



Reports of Experience

SUPPORT GROUPS FOR MOTHERS OF NEWBORNS HOSPITALIZED IN A NEONATAL UNIT*

GRUPOS DE APOIO ÀS MÃES DE RECÉM-NASCIDOS INTERNADOS EM UNIDADE NEONATAL

GRUPOS DE APOYO A LAS MADRES DE RECIÉN NACIDOS HOSPITALIZADOS EN UNIDAD NEONATAL

Elysangela Dittz Duarte¹, Erika da Silva Dittz², Bárbara Christina Noelly e Silva³, Ludimila Laranjeiras Barros Rocha⁴

Mothers' stay with their babies at a neonatal intensive care unit requires the development of assistance initiatives that also take their needs into account. Games, leisure and educational activities, as well as support groups, are used to alleviate tensions, share information and foster socialization in hospital institutions. We sought to describe group activities during newborn mothers support and guidance. These mothers were hospitalized in the Neonatal Intensive Care Unit of the Sofia Feldman Hospital in Belo Horizonte/Minas Gerais in 2010. Data was collected from records provided by the institution professionals and the authors' experiences. Support groups offer a discussion and listening environment, allowing the construction of alternatives to face difficulties resulting from hospitalization, thus stimulating maternal participation in child care and enabling the interaction between the mothers and the health care team.

Descriptors: Maternal Behavior; Neonatal Intensive Care Units; Social Support; Self-Help Groups; Maternal Welfare.

A permanência da mãe junto ao filho em uma Unidade Neonatal exige que sejam desenvolvidas ações de cuidado que contemplem as necessidades maternas. Atividades lúdicas, de lazer, educativas e grupos de apoio são utilizados para aliviar tensões, compartilhar informações e favorecer a socialização em instituições hospitalares. Objetivou-se relatar atividades de grupo no acompanhamento e apoio às mães de recém-nascidos internados na Unidade de Terapia Intensiva Neonatal do Hospital Sofia Feldman, Belo Horizonte/Minas Gerais, durante o ano de 2010. Os dados foram coletados nos registros feitos pelos profissionais da instituição, acrescidos da experiência das autoras. Os grupos de apoio estabelecem espaços de diálogo e escuta, permitindo a construção de alternativas no enfrentamento das dificuldades advindas da internação e estimulam a participação materna no cuidado ao filho, favorecendo a interação entre as mães e dessas com a equipe de saúde.

Descritores: Comportamento Materno; Unidades de Terapia Intensiva Neonatal; Apoio Social; Grupos de Auto-Ajuda; Bem-Estar Materno.

La estancia de la madre con su hijo en la Unidad de Terapia Intensiva Neonatal exige que se desarrollen acciones de cuidado que también contemplen las necesidades maternas. Se han utilizado actividades lúdicas, de ocio, educativas y grupos de apoyo para aliviar tensiones, compartir información y favorecer la socialización en instituciones hospitalarias. El objetivo fue informar el desarrollo de actividades de grupo en el seguimiento y apoyo a las madres de recién nacidos ingresados en la Unidad de Cuidados Intensivos Neonatales del Hospital Sofía Feldman, Belo Horizonte/Minas Gerais, Brasil, en 2010. Los datos fueron recogidos en los documentos por los profesionales de la institución, además de la experiencia de las madres. Se comprobó que los grupos de apoyo crean espacios para dialogar y escuchar, permitiendo la construcción de alternativas en el enfrentamiento de las dificultades provocadas por la hospitalización. También estimulan la participación materna en la atención al hijo y favorecen la interacción entre las madres y de estas con el equipo de salud.

Descriptoros: Conducta Materna; Unidades de Cuidado Intensivo Neonatal; Apoyo Social; Grupos de Autoayuda; Bienestar Materno.

* This work is belongs to the research project "Construction of integrality in newborn care: challenges and opportunities".

Nurse. Doctor in Child and Adolescent Health - Minas Gerais Federal University (UFMG). Associate Professor at the Mother-Child Nursery and Public Health Department of the UFMG Nursing School. Belo Horizonte, MG, Brazil. elysangeladittz@gmail.com.

²Occupational therapist. Doctor in health sciences - UFMG. Casa de Sofias Home Manager - Sofia Feldman Hospital (HSF). Belo Horizonte, MG, Brazil. E-mail: erikadittz@gmail.com.

³Nurse. UFMG Nursing graduate. Belo Horizonte, MG, Brazil. E-mail: barbaranelly@yahoo.com.br.

⁴Occupational therapist. Neonatology Post-graduate Course - HSF, Faculty of Medical Sciences, Minas Gerais. Belo Horizonte, MG, Brazil. ludimilalaranjeiras@yahoo.com.br.

Corresponding author: Elysangela Dittz Duarte

Address: Rua Apaches, 40, casa 1, Bairro: Santa Mônica. CEP: 31530-280. Belo Horizonte, MG, Brazil.

INTRODUCTION

In recent years, an increase in preterm newborns' survival rate has been observed. Immaturity of bodily systems is responsible for premature birth risk; however, professional development and improvements in the use of technological resources have widely contributed to the preservation and development of life for this group of newborns ⁽¹⁾.

Survival rates growth in preterm newborns is a challenging experience for both professionals and newborns, as well as for their families, which go through different adaptation processes. Among them we can mention the adaptation from the image of a normal, healthy baby raised by the family during gestation to that of a small, fragile newborn ⁽²⁾. In this process we must consider feelings and emotions inherent to the condition of being a preterm newborn, such as guilt, anxiety, fear, anguish, separation and even the feeling of incapacity to provide maternal care, which makes attachment and bonding between mother and child more difficult ⁽²⁻³⁾.

The mother's participation in child care implies a decision to remain with him/her during hospitalization and it sometimes depends on the infrastructure offered by the institution ⁽⁴⁾. When opting for accompanying her hospitalized child, the mother experiences a new daily routine, marked by the distance from her family and a number of events centered on her baby. In addition to this we must consider the need to adapt to norms and institutional routines. In this situation, the mother has her maternal identity exposed, to the detriment of other female identities such as spouse, worker or mother of other children ⁽⁵⁾.

The birth of a preterm newborn or a baby with a pathological condition may be considered as a moment of crisis, as it is an event that requires from women the

development of an adaptation and mobilization capacity with regards to her their emotional resources to become a mother in a collective and unknown environment ⁶⁻⁷⁾. An emotional crisis is a relevant event in the life of any person and may contribute to personal growth and maturity when well resolved, and to the appearance of disorders if unresolved. ⁽⁸⁾

In this respect, the working process in a Neonatal Intensive Care Unit (NICU) should not be limited to the newborn's specific needs, which require special care and long hospitalization, but also include mothers' needs, seeking to offer an assistance that can promote wellbeing for both of them ^(2,4,9). These findings suggest the importance of a social and professional support for mothers during newborn hospitalization at a NICU as an essential strategy for an assistance that contemplates everyone's needs.

Even being aware that the mother's presence in the assistance area is one of the ways to participate in newborn care and of being supported by the multidisciplinary team, the sole fact of allowing her to enter and remain at the NICU does not grant humanized care based on quality of life, mother training and empowerment. It is important to consider and respect the singularity of a mother's needs in the hospital environment and that the mother's care methodology is connected to neonatal assistance as a part of the preterm newborn treatment ⁽¹⁰⁾.

Therefore, we recognize the importance of creating environments in which mothers can express their needs to themselves and to the moment they are experiencing, thus reducing psychological stress during hospitalization and encouraging the organization of a support group together with health professionals and other mothers in the same situation ⁽¹¹⁾. Besides, these

spaces may be used to promote health education initiatives, contributing to create a more human and integral care service ⁽¹⁰⁾.

Playful activities, leisure and educational initiatives and support groups aimed at mothers have already been implemented as a strategy to alleviate tensions, share information and experiences and foster socialization in hospital institutions that offer assistance to preterm or sick newborns. In Brazil, some examples of institutions that develop this work are the Sofia Feldman Hospital in Belo Horizonte ⁽¹²⁾, the Pernambuco Clinical Hospital ⁽¹⁰⁾ and the Prontolinda Hospital ⁽⁷⁾, also in Pernambuco.

In Minas Gerais, at the Sofia Feldman Hospital (HSF), group activities for mothers accompanying their children's hospitalization are organized to build integrated mother/child assistance, as defined in their institutional mission.

The referred hospital is a philanthropic institution specialized in female health and newborn assistance. It is located in greater Belo Horizonte/Minas Gerais and it only serves SUS users, having admitted in 2010, 877 newborns who occupied their 42 NICU beds. Historically, the institution has developed a set of initiatives in order to offer sensitive care based on the client's needs, becoming a national reference institution. The hospital was upgraded in 2001, creating a maternal hospitalization unit with the purpose of enabling mothers to remain hospitalized full-time in order to stay with their children.

In June 2006, seeking to offer mothers better hospitalization conditions, a house, later called *Casa de Sofias*, was bought. It is located close to the hospital and can receive up to 19 mothers. During their stay in the House, mothers are supported by different professionals through individual or group assistance ⁽¹³⁾.

These activities are based on the understanding of the group as a "number of people united by common

goals and/or ideals and who are connected by such goals and/or ideals" ^(14:27).

This study narrates the development of activities in the group during accompaniment and support to mothers of newborns hospitalized at the HSF NICU.

METHOD

This study is a narration of the author's records and experiences accumulated in the development of the different support groups organized by the multidisciplinary team to support mothers of the HSF NICU hospitalized newborns. Experience is here considered as a set of actions developed and configured as praxis ⁽¹⁵⁾, which involves a daily life creative and transformational potential.

Group assistance practices were identified and described with the use of the institution's health professionals' records as entered in their own books from January to December 2010. In these records, there are details on the dates, duration and description of activities developed, as well as the names of responsible professionals and the main topics approached by the group.

In this study, the following groups were analyzed: Reflection, Baby Advice, Manual Activities, Culinary Workshop and Meeting to establish coexistence rules. These activities are developed at the *Casa de Sofias* House on a weekly basis and in one-hour meetings. Mothers of newborns hospitalized at the NICU are invited to take part in the group meetings during their stay.

The analysis was performed through the articulation of data obtained from records together with literature on the approached issues and the authors' experiences, as two of them also coordinate groups.

Ethical aspects were observed for the materialization of this study, as this research is part of a

larger research approved by the Sofia Feldman Hospital Research Ethics Committee (Regulation nº 02/2007).

enabling family participation, also taking into account family assistance needs ^(11,16).

RESULTS AND DISCUSSION

The presence of the family together with the newborn under risk during hospitalization at neonatal units demonstrates the transition from a sickness-based assistance model to another one that considers both the newborn's health needs and his/her family's, which include those related to emotional and social aspects. This is based on the concept that care practices that favor newborn care integrality should also consider the newborn's physiological and psychosocial needs, thus

Based on the concept that the family presence is necessary for an integral newborn assistance, involving it in the pertinent child care actions ⁽⁴⁾, support groups aimed at families and are an excellent tool to build an assistance model that respects family needs during NICU hospitalization ⁽¹⁰⁻¹¹⁾.

We verified that the support groups show some operational method and objective characteristics that are not common to all of them and others that are only identified in some, as introduced below.

Chart 1 - Reflection Group. Belo Horizonte, 2010.

Reflection Group	
Objective	To create a space in which mothers can reflect on the situation they are experiencing and its implications for their lives.
Dynamics	Issues appear according to the moment experienced, except for the specific case in which the multidisciplinary group considers that a special topic must be discussed, such as neonatal obit. Group dynamics are used in some meetings. The meeting is closed by the coordinator by reading a text related to the approached topic.
Coordinator	Psychologist
Recurrent topics	Preterm birth acceptance; change of plans and expectations; NICU maternal care; death of babies; influence of hospitalization in the relationship with partner; mothers' support to overcome anguish moments; mother-child hospitalization at NICU and reactions; difficulty to develop a father-child relationship.

Chart 2 - Baby Advice Group. Belo Horizonte, 2010.

Baby Advice Group	
Objective	To provide information and clarify mothers' doubts on the baby's development and growth, NICU treatment and mother care possibilities.
Dynamics	Dialog with mothers on the subject matter, valorizing their knowledge and experience and introducing new information. Process developed with the use of videos, posters, games etc. In the end, participants select the topic to be approached in the following meeting.
Coordinator	Pairs composed of occupational therapist, physiotherapist, audiologist, nurse and nutritionist, alternate. The pair selection and its coordination are defined according to the discussion topic.
Recurrent Topics	Breast-feeding: the NICU environment: kangaroo method, different milk types; medication. Prematurity. Neonatal infection and respiratory support.

Aspects that guide the structure of Reflection groups (Chart 1) and Baby Advice (Chart 2) in this study are related to newborn assistance and maternal needs as expressed by mothers and professionals. Discussions

developed in the groups and the relationships established amongst mothers are elements that foster mothers' strength and help them to experience the situation of having a child at the NICU with less pain.

Although these assumptions have not been quantified, they are based on the impressions of professionals and mothers. Professionals involved in the groups organization identify mothers' attitudes, peculiarities of issues discussed in the meetings such a more involvement and confidence to participate in child care; adoption of breast-feeding practices, interest in skin to

skin contact, better knowledge on the child's health conditions and emotional stability.

Other studies corroborate these findings, demonstrating that groups make mother participation in the baby's care stronger due to a newly gained confidence and skill to provide such assistance, thus restoring parental competence and trust ^(7,17).

Chart 3 – Manual activities group. Belo Horizonte, 2010.

Manual activities group	
Objective	Strengthen the mother-child relationship and foster socialization, leisure and experience exchange among mothers.
Dynamics	Mothers make objects such as mobiles, picture frames, swab holders, etc, which are fixed to their babies incubator or offered as presents to those who remained at home. In such moments, topics appear spontaneously, with a predominance of those related to the situation experienced. Mothers are encouraged to reflect, build and share possibilities on how to face the situation. The confection of objects for their hospitalized children is a possibility for the women to act as mothers and take care of their children, even before the limits imposed by their children's clinical conditions.
Coordinator	Occupational Therapist
Recurrent Topics	Maternal participation in child care, the baby's clinical condition; hospitalization and distance from family; fear of imminent death.

Chart 4 – Culinary workshop. Belo Horizonte, 2010.

Culinary Workshop	
Objective	To rescue mothers' everyday life elements through recipes that can reflect their life histories or that are part of their eating habits.
Dynamics	The cooking environment permits a group of four mothers to prepare food but all of them are involved expressing their expectations to taste the cooked food. Mothers define the recipe, the distribution of tasks and the way to cook the meal, which is finally served to the group. Special dates such as birthdays, June fests, etc are celebrated. Women share everyday events and their expectations with regards to their children's recovery.
Coordinator	Occupational Therapist
Recurrent topics	Expectations to return home and resume the routine of preparing meals for the family; absence of the family and partner; rescue of recipes that are part of their routine or a family favorite.

During newborn hospitalization at the NICU, mothers are detached from their everyday activities from the moment they decide to stay in hospital. However, the manual activities group (Chart 3) and the Culinary Workshop (Chart 4) help to create leisure and

recreational activities and a socializing means and they also promote the construction of affection, strengthening friendship amongst mothers who are in the same situation, thus widening their social support network ⁽¹⁷⁾.

Chart 5 – Meeting to establish coexistence rules. Belo Horizonte, 2010.

Meeting to establish coexistence rules	
Objective	Inform mothers on the work of <i>Casa de Sofias</i> and the institution; set coexistence agreements among them; clarify and answer questions related to the assistance offered to the newborn and discuss relationship difficulties experienced by the group.
Dynamics	The coordinator shall provide an environment that favors communication among mothers in order to reach proposed goals.
Coordinator	Occupational Therapist and Social Assistant
Recurrent Topics	<i>Casa de Sofias</i> organization; conflicts among women; detachment from the family; sense of losing the role of child caregiver to the NICU health team; baby registration; mother's and baby's civil rights; creation of new coexistence agreements.

The meeting to establish coexistence agreements (Chart 5) offers as contribution the development of problem-solving skills and the establishment of coexistence agreements. Remarkable aspects transcend the group environment, which is perceived in the relationship the mother develops with the health unit professionals and the other mothers.

One the characteristics common to the support groups is that they become a space opened to dialog and listening, permitting and stimulating mothers to express their feelings and reflect on the experienced situation and its implications in their daily routine. Group coordinators use games, expressive and reflexive tools. NICU-hospitalized newborns' mothers participating in support groups enable the learning and discovery of new life meanings and the construction of alternatives to face the difficulties resulting from the birth of a preterm baby ⁽⁵⁾.

The support group, seen as a listening space, allows professionals to learn about the real mothers' needs, thus enabling a personalized assistance ⁽¹⁰⁾. The creation of this listening environment in health services multiplies professionals' capacity to respond to newborns, mothers and family care needs ⁽⁴⁾.

Data analysis suggests that by permitting mothers to choose discussion topics, support groups can meet their own demands and needs, valorizing their experiences and learning from them. Records may

suggest recurrent topics for different support groups. This can be attributed to the fact that mothers share the situation of having a child hospitalized at the NICU and that groups are led according to their specific needs. Group discussion topics accompany and reflect the dynamics of NICU events such as death, change in a baby's clinical state, visiting relatives, etc. Consequently, support groups are not restricted to previously defined contents, which are sometimes irrelevant to the moment experienced by mothers but they still allow professionals to approach different content aspects according to the peculiarities of the group they are involved in.

When analyzing the way in which discussion topics are selected, it becomes evident that unpredictability is ever-present in the development of each group, taking into account that the institution's everyday life, to a certain extent, models groups dynamics. When working with small groups in their social-institutional context, we must consider the impact that pressure and institutional events bring to the internal group dynamics ⁽¹⁴⁾.

With this perspective, we verified that activities such as diet control, breast milking, and receipt of information on the child's health interfere in mothers' participation in the groups. Such situations require professionals to recognize mothers' demands through clinical listening and an assistance that permits to follow several situations simultaneously, making the group

process ⁽¹⁴⁾ evident by being able to quickly react to unpredictable events.

Upgrading care beyond the biological body limits is a challenge for the development of an integral sensitive care, as it's been also perceived by other researchers. ^(6,10). Through this experiment, we seek to face this challenge by developing activities that articulate different knowledge techniques in order to meet mothers' assistance needs during their stay with their children at the hospital. This practice enables professionals to learn, as they are in touch with different knowledge and different approaches beyond their field of specialization.

FINAL CONSIDERATIONS

This study confirms that group activities performed with NICU-hospitalized newborn mothers contribute to the assistance offered to mothers, which becomes evident through the relationships established among mothers and among mothers and the health team, as well as through their involvement in their child care.

The diversity of groups organized in the institution, with different goals and operational dynamics, creates possibilities to analyze the peculiarities of the moment endured by these women, allowing them to choose the topics that better meet their needs.

Another important aspect is related to the persistence in the organization of groups, which is mainly due to the women and professionals' adherence to support groups. This grants their ongoing activity. In this sense, the incorporation of support groups in other care situations is also recommended, considering their specific peculiarities and context.

Although some groups include the participation of different professionals, multidisciplinary participation is still a challenge for group development, which causes some limitations to their articulation and complementation of knowledge and practices. It is imperious to work from the perspective of a multidisciplinary work, both for the development of groups and to implement the necessary articulation to manage the situational changes that may occur during the activities. In this sense, investments in permanent education activities have been made, seeking to sensitize professionals for team work and prepare them to develop practices that contribute to care humanization and integrality.

Practices developed in the groups consider concepts, perceptions and feelings experienced by the mothers in their daily routines. The articulation of all these different aspects seeks to foster a balance between the women's expectations with regards to maternity and the possibilities to practice them during their children's hospitalization at the NICU. Consequently, group assistance appears as a modality that enables women to establish links between the known and the unknown, offering them adequate support in the process of becoming mothers of a NICU-hospitalized newborn.

REFERENCES

1. Silva LJ, Silva LR, Christoffel MM. Tecnologia e humanização na unidade de terapia intensiva neonatal: reflexões no contexto do processo saúde-doença. *Rev Esc Enferm USP*. 2009; 43(3):684-9.
2. Carvalho ALS, Reis ACS, Dias FG, Monteiro MAA, Pinheiro AKB. Sentimentos de puérperas com bebês hospitalizados em unidades de terapia intensiva neonatal. *Rev Rene*. 2007; 8(1):26-31.

3. Campos ACS, Odísio MHR, Oliveira MMC, Esteche CMGCE. Recém-nascido na unidade de internação neonatal: o olhar da mãe. *Rev Rene*. 2008; 9(1):52-9.
4. Dittz ES, Sena RR, Motta JAC, Duarte ED. Cuidado materno ao recém-nascido na unidade de terapia intensiva neonatal: possibilidades e desafios. *Cienc Enferm*. 2011; 17(1):45-55.
5. Dittz ES, Mota JAC, Sena RR. O cotidiano no alojamento materno, das mães de crianças internadas em uma unidade de terapia intensiva neonatal. *Rev Bras Saúde Matern Infant*. 2008; 8(1):75-81.
6. Sales CA, Alves NB, Vrecchi MR, Fernandes J. Concepções das mães sobre os filhos prematuros em unidade de terapia intensiva neonatal. *Rev Bras Enferm*. 2006; 59(1):20-4.
7. Buarque V, Lima MC, Scott RP, Vasconcelos MG. The influence of support groups on the family of risk newborns and on neonatal unit workers. *J Pediatr*. 2006; 82(4):295-301.
8. Simon R, Yamamoto K. Psicoterapia Breve Operacionalizada em Situação de Crise Adaptativa. *Mudanças - Psicologia da Saúde*. 2009; 16(2):144-51.
9. Duarte ED, Sena PR, Xavier CC. Processo de trabalho na unidade de terapia intensiva neonatal: construção de uma atenção orientada pela integralidade. *Rev Esc Enferm USP*. 2009; 43(3):647-54.
10. Vasconcelos MGL, Ferreira EB, Scochi CGS. Vivência materna no grupo de apoio à mãe acompanhante de recém-nascido pré-termo. *Rev Min Enferm*. 2008; 12(2):167-72.
11. Gooding JS, Cooper LG, Blaine AI, Franck LS, Howse JL, Berns SD. Family support and family-centered care in the neonatal intensive care unit: origins, advances, impact. *Semin Perinatol*. 2011; 35(1):20-8.
12. Dittz ES, Melo DCC, Pinheiro ZMM. A terapia ocupacional no contexto da assistência à mãe e à família de recém-nascidos internados em unidade de terapia intensiva. *Rev Ter Ocup Univ São Paulo*. 2006; 17(1):42-7.
13. Lopes AFC, Dittz ES, Madeira LM, Bonazzi VCAM. Humanization of childbirth care: the history of Hospital Sofia Feldman. *Rev Tempus Actas Saúde Col*. 2010; 4(4):201-8.
14. Afonso MLM, organizadora. *Oficinas em dinâmica de grupo: um método de intervenção psicossocial*. São Paulo: Casa do Psicólogo Livraria e Editora Ltda; 2006.
15. Pinheiro R, Ceccim RB. Experienciação, formação, cuidado e conhecimento em saúde: articulando concepções, percepções e sensações para efetivar o ensino da integralidade. In: Pinheiro R, Ceccim RB, Mattos RA. *Ensinar saúde: a integralidade e o SUS nos cursos de graduação na área da saúde*. 2ª ed. Rio de Janeiro: IMS/UERJ/CEPESC/ABRASCO; 2006. p.13-35.
16. Duarte ED, Sena RR, Tavares TS. Práticas cuidadoras que favorecem a integralidade do cuidado ao recém-nascido de alto risco: revisão sistemática. *Rev Eletr Enf [periódico na Internet]*. 2010 [citado 2012 fev 20]; 12(3):539-46. Disponível em: <http://www.revistas.ufg.br/index.php/fen/article/view/7509>
17. Araújo BBM, Rodrigues BMRD. Vivências e perspectivas maternas na internação do filho prematuro em unidade de tratamento intensivo neonatal. *Rev Esc Enferm USP*. 2010; 44(4):865-72.

Received: Feb. 28th 2012

Accepted: Aug. 30th 2012