

## 129 - MOTHERS' PERCEPTIONS OF THE INTERACTION WITH THE HEALTH PROFESSIONALS IN A NEONATAL INTENSIVE CARE UNIT

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### INTRODUCTION

The birth of a child at risk is always a stressful event for the family. The unstable physical condition of the baby and the need for intensive care enhance unpredictable feelings among family members. In addition, the contextual image of the Neonate Intensive Care Unit (NICU) as a death environment gives rise to strong emotions that need to be recognized and attended to during the child's care.

Given that the care of the newborn in the NICU is a stressful process because of the constant alert for life support maintenance, sometimes the workers forget to focus on the human aspects of care. They disregard the newborn's need for affection and do not value the mothers as partners in the care process. As individuals, the mothers need to be informed so that they can modify beliefs and attitudes that will enable them to participate in the care of their babies conscientiously and reflexively (ANTONIO, 2002).

Nursing care of the newborn in this context, therefore, implies working with parental attitudes and feelings so that they can understand and reconcile their emotional state, their hostile critical posture and their values. The idea is to reduce the negative feelings observed in their interactions with health professionals during the hospitalization of their babies.

Some studies demonstrate that the mothers face emotional reactions and life difficulties when they experience the internment of their newborn child in the NICU (REICHERT, 1998; ANTONIO, 2002; PADOVANI, et al, 2004). Nunes et al (2009) corroborate and add that many of these sentiments are possibly related to amount of interaction that they experience with the professional team.

Confronted with this problem, we felt motivated to enter into the subjectivity of these mothers in order to seek understanding of the feelings and the interactions that they establish with the health team when they accompany their babies in the NICU.

Therefore, the objective of this study was to analyze the mothers' perceptions regarding the interaction that occurs with the health team when faced with feelings and experiences of care during their newborns hospitalization in the ICU.

The theoretical understanding of the dynamics of the mother-health team interaction is based on the premises of Symbolic Interactionism: 1) the way an individual interprets the facts and acts with other individuals or objects depends on the meaning (or meanings) that he/she attributes to those others or objects; 2) the meaning, however, is the result of (or is constructed by) the social interaction processes; and 3) the meanings can be changed along time (HAGUETTE, 2005).

To understand how subjective perceptions of the interaction processes are constructed we used the phenomenology perspective that affirms that the individuals' life experiences form their perceptions. According to Merleau-Ponty (apud NÓBREGA, 2008), the relationship between what one sees and the meaning that one attributes to the object is arbitrary and depends on the momentary intentions, cultural data, previous experiences and the individual's action in the life world. Sensations occur with the movements and with the corporal and sensory experiences, in which each object calls for the realization of a gesture. That is, a creative interpretation occurs as different situations are experienced. We understand, therefore, that the mothers' gestures occurring in the daily relations with the health team hold sensations and sentiments that are expressed as perceptions of the interaction encountered.

### METHODOLOGY

This is a qualitative research study conducted during the months of August–October, 2008, in the NICU of a maternity teaching hospital located in a capital city of the Northeast region of Brasil.

The participants, selected accidentally, were 7 mothers that had babies interned in the NICU for intensive, semi-intensive care or for weight enhancement, during the period of the study.

The study was approved by the Human Subjects Ethics committee of the Federal University of Rio Grande do Norte (UFRN) in attendance to the ethical requirements of the National Health Council Resolution no. 196/96 for research involving human subjects. To guarantee anonymity, the mothers were designated, with their approval, names of precious stones, with the understanding that they, as well as their babies, are beauty objects of extreme value to each other.

Data were collected by semi-structured interviews that were recorded with the participants' permission. An interview guide was used that openly questioned the mother to express her feelings regarding the interaction that she experienced with the NICU health team during the hospitalization of her baby.

The interviews were transcribed and submitted to content analysis techniques (BARDIN, 2000) for the detection of categories that comprised the mothers' perceptions. An interpretative analysis was conducted based on the literature and on the theoretical apports of Symbolic Interactionism to detect the meanings that the mothers attributed to the interactions and that formed their perceptions of that experience.

### RESULTS AND DISCUSSION

The analysis enabled the construction of three categories that revealed the perceptions that the mothers formed of their relation/interaction with the health team: Lack of information in preparing for the UTIN environment; Support, strength, and comfort by the team; and Confidence and faith in the team.

#### Category 1 - Lack of information in preparing for the UTIN environment

When questioned about their feelings and emotions experienced during the first visit to the baby in the NICU, the mothers expressed sentiments of sadness, fright, and shock because of the unknown environment and to high use of technology utilized. One mother expressed thusly:

**"...it was very sad yes, because it was a shock to me...I had never been in an ICU; I did not know, I had never seen it up close, nor seen how it was, understand? Therefore, I was very frightened, not because my baby was there but**

**because of the other babies...several of them. I went into a state of shock with all that, He is so small and yet has all those tubes in him; I even cried, got emotional...(Pearl)**

This finding is corroborated by Belli and Silva (2002) when they point out that when mothers see their babies for the first time in the NICU, they are shocked with the smallness of the baby and they feel very anxious with the amount of machines that are attached to the baby. The parents tend to perceive the intensive care environment as frightening, cold, impersonal, fearful, and even stressful, because they are not used to the routines and norms of the unit (LAMY; GOMES; CARVALHO, 1997).

It is at this moment that the need for interaction between the mother and the health team is needed so that the mother can be prepared for her first contact with her baby. It is important that she feel well received by the team and attended to in her bio-psycho-social aspects. However, when we analyze the mothers' depositions, we observe that the relations that are established many times occur in an automatic, impersonal, and mechanical manner. The following statement exemplifies:

**"They only told me: wash your hands and your baby is that one there. And so she wrote down my name by the bracelet; I looked, verified, and then went to visit him." (Diamond)**

The mothers also express dissatisfaction on the lack of information given to them about their babies. They report that when this information is provided, it is incomplete, in technical language, and given with an authoritative demeanor that makes the mother a mere expectator, as can be observed in the following statement:

**"Noone gave me much attention. I had very little attention, you know." (Ruby)**

**"Noone gave me any information and so I went directly to visit him, to look in the crib. I later found out that my baby had to have surgery...I did not know. I left crying when I found out; crying because I did not know that he was to have surgery nor what type of surgery it was...She (the doctor) said what type of surgery it was but I did not understand, you know. The technical names are difficult...." (Diamond)**

We can see by these statements, that the mothers' perceptions regarding the attention they would like to receive from the health team, is that of clear and comprehensive information regarding the health condition of their babies and what to expect of the NICU environment. They construct their perceptions based on the need for a closer interaction with health professionals involved.

With this in mind, Souza et al (2007) contends that the professionals' attitudes in relation to the mother reveal that the relations between them and the health team generate conflict and uncertainty. Even though there are obstacles to the mother's participation in the care of her baby, the inability to interact effectively is noted and indicates that the NICU team is not attuned to the difficulties presented by the mother while caring for her baby. The health professionals adopt a formal support attitude, with insufficient information and the use of technical language that favors the construction of a distorted reality.

Reichert (1998) demonstrates the mothers' difficulties that undermine the communication with the health team and points out the mothers' dissatisfaction with the lack of information on the health of their baby. The mothers referred that the medical and nursing teams do not give them the attention they need and that many professionals do not like to converse with them. When asked, the workers avoid them saying that they are busy or that they are leaving the premises. This fact was confirmed by Diamond's statement in our study.

However, given that the study was conducted in a reference state maternity hospital, one cannot overlook the factors such as worker turnover and work overload. The constant overload leads to tecnicism, which is perceived comprehensively by a mother when she affirms:

**"They (the health professionals) do what they can, but many there are too many babies for them to care for and to give medications...it is difficult...I understand, you know." (Pearl)**

Souza et al (2007) identified the same situation in their study with mothers of pre-eclamptic or pre-term births, and that consequently had their newborns interned in the Neonate Intensive Care Unit. This denotes the need for a more detailed study in that hospital on the reasons that some health professionals take this attitude, so that directions can be offered for an improved interactional process during care at the first day of internment.

#### **Category 2 – Support, strength, and comfort from the health team**

In spite of the category discussed previously, in which we observed that the mothers perceive a lack of attention and that there are gaps in care, some mothers pointed out that not all the health workers act mechanically and impersonal. There are some that provide attention, that receive them well, that followup the baby care, that give the needed information and respond to their questions, as indicated in this statement of Aqua Marina.

**"They welcome me with much attention. She asked me if this was my first visit...they informed me well how she was/ she said it was like this, that during this stage things are very slow but that I should confide and wait, that it all would be okay and that they would always support me....saying dont cry mother, it is because he is premature...this is only a feeding catheter, that one is to help him breathe, and this here in his belly button she explained that it is for liquids infusion, that little thing is to be able to look at the little foot, so that we can control it. Everytime that I go they explain everything very well...that leaves me more tranquil!" (Aqua Marina).**

In this statement we can see that the preparation and the attention given to the mother at the first visit, and during the long hospitalization contributed to the improvement of feelings of fear, anguish, and sadness, as well as to the shock when confronted with the technologic environment of the ICU. That is, when the mother perceives the concrete interactions during the individual orientations, a positive and peaceful meaning of the experience is constructed.

Rego (1991) points out that the nurse's role is to respect the mother's emotions and to prepare her for the first visit to the nursery and to the critical care unit. Without this previous preparation, the mother might experience feelings of depression as she sees her baby with an intravenous infusion, a nasogastric catheter and an oxygen mask.

According to Avery (apud CABRAL, 2001), the mother's psychologic adaptation to that reality is a slow and painful process. Our role as health professionals is to overcome our anxiety, frustrations and fears, so that we can be able to aide the mother/ family. On the other hand, we cannot defend ourselves by hardening our hearts. The price of empathy with the mother and family is the participation in her pain, when the interaction is very important.

The analysis revealed that the thoughtful attention received from some professionals resulted in feelings of calmness and comfort in the mothers. These are the workers for whom the mothers express their major affection, gratitude, and confidence, as seen in the following statements

**"I always had words of comfort, sometimes I would arrive crying, then they (nurses) would calm me down, strengthen me saying don't cry, things are like that..everything will be alright, have faith....these words of comfort are very important, for me they were." (Amethyst)**

**"I felt very calm because inside they transmit strong energy for us, when we are somewhat desperate...and when I was crying, worried, they always came about and gave me a word of comfort and I felt more secure, you know?" (Emerald)**

The studies by Sales et al (2006) corroborate these findings and demonstrate that the mothers are appreciative of the thoughtfulness of the workers. It is understood therefore, that the mothers also modify the meaning that they attribute to the experience; that is, their perceptions of the experience, based on the interactions that the workers conduct with them. The interpretation that these mothers make of the interaction with the team influences well-being to the extent that they feel supported and comforted.

### **Cateogy 3 - Confidence and faith in the team**

Some mothers cited the importance of the parents confidence on the care given by the team. They expressed that they felt secure upon perceiving that their babies were cared for with affection and dedication, as observed by Mittag and Wall (2004). This can be noted in the following statements

**“...therefore, I think the care as very good because they treat the babies real well. I see that they treat the babies as if they were their own children, you know/? And so, I feel better because I know that he is very well cared for...” (Aqua Marinha)**

**“I am seeing that he is very well cared for, not only him, you see. I see that that they are good to all; they have real affection for all...that is tranquilizing...” (Aqua Marinha)**

Reichert (1998) points out that the health worker, as a person that inspires confidence among the mothers of the premature and sick newborns during hospitalization, functions as a catalyzing agent of tranquility and security. The mothers recognize the presence of the health worker and express their gratitude by means of religious expressions, as illustrated in the following talks:

**“ I went to church, the chapel, and prayed...that is, it is having faith in God and on us professionals.” (Amethyst)**

**“ Only God to provide strength for us to resist...because God sent you here, right? He gave you intelligence, ability to care for them here, right? Therefore we confide first in God and secondly on you all that are here...” (Aqua Marinha)**

The reliance on faith and religion were also observed by Sales et al (2005). They comment that the mothers express come to the NICU experience with deep beliefs that someone (God) is looking out for them, for the baby and for the health team.

The perception of specialized and competent care and the personalization of the health actions with the baby, along with the religious faith that they have, permit the mothers to construct their sentiments of faith and gratitude. The workers' non-verbal affective and equalitarian interaction is interpreted by the mothers as indicative of the competent care that they hope for at that moment.

### **FINAL CONSIDERATIONS**

Based on the premises of Symbolic Interactionism and Phenomenology of Perception, it was possible to identify that the feelings of these mothers during the period of internment were modified by the interpretative process that occurred as they dealt with their daily experiences. These sentiments resulted in interactions with the social context where the relations are established, that is, it is a product of their experiences and of their values, as well as of the relations that they establish with other individuals during the daily situations of the NICU, with the babies, with the health professionals and with other mothers outside of this environment.

In this study, the receptivity, the interaction, and the team's communication with the mothers were perceived as providing comfort, but also lacking the personalization and the information necessary about the baby[s] situation. The need to rethink the attention model of the NICU and to formulate strategies for the development of a dialogical relation with the mother in which the feelings, thoughts and attitudes experienced can be discussed.

In this context, we point out the important role of the health workers, specially the nursing team. The nurse, as the care provider that is with the patient throughout hospitalization, and that accompanyes the evolution of the baby and the mothers' attitudes and emotions, must be present at the mother's first visit to the baby in the NICU. At the first contact, the mother must be heard and her doubts clarified. The equipments need to be explained and the mother/child bonding must be stimulated by permitting them to participate in the care of their babies. However, the nurses need to understand when the mothers do not want to do so because of fear or because they do not feel prepared enough.

Lastly, it is important that the NICU health professionals attempt to capture the nuances of the mother's experience, recognizing, sharing and understanding the different sentiments and reactions. It is important that a dialogic relation be established, with the perspective to conduct interventions that might alleviate or reduce these emotions. We can therefore provide holistic care that centers on the baby, the mother and family as human beings with integral care needs.

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## MOTHER'S PERCEPTIONS OF THE INTERACTION WITH THE HEALTH PROFESSIONALS IN A NEONATE INTENSIVE CARE UNIT

### ABSTRACT

This is a qualitative study that was conducted during the months of August to October of 2008 in the Neonate Intensive Care Unit (NICU) with the objective to analyze the mothers' perceptions of the interaction with the health team when faced with the feelings and experiences when their babies were interned in the NICU. Data were collected by means of a semi-structured interview with seven mothers that had their babies interned in the NICU. Data were submitted to analysis of content techniques and the interpretation was based on the theoretical apports of Symbolic Interactionism and phenomenology of perception. The results were grouped in 3 categories: 1) Lack of information in preparation for NICU environment, 2) Support, strength and comfort by the team: Confidence and faith in the team. They were influenced by the interaction with social milieu where they established some relations. It was found that the interaction was, the majority of times, automatical, impersonal and mechanized. There is dissatisfaction with the lack of information about their babies, and the information is incomplete, with technical language and authoritative. However, there are those that do provide attention and comfort. These are the professionals for whom the mothers have more affection, gratitude and confidence. It is concluded that the receptivity, the interaction and the communication with the mothers were perceived as providing comfort but also lacking in personalization and in needed information about the baby's health. The need to rethink the care model in the NICU is pointed out in order to construct strategies for the development of a dialogic relation with the mother regarding her sentiments, feelings and attitudes experienced.

**KEY WORDS:** NICU; neonatal nursing/ interaction mother/health team

## LA PERCEPTION DES MÈRES SUR L'INTERACTION AVEC LES PROFESSIONNELS D'ASSISTANCE DANS UNE UNITÉ DE THÉRAPIE INTENSIVE NÉONATAL (UTIN)

### RÉSUMÉ

Il s'agit d'une recherche qualitative, réalisée d'août à octobre 2008, dans une unité de thérapie intensive néonatal (UTIN) d'une maternité école de la ville de Natal-RN, avec l'objectif d'analyser la perception des mères avec des fils hospitalisés dans UTIN sur l'interaction qui se produit avec les professionnels face aux sentiments et expériences vécues intensément. Des données ont été rassemblées à travers entrevue semi-structuré avec sept mères de bébés hospitalisés dans UTIN et les dépôts analysés selon la technique d'analyse de contenu, la théorie de l'Interactionisme Symbolique et la phénoménologie de la perception. Les résultats ont été regroupés dans trois catégories : Le manque d'interaction dans la préparation à l'environnement UTIN ; La réception d'aide, force et confort La confiance et foi dans l'équipe, qui ont prouvé que les attitudes, perceptions et sentiments des mères tendent à être influencées par l'interaction d'elles avec le moyen social où elles établissent leurs relations. L'interaction de l'équipe avec la mère se passe, dans la majorité des fois, de forme automatisée, impersonnelle et mécanisée. Il y a d'insatisfaction avec le manque d'informations sur le fils, des informations incomplètes, l'utilisation d'une langage technique et de discours autoritaires. Néanmoins, il y a des professionnels qui donnent attention, calment et consolent, en étant par ceux-ci qui les mères expriment de plus grande affection, gratitude et confiance. On conclut que, l'accueil, l'interaction et la communication de l'équipe avec les mères, ont été perçus comme en fournissant du confort, mais aussi nécessitant de personnalisation et d'informations nécessaires sur la situation du fils. On fait ressortir la nécessité de repenser le modèle d'attention en vigueur dans UTIN et tracer des stratégies pour développer une relation dialogique avec la mère sur les sentiments, pensées et attitudes vécues.

**MOTS CLÉS:** UTIN (unité de thérapie intensive néonatal), Nursage néonatal, Interaction mères-équipe.

## PERCEPCIÓN DE LAS MADRES SOBRE LA INTERACCIÓN CON LOS PROFESIONALES ASISTENCIALES EN UNA UNIDAD DE TERAPIA INTENSIVA NEONATAL (UTIN).

### RESUMEN

Si trata de una investigación cualitativa, realizada de agosto a octubre de 2008, en la UTIN de una maternidad escuela del municipio de Natal-RN, con el objetivo de analizar la percepción de las madres con sus hijos internados en UTIN sobre la interacción ocurre con los profesionales ante los sentimientos y experiencias vivenciadas. Datos fueron colectados a través de entrevista organizada con siete madres de niños internados en la UTIN y los testimonios analizados según la técnica de análisis de contenido, la teoría de interacción simbólico y la fenomenología de La percepción. Los resultados fueron juntados en tres categorías: Falta de interacción en La preparación al ambiente UTIN; Recebimiento de apoyo, fuerza e comodidad; confianza y fe en la equipo, evidenciaron las actitudes, percepciones e sentimientos de las madres son influenciadas por las interacciones de ellas con lo medio sociale donde establecen sus relaciones. La interacción de la equipo con la madre si da, en la mayoría de las veces, de forma automatizada, impersonal e mecanizada. Hay falta de informaciones sobre lo hijo, lenguaje técnica y discurso autoritarios. Sin embargo, hay aquellos profesionales así, dan atención, tranquilizan y confortan, siendo estos a quien ellas expresan mayor cariño, gratitud y confianza. Concluye, entonces, que lo acogimiento, la interacción y la comunicación de la equipo con las madres, fueron percibidos como providenciando confort, pero también careciendo de personalización y de informaciones necesarias sobre la situación del hijo. Destaca, por fin la necesidad de pensar de nuevo lo modelo de atención vigente en la UTIN y trazar estrategias para evolucionar una relación con la madre sobre los sentimientos y

actitudes vivenciadas.

**PALABRAS-LLAVE:** UTIN, Enfermería-neonatal, Interacción madre-equipo.

**PERCEPÇÃO DAS MÃES SOBRE A INTERAÇÃO COM OS PROFISSIONAIS ASSISTENCIAIS NUMA UNIDADE DE TERAPIA INTENSIVA NEONATAL (UTIN)**

**RESUMO:**

Trata-se de uma pesquisa qualitativa, realizada de agosto a outubro de 2008, na UTIN de uma maternidade escola do município de Natal-RN, com o objetivo de analisar a percepção das mães com filhos internados em UTIN sobre a interação que ocorre com os profissionais face aos sentimentos e experiências vivenciados. Dados foram coletados através de entrevista semi-estruturada com sete mães de bebês internadas na UTIN e os depoimentos analisados conforme a técnica de análise de conteúdo, a teoria do Interacionismo Simbólico e a fenomenologia da percepção. Os resultados foram agrupados em três categorias: Falta de information na preparação ao ambiente UTIN; Apoio, força e conforto da equipe; Confiança e fé na equipe, as quais evidenciaram que as atitudes, percepções e sentimentos das mães tendem a ser influenciados pela interação delas com o meio social onde estabelecem suas relações. A interação da equipe com a mãe se dá, na maioria das vezes, de forma automatizada, impessoal e mecanizada. Há insatisfação com a falta de informações sobre o filho, informações incompletas, linguagem técnica e discursos autoritários. No entanto, existem aqueles profissionais que dão atenção, acalmam e confortam, sendo estes a quem elas expressam maior afeto, gratidão e confiança. Conclui-se que, o acolhimento, a interação e a comunicação da equipe com as mães, foram percebidas como providenciando conforto, mas também carecendo de personalização e de informações necessárias sobre a situação do filho. Destaca-se a necessidade de repensar o modelo de atenção vigente na UTIN e traçar estratégias para desenvolver uma relação dialógica com a mãe sobre os sentimentos, pensamentos e atitudes vivenciadas.

**PALAVRAS-CHAVE:** UTIN; Enfermagem neonatal; Interação mãe-equipe.

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