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RESEARCH

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The kangaroo mother care method in the light of Leininger's theory

Cuidados maternos no método canguru à luz da teoria de Leininger

Cuidados maternos en el método canguró a la luz de la teoría de Leininger

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ABSTRACT

Objective: The study's purpose has been to further understand maternal care during the kangaroo care second stage in the light of Leininger's Theory. **Methods:** It is a qualitative research based on the Transcultural Theory of Leininger Care, which was performed with eight mothers hospitalized in a kangaroo accommodation, through a semi-structured interview. **Results:** The categories were constituted as follows: The premature "BEING" for the mothers; Worrying about weight loss; Maternal baby care routine; Popular health practices towards the premature baby's care. **Conclusions:** It has been shown that mothers suffer as the real baby due to prematurity, which can be shown through exacerbated concern, especially in the care routine. It was also observed the cultural influences implicit in the care process, as well as personal experiences and formal teachings in guiding care. Therefore, the health professional must understand that caring has singularities tied to its socio-cultural context.

Descriptors: Kangaroo care, prematurity, transcultural nursing, culturally competent care, infant care.

RESUMO

Objetivo: Compreender os cuidados maternos na segunda etapa do método canguru à luz da Teoria de Leininger. **Métodos:** Pesquisa qualitativa, fundamentada na Teoria Transcultural do Cuidado de Leininger, realizada com oito mães internadas no alojamento canguru, mediante entrevista semiestruturada. **Resultados:** Foram constituídas as categorias: o ser prematuro para as mães; preocupação com a perda de peso; rotina materna de cuidados com o bebê; práticas populares de saúde no cuidado do prematuro. **Discussão:** Evidenciou-se que as mães sofrem com o bebê real imposto pela prematuridade, o que pode ser mostrado por meio da preocupação exacerbada, principalmente nos cuidados rotineiros. Observaram-se as influências culturais implícitas no cuidado, bem como experiências pessoais e os ensinamentos formais no direcionamento do cuidado. **Conclusão:** O profissional de saúde deve compreender que o cuidar/cuidado reveste-se de singularidades atreladas ao seu contexto sociocultural.

Descritores: Método Canguru, Prematuridade, Enfermagem Transcultural, Cuidados Culturalmente Competentes, Cuidado do Lactente.

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RESUMEN

Objetivo: Comprender los cuidados maternos en la segunda etapa del método de canguru a la luz de Teoria de Leininger. **Métodos:** Investigación cualitativa, fundamentada en Teoria Transcultural del Cuidado de Leininger, realizada con mães internados sin alojamiento canguru, mediante entrevista semiestruturada. **Resultados:** Foram constituídas como categorías: O "ser" prematuro para as mães; Preocupación con una pérdida de peso; Rotina materna de cuidados con el bebé; Práticas populares de salud no cuidado del prematuro. **Discutir:** Evidenciou-se que como mães sofrem con el bebé real impuesto por la prematuridad, que puede ser considerado por la preocupación exacerbada, principalmente por los cuidados rotineiros. Observou-se como influencias culturais implícitas no cuidado, así como experiencias personales y ensayos formais no direcionamento do cuidado. **Conclusión:** O profesional de la salud debe que o cuidar / cuidado reveste-se de singularidades atreladas a su contexto sociocultural.

Descritores: Método Canguru; Prematuridade; Enfermagem Transcultural; Cuidados Culturalmente Competentes; Cuidado do Lactente.

INTRODUCTION

Prematurity is an important condition of infant morbidity and mortality, considering that 20 million preterm and low birth weight babies are born annually, and of these, a third die before reaching one year of life.[1]

Kangaroo Care (KC) is a method that provides assistance to the premature infant in three different phases, from the Neonatal Intensive Care Unit (NICU) to his/her home; and in the whole process, the contact and assistance from family and parents with the child is fundamental, playing a strong role in caring of the Preterm Newborn (PTNB).

In this universe of PTNB care, the practices adopted by the puerperal woman come from their life context, even though there are behaviors emanating from the guidance of some health professional. Nevertheless, the sociocultural network tends to exert a greater influence on the care practices of women and mothers.[2]

The care taken by the puerperal women is an act that is supported by the family historicity, reflecting in their way of caring and involves the cultural knowledge acquired intergenerationally, with greater influence of the closest family members.[3]

The present study was based on the following question: How do mothers care for their children in a kangaroo accommodation from a transcultural perspective? Moreover, the study's goals are the following: Understanding and describing maternal care during the kangaroo care second stage in the light of Leininger's Theory; Identifying cultural influences in the process of maternal care in a kangaroo accommodation.

METHODS

It is a qualitative study that was carried out in a municipality located in the interior of the *Bahia* State, and over the period from June to July 2016. The empirical universe of the research consisted of eight mothers, all accommodated for at least four days in the Kangaroo Care Nursery from a public maternity. The inclusion criteria were, as follows: Being a mother and practicing the KC for at least four days (considering an ideal minimum time for the mothers to develop care in the infirmary) and to voluntarily participate in the research. Exclusion criteria were considered mothers whose children had congenital malformation and/or chronic disease because they understood that these situations could modify the care directed to the baby.

For data collection, there were performed semi-structured interviews, held in a reserved place of the kangaroo unit, always watching over the privacy of the interviewee. The interviews were recorded and transcribed in full and each collaborator chose an animal codename to preserve their identity and confidentiality. We emphasize that the subjects' speech was preserved in a colloquial way, without orthographic and/or grammatical correction, understanding that this is a transcultural study.

After date collection, the Content Analysis according to Bardin's perspective was then used,[4] aiming to access the subjectivity of the mothers in the process of caring for the premature child in the kangaroo method and as cultural influences. The codes were grouped by similarities of meanings into specific categories.

Here, the ethical procedures according to the Resolution No. 466/2012 were adopted. The project was approved by the Research Ethics Committee from the *Universidade Estadual de Feira de Santana (UEFS)*, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 53554016.1.0000.0053 and the Legal Opinion No. 1.485.467. The collaborators of the study signed the Term of Free and Informed Consent prior to the interviews, remembering that minors signed the Informed Consent Term and their legal representatives, the Informed Consent Term for Legal Representative.

RESULTS

The categories that appeared from data analysis were as follows: The premature "BEING" for the mothers; Worrying about weight loss; Maternal baby care routine; Popular health practices towards the premature baby's care.

The premature "BEING" for the mothers

The birth of the premature child implies an unexpected interruption of gestation, associated with the birth of a baby with physical and biological characteristics that bring a greater demand for care, in addition to a significant difference between the real and the idealized baby. At that moment, the country - mainly mother - suffers with the real situation of the child, as evidenced in the speech of one of the collaborators:

> *For me at the beginning it's very difficult, right?! Because I never went through this, and when I got there in the nursery I thought one thing and saw another, because by her ultrasound, she was two kilos and when I arrived and saw her weight I got astonished. (Cat).*

The identification of the preterm infant fragility can be clearly observed in the interviewees' speeches.

She needs more care than the normal born baby. (Hanmister).

Take care, because ant can eat premature baby, that the skin is very thin. (Butterfly).

Mothers strongly associate the premature child with a fragile child, who needs a greater care demand than a child born at 37 weeks. In the interviews the maternal concerns about their preterm children and how they perform care are clear, as can be seen in the following report.

Even at the time of breastfeeding you have to be careful, to avoid suffocating, at the time of the bath also, in so many things. You have to always watching, even the way the baby sleeps, and even the clothes could suffocate him. (Parrot).

Premature babies, due to their particularities, need a different kind of care than a full-term neonate, as we can see in the reports of the mothers.

WORRYING ABOUT WEIGHT LOSS

In regards to the premature neonate, weight becomes a major constant adversary in the clinical condition of the baby; because the weight loss can mean the prolongation of the staying in the kangaroo accommodation.

And this daily play between the baby versus weight gain becomes a daily concern for mothers, who end up developing care to preserve and/or improve their child's weight.

The water temperature is not so hot, it is warm and the baby feels cold, we may find that no, but the baby feels too much cold, it can be hot to us but he feels cold, and when he is wet, the wet head gets cool, even with the hand-hot water his head cools, then we have to dry himself to not lose weight and he cries as well. (Butterfly).

These statements reinforce how the concerns of preterm infants' mothers go to either gain weight or not to lose it.

In the condition of premature children, weight gain - besides being related to clinical improvement - is also one of the criteria for hospital discharge, as well as for some care, such as bath and immunization.

The child loses weight, so you can only bathe every day from 2,500 grams. (Tiger).

In addition to being a criterion for care, weight management in the KC directs the form and modes of care, especially regarding the bath, the way of dressing/wrapping the baby and protection. Recognizing this fragility - associated with weight, caregivers take measures to protect them, as evidenced in the following speech.

Leave her [referring to her daughter] well warmed, because of the weight, avoiding the flu, and not getting cold. (Hanmister).

It was observed that it was unanimous that all mothers are concerned to leave their babies well heated, as revealed by the interviewee.

When you go to give the bath the towel has to be stretched over the bed so when to take it out of the tub already dry quickly and then be careful to wear the clothes not to lose the weight, it is very ease losing weight. (Parrot).

The hygiene of the child includes the body bath, changing the diapers, dressing of the umbilical stump, hygiene of the genitalia, nasal cavities, auricular and oral. The interviewees reveal that they perform the bath quickly to avoid complications such as cyanosis and weight loss.

Oh! The bath and the hygiene have to be very quick, because it turns purplish, if you take too long he starts to change color because of the cold, then after we heat him, he gets normal again. (Parrot).

Furthermore, it was possible to identify that some mothers adopt some techniques to ensure that there is no important heat loss during the bath, using the technique of bathing in pieces or bathing with the baby wrapped, in the same way as it is performed in the NICU, as observed by the speech below.

First I give the bath and then I wash the head because the head is the warmest, so she does not lose weight. (Tiger).

MATERNAL BABY CARE ROUTINE

Studying care in the premature baby's context has allowed us to know how children are taken care, and also to identify the aspects involved in this process (care) and the concerns that arise in living with the PTNB, especially in the initial contact.

The following statements show how mothers perform basic care such as bathing, hygiene, temperature maintenance, feeding, heating, sleep and rest and Kangaroo positioning, portraying both the Diversity and the Universality of child care and specifically premature.

Butterfly details her bathing procedure.

Before the bath I have to wake up the baby first, take off the clothes, put them to weigh, measure the temperature, after that the bath has to be very fast, wet the cotton with soap and it passes in the part of the genital and such. The face and head have to be with the hand, the face without soap so as not to irritate the baby's skin, put on the bed again quickly wipe and clean the genitalia

again, have to open clean and clean with the cotton swab and belly button too. Then I put on the ointment, put on the diaper and saw the outfit. After that, she'll burp and burp, and she'll sleep tight, always in a bad mood, if she regurgitates, she's on her side, she does not suffocate. Then in 3 hours, she wakes up, before that I change the diaper. When you put on the kangaroo method and take off the entire outfit, leave only a diaper, glove and cap if you want, if you do not want to leave it in diapers, put it there, stay half an hour, an hour there. Then he takes off, puts on his clothes again, has to keep warm and not lose weight, feels cold loses weight, and also the baby when she feels cold she cries, and if she does, she loses weight. (Butterfly).

In the KC routine, mothers learn about the importance of warm-up after bathing as a measure to prevent weight loss and also to keep the baby at a more stable temperature, which also becomes a routine of measuring the temperature, as Eagle says .

Every day I check his temperature, every morning, before the bath is that the routine affects the temperature, weight goes there for bath or hygiene. (Eagle).

Therefore, some care routines are assimilated by mothers and/or family members who remain in the kangaroo method, and one of the exclusive care of this sector is the kangaroo positioning also referred to by mothers, as evidenced by Panther's speech.

In the morning we wake up, weigh up, do the hygiene, put him in the kangaroo, it's about three hours, then leaves him in the crib, stays with him always around, stays there all day. (Panther). (Author's Griffin)

It was also demonstrated the professionals' performance with the mothers, in order to guide them towards the care of premature babies.

The nurses are fearful... [referring to a nurse]... Everything was an apprenticeship that I was learning every day. On the very first day of bathing the first time, the bath even though the nurse looked at me and said: "It's you who will shower!" I looked like that and I thought "My God! And now? How do I do it? "Then she said it was like this, you have to hold him in the ears to not get water, that's how you do it later you turn to wash your clothes and butt. That's it... just taught me that day and on other days I did everything I did alone. (Eagle).

The report shows how - insofar as they are oriented - mothers are empowered to take care of their children and how the role of educator of health professionals becomes important.

It is worth mentioning that, although the effectiveness of the KC is notorious and proven, mothers still have a little resistance to stay in the kangaroo position daily and for a considerable period of time, as observed during the interviews, however much the professionals constantly emphasize the benefits, as evidenced in the following speech. The mothers who remain a longer time in kangaroo positioning are those who already have a significant period in the method, as was the case of the interviewees Butterfly and Panther, who have been for more than forty days.

I was only one day in the kangaroo, because I had days that I was not sleeping, in the afternoon I go to sleep there I do not stay with her in the kangaroo. (Cat).

This category reveals that caring for premature babies - even though each mother and child are a binomial in their individuality - demonstrates the universality of care proposed by Leininger.[5]

Popular health practices towards the premature baby's care

This category reveals itself from the knowledge and practices used by caregivers who are influences of other women or other members of the family context. Since antiquity, human beings have used alternative knowledge to maintain health or care in the occurrence of diseases.

Herein, it is understood as popular health practices the health care seized in the family and/or social context, validated by common sense, without the interference of medical or scientific veracity passed on from generation to generation.

Put a little water to warm it, place it inside the baby bottle, put the umbilicus inside for a while and then take out and give it to her, also put a little piece of cloth or red ribbon on her forehead when she is sobbing to stop the hiccup. (Butterfly).

The use of tea is the first resource used by caregivers in the face of a colic situation, to make it calmer or to prevent the discomfort caused by flatulence in the neonate. The lines portray the use of chamomile tea and fennel and passion fruit juice as common for the baby.

My mother would tell me, take camomile tea, passion fruit juice for the baby to be born calm. (Panther).

Fennel tea that is good for the baby to be calmer and for gas, boots the little ribbon on the forehead that is good for the hiccup. (Eagle).

Still, Eagle's speech explores the use of red tape as a measure to heal sobs between babies, a practice very common in the first months of the child's life and permeated by cultural influences.

In addition to the family experiences that emerged as influences on care practices, it was also noted that the personal experience of some women has somewhat facilitated the care of their babies.

In the following reports, they show the benefits of previous personal experiences as caregivers, now as mothers of their children.

> *I did not learn much from my family because I was always a nanny, right?! And taking care of children I always took care of this size, not much else I learned that way. Take care, lullaby, and change the diaper, things like that. (Cat).*

> *No, no [referring to external contact]. No one has ever told me anything like that. And so I have already cared for other children before, but never premature, I have looked after normal ones. (Eagle).*

In addition to the knowledge and popular practices intrinsic to maternal care, the formal teachings of health professionals in maternal care can also be evidenced.

> *Here with the girls [referring to the nurse and the techniques] soon when I came in here I did not know how to do any care at all, but on the second day I started to do some things on my own, and I did it, Flower even taught me how to bathe in him. (Panther).*

Hence, although this category deals with the popular practices of care, it was possible to perceive that the care developed by the mothers with their children has diverse influences, some were acquired throughout their lives, by the familiar interferences, as well as by the previous experiences as mothers, and also those acquired during hospitalization through the health professionals.

DISCUSSION

Mothers idealize their babies in the gestational period, pointing to physical and emotional characteristics, including appearance and temperament, and on the other hand, the maternal experiences of premature delivery refer to a very difficult, frightening and even confusing experience.[6]

The professionals realize that, for the mother, premature birth of the child is permeated by emotions and feelings, among which the scare, fragility, excessive sensitivity and anxiety, attributed to premature birth and the initial conditions of fragility and instability of the baby.[7]

The thrill of first skin-to-skin contact with your child causes the mother to begin to feel secure and to convey her love for her, allowing her to touch her child, nursing, nursing and talking, making it easier to motherhood.[8]

The birth of a preterm infant represents a critical experience for mothers and their families and should be given greater care by the health teams with the maximization of care aimed at recovering the health of the baby, but also by valuing the care of the undermined family.[10]

Therefore, nursing professionals should systematically incorporate guidance for the families of premature infants, from their admission to the neonatal intensive care unit, to help them after hospital discharge, integrating mothers into the care of the child.[10]

These individualized care are also predicted by Leininger,[5] when it depicts the diversity of care, particularly when it is a special condition as in the case of premature children. Thus, the perception that the mother has about her premature child will direct the ways of care with it, constituting the Diversity of Care envisaged by Leininger.

The interviewees' statements reinforce how the concerns of mothers of pre-term infants channel to weight gain or not to lose weight. Culturally, mothers of children under one year are concerned with food and weight; because a healthy child is an apparently fat child.[11]

Given this context, there is no doubt that for adequate growth,[11] it is necessary for caregivers to understand the individuality of each child, respecting the growth rate that it has in a unique way. It should be noted that not only weight determines growth, but all associated and balanced anthropometric measures.

Studying care in the context of the premature baby allows us to know how children are cared for, to identify the aspects involved in this process (care) and the concerns that arise in living with the PTNB, especially in the initial contact.

According to Leininger, the forms of caring go through elaborations of the Diversity and University of Care. In this case, one can think of these two aspects in the care of the premature child. Thus, according to Leininger,[5] the care developed by each person goes through individual and social elaborations, establishing the diversity and universality of human care.

The results show different care with the baby, influenced by generational beliefs and practices, apprehended by mothers with other people, because it is in the environment[12] that they live that caregivers share information and assimilations about ways of caring.

The practice of teas is common among child care,[11] and was also evidenced among the provision of teas for premature children. The cultural issue[13] is strongly present in this context, being the main source of care information generated by the family and transmitted to this child's mother.

There is evidence[14] of mothers who have previously had the experience of working as nannies more easily perform routine care with their children and that the feeling of one of them is being "authorized" to be a parent because of their long years as nanny.

The results point out the importance[13] of the professional to know the predominantly familiar culture and to associate it with care guidelines so that it is shared. Some mothers[9] literally express how health professionals influence relieving anxiety and promoting feelings of hope and optimism.

Bearing this context in mind, it is up to health professionals to understand how these care practices happen daily in the family setting, what resources are used by the caregivers and, from there, designing a care plan/guidelines that are actually possible to be followed.[11]

Hence, the idea of Leininger[5] is reinforced that the nurse must rescue measures for cultural preservation, denial or accommodation of care, and sometimes restructure care based on the beliefs and cultures of each individual.

CONCLUSIONS

Studying maternal care in kangaroo accommodation allowed us to know the care routine performed by caregivers and how cultural influences are embedded in this practise. It was possible to know how the children are taken care, and also the maternal concerns when living with a premature newborn.

It is concluded that mothers do perform the care that involves premature infants with socially and culturally elaborated influences; which reinforces, in this context, health professionals, especially nursing professionals who are in daily contact with the dyad, understanding how these practices happen daily, and what resources are used by caregivers in the intercurrences of their children and, from there, designing a care plan that is actually possible to be followed.

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