The name of these spaces were revealed as important components of the subjective processes experienced in the unit researched and will be resumed later in the text.

The health team is a multidisciplinary one, composed of 31 pediatricians, 2 physiotherapists, 1 speech-language pathologist, 2 occupational therapists, 9 nurses and 57 nurse technicians. The psychologist and the two social workers work along with the maternity sector. All the professionals, when entering the service, receive training on breastfeeding promotion. The unit has some therapeutic projects, such as handicraft activities with mothers, follow-up of mothers group, encouragement to breastfeeding and kangaroo care, always aiming at a care centered on a humanized assistance.

Procedures

For data production, the instruments used were bibliographic research and semi-structured interview, in addition to observation. The bibliographic research used the Health Virtual Library database, as well as libraries

collections and theses and dissertations available on the internet. The main terms used for the search were premature infant, maternity and subjectification processes. Among the works found there were articles, theses and dissertations. In addition to theoretical deepening, the texts allowed for a knowledge of researches developed in similar contexts.

In the first moment of data collection, a semi-structured interview was used with the mothers of premature babies admitted to the neonatology unit. The researcher sought to obtain information perceived by the mothers throughout their journey, such as the pregnancy story, the birth and hospitalization of the premature newborn. These axes were present as guides for the themes presented in this study in the approach to the mothers.

According to Chizzotti (2001), information collected about facts and opinions in semi-structured interviews are product of a dialogue prepared with established objectives and strategies. Likewise, Minayo (2010) states that the interview does not mean an unbiased conversation, but one that has well defined purposes, since it is used as a means for collection of facts narrated by individuals, as subject-object of the research, who experience a certain reality that is being studied.

Observation, another methodological strategy of this investigation, promotes a direct contact of the researcher with the phenomenon observed, which allows obtaining information about the reality of the social actors in their own contexts (Minayo, 2010). The observations were made when the mother was present in the neonatal unit together with her baby. Interventions, care actions, conversations and contact between mother and premature baby, as well as the environment where this meeting happened, were all observed. The direct attention of professionals to the newborns and to their mothers, and the relationship with other mothers present, were also included. The elements observed were recorded in a field diary to compose the data of the research and for further analysis.

Data analysis

For the analysis of data obtained, content analysis and the conceptual contribution of subjectification processes were used. According to Kind (2007), the analytical

process starts with the clarity of the researcher concerning what will be investigated, assuming methodological options that allow exploring the subject chosen. We agree with Turato (2003), to whom “the researcher should be open-minded, capable of seeing what others have not seen, interpret data in depth, going beyond what is visible, changing ways creatively, always towards the new, the unknown” (p. 21).

All the interviews were transcribed and printed in order to facilitate exhaustive readings and content analysis. Bardin (2011) understands content analysis as a set of analysis techniques of all communications. Characterized by the use of systematic procedures and techniques to describe the content of messages, establishing the meaning, defining categories, and going through the text to code it.

In this research, content analysis was developed through data thematic analysis. Performing a thematic analysis comprehends the discovery of meaning cores in communication, whose presence or frequency of appearance may have a meaning to the analytical object chosen (Bardin 2011).

First, the analysis *corpus* was constructed, composed of the transcriptions of the interviews and observation notes. Then, repeated and exploratory readings were done to ease the identification of themes and categories. It is worth pointing out that this approach prioritized the hypotheses and objectives of the work. Two categories emerged: (1) the experience of being the mother of a premature baby and (2) the relationships mediated by the admission of the baby to the neonatal unit. Some subcategories were linked to these two data-organizing axes.

Such division was very important for the analytical procedure of the reports, allowing for the apprehension of the connections between the themes found, besides the perception of the subjectification processes presented by the mothers of the premature infants. This stage of categorization also enabled the identification of analytical articulation points with studies on subjectification. As a product of this process, an analysis text was constructed, characterized by a dialogue between the two of the categories, the objectives and the theoretical framework of this study.

RESULTS AND DISCUSSION

The materials produced for analysis derived from reports by mothers who lived the experience of a premature birth and hospitalization of their children in a neonatal unit. It was possible to describe and comprehend how this situation crosses the subjectification processes of these mothers. Thus, the discussion of the results emphasizes the elements involving maternity and its subjective implications constructed with the marks of prematurity in a neonatal unit.

The experience of being the mother of a premature infant

The interviewed mothers dealt with the experience of having a gestation early interrupted with the arrival of a premature child. This interruption as a subjectification component challenges the anticipated experience in the journey of some of them, who felt “incapable” for maternity. The interview excerpts of M2 and M3 express such interruption, impacted by the prematurity condition, deterritorializing the imagined position related to becoming a mother.

It is really hard, to tell you the truth, I would not like to be in this place, never, because it is really bad. A mother wants to have her child in her arms. We give birth, we want to give our love, our affection, we want to breastfeed, we want to hold our child, we want to care for them and... and when we are not able to do that, it is tough; it is a terrible sensation (M3)

I was a nanny for ten years ... so I thought how it would be when I had my own child, how it would be to care for him, you know, to heal his belly button, how it is to be a mother, but turns out I was interrupted.... Other people are there with him, changing his diapers, staying at night, so I go home and can't hear him crying, I'm not with him, it's... complicated, it's really hard, it's really hard. (M2).

The understanding of M2 as “authorized” to be a mother due to her own experience as a nanny was interrupted by the premature birth of her son, as shown in her speech about the absence of care actions and the cry of the boy. The event narrated refers to her own absence in

her maternity project, interrupted in this journey of becoming a mother.

In this scope, professional experience can be considered as a component of subjectivity production, because that mother established individual and collective creations, shaping her singular maternity construction. Although subjectifications are processes that produce and appear in multiplicities, the latter are never completed, but are subject to several changes. Subjectivity is plural, procedural, and is constantly moving (Guattari, 1992). As stated by Guattari and Rolnik (1999), “[there is] this or that subjectivity, if an enunciation intermediation produces it or not” (p. 322).

Thus, from a premature birth and the admission to a neonatal unit, becoming a mother is affected, and often has its “normal course” “interrupted”. Subjectivity offers the possibility of deterritorializing, reterritorializing and establishing this new meeting, a new experience of being a mother in the prematurity universe.

The premature birth of a child brings the imminent risk of death and the fragility of a newborn that may not survive. According to Moreira et al. (2009), every mother suffers with the possibility of death of their babies due to the effective risks of prematurity or subjective and imaginary questions these women may have. Sales and colleagues (2005) corroborate this thought, stating that, when experiencing premature birth, mothers see the possibility of death of their children. This possibility is added to the pain and distress caused by such situation.

Moreover, the child is seen as fragile and small, way different from the large and healthy baby long awaited by the mothers. Two of the interviewees describe how they see their respective children: “... *too weak, too thin, you can't even define*” (M2); “... *really weak, that really small thing ... a premature baby is like that, you have to be careful with him*” (M1).

Another interviewee provides her apprehension concerning the machines that reveal the fragilities of her daughters:

They were in the incubator, with oxygen only, you know. Ana was taking medicine, Bia wasn't, she was so well that she didn't even take medicine.... I was so happy for seeing them there that I didn't care about the machines, I only asked, and the doctor told me it was only oxygen, you know, that that was normal because they were taking antibiotics for them not to be tired or anything. In the

beginning, I didn't care. I started to feel more worried from Sunday on, you know, when Bia died. Then I felt more.... (M5).

At this point, it is possible to evidence a process through which maternity reorganizes itself and produces a change in this context with the death of one of the girls. The mother and her new connection with the insecurity regarding survival in a situation of premature birth produce a new meeting. Guattari and Rolnik (1999) say that the human species is inserted in an intense territorialization, deterritorialization and reterritorialization movement. Such movement marked by the abandonment of the original territory and the construction of a new one happens as simultaneous processes. In the journey of M5, death appears as an intermediary, shaping a new way of being a mother, leading her to becoming more worried and insecure about the recovery of the other child.

In the neonatal unit, mothers of premature infants can live a new maternity experience, as previously exposed. The intermediations that compose this scenario can construct the singularity of each relationship, opposed to the norms that allegedly belong to the feminine nature, supported by the historical and social phenomenon of being a mother. The concept of subjectification processes allows for the deconstruction of these perspectives, leading to a procedural understanding of maternity. Thereby, the subjects can be affected by transformations of the maternal practice (Marcello, 2005).

The perception on the Kangaroo Care

The first stage of the Kangaroo Care happens in the neonatal unit. Some of the procedures the health team adopts in order to humanize the assistance are warmth, instructions and clarifications to parents, care actions, breastfeeding promotion and early contact with the baby (Brasil, 2009). Every mother that enters the neonatal unit where this research was conducted receives general information about, for instance, operation norms, hand washing, care actions towards the baby and the environment, breastfeeding and clarifications about the health status of the newborn. This information ensured by the team, and the guarantee of permanence in the sector for the time the mother needs, is part of the

special care involving the Kangaroo Method. However, most of the time, this set of procedures is not presented by the professionals as one of its stages.

During the interviews, the researcher approached the Kangaroo Care with defined purposes, aiming to obtain information about the knowledge of the mothers about this program implemented in the neonatal unit. Even if not named by the interviewees, the first stage of the program was described by the mothers, based on their previous knowledge, on their family lives and on the daily care for their babies. One of the interviewees reports: *"But I have this knowledge, you know, of putting the baby here on me; I think this is really interesting"* (M3). Another mother reports a specific knowledge about the Care:

I had already heard of this kangaroo care in the maternity sector in the [in the state]. I know they have it there, because my sister had her baby there. She stayed with that little baby hanging, I mean, tied.... They say it is for a quicker weight gain, you know, the babies feel their mothers' heat and gain weight.... (M6).

As observed, in general, the Kangaroo Care was previously accepted by the families, and may add to the process of becoming a mother. The reception of its proposal, in addition to the techniques, is part of the singular compositions of each of the mothers.

Incorporating more technical denominations, the mothers start to trust the care, the power and discourse of the health professionals, which determine the routine inside the unit (Costa & Padilha, 2012). The collective intermediations of enunciation, according to ideas by Deleuze and Guattari (1995), refer to enunciations, to an expression machine that determines the use of elements of the language and of the word. As stated by the authors, "intermediation is not about language productivity, but signs regimes, an expression machine whose variables determine the use of elements of the language" (p. 32). Thus, the strategy of implementation and development of the Kangaroo Care in the neonatal unit should take into consideration this relationship, since said care works as an element of creation of subjectivities. The appropriation form of components of the technical language becomes the property of each one of the mothers, who experience multilayered subjectivities, constructing maternal modalities.

Relationships mediated by the admission of the baby to the neonatal unit

The recovery of the premature baby depends on both medical care and the involvement of the mothers who desire to participate in this path towards survival. As understood in the interviews, similarly to elements found in the work by Lamy, Gomes and Carvalho (1997), the perception of parents on the hospitalization of their children in the neonatal unit right after birth, can be a new fact, unexpected and perceived as scary. This investigation stresses that mother's discharge that is not associated with the child's discharge is part of this new scenario that causes fear and pain.

The desire the mother has of taking her baby home, to a warm and known environment, is present since gestation, following dreams and fantasies. Even understanding the clinical need for hospitalization, the mothers feel insecure and worried. Some of the speeches are emblematic of this deterritorialization process:

Jesus, it is terrible.... The other day I said... Oh, João, mom has to go now. He made a crying face, you know, like he wanted to cry. Then I... Oh my God, how am I supposed to leave? I said... No, but don't worry, mom will be back tomorrow. Then he smiled.... I got home, but wanted to return (laugh) (M4).

... from the moment we get home, we lose our mind, we can't stop thinking how everything is going there, if he is fine, if he relapsed or improved, if something is going to be different when I get there.... I keep praying the next day come quickly for me to see how he is (M6).

The environment and its interfaces, the machinery, the technical language of the team, the clinical procedures that need to be performed, and the presence of professionals that walk around the unit all the time produce subjectivities in this process involving maternity and contact with this space. This environment is signified by M2 as a "replacement" of herself: *"... I think that to work there you have to love it, really, it is God the one that chooses these people to take care of your baby.... They kind of replace us...."* (M2).

This speech evidences the trust the mother has in how care is performed, in the team, which can be even seen as "surrogate mothers" of the children while they are in the neonatal unit. On

one hand, the maternal care carried out by the team “interrupts” the biological mother in her process of becoming a mother, when it comes to changing diapers, breastfeeding, watching over at night. On the other hand, meaning is attributed to the multiple intermediations that compose the possible scene of becoming the mother of a premature infant.

Breastfeeding is another point to be grasped in this study, because it is a daily subject in the neonatal unit. During the interviews, the mothers spoke about the representation of this moment and the desire to breastfeed: *“It is the most beautiful period, a mother breastfeeding her child. I think it is the most beautiful one... The best phase”* (M4); *“Oh... I love breastfeeding.”* (M5).

We have this desire to hold the baby, to be able to feed him with our breast milk. I think this is the best thing for the baby ... it must be really good for us and for the baby (M3).

A mother may not want to breastfeed her child for personal reasons, but the link to weight gain and hospital discharge by the team itself stimulates the mother’s anxiety in offering her breasts as soon as possible. Among the instructions given to the mothers when they enter the neonatal unit, the importance of breastfeeding the child is predominant. For being part of the Baby-Friendly Hospital Initiative, the team is trained to favor breastfeeding. It is possible to notice in the daily routine of the unit a look focused on starting breastfeeding as soon as the baby has clinical conditions and is released by the pediatrician. However, even knowing these instructions, the mother may allow the composition of external forces to establish new creations, her singular experience of being a mother, and breastfeed her child in this new meeting.

The physical space as a subjectification element

The environment in which this research was conducted has space divisions named by the health team itself. These are places named according to the clinical stability of the child and, at times, to favor the dynamics of the assistance. The mothers who have children hospitalized in this unit learn the routines and watch the care-given actions, the team and even the location of the child within this space.

On the other hand, the mothers perceive the place where their children are in the neonatal unit as a hint about their health status. It is evident, then, that the demarcation of the environment has an important meaning, and they become truly vigilant, which also includes the exchange of experiences with other mothers there. In notes in the field diary, the following speech of a conversation between mothers was recorded: *“Today, when I arrived here they had moved the incubator. So you get scared as soon as you enter...”* (M5). This mother establishes a reference with the location of her baby, and a change may cause a feeling of insecurity and bring back the fear of loss that surrounds prematurity.

In the construction of the relationship with the premature infant, the mother adds the place where this child is as one of the subjectification elements of maternity. Haesbaert and Bruce (2002) bring the idea of territory by Guattari as referring to both a vivid space and a system in which the individual feels like “home”, a proper appropriation. It is a set of representations that result in innumerable behaviors throughout the times, in social, cultural, aesthetic and cognitive spaces. Thus, territory is an intermediation that goes beyond the geographical space, because everything can be intermediated, deterritorialized and reterritorialized.

In this sense, the meaning of territory is much broader than the mere idea of a spatial arrangement. The geographical spatiality and its denominations in the neonatal unit, along with the possibilities of intermediations of machines and enunciation producing subjectivities, reconfigure the technical form of organization of the service. This external factor can be noticed as a component of subjectification processes interfering with the composition of the maternal existence mode in the scene studied.

FURTHER CONSIDERATIONS

The main point of this research was to comprehend the experience of being the mother of a premature infant in a neonatal unit. In conclusion, the neonatal unit, center of the first stage of the Kangaroo Care, its multiplicity of components that involve the instruments, the techniques, the professionals and specialized language, contribute to the diversity of ways of experiencing maternity. It was observed that the

space is favorable to combinations of preconceived roles with unused movements (or known, due to previous experiences some mothers had) that permeate the routine of the unit. The interruption of an allegedly “natural” process, the hospitalization of children, in addition to the procedures and techniques that affect them and their mothers, the *sui generis* spatiality of the service, can resume some components discussed throughout this text, which reterritorialize the possibilities of becoming a mother in the neonatal unit studied.

It is sustained, therefore, that the experience of being a mother changes in this new scene, even if recognizing the expression of cultural roles frequently assigned to women who become mothers. They were confirmed by the research, through the appearance of mothers affected by the scenario of the neonatal unit, a result of multiple influences of the environment, of professionals and of specialized language, contributing to the production of subjectivities.

In the neonatal unit, mothers of premature babies can live a new and multilayered maternity experience, since the intermediations can simultaneously create cultural and social roles that force supposedly universal comprehensions about what being a mother means and the singularity of each mother and its relations.

In the review of the literature about themes similar to that of this study, it is common to find questions about the idealization of the maternal figure in the Kangaroo Care policy. However, when reading the manual related to the Policy, it is possible to perceive the belief in a daily approximation between mother and baby, in physical contact, in the stimulation to breastfeeding and in the participation of care actions as elements that reinforce the early affective involvement and the care roles towards the children especially centered on the mother. This research did not propose the dismantling or reports of issues in the care, but, on the contrary, it sought to understand its effects in new subjective compositions. In this sense, the study intends to contribute to the deepening of knowledge about what follows the technological advances implemented by the Kangaroo Care, providing analytical readings that allow re-thinking the common forms of operating in favor of neonatal care. As a horizon, there is the belief in a comprehensive neonatal assistance, broadening the possibilities of intervention and

enabling a better quality in service. New works approaching health professionals directly are necessary, since they are the elements producing subjectivity.

One should be alert, however, to the function culturally instituted and centered on the figure of the mother, even in situations of flagrant “interruption” – taking back the term used by one of the interviewees – of what is constituted as maternity experience in the first days of life, as in the case of prematurity. The research presents to the academic community, but especially to the health services and professionals, a broad view, expanding the focus to multiple intermediations at stake in the composition of the mother. This investigation, therefore, invites those who are interested to learn the changes that the experience in a neonatal unit and its elements promote in the constitution of several ways of being a mother.

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Karina Lima Lara: fisioterapeuta, mestre em Psicologia, Programa de Pós-Graduação em Psicologia, Pontifícia Universidade Católica de Minas Gerais, Belo Horizonte-MG, Brasil.

Luciana Kind: professora do Programa de Pós-Graduação em Psicologia, Pontifícia Universidade Católica de Minas Gerais, Belo Horizonte-MG, Brasil