

HOSPITAL DISCHARGE MANAGEMENT OF PREMATURE NEWBORNS: NURSES' KNOWLEDGE

O manejo da alta hospitalar do recém nascido prematuro: saberes dos enfermeiros

La gestión del alta hospitalaria del recién nacido prematuro: conocimientos de enfermeros

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ABSTRACT

Objective: To analyze nurses' knowledge during the discharge process of premature newborn. **Method:** Descriptive, exploratory, qualitative study conducted between January and May 2019 in the neonatal unit of the Municipal Hospital Dra. Naelma Monteiro, in the municipality of Rio das Ostras, Rio de Janeiro State. Eleven nurses working in the unit participated in the study, the data collected through semi-structured interviews were submitted to content analysis in the thematic modality. **Results:** Nurses demonstrated knowledge on the care of newborns during hospital discharge, especially breastfeeding, body hygiene, umbilical stump, bonding, and hospital discharge plan. **Conclusion:** There is a need for qualified, safe and humanized care, that considers the needs of the newborn, and promotes strategies for health education, especially with regard to newborn care.

Keywords: Nursing; Neonatal nursing; Infant newborn; Patient discharge.

RESUMO

Objetivo: Analisar os saberes dos enfermeiros durante o processo de alta hospitalar do recém nascido prematuro. **Método:** Estudo descritivo, exploratório, qualitativo, realizado entre janeiro e maio de 2019 em uma unidade neonatal do Hospital Municipal Dra. Naelma Monteiro da Silva, vinculado ao Município de Rio das Ostras, Estado do Rio de Janeiro. Participaram do estudo onze enfermeiros atuantes na Unidade, sendo os dados coletados por meio de entrevista semiestruturada submetidos à análise de conteúdo na modalidade temática. **Resultados:** Constatou-se que os enfermeiros demonstraram conhecimento dos saberes acerca dos cuidados ao recém nascido na alta hospitalar, destacando-se a amamentação, a higiene corporal, o coto umbilical, a criação de vínculo e o plano de alta hospitalar.

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Conclusão: Há necessidade de uma assistência qualificada, segura e humanizada, tendo como propósito conhecer as necessidades do recém nascido, e promover estratégias para a educação em saúde, em especial no que tange aos cuidados do recém-nascido.

Descritores: Enfermagem; Enfermagem neonatal; Recém-nascido prematuro; Alta do paciente.

RESUMEN

Objetivo: Analizar el conocimiento de enfermeros durante el proceso de alta hospitalaria de recién nacidos prematuros. **Método:** Estudio descriptivo, exploratorio, cualitativo, efectuado entre enero y mayo de 2019 en una unidad neonatal del Hospital Municipal Dra. Naelma Monteiro da Silva, vinculado al Municipio de Rio das Ostras, Estado de Rio de Janeiro. Se incluyeron once enfermeras actuantes en la Unidad, donde los datos se recolectaron mediante entrevistas semiestructuradas y se sometieron al análisis de contenido en la modalidad temática. **Resultados:** Se encontró que los enfermeros demostraron conocimiento sobre la atención al recién nacido en el alta hospitalaria, subrayando la lactancia materna, higiene corporal, cordón umbilical, establecimiento de lazos y plan de alta hospitalaria. **Conclusión:** Se hace necesaria una atención calificada, segura y humanizada, con el fin de conocer las necesidades del recién nacido y promover estrategias de educación sanitaria, especialmente con respecto a la atención del recién nacido.

Descriptores: Enfermería; Enfermería neonatal; Recién nacido; Alta del paciente.

INTRODUCTION

The birth of a premature newborn with gestational age less than 36 weeks and six (6) days is among the prevalent causes of hospitalization in the Neonatal Intensive Care Unit (NICU) in Brazil. According to the World Health Organization (WHO) data, the country occupies the 10th position in terms of absolute numbers of premature births, with 279.3 thousand births per year, corresponding to 9.2% of premature births.¹ This data reflects the demand for care for the premature newborn, showing the need for an effective and qualified follow-up, in order to promote strategies for hospital discharge and avoid future hospitalizations.

There is a consensus among the specialists in neonatal care that from conception to the birth of a child parents have countless expectations. However, it is also known that during this period, many unexpected situations occur, such as premature birth and / or physiological changes, which lead to the need for the newborn to be referred to the Neonatal Intensive Care Unit, under the care of the nursing team 24 hours per day, contrary to what the parents planned during the gestational period, always expecting the child to be born at term and healthy. When this event occurs prematurely, it is usually unexpected,² requiring strategies for the care of the newborn and for guidance to parents and guardians.^{2,3,4}

The NICU is a hospital environment that can become inappropriate for the neuropsychomotor and behavioral development of premature infants, as it is illuminated and with continuous noise from monitors, incubators, venous infusion pumps, among others, that do not favor cerebral, ocular and hearing development, in addition to impairing the biorhythms and the cycle of sleep and alert state in the of the

newborn.⁵ Thus, the care provided with the aim of stabilizing the condition of the premature baby, such as guidance to parents, has a direct impact on the survival of the newborn child, making it impossible to promote hospital discharge.

Thus, when analyzing the topic of the construction of nurses' knowledge on the management of hospital discharge of premature newborns admitted to the NICU, we seek to emphasize how spaces for reflection are constituted in the perception of the neonate, a preterm baby perceived as a fragile being, endowed with peculiarities, deserving greater care and vigilance than other newborns. This study aimed to analyze the knowledge of nurses during the discharge process of the premature newborn.

METHODS

This is a descriptive, exploratory research using qualitative approach, carried out in a neonatal unit of the Municipal Hospital Dra. Naelma Monteiro da Silva, located in the Municipality of Rio das Ostras, State of Rio de Janeiro, between the months of January and May 2019, with the participation of eleven (11) nurses who worked with the management of premature newborns during hospital discharge. The following inclusion criteria were established for the participation of these nurses in the study: active in the neonatal unit, whether in care or in management. Those who were on vacation or on sick leave during the data collection period were excluded.

Nurses who met the established criterion were invited to participate and after the respective acceptance, the research theme was clarified, and they were asked to sign the Free and Informed Consent Term (ICF). Their anonymity and confidentiality of information were guaranteed by the use of an alphanumeric code represented by the vowel E (for Nurse (*enfermeira* in Portuguese), followed by a numeral (E1, ..., E11), according to the sequence of interviews, thus enabling the application of the data collection instrument.

In accordance with Resolution 466/2012 of the National Health Council, the study was approved by the Research Ethics Committee of the Faculty of Medicine of the Antônio Pedro University Hospital (HUAP) of the Federal Fluminense University (UFF), under Protocol No 3.057.278 / 2018.

For data collection, a semi-structured interview script on the management of hospital discharge of premature newborns was used. The testimonies had an average duration of 20 to 45 minutes and were recorded using a digital device, with prior authorization by each participant. Subsequently, the interviews were transcribed in full and organized by the researcher in individual files, in order to ensure the reliability of the statements.

To analyze the data collected, content analysis in the thematic mode was performed.⁶ According to this proposal, the analysis is carried out in three different stages, following the script explained below: 1) pre-analysis; 2) exploration of the material; and 3) treatment of the results, inference and interpretation.⁶ This process allowed to highlight the thematic units and, subsequently, analyze them according to the proposed objective.

After the transcripts of the interviews and the identification of the Registration Units (RU), the colorimetry technique was used to identify and group the related RUs, which provided an overview of the theme. The interviews resulted in the following RUs: monitoring by the professional nurse does not prepare the newborn for the discharge; attentive evaluation of the newborn to promote discharge; care with family members to prepare for discharge; being with the family; presence of the support network for discharge. These RUs, in turn, supported the construction of the following thematic category: 1) Nurses' practical (daily life) knowledge for the discharge plan of a premature newborn.

RESULTS AND DISCUSSION

Nurses' practical (daily life) knowledge for the discharge plan of a premature newborn

Regarding the nurses' knowledge for the newborn's discharge plan, the participants identified the guidelines for breastfeeding as relevant, since breast milk is an essential food for promoting the growth and development of the newborns, as testimonials below show:

Encourage the mother to express milk in order to offer human milk to the newborn. Put on to suck the breast as soon as possible. Because, when she [mother] does this, she promotes breastfeeding, and for the newborn to have adequate growth and development. (E1)

I provide guidance for breastfeeding, as many need to gain weight, I advise on special variations for premature babies, which make it necessary to encourage the mother to give breast milk for the growth of the newborn. (E5)

The hygiene of the newborn is another important care aspect that should be taught to the mother as part of the hospital discharge plan, and it is up to the nurse to provide guidance and respond to her doubts, especially with regard to the hygiene of the umbilical stump. The following are testimonials of the professionals about:

Oral hygiene guidelines for the newborn, cleaning the umbilical stump, care during the bath, are activities that the health professional must pay attention to with the mother and father, providing these guidelines. (E5)

Guidance on caring for the umbilical stump is extremely important for mothers [...] guidance on hygiene and sunbathing. (E11)

Another important activity of the discharge plan concerns the continuity of care for the newborn, pointed out by nurses as essential, plus childcare consultations in Primary Care, in view of health procedures such as the application of

vaccines, as recommended by the Ministry of Health. The statements on the subject were as follows:

Follow-up consultations, where in primary care, with referral there is this continuity in care, and it provides this care, especially vaccines. (E6)

Take the follow up to the pediatrician in the first week of life or shortly after discharge for follow-up in the basic network, which should focus heavily on care, evaluation and vaccines. (E7)

The guidelines for parents and / or guardians become important strategies that aim to provide a discharge plan for the newborn, because, when everyone who cares for the newborn is involved, it is possible to resolve any doubts and fears arising from the discharge process. Following are the nurses' statements:

Parents have full attention from the nursing staff on duty, 24h per day, as we have to attend to them, eliminating all doubts and fears, and remedying them, providing important information about care at home. (E4)

For every doubt that arises, we are available for guidance during the entire hospitalization, especially at hospital discharge, where will they place care? in practice and alone and this information is very important for everyone involved. (E5)

Regarding discharge care plan, the nurse must pay attention to newborns who will need continuous care at home, clarifying to parents / guardians that, through the Home Care Program of the Unified Health System (SUS), the newborn will be accompanied by a specialized team, and the orientations regarding this care are extremely relevant for them. One nurse said:

We must provide guidance to everyone involved in the care of the newborn, as many go home and need special care, and we advise on the need for venipuncture, attention to the proper preparation of medications and venous hydration, correct handling of infusion pumps, observing the infusion time, for each one [...] Observe changes in oximetry sensor locations, changes in decubitus. (E1)

The nurse is part of a support network for the care of the newborn, aiming to ensure the quality of care and full growth and development without any complications, with the test of Guthrie ('*Teste do Pezinho*') representing an important support strategy according to the following statements:

Nurses also reinforce the [importance of the] continuity of vaccines, the heel prick test [Guthrie test] as soon as possible to reinforce what the heel prick test is, because it is a test that is provided both in the unit and in primary

care, and to promote better care, has to be carried out at the appropriate time, as we can intervene immediately in case of any pathology. (E1)

General care, guidance to the mother and family members on the importance of the child's growth and development, and the heel prick is important. (E2)

The advances in the practice of breastfeeding (BF) can be attributed to the promotion actions initiated in Brazil in 1987. In the 90's, strategies for the promotion of BF emerged, such as the Baby Friendly Hospital Initiative developed in partnership with the WHO, in addition to the awareness raising process in the signatory countries. These initiatives are intended to improve the effectiveness of exclusive breastfeeding, with guidance provided during prenatal, delivery and puerperium stages.⁷

When necessary guidance is provided to parents / guardians, it contributes to the effectiveness of breastfeeding. And, during the hospital discharge of the newborn, the nurse, having knowledge on the subject, must establish a contact to promote it, considering the importance of nutritional value of breast milk for healthy growth and development of the child.

The actions of promotion, protection and support for breastfeeding recommended by the Ministry of Health, have been shown to be important for the improvement of the health of the child, the woman and the family, and continued home care is necessary for the maintenance of breastfeeding. Therefore, guidance on BF and clinical management of breastfeeding is essential.

However, government neglect has contributed to the fact that global rates of breastfeeding, recommended by WHO, have remained stagnant in the last decade, contradicting child health policy in force in Brazil, which defines protection and support for breastfeeding in addition to its promotion.⁸

Breastfeeding at home is more pleasant for the mother due to the comfort and the possibility of intimacy and privacy with the child, when compared to hospital conditions. Women feel better able to meet their children's needs in this environment. However, some women weaned their children in the first weeks after hospital discharge.⁹ In this sense, nurses should focus on actions aimed at women so that they can be successful in breastfeeding, thus avoiding early weaning.

One of the promising factors that lead to successful breastfeeding is the repeated demonstration of care for the newborn, breastfeeding and self-care, methods effective in promoting learning since doubts can be immediately clarified. In this sense, the nurse has the possibility of verifying whether the woman has acquired the capacity to provide adequate care to the newborn, before discharge from the maternity clinic.¹⁰ Thus, with the support of the nurse and her evaluation, breastfeeding becomes more satisfactory, favoring growth and child development, even after the discharge of the newborn hospitalized in the NICU.

The preparation of parents / guardians for the home care of the newborn should occur gradually, throughout the hospitalization of the premature infant. The Kangaroo

Method provides such learning, stimulating the development of skills and the acquisition of specific knowledge that reduce anxiety, increasing self-confidence for home care among the family members involved in the process.¹¹

The nurse must encourage parents / guardians to develop essential skills for the care of the NB in home environment. In the case of bathing, when performed correctly and safely, it improves body hygiene and also that of the child's umbilical stump, in addition to cleaning his/her genitals during diaper changes. These guidelines must be provided during prenatal care, in the puerperium and during the newborn discharge process, contributing to safe care, avoiding possible complications caused by inadequate hygiene.

The authors of a study¹² identify the need for care centered on the NB and the family, focusing on routine care for hygiene, nutrition and stimulation of the bond between parents and children. It is also important to observe the child's clinical condition, as well as psychosocial and cultural perspectives of the family unit. In short, all aspects of care must be considered when preparing parents for discharge.

The guidance to family members regarding the importance of washing hands with soap and water, aseptic cutting of the umbilical cord, not applying substances for domestic use on the umbilical stump and the adoption of anti-hygienic practices, are measures that must be adopted to reduce the exposure of newborns to the risks associated with the umbilical cord healing process and mortality rates. Thus, preparing the care for the umbilical stump, bathing and encouraging breastfeeding are examples of the real need during preparations for discharge, as recommended by the WHO.¹³

The National Policy for Comprehensive Child Health Care (PNAISC) describes the First Comprehensive Health Week through the child health care perspective enabling comprehensive and multi-professional care for the puerperal woman and the newborn. This first week aims to identify signs of risks that may compromise the growth and healthy development of the newborn, guide the mothers regarding their care, encourage breastfeeding, offer support to address the difficulties encountered, check and schedule vaccines and schedule childcare consultations, thus contributing to the reduction of child morbidity and mortality.¹⁴

It is up to the nurse to guide the parents to continue the care focused on the child's health. This monitoring helps implement the conduct recommended by PNAISC that contributes to the growth and healthy development of the newborn, preventing possible complications for child development. Thus, the continuity of care shows alignment with the perspective on care and actions proposed by the MS in this policy.

The neonatal period comprises the first 28 days of the child's life and is characterized by the occurrence of numerous anatomical, physiological and, above all, family adaptations. So, when a newborn has clinical risk conditions such as prematurity, malformations in the cardiovascular, neurological, gastrointestinal systems, respiratory pathologies, among others, he/she is hospitalized¹⁵ and, in the hospital discharge phase, the family members must be involved even more in the provision of care the NB.

The authors of a study¹¹ indicate that the guidelines for discharge are received and well understood. In this sense, family care is necessary because, through it, neonatal unit professionals get in touch with the mother, father or other family members to provide them with the first information about the child's health condition, thus forming a bond that will serve as basis of a positive relationship between the health team and each one of them.

This, coupled with clear and objective guidelines, enables parents or family members to be good caregivers at home. Thus, the continuity of care in the hospital environment is not lost after hospital discharge. The involvement of all actors in the care of the NB strengthens the understanding and skills necessary for home care in the absence of health professionals who will not be available to provide assistance at home.

The organization of the provision of Home Care (AD) in Brazil has undergone changes in recent years, and these changes had as an important landmark the guidelines proposed by the National Policy for Home Care (PNAD). Home Care is included in the SUS Health Care Network, and observes the principles and guidelines of this system defined by Law, as follows: Universality, Equity, Integrality, Resolvability and Expanded Access, associated with welcoming and humanization of the service, which must be observed in the organization of Home Care Services.¹⁶

In relation to the care of the NB in home environment, more specific actions will be needed in view of their health needs, and it is up to the nurse to share an expertise through clinical and technical actions. The medication management process must include medication preparation, verification and administration; updated knowledge on medication; monitoring the effectiveness of treatment and reporting adverse reactions. Careful monitoring, which, if performed in Home Care, should be emphasized as it can reduce the impact of adverse effects of drugs.¹⁷

In this context, the nurse must make sure to provide the information necessary for the understanding of parents and family members regarding the specific medications that the NB will need to take at home. The establishment of a link between professional and family will allow comprehensive, humanized care, with techniques for administering medications and actions such as changing the position, avoiding possible complications due to the lack of mobility. This care links health actions, where there is involvement of professionals and parents, guardians or family members.

The National Policy for Comprehensive Child Health Care highlights the guarantee of the First Week of Comprehensive Health and foresees actions to care for the newborn, focusing on the promotion and prevention of diseases by carrying out the biological screening test and following the vaccination calendar. The Guthrie Test should be performed until the 5th day of life of the newborn, as established in the neonatal care guidelines. In special cases, such as low birth weight or premature newborns, serial screening should be performed with at least three samples obtained at different times. The first sample collection must be obtained by venipuncture immediately after the newborn's admission to the unit;

the second sample, between 48 to 72 hours of life of the newborn, regardless of their clinical condition; the third sample, on the other hand, must be obtained soon after the newborn is discharged or within the first twenty eight days of the child's life. Following these guidelines allows the effective tracking of changes that may be noted in the biological screening exam.¹⁸

The guidelines for vaccines, according to the vaccination schedule, are considered of paramount importance for the prevention of predictable diseases. Thus, vaccinating children involves balancing the autonomy of parents in deciding whether to immunize their children and the public health benefits of conducting mass vaccination campaigns, with the health professional providing adequate guidance to ensure adequate child development. It should not be forgotten that the Statute of Children and Adolescents establishes that it is the family's duty to ensure the realization of health rights, which includes routine vaccination. Thus, opposition to the vaccination of children can seriously impair the child's healthy development.¹⁹

This study showed that the hospital discharge plan must be structured based on the demands and needs of guidance for family members on NB care, thus preventing readmissions. Appropriate language and joint actions that involve the entire multidisciplinary team will allow care to be continued at home ensuring child's full growth and development.

CONCLUSION

The current National Policy on Comprehensive Child Health Care encourages guiding care based on the principles of the Unified Health System, such as Universality, Integrality and Equity, which provide basis for the care offered to the newborn, ensuring humanization and sustained quality of care.

The identification of nurses' knowledge through adequate and scientifically based information shared with parents and family members helps ensure understanding necessary for home care provision aiming, above all, to reduce hospital readmissions. Thus, actions in favor of the newborn and family members are at the center of their focus, aiming to ensure the Universality, Integrality and Equity of neonatal care.

The difficulty of reaching a larger number of professionals working in the Unit is one of the limitations of this study preventing further exploration of the theme. Thus, there is a need to recommend new studies that encourage reflection on care at hospital discharge of premature newborns, with the purpose of further investigations that culminate in fruitful discussions to promote strategies for hospital discharge plans.

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