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NURSING CARE IN THE FIRST STAGE OF THE KANGAROO METHOD: THE INVISIBILITY OF GRIEF

Cuidado de enfermagem na primeira etapa do método canguru: a invisibilidade do luto

Cuidados de enfermería en la primera etapa del método canguro: la invisibilidad del duelo

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RESUMO

Objetivo: discutir o processo de planejamento e implementação terapêutica relacionada ao luto da família de recém-nascido prematuro na primeira etapa do método canguru. **Método:** estudo descritivo de cunho qualitativo, advindo de uma dissertação de mestrado, realizado de dezembro de 2023 a abril de 2024, sob o número do parecer: 6.390.020. **Resultados:** das 14 famílias que participaram da pesquisa, apenas um bebê foi a óbito. Assim, surgiu a necessidade de elaborar intervenções para a família. **Considerações finais:** a invisibilidade do luto é uma realidade nos hospitais e a conduta de imparcialidade de sentimentos e sobrecarga de trabalho diante do momento de morte, prejudica o planejamento e implementação das intervenções terapêuticas de enfermagem.

DESCRITORES: Enfermagem; Luto; Método canguru.

ABSTRACT

Objective: to discuss the process of planning and therapeutic implementation related to the grief of the family of a premature newborn in the first stage of the kangaroo method. **Method:** descriptive study of a qualitative nature, arising from a master's dissertation, carried out from December 2023 to April 2024, under the opinion number: 6.390.020. **Results:** of the 14

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families that participated in the research, only one baby died. Thus, the need arose to develop interventions for the family. **Final considerations:** the invisibility of grief is a reality in hospitals and the conduct of impartiality of feelings and work overload when faced with the moment of death, hinders the planning and implementation of therapeutic nursing interventions.

DESCRIPTORS: Nursing; Grief; Kangaroo method

RESUMEN

Objetivo: discutir el proceso de planificación e implementación terapéutica relacionado con el duelo de la familia de un recién nacido prematuro en la primera etapa del método canguro. **Método:** estudio descriptivo de carácter cualitativo, derivado de una tesis de maestría, realizada de diciembre de 2023 a abril de 2024, bajo número de dictamen: 6.390.020. **Resultados:** de las 14 familias que participaron en la investigación, sólo un bebé falleció. Surgió así la necesidad de desarrollar intervenciones para la familia. **Consideraciones finales:** la invisibilidad del duelo es una realidad en los hospitales y el comportamiento imparcial de los sentimientos y la sobrecarga de trabajo en el momento de la muerte perjudica la planificación e implementación de intervenciones terapéuticas de enfermería.

DESCRIPTORES: Enfermería; Dolor; Método canguro.

INTRODUCTION

The high rate of premature and low birth weight newborns (NB) is a public health problem, as some of these children die before the first year of life, which is why qualified care with methods that reduce morbidity and mortality, such as the Kangaroo Method (KM), is essential. This method is a model of care that is related to caring for the NB, supporting the family, promoting the mother/father/baby bond and breastfeeding, the aim of which is to reduce the length of stay in hospital, reduce stress levels, pain and provide benefits for the baby's good development.[1]

Prematurity causes a lot of concern for parents, due to the separation from the family, which was not planned, and apprehension about the evolution of the NB. There may be difficulties in forming a bond between the parents and the baby, as there may be feelings of incapacity to experience the maternal and/or paternal role. The mother feels incomplete without her baby during hospitalization, and feelings of ambivalence and uncertainty about her child's life arise, making it impossible for her to gradually build the bond. In addition, the environment of the Neonatal Intensive Care Unit (NICU) can be seen as a cold and distant place, which further impairs interaction with the NB.[2]

Therefore, the MC is extremely important for the survival of premature babies, so much so that the Ministry of Health has accepted it as a National Health Policy, making it part of the humanization of neonatal care. It has three stages, the first corresponds to the period of hospitalization in neonatal therapy and partially develops the kangaroo mother method; the second stage the baby is clinically stable and remains with the mother in the Kangaroo Neonatal Intermediate Care Unit (UCINCa) and in the third stage after discharge the baby is monitored on an outpatient basis.[1]

However, if the premature NB dies, there is a painful grieving process for the parents, which will remain for a long time after returning home, and can alter functions, because it causes physical and emotional pain and the bereaved is incapacitated for weeks, but to get through this transition it will be necessary to use internal resources to deal with the loss. One way to cope with this pain is through religiosity, treating the NB's body, holding the dead baby in their arms and collecting their meaningful memories, helping to recognize the death and validate the suffering of the loss. In this way, participating in decisions about the baby, organizing the funeral and choosing the grave are proposals that help parents to recognize their child, even in the face of death.[2]

Studying death is as important as studying life, but there is still resistance, as many individuals believe that thinking about death attracts them, so by ignoring death, human beings desperately seek an attempt not to suffer, and this can happen on the part of both the family and the professionals.[3] Therefore, the aim of this research is to discuss the process of planning and implementing grief-related therapy for the family of a premature newborn in the first stage of the kangaroo method.

METHODS

This is a descriptive, qualitative study from the author's master's dissertation on the transitions that families face during the hospitalization of premature newborns in the first

stage of the kangaroo method. The research was carried out with the families of premature NBs, but this article is mainly concerned with the therapeutic intervention put into practice after the baby's death.

It should be noted that the dissertation research applied Afaf Meleis' theory of transitions in relation to the theoretical pole of the quadripolar space. In addition, this theory has three fundamental domains for the transition process: the nature of transitions, conditions that facilitate and inhibit transitions and response patterns, which include process and outcome indicators. In this sense, the therapeutic nursing interventions present in Meleis' theory provide effective care in the face of situations of change in patients' lives.

The research took place in the Neonatal Intensive Care Unit (NICU) and the Conventional Neonatal Intermediate Care Unit (NICICUCo) at the Professor Alberto Antunes University Hospital - HUPAA and data collection began in December 2023 and ended in April 2024. During this period, of the 14 families who took part in the research, only one baby died. Although the author was not present, the conduct that was subsequently taken and the therapeutic nursing interventions used will be presented.

The research was approved by the Ethics and Research Committee (CEP) of the Federal University of Alagoas (UFAL), under opinion number: 6.390.020. All the participants signed the Free and Informed Consent Form (FICF) in two copies, with a guarantee of anonymity, and it was also made clear that consent could be withdrawn at any time. In terms of benefits, this research aims to help and subsidize the nursing process linked to family care, favoring follow-up and continuity of care in the kangaroo method and after the baby's death.

Innovation objectives

Address the operationalization of positive and effective interventions provided to the family, promoting care within the maternal and child setting, thus reflecting on the quality of care.

RESULTS

The need to create interventions and souvenirs for the families arose because the bereaved mother was unable to hold her baby or take a photo with him, as she only had the memories of the NICU. So, after researching and listening to ideas about what to do for this family, which we'll call the "Sapphire family", the NICU bureaucrat told me to go to the billing office to get access to the child's medical records and passbook, as it contains the NB's footprint stamp, which is done as soon as the baby is born. However, the health team also told me that I wouldn't be able to find the medical records, because due to the large amount of paperwork, it would be practically impossible and I would have to request authorization with the documentation.

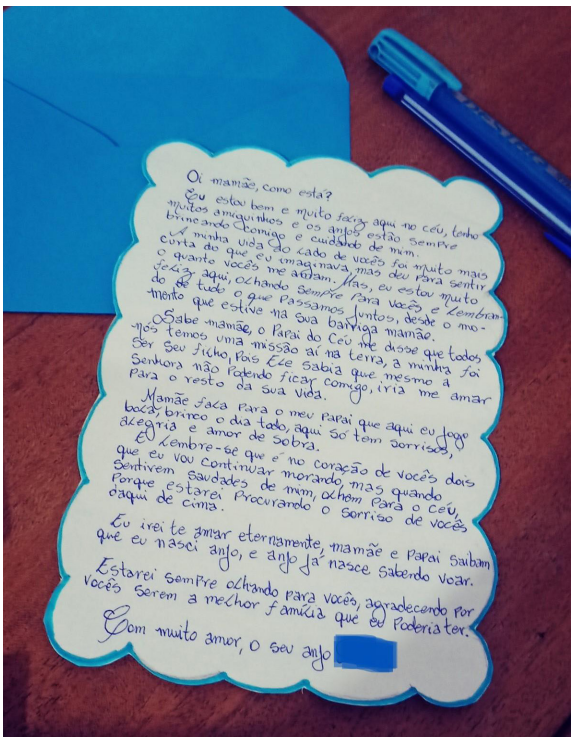
Therefore, when I arrived at the department, the hospital biller had the medical record in her hand, I showed her the documentation for the mother's authorization and she gave me the NB's passbook. This made it possible to make a little keyring with a photo of the NB's footprint for the family to keep as a souvenir, as shown in Figure 1.

Figure 1 - Newborn's footprint.

Source: Author, 2024.

This gave rise to the idea of creating a gift for the parents as if it were from the baby, especially the letter part, which would help the family get through this period of mourning. Two letters were made, the first based on the particularities of the family, as they were initially interviewed to take part in the dissertation research and, based on what was reported, the baby's letter was constructed for the mother and father. Some nursing technicians and the hospital librarian were asked for their opinion. They said it was too deep and sensitive and could really upset the family, so I sought help from the Neonatal Unit's psychologist, who instructed me to make the letter more cheerful and positive, and Figure 2 shows the final version of the letter.

Figure 2 - Letter from the newborn to the mother.



Source: Author, 2024.

Afterwards, a little box was bought to put the child's booklet, a little keychain, envelopes and chocolates in, so that the mother would feel welcome and be able to go through this phase of mourning in a lighter way. We also included another card with a phrase, the author of which is unknown, but which was important for this cycle: "Everyone is a mother, but being the mother of a premature baby is only for super mothers. The warriors with invisible tears". Figures 3 and 4 show the finished gift and the date, the researcher's name and the mother's name on the lid of the box, which has been highlighted to ensure anonymity.

Figure 3 - Therapeutic nursing interventions applied to the family during the bereavement phase, with the display of the cards.

Source: Author, 2024.

Figure 4 - Therapeutic nursing intervention - memory box, in its final phase.

Source: Author, 2024.

The professional practice environment reflects on the results of patient care, as different negative factors such as occupational stress, emotional and physical condition, can have detrimental effects. It is known that the NICU has a higher demand than occupancy capacity, requiring a larger number of nursing professionals, especially nurses to monitor the babies, so it is important to constantly adjust and monitor the sizing of professionals in neonatal units. However, this is a global issue that is considered a major challenge for management, because the smaller the nursing team, the greater the chances of neglected care.[4]

In this context, the application of soft technologies, welcoming and actively listening to the family can be trivialized due to work overload and when a death occurs, the family often does not receive adequate attention and/or guidance. In the case cited, the mother reported that she received nothing about the NB after the death and the hospital staff usually delivered a message with the baby's foot and hand stamped on it.

The hospital environment, especially the NICU, differs from other health services because of the complexity of the activities involved in supporting and restoring health. For this reason, it requires greater attention to care practices, which seek to build comprehensive care, valuing subjectivities, autonomy and directing interpersonal relationships, so that there is the practice of soft technologies and agreement with the National Humanization Policy (PNH).[5]

Furthermore, social interactions between nurses and family members take place in the NICU environment, through communication, bonding, guidance and answering questions, so welcoming a family and including them in the baby's care is essential, so that the family understands that this care is empathetic and humanized. Learning to look sensitively at the family's needs and at the mothers who milk their children every three hours is important for relating to them, as well as getting to know their vulnerabilities.[6]

As an example, the mother in this study was unable to hold her son in her arms. This restriction of contact with the baby, imposed by the incubator and because of the special care given to premature infants, due to the seriousness of their situation, was a source of great suffering for the mother and she said:

> *I didn't want to hold him after he died and when the funeral home came to take him and put him in the coffin, I didn't want to see him either.*
>
> *The guy from the funeral home asked for information and documentation and I didn't understand, after his death I just cried, to this day I don't know what he was talking about.*

In addition, the fear of touch harming the baby, such as scaring him or catching an infection, makes mothers worried and frustrated because it is different from everything they idealized during pregnancy. Despite this fear, family participation in the care of premature NBs is an intrinsic factor that ensures the best results in neonatology. As a result, nurses have a key role to play in coordinating care, and it is vital to qualify this category so that they are proficient in their skills and know how to deal with patients.[6,7]

The feeling of helplessness in the face of the death of a newborn may appear as a result of the professional's training, which is aimed at recovering and caring for life, while the imminence of death can make these professionals face their limitations and feel vulnerable. This can be exacerbated when the nursing team has a consolidated bond with the child and the child dies. However, it is necessary to give legitimacy to the pain that the loss of the baby brings to the family, because the invisibility of mourning brings suffering and loneliness, so gestures of support, such as taking photos, keeping the baby's clothes and blankets, help to build memories.[8,9]

This confirms what was experienced by Safira's family, because when I met her mother and handed her the memory box, I said I wanted to surprise her and that's why I didn't ask her opinion beforehand about wanting the gift. I then commented on what the box contained and the mother showed joy and gratitude in her eyes, which became watery and she said:

> *Yes, I do, because I didn't keep any of it...*
>
> *...I really needed a little keyring because I only carry the key.*

From this perspective, when the mother can't get a photo of the child alive and/or can't hold the child on her lap to take a photo, because of the clinical condition and prognosis of imminent death of the NB, as was the case here, you can take a photo of the baby's foot, of the baby's hand, in order to create an identity for the baby and allow the mother to have a little bit of her baby with her. Also, two weeks after the child's death, the researcher called to talk to the mother, to find out how she was and she said:

> *Physically I'm fine, but emotionally I'm shaken, it's hard to get over because I remember everything that happened, it was all very quick, because before he had a breakdown, but he came back, but days later he had two breakdowns and couldn't resist and it was a shock.*

Talking about the child's death benefits these mothers, as they are able to share the real experience and it is essential to help them understand and accept that they are alive, even if their baby is dead. As for the bereaved's fantasies about death, their meanings run deep, causing great suffering for the family, especially the mother who may feel that she has failed in her role, blame herself, isolate herself and even avoid people who have seen her pregnant due to the social stigma of having a dead child.[9]

Therefore, there is a correct approach for this child to have a dignified death, such as not having communication failures, in which the family understands the seriousness and natural course of the imminent death, providing psychological support to the family and applying holistic care.[8] In view of the above, when the researcher called Safira's family for the first time after the NB's death, the mother explained that she was worried because she had a puerperium appointment and missed it because she was in a lot of pain and was grieving.

So, when she returned to the hospital for her appointment, we were able to give her the little box (shown in Figure 4). These are small things that are within the reach of health professionals and are of great value to patients, especially families who are vulnerable due to bereavement.

In this way, the experience of transitions has implications for professional practice, since nurses begin to describe the needs of individuals during this process, but it is necessary to have a broad vision, with prevention, promotion and therapeutic intervention. Thus, in the case of bereavement, nurses can use strategies, such as those mentioned above, to help the family achieve a healthy transition, as in the case mentioned, improving well-being and

preventing the risk of emotional damage, guilt, depression, among others. Finally, transition is a dynamic process and in order to avoid instability, nurses need to recognize critical and vulnerable situations and intervene to prevent negative consequences and promote positive health outcomes.[10]

Although the results of this research are relevant, the type of study and the small sample prevent it from being generalized, but the therapeutic interventions can be replicated in other institutions, as it is believed that the dimension of the phenomena involved in care contributes positively to the advancement of nursing care and knowledge.

Contributions to practice

This study allowed us to identify the vulnerabilities present in the unit, which reduce the involvement of professionals in implementing therapeutic interventions aimed at bereavement. This could provide a basis for the development of institutional policies that encourage the social recognition of bereavement and promote the improvement of the mental health of those involved in neonatal units.

It is hoped that the results of this research will provide the nursing profession and the academic community with recent information on family bereavement in the first stage of the kangaroo method. So that they can plan, optimize and improve appropriate interventions, providing better nursing care.

FINAL CONSIDERATIONS

It was possible to see that the invisibility of grief is a constant reality in hospitals and the impartial behavior of health professionals in the face of death hinders the planning and implementation of therapeutic nursing interventions. Although death is a social taboo, it is important that it is approached in a natural way, welcoming the dying process and the family's pain, reducing the negative consequences for emotional development.

The death of newborns is accompanied by great sadness and anguish for both the families and the health professionals involved, who need to offer support to the families who have lost their children and help the staff in the sector to deal with death. Training and a good number of professionals in the nursing team, so that there is no work overload, is essential for the application of soft technologies and the humanized care of clients, constituting a relevant aspect for improving the current situation of family care.

It is suggested that further research be carried out and published on this subject, as well as continuing education for the nursing team, with the aim of providing safer care and better quality in health services.

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