

Care of the newborn in the hospital environment: opportunities for support and guidelines

Cuidados com o recém-nascido em ambiente hospitalar: oportunidades de apoio e orientações

El cuidado del recién nacido en un ambiente hospitalario: oportunidades de apoyo y directrices

ABSTRACT

Objective: To analyze the guidance and support provided by professionals for the care of newborns in a hospital environment in three regional health centers in the state of Paraná. **Method:** Analytical, cross-sectional study developed in 2017 and 2018 in three Health Regions of Paraná through a survey with 1,270 postpartum women in rooming-in care. the Student's t test with 95% reliability and Fisher's exact test ($\alpha < 0.05$) were used for the analyses. **Results:** In a general analysis, statistically significant results were found for the support for care of the newborn, including on activities such as bathing (90.7%), dressing of the umbilical stump (91.1%), perianal hygiene and diaper change (87.4%), bladder (84.6%) and bowel (84.6%) eliminations, breastfeeding (90.4%), and advantages of breastfeeding (72.8%). Nurses were the protagonists of this important health promotion action in the three health regions studied. Age and education were not related lack of support and/or guidance for mothers. **Conclusion:** The health regions inserted in the Mãe Paranaense Network showed good performance in terms of support and guidance on the care of the newborn in a hospital environment, especially in the health region of Foz do Iguaçu, with an emphasis on the role of nurses in these actions.

Descriptors: Child Care; Newborn; Guidance; Rooming-in; Neonatal Nursing.

RESUMO

Objetivo: Analisar as orientações e o apoio profissional para o cuidado do recém-nascido em ambiente hospitalar em três regionais de saúde do estado do Paraná. **Método:** Estudo analítico, transversal, desenvolvido em 2017 e 2018, em três Regionais de Saúde do Paraná, por meio de inquérito com 1.270 puérperas, no alojamento conjunto. Para análise realizou-se teste t de Student com 95% de confiabilidade e teste exato de Fisher ($\alpha < 0,05$). **Resultados:** Em análise geral, verificaram-se resultados com significância estatística para o apoio aos cuidados com o recém-nascido, como banho (90,7%), curativo do coto umbilical (91,1%), higiene perianal e troca de fraldas (87,4%), orientações sobre as eliminações vesicais (84,6%) e intestinais (84,6%), amamentação (90,4%) e sobre as vantagens do aleitamento materno (72,8%). O enfermeiro foi o protagonista desta importante ação para promoção da saúde nas três regionais estudadas. Para as mães que não receberam apoio e ou orientações, idade e escolaridade não foram relacionadas. **Conclusão:** As regionais de saúde inseridas na Rede Mãe Paranaense mostraram bom desempenho com respeito ao apoio e orientações sobre os cuidados com o recém-nascido em ambiente hospitalar, sobretudo a regional de Foz do Iguaçu, com destaque para a atuação do enfermeiro nestas ações.

Descritores: Cuidado da Criança; Recém-nascido; Orientação; Alojamento Conjunto; Enfermagem Neonatal.

RESUMEN

Objetivo: Analizar las pautas y el apoyo profesional para la atención del recién nacido en un ambiente hospitalario en tres regiones de salud del estado de Paraná. **Método:** Estudio analítico, transversal, desarrollado en 2017 y 2018, en tres Regiones de Salud de Paraná, a través de una encuesta a 1.270 puérperas, en el alojamiento conjunto. Para el análisis se realizó la prueba t de Student con 95% de confiabilidad y la prueba exacta de Fisher ($\alpha < 0.05$). **Resultados:** En el análisis general se obtuvieron resultados estadísticamente significativos para apoyar el cuidado del recién nacido, como el baño (90,7%), el vendaje del muñón umbilical (91,1%), la higiene perianal y el cambio de pañal (87,4%), instrucciones sobre eliminación vesical (84,6%) e intestinal (84,6%), lactancia (90,4%) y sobre las ventajas de la lactancia materna (72,8%). La enfermera fue la protagonista de este importante acción de promoción de la salud en las tres regiones estudiadas. Para las madres que no recibieron apoyo u orientación, la edad y la educación no estaban relacionadas. **Conclusión:** Las unidades regionales de salud incluidas en la Rede Mãe Paranaense mostraron un buen desempeño con respecto al apoyo y orientación en la atención al recién nacido en un entorno hospitalario, especialmente el regional de Foz do Iguaçu, con énfasis en el papel de las enfermeras en estas acciones.

Descriptores: Cuidado del Niño; Recién Nacido; Orientación; Alojamiento Conjunto; Enfermería Neonatal.

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INTRODUCTION

The Mãe Paranaense Network (MPN) is a political strategy for maternal and child health care in the state of Paraná established in 2012, represented by a set of interventions aimed at reducing mortality rates by ensuring access and care to all women and children under one year of age, promoting safe and quality care⁽¹⁾.

The Network's proposal has as its main aspect the reduction of infant mortality, considering that this indicator is more sensitive in relation to the living and health conditions of the population. Since its implementation, there has been a reduction in infant mortality each year, and between 2010 and 2017, the rate in Paraná went from 12.2/1000 Live Births (LB) to 10.3/1000 LB, representing a reduction of 14.75% for the death rates in the state; however, from 2017 to 2018, there was an increase of 3.84%⁽¹⁻²⁾.

It is important to highlight that access to health services and the commitment of professionals in the interdisciplinary team, especially of nurses involved in health care for women and children at all levels of care, are essential for reducing morbidity and mortality of the children⁽³⁾.

In the postpartum period, even in the hospital environment, many questions and difficulties on the part of parents may arise in relation to the care of the newborn and this may impact the care at home and the follow-up of the child's health. For this reason, nurses, as an integral part of the care team, must guide and provide support for the main care measures in a timely manner, ensuring humanized and quality care.

The humanization of care involves the insertion of the family during the baby's stay in the hospital environment. During this period, professionals prepare parents to participate in the care process which, in addition to contributing to the establishment of a bond between mother and child, enables health promotion and disease prevention⁽⁴⁾.

Caring for the newborn can be a challenge for some mothers. A study carried out with primiparous postpartum women confirmed this by indicating that 1 out of 10 felt totally confident in caring for the baby⁽⁵⁻⁶⁾. The frequent difficulties of mothers in caring for the newborn are mainly related to breastfeeding, bathing, care for the umbilical stump and the new routine⁽⁶⁾. The international literature also adds that the

difficulties in caring for the newborn are enhanced by the inexperience of the first pregnancy, low education and income, cultural factors, and inadequate prenatal care⁽⁷⁻⁸⁾.

Fear and insecurity - inherent to inexperience and unpreparedness for caring for a newborn - are present in the puerperium experience. In this sense, the demonstration of fear and insecurity on the part of mothers must be worked on since the prenatal period and especially after birth, still in the hospital environment, an appropriate place to strengthen the mother-baby bond and increase confidence regarding taking care of the child's needs⁽⁹⁾.

Nurses, who are the reference of multidisciplinary teams, are seen as agents who plan the care, who ensure health promotion actions together with other professionals, both in training and in practice⁽⁹⁾. Thus, professional involvement with the care of the newborn together with the parents is of paramount importance and promotes greater maternal confidence regarding the baby's needs, ensuring the transmission of knowledge to provide adequate care.

In this perspective, it is understood that support in care provision and guidelines for the care of the babies still in the maternity unit are essential for strengthening the MPN, in order to guarantee the health and well-being of the infants. The aim of this study was to analyze the guidelines and professional support for the care of newborns in a hospital environment in three regional health centers in the state of Paraná.

METHOD

Analytical, cross-sectional study carried out in the rooming-in facilities of maternity wards of three Health Regions (HR) in Paraná, Brazil: Foz do Iguaçu (9th); Cascavel (10th), and Londrina (17th). Data collection took place in the second half of 2017 and the first half of 2018.

The study population was composed based on a sample calculation with a 95% confidence interval, being a non-probabilistic convenience sample of women/users in reference maternity hospitals assisted for childbirth in the MPN of the HR, in institutions linked to the Unified Health System (SUS).

The inclusion criteria were: postpartum women, any age, admitted to the rooming-in facility with their newborns, regardless of gestational age; minimum of six hours of stay in rooming-in; and preserved ability to respond to

the survey (without pain or other discomfort). Postpartum women with babies admitted to the neonatal intensive care unit and mothers with mental health problems registered in the medical record were excluded.

A survey was carried out with 1,270 postpartum women using a structured instrument with objective questions prepared by the authors and validated by three specialists in the area of maternal and child nursing from each RH center studied, totaling nine specialists. A pilot test was carried out in each region to verify inconsistencies and necessary adjustments in the instrument; the data from this pilot test were not included in the sample. The survey was carried out in the hospital environment (in the room without the presence of third parties, in order to avoid any embarrassment for the participant), by fourth- and fifth-year nursing students from public educational institutions, previously trained by professors from the area of maternal and child health.

The instrument included the following variables: i) Sociodemographic: age, race, marital status and presence of a partner, mother's schooling, number of children; ii) Pregnancy follow-up: prenatal care, previous pregnancies, clinical history, place of prenatal care, number of consultations, beginning of consultations; iii) Newborn care: guidance and/or support for the baby's first care, bathing, diaper change, dressing of the umbilical stump, bladder elimination, intestinal elimination and breastfeeding.

The data from the survey carried out in the three HR were transcribed into a spreadsheet in the Microsoft Excel® software and the Student's t-test, with 95% reliability, was used for the analysis of numerical (quantitative) variables, while the chi-square test or Fisher's exact test, when any frequency was less than five, was used for categorical (qualitative) variables, both with 95% reliability. All tests were performed using R software version 3.5.2⁽¹⁰⁾.

This study was submitted to the Research Ethics Committee of the State University of Londrina and received a favorable opinion. The study meets all ethical criteria established for research with human beings, and it was approved under CAAE 67574517.1.1001.5231. All

participants signed two copies of the Informed Consent Form (ICF) after the researchers explained the proposal and objectives of the study.

RESULTS

A total of 1,270 postpartum women distributed in the three HR participated in the research, of which 397 were from Foz do Iguaçu, 385 from Cascavel, and 488 from Londrina. The mean age of mothers ranged from 25.6 to 27 years and the number of children from 1.89 to 2.13. In the three regions, women of white race/color, with a permanent partner, and with complete high school level prevailed.

As for the characteristics of the gestation, the mean of previous pregnancies was 2.08 to 2.20. In the three HR, most had not had clinical problems (67.4% to 81.4%), had done more than six prenatal consultations (81.6% to 91.0%) in Basic Health Units accredited by the MPN (74.0% to 90.2%), starting before the 14th week of pregnancy (81.0% to 99.0%).

Regarding aspects related to support and guidance about the care of the newborn, the region of Foz do Iguaçu presented the best results, although the other regions also presented statistically significant results ($p < 0.05$), as shown in Table 1.

Data analysis showed better performance of the health region of Foz do Iguaçu with respect to support and guidance on the first care measures for the newborn (92.4%) such as bathing (90.7%), dressing of the umbilical stump (91.1%), perianal hygiene and diaper change (87.4%), guidance on bladder (84.6%) and intestinal (84.6%) eliminations, breastfeeding (90.4%), and the advantages of breastfeeding (72.8%). The health region of Cascavel was the one that provided the most guidance on correct latch-on for breastfeeding (87.5%) and the health region of Londrina showed the lowest results in all variables analyzed.

About the professional who supported and guided them about the care of the child, the nurses were the protagonists of this important action to promote health in the three HR.

Table 1 - Support and guidance on the care of the newborn in the rooming-in facility of public maternity hospitals. Health regions of Foz do Iguaçu, Cascavel, and Londrina, 2017-2018.

Variables	Foz do Iguaçu*	Cascavel*	Londrina*	p-value
<i>Support and guidance</i>				
First care of the baby **				0.000
Yes	367(92.4)	335(87.0)	388(79.5)	
No	30(7.6)	48(12.5)	93(19.1)	
Professional who provided support				0.000
Physicians or residents	7(1.9)	10(3.0)	25(6.3)	
Nurses or residents	342(93.2)	303(89.9)	330(83.6)	
Other	18(4.9)	24(7.1)	40(10.1)	
Bath of the baby **				0.000
Yes	360(90.7)	299(77.7)	358(73.4)	
No	37(9.3)	51(13.2)	121(24.8)	
Dressing of the umbilical stump**				0.000
Yes	358(91.1)	313(81.3)	378(77.5)	
No	35(8.9)	51(13.2)	93(19.1)	
Perianal hygiene and diaper changing****				0.000
Yes	347(87.4)	305(79.2)	314(64.3)	
No	50(12.6)	61(15.8)	166(34.0)	
Breastfeeding the baby**				0.024
Yes	359(90.4)	343(89.1)	416(85.2)	
No	38(9.6)	41(10.6)	65(13.3)	
<i>Guidelines</i>				
Daily vesical elimination (diuresis) of the baby				0.000
Yes	336(84.6)	308(80.0)	327(67.0)	
No	61(15.4)	55(14.3)	151(30.9)	
Daily intestinal elimination (stool) of the baby**				0.000
Yes	336(84.6)	309(80.3)	329(67.4)	
No	61(15.4)	57(14.8)	152(31.1)	
Advantages of EBF*** for you and for the baby**				0.011
Yes	289(72.8)	277(71.9)	316(64.8)	
No	108(27.2)	103(26.8)	165(33.8)	
Correct latch-on, free demand, and importance of EBF**				0.000
Yes	339(85.4)	337(87.5)	378(77.5)	
No	58(14.6)	44(11.4)	102(20.9)	

*n(%); **ignored information was excluded, but it was considered for the calculation of p; ***EBF – Exclusive Breastfeeding.

Source: research data.

Regarding the distribution by age group, Table 2 shows that, in the three HR, mothers between 16 and 25 years old were the ones who

received the least support and guidance for the care of their newborns.

Table 2 - Analysis of support and guidelines about the care of the newborn in the rooming-in facility of public maternity hospitals, according to maternal age group. Health regions in Foz do Iguaçu, Cascavel and Londrina, 2017-2018.

	< 15 years*	> 36 years*	16-25 years*	26-35 years*
Foz do Iguaçu				
No	0 (0.0)	3 (1.0)	16 (4.0)	11 (3.0)
Yes	4 (1.0)	27 (7.0)	197 (50.0)	139 (35.0)
Cascavel**				
No	0 (0.0)	3 (1.0)	25 (6.0)	20 (5.0)
Yes	0 (0.0)	30 (8.0)	152 (39.0)	153 (40.0)
Londrina**				
No	0 (0.0)	5 (1.0)	56 (11.0)	32 (7.0)
Yes	1 (0.0)	24 (5.0)	213 (44.0)	150 (31.0)

*n(%); ** ignored information was excluded.

Source: research data.

With respect to education, Table 3 highlights that in the health region of Foz do Iguaçu, support and guidance was less frequently given to women with incomplete higher education (6%), in the health region of Cascavel, it was less

frequently given to women with incomplete elementary education (4%) and complete high school (4%), and in the health region of Londrina, was less frequently given to women with complete high school (7%).

Table 3 - Analysis of support and guidance on the care of the newborn in the rooming-in facility of public maternity hospitals, according to maternal level of schooling. Health regions of Foz do Iguaçu, Cascavel and Londrina, 2017-2018.

	E-C*	E-IC*	HS-C*	HS-IC*	U-C*	U-IC*	NS*
Foz do Iguaçu							
Yes	32 (8.0)	80 (21.0)	142 (37.0)	74 (19.0)	1 (0.0)	5 (1.0)	2 (1.0)
No	4 (1.0)	4 (1.0)	7 (2.0)	7 (2.0)	5 (1.0)	22 (6.0)	12 (3.0)
Cascavel							
Yes	37 (10.0)	70 (18.0)	125 (33.0)	66 (17.0)	27 (7.0)	9 (2.0)	1 (0.0)
No	8 (2.0)	16 (4.0)	17 (4.0)	4 (1.0)	1 (0.0)	2 (1.0)	0 (0.0)
Londrina*							
Yes	53 (11.0)	74 (15.0)	130 (27.0)	79 (16.0)	21 (4.0)	27 (6.0)	1 (0.0)
No	9 (2.0)	18 (4.0)	33 (7.0)	21 (4.0)	3 (1.0)	8 (2.0)	0 (0.0)

*n(%); E - Elementary; HS- High School ; U - University; C - Complete; IC - Incomplete; NS - No Schooling.

Source: research data.

DISCUSSION

The present investigation showed good performance of the studied HR with respect to guidelines and support for the care of the newborn in a hospital environment, especially of the health region of Foz do Iguaçu, highlighting the role of nurses in this process of health promotion.

For the MPN, strengthening child health and reducing neonatal morbidity and mortality depend on health promotion and disease prevention actions, with support and assistance to mothers throughout the birth process, to ensure knowledge about care of the newborn, thus providing adequate practices for care at home⁽¹¹⁾. Still, it is considered essential that the entire health team be involved and support the carrying out of educational activities from prenatal care to the provision of care for the newborn⁽¹²⁾.

The guidelines on the first care of the newborn can be compromised when health professionals are not completely technically prepared, or else, when they are unable to work due to the workload in the hospital environment. A study carried out in Ethiopia showed that there were gaps in newborn care and the authors indicated that constant training is necessary, as work reports are related to prior knowledge, personal experience, interest in promoting care, and organization of the work environment of health professionals⁽¹³⁾.

In an analysis of the care of the newborn that can be performed by mothers while still in

the hospital, bathing is a moment that can generate antagonistic feelings because, on the one hand, there is happiness involved in caring for the child, but on the other hand, there is fear related to what is unknown, as for example the best way to hold the baby; the fear of hurting the baby can weaken the confidence of the mother⁽¹⁴⁾. Bathing the newborn is not just an act to maintain hygiene; it involves a series of stimuli that can influence his behavioral state. Thus, mothers must be supported and encouraged to carry out this task, making this moment pleasant and a source of health and well-being for the baby⁽¹⁵⁾. In this regard, although the research showed important results, the HR of Cascavel and Londrina require more attention in terms of offering support and guidance on bathing, to give the mothers confidence and autonomy to exercise care at home.

Regarding the care of the umbilical stump, Newborn Care of the World Health Organization (WHO) highlights that this is a viable strategy that can contribute to reducing child mortality. It is a care practice that requires knowledge from the mothers and support from professionals to perform it properly⁽¹⁶⁾, a condition confirmed in the health region of Foz do Iguaçu, but which requires strengthening in the other HR studied.

A study carried out in Kenya showed that only 26.1% of mothers were aware of the WHO recommendation to clean the umbilical stump with water and 1% understood that it needed to be left clean and dry, without application of

substances⁽¹¹⁾. This finding demonstrates a variation of behaviors, but it appears as a consensus for the need for care with the umbilical stump.

The care with skin hygiene and diaper change generates doubts among some mothers. After birth, the skin undergoes a progressive process of adaptation to the extrauterine environment, which requires essential care to avoid dermatitis and allergies because the newborn's skin is sensitive, thin and fragile⁽¹⁷⁾. Added to this care, attention is needed with respect to monitoring the baby's bladder and bowel eliminations, considering that these can be indicative of congenital malformations and/or clinical problems that sometimes go unnoticed by health professionals. In this sense, supporting and guiding mothers about this care is essential, particularly in the HR of Cascavel and Londrina.

In Brazil, the recommendation of the Ministry of Health about breastfeeding involves starting it in the first hour of the baby's life, considering that this practice is associated with lower neonatal mortality, longer breastfeeding period, improved mother-infant bonding, and lower risk of maternal hemorrhage⁽¹⁸⁾. Breastfeeding is strongly associated with the reduction of maternal and child morbidity and mortality, bringing benefits at birth and throughout life⁽¹⁹⁾. However, the professionals may not be prepared for such actions, as shown by a study carried out in Singapore, indicating that this reality is not restricted to Brazil⁽²⁰⁾. In the present study, the data revealed good levels of support and guidance with regard to breastfeeding, but it is imperative to intensify these actions by the nursing staff in the different scenarios studied, particularly in the health region of Londrina, which presented lower values than the others in all variables related to breastfeeding.

Regarding guidance on newborn care, nurses were the protagonists of this practice in the three HR. Such guidance is directly linked to the perspectives of health care and integrated with care based on planning and organization, aimed at quality and well-being of the mother-infant binomial. Nursing professionals use promising health care tools such as the systematization of care, which can help to consolidate factors that are key for the implementation of actions to prevent injuries triggered by lack or weakness in infant care⁽²¹⁾.

Regarding maternal age and level of education, factors that could compromise the

knowledge of the mothers and the care were not observed in this research, considering that lower age and education may be related to inadequate interpretation and assimilation of knowledge about childcare, aggravated when associated with other harmful factors such as low purchasing power and unstable marital relationships⁽²²⁾. A study carried out in northeastern Brazil concluded that age (above 26 years) and maternal education (at least primary education) lead to greater chances of self-efficacy related to breastfeeding⁽²³⁾.

Meetings between mothers and health professionals in rooming-in facilities should be understood as teaching-learning opportunities, considering that the exchange of experiences and knowledge through gestures, words and attitudes is relevant, broadening horizons for the process of construction of comprehensive and humanized care. In perinatal care, it is necessary to favor positive experiences through relational technologies for the woman, the newborn and the family in order to prevent complications. In these perspectives, embracement and communication are fundamental for mothers to become protagonists of care in a space where women and families receive constant support from the care team, so that a bond and mutual trust are created⁽²⁴⁻²⁶⁾.

CONCLUSION

The study showed that the HR in this study develop health promotion actions with mothers still in the hospital environment, with guidance and support at the time of bathing, dressing of the umbilical stump, performing perianal hygiene and changing diapers, and timely guidance on bladder and bowel elimination, breastfeeding, and advantages of breastfeeding. The health region of Foz do Iguaçu showed better results than the other HR studied and nurses were the professionals who most worked in these actions in the three HR.

In the practice of caring for the newborn, the participation of professionals is essential to support the mothers, who are often inexperienced having their first child, or because they did not receive the necessary attention during prenatal consultations. In this scenario, the participation of nurses has proved to be relevant, as they integrate the care based on a care plan, organized according to the family's needs, with a view to maternal and child health and well-being. Moreover, encouraging the participation of other

health professionals is important, considering that a health institution is composed of a multidisciplinary team and the participation of all is essential to understand the care demands of the mother and the baby, ensuring the development of maternal skills and competences for adequate care of the child, which may consequently contribute to lower child morbidity and mortality.

The results of the present study also contribute to the construction of evidence-based health care, which guarantees the continuity of the quality of care for mother and baby in the hospital environment and in the preparation for care at home, in accordance with the recommended by the MPN. It is fundamental to carry out further future studies with the objective of identifying other aspects that may weaken maternal care of newborns.

This study presented as a limitation the fact that it analyzed three of the 22 HR in Paraná, and thus the results cannot be generalized, although it is expected that the scenario found in this study is also present in the other HR since the MPN is already established there.

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