

98 - A VALUE OF A HUMANIZED NURSING CARE TO PRETERM NEWBORN INTERNED IN NEWBORN INTENSIVE CARE UNITY¹EUNICE DA FONSECA PINTO²ADRIANA ARRUDA BARBOSA REZENDE³GISELLE PINHEIRO LIMA AIRES GOMES⁴IRIS LIMA E SILVA¹Enfermeira Mestranda em Ciência da Motricidade Humana/ ¹Universidade Castelo Branco/RJ²Profª Assistente do Curso de Fisioterapeuta do Centro Universitário UNIRG^{2,3}Mestranda em Ciência da Motricidade Humana/ Universidade Castelo Branco/RJ³Profª Assistente do Curso de Enfermagem do Centro Universitário UNIRG⁴Mestre em Ciência da Motricidade Humana/ Universidade Castelo Branco/RJ¹Email: eunicefonseca@oi.com.br²Email: drikas.arruda@gmail.com³Email: gipinheirolima@gmail.com⁴irislima@uol.com.br**INTRODUCTION**

The Neonatal Intensive Care Unit (UTIN) provides the neonates an ambience which is very different from the intra-uterine world. The maternal uterus, allowing rest and deep sleep to the fetus, is the ideal environment for the process of growth and maturing of the anatomic, physiological and neurophysiologic structures regarding the fetal development (SCOCHI et. al. 2001).

However, on being interned, the neonate, in addition to suffering a severance from contact with the mother, which presents a sensory deprivation to him (COBRA, 2007), also requires an assistance which, although essential to his survival, exposes him to constant handling, pain and other forms of stimulation of a sensory nature, such as strong luminosity and noises caused by human movement and the handling of materials. The neonate suffers, thus, the interruption of his sleeping cycles, which can contribute to the arising of stress and iatrogenics, making the organic development harder and increasing the risk of death (SCOCHI et. al. 2001).

The UTIN environment can be understood as excessively stimulating when considering that, to survive outside the uterus, the neonate needs to go through a transition period relative to the 24 hours after birth, in which the greatest mortality index that occur in the neonatal period is recorded (TAMEZ; SILVA, 2006). In this period, the neonate suffers a great demand of organic adaptation. Such adaptation becomes harder for the pre-term baby, in view of the immaturity of the development and function of the systems which limits his ability to face problems and diseases. Considering this circumstance, which the baby's survival depends on, a challenge, it becomes essential to re-think the actions in health in the scope of the UTIN's (MELSON et. al. 2002).

In this sense, the Ministry of Health preconizes humanization actions in the neonatal care. These actions point to the respect of the individualities, seeking to produce the health care capable conciliating the best technology available with the promotion of safety, sheltering and ethnical and cultural respect to the patient (DESLANDES, 2004).

These interventions of care are essential for the pre-term neonate interned in UTIN, since he does not display the minimum autonomy. At this time, the nurse's action as caretaker becomes necessary (WALDOW, 2005).

Before this problem, the purpose in this paper as to develop a reflection of an essentially moral nature on conducts which are proper to the nursing area which, being revealed by means of the care ethics, can favor the adaptation of pre-term neonate to the environment and the conditions inherent to an UTIN, without, however, depriving him from the assistance necessary to his health or even maintaining his life.

METHODOLOGY

To ensure the achievement of the described purpose, the choice was made for carrying out an exploratory study operationalized by means of a bibliographical research, on account of this strategy being extremely adequate in the sense of reviewing, analyzing, interpreting, and criticizing theoretical considerations, paradigms and even creating new propositions of explaining and understanding the phenomena of the different areas of knowledge, being able to ground a later engrossment of the studies by means of experimental, or even descriptive, investigations (TRIVINOS, 1987).

AMBIENCE OF THE NEONATAL INTENSIVE CARE UNIT

Although the existence of rules for accrediting and arrangement of the beds in UTIN's, since the 70's there was a great concern with the noise present in this environment, making them determine maximum noise levels for neonate exposure. 10 They describe the UTIN's as a super-stimulating environment which compromises the neonate's development process, due to the sensibility of the sensorial receivers. The premature newborn, in particular, because he presents his brain immature to process and register the sensory information, becomes sensitive and incapable of selecting the information being received by lack on inhibitory controls (RODARTE et. al. 2005; JERUSALINSKY, 2006).

The neonate has the conditions to guide himself much more through sound perception than visual perception. The newborn distinguishes phonation details in a surprising manner. Thus, in addition to contributing to diminish the baby's auditory capacity, the noise interferes with the state of deep sleep, which plays an important role for maintaining the brain functions, inducing irritability and frequent crying which leads to physiological instability, increase of blood pressure and changes in cranial and intraventricular irrigation, increasing the risks of hemorrhage in this area (TAMEZ, SILVA, 2006; JERUSALINSKY, 2006).

The luminosity of the UTIN environment can also have negative effects on the growth and development, mainly of the pre-term newborn. The researchers and professionals have sought to modify the level of luminosity in the neonatal units, trying to imitate, in certain manner, the shade of the intra-uterine environment (BRANDON, HOLDITCH, BELYEA, 2007).

Just after birth, the newborn responds to movements in the environment looking attentively upon and following bright objects; he is sensitive to light and makes faces or frowns his eyebrows; he reacts turning his head away when light is directed towards his eyes, just as he also promptly opens his eyes in the shade (KENNER, 2001).

The effects of continuous fluorescent lights on the baby have worried the researchers, due to the physiological and biochemical effects which this kind of lighting causes. This pattern of lighting can affect the normal development of the retina on the premature, with possible blindness (TAMEZ, SILVA, 2006).

In the UTIN's environment, quite often there is no establishment of adequate levels of luminosity; the neonate is exposed daily to this source of super-stimulation (COBRA, 2007).

THE HANDLING AND THE PROCEDURES

At the end of the 70's, the neonates interned in intensive care units were handled around 120 times a day. On the 80's, the handling began to be monitored and controlled, but even then, these babies were handled around 60 times a day. The handling periods only had intervals of 20 to 25 minutes maximum, which resulted in a serious influence on the hemodynamic control 14.

The constant procedures did not let the pre-term neonate have the sleeping time necessary for his neurological development to take place 3. Also, the stimuli can occasion changes in the baby's vital signs 14, since he has a well-developed tactile perception which serves as stimulus for his first breath. The more sensitive body areas include the face, especially around the mouth, the soles of the feet and the hands (MARGOTTO, 2007).

It must be considered, further, that up until recently it was believed that the incomplete nervous myelination prevented that the neonate experienced pain, except in a limited group. However, it is understood today that the routes of pain and the cortical and subcortical centers crucial to the perception of pain, are well developed in these babies and that the neurochemical systems associated with the transmission of pain are intact and functional. Physiological changes associated to pain on the neonate include the increase of the blood pressure and cardiac frequency during and after the painful procedures (KENNER, 2001).

Other answers which can serve as indications for the sensation of pain in the neonate are: a contracted expression with tense facial muscles and a furrowed forehead; intermittent grumbling or a high and vigorous crying; irregular breaths with chokes or retraction; upper members tense and kept in the same position, state of alertness, restless and without being able to sleep (TAMEZ, SILVA, 2006).

It is alerted further that the handling and the sensory stimulus, from the movements and the touching, produce vigilance and responses of attention and guidance which influence the neonatal development and the interaction between the parents and the newborn, the neonate being able to, however, become tired if he is handled too much (KENNER, 2001).

The grave pre-terms, generally, receive more interventions than the other babies in the UTIN; this causes them consequences, for they have greater fragility than the others. Infections can occur due to the excess handling, some unnecessary, being able to generate also hypertension, apnea, increase of intracranial pressure, hypoxemia and change of the cerebral flow (same).

CARE AS A PRINCIPLE FOR THE NURSING JOB

According to Boff (2002) care means diligence, solicitude, zeal, attention or good treatment. It means a form of being in the world, of existing, of relating with all things. It is the first characteristic of the human being. Without this characteristic, Man ceases to be human; he is without substance, he wastes away, he loses sense and he dies. Thus, on the course of life, he must do with care everything he sets out to do, otherwise he ends up harming himself and destroying everything around him.

Noddings (1984, apud WALDOW, 1999) reasserts the ontological basis of care, this a natural care, but he adds that to take care is to engage certain behaviors which include ethnic dimensions. In this dimension, care is a conduct which one chooses to do so that, even against natural desires, one can act morally.

Waldow (2005) goes beyond these concepts and concludes that care is the essence of the Human Being and contributes so that he builds his history and a future paved on ethics. Therefore, care must not only bloom from inside people, but must, also, be nurtured, cultivated and shared, developing Man's moral consciousness.

Also, work is a form of existing. Such as care, it makes human reality flourish. Both are forms of how the human person structures himself and finds achievement in the world with others and, therefore, can not oppose. Care, therefore, should be included as a moral principle in all the disciplines of the nursing programs, resulting in self-achievement of the Being which cares for and the Being which is cared for 6. This because the nursing job requires far beyond a set of technical-scientific knowledge and is, in essence, from his birth, expressed by means of care for the guarantee of relief of suffering and for maintaining dignity in the midst of Man's experience of health, sickness, life and death. It awards, in this manner, a different tone to the work, in which this is not pure intervention, but interaction and communion, in a subject-subject relationship. A relationship which is not of domination, but of convenience, in which through care, the other one is experienced as value, or as something which complements us (BOFF, 2002; WALDOW, 1999).

THE NURSING CARE TO THE BABIES INTERNED IN THE UTIN

According to Braga and Morsch (2004), the interventions with the babies interned in an UTIN must always be directed to someone who has an extreme sensoriality and which has an analogical language, capable of learning the feelings of who turns to him, during the exchanges of communication which occur in the act of caring. Therefore, it is essential that, with care, an eventual overload of stimulus to the baby is avoided and which favors a bodily contact which makes him experience the 'continuity of the body'. This skin-to-skin contact provides, also, a stability of the patterns of the vital signs, the patterns of positive growth and the maintenance of the thermo-regulation (KENNER, 2001)

Thus, some care with the baby interned in an UTIN must be observed in the sense of avoiding excessive stress (BRAGA, MORSCH, 2004). As to the luminosity of the UTIN environment, making it less stimulating will depend on the professionals who maintain contact with the neonate; from them comes the initiative and the common sense in determining the optimum intensity of the light, which are the periods considered adequate to perform the procedure and handling. However, it is suggested that for reducing the luminosity for certain periods, the incubator can be covered on the fore- and upper part to prevent the incidence of light on the baby's face and eyes, thus avoiding any situation of luminosity stress, but allowing him to perceive the brightness of the day, conserving the difference between day and night (SOUZA, 1999).

Also, the unnecessary sounds and noises, such as high conversations close to the neonate, the sound produced by walking with shoes with inadequate soles, and radios, must be eliminated, and if it is not possible, such as in the case of the sound from telephone and intercommunicators, they must be kept at a bearable intensity, in the sense of not harming the baby's rest (BRAGA, MORSCH, 2004).

The neonates must be handled and comforted with full attention to the signals transmitted by their behavior. They must be calmed down by means of contact and caresses, voice and movements, establishing, further, a visual contact up to a point of promoting a stable behavior in the baby. The movements while handling must be succinct and controlled, keeping, when possible, the baby's members close to his body, during the change of decubitus so that there is minimal environmental stimulation (BURNS, 1999).

With the intent of minimizing the environmental stimulation in the neonate, the care with him must be grouped in short periods, providing him time to reorganize and calm down between the procedures. Thus, the multidisciplinary procedures must be performed in blocks. The entire staff must program itself so that the routines and procedures are carried out at the same time,

in such a manner that the number of handling is reduced, providing the RN a greater chance of getting some rest (BARROS, 1988).

In the act of caring, knowing how to read the neonate's language, identifying his neuromotor responses, helps in watching for the signs and the responses provided, making more effecting the action of the professionals who take care of him 3. This because, from the first moments of life, the human being divulges his needs and intentions by means of spontaneous, natural and instinctive movements, which involve the perception of the senses, visual, tactile, auditory, gustatory and olfactory – which act as a means relation and communication of the individual with the environment, existing a corporeal nature in the child, which must be respected (TAMEZ, SILVA, 2006; BARROS, 1988).

CONCLUSIONS

The UTIN can be considered an environment excessively stimulating, which compromises the development process of the pre-term neonate, on account of him presenting greater susceptibility. In this environment where different professionals interact at the same time for the necessary and essential assistance to the baby, he suffers constant handling, pain and other forms of stimulation of a sensory nature. These constant stimuli interrupt the neonate's sleeping cycle, which can contribute to the outbreak of iatrogenics, which make the growth and maturation process difficult regarding the organic development and the clinical improvement, increasing the risk of death.

Thus, interventionist measures must be taken by the staff, including professionals from different areas. Such measures can, in part, be represented by the nursing professional's care. This must reveal, if not emerging from his ontological essence, but from a moral consciousness, his manner of being cared for and, at the same time, being worked on, integrating in a safe and human manner the technical capacity and the capacity to watching over the one who is living the experience being sick.

This is the manner of being cared for and being worked on at the same time; not two forms of existing, but a form of existing with a full constitution of the human experience which makes us experience self-achievement by means of a job that would not come about, as a manner of being, without the affective involvement with one another. A technical job, but human, which can favor the reestablishment of the pre-term neonate interned in an UTIN.

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A VALUE OF A HUMANIZED NURSING CARE TO PRETERM NEWBORN INTERNED IN NEWBORN INTENSIVE CARE UNITY

ABSTRACT

The preterm newborn needs cares in Newborn Intensive Care Unity (NICU), environment that exposes to highly stimulant sensorial and environmental factors. So, this exploratory study, developed through a bibliographic research aims to develop a character moral theoretic reflection about a nursing proper conduct that reveling itself as a care, makes easy the preterm newborn's adaptation to a NICU, without depriving of the necessary assistance to its health and maintenance of its life. It is concluded that a nurse intervention measures must reveal, if not emerging from its ontological essence, but, of an ethical conscience, his way of “be-care”, and simultaneously, his way of “be-work” and, in a safety and humanized way, favor the reestablishment of preterm newborn interned in NICU.

KEY-WORDS: Pre-term Newborn, Newborn Intensive Care Unities (NICU), care, nursing, moral and ethics.

EL VALOR DE UN HUMANIZADO CUIDADO DE LA ENFERMERIA AL NEONATO NACIDO ANTES DEL TÉRMINO E INTERNADO EN UNIDADES DE TERAPIA INTENSIVA NEONATAL**RESUMEN**

El neonato nacido antes del tiempo necesita de cuidados en Unidades de Terapia Intensiva Neonatal (UTIN), ambiente que lo expone a factores sensorios/ambientales altamente estimulantes. De esta manera este estudio exploratorio dinamizado por medio de una investigación bibliográfica tuvo por objetivo desarrollar una reflexión de naturaleza moral a cerca de conductas propias de la enfermería que, revelándose como cuidado, favorezcan la adaptación de neonatos nacidos antes del tiempo a las condiciones inherentes a una UTIN sin, sin embargo, privarlo de la asistencia necesaria a su salud y al mantenimiento de su vida. Se concluye que medidas intervencionistas del enfermero deben revelar, si no emergente de su esencia ontológica, pero de una conciencia ética, su modo de “de ser – cuidado” y al mismo tiempo su modo de “ser-trabajo” y, de manera segura y humanizada, favorecer el restablecimiento del neonato nacido antes de tiempo internado en UTIN.

PALABRAS LLAVE: Neonato nacido antes de tiempo, Unidades de Terapia Intensiva Neonatal (UTIN), cuidado, enfermería, moral y ética.

LA VALEUR DE PRENDRE DES SOINS INFIRMIERS HUMANISÉS AU NOUVEAU-NÉ PRÉMATURÉ INTERNÉ DANS LES UNITÉS DE SOINS INTENSIFS NÉONATALES**RÉSUMÉ**

Le nouveau-né prématuré a besoin de soin aux Unités de Soins Intensifs Néonatales (USIN), un environnement qui l'expose à des facteurs sensoriels/environnementaux stimulants. Ainsi, cet étude exploratoire développé par une recherche bibliographique, a eu comme but développer une réflexion de nature morale sur des conduites appropriés aux soins infirmiers qui, en se révélant comme des soins, favorisent l'adaptation des nouveau-nés prématurés à des conditions inhérentes à une USIN, sans, pourtant, les priver de l'assistance nécessaire à leur santé et à la maintenance de leur vies. Il a été agréé que les mesures interventionnistes de l'infirmier doivent révéler, si non émergeant de son essence ontologique, mais, d'une conscience éthique, son mode “d'être soin” et, au même temps, son mode « d'être-travail” et, d'une façon saine et humanisée, favoriser le rétablissement du nouveau-né prématuré interné à l'USIN.

PAROLES CLÉS: Nouveau-né prématuré, Unités de Soins Intensifs Néonatales (USIN), soin, soins infirmiers, moral et éthique.

O VALOR DE UM HUMANIZADO CUIDADO DA ENFERMAGEM AO NEONATO PRÉ-TERMO INTERNADO EM UNIDADES DE TERAPIA INTENSIVA NEONATAL**RESUMO**

O neonato pré-termo necessita de cuidados em Unidades de Terapia Intensiva Neonatal (UTIN), ambiente que o expõe à fatores sensorio/ambientais altamente estimulantes. Assim, este estudo exploratório desenvolvido por meio de uma pesquisa bibliográfica, teve por objetivo desenvolver uma reflexão de natureza moral acerca de condutas próprias da enfermagem que, revelando-se como cuidado, favoreçam a adaptação de neonatos pré-termo às condições inerentes a uma UTIN, sem, no entanto, privá-lo da assistência necessária à sua saúde e à manutenção de sua vida. Concluiu-se que medidas intervencionistas do enfermeiro devem revelar, senão emergente de sua essência ontológica, mas, de uma consciência ética, seu modo “de-ser-cuidado” e, ao mesmo tempo, seu modo de “ser-trabalho” e, de maneira segura e humanizada, favorecer o restabelecimento do neonato pré-termo internado em UTIN.

PALAVRAS CHAVE: Neonato Pré-termo, Unidades de Terapia Intensiva Neonatal (UTIN), cuidado, enfermagem, moral e ética.

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