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EXPERIENCE REPORT

Banho de ofurô em recém-nascidos no alojamento conjunto: um relato de experiência

Ofuro bath in newborns in the rooming-in center: An experience report

Baño de ofuro en recién nacidos en el alojamiento conjunto: un relato de experiencia

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ABSTRACT

Objective: To report the experience of the nursing staff of the rooming-in center of a maternity in Rio de Janeiro with regard to the use of the technique of *ofuro* bath, by associating the benefits of relaxation and humanized care already described in the literature. **Method:** This is an experience report of the introduction of a new relaxation technique for newborns. The team was sensitized and trained to use the technique and, subsequently, its members started to perform the care shares in the previously selected neonates. **Results:** The achieved results showed that, after a few minutes of immersion in the *ofuro* bucket, the newborns were quieter, thereby ceasing the weeping and falling into asleep during the bath. It was observed an improvement of suction and maintenance of the latch during the breastfeeding, since they become more relaxed after the use of the technique. **Conclusion:** This experience should be considered as enriching, because it allows the transformation of the care model, thereby favoring the comprehensive care of newborns. **Descriptors:** Rooming-in center, Newborn, Relaxation, Nursing care.

RESUMO

Objetivo: Relatar a experiência da equipe de enfermagem do alojamento conjunto de uma maternidade do Rio de Janeiro quanto ao uso da técnica de banho de *ofurô*, associando aos benefícios do relaxamento e assistência humanizada já descritos na literatura. **Método:** Relato de experiência da introdução de uma nova técnica de relaxamento para recém-nascidos. A equipe foi sensibilizada e capacitada para utilização da técnica e, após isso, iniciaram a realização nos cuidados aos neonatos previamente selecionados. **Resultados:** Os resultados alcançados demonstraram que, após poucos minutos de imersão no balde de *ofurô*, os recém-nascidos apresentaram-se mais tranquilos, cessando o choro e adormecendo no decorrer do banho. Também observou-se melhoria de sucção e manutenção da pega no aleitamento materno, pois estes encontravam-se mais relaxados após a utilização da técnica. **Conclusão:** Considera-se esta experiência enriquecedora, pois possibilita a transformação do modelo assistencial, favorecendo o cuidado integral aos recém-nascidos. **Descritores:** Alojamento conjunto, Recém-nascido, Relaxamento, Cuidados de enfermagem.

RESUMEN

Objetivo: Relatar la experiencia del equipo de enfermería del alojamiento conjunto de una maternidad de Rio de Janeiro para el uso de la técnica del baño de *ofuro*, asociando a los beneficios de la relajación y asistencia humanizada ya descritos en la literatura. **Método:** Relato de experiencia de la introducción de una nueva técnica de relajación para los recién nacidos. La equipo fue sensibilizada y capacitada para la utilización de la técnica, y después de eso, empezaron a actuar en el cuidado de los recién nacidos previamente seleccionados. **Resultados:** Los resultados alcanzados mostraron que después de algunos minutos de inmersión en el cubo de *ofuro* los recién nacidos se quedaban más tranquilos, dejando el lloro y adormeciendo durante el baño. También se observó mejoría de succión y manutención de agarrar el pecho durante la lactancia materna, pues ellos se encontraban más relajados después de la utilización de la técnica. **Conclusión:** Se considera esta experiencia enriquecedora, pues permite la transformación del modelo asistencial, favoreciendo la atención integral a los recién nacidos. **Descriptorios:** Alojamiento conjunto, Recién Nacido, Relajación, Atención de enfermería.

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INTRODUCTION

The rooming-in system arose from the need to create better conditions and minimize risks of damages to the health of puerperal women and newborns, thereby providing a favorable relationship between this binomial from the first moments after parturition.¹

According to the Brazilian Ministry of Health, rooming-in is a system in which the healthy newborn remains together with its mother 24 hours a day, in the same environment, from childbirth until discharge of both. It enables parents to receive guidelines on primary care shares to the mother-child binomial, stimulates and encourages exclusive breastfeeding through unrestricted demand, besides to reducing the incidence of crossed nosocomial infections and improve integration with the health care staff.²⁻³

In Brazil, the rooming-in system arose from the 70s, and it has delimited that nursing should jointly assist the mother and the child. This integrated care aims at supporting emotional aspects of the puerperal woman, her family members and the newborn, as well as adapting them to the general care of hygiene, comfort and safety.¹

The moment of transition from the intrauterine environment to extrauterine is a delicate period that is marked by various changes for the neonate. Within the womb, the fetus is in an environment of constant warmth, light and temperature, with soft noises and with no effort to stay alive. At birth, then the baby will gradually adapting itself to the extrauterine environment, thereby overcoming all the difficulties inherent to its development.⁴

In order to ensure a suitable adaptation of the newborn towards the extrauterine life, it becomes necessary having a comprehensive and specialized monitoring. To that end, the nursing staff must be aware of all behaviors and findings that might indicate some complication in the postnatal period.⁵

Behavioral changes might be expressed in several ways, including upheaval, weeping, muscle stiffness, flexion of limbs, facial expression and groaning. Associated with these findings, the newborn might also present physiological changes, such as: changes in heart rate, in respiratory frequency and in oxygen saturation. The main cause of these changes is pain.⁶ Pharmacological agents are widely used by the health staff to prevent, reduce or eliminate pain. Nevertheless, non-pharmacological measures have been frequently used to provide comfort and relief.⁷

Several studies have shown the benefits of the used non-pharmacological measures, and the most widespread of them are changes in position, non-nutritive suction, use of glucose solution, before and after application of painful stimulus, and offer of lap, especially materna.⁸

From the need for better adaptation to the extrauterine life and the perceived necessity of full-term newborns (full-term is applied to all infants with gestational age

between 37 and 42 weeks⁹), nurses working in rooming-in centers of a maternity in Rio de Janeiro started to use the method of *ofuro* bath as a relaxation technique. The team believes that this technique aims at ensuring a satisfactory adaptation of the neonate to the extrauterine life, thereby providing an environment similar to the maternal womb.

In some centers in Europe and Australia, tummy bath (bucket-bathing or *ofuro* bath) has been used as part of routine of hygiene and care of the newborn.

This type of bathtub resembles the shape of the womb, by allowing the neonate to remain with the body submerged in the water, in a flexed position, with upper and lower limbs in the median line, bent, by keeping your head out of the water, supported by caregiver.^{10:98}

This study emerged from the need to disseminate information and experiences about the use of the technique of *ofuro* bath in the newborn during its admission period in the rooming-in. Our goal was to make an experience report of the staff during the application of the above mentioned technique, by associating to what already exists in the literature with regard to the benefits of relaxation of the neonate and the humanized care.

The humanized care advocates therapeutic measures associated to the attentive approach to the human being who needs hospitalization and specific care shares. It is believed that the changes can foster the improvement of the quality of care to be provided. Indeed, professionals need to be sensitive to therapeutic care of the newborn.¹¹

Accordingly, this study seeks to contribute to the dissemination of new skills in the area of neonatology and suggest how they can be applied in nursing practice. Moreover, it intends to contribute to the reflection on the possibilities of providing a care not just technocratic, but based on reflection about the humanization of the care of newborns.

METHOD

This is an experience report of the introduction of a new relaxation technique for newborns in the rooming-in of a maternity in Rio de Janeiro.

The nursing staff of the sector was sensitized and trained to use the technique, and, subsequently, the procedure was introduced in the care of previously selected neonates. The newborns that showed discomfort and irritability were included in the profile to receive the *ofuro* bath. The mothers verbally consented the use this type of bath and participated in all the dynamics, and they were guided to perform the relaxation technique even after hospital discharge.

RESULTS AND DISCUSSION

The first step to the application of the technique was to purchase suitable therapeutic bathtubs, which are called *ofuro* buckets. These objects keep newborns in the fetal position, thereby recreating the atmosphere of the maternal womb.

After acquiring specific buckets, the demonstration of the correct technique to provide relaxation was conducted. The nursing staff was instructed to perform the hygiene of the newborn always before starting the technique. Next, the neonate was surrounded by a swaddling-cloth with the purpose to maintain body temperature. After that, it was gradually immersed in the bucket with warm water between 35 and 37 degrees Celsius and kept for a period between 10 and 15 minutes.

Whining and seemingly angry newborns were selected to participate in the procedure of *ofuro* bath, after verbal permission of their mothers. Then, the professionals were sensitized to recognize the physical and emotional weaknesses of newborns and the need to directly work in the humanized care. Following that, the technical procedures were started in all those who were inserted in these criteria.

Among the causes of crying and irritation, these newborns showed an intestinal discomfort characterized by groans or weeping, besides difficulty to keep latch and suction due to irritation. Newborns sensitive to tactile stimuli due to various attempts to perform venipuncture and those who demonstrated irritability because of long exposure in phototherapy were analyzed.

The typical crying, changes in facial expression, in mood and in body movements are the main behavioral changes that the health staff uses to assess pain. Nonetheless, the discomfort and anguish might be perceived through the reactions of newborns, when, besides the change in respiratory frequency and the presence of irregular heartbeat, the restlessness when turning the head to the opposite side of the stressful stimulus and the act of covering the face with its hands demonstrate instability.¹²

For the individualized care to be more effective, the caregiver needs to pay attention in organizational or stress-related behaviors, thereby seeking to promote an adaptation of interventions to be provided.¹³ After knowing how to recognize and understand the concerns of this target audience, the nursing staff can act with greater sensitivity, by interacting and establishing ties and promoting a more humane care.

According to Waldow¹⁴, it is not enough to provide a lovely and respectful care, but rather having a combination between technical skills and such concepts, since the certainty that the professional achieves comes from its performance in technical activities allied to the expressions of interest, consideration, respect and sensitivity demonstrated in action.

Humanization provides a meeting between the nursing staff and the patient. The meeting presupposes listening, gaze, in addition to a light, open and lovely contact. Thus, it is understood that:

By means of a careful reception, the nursing presents itself with a live dialogue, by noticing in the gaze a word restrained by the anguish of the unknown by parents. Nevertheless, there is a need to extend this gaze to the babies, by realizing them as people who are part of a family.^{9:88}

The obtained results showed that, after a few minutes of immersion in the *ofuro* bucket, the newborns were quieter, thereby ceasing the weeping and falling into asleep during the bath. In some cases, the relaxation was confirmed through the elimination of meconium during the technical procedure, in order to relieve the discomfort caused by intestinal colic.

These results are similar to those found in other already existing studies¹⁵⁻¹⁶ that prove the benefits of tummy bath in comparison with various types of baths performed in full-term newborns, in rooming-in centers. They conclude that the immersion bath conducted in the *ofuro* bathtub contributes to the relaxation of the neonate, produces lower thermal instability and reduces irritability and disorganization of the neonate, thereby favoring a better behavioral and physiological development.

It has also been observed, in neonates who had difficulties during the breastfeeding period, a visible improvement of suction and maintenance of the latch after using the technique, since they become more relaxed after finishing the bath. For the breastfeeding to be successful, it is important that the newborn remains calm, thereby facilitating the development of the process.¹⁷

For puerperal women, the use of the technique of *ofuro* bath in their children also provided a sense of wellness, since it has minimized concerns by means of the perception of decreased irritability. Pregnant women, mothers and newborns need special attention and support; thus, nursing staff must respect and offer an attendance to fill such needs.¹⁸

The nursing staff was asked to daily perform the technique in newborns during their hospitalization period, even at times when they were not stressed, since the sensation of reassurance of the baby that was transmitted to the mother during the course of the bath led her to wish providing such pleasant moment to her son in a continuous way.

Indeed, the issue of humanization has been widely discussed and used for some years, especially when it comes to humanization of care. An essential aspect of humanized care is to be aware of the characteristics of the person to be served, thereby increasing the possibility of the professional/customer bond, which will contribute to the realization and respective attendance of emerging demands. The humanization of health care is a current and growing demand in the Brazilian context and emerges from a reality in which users of health services complain of mistreatment.¹⁹

Under a gaze of attention towards the perspective of humanization and proper care to the baby, the search is to meet the minimum needs of physical environment and human resources for conducting the care. Therefore, the health care staff must be able to recognize possible deviations from normality, but respecting the mother-baby bond at all times.⁹

The first relationships between the baby and its parents must be considered and recognized by professionals, thereby seeking a unique relationship, i.e., an emotional connection between two people. It is a task of the health staff to support and promote

conditions so that parents can see and touch their children, by providing a friendly atmosphere.⁹

For the assistance to the newborn occurs in a humanized way, it is important to do it with fondness. The care is not directed only to technical procedures, but rather to the welcoming and other forms of care that give rise to changes in attitudes and behaviors with a view to evidencing the optimization of care.^{11,18}

CONCLUSION

This experience should be considered as enriching, because it allows the transformation of the care model, thereby favoring the comprehensive care of newborns.

Besides the obvious relaxation caused by the therapeutic bath, the use of the technique of *ofuro* bath stimulates the increase in the link among nursing staff, puerperal women and newborns, because, through the understanding of the needs and concerns of the binomial hospitalized within the rooming-in, the professionals stay more active to provide comfort and wellness.

Therefore, it is recommended the dissemination of the technique under study and the encouragement for its achievement in all admitted newborns, regardless of the presentation of irritability. Despite being a non-pharmacological technique for pain relief, there are no known contraindications for the use of the *ofuro* bath in newborns that were not exposed to stressful stimuli. It is necessary having an awareness of the health team to recognize the demands of its customers.

The *ofuro* bath (or tummy bath) is still a new practice, little known, propagated and used in the health care field. Accordingly, other multi-center studies, with larger samples, are needed to confirm the effectiveness of this technique in the neonatology area. Therefore, it is still necessary to better know and support the *ofuro*, in order to use it on a large scale in newborns.

Another proposal is to encourage parents to use the technique at home after hospital discharge, through guidelines of care to their newborns during the *ofuro* bath in the hospitalization period. Besides providing a moment of relaxation, this measure provides increase in family ties. Thenceforth, we will see parents safer and prepared to care of their children in the home environment. Thus, they can fully enjoy the care of their newborns.

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