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Mothers' experiences and perspectives regarding their premature infant's stay at the Neonatal Intensive Care Unit*

VIVÊNCIAS E PERSPECTIVAS MATERNAS NA INTERNAÇÃO DO FILHO PREMATURO EM UNIDADE DE TRATAMENTO INTENSIVO NEONATAL

EXPERIENCIAS Y PERSPECTIVAS MATERNAS EN LA INTERNACIÓN DEL NIÑO PREMATURO EN UNIDAD DE TERAPIA INTENSIVA NEONATAL

Bárbara Bertolossi Marta de Araújo¹, Benedita Maria Rêgo Deusdará Rodrigues²

ABSTRACT

The purpose of this study was to learn the reason why mothers remain at the hospital throughout the stay of their premature infant at the Neonatal Intensive Care Unit. The study was performed with twelve mothers to premature newborns at a municipal maternity hospital in Rio de Janeiro, in 2007. The methodological support used in the study was the Sociological Phenomenology of Alfred Schütz. The phenomenological interview was used to capture the mothers' discourse, whose intentional action was unveiled through the following categories: Taking care of the child - dealing with the challenge of having a small baby; Staying near the premature child - the mother's presence helps the child's recovery to be faster; Reciprocal help among mothers - reinforcing hope every day. Rooming-in care stands out as an innovative and relevant initiative during the hospital stay of preterm infants, and it is considered an environment for living together, sharing experiences, and giving mutual support throughout the long and difficult stay at the hospital.

KEY WORDS

Infant, premature.
Intensive Care Units, Neonatal.
Mothers.
Neonatal nursing.
Mother-child relations.

RESUMO

O estudo teve o objetivo de apreender o motivo para a permanência materna no hospital durante a internação do filho prematuro em Unidade de Terapia Intensiva Neonatal. A pesquisa foi realizada com doze mães de recém-nascidos prematuros numa maternidade municipal do Rio de Janeiro em 2007. Adotou-se como suporte metodológico a Fenomenologia Sociológica de Alfred Schütz. A entrevista fenomenológica foi utilizada para captar o discurso das mães, cuja ação intencional foi desvelada mediante as seguintes categorias: Cuidar do filho - enfrentando o desafio de ter um pequeno bebê; Ficar perto do filho prematuro - a presença materna contribuindo para a sua recuperação mais rápida; Ajuda recíproca entre as mães - é a esperança reforçada a cada dia. O alojamento de mães destaca-se como iniciativa inovadora e relevante durante a internação dos filhos prematuros, sendo considerado um espaço de convivências, troca de experiências e apoio mútuo, na longa e difícil permanência hospitalar.

DESCRIPTORIOS

Prematuro.
Unidades de Terapia Intensiva Neonatal.
Mães.
Enfermagem neonatal.
Relações mãe-filho.

RESUMEN

El estudio tuvo por objetivo comprender el motivo para la permanencia materna en el hospital durante la internación del hijo prematuro en Unidad de Terapia Intensiva Neonatal. Se efectuó con doce madres de recién nacidos prematuros, en un hospital maternidad municipal de Rio de Janeiro, Brasil, en 2007. Se adoptó como soporte metodológico la Fenomenología Sociológica de Alfred Schütz. La entrevista fenomenológica se utilizó para coleccionar el testimonio de las madres cuya acción intencional fue determinada a través de las siguientes categorías: Cuidar del hijo -enfrentando el desafío de tener un pequeño bebé; Estar cerca del hijo prematuro - la presencia materna contribuyendo a una más rápida recuperación; Ayuda recíproca entre las madres - la esperanza es reforzada cada día. El alojamiento de madres se destaca como iniciativa innovadora y relevante para ellas durante la internación de sus hijos prematuros, considerándose un espacio de convivencias, intercambio de experiencias y apoyo mutuo en la larga y difícil permanencia hospitalaria.

DESCRIPTORIOS

Prematuro.
Unidades de Terapia Intensiva Neonatal.
Madres.
Enfermería neonatal.
Relaciones madre-hijo.

* Taken from the thesis "Experiencing ICU hospitalization of a premature child: knowing and acknowledging maternal perspectives on neonatal demands", Universidade do Estado do Rio de Janeiro, 2007. ¹M.Sc. in Nursing, Graduate Nursing Program, Universidade do Estado do Rio de Janeiro. Pediatric Nursing Specialist, Federal University of Rio de Janeiro. Nurse, Neonatal Intensive Care Unit, Hospital Municipal Oswaldo Nazareth, Rio de Janeiro Municipal Health Secretary and Civil Defense. Faculty, Faculdade Bezerra de Araújo. Rio de Janeiro, RJ, Brazil. bbertolossi@gmail.com ² Ph.D. in Nursing. B.Sc. in Philosophy. Specialist in Applied Ethics and Bioethics. Full Professor, School of Nursing, Universidade do Estado do Rio de Janeiro. Member of the Master's Program, School of Nursing, Universidade do Estado do Rio de Janeiro. Rio de Janeiro, RJ, Brazil. benedeusdara@pq.cnpq.br

INTRODUCTION

Nowadays, the importance of parental care in childhood is evidenced for the child's current and future mental health, as well as the need for a warm and intimate relation between the small child and the mother, in which both take pleasure and find satisfaction, consolidating an affective base that will positively influence the child's personality development⁽¹⁾.

When the child is born prematurely and needs care at the Neonatal Intensive Care Unit (NICU), however, the mother turns into a mere spectator of specialized care by the health team. The view of a scenario with so many lights, apparatus, wires, specialized professional, ceaseless sound stimulation through different alarms and deafening noise, makes the mother feel uncertain and insecure about her child's life outside that environment.

Watching experienced nurses perform procedures like orotracheal tube aspiration, venipuncture, catheter introduction, among others, turns into a terrifying routine for the mother. The delicate and precise way the nurses take care of their child entail the extent of their disability to help him/her. Mothers commonly feel guilty for not knowing how to take care of their own child, considering the nurse as an ideal mother figure. Hence, jealousy and resentment due to the replacement of caregiver roles are notorious, making the mother project hostility towards the nurse⁽²⁾.

This situation is common at many neonatal units, causing conflicts between professional teams and mothers and, consequently, maternal distancing. Incessant judgments through the censorship of the health team's looks intensify the mother's fear and disinterest in her child even more.

The mother's distancing and impossibility of maternal care characterize privation, which can be partial, if the mother is replaced by someone else the child put trust in: and almost complete if the child is not familiar with the caregivers. Almost complete privation is observed in institutions like neonatal units and kindergartens, as there is not one single person who continuously takes care of the child, as health team professional change every shift⁽¹⁾.

It should be reminded that anguish developed in unsatisfactory relations during early childhood predispose children to develop an anti-social character when confronted with tensions, producing hostile behaviors that culminate in crimes and legal infractions. Most infants deprived of maternal care manifest delayed physical, intellectual and mental development, frequently stop smiling at human faces and reacting to games, showing no appetite and initiative. Other symptoms are detected, including mild depression and speech, language and abstract reasoning de-

lays. In adult age, they may become parents with difficulties to take care of their children, a vicious circle that is the most serious aspect of the problem⁽¹⁾.

Hence, the importance of stimulating mother-infant contact is highlighted with a view to the growth and development of healthy children, in full balance between their psychological, social and spiritual dimensions. This contact can be developed through daily maternal care for the child, such as feeding, bathing, among others. Thus, for the mother, taking care of her premature infant means more than executing learned tasks. It represents an exercise of knowing and recognizing her child, of acceptance and affective bonding.

This process, however, is impaired by the true crisis situation of having a child at the NICU, which can be enhanced by the lack of professional solidarity and support.

Although strategies for the family's introduction in the neonatal context have been evidenced since the 1990's, guaranteed by the Statute of the Child and Adolescent-ECA (Law No 8.069/90) and supported by the Ministry of Health, NICU professionals do not always accept the mother's presence at the unit⁽³⁾.

When the child is born prematurely and needs care at the Neonatal Intensive Care Unit (NICU), however, the mother turns into a mere spectator of specialized care by the health team.

The nurse-mother relation seems to be a relationship in which one side can do and know everything about premature infants while the other, despite being the main responsible, is insufficiently valued. As professionals, we talk a lot and listen little, we judge what should be said or not, without paying attention to the mother's actual needs. In short, nurses act as if they knew what parents of premature infants go through and what they should know or not⁽⁴⁾.

Thus, most mothers watch their child receiving care from the professional without having the opportunity to satisfy her biopsychosocial and spiritual needs. In this context, nursing professional often perform the most routine care for premature infants, such as changing diapers, bathing, among others, while mothers remain in the background. Other mothers, despite staying at the hospital to accompany their hospitalized children, are not always willing to be with them and participate in care, such as feeding them.

In this scenario, some mothers do not feel apt to take their children home after hospital discharge, mentioning insecurity to take responsibility for the necessary care, even after a long hospitalization period.

Thus, re-hospitalizations are constant and due to different reasons, such as: weight loss, in most cases associated with feeding errors; diarrhea; dehydration and malnutrition. Some children are abandoned at the maternity and others get home already dead, in the mothers' arms, generally because they bronchoaspirated the milk soon after feeding.

These facts, the theme of mothers' accommodation, especially of mothers with premature infants hospitalized at the NICU, woke our interest to carry out this study.

The mothers' accommodation, as a space that permits the mothers' full-time stay during the child's hospital, complies with the Statute of the Child and Adolescent⁽³⁾. When these women accept to stay there, however, they consider motives that make them face the whole unknown universe of the NICU which, according to Schütz, remits us to understanding the motives to, that is, their intentional actions, as a project directed from individuality towards a future moment that will be reached in the social context, through the mothers' intersubjectivity⁽⁵⁾.

Thus, this study looks at the experience of mothers who remain at the hospital unit during their premature infants' hospitalization at the NICU. Hence, by capturing the motives for the mother's stay in hospital during her child's hospitalization at the NICU, a typical world is apprehended, which is part of her natural experience and permits professional action closer to the maternal reality, as it values her subjectivity and presence, potentiating her adherence to care delivery for this special being.

OBJECTIVE

The goal of this study was to apprehend the motives for mothers' stay at the hospital unit during their premature infants' hospitalization at the NICU.

LITERATURE REVIEW

A baby's preterm birth characterizing an exhausting and challenging experience, causing profound changes in family dynamics. In view of the risk of the child's death, the parents unleash a range of feelings, including guilt, anxiety, concern and confusion. In addition, there is the fact that the mother neither develops contact nor breastfeeds her child early.

After birth, as they need immediate support, premature infant are generally forwarded to the NICU. In this technological environment, permeated by stressful situations, premature infants are submitted to countless invasive procedures that prioritize survival outside the womb, but also distance them from maternal warmth⁽⁶⁾. The sudden distancing between mother and child that extends throughout the hospitalization, associated with the infant's fragile conditions and death risk, are responsible for feelings of loss and anticipated mourning⁽⁷⁾.

The premature infant's hospitalization time at the NICU can take months, representing a sudden change in family life, especially in the mother's life. The mother unexpectedly becomes her child's companion, without any preparation for such a long-lasting and tough change⁽⁸⁾.

Mothers experiencing their child's prematurity process can react differently to the tense situation. Some seem to fully surrender to the baby, maintaining intense involvement. The large majority, however, develops a slower process, trusting the team's specialized care but also manifesting fear, insecurity and rejection because their child is so small and fragile, so different from what they desired. The parents find it difficult to image this child's future⁽¹⁾.

Despite so strong differences, the imaginary baby figure needs to be adjusted to the real baby's image, which is one of the situations the team should support. The feeling of mourning after the birth of a premature baby is unavoidable. The parents not only verify the loss of the perfect baby they had imagined, but also lament the deficiencies of the child they produced, conscious and unconsciously revealing feelings of guilt and helplessness⁽⁴⁾.

Thus, parents should go through five stages of behavior to gain affective bonding and security in care delivery to their premature child. These stages comprise interest in information about the baby; observation and valuation of the baby's movement and reflexes; stimulation through touch; showing confidence and accepting manipulation, such as holding, rocking and feeding. In the final stage, the affective bond between them has already been formed and the parents start to believe that they can comfort and treat their baby. This phase shows that the parents are ready to take their child home⁽⁴⁾.

To move through these five stages, however, the team needs to support the parents, mainly the mother, to recognize her premature child as a being that needs her to develop. Therefore, it is important to find out about the mother's actual needs and, thus, help her to take care of her child.

In this sense, the team should not only permit or tolerate the mother's presence at the neonatal unit, but also value it as an opportunity for dialogue and reduction of maternal anxiety. It should also be seen as a possibility to stimulate mother-baby contact as early as possible⁽⁹⁾.

METHOD

A qualitative study was carried out, which responds to specific questions and is concerned with a reality susceptible to the capturing of motives, aspirations, attitudes, which cannot be quantified⁽⁴⁾.

The mothers' experience of the challenges that emerge every day, through their children's health condition, alternating between better and worse moments, besides distancing from the family, is a phenomenon that needs to be apprehended, unveiled and described. Therefore, this study was based on phenomenology, as it attempts to understand these mothers' experiences at a maternal accommodation unit during their children's hospitalization⁽⁵⁾.

Schütz' Sociological Phenomenology considers that individuality is only meaningful in the context of the social action that, based on intersubjectivity, remits us to typified behavior⁽¹⁰⁾.

Each being, however, accepts this world not only as existing and inhabited before his/her existence, but interpreting reality in a typical way, perceiving each being present in a horizon of familiarity. This means recognizing the identical in the multiple and thus characterizing the typical. This typification of the world constitutes the interpretation of daily life, distinguishing his/her conduct from others⁽¹⁰⁾.

We live in a daily world where our actions and expressions indicate an intersubjective world, of all of us, where our communication and relationships occur with our antecessors as well as with our successors⁽¹¹⁾. Hence, the world of life, also known as the world of common sense, is the way to describe the intersubjective world man experiences. In this world of life, each individual has a singular formation, constructed through the experience of relationships, which make it possible to occupy a unique place in society, permitting the acquisition and sedimentation of knowledge and singular experiences in the course of their life⁽⁵⁾.

In the search to apprehend the essence of the phenomenon, looking at things themselves and at the experienced world, we end up *denying the subject and world as mutually independent*⁽¹²⁾. *The object of knowledge is neither the subject nor the world, but the world as the subject lives it.* This evidences the intentionality of conscience⁽¹²⁾.

Thus, through Sociological Phenomenology, we attempt to capture the motive for the mother to stay at the hospital unit during her premature infant's stay at the NICU. These women's reports, based on their experiences, can help us to find to best way to adapt care during this period.

In this perspective, it is impossible for two individuals to occupy the same place in society, as each has a different and singular biographical situation. Each individual's biographical situation will influence the way each person occupies the space of social action, characterized by the baggage of available knowledge that is constructed through previously accumulated experiences and which characterize the typifications of the world, generated through social life⁽⁵⁾.

Social action corresponds to a social actor's intentional project, loaded with subjective meanings, supported by the motivational nature, that is, the motives for that stimulate the accomplishment of the action, directed towards the future, and the motives why, which are present in past accomplishments, that is, in concluded accomplishments and facts, which can influence present actions though, as they are not forgotten⁽¹¹⁾.

In this sense, we had access to the maternal meanings of the social action to remain at the hospital unit during the hospitalization of their premature infants at the NICU,

through their own statements, based on which we could capture the motives for of this action.

Study development

The study was carried out between April and June 2007 at the Mothers' Accommodation unit of a medium-sized Municipal Maternity Hospital in Rio de Janeiro, which offers 24-hour emergency care to mothers who are about to give birth. Its profile is directed at care delivery to high-risk pregnant women.

The maternity is a Child-Friendly Hospital since 1998 and admits infants at risk arriving as a result of internal or external demand. It offers eight NICU beds, 15 at the intermediary unit and six kangaroo care beds, besides the milk bank, rooming-in, prenatal outpatient clinic, follow-up or re-creation clinic and vaccination room.

The parents' visits are permitted between 8 and 21h, while hospitalized mothers can visit their children at any time. Mothers who are discharged and decide to stay at the maternity until their child's discharge can stay at the mothers' accommodation and visit their respective babies at the neonatal complex full time. The routine at this sector permits the infants' grandparents, siblings, aunts and uncles and friends of the family to visit on workdays between 14 and 15 hours, who are accompanied by a team of social workers and psychologists.

This Maternity Hospital was chosen as the research scenario because it put in practice the Mothers' Accommodation strategy, allowing us to investigate this hospital stay experience among mothers of premature infants hospitalized at the NICU.

Study participants were 12 (twelve) mothers of premature infants who stayed at the accommodations to accompany their children at the NICU. Phenomenological interviews were used to seek the motive-for of the mothers' actions to stay there.

Therefore, before contacting the mothers, first, information was obtained on their children's clinical situation from the patient files, so as to get familiar with their reality. During this reading, premature infants were identified, with a view to selecting the study subjects. Then, we tried to establish an empathetic relation with the mothers of hospitalized premature infants while they were at the NICU with their children.

In the attempt to approach their reality, some questions were asked about their daily experience at the maternity. Next, a short presentation of the research was given, highlighting the fundamental importance of each participant to conduct the research, which made it easier to schedule meetings.

The statements were captured through phenomenological interviews, after the mothers had given their authorization by signing the Free and Informed Consent Term. This

document guaranteed ethical research principles in accordance with Resolution No 196, issued by the Ministry of Health's National Health Council on October 10th 1996, but also highlighted respect for the interviewees' privacy and anonymity⁽¹³⁾.

It should be highlighted that the phenomenological interview shows to be free from prejudices, hypothesis and pre-judgments. The question asked resulted from the theory that guided the author's research⁽¹⁰⁾. To perform the interview, the following guiding question was used:

What do you intend when you accept to stay at the mothers' accommodation unit to accompany your child at the NICU?

The research project was forwarded to the Research Ethics Committee of the Rio de Janeiro Municipal Health Secretary and received a favorable opinion, registered under No 22A/2007.

Interviews were digitally recorded and later transcribed for attentive reading of the statements, attempting to capture the similar structures that remitted to the concrete categories of these mothers' experience regarding their stay at the mothers' accommodation unit.

RESULTS AND DISCUSSION

The convergence of the motives for, emerging from the analyzed statements, permitted capturing the meanings of these mothers' actions while staying at the hospital unit, during their premature infant's hospitalization, expressed through the categories: taking care of the child: facing the challenge of having a small baby; Staying close to the premature infant: maternal presence contributing to a faster recovery; Reciprocal help among mothers: it is hope reinforced day by day.

Taking care of the child: facing the challenge of having a small baby

The mothers intend to have contact with the baby in order to have the opportunity to take care of their child, as well as to accompany the procedures and tests performed during the hospitalization. Reports converge towards the motivation and maternal need to help, stimulating the child's development through touch, contact and caresses. The mothers value breastfeeding as an important action, but need to overcome barriers, such as fear and insecurity, increasing their participation in care. Among the interviewees who mentioned these intentions, the following stand out:

Having contact... caressing, stimulating for him to develop better [...] to be able to grow...pay attention, hugging, sometimes the baby misses that ... (Saudade).

[...] to lose this fear of touching him, taking care of him, I think it's important to have contact with him... to lose the fear... because I'm gonna take care of him alone afterwards, [...] then things get tough (Solidariedade).

Through touch, two beings get closer, as they feel each other's presence and commitments can be established. It can also be a form of pleasant communication that stimulates the narrowing of affective bonds between mother and child⁽¹⁴⁾.

At some moments, depending on the infant's clinical situation, mother and child will only have contact through observation or voice. This is due to the intense manipulations clinically unstable premature infants are submitted to at the NICU, causing an overburden in the sensory system; which explains the recommendation of minimum handling⁽¹⁵⁾.

Studies developed at the University of Miami reveal the beneficial effects of touch for health and evidence 47% weight gains in premature infants who were stimulated through touch, thus reducing hospitalization periods by six days. Touch is also highlighted to facilitate growth and reduce the pain, offering calmness and tranquility to the premature infant⁽¹⁶⁾.

It is important, however, to guide mothers on the way and the ideal time to touch their babies, favoring positive experiences when promoting this contact during hospitalization. Positive stimuli can strongly contribute to the clinical evolution of these children, mainly if their own mothers touch them. These touches also allow mothers to get to know their children's individual aspects, distinguishing their actions from those of other professionals⁽¹⁶⁻²²⁾.

Care through touch is associated with the feeling of providing comfort, also expressed as exploration of this tiny baby's body. In this sense, we understand that, for these mothers, taking care is more than an action, it is an act of recognizing their own child and, also, their role as mothers⁽¹⁶⁻²²⁾.

On the other hand, we can see that, in some situations, the mother only mentions breastfeeding care, while other contacts and maternal care are not stimulated. This is due to the fact that the place of study is a Child-Friendly Hospital, directing care at the encouragement of breastfeeding.

[...] Sometimes I can take him to breastfeed, but you don't have as much contact as you'll have at home, as when taking care of your child for everything. Of course, now, you can't because he's being treated, so he needs to spend that time here... I want to stay with him, like, take him on my lap, take care. I take him, but only to breastfeed, you so, I only take him to breastfeed and put him in there, again (Ternura).

Some mothers also demonstrate insecurity about breastfeeding their premature child. Fear that the child will not accept breastfeeding is correctly associated with the impossibility of discharge.

I want to manage to breastfeed him soon to see if he gets better faster...I was so afraid to hold him...to breastfeed him, afraid that he would not take my breast (Confiança).

Feeding a premature infant is a complex process that needs careful assessment by the health team. Depending on the infants' gestational age, they can present physiological, neurological immaturity and lack of sucking/swallowing/breathing coordination, needing orogastric tube feeding for some days or weeks. Thus, contact with the mother's breast is not possible, as many mothers want, who may present difficulties to deal with so small and delicate infants and consider themselves incapable of breastfeeding them at that time⁽¹⁷⁾.

The mothers' statements show that maternal actions are directed at the biological act of breastfeeding, showing that professionals often associate maternal presence with the functional act of complying with the biological and institutional objectives of breastfeeding. In other words, they permit the mother's presence but do not stimulate her participation in care; they encourage breastfeeding but do not broaden the perspective of humanization and welcoming this initiative entails.

Staying close to the premature infant: maternal presence contributing to a faster recovery

The possibility to stay at the mothers' accommodation unit means being close to their child, being present, keeping affective bonds alive and giving strength for the baby to get better soon. These mothers' permanent, observing and protecting presence showed to be a constant in these women's statements, acknowledged as an act of love and hope in their child's full recovery. This presence represents the continuity of this bond of love, not allowing them to leave the hospital without their child in their arms, as if these tiny beings were still a part of them, as described in the following reports:

[...] staying close to your child so that he recovers well, faster, to get out of here soon...me staying besides him, going through this situation with me by his side, because I'm his mother, so I want to be part of his life from the start (Esperança).

[...] we want to stay near...follow his development over time..." (Saudade).

[...] she missed me a lot... when I arrived her she was crying, I got here, touched her, she stopped, she [...] soon she smiled, ...after I started to stay here, I saw her recover faster (Coragem).

The mothers' statements converge to the intentionality of being close to their children with a view to their recovery. Thus, they act as being fully responsible for their premature infants, concerned with their development and treatment.

Although some mothers manifest the desire to go home, they do not want to leave the hospital without their children. This total surrendering to their children often makes them suffer, due to their long stay in such an inhospitable environment, without any comfort and with a massifying routine⁽¹⁶⁻²¹⁾.

The mothers' abnegation can be understood through the construction of cultural values related to women, who are charged with the obligation of being a mother above anything else. This myth of maternal love is valued until today, guaranteeing more responsibilities for their children than any other family member. Then, this repeated task of responsibility and regular contact with children made women get characterized by maternal tenderness and love⁽¹⁸⁾.

This attentive and protective presence makes them feel participants in this recovery. In the statements, it is emphasized that the baby can perceive the mother's presence and recover faster due to her support.

Reciprocal help among mothers: it is hope reinforced day by day

Maternal reports evidence the need for support, help and experience exchange. Many of the mothers live far from the hospital and the other women present there are their sole companions to share so many conflicts experienced at the NICU. Thus, they show to be fragile, solitary, anxious and sensitive due to the pain of having their children in hospital, sharing this pain and fear with other mothers who are going through similar times. These women take care of one another, share positive experiences and help each other to reinforce hope day by day. Solidarity stands out, consolidating bonds of friendship and experiences for life.

[...] the accommodation unit is nice...one takes care of the other...sees to the other... that's how we find a way to deal with problems and pain ... (Desconfiança).

[...] We come here with the same problem, we try and help one another to get better, to feel calmer, that's what makes us keep on living; it creates a very strong friendship bond, which helps us to get over all this [...] (Tristeza).

Through their statements, women in this study reveal the daily solidarity present at the Mothers' Accommodation unit. In this context, they help each other and provide mutual support, sharing positive experiences and establishing a relationship of empathy. This empathy permits mutual understanding of feelings, without necessarily having to truly experience what the other is going through. Thus, they welcome each other in pain and suffering, through comfort and solidarity. This means social motivational action, which expresses the mothers' experience based on their individualities for the social context, in which intersubjectivity takes form and remits us to a typical behavior⁽¹⁰⁾.

Each mother's fragility and other mothers' personal availability to see to her needs permit the construction of a relationship marked by commitment, permeated by mutual solidarity, tenderness and fondness. In this sense, an intersubjective relation is constructed, in which meanings cease to be individual and gain a social sense⁽¹¹⁾.

This relation and the meanings apprehended from these women's experience call attention to the extreme importance

of creating maternal support groups in the hospital space, involving mothers who already went through the experience of having a premature infant in hospital, so as to welcome and advise the new mothers together with professionals. According to the institution's possibilities, this initiative can be expanded to relatives, such as the father, siblings and grandparents. Thus, the family can be welcomed in times of crisis, which is the hospitalization of a family member⁽¹⁹⁾.

FINAL CONSIDERATIONS

By staying at the hospital unit, the accompanying mother has expectations, has an action project based on her biographical situation, using her baggage of available knowledge and experiences in the world of life.

Thus, the intentionality of the maternal action to stay at the hospital unit during their premature infant's hospitalization was characterized as: Taking care of the child: facing the challenge of having a small baby; Staying close to the premature infant: maternal presence contributing to a faster recovery; Reciprocal help among mothers: it is hope reinforced day by day.

The intentional action of giving care is expressed through the possibilities of touching, holding, feeding, changing diapers, caressing and stimulating the child's development, positively influencing the premature infant's recovery process.

Care through touch is associated with the sense of giving comfort, also expressed as exploration of this tiny baby's body. In this sense, we consider that, for these mothers, care is more than an action, it is an act of recognizing their own child and, also, their role as mothers.

By interviewing the accompanying mothers, we could understand that some intentional actions are not put in practice in actual experience at the hospital unit, due to factors related to prematurity or NICU routine. Actions to encourage maternal participation in the child's recovery are directed at the biological act of breastfeeding, showing that, often, professionals associate maternal presence with the functional action of complying with the institutional breastfeeding goal. In other words, they permit the mother's presence but do not stimulate her participation in care; they encourage breastfeeding but do not broaden the perspective of humanization and welcoming this initiative entails.

The intentional act of staying close to their child is associated with the recovery of their clinical state and faster

weight gain. Accompanying mothers understand their importance in the development of their children and do not admit the possibility of leaving the hospital unit without their healthy baby in their arms.

The Mothers' Accommodation unit is expressed as an excellent and innovative initiative, making it possible for accompanying mothers to stay at the hospital unit.

It is described as a space for contact, where mothers mutually support one another, exchange experiences and welcome each other's pain and anguish. This approximation generates complicity and friendship, making them consider the group of mothers as a second family. In this sense, the importance of creating maternal and family support groups in the hospital space is highlighted, through the participation of parents who already went through the experience of having a premature child. Thus, together with professionals, the mothers and families can receive advice during their premature child's hospitalization.

Maternal presence at the neonatal unit should not only be permitted or tolerated. Instead, the team should value it as the possibility of continuing important aspects in the child's life after discharge from hospital. Thus, this opportunity can be used to provide knowledge on the child's real situation, in line with the mother's true needs. It is also important to stimulate maternal care as soon as the child is stabilized, so that the mother develops feelings of trust to take care of such a small and delicate being.

This study unveiled the intentional project of mothers of premature infants at the mothers' accommodation unit of a maternity hospital in Rio de Janeiro. In this sense, new research questions are appointed, such as: What are the benefits of maternal participation during premature neonatal hospitalization at the NICU? What are the benefits of positive touch on the mother-baby dynamics? What should be the health professionals' functions in the Mothers' Accommodation strategy?

The authors believe this study contributed to health knowledge to the extent that it presented the mothers' experience in situations with premature children, highlighting the innovative initiative of the Mothers' Accommodation as a new care possibility for Neonatal Nursing. In this context, further attention should be directed at maternal needs, as it is only by understanding their difficulties and anxieties that more humane and holistic care can be delivered to this woman-mother in the hospitalization process of premature infants.

REFERENCES

1. Bowlby J. Cuidados maternos e saúde mental. 5ª ed. São Paulo: Martins Fontes; 2006.
2. Pinto JP, Barbosa VL. Maternal-infant bonding and the mother's participation during venipuncture: a psychoanalytic perspective. *Rev Lat Am Enferm*. 2007;15(1):150-5.

3. Brasil. Lei n. 8069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente - ECA e dá outras providências [legislação na Internet]. Brasília; 1990. [citado 2008 abr. 12]. Disponível em: http://www.planalto.gov.br/ccivil_03/Leis/L8069.htm
4. Araújo BBM, Rodrigues BMRD, Rodrigues EC. Equipe de enfermagem e bebês prematuros: uma análise freiriana. *Rev Enferm UERJ*. 2008;16(2):180-6.
5. Schutz A, Luckmann T. *Las estructuras del mundo de la vida*. Buenos Aires: Amorrortu; 2003.
6. Rolim KMC, Cardoso MVLML. A interação enfermeira-recém-nascido durante a prática de aspiração orotraqueal e coleta de sangue. *Rev Esc Enferm USP*. 2006;40(4):515-23.
7. Silva GRG. O ambiente frio e cuidado morno: a enfermagem possibilitando a aproximação entre pais e filhos na UTI neonatal [dissertação]. Rio de Janeiro: Escola de Enfermagem, Universidade do Estado do Rio de Janeiro; 2000.
8. Vasconcelos MGLD, Leite AM, Scochi CGS. Significados atribuídos a vivência materna como acompanhante do recém-nascido pré-termo e de baixo peso. *Rev Bras Saúde Matern Infant*. 2006;6(1):45-57.
9. Kamada I, Rocha SMM. As expectativas de pais e profissionais de enfermagem em relação trabalho da enfermeira em UTIN. *Rev Esc Enferm USP*. 2006;40(3):404-11.
10. Schutz A. *El problema de la realidad social*. Escritos I. Buenos Aires: Amorrortu; 2003.
11. Schutz A. *Fenomenologia e relações sociais: textos escolhidos de Alfred Schütz*. Rio de Janeiro: Zahar; 1979.
12. Carvalho MDB, Valle ERM. A pesquisa fenomenológica e a enfermagem. *Acta Sci Health Sci*. 2002;24(3):843-7.
13. Conselho Nacional de Saúde. Resolução n. 196, de 10 de outubro de 1996. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Inf Epidemiol SUS*. 1996;5(2 Supl):13-41.
14. Montagu A. *Tocar: o significado humano da pele*. São Paulo: Summus; 1998.
15. Silva RNM. *Toque positivo: curso de cuidados voltados para o desenvolvimento do pré-termo*. Rio de Janeiro, 2002.
16. Field T, Hernandez-Reif M, Freedman J. Stimulation Programs for Preterm Infants. *Giving Child and Youth Development Knowledge Away*. *Soc Policy Rep*. 2004;8(1):3-19.
17. Gorgulho FDR, Pacheco STA. Amamentação de prematuros em uma unidade neonatal: A vivência materna. *Esc Anna Nery Rev Enferm*. 2008;12(1):19-24.
18. Badinter E. *Um amor conquistado: o mito do amor materno*. 8ª ed. Rio de Janeiro: Nova Fronteira; 1985.
19. Lam HS, Wong SP, Liu FY, Wong HL, Fok TF, Ng PC. Attitudes toward neonatal intensive care treatment of preterm infants with a high risk of developing long-term disabilities. *Pediatrics*. 2009;123(6):1501-8.
20. Formiga CKMR, Linhares MBM. Avaliação do desenvolvimento inicial de crianças nascidas pré-termo. *Rev Esc Enferm USP*. 2009;43(2):472-80.
21. Yamamoto DM, Oliveira BRG, Vieira CS, Collet N. O processo de trabalho dos enfermeiros em unidade de alojamento conjunto pediátrico de instituições hospitalares públicas de ensino no Paraná. *Texto Contexto Enferm*. 2009;18(2):224-32.
22. Coelho LP, Rodrigues BMRD. O cuidar da criança na perspectiva da bioética. *Rev Enferm UERJ*. 2009;17(2):188-93.