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MATERNAL PERCEPTION OF HUMANIZED CARE FOR PREMATURE INFANTS IN NEONATAL UNITS: AN INTEGRATIVE REVIEW

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Abstract: Introduction: The birth of a premature baby requires intensive care, often resulting in early hospitalization in neonatal units. This situation impacts the mother-child relationship, generating complex emotions in mothers. Understanding their perceptions of humanized care makes it possible to implement or improve family-centered care measures. Objective: To understand the perception of mothers of premature infants about humanized care in neonatal units. Methodology: This is an integrative literature review. Searches were carried out in the Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL), Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS) databases, using descriptors combined with the Boolean operators “AND” and “OR”. The inclusion criteria covered studies published in the last 10 years (2014-2024) in Portuguese, English and Spanish. Results: 7 articles published between 2014 and 2024 were included, 86% of which were qualitative and 14% quantitative. All of them investigated mothers’ perceptions of the care provided by professionals in neonatal units. Mothers reported satisfaction with the welcome and communication with the multi-professional team, but highlighted episodes of lack of assistance and lack of guidance on the health status of babies and post-discharge care. Conclusion: The integrative review allowed us to identify the perception of mothers of premature babies about humanized care in neonatal units. The results show the importance of clear communication and welcoming in building effective and comprehensive care, involving not only the neonates, but also their mothers.

Keywords: Neonatal Intensive Care Units; Perception; Mothers; Newborn; Humanization of Care.

INTRODUCTION

The birth of a baby marks a critical transition, in which it leaves the protective environment of the mother's womb and faces challenging conditions in the outside world. The neonatal period, which covers the first 28 days of life, is characterized by a high rate of morbidity and mortality, especially among premature infants, due to the fragility of their bodies (Pitilin *et al.*, 2021).

Preterm newborns (PTNBs) often need more intensive care and specific support to adapt to life outside the womb. Even with neonatal care, many of these babies face long periods of hospitalization, causing anguish for their mothers (Carvalho *et al.*, 2021).

Premature babies are classified as high-risk babies and therefore require specialized care and can be admitted to a Neonatal Intensive Care Unit (NICU) in critical situations or to a Conventional Neonatal Intermediate Care Unit (NICU) for less complex situations. The categorization of newborns (NB) in the NICU and NICU is based on clinical severity. In the NICU, the most critical babies receive continuous monitoring and highly complex interventions, while in the NICU, although monitoring is less rigorous, specific care is still essential and plays a supporting role in the NICU (Segundo *et al.*, 2018; Pitilin *et al.*, 2021; Bueno, 2022).

In these units, highly specialized multidisciplinary teams work in harmony to offer the best possible treatment to PTNBs. Effective communication between these professionals is crucial for identifying patients' needs, defining the best courses of action and applying appropriate interventions. Any failure in this process can expose babies to unnecessary risks, limit their clinical progress and prolong their hospitalization (Quiroz; Bernardi; Seus, 2022; Assolari *et al.*, 2023).

The humanization of care is directly linked to offering assistance in an individual and respectful way to the patient. In Brazil, there is the National Humanization Policy (PNH), drawn up by the Ministry of Health in 2003 in response to society's dissatisfaction with health care. The NHP includes guidelines such as an expanded clinic, participatory management, valuing work, welcoming, ambience and user rights. This policy acts as a guideline for professionals, indicating care and management practices at all levels of care in the SUS (Aniceto; Bombarda, 2020).

The birth of a PTNB, as well as being unexpected, is associated with feelings of anxiety, anguish, uncertainty and other complex emotions on the part of mothers, who are separated from their children at an early stage. Due to the NB's health condition, they are referred for care in the NICU, where they are cared for by a multi-professional team in a safe, controlled and technological environment (Da Silva, 2022; Santos *et al.*, 2020).

Early hospitalization of the NB impairs maternal care, since interaction with the baby, which is essential for bonding, is mediated by the neonatal unit staff. With the frequent procedures and examinations in the NICU, the mother needs to adapt quickly to the environment and routine, seeking to develop her maternal skills, albeit to a limited extent. Despite humanization policies, there are still gaps between theory and practice (Sá *et al.*, 2021; Santos *et al.*, 2020; Da Silva, 2022).

This study addresses the importance of maternal involvement in understanding the role of each professional who makes up the teams in neonatal units, with a view to improving care for PTNBs with complex medical conditions. The current literature lacks specific studies on maternal perception of the humanized care provided by professionals in this context, creating an important gap.

The aim of this research is to find out how mothers of premature babies perceive humanized care in neonatal units by means of an integrative review, with the aim of filling a gap and analyzing the impact of this understanding on promoting positive results in neonatology and on the relationship between mothers and health professionals.

METHODOLOGY

This is a bibliographic study, of the integrative literature review type, with the intention of investigating studies from the last 10 years to guide future research and allow an update of knowledge on the perception of mothers in relation to humanized care in neonatal units. The method was structured following a manual (Cunha; Cunha; Alves, 2014) which presents and describes six steps that need to be followed: 1) identify the theme and generate the guiding question for the research; 2) establish the inclusion and exclusion criteria and carry out the search in the databases; 3) identify and organize the pre-selected studies; 4) evaluate and categorize the studies included in the research; 5) analyze and interpret the results, identifying differences and conflicts; 6) present a clear synthesis of the review.

The guiding question of the research, “What is the perception of mothers of premature newborns about humanized care in neonatal units?”, was formulated using the PICo strategy for research that requires a literature search, where PICo is an acronym, where the letters have definitions: P for population, I for interest and Co for context (Chart 1). This strategy was used to delimit the study and make it easier and clearer to achieve the objectives.

Acronym	Definition	Description
P	Population	Mothers of premature newborns
I	Interest	Perception of humanized care
Co	Context	Neonatal units

Table 1: Application of the PICo strategy

The literature was searched using the following databases: Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL), Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), the search was carried out between the months of August and September 2024, The inclusion criteria were studies from the last 10 years (2014-2024) in Portuguese, English and Spanish and the exclusion criteria were simple and expanded abstracts, case reports, literature reviews, duplicate studies, studies not available in full and those in which the population and theme did not correspond to the research.

For the bibliographic survey it was necessary to use descriptors, which were taken from the Descriptors in Health Sciences (DeCS) and Medical Subject Headings (MeSH): “Intensive Care Units Neonatal”; “Perception”; “Mothers”; “Newborn”; “Humanization of Assistance”. The search strategy was based on different combinations of the descriptors with the Boolean operators “AND” and “OR” and the use of the tools available in the databases.

After identifying the articles, a PRISMA flowchart was constructed, divided into four stages: identification, selection, eligibility and inclusion. The adapted flowchart shows the number of studies found in the databases after applying the inclusion and exclusion criteria detailed above.

The literature search carried out using the descriptors and Boolean operators mentioned above resulted in 137 articles, but after applying the filters following the inclusion criteria, 91 articles remained, and after reading the titles and abstracts, 23 articles were selected for full reading. After careful and thorough evaluation of the studies, 7 articles remained.

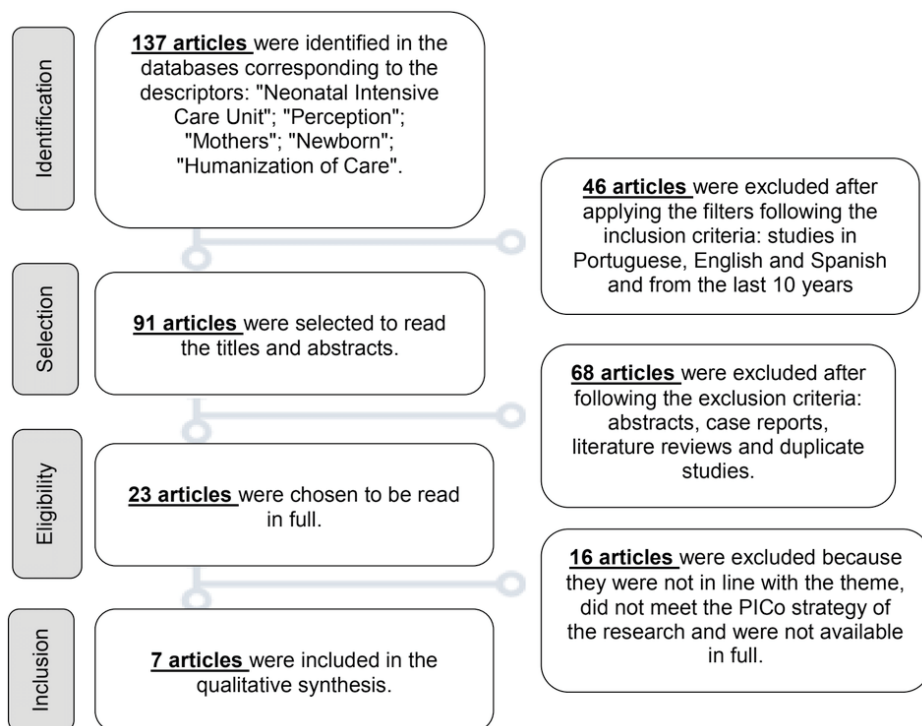


Figure 1: Adapted PRISMA flowchart showing the article selection process

Title and State	Authors and Year	Objectives	Results	Type of study
Kangaroo method: maternal perception of the experience in the neonatal intensive care unit, CE.	NUNES, Natália Paz et al., 2015	To understand maternal perceptions of the first stage of the Kangaroo method in the neonatal intensive care unit.	Maternal welcome, information about babies and comprehensive care.	Qualitative research
Mothers' views on caring for the newborn after discharge from the neonatal ICU, PR.	ESTEVAM, Daiane Cristina Moderno et al., 2016	To unveil the mothers' vision of caring for their newborn during their stay in a pediatric unit.	Support and autonomy for the mother and integrated care.	Qualitative research
Evaluation of multiprofessional care in a public neonatal unit from the perspective of mothers, DF.	FERRARESI, Mariana Fanstone; ARRAIS, Alessandra da Rocha, 2018	To find out mothers' assessment of the care provided by the multi-professional team in a public neonatal unit in the Federal District.	79.8% rated the guidance positively	Qualitative research
Mothers' experiences with their newborn in the neonatal intensive care unit, RS.	SANTOS, Milene Costa dos et al., 2018	To understand family members' perceptions of their stay with the newborn in the neonatal intensive care unit.	Communication is important to know the child's real situation.	Qualitative research
Perceptions of nursing mothers when experiencing prematurity in the neonatal intensive care unit, DF.	MARTINS, Milena Cristo et al., 2022	To understand the perceptions of nursing mothers when they experience the hospitalization of their premature babies in an intensive care unit in a public hospital.	They were pleased to receive the guidance and felt safe and able to carry out the management.	Qualitative research
Challenges of prematurity: importance of the social support network in the perception of mothers of newborns, RS.	DOS SANTOS, Maressa Valentim et al., 2024	To understand the challenges of prematurity and the role of social support in the perception of mothers during their child's stay in a neonatal intensive care unit.	Guidance will depend on the professional and the importance of reception.	Qualitative research
Mothers' perception of open visitation in the neonatal intensive care unit, SP.	GONÇALVES, Gisele Hernandes et al., 2024	To understand mothers' perceptions of open visitation in the NICU.	Uncertainty about the baby's condition, prioritizing medical information and fear of speaking out.	Qualitative research

Table 2: Summary table of the scientific articles in the review

RESULTS AND DISCUSSION

The review sample consisted of 7 scientific articles that in some way addressed the issue of the perception of mothers of premature infants about humanized care in neonatal units, which were disseminated in databases from 2014 to 2024. By organizing, cataloguing, thoroughly reading and analyzing the results of the articles, it was possible to synthesize this information and create a summary table to discuss the research findings. Using a Microsoft Excel spreadsheet editor, it was possible to create a table taking into account the characteristics of the studies such as: title, state, authors, year of publication, objectives, results and type of study.

From the cataloging and synthesis of the articles included in the study, it was possible to carry out an analysis and compare their information in a more practical way. With this, we can observe a prevalence in relation to the type of study found in the literature search, approximately 86% of the articles are qualitative research and the equivalent of approximately 14% of the sample are quantitative research. However, the aim of all the studies is to find out mothers' perceptions of the care provided by professionals in neonatal units.

The results of this review underscore the importance of humanized care in neonatal units, highlighting the impact of mothers' perceptions of care on their premature children's hospitalization experience. Effective communication and emotional acceptance were identified as fundamental to maternal satisfaction, in line with the guidelines of the National Humanization Policy (NHP), which aims to promote more dignified and welcoming care (Pasche; Passos; Hennington, 2011).

However, the studies analyzed indicate that, despite the policies and guidelines already established, there are significant gaps in the implementation of humanized care in the neonatal context. Most mothers reported sa-

tisfaction with the reception and communication with the multi-professional team, but also mentioned situations in which they felt unassisted or poorly guided, mainly due to the lack of clarity and continuity in explanations about the babies' health status and the care needed after discharge. Ferraresi and Arrais (2018) point out that these gaps in communication are often the result of overburdened teams and a lack of ongoing training for a more welcoming approach.

One of the recurring points in the studies was the importance of clear and empathetic communication between health teams and mothers. As indicated by Nunes *et al.* (2015), Santos *et al.* (2018) and Martins *et al.* (2022), mothers who received detailed and welcoming explanations about their child's state of health and the care they should follow after hospital discharge felt more confident and prepared to face the NB recovery process. Effective communication is key to reducing maternal distress and promoting a smoother recovery for the baby.

From the same point of view, Gonçalves *et al.* (2024) emphasize that inadequate communication, with fragmented information or information passed on mechanically, generates insecurity and makes it difficult to build a bond between mother and baby, damaging the care experience.

The lack of clear communication, on the other hand, was associated with feelings of insecurity and anxiety on the part of the mothers. The studies revealed that when communication is not well established or when professionals display mechanical and harsh attitudes, mothers tend to feel distanced from the care process and often don't fully understand their babies' conditions. This emotional detachment can affect the mother-baby relationship, making it difficult to build the emotional bonds that are essential for the child's healthy development. Estevam *et al.* (2016)

add that emotional detachment is also related to the excessive focus on technology, which, although essential, can contribute to the dehumanization of care when mothers' emotional needs are not prioritized.

The mechanization of care, identified by Gonçalves *et al.* (2024), was a concern in neonatal units where communication and welcoming were not prioritized. In these contexts, care was restricted to technical actions, neglecting the emotional needs of families. Ferraresi and Arrais (2018) point out that humanization must be continuous, integrating technical protocols with valuing the bond and emotional support for mothers. This point is in line with the recommendations of Nunes *et al.* (2015), who stress that continuous team training is essential to ensure that humanized practices are a priority in neonatal care.

The creation of social support networks was an aspect highlighted by Dos Santos *et al.* (2024), who showed that mothers with support from family members, friends and support groups for mothers of premature babies had a more positive perception of the care provided in neonatal units. This support is crucial, as the process of adapting to prematurity involves significant emotional and psychological challenges, and social support contributes directly to coping with these difficulties. Ferraresi and Arrais (2018) also corroborate the importance of support networks, pointing out that the presence of external emotional support helps to reduce maternal stress and promote greater safety in caring for NBs.

In addition, the presence of an emotional support network was associated with a greater sense of control over the baby's recovery process and, consequently, a reduction in stress and anxiety among mothers. This suggests that the actions of health teams should be accompanied by constant guidance on the importance of social and psychological support, contributing to a more peaceful recovery for both the

mother and the NB. Gonçalves *et al.* (2024) suggest that education programs for mothers, integrated with guidance on neonatal care, can strengthen these support networks and improve maternal involvement in care.

The emotional impact of hospitalizing a PTNB has also been highlighted by several studies, such as those by Nunes *et al.* (2015) and Estevam *et al.* (2016). According to these authors, the experience of seeing their child hospitalized, often in serious condition, generates high levels of stress and anguish in mothers. Nunes *et al.* (2015) emphasize that offering emotional and psychological support, together with clear and constant guidance, is fundamental to reducing these feelings. Estevam *et al.* (2016) reinforce that these actions help mothers to cope with their baby's long hospitalization period and uncertainties about the future.

Another challenge pointed out by the studies was the lack of continuity in communication. In many neonatal units, mothers reported that information was fragmented, often passed on by different professionals in an inconsistent manner. This aspect is particularly relevant, as continuity in guidance and uniformity in the information passed on are essential to ensure that mothers feel secure about caring for their children and the recovery process. Estevam *et al.* (2016) report that well-trained and aligned communication teams can prevent this problem, promoting greater confidence and security in mothers.

Continuous training of health teams is essential for the implementation of humanized care. Studies, such as those by Gonçalves *et al.* (2024), show that professionals without adequate training face difficulties in empathetic communication with mothers. Thus, continuing education programs are crucial to ensure that humanization is a daily practice, and not just a political guideline.

The impact of technologies on neonatal care has also been addressed by some studies, pointing out that although technologies are essential for the survival of premature babies, they can, in some situations, contribute to the dehumanization of care. The excessive focus on technique, as reported by Estevam *et al.* (2016), can cause professionals to disconnect from the emotional needs of mothers, leading to a more impersonal and distant hospitalization experience.

In summary, the results of this review reinforce that although humanized care is increasingly recognized in neonatal units, there are still significant challenges. Clear communication, emotional acceptance, social support and ongoing education for health teams are essential to guarantee dignified and effective care. For humanized care to become a daily practice, a continuous effort is needed to raise awareness and train all the professionals involved, ensuring comprehensive care for the physical and emotional needs of the mother and baby.

CONCLUSION

The integrative review made it possible to identify the perception of mothers of premature babies about humanized care in neonatal units. The results show the importance of clear communication and a welcoming atmosphere in building effective, comprehensive care, involving not only neonates but also their mothers.

Although 57% of the studies revealed maternal satisfaction with the care received, the negative perceptions pointed out in more recent articles suggest persistent challenges, such as the mechanization of practices and communication failures. These findings reinforce the need for ongoing education and training programs for health professionals, as well as the adoption of institutional policies that prioritize humanization.

By understanding mothers' experiences, it is possible to promote significant improvements in neonatal practices, strengthening the mother-baby bond and optimizing clinical and emotional outcomes. Therefore, humanization must be a constant priority, and it is essential to invest in strategies that guarantee respect, welcome and empowerment for mothers at such a sensitive time in their lives.

REFERENCES

- ANICETO, B.; BOMBARDA, B. T. Cuidado humanizado e as práticas do terapeuta ocupacional no hospital: uma revisão integrativa da literatura. *Cadernos Brasileiros de Terapia Ocupacional*, v. 28, n. 2, p. 640–660, 1 jan. 2020.
- ASSOLARI, I.L *et al.* Principais técnicas fisioterapêuticas no tratamento de síndrome do desconforto respiratório em UTI neonatal. In: PEREIRA, Camila *et al.* *Fisioterapia e terapia ocupacional: recursos terapêuticos*. Ponta Grossa – PR: Atena, p. 22 – 31, 2023.
- BUENO, E.C.S. *As principais causas de prematuridade: revisão de literatura*, 2022.
- CARVALHO, N. A. R. *et al.* A transição do cuidado do recém-nascido prematuro: da maternidade para o domicílio. *Acta Paulista de Enfermagem*, v. 34, p. eAPE02503, 2021.
- CUNHA, P. L. P.; CUNHA, C. S.; ALVES, P. F. *Manual Revisão Sistemática Integrativa: a pesquisa baseada em evidências*. Belo Horizonte, v. 63, 2014.
- DA SILVA, T.A. Sentimentos maternos frente à internação do filho prematuro na Unidade de Terapia Intensiva neonatal: revisão integrativa. *Revista Terra & Cultura: Cadernos de Ensino e Pesquisa*, v. 38, n. 74, p. 60-74, 2022.

DOS SANTOS, Maressa Valentim et al. Desafios da prematuridade: importância da rede de apoio social na percepção de mães de neonatos. **Arquivos de Ciências da Saúde da UNIPAR**, v. 28, n. 1, p. 204-215, 2024.

ESTEVAM, Daiane Cristina Moderno et al. Visão das mães em relação ao cuidado com o recém-nascido após a alta da unidade neonatal. **Saúde e pesquisa**, v. 9, n. 1, p. 15-24, 2016.

FERRARESI, Mariana Fanstone; ARRAIS, Alessandra da Rocha. Avaliação da assistência multiprofissional em uma unidade neonatal pública na perspectiva das mães. **Revista Brasileira de Saúde Materno Infantil**, v. 18, p. 381-390, 2018.

GONÇALVES, Gisele Hernandes et al. Percepção de mães sobre a visitação aberta na unidade de terapia intensiva neonatal. **Enferm. foco (Brasília)**, p. 1-7, 2024.

MARTINS, Milena Cristo et al. Percepções de mães nutrízes ao vivenciarem a prematuridade na unidade de terapia intensiva neonatal. **Cogitare Enfermagem**, v. 27, p. e80125, 2022.

MASCARENHAS, Victor Hugo Alves et al. Revisão Integrativa. **Acta Paul Enferm**, v. 32, n. 3, p. 350-7, 2019.

NUNES, Natália Paz et al. Método canguru: percepção materna acerca da vivência na unidade de terapia intensiva neonatal. **Revista brasileira em promoção da saúde**, v. 28, n. 3, p. 387-393, 2015.

PASCHE, Dário Frederico; PASSOS, Eduardo; HENNINGTON, Élide Azevedo. Cinco anos da política nacional de humanização: trajetória de uma política pública. **Ciência & Saúde Coletiva**, v. 16, p. 4541-4548, 2011.

PITILIN, E.B. *et al.* Fatores Perinatais associados à prematuridade em Unidade de Terapia Intensiva Neonatal. **Texto & Contexto Enfermagem**, v. 30, 2021.

QUIROZ, J.; BERNARDI, P.; SEUS, T. Atuação fisioterapêutica em unidades de terapia intensiva neonatal do Rio Grande do Sul. **Fisioterapia e Pesquisa**, v. 29, n. 4, p. 350-356, 2022.

SÁ, E.S. *et al.* Intervenções da equipe de saúde na Unidade de Terapia Intensiva Neonatal: revisão integrativa. **Com. Ciências Saúde**, p. 49-57, 2021.

SANTOS, A. S; *et al.* Construção e validação de tecnologia educacional para vínculo mãe-filho na unidade de terapia intensiva neonatal. **Revista Brasileira de Enfermagem**, v. 73, p. e20190083, 2020.

SANTOS, Milene Costa dos et al. Vivências das mães junto ao recém-nascido na unidade de terapia intensiva neonatal. **Ciênc. cuid. saúde**, p. e45164-e45164, 2018.

SEGUNDO, W.G.B *et al.* A importância das Unidades de Terapia Intensiva Neonatal (UTIN) e de Cuidados Intermediários Neonatal (UCIN) para os recém-nascidos prematuros. **Revista de ciências da saúde Nova Esperança**, v. 16, n.2, p. 85-90, 2018.