v. 5, n. 14, 2025

International Journal of Health Science

Acceptance date: 08/04/2025

HOSPITALIZATION OF A NEWBORN IN A NEONATAL INTENSIVE CARE UNIT: AN ANALYSIS OF THE DIFFICULTIES EXPERIENCED BY PARENTS DURING HOSPITALIZATION

Maria Clara Spagnol Máximo da Silva Souza
Graduate the Nursing Course - UNESC

Daiany Saraiva Chieppe
PhD in Health Sciences, Professor at Unesc

Abstract: The Neonatal Intensive Care Unit (NICU) is a hospitalization service for newborn babies. The NICU is a hospital environment prepared to receive babies who were born before 37 weeks of gestation, who are underweight or who have some problem that could interfere with their development. The aim of this study was to describe and analyze the feelings expressed by fathers and mothers of newborns admitted to the Neonatal Intensive Care Unit, highlighting difficulties during hospitalization and in caring for and recovering their children. The methodology adopted was descriptive and exploratory, with a qualitative approach. To collect data, interviews were carried out using a semi-structured questionnaire that was applied individually. The research was carried out in a general hospital in the municipality of Colatina (ES), which is a reference in maternal and child care in the region and which has a NICU. The study participants were mothers and fathers of newborns admitted to the unit. The results revealed that when parents are with their hospitalized children, they experience emotions translated into fear, anguish and anxiety. For parents, the NICU represents a frightening environment, but one that is necessary for the specialized care required due to the condition of the premature newborn.
Keywords: Intensive Care; Neonatology; Experiences; Humanization.

INTRODUCTION

The family is the fruit of unity and love, the most valued emotional bond and is therefore considered the basic unit of society. When a new baby arrives in a family, everything changes, from preparing for the birth to the family routine after the arrival. Mothers and fathers--to-be dream of and wish for a smooth, calm and uneventful pregnancy for their baby, but this dream is not always possible, as all the feelings and psychological reactions change when the newborn needs to be hospitalized in a Neonatal Intensive Care Unit (NICU).

The NICU is a hospitalization service for newborn babies. It is a hospital environment prepared to receive babies who were born before 37 weeks of gestation, who are underweight or who have some problem that could interfere with their development. The baby stays in the NICU until they can grow, reach a good weight and become able to breathe, suck and swallow. The length of stay in the unit varies according to the baby and the reason they were admitted. In some hospitals, parents can stay with their baby for the entire duration of their stay.

The NICU is a complex environment. Its characteristics are based on cold and formal technologies, which are somewhat uncomfortable for new patients.

In this environment, parents experience anxiety, anguish, fear and a lot insecurity. Anxiety, distress, fear and a lot of insecurity on the part of the parents are recurrent in this environment. The mixture of perceptions and feelings causes emotional fragility for the parents, who see the environment as sad and sometimes aggressive, but which is also necessary for their baby's recovery. For this reason, it is very important that the NICU team welcomes the parents and offers them psychological support during this process.

Encouraging the physical presence of parents in the NICU environment is very important, because for the family, number of devices, probes and catheters, machines and substitute therapy can make impossible or insufficient to cuddle, cuddle, lullaby, body warmth and so many other stimuli that guarantee comfort and safety for the baby. This scenario is the main cause of the difficulty in humanizing and perceiving the neonate as the idealized and desired child for the couple.

Nursing work in the NICU is a constant challenge, as it requires vigilance, skill, respect and sensitivity, because the patient being cared for does not speak, is extremely vulnerable and highly dependent on the team

providing care. The planning and delivery of nursing care to critically ill neonates is a very complex and careful process, and requires careful evaluation to determine the effectiveness of both medical and nursing therapy (KLAUS and FANAROFF, 1994).

In this way, the research aims to provide greater knowledge about how parents deal with the hospitalization of their newborn children in the NICU and what are the greatest difficulties they face during this period.

HISTORICAL CONTEXT OF NEONATOLOGY

According to (LOPES and ALMEIDA, 2019) *apud* (AVERY 1984) Neonatology, as a specialty, emerged in France. An obstetrician, Dr. Pierre Budin, decided to He extended his concerns beyond the delivery room and created the Childcare Outpatient Clinic at the Charité Hospital in Paris in 1882. In 1914, pediatrician Dr. Julius Hess created the first center for premature newborns at Michel Reese Hospital in Chicago. After that, several other centers were created, which followed the principles of the obstetrician, Dr. Budin and the pediatrician, Dr. Hess, for the segregation of premature newborns in order to provide them with trained nurses, proper devices, including incubators and strict procedures for the prevention of infections

In the 1970s and part of the 1980s in the, parents could only visit their premature babies in hospital for a few hours in the morning and afternoon. They were also not encouraged to handle or touch their babies for fear of infection. This situation was even more depressing in other parts of the world, such as in Bangkok where mothers would have to stand outside separated from their babies by a glass panel (ADAMSON- MACEDO, 2016).

Neonatology is a well-established area of medical care for newborn babies. It is a specialty practiced in the hospital and usually takes place in the NICU, which developed rapidly in the 1970s and 1980s acquiring multidisciplinary connotations, this progress showed the importance of uniting the knowledge and experience of professionals from medicine, nursing, psychology and parents to improve the quality of physical and psychological care of the newborn, this is particularly important for premature infants who are hospitalized (ADAMSON-MACEDO, 2016).

Due to the countless scientific achievements in this area and the development sophisticated technological devices, it has been possible to save and prolong the lives of patients with a high risk of. However, the hostile, emotionally charged environment of these units brings with it many feelings such as insecurity, fear and distress at the unknown. Given this context, it is known that comprehensive care for high-risk newborns is a relatively constant and recent challenge for healthcare teams. The highly specialized treatment on which the newborn depends for survival makes him and his parents very fragile, which leads the nursing team to thinking about health actions aimed at humanizing care in the NICU (CARVALHO, et al., 2015).

NEONATAL INTENSIVE CARE ENVIRONMENT

Studies have shown that parents perceive the NICU as a hostile environment that is often inaccessible, unwelcoming, causes unpleasant feelings and reactions and excludes parents from caring for their child. It is therefore necessary to change this common sense perception, which associates the term NICU with the of pain and even death, and to base care on the idea that parents have the right to participate their child's care (MIDORI, et al., 2017).

Current literature has reinforced the contributions of both family presence and access to the NICU in NB recovery. Family support

- even when only represented by the maternal figure - helps to maintain the bond, reduce stressors and rebuild lines of defense. The team must encourage the development of essential tools for the family: understanding, ability and confidence to care for the NB, even after discharge. To achieve these results, it is necessary to work with: guidance, recognition of emotional blockages, clarification, familiarization with the environment, knowledge of the evolution of treatments and professional care, sincerity and constant communication (MACHADO, 2003).

HUMANIZATION IN THE NEONATAL ICU

The philosophy of humanized care at birth requires the multi-professional team to be able to identify and meet the needs of the NB, the parents and the family, by bringing mother and baby closer together at an early stage, strengthening their emotional bond and establishing a relationship of trust between family and team (MACHADO, 2003).

When the expected child is born under the imminence of death or serious illness, the family faces the shock of an adverse reality and consequently suffers a sense of loss. Faced with this situation, we understand that the professionals who assist NBs in the NICU must be able to deal with the family in order to work together to strengthen and rebuild the bond between mother/father and child (KENNER, 2001).

Including the family in the NB's hospitalization process and guaranteeing quality care for both the patient and the family are essential humanization actions, especially when it comes to the hospitalization of a neonate, since parents are fundamental characters in the child's growth and development process and the mother-child and father-child bond needs to be maintained and stimulated (MIDORI, et al., 2017).

With regard to the humanization of neonatal care, the Ministry of Health also advocates various actions aimed at respect, individuality and welcoming the newborn and their family, seeking to stimulate the bond between parents and babies during their stay in hospital and after discharge (DONADELI and PARENTE, 2020).

Thus, we believe that understanding the meaning of the humanization of the NICU for parents is a necessary condition for the search for strategies and care planning aimed at meeting the real needs of parents and NB, in order to reduce possible damage that can be caused by the negative experience during hospitalization in the NICU (MIDORI, et al., 2017).

NEONATAL INTENSIVE CARE TEAM

The NICU is made up of a multi-professional team that looks after the baby's health and development 24 hours a day. The professionals who work in the NICU include: a neonatologist pediatrician, a nurse, a nursing technician, a nutritionist, a physiotherapist, an occupational therapist, a speech therapist and psychologists. The baby is assessed periodically by professionals who need to check on its progress (DOMINGOS LOURENÇO, 2019).

The role of nursing is to help the family find ways of adapting their expectations and plans so that they are consistent with the reality of the child who has been born, even if this involves a whirlwind of feelings: grief, denial, guilt, withdrawal, negotiation, depression and acceptance, which are some of the reactions to coping with this situation. Nurses must be alert to these signs in order to identify the parents' need for practical and emotional support (KENNER, 2001).

According to (ALMEIDA, 2005) *apud* (VIEGAS, 1986; FONTES 1984) the nursing is responsible for promoting the adaptation of the NB to the external environment (maintaining adequate thermal balance, amount of humidi-

ty, light, sound and skin stimulation), observing the clinical condition (monitoring vital signs and using special assistance procedures), providing adequate nutrition to meet the metabolic needs of the developing organ systems (if possible, breastfeeding), infection control, stimulating the NB, educating parents, encouraging family visits, drawing up and maintaining a nursing care plan, organizing, managing and coordinating nursing care for the NB and mother, developing multidisciplinary activities, guiding teaching and supervising nursing care, among other activities.

MATERIALS AND METHODS

The methodology adopted was descriptive and exploratory, with a qualitative approach. It was carried out in the Neonatal Intensive Care Unit a general hospital located in the city of Colatina (ES). The study participants were mothers and fathers of newborns admitted to the unit. We sought out fathers and mothers who were in the process of monitoring their children hospitalized in this critical environment.

The inclusion criteria for the study were parents of neonates admitted to the NICU, aged over 18. The aim of the study was to describe and analyze the feelings expressed by these parents during the hospitalization, care and recovery of their children. A letter introducing the research was sent to the co-participating institution, informing them of the team involved in the study and its objectives. We would also like to point out that the research was submitted to the Research Ethics Committee of the Centro Universitário do Espírito Santo (CEP UNESC), in the second half of 2021, obtaining authorization to carry it out under opinion number 5.123.297.

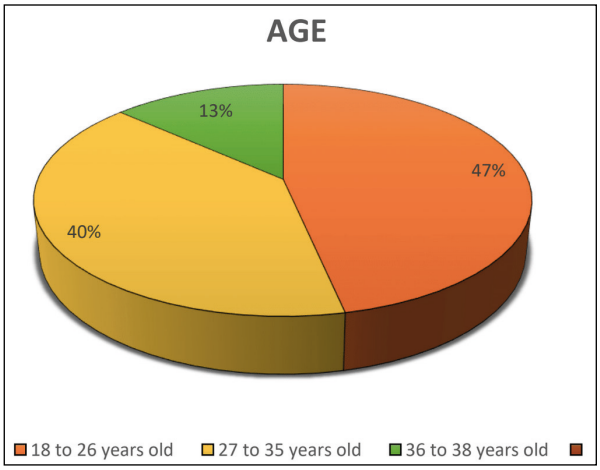
The institution was duly informed of the research guidelines. To collect data, parents were interviewed using a semi-structured questionnaire that was applied individually. The interviews were carried out in a private place, guaranteeing the privacy of the interviewees. The interviews were only carried out after the research team had explained the Informed Consent Form (ICF) to the participants. Their identities have been fully preserved. The interviewees were recorded using a Samsung A31 cell phone recorder. They were then transcribed in full for analysis.

The data was analyzed following the guidelines of the qualitative method: sorting, classification into categories and discussion/interpretation of the data.

RESULTS AND DISCUSSION

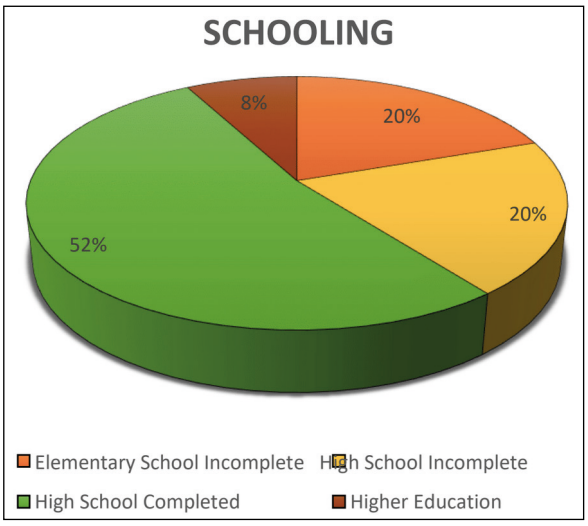
Based on the inclusion criteria mentioned in the methodology, 15 interviews were conducted with fathers and mothers whose children were admitted to the Neonatal Intensive Care UnitBelow are the social variables of those interviewed: age, education level, status and region of origin.

Graph 1 shows the age of the fathers and mothers who were interviewed, 47% whom were aged between 18 and 26, 40% between 27 and 35, 13% between 36 and 38 years old.



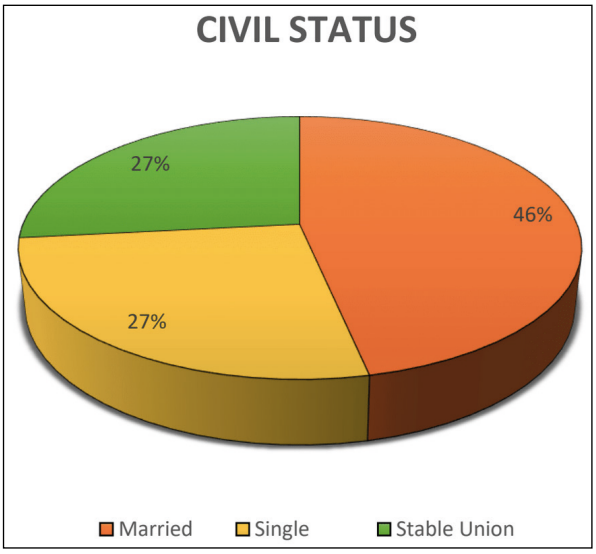
Graph 1 - Age of.

Graph 2 shows the education level of those interviewed, with 20% having incomplete primary education, 20% incomplete secondary education, 52% complete secondary education and 8% complete higher education.



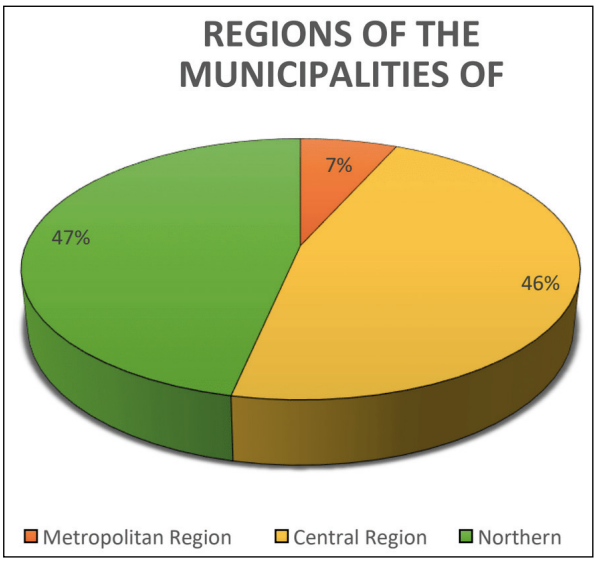
Graph 2 - Schooling of interviewees.

Graph 3 shows the marital status of those interviewed: 46% are married, 27% are single and 27% are in a stable union.



Graph 3 - Marital status of interviewees.

Graph 4 shows the regions of the municipalities of the fathers and mothers who were interviewed, with 7% from the Metropolitan region, 46% from the Central region and 47% from the Northern region.



Graph 4 - Regions of the municipalities of origin of the.

The research sought to highlight the main feelings and difficulties expressed by fathers and mothers whose children were hospitalized in the NICU. With this objective in mind, the interviewees were asked what they felt when they found out that their children would need to be admitted to the NICU. Among the results obtained were feelings of fear, insecurity, despair, sadness, anguish and guilt. These feelings can be seen in the speeches of the interviewees, which will be transcribed below in their entirety, without correcting for spelling or concordance. To identify the interviewees, the letter E was used, followed by Arabic numerals, which go up to 15, following the number of fathers and mothers taking part in the research.

E 2: *"I felt afraid, because he's very premature and they're very clear about what he can do.* happen".

And 4: *"Fear, worry about breastfeeding and leaving him here alone".*

E 5*: "I was sad, right, but I understood because it was a premature baby and it wasn't fully formed".*

And 6*: "It was desperate".*

E 9*: "I felt scared because I thought that I could lose her.*

***14**: "I felt a lot of fear, a lot of anguish, sometimes a sense of guilt at not having succeeded."*

***And 15**: "I panicked because I'd never been in a NICU before, so it was desperate for me."*

The expectation of taking the baby home is seen as an ideal cherished by the family from the beginning of pregnancy and sustained almost daily by the parents until the birth their child (OLIVEIRA, *et al*., 2013).

In this sense, the parents were asked what greatest difficulty was at the time, and the following answers were obtained:

***And 1**: "Sleeping away from her".*

***And 4:** "The biggest difficulty is when it's time to leave".*

***E 7**: "I hate to leave him and I don't know what's happening to him during the day.* night".

***And 9:** "I'm dying for her to go home".*

***And 11:** "Seeing it at the beginning and only being able to touch it because I couldn't pick it up".*

It is known that during the baby's hospitalization, the parents lived with the health professionals on a daily basis. The positive and empathetic interaction between the mother and the healthcare team is empowering, reducing the doubts, anxieties and suffering of these parents (ZANFOLIM, et al., 2018).

In an attempt to gather data on how parents interact with the NICU team, one of the questions in the survey was whether they felt welcomed during their time in the unit. The answers obtained are described below.

***And 2**: "They do everything they can to make us feel good".*

***E7**: "It was a bit difficult to adapt, but the girls* were talking to me".

***E 7**: "The atmosphere is very good, quiet and organized."*

***E 9:** "Because of their treatment of her and the care they give her.* we've become more carefree".

***And 10:** "I saw that he would have a lot of care and would be in* good hands here".

***E 12:** "What made it easier is that the girls are very attentive, they're always asking how I'm doing".*

In relation to the experience of fathers and mothers of children hospitalized in the NICU, it can be seen that the worry, anguish and fears are intensely felt when they discover that their child will need to be admitted to an intensive care unit. When they discover that there is the possibility of losing their child, who was often so long awaited and idealized by the family, parents start to face moments of great uncertainty and despair (KENNER, 200; DIAZ, *et al*., 2014).

The role of the team, in addition to caring for the NB, is also to give the necessary assistance, sometimes a word of comfort, provide clear information about the treatment plans, bringing some security and reducing the stress caused by the current circumstance. As far as the NICU team's treatment of parents is concerned, understanding and empathy is essential, in order to awaken a feeling of trust on their part (DIAZ, et al., 2014; KENNER, 2001).

As they receive guidance on their child's care plans and through conversations with the team, they become more familiar with the NICU and start to feel more confident. Parents need to be encouraged to maintain an affectionate relationship with their child and to find space to clarify their doubts (MITTAG, 2004 and WALL, 2004).

The data collected in this research is corroborated by (MIDORI, et al., 2017); (MACHADO, 2003); (KENNER, 2001); (ZANFOLIM, et al., 2018). They agree that keeping the family integrated into the NICU environment and having a good relationship with the team is essential for coping with the difficulties experienced by parents in the process of hospitalizing their children.

Humanization within the NICU environment is essential for greater adaptation on the part of parents, thus facilitating the creation of bonds between parents and children, which is reinforced by (MIDORI, et al., 2017) and (KENNER, 2001) in their studies.

CONCLUSION

The findings show the importance of the family's presence in the NICU environment, as well as the staff's pleasant and welcoming reception of the parents, thus creating a good relationship and a feeling trust on both sides.

Despite the feelings of fear, despair and anguish shown by the mothers and fathers, they were able to adapt to their child's stay in the NICU, as they received guidance and were welcomed by the staff. They also felt more comforted when they were able to take on some basic care of their hospitalized children.

Nurses play a very important role in this process, as they are the ones who closely monitor both the newborn and the family, and are also present during the parents' first contact with the babies.

It is essential that parents feel welcomed by the NICU team and know that their presence does not interfere with the unit's activities. Also should be advised of the importance of their presence, so that bond can be created between parents and children.

REFERENCES

ALMEIDA, Juliana Silva. Saúde Neotanal – Enfermagem em Neonatologia. Disponível em: http://www.hospvirt.org.br/enfermagem/port/utineo1.html. Acesso em 12 dez. 2021.

CARVALHO, Jovanka B. L., *et al.* Representação social de pais sobre o filho prematuro na Unidade de Terapia Intensiva Neonatal. Disponível em: <http://publicacoes.unigranrio.edu.br/index.php/rcs/article/view/3255/2040>. Acesso em: 30 nov 2021

CARVALHO, Larissa S., *et al*., As reações psicológicas dos pais frente à hospitalização do bebê prematuro na UTI neonatal. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516- 08582017000200007>. Acesso em: 17 abril 2021.

CASTILHO, Cássia., PEDRO, Eva N. R. Presença dos pais na UTI Neonatal: desafios e habilidades para a equipe de saúde. Disponível em: < https://lume.ufrgs.br/bitstream/handle/10183/55285/000856964.pdf?sequence= 1&isAllowed=y>. Acesso em: 30 nov 2021

CEGANO, Diana, et al., A vivência em uma unidade de terapia intensiva neonatal: um olhar expresso pelas mães. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1096916>. Acesso em: 9 abril 2021.

DA ROCHA, Maria C. P., *et al*., Assistência humanizada na Terapia Intensiva Neonatal: ações e limitações do enfermeiro. Disponível em: https://www.metodista.br/revistas/revistasunimep/index.php/sr/article/viewFile/2 534/1476>. Acesso em: 15 jun. de 2021.

DIAZ, Susana M., *et al.,* Dificuldades dos pais com bebês internados numa Unidade de Neonatologia. Revista de Enfermagem, vol. IV, núm. 3, nov-dez, 2014, pp. 85-93.

GAÍVA, Maria A. M., *et al.,* A participação da família no cuidado ao prematuro em UTI Neonatal. Disponível em: https://www.scielo.br/j/reben/a/Hr68JggLYn9D3HMZYSY9KtP/?lang=pt>. Acesso em: 9 abril 2021.

HOSPITAL VIRTUAL BRASILEIRO. UTI Neonatal. Disponível em: http://www.hospvirt.org.br/enfermagem/port/utineo1.html. Acesso em: 15 jun. 2021.

LUZ, Rosália T., TRINDADE, Talita B. S., LIMA Diana S., *et al*. Importância da presença de familiares durante o internamento neonatal. Rev enferm UFPE on line. 2019. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/239790/32 731. Acesso em: 28 nov. 2021.

SILVA, Patrick L. N., *et al*., Vivência e necessidade de pais de neonatos prematuros internados em unidade de terapia intensiva neonatal. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/bde-33614>. Acesso em: 9 abril 2021.

ZANFOLIM, Leidimara C., *et al*., Dificuldades Vivenciadas pelas Mães na Hospitalização de seus Bebês em Unidades Neonatais. Disponível em: https://www.scielo.br/j/pcp/a/xKpVCkhpQLgm8bPqRSZZ97L/?lang=pt>. Acesso em: 17 abril 2021.

MINISTÉRIO DA SAÚDE. Atenção à saúde do recém-nascido. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/atencao_saude_recem_nascido_v1.pdf. Acesso em: 26 nov 2021.

MITTAG, Barbara F.; WALL, Marilene L. Pais com filhos internados na uti neonatal –sentimentos e percepções. Fam. Saúde Desenv., Curitiba, v.6, n.2. maio/ago. 2004. Disponível em: <https://revistas.ufpr.br/refased/article/view/8068/5686>. Acesso em: 29 nov. 2021.