110 - SENTIMENTS REVIVED BY THE EXPERIENCE OF HAVING A CHILD INTERNED IN THE NEONATE INTENSIVE CARE UNIT (NICU)

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INTRODUCTION

The birth of a child at risk is a stressful event for the family. The unstable orgnic condition of the baby and the need for intensive care bring unpredictable sentiments to the family. Additionally, the contextual imge of the Neonatal Intensive Care Unit (NICU) as a death environment suscitates strong emotions that need to be recognized and considered in the care.

Therefore, working with neonates means working with the attitudes and sentiments of the parents. It means to seek to understand and conciliate the emotional situation, the critical posture, the hostility, and the values that these parents bring with them, in such a way as to diminish the negative feelings observed in the relations observed during the hospitalization.

Various studies demonstrate the emotional reactions and the life difficulties that the mothers confront when they experience the internment of their newborns in the NICU (REICHERT, 1998; ANTONIO, 2002; PADOVANI, ET AL, 2004). However, there is a need for an analysis that considers the moment in which these sentiments flourish, in the perspective of a nursing intervention that can alleviate or ease these feelings.

The objective of this study is to comprehend the sentiments tht mothers experience when confronted with their children interned in the NICU and the moments that they occur. It is conducted with the final purpose to comprehend how the mothers experience the event and to propose appropriate care that is holistic and that considers the baby, the mother, and the family as human subjects with needs for integral care.

METHODOLOGY

This is a qualitative study that was conducted in the months of August to October, 2008 in a NICU of a maternity teaching hospital located in a state capital in the Northeast region of Brazil. The partiipants of the study were 7 mothers that had their infants interned in the NICU for intensive care, semi-intensive care, or for weight gain during the study period.

Data were collected by semi-structured interviews that were recorded with the participants´ authorization. An interview guide was used that asked the mothers to express her sentiments about the situation. The mothers´ narratives were evaluated by content analysis according to Bardin (2000) and interpreted using the literture and the principles of Symbolic Interactionism (HAGUETTE, 2005) that orients the detection of meaning in the interactions.

The study was approved by the Ethics Committe of the Universidde Federal do Rio Grande do Norte, in attendance of the Resolution 196/96 of the National Health Council of the Ministry of Health for research with human subjects. The mothers were designated names of precious Stones to safeguard their anonimity and because they were considered as objects of unique beauty and value, as well as to their babies.

RESULTS AND DISCUSSION

The analysis of the narratives permitted the aprehension of 7 categories that revealed the sentiments experienced by the mothers during the internment of their babies in the NICU and the situations that suscitated them.

Category 1 The image of the “real baby” in counter-position to the “idealized baby” at birth.

During the pregnancy, the mothers had expectations as to their babies and idealized the image of a healthy baby. When confronted with a premature baby at birth, the mother experience emotions of sadness and deception, as affirmed by the following narratives:

“...i feel very sad by the fact of being my first baby and go directly to the ICU. I expected a pregnancy,...i expected a perfect baby.” (Pearl)

“It is anguishing because we expected for everything to be normal...it is because we did not want to see our child as premature.” (Amethyst)

Costenaro and Martins (1998) refer that the mothers idealize the image of the child, generally as perfect and healthy. However, if premature, sick, or with an anomaly, the mother and the family in general, undergo a period of profound sadness and stays in crisis for some time (ZIEGEL; CRANELEY, 1985). In that way, the family creates a distortion of the baby´s “ideal image” in counter-position to the real image of the interned baby (PAVODONI, et al, 2004). For Ziegel and Cranley (1985), as discrepancy between the reality and the fantasy increases, the more difficult the task of resolvin the loss of the idealized child.

In view of this, it is recommended that the parents reorganize their imaginary picture and resolve their loss of the idealized, fantasized child and accept the real child (ZIEGEL;CRANLEY, 1985). Nursing has a fundamental role at this initial moment of adjustment to the reality, by interaction with the mother and the family.

Category 2 Sentiments of guilt about the situation of the child

When confronted with the situation of the baby in the NICU, the mother feels responsible and guilty for the internment and for the child´s suffering. She fears that something that she did our did not do during pregnancy caused the prematurity , the illness or the anomaly, as suggested by the following reports:

“I feel that sentiment of guilt...I could have taken more care during the pregnancy with regards to the food and to the medication that the physicians prescribed and I did not take.” (Ruby)

As observed by Scochi, Kokuday, Riul, et al (2003), the mothers feel impotent with the stituation of their children, with him and with him presenting risk of life, The emotion that emerges is guilt at not being able to help them get out of the NICU, as observed in the following narratives:

“I leave with my heart ailing, huh? To see him there and not be able to do anything.” (Emerald)

“...sadness that I could not do anything.” (Ruby)

According to Antonio (2002), becaus the mother is the most significant person and close to the child, she absorbs the

worries with the child´s illness, many times making extreme demands to herself.

Category 3 Fear of the technologic environment of the NICU at the beginning

When questioned about the perceptions, the sentiments and the emotions revived during the first visit to the baby in the NICU, the mothers demonstrated feelings of sadness, fright, and shock related to the strange environment and to the use of technological eqauipment:

"*it was a shock to me...i was very frightened, not only because of having the babythere, but also because of the other babies, understand? ...I was in a state of shock because for me, that there was only on television."* (Pearl)

"At the beginning it was a shock...she stayed full of devices; she stayed in the balloon, and with a lot of medications, with a lot of tubes. Now, thank God, the only thing she has is the catheter and the liquid (intravenous)." (Ruby)

In that respect, Belli and Silva (2002) denote that when the mothers see their babies for the first time in the NICU, they generally are shocked at the miniature size of the baby when premature. They feel very anxious with the number of tubes, wires and machines attached to the baby. They tend to see the ICU environment as frightening, as nervous, cold,impersonal, frightening and even stressful (LAMY;GOMES;CARVALHO, 1997).

Because of the fragile health of the baby, the mother experiences fear of losing the baby because he was close to dying. The mother feels impotent because she considers herself unprepared and insecure at assuming the care of the baby that is presenting a life risk, at helping him recuperate and rescue him for life (REICHERT, 1998).

It was possible, however, to observe that, even though the situation might be difficult and unacceptable, the mothers recognize the need and the importance of remaining in the NICU for treatment. Another mother related that, even though the environment and devices used, she felt happy at seeing her baby, at seeing him alive resisting the hospitalization:

"...it is difficult...at the first moment we do not want to accept, but we know that it is better for him to be there getting treatment; to be able to come out better..." (Diamond)

"...very hapy because he is still there; he is resisting." (Aqua Marine)

The parents perceive the internment as something positive for the health of their baby and feel happy because they see the child alive after all (LAMY; GOMES; CARVALHO, 1997; MITTAG; WALL, 2004).

Category 4 Happiness at initiating na interaction with the child during the internment

When the mothers experience the first physical contacts and the interaction with their babies, the mothers express emotions of love, happiness and pleasure, and feel encouraged to continue with the experience. Some mothers refer this very descriptively:

"Sometimes I am sad and when i arrive and Begin to touch her, to touch her little foot, to caress *her, and she begins to move her little hands, her little legs, open her little mouth...there, that for me is everything. When I return it is as if I had renewed my forces."* (Pearl)

"When I say 'mother is here, baby' and I put my finger in his hand this way, tightening...when i say to her that I am going, it is hard for her to let go my finger...that for me is all, the greatest happiness in the world." (Aqua Marine)

The relationship "mother-bby" that was established by physical contact in the uterus, occurs now in the NICU and after this it is established by the interaction with the baby, using sensory contact to communicate with him (NETO, 2003). Kenner (2001) points out that the neonates are capable of perceiving the events around them and of responding to touch. They seek to control their environment and interact with it and with people by means of their sensory abilities.

By means of the mother-child interaction, one´s behavior influences the other´s behavior, and the mothers perceive the reactions of the babies and develop sentiments when faced with the event.

Category 5 The pain of separation imposed by internment and the uncertainty of survival

The mothers expect to have healthy babies that they can put on their lap, breastfeed and care for them, stay a few days in the hospital and return home with them in their arms. However the separation of the baby from the comfort of the mother because of hospitalization worsens the feelings of sdness and uncertainty about the life of the baby. They fear losing the baby when they are separated, as they say:

"It is sad to have a baby...and suddenly he goes away from you and with risk of leaving and never return, understand?" (Pearl)

'...very sad, right? Because we want to have and to stay with him (cry)...I am worried, anguished,...i dont know, for me i think someone is coming to say something to me every moment...i am afraid of mine beng the next one." (the mother was refering to the death of three babies that were hositalized in the CICU) (Aqua Marine)

Considering the unstable conditions of the baby and the need for hospitalization in the CICU, the mothers develop feelings of sadness, worry, anguish and fear, that are worsened by the separation from the baby and the uncertainty of the clinical evolution and his survival (PADOVANI, et al, 2004). Reichert (1998) adds that, faced with the fragile health of the child, the mother experiences fear of the loss of her child because she is faced with finitude. Besides that the fear of finitude is associated to the events lived by the mothers in the NICU ambiance. In the case of Aqua Mrina, the sentiments were caused by knowing of the death of three babies in the NICU in only one day.

Anxiety, sadness and melancoly emerge in such form that they affect the behavior of the family members, aggravated by the sepration from the baby and the uncertainty of the clinical evolution and the survival (PADOVANI; LINHARES; CARVALHO, et al, 2004).

Category 6 Ambivalence at the separation from the child and the family during hospitalization

The internment of a baby in the NICU generates in the mother the need to remain in the hospital, to be with him constantly and/or to visit him frequently. This generates in the mother feelings of ambivalence because she wants to stay with the baby, yet she feels that she needs to go home but she is afraid to leave the child alone.

"...I was sick; I was in depression....I kept crying, in doubt whether to leave her; I wanted to go home but was sorry to leave him, understand?" (Ruby)

Studies denote that the mother experiences a conflicting situation. She is divided between the hospitalized baby and family. She is missing the house, her husband and the family, and she wants to be in two places at the same time. She needs to choose and this is difficult (SIQUEIRA; SAIAGUD; FREZENDE, 2002; CAETANO, 2004):

"*i miss my home...porque I cant be coming and going. My city is far away and we do not have Money for the fares...I went home one of these days but I kept thinking of them; my heart was telling me that they were needng me...I feel like I want to be in both places...very difficult."* (Emerald)

In this expression, we can observe the fact that living far away, in another municipality, and the financial conditions of the family, influence the sentiments revivied by the mother. This is caused by the difficulties of remaining in the hospital, far away from the family, and further aggravated by the financial impossibility to come and go from the NICU.

Category 7 Confidence in God and the health tem with the passing of time

One factor that was present in the mother´s statements was the reliance on religion as a form of acquiring strength to overcome the difficulties of the experience for the hour lived. Such situation seems to happen with the passing of time and with the expressions of faith and hop with regards to the future of the baby, some even with bargaining of promises:

"I made a promise and asked God with great faith for Him to help me support the pains, for my daughter to come out of the ICU...Thanks to God, He is helping me. He is granting me that blessing." (Ruby)

Religiosity helps in obtaining strength to continue, in acquiring serenity to wait and to administer the situation (WERNET, 2007). The mothers transfer their reality to religion by paying promisses in order to reach the grace of a cure (RAAD; CRUZ; NASCIMENTO, 2006).

Besides the belief that God is helping them to support the pains and the difficulties of the hospitalization, the mothers demonstrate feelings of confidence and faith in the professionals that care for their children:

"I went to churche, prayed with my heart...it is that, it is a matter of having faith in God and in the health professionals." (Amethyst)

"...only God can give us strength to resist...because God left you all here, right? He gave intelligence, enabled you to care for them here, right? Therefore I confide in God first and secondly in you all that are here..." (Aqua Marine)

The health proffisional, as a person that inspires confidence next to the mothers of the newborns or the ill babies, during the hospitalization functions as a catalising agent for tranquilty and safety (REICHERT, 1998). The mothers recognize the presence of the Professional and express their gratefulness through their religion.

FINAL CONSIDERATIONS

In this study it was possible to perceive those sentiments of deception emerge because of the loss of th "idealized baby"; guilt and importance because of the critical situation of the baby during hospitalization; sadness and shock with the frightening environment of the CICU; happiness and joy at iinitiating na interaction with the child; sadness and ambivalence at separating from the child and from the family, and by the uncertainty of the survival; faith and hope regarding the future of the baby and the confidence on the professionals.

In this context, we point out the important role that health profesionals in the NICU, especially the nursing team, in the search for the nuances of the mother´s experience. Nursing can act recognizing the emotions and the events that cause them, and developing a dialogical relationship with the mother concerning the sentiments, thoughts and attitudes experienced, with the perspective of developing interventions that can allevite or ease those emotions.

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SENTIMENTS REVIVED BY THE EXPERIENCE OF HAVING A CHILD INTERNED IN THE NEONATE INTENSIVE CARE UNIT (NICU)

ABSTRACT

The objective of the study was to comprehend the sentiments that mothers have when faced with their children interned in the NICU and the moments that they occur. Seven mothers were interviewed in a teaching maternity hospital located in the Northeast of Brazil. The mothers´ depositions were analyzed by the technique of analysis of content and the theory of Interaction Symbolism. The sentiments of deception emerged because at the loss of the "idealized baby" image; guilt and impotency because of the critical situation of the baby; sadness and shock when facing the NICU environment; happiness and joy at the initial interaction with the baby; faith and hope regarding the future of the baby; and confidence in the health team. It is concluded that when faced with the internment of their babies in the NICU, the mothers experience moments full of sentiments that are both stressful and joyful. When the nurse identifies the moments that revive these sentiments, interventions can be implemented to ameliorate or support these emotions.

KEY WORDS: NICU; neonatal nursing; maternal sentiments.

SENTIMENTS SOULEVéES PAR L'EXPéRIENCE D'AVOIR UN ENFANT EN UNITé NéONATALE DE SOINS INTENSIVE (UNSI)

RéSUMé

Cette étude visait à comprendre les sentiments des mères face à leurs enfants hospitalisés dans la UNSI et quand ils se produisent. Sept mères ont été interviewées dans une maternité école située dans le nord-est du Brésil. Les témoignages ont été analysés selon la technique de l'analyze de contenu et la théorie de l'interactionnisme symbolique. Le sentiment de frustration se poser pour la perte de "bébé idéalisée"; de culpabilité et d'impuissance en raison de la situation critique de l'enfant au cours de hospitalization; tristesse et le choc avec l'environnement effrayant de l'UNSI; joie et de bonheur pour commencer l'interaction avec l'enfant, de tristesse et de l'ambivalence pour la séparation de l'enfant et la famille et de l'incertitude de la survie, la foi et l'espérance sur l'avenir de l'enfant et la confiance dans les professionnels. Il a été conclu que les mères vivre des moments chargés de sentiments de bonheur à la fois stressant à la hospitalization de l'enfant dans l'UNSI . En reconnaissant les moments que soulever ces sentiments, l'infirmière peut agir pour développer les interventions qui pourraient atténuer ou de les soutenir.

MOTS-CLÉS: UNSI; Soins infirmiers néonatals; Sentiments maternels.

SENTIMIENTOS SUSCITADOS POR LA EXPERIENCIA DE TENER UN HIJO INTERNADO EN UNIDAD DE TERAPIA INTENSIVA NEONATAL (UTIN)

RESUMEN

El objetivo de este estudio fue comprender los sentimientos de las madres al ser confrontadas con sus hijos internados en UTIN y el momento en el que ocurren. Siete madres fueron entrevistadas en una maternidad escuela localizadas en el Nordeste brasileño. Las declaraciones fueron analizados conforme la técnica de análisis del contenido y los principios del Interaccionismo Simbólico. Los sentimientos de decepción causadas por la pérdida del "bebé idealizado"; culpa e impotencia debido a la situación crítica del bebé durante la internación; tristeza y choque con el ambiente asustador de la UTIN; alegría y felicidad al iniciar la interacción con el hijo; tristeza y ambivalencia por la separación del hijo y de la familia y por la incertidumbre de la supervivencia; fe y esperanza a cerca del futuro del bebé y confianza en los profesionales. Se concluye que frente a la internación del hijo en la UTIN, las madres viven momentos cargados de sentimientos tanto estresantes como de felicidad. Al reconocer los momentos que suscitan esos sentimientos, la enfermería puede actuar para desenvolver intervenciones que puedan amenizarlos o apoyarlos.

PALABRAS CLAVE: UTIN; Enfermería neonatal, Sentimientos maternos.

SENTIMENTOS SUSCITADOS PELA VIVÊNCIA DE TER UM FILHO INTERNADO EM UNIDADE DE TERAPIA INTENSIVA NEONATAL (UTIN)

RESUMO

O objetivo deste estudo foi compreender os sentimentos das mães quando confrontadas com seus filhos internados em UTIN e os momentos em que ocorrem. Sete mães foram entrevistadas em uma maternidade escola localizada no Nordeste brasileiro. Os depoimentos foram analisados conforme a técnica de análise de conteúdo e a teoria de Interacionismo Simbólico. Os sentimentos de decepção surgem pela perda do "bebê idealizado"; culpa e impotência devido à situação critica do bebê durante a internação; tristeza e choque com o ambiente assustador da UTIN; alegria e felicidade ao iniciar a interação com o filho; tristeza e ambivalência pela separação do filho e da família e pela incerteza da sobrevivência; fé e esperança acerca do futuro do bebê e confiança nos profissionais. Conclui-se que, perante a internação do filho na UTIN, as mães vivenciam momentos carregados de sentimentos tanto estressantes quanto de felicidade. Ao reconhecer os momentos que suscitam esses sentimentos, o enfermeiro pode atuar para desenvolver intervenções que possam amenizá-los ou apoiá-los.

PALAVRAS-CHAVE: UTIN; Enfermagem neonatal, Sentimentos maternos.