







MATERNAL EXPERIENCE WITH THE KANGAROO METHOD AT HOME

VIVÊNCIA MATERNA COM O MÉTODO CANGURU NO DOMICÍLIO

EXPERIENCIA MATERNA CON EL MÉTODO CANGURO EN CASA

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ABSTRACT

Objective: to analyze the maternal experience with the Kangaroo Method at home. **Methods:** descriptive research, with a qualitative approach, carried out with 10 kangaroo mothers who were discharged from a reference maternity hospital in a capital of Northeast Brazil. Data were collected through semi-structured interviews and submitted to thematic analysis. **Results:** the mothers experienced feelings such as fear and insecurity during the home phase of the Kangaroo Method and stated that the guidance provided by health professionals and the support for following the method at home are scarce. **Conclusion:** the maternal experience during the Kangaroo Method at home is permeated by challenges regarding the care of the newborn, therefore, mothers need clear guidance in all its stages, as well as the support of professionals from the Family Health Strategy and family members, to continue the method and thus reduce child morbidity and mortality.

Keywords: Kangaroo-Mother Care Method; Primary Health Care; Mothers; Infant, Newborn.

RESUMO

Objetivo: analisar a vivência materna com o Método Canguru no domicílio. **Métodos:** pesquisa descritiva, com abordagem qualitativa, realizada com 10 mães-cangurus egressas de uma maternidade de referência de uma capital do Nordeste do Brasil. Os dados foram coletados por meio de entrevistas semiestruturadas e submetidos à análise temática. **Resultados:** as mães vivenciaram sentimentos como medo e insegurança durante a etapa domiciliar do Método Canguru e afirmaram que são escassas as orientações fornecidas pelos profissionais de saúde e o apoio para o seguimento do método no domicílio. **Conclusão:** a vivência materna durante o Método Canguru no domicílio é permeada por desafios quanto ao cuidado ao recém-nascido, portanto, as mães necessitam de orientações claras em todas as suas etapas, bem como do apoio dos profissionais da Estratégia Saúde da Família e de familiares, para dar continuidade ao método e, assim, reduzir a morbimortalidade infantil.

Palavras-chave: Método Canguru; Atenção Primária à Saúde; Mães; Recém-Nascido.

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RESUMEN

Objetivo: analizar la experiencia materna con el método canguro en casa.

Métodos: investigación descriptiva, con enfoque cualitativo, realizada con 10 madres-canguro dadas de alta de una maternidad de referencia de una capital del noreste de Brasil. Los datos fueron recogidos a través de entrevistas semiestructuradas y sometidos a análisis temático. **Resultados:** las madres sintieron miedo e inseguridad durante la etapa domiciliar del método canguro y declararon que la orientación proporcionada por los profesionales de la salud y el apoyo para seguir el método en el hogar son escasos. **Conclusión:** la experiencia materna con el método canguro en casa presenta retos con el cuidado del recién nacido. Las madres, por lo tanto, necesitan orientación clara en todas las etapas, así como apoyo de los profesionales de Estrategia de Salud Familiar y de sus parientes para continuar con el método y así reducir la morbilidad y mortalidad infantil. **Palabras clave:** Método Madre-Canguro; Atención Primaria de Salud; Madres; Recién Nacido.

INTRODUCTION

Child health care has advanced in recent decades, with improvements that have significantly contributed to the reduction of child mortality worldwide. In the period between 1990 and 2016, the number of deaths of children under five years of age decreased from 12.7 to 5.6 million. However, the decline in the neonatal mortality rate, which died in the first 27 full days of life, does not occur with the same intensity as in early childhood and is not homogeneous in all countries.¹

In the world, for every 10 births, one is a premature newborn. This data deserves to be highlighted, since complications of prematurity are the main cause of neonatal mortality and, currently, the main cause of mortality among children under five years old.² However, according to the World Health Organization (WHO), this scenario will change through simple and economical interventions, such as the implementation of the Kangaroo Method (KM).^{2,3}

KM is an individual and biopsychosocial intervention based on singular care for preterm newborns (PTNB) and/or low birth weight newborns and their families, which aims to minimize the adverse effects of premature birth. For this, strategies are adopted, such as skin-to-skin contact; the kangaroo position, individualized care for premature NB; family participation in care; encouraging and supporting breastfeeding; interventions in care and handling aimed at the child's neuropsychomotor development and the application of the pain protocol.^{3,4}

In relation to the kangaroo position, the newborn should be kept upright, facing and joined to the chest of a parent or family member, with the head lateralized, flexed upper limbs, adducted, with elbows close to the trunk and flexed lower limbs and adducted. In addition, the dyad must be wrapped with a moldable cotton band for more safety of the NB. Thus, the kangaroo position allows more interaction between parents and the child and, consequently,

contributes to the formation of more confident parents³, in addition to strengthening the bond with the child.

Keeping this in mind, Brazil has instituted the KM as a health policy, which should take place in three stages: the first is developed during the hospitalization of premature and/or low weight newborns in the Neonatal Intensive Care Unit or the Conventional Neonatal Intermediate Care Unit; in the second, the baby remains, continuously with his mother, in the kangaroo position, in the Kangaroo Neonatal Intermediate Care Unit; the third stage is at home, with outpatient and basic health unit (BHU) follow-up, until the newborn reaches the weight of 2,500 g.³

During its stages, the KM provides health benefits for premature and/or low weight children, favoring thermal regulation, breastfeeding, adequate weight gain, reduction in hospitalization time and costs for public health, growth and development and the reduction of child morbidity and mortality. It also favors the bond of the NB with the relative.⁴

For mothers, the method gives them back self-esteem, as they feel indispensable in caring for the child, mitigating possible resentments from a negative delivery, due to the rapprochement with the newborn. In addition to the benefit for the child, this health policy promotes maternal empowerment and the feeling of security for the provision of care to the child after hospital discharge.⁵

Regarding the method at home, it is important to highlight the need for periodic monitoring of the binomial mother-NB in primary health care (PHC), to assess the child's health and guidelines. Thus, it is suggested to offer three consultations in the first week after hospital discharge, two in the second week and one weekly consultation from the third week, until the child is discharged from the KM.³ In addition, at this stage, if necessary, work with mothers on the relevance of continuing with the monitoring and practice of the kangaroo position.

However, for mothers, knowing the benefits of KM and wanting to practice it is not enough for them to be able to fully implement it at home, since there are difficulties for its implementation, such as: problems in the home environment related to agglomeration, when family is large, lack of privacy, few financial resources, little maternal knowledge, support for the practice of the Kangaroo Method, domestic obligations, maternal tiredness, little bond between mothers and health professionals. Therefore, it is necessary to have a consolidated support network composed of family members, friends and other kangaroo mothers, in addition to the bond with health professionals in primary health care (PHC), so that mothers feel more secure, protected and able to overcome the difficulties faced in the care of a premature NB.⁶

Therefore, seeking to know the experience of the kangaroo mothers, the context in which they are inserted and the conditions that influence the continuity of the kangaroo position at home

are essential actions to expand the look for care to the mother-NB binomial, especially because gains from this practice can affect the child's life, reductions in hospital admissions and infant morbidity and mortality.

Given the relevance of the theme, the scarcity of studies on the subject and the identification of factors that interfere with the continuity of the kangaroo position in the third stage of the method, the question was asked: what is the experience of mothers with the Kangaroo Method at home? To answer this question, the study aims to analyze the maternal experience with this method at home.

METHODS

This is a descriptive-exploratory study with a qualitative approach, developed in family health units with 10 mothers of preterm and/or low birth weight newborns, discharged from a reference maternity hospital in *João Pessoa, Paraíba*. These mothers were selected according to the following inclusion criteria: being a mother of a premature and/or low weight newborn and having performed or being performing the kangaroo method; having been discharged from the maternity hospital within 90 days; living in the area covered by a family health unit in the aforementioned municipality and being properly registered in it. Kangaroo mothers who did not return to their residence after discharge from the maternity hospital were excluded.

The collection of empirical data took place through semi-structured interviews, in the months of June and July 2018, in a procedural manner, in four distinct stages: a) identification of the kangaroo mothers and their respective addresses in the records present in the municipal reference maternity; b) identification of the family health units in which the kangaroo mothers were registered, after contacting the health districts regarding the area to which the unit belonged; c) initial contact with family health units. On that occasion, the professionals were informed about the objective of the research and the collaboration of the team was requested to facilitate communication with the kangaroo mothers and access to homes; d) conducting interviews with kangaroo mothers at home, after the research was clarified and authorized, by signing the Informed Consent Form. The mothers were previously informed about the research, and the most appropriate day was agreed for the interview. At home, we sought to respect the mothers' privacy, with minimal external interference, at the time of the interview, only the researcher, the participant and the community health agent were found.

The interviews were audio-recorded and transcribed in full, lasted from 10 to 16 minutes and were mediated by the following guiding questions: "are you still performing the kangaroo position?" "Report your experience with the Kangaroo Method at home". Data saturation was the criterion used to finalize data collection.

To guarantee the anonymity of the participants, the acronym "KM" was used, referring to the kangaroo mother, followed by an ordering of the numbers that represents the sequence of the interviews.

The empirical material was subjected to thematic analysis.⁷ Initially, the data were organized comprising all the material collected in the interviews, starting the classification. At that moment, the horizontal map of the material was drawn. Subsequently, in the light of the theoretical framework, as well as the proposed objectives, an exhaustive and repeated reading was carried out, making an interrogative relationship to apprehend the relevant structures. The fulfillment of these phases allowed the elaboration of the categorization through the transversal reading. Then, based on the relevant structures, the classification was reduced, grouping the most relevant themes for the final analysis.

From the analysis of the empirical material, two thematic categories emerged: a) maternal experience in face of the challenges for the continuity of the Kangaroo Method at home; b) importance of preparing mothers for the continuation of the Kangaroo Method.

The project was approved by the Ethics and Research Committee of the *Centro de Ciências da Saúde* of the *Universidade Federal da Paraíba* in 2017, under Opinion Report Nr. 2,189,497, CAAE: 02584212.3.0000.5188. The research met the formal requirements contained in national and international regulatory standards for research involving human beings.

RESULTS

The study participants were 10 mothers of premature and/or low weight children, aged between 19 and 40 years. As for the profession, six mothers were housewives, two students and two had formal work. Only one mother had completed higher education; four with complete high school; and five did not complete basic education. These women's marital status was: three single, five married and two maintained a stable relationship. As for the number of children, five women had two children. Of the 10 mothers, three did not continue the kangaroo position at home.

From the analysis of the speeches of the kangaroo mothers, two thematic categories emerged, as shown below:

MATERNAL EXPERIENCE IN THE FACE OF CHALLENGES FOR THE CONTINUITY OF THE KANGAROO METHOD AT HOME

The birth of a child is awaited with great joy by mothers and family. During the gestational period, the newborn is expected to be born at 40 weeks and in good health. However, when faced with the anticipation of delivery and/or the fragility of the newborn's health, the fear of living with the singularities of a premature NB emerges in mothers.

Since the delivery, I felt very afraid, because it was withdrawn ahead of time, I was not prepared for that date (KM4).

Was hard. In the beginning, when she was in the Intensive Care Unit, my feeling was of despair, because seeing a 30-week-old child, the size of nothing, there with those little things on top of her was very desperate (KM5).

The health condition of the premature and/or low weight newborn provides mothers with different experiences and adaptation to the child's needs, reflecting on constant learning.

Well, the days at the maternity hospital were more complicated, you know, because it's all about adaptation, we are afraid of their size, we must learn everything. When I got home, I was more adapted (KM4).

My daughter is a surprise box. I have learned a lot from my daughter, she really is warrior [...] I have learned to be patient, to wait, to give time to time (KM10).

After the child's stay in the maternity hospital to achieve physiological normality and adequate weight, hospital discharge is a new phase in the life of the mother and family. This moment culminates with controversial feelings, given that, together with the joy of returning to family comfort, feelings such as anxiety and insecurity arise, due to the new responsibilities assumed by the woman.

After she got home, the experience, the daily life improved, 90% than in the maternity ward, because in the maternity ward I had to be weighing and I was apprehensive [...] so, I thought it was much better after we came home (KM2).

It gives you that fear to leave and now it's me, isn't it? It's scary, but I was more adapted to it. It was not so complicated, we left scared because it scares any urgency [...] but, thank God, it was quiet (KM4).

When they were at home with their underweight and/or premature child, some mothers demonstrated the daily thermal control of the NB, breastfeeding and the identification of colic as daily challenges.

I was very afraid of not being able to maintain her temperature, both of her losing weight and having the possibility of acquiring some illness. I always had a thermometer with me to accompany (KM4).

He was not able to get the tip of my chest, so I was afraid of him losing more weight, but, thank God, he is taking it well, just seeing it (KM8).

I think that only when she had colic that I was unable to identify, it was my mother who identified [...] taking it, handling it, I came home from the maternity feeling more secure, but at first I cried a lot because I was afraid of breaking her, of not working (KM10).

Among the attributions of this new phase is the continuity of the kangaroo position at home. Through maternal reports, it is possible to identify satisfaction with being in skin-to-skin contact with the NB and the strengthening of the bond with the baby

It was the most pleasant moment of the day, because it was an important moment for both me and her, a moment of affection, a moment of pleasant warmth (KM4).

I like it, you know, I think it's good because she feels more welcomed, warmed up, calmer, when we do the kangaroo position (KM7).

I feel an exchange [...] I know that she is close to me, she is better, she is more protected (KM10).

IMPORTANCE OF PREPARING MOTHERS FOR THE CONTINUATION OF THE KANGAROO METHOD

The experience of kangaroo mothers during hospitalization at the Kangaroo Neonatal Intermediate Care Unit is very complex. Because of this, the new routine established in view of the child's clinical condition and the preparation for home return with the child, which has singularities, needs to be considered in care.

Despite this need for care and guidance, some mothers stated that they were not informed at the maternity hospital about the importance of continuing the kangaroo position at home. Others reported that there is little incentive for the position by professionals, even in the hospital environment, despite skin-to-skin contact being the main component of the Kangaroo Method.

There they did not say that I had to perform the kangaroo position at home, I did it because I wanted to. They did not warn me (KM5).

It was only once that she stayed in the kangaroo and slept with me, but until then [reference maternity for the Kangaroo Method] even she did not stay (KM2).

And there [reference maternity for the Kangaroo Method] she also only put it once, in that bundle [...] She went to the kangaroo bag only once, because of the party, but if they had indicated that it was to be used there ; because the mothers who were with me used it, except for her [daughter] (KM9).

The weakness in the incentive for the permanence of the kangaroo position in the hospital context and in the orientation regarding the importance of maintaining it at home can lead to the discontinuity of the Kangaroo Method, as described below:

The position that I take her [daughter] in the arm is already the kangaroo way that I learned, but I don't put the belt on (KM1).

Very difficult [to continue performing the kangaroo position at home]. Only when she has gas, then I put her on top of me (KM2).

It's not all day long, but I do it sometimes (KM7).

She doesn't like to be like that [kangaroo position], she likes to be in my arms (KM9).

Despite the fragile conducts that excel in providing care, since there are many weaknesses during hospitalization, the guidelines of the professionals are of paramount importance for the autonomy in the care of mothers and family members and will influence the effectiveness of KM at home, as observed in the following maternal reports.

There [reference maternity for the KM] they just let us go out with everything learned. We cry one way and the other to leave, but we only leave there when everything is right, learned everything and doing everything right (KM1).

Many things, if I hadn't learned there, I don't think I would have known how to do it at home. The care that is doubled (KM03).

What they teach is what we learn [...] are things that we bring home with us, how to put the child in the kangaroo position and the way to curl up too (KM7).

Upon knowing the benefits of KM for the growth and development of NB, mothers showed their understanding of the importance of maintaining the kangaroo position at home.

For him to feel my heat more, which is the main thing, for him to feel the mother's heat and for him to be more supported on me (KM7).

The nurse said that the incubator she was in would make her develop and now I would be her incubator, so she can develop better (KM5).

Because I know it has an effect on weight gain, and how I want her to get the ideal weight right away so I can leave the house, so that we can have a more peaceful life! (KM10).

In addition, it is clear that family support is essential for the continuity of KM at home, according to the following statements:

We wouldn't stop doing things to stay with her here [kangaroo position], I couldn't always because I had to cook food for my son and me, because I was alone (KM3).

I have the support of my family, who without it is difficult for us to have to divide between housework and take care of the NB, so, knowing that they are taking care of the house, I dedicate myself exclusively to her (KM4).

I couldn't put the responsibilities on my grandmother, because the responsibility was mine, she helped me a lot. So, I did it, when I had time (KM5).

DISCUSSION

The results made it possible to reflect on the continuity of the Kangaroo Mother Method at home, especially regarding the support of primary care professionals and the family.

The experience of motherhood is surrounded by expectations, dreams, fears and fantasies. With the birth of a premature and/or low weight NB and their subsequent hospitalization, these feelings are transformed into frustration, concern, sometimes unhappiness and blame for the mother, given the modification of plans, which were previously taking care of a newborn at term and without health problems, now he is faced with a newborn who requires extra care due to the newborn fragility.^{5,8}

A study that sought to know the experience with the child and the self-knowledge of their maternal role identified changes in the mothers' posture, in the face of fear and insecurity in caring for the child.⁸ Furthermore, small gestures and simple care take great proportions in the process of construction of affective bonds, which alleviate the maternal fears previously experienced.⁸ This was also identified in the present study, as some mothers reported strengthening and adapting, simultaneously, with the

child's clinical evolution, despite the difficulties arising from premature birth.

With regard to the discharge of a premature NB, this presents itself as a crucial moment in the lives of mothers and family members, often marked by expectations and uncertainties of the parents when assuming the responsibility for the immediate care required by the NB at home.⁹ Corroborating the literature, fear of what is to come and happiness for returning home were the main feelings mentioned by kangaroo mothers. Therefore, this ambiguity of feelings makes returning to the home a troubled moment, being essential a careful look by health professionals, with qualified listening for family support and systematic monitoring.^{10,11}

Furthermore, it was perceived in the reports the need for the development of new skills by the mothers, as they had expectations of taking care of a term NB and that did not demand special care, contrary to the needs of a Kangaroo-NB. This aspect was corroborated in a study that found the difficulty of parents to perform home care for premature NBs.¹¹

In contrast, these mothers emphasized satisfaction with the responsibilities of this new phase, in the continuity of the kangaroo position at home, given the formation of the bond with the child. The satisfaction and the bond provided by the kangaroo position overlap the difficulties faced and the conflicting feelings. Thus, the kangaroo mothers proved to be accomplished with the results of the Kangaroo Method.¹²

Some kangaroo mothers reported that they were not informed about the third stage of the Kangaroo Method, which possibly generated doubts about the importance of continuing the method at home. They also mentioned the reduced incentive to perform the position during their stay in the hospital.

Depending on the above, the study highlights that the periods of the kangaroo position in the hospital environment are low, although there are opportunities for practice in neonatal units.¹³ This reality portrays the difficulty in performing the kangaroo position in the hospital, a favorable environment for the implementation of the KM, as well as the lack of encouragement and timely guidance, revealing the disregard for the method in its different stages.

Thus, it is understood the importance of mothers being well oriented and supported to continue the KM, even in the maternity ward, since this is essential for safety and autonomy in the care of the NB, with positive repercussions in its third stage.⁵ In addition, professionals should pay attention to the importance of preparing parents during hospitalization and when they are discharged, requiring clear and objective guidelines that enable them to be good caregivers at home and give them security and a sense of competence.^{8,9}

Good communication between professionals and family members is essential, thus, the insertion of the family in the KM

provides moments for verbalization, which allow the clarification of doubts from parents and family members and, thus, the development of family self-confidence. Thus, the method provides more skill and security in view of the peculiarities of the premature child, being compared to a "life insurance" for the newborn.¹⁴

However, despite the reduced orientation identified in the present study, some mothers understood the importance of continuing the kangaroo position for their child's growth and development but stated that they did not continue performing the KM at home as they should. This may be since mothers do not have enough knowledge about the Kangaroo Method¹², as well as the lack of encouragement and monitoring of primary care professionals, overload of domestic service and little family support.

This finding was also mentioned by kangaroo mothers in Bangladesh, evidencing the need for help from the family, other mothers who had the same experience and health professionals, so that they would feel motivated to continue the method.¹⁵ Such reality is worrying and interferes with the continuity of the kangaroo position, as observed in the reports of the participants of the present study, and reiterates the need for effective guidance on the method and its benefits for the NB. In Uganda, parents of newborns weighing less than 2,000 g also emphasized the importance of guidelines for the continuation of the Kangaroo Method.¹⁶

Thus, it is of utmost importance that these guidelines and care for preterm and/or low birth weight newborns are not limited to the moment of discharge, requiring the monitoring of children by the Family Health Strategy and other health services. It is worth mentioning that no kangaroo mother reported support from the Family Health Strategy team, revealing a failure to monitor the binomial in the third stage of the kangaroo mother method.

This behavior of professionals goes against what is recommended, considering that the assistance of PHC professionals during this stage of the KM is essential, because, through health education, mothers will feel safer and will provide efficient care to NB. In addition, the monitoring of NBs and kangaroo mothers by FHS workers minimizes health risks resulting from prematurity and, consequently, a reduction in infant mortality.¹⁷

Therefore, support for KM at home should be prioritized among PHC actions, in view of its relevant contribution to providing the well-being and full development of vulnerable children who struggle for the right to life. In view of the above, it is possible to observe the importance of a consolidated support network for mothers in facing challenges at home¹⁸, as well as the provision of guidance and clarification of possible maternal doubts by health professionals, so that the third stage of the Method Kangaroo is carried out safely and successfully and, thus, can achieve the objective of the KM, which is the reduction of

child morbidity and mortality and the promotion of healthy child growth and development.

CONCLUSION

The results showed that the maternal experience during the realization of the Kangaroo Method at home is permeated by distinct and controversial feelings, such as joy, fear and insecurity, many arising from unpreparedness and the lack of guidance.

Mothers experience challenging situations that require the concomitant development of skills to provide care to preterm newborns, including the continuation of the kangaroo position and other household chores. However, the results also indicated that some kangaroo mothers are not informed of the third stage of the method during hospitalization, weakening the continuity of the kangaroo position at home.

One aspect revealed as crucial for the continuity of the Kangaroo Method was social and family support, however, it was noted the lack of support from professionals in the Family Health Strategy to kangaroo mothers and their children. This situation weakens the continuity of the method, considering that the third stage is the responsibility of the PHC, together with the professional from the outpatient clinic of the maternity in which the child was born.

Thus, in order to strengthen the third stage of the Kangaroo Method and facilitate maternal experience in the care of PTNB and/or low birth weight, monitoring and guidance from health professionals involved in assisting the mother-newborn binomial about the importance of continuity are essential. The method at home. For this, it is necessary to qualify the professionals who work in the Family Health Strategy and in hospital care, so that they can support mothers and contribute to the implementation of the third stage of the Kangaroo Method, as recommended.

The study presented as a limitation the non-inclusion of mothers who lived in other municipalities in the state, because, despite being a municipal maternity, the institution is a reference and assists mothers and premature children from all over the state of Paraíba. Considering that the distance between motherhood and home can be an influencing factor in the maternal experience during the third stage of the KM, it is important to develop research that includes these kangaroo mothers for a broader analysis of the theme. In addition, studies are suggested that seek to quantify the mothers who continue the method, in order to identify which aspects interfere with their follow-up.

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