

Maternal Perception of Care for Low Weight Newborns: Qualitative Systematic Review

Percepção materna do cuidado à recém-nascidos com baixo peso:
revisão sistemática qualitativa

Percepción materna sobre el cuidado de recién nacidos con bajo peso:
revisión sistemática cualitativa

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Abstract: Introduction: Birth weight has a great influence on the child's global development, which in turn is directly influenced by maternal care. Objective: To identify in the scientific literature the mother's perception about the care of children born with low birth weight. Methods: This is a systematic review of qualitative studies conducted in accordance with the methodological guidelines of the Joanna Briggs Institute. The research was carried out between April/2021 and March/2023 in the databases: PubMed, Medline, VHL, SciELO, EMBASE and Web of Science, with the descriptors: maternal perception, low birth weight and child care, in different combinations. Studies in Portuguese, English and Spanish, published between 2013 and 2023, that addressed the maternal care of children born with low birth weight in the hospital or home context were included. Results were categorized according to content analysis. Results: 1129 studies were identified, of which only 11 were included in this review, in the following categories: maternal feelings, care needs and challenges, breastfeeding, mother-infant bonding and social support. Final considerations: Mothers of children born with low birth weight experience insecurity and general adaptation problems that affect care to meet the child's essential needs. Family support and support from health professionals can reinforce maternal security and contribute to the comprehensive health care of low birth weight children.

Keywords: child health; maternal behavior; low birth weight infant; child care; neonatal nursing.

Resumo: Introdução: O peso ao nascer tem grande influência sobre o desenvolvimento global da criança, que por sua vez sofre influência direta dos cuidados maternos. Objetivo: Identificar na literatura científica a percepção materna sobre o cuidado de recém-nascidos com baixo peso. Métodos: Trata-se de uma revisão sistemática de estudos qualitativos conduzida em conformidade com as diretrizes metodológicas do Instituto Joanna Briggs. A pesquisa foi realizada entre abril de 2021 e março de 2023 nas bases de dados PubMed, MedLine, BVS, Scielo, EMBASE e Web of Science, com os descritores: “percepção materna”, “baixo peso ao nascer” e “cuidado da criança”, em diferentes combinações.

Incluíram-se estudos em português, inglês e espanhol, publicados entre 2013 e 2023, que tratassem do cuidado materno de recém-nascidos com baixo peso no contexto hospitalar ou domiciliar. Os resultados foram categorizados de acordo com a análise de conteúdo. Resultados: Foram identificados 1129 estudos, dos quais apenas 11 foram incluídos nesta revisão, nas seguintes categorias: sentimentos maternos, necessidades e desafios do cuidado, aleitamento materno, vínculo mãe-bebê e apoio social. Considerações finais: Mães de recém-nascidos com baixo peso experimentam insegurança e problemas gerais de adaptação que afetam os cuidados para suprimento das necessidades essenciais da criança. Apoio familiar e de profissionais de saúde podem reforçar a segurança materna e contribuir para o cuidado integral de recém-nascidos com baixo peso.

Palavras-chave: saúde da criança; comportamento materno; recém-nascido de baixo peso; cuidado da criança; enfermagem neonatal.

Resumen: Introducción: El peso al nacer tiene una gran influencia en el desarrollo global del niño, el cual a su vez está directamente influido por los cuidados maternos. Objetivo: Identificar en la literatura científica la percepción de la madre sobre el cuidado del niño nacido con bajo peso. Métodos: Esta es una revisión sistemática de estudios cualitativos realizados de acuerdo con las pautas metodológicas del Instituto Joanna Briggs. La investigación fue realizada entre abril de 2021 y marzo de 2023 en las bases de datos PubMed, MedLine, BVS, Scielo, EMBASE y Web of Science, con los descriptores: “*percepción materna*”, “*bajo peso al nacer*” y “*cuidado del niño*”, en diferentes combinaciones. Se incluyeron estudios en portugués, inglés y español, publicados entre 2013 y 2023, que abordaran el cuidado materno de niños nacidos con bajo peso en el contexto hospitalario o domiciliario. Los resultados se clasificaron según el análisis de contenido. Resultados: Se identificaron 1129 estudios, de los cuales solo 11 fueron incluidos en esta revisión, en las siguientes categorías: sentimientos maternos, necesidades y desafíos de cuidado, lactancia materna, vínculo madre-hijo y apoyo social. Consideraciones finales: Las madres de niños nacidos con bajo peso experimentan inseguridad y problemas generales de adaptación que afectan los cuidados para satisfacer las necesidades esenciales del niño. El apoyo familiar y el apoyo de los profesionales de la salud pueden reforzar la seguridad materna y contribuir a la atención integral en salud de los niños nacidos con bajo peso.

Palabras clave: salud del niño; conducta materna; recién nacido de bajo peso; cuidado de los niños; enfermería neonatal.

Received: 05/15/2023

Accepted: 11/26/2023

How to cite:

Macedo FLDC, Homa EM, Palombo CNT, Silva JDC. Maternal Perception of Care for Low Weight Newborns: Qualitative Systematic Review. Enfermería: Cuidados Humanizados. 2024;13(1):e3361. doi: 10.22235/ech.v13i1.3361

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Introduction

Birth weight is used as a parameter throughout the world to assess the health conditions of newborns and their risk of morbidity and mortality. ⁽¹⁾

It is considered low birth weight newborn (LBW) is one born weighing less than 2,500 grams, with the main culprits being intrauterine growth retardation and the short gestational period, that is, prematurity. ⁽¹⁾ The prevalence of RNBP is approximately 15 % worldwide. ⁽¹⁾ In Brazil, the prevalence is 6.1 %, with regional variations between 3.8 % and 7.9 %. ⁽²⁾

NBW babies are more likely to die in the first few months of life, have delays in neuropsychomotor development and are more likely to have chronic non-communicable diseases in adulthood. ⁽¹⁾ However, responsive maternal care can minimize these effects and contribute to the child's healthy development. ^(3,4)

RNBP mothers suffer from their unmet expectations in relation to their idealized child ⁽⁵⁾ and these negative emotions can affect the care of the child's basic needs, such as breastfeeding, hygiene, safety and protection.

Although there are studies of different natures on maternal care in relation to their children, there are few studies that involve maternal perception in relation to care for NBWB, especially the synthesis of evidence that can support professional practices to improve health care. child care with respect to the integrality of care and subjectivity of each mother with her child in society.

Thus, the present study aimed to identify in the scientific literature the perception of mothers about the care of preterm infants.

Methodology

This is a qualitative systematic review conducted in accordance with the methodological guidelines of the Joanna Briggs Institute (JBI) for Systematic Reviews of Qualitative Evidence. ⁽⁶⁾

The review question was: What is the perception of mothers regarding the care of newborn babies? It was based on the PICO strategy: (P - population = mothers of newborn babies; I - phenomenon of interest = care for newborn babies; Co-context = hospital, home or community).

Studies were selected that included perceptions, experiences or experiences of mothers in caring for full-term or pre-term newborns, without restrictions on the number of participants, as well as sociodemographic, ethnic or educational backgrounds of mothers. In this case, the experiences are exclusively related to the maternal care provided to these babies from birth to the second year of life in the home, hospital or community context.

Only articles with a qualitative approach were included, regardless of the theoretical aspect (phenomenology, grounded theory, action research, analysis and qualitative description), in Portuguese, English and Spanish, published in the last 10 years, without restriction on the place of publication.

The exclusion criteria were: studies involving mothers of children with congenital or metabolic diseases, born to mothers with HIV and twins. Studies that were not available in full and had limited access were also not suitable for review.

The studies were selected from the following databases: PubMed, MedLine, VHL, Scielo, EMBASE and Web of Science. The search in these databases was carried out between April/2021 and March/2023 using Health Sciences Descriptors (DeCS) and

Medical Subject Headings (MeSH). For the search strategy to be effective, the descriptors were combined in different ways, with the help of a librarian working at the university. This process was composed of three phases, as proposed by JBI. ⁽⁷⁾

In the first phase, a preliminary search was carried out on PubMed to identify relevant articles on this topic. The text words in the title and abstracts used in the retrieved articles, as well as the index terms used to describe the articles were used to develop a complete strategy.

Table 1 presents the strategies constructed to search for articles. The search strategies used in the Web of Science database were also built with the database's specific labels; search string #10 was used for testing especially in this database.

Table 1 – Search strategies for articles in the PubMed/Medline, VHL, SciELO, EMBASE, Web of Science databases. Bahia, Brazil, 2021

#1: maternal behavior AND perception AND child care AND infant AND low birth weight AND nursing
#2: maternal behavior AND perception AND child care AND infant AND low birth weight AND nursing AND NOT primary immunodeficiency diseases AND NOT congenital AND NOT hereditary AND NOT neonatal diseases AND NOT abnormalities
#3: maternal behavior AND perception AND child care AND infant AND low birth weight AND nursing NOT primary immunodeficiency diseases NOT congenital NOT hereditary NOT neonatal diseases NOT abnormalities
#4: conducta materna AND percepción AND cuidado del niño AND recién nacido de bajo peso AND enfermeira
#5: conducta materna AND percepción AND cuidado del niño AND recién nacido de bajo peso AND enfermería AND NOT enfermedades de inmunodeficiencia primaria AND NOT enfermedades AND NOT anomalías neonatales congénitas AND NOT hereditárias
#6: conducta materna AND percepción AND cuidado del niño AND recién nacido de bajo peso AND enfermería NOT enfermedades de inmunodeficiencia primaria NOT enfermedades NOT anomalías neonatales congénitas NOT hereditárias
#7: comportamento materno AND percepção AND cuidado da criança AND recém-nascido de baixo peso AND enfermagem
#8: comportamento materno AND percepção AND cuidado da criança AND recém-nascido de baixo peso AND enfermagem AND NOT doenças da imunodeficiência primária AND NOT doenças e anormalidades congênitas AND NOT hereditárias AND NOT neonatais
#9: comportamento materno AND percepção AND cuidado da criança AND recém-nascido de baixo peso AND enfermagem NOT doenças da imunodeficiência primária NOT doenças e anormalidades congênitas NOT hereditárias NOT neonatais
#10: TS=(maternal behavior) AND TS=(perception) AND TS=(child care) AND TS=(infant low birth weight) AND TS=(nursing)

Source: Own elaboration.

After the search, in the second phase, all identified citations were grouped and loaded into Microsoft Excel and duplicates were removed. Titles and abstracts were screened by three independent reviewers for assessment against the inclusion criteria for the review. Of the selected articles, the full text was assessed in detail against the inclusion and exclusion

criteria by two independent reviewers. Disagreements between reviewers were discussed at each stage of the selection process and, when necessary, a third reviewer was requested.

In the third phase, the result of this search and inclusion process was organized and presented by the Main Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) ⁽⁸⁾ flowchart, as shown in Figure 1. The methodological quality of eligible studies was assessed based on of an instrument from the JBI Critical Appraisal Tool of Qualitative Research, which presents 10 evaluation criteria, each of which is evaluated as "yes", "no", "unclear" and "inapplicable". The quality grade that meets all standards is A, the quality grade that partially meets the standards is B, and the quality grade that does not meet all standards is C. In this study, literature with a quality grade was included A or B.

The results of the studies were grouped into categories, according to content analysis, ⁽⁹⁾ subsequently the results were organized in a coded table, with the following information: reference, methodology, main results and thematic categories.

Results

1129 articles were identified, of which only 11 met the inclusion criteria for this study. Figure 1 shows the article selection process according to the PRISMA flowchart.

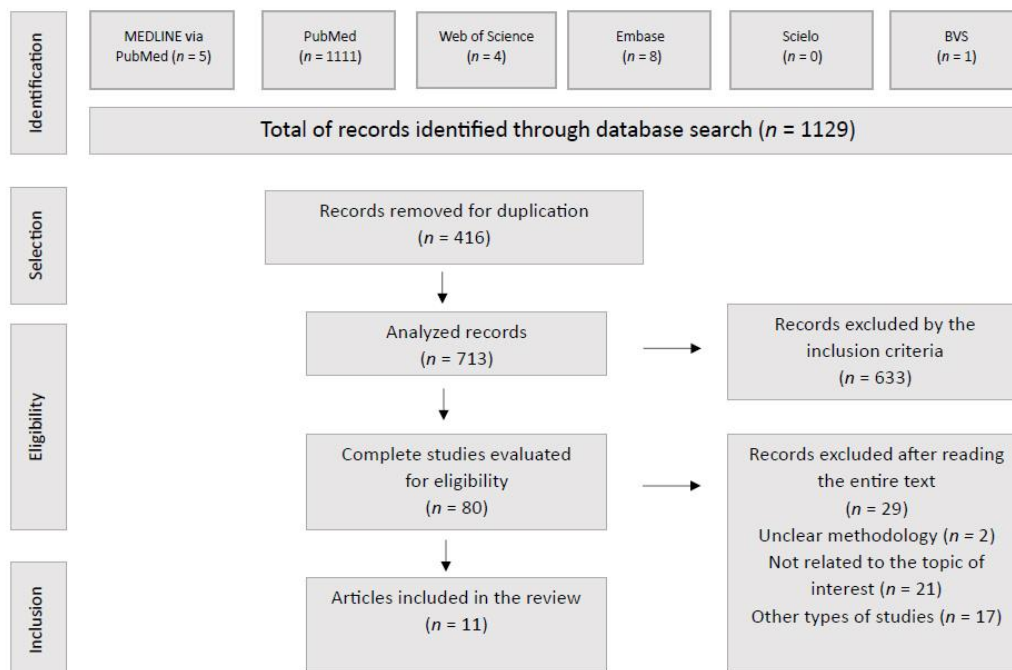


Figure 1. Flowchart of the article selection process for inclusion in the systematic review, based on the PRISMA recommendation. Bahia, Brazil, 2023. Source: Own elaboration.

Characteristics of the studies

Of the 11 studies included in this systematic review, eight are descriptive qualitative studies, two are phenomenological studies, and one is a comprehensive study. Regarding the characteristics of the publications, the majority were published in 2020 ($n = 3$; 27.3 %) and in Brazil ($n = 6$; 54.5 %). No publications were found in Spanish, only in Portuguese and English.

Regarding the data collection location, seven studies were carried out in the hospital context, three in the home context and one study in the community. Nine articles presented structured or semi-structured interviews as a data collection method, while one used a focus group discussion that was carried out with mothers of low birth weight babies and another was carried out through maternal diary records.

Regarding the content of the articles, it was possible to identify five main categories: maternal feelings, care needs and challenges, breastfeeding, mother-baby bond and social support.

Table 2 describes the publications selected for the study containing the article reference, objective, method and main results related to the topic covered in this review.

Table 2 – Description of the qualitative studies included in the review regarding maternal perception of care for low birth weight newborns. Bahia, Brazil, 2023

REFERENCE	OBJECTIVE	MAIN RESULTS	THEMATIC CATEGORY
Marchetti et al. ⁽¹⁰⁾ 2015	Understand the mother-baby emotional bond, considering prematurity.	Prematurity tends to interfere with the construction of the mother-baby bond, as the hospitalization of a premature child disrupts family dynamics. The rapprochement and construction of the bond happen gradually, consistent with the baby's clinical condition.	- Maternal feelings - Mother-baby bond
Veronez et al. ⁽¹¹⁾ 2017	Describe the process of constructing maternal care mediated by nurses during the period of hospitalization and discharge of premature babies.	The trajectory and process of the mother's adaptation to the care of her premature baby, from preparation for discharge, to overcoming her fears and insecurity in providing care at home.	- Maternal feelings
Tada et al. ⁽¹²⁾ 2020	To evaluate breastfeeding care and education provided to mothers with low birth weight babies in Tanzania.	Mothers with low birth weight babies need special support to increase their ability to breastfeed and ensure continued EBF.	- Care needs and challenges - Breastfeeding - Mother-baby bond - Social support
Yang et al. ⁽¹³⁾ 2019	Understand the experience of mothers breastfeeding hospitalized premature babies.	Mothers of premature babies reported physically and mentally challenging breastfeeding experiences. They saw expressing milk as an integral part of their maternal role, although some found it exhausting. Mothers depended on non-professionals to establish breastfeeding.	- Maternal feelings - Care needs and challenges - Breastfeeding - Mother-baby bond - Social support
Nascimento et al. ⁽¹⁴⁾ 2016	Describe the maternal experience in caring for a premature child.	Mothers experience ambivalence of feelings. To care for a premature baby you need family and professional support so that he can achieve satisfactory development.	- Maternal feelings - Care needs and challenges - Mother-baby bond - Social support
Machineski et al. ⁽¹⁵⁾ 2018	Understand mothers' perception regarding maternal competence in caring for premature babies between the 3rd and 6th month after hospital discharge.	Stress experienced during hospitalization and after hospital discharge was identified; the importance of family support for care; impositions of motherhood; and, concern for the child's well-being.	- Maternal feelings - Care needs and challenges

Lelis et al. ⁽¹⁶⁾ 2018	To analyze the reception of mothers of premature newborns hospitalized in the care environments of a Baby-Friendly Hospital.	The impact of mother-child separation with premature birth has repercussions after birth. The practice of reception in this difficult process of having a child hospitalized is weakened due to the lack of qualified listening from professionals.	- Maternal feelings - Mother-baby bond
Zulin et al. ⁽¹⁷⁾ 2015	Understand the meaning that mothers of premature babies attributed to their experience using the transactation technique.	Breast milk for premature infants is essential for the baby's health and transactation as a resource for successful breastfeeding.	- Breastfeeding
Taurus et al. ⁽¹⁸⁾ 2015	Understand the experience and perception of mothers in relation to the Kangaroo Mother Care.	All mothers, despite being tired, reported a high level of satisfaction with the Kangaroo Care, as it allowed them to be closer to their babies, giving them the opportunity to observe their growth and be fully involved in the care.	- Mother-baby bond
Mathias et al. ⁽¹⁹⁾ 2020	Assess facilitators and barriers to accessibility and use of the Kangaroo Mother Care.	The themes identified in the focus group were: parental availability for the Kangaroo Care; security about the experience in using the Kangaroo Method; women's empowerment and quality of care.	- Maternal feelings - Mother-baby bond - Social support
Goncalves et al. ⁽²⁰⁾ 2020	Explore mothers' experiences related to pregnancy, premature birth, the relationship with the newborn and future perspectives.	Mothers feel scared because of the unexpected occurrence of a premature birth and its associated risks. They reported more negative and distressing feelings and demonstrated more difficulties in anticipating the experience of caring for their babies.	- Maternal feelings - Mother-baby bond - Social support

Source: Own elaboration.

Discussion

The purpose of this study was to synthesize qualitative studies regarding mothers' perception of the care of preterm infants.

From the analysis of the studies, it was possible to identify five main categories: maternal feelings; care needs and challenges; breastfeeding; mother-baby bonding and social support, which will be discussed below.

Maternal feelings

The hospitalization process is characterized as a stressful, traumatic and worrying experience, leading to family disruption, especially the separation between mother and child, whose contact is essential for the development of the maternal role. ⁽¹¹⁾ The studies analyzed here showed that mothers had difficulties trying to construct this role with their babies hospitalized immediately after birth and with limited access to them.

The literature shows that the entire process considered normal for experiencing pregnancy suffers a breakdown in expectations upon the arrival of a premature or low birth weight baby. Upon learning that there is a possibility of the newborns' hospitalization, mothers feel frustrated, undoing their representations of the imagined baby. ^(10, 12)

Therefore, feelings such as anxiety and stress arise, since even knowing that intensive care is necessary due to the severity, the fear of the unknown becomes a threat to coping with situations, significantly influencing the performance of maternal competence. ^(13, 21)

Furthermore, the mothers' reports showed that the disorder experienced in the hospital environment has other justifications based on social circumstances, such as not being able to take their child home immediately, concern for the other children who remained at home, with household chores and the marital relationship. ^(12, 21)

Some mothers, faced with the fear resulting from hospitalization, turn to spirituality as a way of comforting their insecurities. ⁽¹⁴⁾ Thus, a feeling of impotence is seen as a factor of emotional imbalance and increases anxiety levels, as the health of the newborn may also be compromised. ^(11, 15)

Although hospital discharge should be considered something positive, as it is a moment awaited by mothers and families, there is still a feeling of restlessness, they feel unable to promote care without the supervision of health professionals, there is still the conception that premature babies need double care, even with the guidance of professionals. ⁽¹⁵⁾

Care needs and challenges

There are needs that express the baby's survival and full development, such as physical needs, security and regulation. One of the difficulties in caring for NBWB is the lack of experience related to the insufficient stock of knowledge about the common complications they present, such as crying or colic. ⁽¹⁵⁾ These problems present themselves as conditions that are not favorable to sustaining physical and physiological integrity.

The studies analyzed deal with the lack of practice in this daily care, for example, bathing, feeding or preventing infections. Thus, concerns about feeding include fear of causing the baby to choke, due to the risk of aspiration which could lead to respiratory infections. ⁽¹⁴⁾ The feeling of apprehension resulting from fragility and the probability of the baby acquiring illnesses implies care, which is understood as physical protection and safety, which are met through the promotion and maintenance of bodily integrity, in addition to the prevention of damage and illness. ^(14, 15)

On the other hand, maternal competence and autonomy are reinforced and facilitated when the particularities of the RNBP are recognized and assistance directed to their needs is established. Learn to understand and monitor your behaviors taking into account your uniqueness. ⁽¹¹⁾

Experiences are diverse in relation to each care activity, some mothers understand that providing breast milk is the best option to support their hospitalized babies, but the feeling of expressing does not make them feel confident and determined. ⁽¹³⁾

Then, even the first bath constitutes a challenge for mothers, a daily care that arouses apprehension and insecurity about the correct way to latch, the movements to be made, the babies' possible reactions and the presence of the umbilical stump. ⁽¹¹⁾

Exploring physical and sensory abilities, observing the responses to the environment and the rhythm of each child and each mother, increases the possibility of care. In such a way, being a mother of a NBW means making the best choices with dedication, of being with the baby, thus, both concern and occupation help to achieve general well-being. ⁽¹⁵⁾

In fact, a study that analyzed the reception of mothers of premature babies hospitalized in a Baby-Friendly Hospital showed that mothers in almost all reports show an interest in being present and monitoring their child's progress, feeling like they are

participating in the process of adaptation to these needs, with the support of the professional team. ⁽¹⁶⁾

Another need is associated with adaptation to individual differences, in this case, mother and child, in an interaction process in which one influences the other. One can then see the relevance of the first physical contact between them, the construction of this bond of affection capable of reducing the anxiety and fears present there. ^(11, 16)

The ability to provide the necessary care, and above all, having the ability to understand the signals given by the child, in these periods of greater dependence, is essential to constitute the competence of the maternal role. ⁽¹⁵⁾ Those who experience the Kangaroo Method highlight in practice the opportunity to feel their child's changes in breathing, temperature, sleep nuances, among other particularities of the child, and thus begin to build a bonding relationship. ^(14, 16)

On the other hand, stress together with maternal age and socioeconomic conditions can interfere with the development of this competence. The distance from older children and other factors, consequently, causes anxiety and difficulty in breastfeeding, for example, altering the care of the baby and the ideal weight gain for its development. ⁽¹⁴⁾

The nurse has autonomy and the ability to act in this process defined as: path of appropriation of the maternal role. ⁽¹¹⁾ Bearing in mind that, in addition to the experience gained in practice, they need to be guided in relation to the particularities of this category, to avoid risks and exposures. ⁽¹⁴⁾

The detailed guidance and follow-up are capable of conferring skill and undoing the negative impression about the execution of routine activities, making them an active subject of the educational process. A study carried out with four mothers found that a good relationship with the team and the mother's adaptation to hospital routines facilitate the demystification of the perception of a very fragile baby. ^(10, 11)

Breastfeeding

Studies show that mothers recognize the value of breast milk for the immune system, prevention against infections, organ formation and the bond formed, being seen as fulfilling their role as mother. ^(17, 22) The possibility of breastfeeding a hospitalized child is so important that it is seen as a scenario for improvement and indicates that hospital discharge is near. Because of this, it is important to highlight that mothers encounter barriers to starting early breastfeeding, such as: the baby's physical problems, mother-baby separation, among others. ^(11, 13, 17)

Despite this recognition, hospitalization generates anguish, anxiety and concern, making it impossible to maintain breastfeeding, as was verified in Chinese neonatal units, the initial separation is a focal impediment to the beginning and continuation of this process. ^(13, 17)

The long period of mother-child separation after birth can affect milk production, causing a late start to breastfeeding, which is detrimental to the weight gain of babies born with low birth weight. Added to this is the fact that there is fear and insecurity about how to feed the child, as another study shows that mothers' concern about their child's health is so great that it weakens the establishment of breastfeeding. It is therefore necessary to encourage mothers to express milk, especially after birth during the first few hours. ^(12, 13, 17)

If this mother does not receive prior guidance, the responsibility of breastfeeding becomes a burden and a possible aggravating factor for early weaning, capable of resulting in a worsening of the child's development. In fact, a qualitative study with mothers of low

birth weight babies in an urban hospital in Tanzania reinforces that interventions by health professionals tend to effectively encourage mothers to achieve exclusive breastfeeding. ⁽¹²⁾

Mother-baby bond

In the context of care and healthy development, there is a need to promote ongoing nurturing relationships. According to recent studies, neural synapses are activated through the stimulation that children receive, from the prenatal period to the first years of life, which arise from interactions responsible for emotionally and intellectually developing the baby's brain circuit. ⁽²³⁾ In other words, he depends on another human being to satisfy his basic needs, however, this care goes beyond the dimension of mere survival and involves an irrational and affectionate process. In this case, a continuous nurturing relationship is defined as a safe, empathetic, emotionally motivating and interesting interaction, established in a balanced way over time, between the caregiver and the child. ⁽¹⁰⁾

Caregivers' understanding of these interactions is the foundation for safe development, with the formation of attachment and the maternal-infant bond being its basis. Thus, attitudes such as talking, touching, looking, smiling and playing are seen by mothers as positive interactions in relation to creating rapport, even if the babies are sleeping or when they are breastfeeding, for example. ⁽¹⁸⁾ This conception is constituted gradually and takes time, little by little, the feeling of belonging is awakened in her through reciprocal responses, when she caresses him, she sees that he calms down; When speaking, the baby looks at her, until there is full recognition. ^(10, 14)

The Kangaroo Method, according to mothers in relation to child care, is one of the bonding providers, as it offers autonomy, financial savings and promotes the well-being of both. Despite the favorable aspects expressed during this process of rapprochement, it is important to highlight the obstacles and adversities that oppose the formation of attachment and possibilities for interaction right after birth. ^(18, 19)

Adding to the above, a study carried out with 11 Chinese mothers states that premature babies often suffer a prolonged period of separation from their mothers, and they are exposed to stress, depression and other negative emotions. ⁽¹³⁾ This distance prevents both mother-baby attachment and the establishment of breast milk supply.

Another study compared the experience of mothers of full-term and pre-term babies, the result confirmed that the majority of mothers of pre-term babies reported not having been separated from their babies after birth, on the other hand, all mothers of preterm babies had the opposite experience. ⁽²⁰⁾

It is worth highlighting that admission to the Neonatal Intensive Care Unit causes a feeling of loss and physical and emotional separation, interfering with interpersonal relationships, preventing skin-to-skin contact, removing the right to exercise the maternal role. ^(8,13,14) Furthermore, according to the majority of participants in a phenomenological study carried out in an Academic Hospital in Johannesburg, there was a feeling of fear related to the child's fragility, which prevented them from freely touching the baby during hospitalization in the Nursing Unit. Neonatal Intensive Care. ⁽¹⁸⁾

Such exposure of the child to adverse and stressful situations or lack of stimulation has a direct impact on their overall development, which may seriously aggravate or cause long-term delays, given that this initial period is characterized by a high degree of plasticity in brain organization and the damage can reach irreversible dimensions. ^(3, 21)

Social support

Social support is based on the concept of structure that is defined as: stable, supportive and culturally continuous communities. Therefore, the effective participation of all components that make up this network must be able to meet the needs of the child and provide support for families, thus contributing to the full development of children. ⁽²¹⁾

In many countries, parental participation, for example, is encouraged during hospitalization, a crucial aspect for the formation of a mother-baby bond and, post-discharge, this subject becomes substantial support for the care of the newborn at home. ^(11, 13) When mothers feel supported, they can not only offer self-preservation care, but also decode the baby's peculiarities and desires, attributing new meanings to the newborns' emotions. ⁽¹⁰⁾

In addition to the father, the community group that accompanies this mother has the power to influence her attitudes and choices. Those who are part of a pro-breastfeeding community are less likely to choose formula for their child, since behavioral examples and opinions tend to affect decisions about breastfeeding. ⁽¹³⁾

The family can equally act as a strengthener or weakener of needs, due to the fact that low birth weight babies are, for the most part, very small, it causes a strange visual impression on family members, generating a feeling of impotence and distance in the context of the NICU. ^(11, 18) On the other hand, factors such as experiences transmitted from other generations to the mother, the help of daily care for the baby serve as incentives for self-confidence, a feeling of greater security and enhanced care. ⁽¹⁵⁾

When these mothers arrive at home, they do not always find an environment suited to their needs and those of their baby. This requires family participation in collaboration, encouragement and division of tasks, preventing the mother from becoming overwhelmed. Regarding this family support, a qualitative field study carried out with 13 mothers of premature babies showed that the majority of participants relied on family members, on the other hand, the article with two focus group discussions carried out in Malawi stated that few participants acknowledged having social support or encouragement, the majority reported not having any type of help, ^(14, 19) which can directly affect maternal health, due to the overload of domestic responsibilities, and consequently the care that this child will receive from the mother.

Final considerations

Mothers' perception regarding care with NBW involves intrinsic aspects (feelings and challenges of care; breastfeeding; mother-baby bond) and extrinsic aspects of motherhood (social support). Therefore, it is possible to verify that mothers of newborn babies, whether premature or not, may experience feelings of anguish, fear and anxiety that make the process of adapting to the role of motherhood difficult. These adaptations require more time to materialize and require constant support from health professionals who can provide opportunities for the mother to participate in the care of the baby, in order to meet the basic and specific needs of the NBWB, as well as offering support to these families.

In addition to supporting the practice of health professionals, this study can also contribute to the development of other research, advancing the construction of knowledge regarding the care of newborn babies with a view to promoting the child's comprehensive health.

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Authors' contribution (CRediT Taxonomy): 1. Conceptualization; 2. Data curation; 3. Formal Analysis; 4. Funding acquisition; 5. Investigation; 6. Methodology; 7. Project administration; 8. Resources; 9. Software; 10. Supervision; 11. Validation; 12. Visualization; 13. Writing: original draft; 14. Writing: review & editing.

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Scientific editor in charge: Dr. Natalie Figueredo.