

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE

DOI: 10.9789/2175-5361.rpcfo.v17.13528

PERCEPÇÕES PATERNAS DIANTE DA HOSPITALIZAÇÃO DO FILHO RECÉM-NASCIDO PREMATURO

*Paternal perceptions due to the hospitalization of the premature newborn child**Percepciones paternas ante la hospitalización del recién nacido prematuro*Diana Abreu Costa Braga¹ Isabella Pavarine Souza² Rubinéia Stefania da Silva³ Maria Paula Custodio Silva⁴ Jesislei Bonolo do Amaral Rocha⁵ Divanice Contim⁶ 

RESUMO

OBJETIVO: descrever percepções paternas sobre a experiência de ter o filho recém-nascido prematuro internado em uma unidade de cuidados intermediários neonatal. **Método:** estudo qualitativo, descritivo e exploratório. A amostra foi constituída por pais de recém-nascidos internados, no período de janeiro a março de 2022. Foram realizadas entrevistas individuais com roteiro semiestruturado e submetidas à análise de conteúdo temática, proposta por Bardin. **Resultados:** foram incluídos nove pais e os discursos permitiram a identificação de três categorias: significado atribuído pelos pais sobre a internação de seus filhos recém-nascidos logo após o nascimento, sentimentos manifestados por pais diante do filho recém-nascido internado e expectativas atribuídas por pais ao ter seu filho recém-nascido internado. **Considerações finais:** por meio das percepções paternas, verificou-se a necessidade de ações que promovam sua inserção na hospitalização do filho recém-nascido com o auxílio da equipe de forma integrada e humanizada.

DESCRITORES: Recém-nascido prematuro; Pai; Neonatologia; Enfermagem.

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Received: 2024/09/16. **Accepted:** 2024/03/19

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How to cite this article: Braga DAC, Souza IP, Silva RS, Silva MPC, Rocha JBA, Contim D. Paternal perceptions due to the hospitalization of the premature newborn child. R Pesq Cuid Fundam (Online). [Internet]. 2024 [cited ano mês dia];17:e13528. Disponível em: <https://doi.org/10.9789/2175-5361.rpcfo.v17.13528>.



ABSTRACT

OBJECTIVE: to describe paternal perceptions about the experience of having a premature newborn child admitted to a neonatal intermediate care unit. **Method:** qualitative, descriptive and exploratory study. The sample consisted of parents of hospitalized newborns, from January to March 2022, carried out with individual interviews and a semi-structured script. The collected data were submitted to thematic content analysis, proposed by Bardin. **Results:** nine parents were included and the statements allowed the identification of three categories: meaning attributed by parents about the hospitalization of their newborn children shortly after birth, feelings manifested by parents before the hospitalized newborn child and expectations attributed by parents having her newborn son hospitalized. **Final Consideration:** through the paternal perceptions, it was verified the need for actions that promote their insertion in the hospitalization of the newborn child with the help of the team in an integrated and humanized way.

DESCRIPTORS: Infant, Premature; Fathers; Neonatology; Nursing.

RESUMEN

OBJETIVO: describir las percepciones de los padres sobre la experiencia de tener un recién nacido prematuro internado en una unidad de cuidados intermedios neonatales. **Método:** estudio cualitativo, descriptivo y exploratorio. La muestra estuvo compuesta por padres de recién nacidos hospitalizados, de enero a marzo de 2022, realizada con entrevistas individuales y guión semiestructurado. Los datos recolectados fueron sometidos al análisis de contenido temático, propuesto por Bardin. **Resultados:** se incluyeron nueve padres y las declaraciones permitieron identificar tres categorías: significado atribuido por los padres sobre la hospitalización de su hijo recién nacido al poco tiempo de nacer, sentimientos manifestados por los padres ante el recién nacido hospitalizado y expectativas atribuidas por los padres al tener su hijo recién nacido hospitalizado. **Consideraciones finales:** a través de las percepciones paternas, se verificó la necesidad de acciones que promuevan su inserción en la hospitalización del recién nacido con el auxilio del equipo de forma integrada y humanizada.

DESCRIPTORES: Recién nacido prematuro; Padre; Neonatología; Enfermería.

INTRODUCTION

Neonatology has developed through intensive care technologies that seek to reduce the mortality rates of preterm newborns (PTNBs). However, they often unintentionally marginalize parents due to the medical-technological support needed for optimal care of premature babies. It is known that the unexpected birth of a PTNB can leave parents anxious, depressed, isolated and unprepared to interact with and care for their child.¹

Studies with parents of premature babies suggest that psychoeducational approaches increase maternal self-efficacy, reduce anxiety and depression^{1,2}, thus highlighting the importance of early relationships between parents and children for lifelong health.^{3, 4-7} Paternal feelings of fragility are evident in the hospitalization scenario, and specific needs for knowledge and skills are observed throughout the PTNB's stay in the Conventional Intermediate Care Unit (CICU).⁵

In Brazil, neonatal care has been organized since Ordinance GM/MS No. 930 of May 10, 2012, which defined the guidelines for the organization of comprehensive and humanized care for the critically ill or potentially critically ill newborn and the

criteria for classifying and qualifying beds in Neonatal Units within the Unified Health System (SUS).⁸ In this guideline, the NICU is well defined for the group of PTNB who do not require intensive care since their hospitalization or who have already passed their critical period, but are not yet able to be discharged from hospital.⁸ In this unit, the father plays a key role in the interaction between mother and baby, providing emotional support.^{2,6-8}

The paternal role has been discussed with greater emphasis based on criteria included in the National Policy for Comprehensive Men's Health Care, launched by the Brazilian Ministry of Health in 2009, which highlights the inclusion of men in responsible paternity among its aims.⁹ In this way, paternity has undergone significant changes in the context of caring for children in the contemporary family structure, actively exercising parenthood over the health and well-being of premature children, sharing and contributing significantly to children's growth and development at various stages of life.¹⁰⁻¹¹

With regard to the legal aspects of paternity, it has been observed that the working father with a formal contract has five days to devote exclusively to the baby, which can

be a complicating factor for the development of the father-baby bond, as it is a short period of time for this new and often difficult experience.¹² In the case of PTNB fathers, this factor can be even more compromising due to the need to reorganize their daily routine between work and the hospital in order to be close to their child.¹³ It should be noted that these fathers sometimes need to plan the care of their children who remain at home.

In the context of the NICU, the father's presence during his child's hospitalization is a major source of support for the mother and the newborn. It is worth noting that paternity occurs from the first contact with the baby⁵, however, institutional attitudes are needed in order to instruct entry without imposing pre-established schedules.⁸ This process must be built by the nurse so that this opportunity is an educational and care action of welcome, through effective communication making him one of the protagonists of this moment.¹³

With this in mind, it is hoped that reflections on paternity can contribute to raising awareness of new humanized practices in which nurses work with this father, enabling him to be recognized as an important player in this care process aimed at the mother-father-newborn triad. In order to understand the experiences and perceptions of fathers of newborns admitted to the NICU, the study was developed based on the question: How is the experience of fathering a hospitalized child lived? What are the meanings attributed to this experience? The aim of this study was to describe fathers' perceptions of the experience of having a premature newborn hospitalized in a neonatal intermediate care unit.

METHOD

This was a qualitative, descriptive and exploratory study, conducted using the Consolidated Criteria for Reporting Qualitative Research (COREQ)¹⁴, developed in the NICU of a federal teaching hospital accredited to the Unified Health System (SUS), located in Uberaba, Minas Gerais.

The study participants were parents of PTNBs, selected on the basis of the following inclusion criteria: being a parent, over 18 years old, having daily contact with a child with a gestational age of less than 34 weeks, weighing 1500g or less and admitted to the NICU for more than seven days and having experienced the hospital environment sufficiently to answer the research questions. Parents of children with congenital malformations were excluded because they had experienced other types of conflict in addition to hospitalization. Recruitment was carried out by one of the researchers at the time of the child's visit, with a presentation of the aim of the study. Then those who

agreed signed the Informed Consent Form (ICF), a copy of which remained with the participant, and a date and time were scheduled for the interview.

The interview used a semi-structured instrument made up of two stages: the first involved socio-demographic characterization (age, marital status, length of time in union with the mother, profession, schooling) and the second stage was conducted using the following questions: What is it like going through this experience of fatherhood and having your child hospitalized shortly after birth? How do you feel about this situation? What do you expect to happen during your child's hospitalization? Is there anything else you would like to say?

The interviews were audio-recorded using a mobile phone and lasted an average of approximately 20 minutes, taking into account the initial interaction and the interview itself, in an appropriate place. At the end, the father was asked to listen to the recording of the interview, guaranteeing him the right to change the information if he deemed it necessary. The data was collected between January and March 2022. The interviews were transcribed and stored for later analysis.

The data was analyzed using the thematic content analysis proposed by Bardin¹⁵, with the aim of discovering the content of the manifest discourse, which involves three stages: 1) pre-analysis of the transcribed interviews by means of floating and exhaustive reading to operationalize the analysis; 2) exploration of the material and treatment of the results by means of coding and categorizing the material and cutting out the participants' speeches, organized according to the themes identified; 3) interpretation of the results obtained to organize the thematic categories and inference and interpretation occurred with the use of scientific literature to discuss the data.

The research was approved by the Research Ethics Committee of the Hospital de Clínicas of the Federal University of Triângulo Mineiro, under CAAE: 14111519.1.0000.8667. Opinion number 3.452.642. All the participants in the study were presented with the informed consent form and were guaranteed anonymity by coding the statements with the letter "P", referring to the father, followed by the numbering corresponding to the order of the interview, namely: P1, P2... P9 [...]. It should be noted that each consent form was signed after reading the ICF before the start of each interview.

RESULTS

During the research period there were 26 admissions of PTNBs eligible for the study. Of these, two died and 12 were transferred to another inpatient unit or hospital service; six

parents were not present during their children's hospitalization. Thus, the sample consisted of nine fathers, the majority aged between twenty-five and thirty (50%), with completed high school (64.2%), in a stable union (71.4%), time in union with the PTNB's mother ranged from 14 months to 36 months (62%), 22.2% were fathers for the first time and 55.5% already had a child and 44.4% reported having attended the birth. Three categories emerged from the fathers' perceptions of the experience of having their PTNB child admitted to the neonatal intermediate care unit:

Meaning attributed by fathers to the hospitalization of their newborn children shortly after birth.

The meanings attributed by fathers to caring for their premature children in the NICU revealed the need to monitor their recovery, to understand what was going on and to cope with the obstacles and difficulties of the moment, namely:

[...] it means a lot to us [...] having to take care of the child [...] to have strength [...]. To overcome everything we're going through, not to lose heart [...] to trust God a lot [...] (P1).

[...] it means having a lot of understanding about this situation[...]having understanding[...]she was born prematurely[...]she had to be hospitalized, [...] it means learning [...] being mature about it[...] (P7).

[...] the meaning of this experience for me [...] from my point of view [...] as a father, it's not very good [...] every father wants his child by his side, if you understand [...] it's very bad, for the couple who have their newborn child hospitalized, you don't know what's going on in his little body [...] (P8).

Feelings expressed by fathers when their newborn child was hospitalized

The fathers expressed significant feelings about their son's hospitalization in a NICU, which allowed them to experience their fatherhood intensely and often negatively, since the hospitalization shortly after birth was unexpected.

[...] my feeling is one of inferiority [...] because, in the end, you can't do anything for your child who is there, so the feeling is one of inferiority [...] (P2).

[...] a feeling of helplessness, fear, anxiety [...] for her to gain the right weight [...] so that she can come home[...] (P9).

The fragility linked to prematurity arouses a feeling of concern in parents, which results in anguish towards their child, but they have shown more confidence with the passing of the hospitalization period:

[...]it's a very worrying feeling, we're scared[...]distressing, but after a while we get a bit more confident[...] (P3).

[...] it's a bad feeling, a feeling of worry, a lot of worry [...]. The feeling is apprehension, but quite satisfied with the hospital. [...] (P4).

It can be seen that over the course of the hospitalization, the parents changed their view of their child's health condition, replacing their initial fear with the pleasure of noticing the improvement and thus overcoming the difficulties:

[...] Wow, I feel sad [...] I feel sad and happy, because she's there, she's improving every day [...] she's getting better. But at the same time as I'm happy that she's getting better [...] I'm sad because she's not with me [...] (P5).

[...]my feelings are very good [...]very hopeful, for him to come out, strong and healthy[...] (P8).

Expectations attributed by fathers to having their newborn child hospitalized

The hospitalization of a child has an emotional impact on the father's daily life. Day-to-day life is marked by expectations that move with the clinical evolution, revealing oscillations about what might happen:

[...]my expectation is totally different from what I imagined[...]I expected the pregnancy to last until the end[...] but he was born prematurely[...]I never thought I'd be going through what I'm going through[...]me having to leave, and him having to stay in the incubator there[...] (P1).

Parents have future expectations about the possibility of discharge and that their child will develop healthily:

[...] I hope she comes out healthy [...] I hope she gets better [...] I hope she grows up healthy and intelligent [...] (P5).

[...] I hope that, given his hospitalization, he can come out of it in very good health, so that we can have him home as soon as possible [...] (P6).

DISCUSSION

The findings of this study revealed the perceptions and feelings arising from the paternal presence during hospitalization in the first days of the PTNB's life, pointing out that they need to be welcomed in order to be able to deal with and understand the moment they are experiencing, since hospitalization is a stressful experience with a significant impact on the lives of families.¹⁶

In this way, the hospitalization of a premature child can be translated into an unpleasant experience for these parents, as revealed in the interviews, through the meanings of the tensions, anguish and fears experienced as a result of this experience, making them feel insecure and fragile during this process, breaking the belief that a healthy baby was born, to one who needs special care and hospitalization in a complex care unit.¹⁶ These aspects corroborate studies on paternal feelings in the context of prematurity.^{5,6,16,17}

In addition, there were various reactions from parents to their child's prematurity and consequent hospitalization, such as: the desire to get to know their child, to understand the clinical condition, to question the possibility of survival and to be close to the mother of their newborn child.¹⁷ To this process, parents attributed important meanings in the care of PTNBs in the NICU, as shown in other studies, that of accompanying their child's recovery and facing all the obstacles and difficulties for a favourable outcome.^{17,18}

The expectations mentioned by parents during pregnancy make them idealize the moment when they will meet their child, hoping that they will be born strong and healthy, and, at birth, when they see that the child does not come close to the idealized characteristics, doubts arise about their survival, associated with negative feelings such as incapacity and fear, making the parent-child relationship difficult, even if unconsciously.¹⁷⁻¹⁹ In this sense, it's up to the health team to show the importance of consolidating affective ties between the couple in the first days of life, contributing to the acquisition of caregiving skills and encouraging the development of paternity.¹⁸

When asked about their feelings about their child's hospitalization, they reported worry, sadness, inferiority, powerlessness, fear and anxiety. The premature birth, the uncertainties about the child left in the unit and the separation between child and family make parents feel threatened and insecure.²⁰⁻²² These feelings come from the perception of a lack of control over a situation, with the impression that one's own actions do not significantly affect the outcome of their child's state of health; hospitalization occurs abruptly for many of them. This is directly related to the fear of the future and possible sequelae of the newborn.²¹ Fathers want to participate effectively in their child's care, but find it difficult to reveal their perceptions and feelings.²⁰

Like the present study, other studies on this subject have revealed that the paternal role in cases of prematurity provokes negative feelings, and the exercise of paternity is more difficult. In addition, they point out that, for fathers, the health team is the only one capable of caring for PTNBs while they don't

feel capable or authorized to do so.^{16,17,18,19} With the impact of the birth, this father has to reorganize his parental roles in relation to his child, the hospital environment, reconciling the demands of work, the daily care of the baby and the demands of his partner who needs emotional support.²¹

In this study, six fathers were not present during the hospitalization of PTNBs. Despite the guaranteed right to accompany the mother, in practice, fathers are still not included in health care during prenatal care, childbirth, the puerperium and neonatal care, indicating, in particular, to health professionals, especially nurses (because they are carrying out continuous care for the baby), the importance of involving these actors in the daily care of the child, recognizing the needs of men in the paternal role, at all stages, answering their questions, talking, explaining about the pregnancy and birth process, listening to their fears, preparing them for complications, in the sense of recognizing them, just as mothers are recognized as characters in this story.^{21,22}

The statements recorded in this study show that the expectation of a healthy child is disrupted by the need for hospitalization and the use of complex technologies, such as incubators. However, the parents' expectations are the best: they hope that the PTNB will re-establish his health and be able to go home to his family, and that he will grow up and become healthy.^{18,19} In certain situations, these parents' expectations depend on the clinical evolution and recovery of their child's state of health.¹⁸

Thus, based on this condition, parents strengthen themselves by trying to change the way they live this experience, believing that it will soon be resolved with hospital discharge. Discharge and going home is a moment of great joy and relief, as it represents an improvement in the child's state of health for the father and strengthens his role. Even so, this is a time of adaptation, insecurity and important decisions about the child's care.^{13,19}

FINAL CONSIDERATIONS

Through their perceptions, the parents showed feelings of hope, acceptance and conformity in relation to their newborn's hospitalization, even though they reported feelings of uncertainty, anguish and fear, because they understood that their child needed specialized care at the time and was being well looked after by the health team.

Despite their children's health conditions, there are feelings of hope that they will overcome the barriers, get better and finally be discharged from hospital. These results show that fathers are part of this scenario, so measures should

be promoted by the healthcare team in an integrated and humanized way through effective communication, guidance and the support needed during this intense period.

It should be noted that the limitations of this research consisted of data collection in a single health institution and a small sample. In addition, due to the COVID-19 pandemic, there was a reduction in the time parents spent in the unit and a restriction on their presence there. Further studies are therefore recommended, with the aim of including other institutions with possibly different realities and a larger sample. It is worth noting that the findings of this study can guide intervention research, as well as supporting assertive and humane practices by professionals working in this setting.

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