

NURSING CARE FOR MOTHERS OF PRE-TERM NEWBORNS FOR MAINTENANCE OF LACTATION: PHENOMENOLOGICAL STUDY

CUIDADO DE ENFERMAGEM ÀS MÃES DE RECÉM-NASCIDOS PRÉ-TERMO PARA MANUTENÇÃO DA LACTAÇÃO: ESTUDO FENOMENOLÓGICO

CUIDADO DE ENFERMERÍA A MADRES DE RECIÉN NACIDOS PREMATUROS PARA MANTENIMIENTO DE LA LACTANCIA MATERNA: ESTUDIO FENOMENOLÓGICO

Tatiane Correa Trojahn ¹
Andressa Peripolli Rodrigues ²
Tassiane Ferreira Langendorf ³
Cristiane Cardoso de Paula ³
Ívis Emília de Oliveira Souza ⁴
Stela Maris de Mello Padoin ³

¹ Universidade Federal de Santa Maria - UFSM, Hospital Universitário de Santa Maria. Santa Maria, RS – Brazil.

² Instituto Federal Farroupilha-IFF, Curso Técnico de Enfermagem. Santo Ângelo, RS – Brazil.

³ UFSM, Programa de Pós-Graduação em Enfermagem. Santa Maria, RS – Brazil.

⁴ Universidade Federal do Rio de Janeiro - UFRJ, Escola de Enfermagem Anna Nery – EEAN, Departamento Materno-Infantil. Rio de Janeiro, RJ – Brazil.

Corresponding author: Stela Maris de Mello Padoin. Email: stelamaris_padoin@hotmail.com

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ABSTRACT

Objective: to understand the meaning of the nursing care provided to mothers of preterm newborns to maintain lactation from the perspective of nursing professionals working in a Neonatal Intensive Care Unit. **Method:** phenomenological study, based on Martin Heidegger's theoretical referential. The interviews were conducted with 10 nursing professionals from April to August 2013, at a University Hospital in Rio Grande do Sul State, Brazil. **Results:** The professionals announced the temporal reference in care, when they indicate that the perception of the breastfeeding importance comes from their experience as mothers (in the past) and as professionals (present), learning with colleagues, mothers and from scientific knowledge, modifying their vision about Breastfeeding of the newborn at risk, opening up to the possibilities for actions on the lactation maintenance (future). **Conclusion:** Understanding this temporal reference implies in recognizing the need for institutional spaces so that professionals can reflect and share their lived experiences (past), current experiences (present) to permanently build knowledge and incorporate them to their practice (future), qualifying the care provided to mothers in order to maintain lactation.

Keywords: Breast Feeding; Lactation; Intensive Care Units, Neonatal; Neonatal Nursing; Qualitative Research.

RESUMO

Objetivo: compreender o significado do cuidado de enfermagem prestado às mães de recém-nascido pré-termo para manutenção da lactação na perspectiva dos profissionais de enfermagem que atuam em Unidade de Terapia Intensiva Neonatal. **Método:** estudo com abordagem fenomenológica, fundamentada no referencial de Martin Heidegger. Realizada entrevista com 10 profissionais de enfermagem entre abril e agosto de 2013, em Hospital Universitário do interior do Rio Grande do Sul, Brasil. **Resultados:** as profissionais anunciaram a referência temporal no cuidado, quando indicam que a visão da importância do aleitamento materno provém de sua experiência como mãe (passado) e como profissional (presente), aprendendo com colegas, mães e conhecimento científico, modificando sua visão da amamentação do recém-nascido de risco, abrindo-se para possibilidades de atuação para manutenção da lactação (futuro). **Conclusão:** compreender essa referência temporal implica reconhecer a necessidade de espaços institucionais para que os profissionais possam refletir e compartilhar seus vividos (passado), vivências e experiências (presente) para permanentemente construir conhecimentos e incorporá-los à sua prática (futuro), qualificando o cuidado às mães para manutenção da lactação.

Palavras-chave: Aleitamento Materno; Lactação; Unidades de Terapia Intensiva Neonatal; Enfermagem Neonatal; Pesquisa Qualitativa.

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RESUMEN

Objetivo: comprender el significado de la atención de enfermería a las madres de recién nacidos prematuros para mantener la lactancia desde la perspectiva de los profesionales de enfermería que trabajan en una Unidad de Cuidados Intensivos Neonatales. **Método:** estudio fenomenológico, basado en el referente teórico de Martin Heidegger. Las entrevistas se llevaron a cabo con 10 profesionales de enfermería de abril a agosto de 2013, en un hospital universitario del estado de Rio Grande do Sul, Brasil. **Resultados:** los profesionales señalaron el referente temporal en el cuidado, cuando indican que la visión de la importancia de la lactancia materna es fruto de su experiencia como madres (pasado) y como profesionales (presente), que aprenden con compañeros de trabajo, madres y conocimiento científico, que modifican su visión de lactancia materna del recién nacido en riesgo, con posibilidades de actuar en el mantenimiento de la lactancia (futuro). **Conclusión:** entender este referente temporal significa reconocer la necesidad de espacios institucionales para que los profesionales puedan reflexionar y compartir sus vivencias (pasadas), experiencias y vivencias (presentes) para construir permanentemente el conocimiento e incorporarlas a su práctica (futura) y brindar atención calificada a las madres para mantener la lactancia.

Palabras clave: Lactancia Materna; Lactancia; Unidades de Cuidado Intensivo Neonatal; Enfermería Neonatal; Investigación Cualitativa.

INTRODUCTION

Most preterm newborns (PTNB) are clinically vulnerable and need hospitalization at a Neonatal Intensive Care Unit (NICU), meaning that professionals are updated on specialized scientific knowledge, technical skills and specific competences to carefully evaluate the particularities of this population. Among these particularities is the sort of diet according to their clinical condition, which demands the necessity for the maintenance of lactation. Such care entails the nursing mother's health and, consequently, the possibility of breastfeeding (BF) when the NB is in clinical conditions to receive it, which is considered the ideal infant food.

Breastfeeding offers benefits such as the early weight recovery, greater growth measured by the cephalic length and perimeter, reduction of infection episodes and fewer hospital interventions, reduction of food intolerance episodes, reduction of the need for human milk fortifier and decrease in the duration of the enteral nutrition.¹⁻³

However, there are countless barriers that interfere negatively with the maintenance of lactation, being prematurity one of the factors that preclude the establishment of BF or cause early weaning.⁴ Evidences indicate that, in the beginning of BF, the highest rate of difficulties is related to PTNB responses, such as the immaturity of the oral reflexes.⁵ Regarding the difficulties faced by the mothers, the concern that the breast milk is not enough to feed the NB and the difficulty to breastfeed stand out.^{6,7}

Given these barriers and difficulties, there are unwanted outcomes, such as the low prevalence of the maintenance of lactation during and after the discharge of the NBs admitted to the NICU.^{4,8} As it can be seen through data observation, on the hospital discharge 77.3% of the NBs were in mixed breastfeeding, and only 4.5% were in exclusive breastfeeding.⁹

The relevance of the implementation of actions during the hospitalization at the NICU, aiming to support and promote the practice of BF is acknowledged. There is evidence that the conduction of these actions by a multidisciplinary team contributes

to the maintenance of lactation, and, also, that the nurses are the main caregivers of the NBs admitted to the NICU.^{10,11} The nurse strives to incorporate practices that promote the maintenance of lactation, such as the development of the Kangaroo Mother method and specific daily actions, to each mother and baby, that promote BF.^{10,12} This commitment is backed by the indication that the support given by the nurses during the hospital stay at the NICU results in considerable rates of maintenance of lactation after the hospital discharge.¹¹

Considering that the difficulties for the maintenance of lactation go beyond the biological barriers,^{1,7} human resources, and structures,⁹⁻¹¹ a gap in the knowledge on the subjective dimension of professionals becomes evident. For this purpose, the phenomenology is understood, based on Martin Heidegger's theoretical and methodological framework,¹³ as a possibility to unveil a research phenomenon in the existential dimension, which converges into the following objective: to understand the meaning of the nursing care provided to PTNB mothers for the maintenance of lactation from the perspective of nursing professionals working at NICUs.

METHOD

It is a phenomenological study based on Martin Heidegger, having its field stage developed in the period of April-August of 2013, at the NICU of a University Hospital located in the southern region of Brazil. The participants were the nursing professionals who worked at this unit, except those who were on medical leave, maternity leave or vacation during this phase.

For the data production, the phenomenological interview technique based on a guiding question was used: how do you signify the care to mothers for the maintenance of lactation? To understand their daily experience, the researcher's meeting with each professional was mediated by empathy, which demands an open position to the understanding of the other. This is the access the researcher has to penetrate into the objects of study,

not being necessary to live what the other has lived. Thus, the researcher-participant encounter allows an experience in which they share comprehension, interpretations and communication, in the sphere of inter-subjectivity. The deepening of what was expressed by the participants was triggered by empathetic matters, in which the researcher used keywords spoken by the professionals themselves, in order not to induce responses.¹⁴

The interviews were audiotaped and transcribed, respecting words and expressions and their anonymity was assured by the identification encoding, corresponding the letter P for Professional, followed by numbers from 1 to 10. The number of participants was not predetermined, considering that the phenomenological study assumes the completion of the field stage when a sufficient quantity of meanings that answer the objective of the research is reached. To this end, the analysis was developed concurrently with the field stage,¹⁵ totaling 10 interviews.

The analysis, according to the Heideggerian referential, contemplated two methodical moments: vague and median understanding (comprehensive analysis) and hermeneutical understanding (interpretive analysis).¹³ The former is developed from the understanding of the meanings expressed by the participants to discuss the facts lived, which can be described or explained. To this end, it was necessary to reduce assumptions, judgments and opinions about the object of study,¹⁵ highlighting in the transcripts what was expressed as significant for the professionals. The approximations among meanings for different professionals constituted the units of signification.

The hermeneutical understanding, which is the second part of the analysis, was developed from the interpretation of the meanings mentioned in the previous stage, linking to its own senses, concepts of the Heideggerian theoretical-philosophical referential. This implies the discussion of the study in the light of his books and other scientific papers that contemplate the existential dimension of other researched phenomena.^{13,16} The prior position of scientific knowledge is relevant on the construction of the study issue, allowing the inclusion of scientific evidence on the subject.¹³ Thus, the interpreted meanings contribute to reveal a knowledge that values the subjective dimension of the object of research.

This research assured the ethical dimension indicated by Resolution 466/12 of the National Health Council (BR), which establishes the rules for conducting research involving human beings. The project was submitted to the Ethics Committee and approved with the Opinion number 205.844.

RESULTS

The results indicate the comprehensive movement of the first methodical moment, which sought to grasp and emphasize the meanings of the statements expressed by nurs-

ing professionals from what they lived and their experiences. From the meanings that describe the professionals' understanding of their performance at the NICU for the maintenance of lactation, it was possible to unveil the time reference (past, present and future) that permeates their working praxis. When referring to time in phenomenology, it is a time that is not chronological, but phenomenal, which refers to the lived in the interview and the relived in their memories, feelings aroused and expressed in their speech and behavior. So, regardless of how long ago it happened, the research participant referred to the phenomenon of the maintenance of lactation that they experienced or apprehended.

When signifying how they operate at the NICU for the maintenance of lactation, the nursing professionals talked about the lived breastfeeding experience (past). They stated that they had difficulty to breastfeed their children, needing the help of professionals and relatives. They appreciate and acknowledge that if they had not received guidance, they probably would not have continued breastfeeding.

[...] I got huge [made a gesture of size], I had a fever, I had to be hospitalized [...] I needed help, I know that if I had not had help I would probably not have continued my breastfeeding [...] (P1).

[...] I had just the fissures [...] I had engorgement [...] but then my mother and the people guided me at home, that kind of guidance from your mother, grandmother, aunt [...] (P2).

[...] I suffered to breastfeed [engorgement] [...] a physiotherapist helped me [...] (P6).

They reveal that the care is different after becoming a mother, breastfeeding and sometimes experiencing the child's hospitalization in the past, and only those who have been through it know how mothers feel. They relate their care to the pleasure or suffering they felt. Given this lived experience (past), the nursing professionals described their current care experience at the NICU (present). They express that they observe the difficulties of the women who need to maintain lactation at the NICU, they strive to help the mother, start doing what has been done for them, passing on their experiences, and they understand the mother for not being able to breastfeed and respect her decision.

[...] after becoming a mom my meaning [to care for and help the mother] goes beyond [...] the professional [...] it is difficult, very difficult, to be on the other side [...] I feel that I have to pass on what has been done for me [...] (P1).

[...] after becoming a mother I changed a lot, it seems like we see the mothers differently, you give more attention, you give more importance [...] I try to see the mother in a special way [...] (P6).

[...] I could not breastfeed [...] I almost got depressed because of this [...] I understand their [the mothers'] suffering for not being able to do it, I think that if she is not well supported, it can lead to depression [...] (P7).

[...] my son was hospitalized [...] after that moment my look to these mothers is completely different because [sigh] only those who go through experiences like this know what we feel [...] her moment must be respected, if she actually wants to breastfeed the baby [...] (P10).

In the dialogue between past and present, the professionals state the future time reference, when they suggest that the perspective of the importance of breastfeeding comes from their experience as a mother (past) and as a professional (present) at the NICU, learning from colleagues and mothers, as well as from scientific knowledge, modifying the idea they had when they started working in this unit; before, they resisted to breastfeeding a high-risk newborn and had doubts, and their experiences and what they lived opened other possibilities of understanding and practice (future).

With time, they study and enhance their knowledge. Then, they use what they have learned and heard from everyone as an argument to change their actions, guiding mothers and believing in their own practice to support the maintenance of lactation.

[...] in the beginning I also had doubts, so I asked other colleagues [...] I do well this function of helping the mother, besides the newborn [...] I was a little resistant [...] I did not see the importance [...] but, over the days [...] I improved my perspective [...] today I have [...] the breastfeeding experience as a mother [...] the scientific knowledge and now the experience of being inside the ICU [...] a very strong argument to give to the mothers [...] (P2).

[...] I learned here [NICU] [...] I was raised like that [...] always breastfeeding, but in here, living with them and learning by listening to everyone else, I've learned a lot [...] (P9).

[...] in front of all my nursing experience in here [...] before, I did not even guide so much [...] I did not think it was so important, but over time we go learning, improving, you see in practice how it works [...] you go improving your knowledge, having all this experience at work [...] learning, studying [...] (P10).

They acknowledge that the NICU is a place that brings unpleasant feelings to the mothers, so they try to explain what is happening with the newborn so that she gets calmer and the hospitalization time is not so hard. They accept, support, talk and listen to the mother to ease her suffering. They offer emotional support and try to explain and clarify to the mother that she can trust in the team, because the child will be well cared for. They want her to feel a mother and to integrate, to participate in the newborn care during hospitalization. They consider it a piece of the mother, and, so, in caring for it they believe they are caring for the mother before they even know her. This is a kind of care for the mother.

[...] reassuring [...] so that she integrates, feels the baby's mother [...] explain to her what is being done [with the NB] [...] so that the stay here is not so difficult [...] (P4).

[...] we have to ease their suffering [...] (P6).

[...] we are caring even before meeting this mother [...] a piece of her is already here [...] the comfort that we offer the child is a kind of care for the mother [...] (P7).

[...] to give emotional support, to try to explain, to clarify [...] to calm her down, to trust the staff [...] that the baby will be well cared for. [...] (P8).

[...] it is part [of the care] [...] that she knows the state of the baby, what is happening [...] attention, talk [...] support them [...] hear them [...] (P9).

The nursing professional expresses that, in helping and teaching the mother, they feel good, fulfilled, gratified and with a feeling of mission accomplishment, because she is guiding something that is relevant to the health of the newborn. Their care shows love, affection and zeal to the mother and the child. It is dedication and respect for the profession.

It is a way of showing [...] the affection we have for the mothers and the children [...] it is zeal that nursing has with the mother and that child, when you help and teach [the mother] you demonstrate even the love you have for the profession, for the mother and for the child [...] I feel fulfilled [...] (P1).

[...] I feel somewhat gratified to be guiding something that is relevant, which is for the health of the baby [...] (P3).

[...] it is a dedication to what I do [...] the care I have with the mother, with the baby is a respect for the work we do [...] so that you feel good [...] (P5).

DISCUSSION

The Heideggerian hermeneutics, the second methodical moment, allows us to unveil the senses of the being from the understanding of what they have lived and their meaningful experiences about a certain phenomenon, in this study the nursing care provided to mothers of PTNB for the maintenance of lactation. These experiences occur in a time that is not thought of as a chronological sequence of events, but as a singular happening that can be revealed in the present now, composed of the past and linked to the future in a perspective of openness to possibilities. This understanding reveals that its own time, which is phenomenological, influences the finite realizations of life.¹³⁻¹⁷

When what the being accomplishes in its daily life has the influence of its own time, the dimension of temporality as the meaning of the being is emphasized.¹⁸ In this study, the temporality was shown by the care practices developed by the nursing professional who works at the NICU, who carries the experiences of the past (breastfeeding their children) and the present (caution at the NICU) that impact on perspective (support to the maintenance of lactation).

To the philosopher, the temporality allows three modalities: the happened-being (past), the being that is to come (future) and being as is (present). He says that the being is always its past, in which experiences can influence its way of being, and thus the multiplicity of ways of being continuously indicates the happening of the lived/experienced story, not being a static construction.^{13,19}

In interviews, the nursing professionals who work at the NICU, speaking of themselves, transmit through their attitudes their way of being and show themselves in their day by day.¹³ They revealed their happened-being modality when they described their experiences as a mother, in which they struggled to breastfeed and also had their child hospitalized, a determining fact to their current understanding regarding to breastfeeding and the maintenance of lactation.

From their experience of motherhood and breastfeeding, the professionals disclose that they care, understanding the mother who cannot breastfeed and respecting her decision. They embrace, support, talk and listen to the mother to ease her pain during her stay at the NICU, clarifying that the mother can rely on the team. In addition, they understand that taking care of the newborn is a kind of indirect care to the mother. In this way, the professionals show themselves in an attentive way of being.¹⁶

Solicitude has temporal character, because it occurs through the experiences of care and engaging with others. It is due to temporality that solicitude demonstrates a possible way of being-with-one-another.^{13,17} When they highlight the importance of breastfeeding, they define the way in which the professional will care for the mother at the NICU, emphasizing the modality being as is: their practice in the present.¹³

When the professionals take care of the mother for the maintenance of lactation that portrays the present, they re-

call the difficulties presented to establish breastfeeding when they became mothers and the aid received from professionals and relatives to actually breastfeed in the past. So, they reproduce what has been done for them. This recall also revives the suffering memory of the professionals when experiencing the breastfeeding and mobilizes a care to mothers in a constant relation. When mobilizing for the care, they act in the present, when they can proceed in two extremes of solicitude: a dominant one and liberating one. The dominating one refers to the care that "jumps onto the other" and imprisons. The liberating one refers to the care that "jumps before the other" and liberates.^{16,18} The professionals develop a care in a liberating way by trusting and giving responsibility to the mother to decide and choose her own way. With regard to breastfeeding, respecting her decision whether to breastfeed her newborn or not.

The professionals also develop a care in a dominating way,^{16,20} when receiving and supporting the mother to ease her pain, explaining that she can trust in the care given to her newborn by the team. With this, they take away from the mother the responsibility, which is natural, to care for the child, imprisoning her as a spectator of the performance that now is the focus of the NICU team.

When supporting the mother for the maintenance of lactation, the professionals report feeling gratified, because it is a way to show love and affection to her and to the newborn, respect and devotion to the profession. This engagement with the mother, the newborn and the work reveals a new way to connect¹³ and shows how the being-in-the-world engages and shares, in their healthcare practice, the support for the maintenance of lactation. This must begin in the hospital environment, through educational and dialogue practices among the team, the mother and the family.²¹ Therefore, the way the professionals engage in their everyday work reveals their effort in sharing their knowledge about breastfeeding and in incorporating the support for the maintenance of lactation to the professional practice.

In the third modality of temporality, the being is unveiled as a being-of-possibilities, which is open to engage to others and grasp what these relationships can provide.¹³ The professionals note that, when they started working at the NICU, they were resistant to the breastfeeding of high-risk newborns and had doubts about the importance of breastfeeding, but over time their perspective was modified. They clarify the doubts with colleagues, learn from the mothers, study and enhance their knowledge, using it and their experiences as arguments to the mothers.

In this modality, the being understands itself from its own time, which is individual and does not depend on dating or measurement (chronological), because one period of time may be linked to different experiences and meanings. In this understanding, what was significant in the past is not left behind, it is kept in the present and projected into the future.¹³ As a being-of-possibilities,¹⁹ it seized relevant information about breast-

feeding from its family relationships, co-workers and mothers, as well as its commitment to study and broaden scientific knowledge. Thus, the professionals' work at the NICU to maintain lactation carries traces of what was significant and motivates the search for knowledge in order to the care that will be developed with other mothers to maintain lactation.

From their world of life – with their own experiences – and from their world of work – experience with family, professionals and mothers –, the professionals reconstruct their perspective on breastfeeding and reflect on their way of supporting the maintenance of lactation. Still, they have the possibility to share their knowledge and support the mother, paying attention to their singularities and specificities.

In the light of this, unveiling the sense of the temporality of being¹³ reveals that the professionals learn through time and through what they live, do, feel and share in their world of work while working at the NICU. They reveal the importance of recognizing the influence of their own time in the development of their care actions to maintain lactation.

CONCLUSION

Understanding that the temporal reference of professionals has an influence on the mothers to maintain lactation implies recognizing the need for institutional spaces so that professionals can reflect and share what they lived (past), their experiences (present) to permanently build knowledge and incorporate them into their practice (future), qualifying the mothers' care for maintenance of lactation at the NICU. Valuing the subjectivity of professionals allows us to recognize their singularities, contributing to the objective efforts for the increased prevalence of the NB's BF.

REFERENCES

- Dritsakou K, Liosis G, Valsami G, Polychronopoulos E, Skouroliakou M. Improved outcomes of feeding low birth weight infants with predominantly raw human milk versus donor banked milk and formula. *J Matern Fetal Neonatal Med.* 2016[cited 2017 Aug 01];29(7):1131-8. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25909500>.
- Dritsakou K, Liosis G, Valsami G, Polychronopoulos E, Souliotis K, Skouroliakou M. Mother's breast milk supplemented with donor milk reduces hospital and health service usage costs in low-birth weight infants. *Midwifery.* 2016[cited 2017 Aug 01];40:109-13. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27428106>.
- Liu F, Han SP, Yu ZB, Zhang J, Chen XH, Wu WM, *et al.* Effect of breastfeeding quality improvement on breastfeeding rate in very low birth weight and extremely low birth weight infants. *Zhongguo Dang Dai ErKeZaZhi.* 2016[cited 2017 Aug 01];18(10):937-42. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27751207>.
- Freitas BAC, Lima LM, Carlos CFLV, Priore SE, Franceschini SCC. Duration of breastfeeding in preterm infants followed at a secondary referral service. *Rev Paul Pediatr.* 2016[cited 2017 Aug 01];34(2):189-96. Available from: <http://dx.doi.org/10.1016/j.rppede.2016.02.010>.
- Scheeren B, Mengue APM, Devincenzi BS, Barbosa LDR, Gomes E. Condições iniciais no aleitamento materno de recém-nascidos prematuros. *J Soc Bras Fonoaudiol.* 2012[cited 2017 Aug 01];24(3):199-204. Available from: <http://dx.doi.org/10.1590/S2179-64912012000300003>.
- Kair LR, Colaizy TT. Breastfeeding continuation among late preterm infants: barriers, facilitators, and any association with NICU admission? *Hosp Pediatr.* 2016[cited 2017 Aug 01];6(5):261-8. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27048247>.
- Maruyama H, Nakata Y, Kanazawa A, Kikkawa K. Importance of milk expression for preterm infants. *Acta Med Okayama.* 2016[cited 2017 Aug 01];70(1):45-9. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26899609>.
- Melo LM, Machado MMT, Leite AJM, Rolim KMC. Prematuro: experiência materna durante amamentação em unidade de terapia intensiva neonatal e pós-alta. *Rev Rene.* 2013[cited 2017 Aug 01];14(3):512-20. Available from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/713/pdf>.
- Martins EL, Padoin SMM, Rodrigues AP, Zuge SS, Paula CC, Trojahn TC. Alimentação de crianças que nasceram com baixo peso. *Ciênc Cuid Saúde.* 2013[cited 2017 Aug 01];12(3):515-21. Available from: doi: 10.4025/ciencuicsaude.v12i3.19527
- Bixby C, Baker-Fox C, Deming C, Dhar V, Steele C. A multidisciplinary quality improvement approach increases breastmilk availability at discharge from the neonatal intensive care unit for the very-low-birth-weight infant. *Breastfeed Med.* 2016[cited 2017 Aug 01];11(2):75-9. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26901619>.
- Hallowell SG, Rogowski JA, Spatz DL, Hanlon AL, Kenny M, Lake ET. Factors associated with infant feeding of human milk at discharge from neonatal intensive care: cross-sectional analysis of nurse survey and infant outcomes data. *Int J Nurs Stud.* 2016[cited 2017 Aug 01];53:190-203. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26518107>.
- Zhang SH, Yip WK, Lim PF, Goh MZ. Evidence utilization project: implementation of kangaroo care at neonatal ICU. *Int J Evid Based Healthc.* 2014[cited 2017 Aug 01];12(2):142-50. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24945956>.
- Heidegger M. *Ser e tempo.* 7ª ed. Petrópolis: Vozes; 2012.
- Paula CC, Padoin SMM, Terra MG, Souza IEO, Cabral IE. Modos de condução da entrevista em pesquisa fenomenológica: relato de experiência. *Rev Bras Enferm.* 2014[cited 2017 Aug 01];67(3):468-72. Available from: <http://dx.doi.org/10.5935/0034-7167.20140063>.
- Paula CC, Cabral IE, Souza IEO, Padoin SMM. Movimento analítico hermenêutico heideggeriano: possibilidade metodológica para a pesquisa em Enfermagem. *Acta Paul Enferm.* 2012[cited 2017 Aug 01];25(6):984-9. Available from: <http://dx.doi.org/10.1590/S0103-21002012000600025>.
- Heidegger M. *Todos nós ninguém: um enfoque fenomenológico do social.* São Paulo: Moraes; 1981.
- Amorim TV, Salimena AMO, Souza IEO, Melo MCSC, Silva LF, Cadete MMM. Women's temporality after cardiac surgery: contributions to nursing care. *Rev Bras Enferm.* 2015[cited 2017 Aug 01];68(6):748-54. Available from: <http://dx.doi.org/10.1590/0034-7167.2015680609i>.
- Wakiuchia J, Marco SS, Sales CA. Atenção a pacientes oncológicos na Estratégia Saúde da Família: olhar do usuário. *Rev Gaúcha Enferm.* 2016[cited 2017 Aug 01];37(1):e54088. Available from: <http://dx.doi.org/10.1590/1983-1447.2016.01.54088>.
- Graças EM, Santos GF. Metodologia do cuidar em enfermagem na abordagem fenomenológica. *Rev Esc Enferm USP.* 2009[cited 2017 Aug 01];43(1):200-7. Available from: <http://dx.doi.org/10.1590/S0080-62342009000100026>.
- Zveiter M; Souza IEO. Solicitude constituindo o cuidado de enfermeiras obstétricas à mulher-que-dá-à-luz-na-casa-de-parto. *Esc Anna Nery Rev Enferm.* 2015[cited 2017 Aug 01];19(1):86-92. Available from: <http://dx.doi.org/10.5935/1414-8145.20150012>.
- Tronco CS, Padoin SMM, Paula CC, Rodrigues AP, Neves ET, Weinmann ARM. Manutenção da lactação de recém-nascido pré-termo: rotina assistencial, relação mãe-filho e apoio. *Esc Anna Nery Rev Enferm.* 2015[cited 2017 Aug 01];19(4):635-40. Available from: <http://dx.doi.org/10.5935/1414-8145.20150085>.

