



From pain to support: experiences with mother groups in the neonatal unit

Da dor ao acolhimento: experiências com grupos de mães na unidade neonatal

Del dolor a la acogida: experiencias con grupos de madres en la unidad neonatal

Maura Nunes Pimentel de Carvalho 

Leonidas and Maria Deane Institute – Fiocruz Amazon, Manaus – AM – Brazil

Denise Machado Duran Gutierrez 

Leonidas and Maria Deane Institute – Fiocruz Amazon, Manaus – AM – Brazil

ABSTRACT

Objective: To describe the implementation of support groups for mothers with hospitalized babies in a reference maternity hospital in Manaus/AM, Brazil. **Data synthesis:** A descriptive study in the form of an experience report, based on 26 weekly sessions conducted between January and June 2019, with an average duration of 60 minutes, led by maternity psychologists. The sessions provided emotional support and information to mothers, fostering their emotional well-being and preparation during their babies' hospitalization. The space allowed for the expression of feelings, exchange of experiences, and strengthening of bonds among participants. **Conclusion:** The groups proved to be an effective strategy for providing emotional support to mothers of premature babies, and their expansion in health services is recommended.

Descriptors: Support Groups; Mothers; Prematurity; Reception.

RESUMO

Objetivo: Descrever a implementação de grupos de apoio para mães com bebês internados em uma maternidade de referência em Manaus/AM, Brasil. **Síntese dos dados:** Estudo descritivo, no formato de relato de experiência, baseado em 26 encontros semanais realizados entre janeiro e junho de 2019, com duração média de 60 minutos, conduzidos por psicólogas da maternidade. Os encontros ofereceram suporte emocional e informações às mães, promovendo seu bem-estar emocional e preparação para a internação dos bebês. O espaço permitiu a expressão de sentimentos, troca de experiências e fortalecimento de vínculos entre as participantes. **Conclusão:** Os grupos demonstraram ser uma estratégia eficaz no apoio emocional às mães de bebês prematuros, recomendando-se sua ampliação nos serviços de saúde.

Descritores: Grupos de Apoio; Mães; Prematuridade; Acolhimento.

RESUMEN

Objetivo: Describir la implementación de grupos de apoyo para madres con bebés hospitalizados en una maternidad de referencia en Manaus/AM, Brasil. **Síntesis de los datos:** Estudio descriptivo en formato de relato de experiencia, basado en 26 encuentros semanales realizados entre enero y junio de 2019, con una duración promedio de 60 minutos, dirigidos por psicólogas de la maternidad. Los encuentros brindaron apoyo emocional e información a las madres, promoviendo su bienestar emocional y preparación durante la hospitalización de los bebés. El espacio permitió la expresión de sentimientos, el intercambio de experiencias y el fortalecimiento de vínculos entre las participantes. **Conclusión:** Los grupos demostraron ser una estrategia eficaz para el apoyo emocional a las madres de bebés prematuros, recomendándose su ampliación en los servicios de salud.

Descritores: Grupos de Apoyo; Madres; Precocidad; Recepción.



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INTRODUCTION

Preterm birth remains a significant public health challenge, as infants born before 37 weeks of gestation face an increased risk of neonatal morbidity and mortality. It is a condition that demands attention in both prevention and specialized care⁽¹⁾. Health promotion, through effective prevention strategies and interventions, plays a crucial role in reducing preterm births. Practices such as adequate prenatal care, health education programs for pregnant women, and monitoring of risk factors – including infections, hypertension, and maternal mental health care – are essential to improve outcomes⁽²⁾.

According to the World Health Organization (WHO), 15 million babies are born prematurely each year, reinforcing the need for health policies focused on promotion and prevention. The survival and quality of life of premature babies depend on access to specialized and intensive neonatal care, which is essential to ensure timely and quality assistance⁽²⁾.

Premature birth and subsequent hospitalization in the Neonatal Intensive Care Unit (NICU) are associated with feelings of fear, guilt, anxiety, grief, and social isolation in mothers, particularly in view of the fragile condition of their newborns. During the care of premature babies, mothers are exposed to several stressors, experiencing fluctuations in the clinical condition of their children, which requires constant adjustments to their routine. Prolonged hospitalization in the NICU is an emotionally draining experience that challenges the resilience and coping ability of mothers^(3,4).

Thus, establishing a support group for mothers in the neonatal unit is a fundamental resource for promoting health and improving care. The group approach is essential, considering prematurity as a public health challenge, with 11.5% of premature births in Brazil⁽⁵⁾. Support groups provide a safe space for mothers to share their experiences, fears and achievements, fostering the construction of a network of emotional and informational support. This type of intervention is particularly important in contexts of prematurity, where the risk of serious clinical complications and the need for prolonged hospitalizations increase the stress on families⁽⁶⁾. These groups reduce mothers' social isolation, strengthen bonds and promote information sharing, contributing to the reduction of neonatal morbidity and mortality and the healthy development of the child⁽⁶⁾.

The experience of giving birth to a premature baby has a series of impacts on the family, making it essential that health institutions adopt a welcoming approach, employing strategies that help minimize the effects of this period. Hospitalization in neonatal intensive care causes great suffering to parents, who were expecting a healthy child, but face the reality of a premature baby, requiring significant efforts from the family and the health team^(3,7).

This reality is corroborated by data that indicate the severity of symptoms of depression and anxiety during this period⁽⁴⁾. Mothers often spend long hours in the hospital caring for their premature babies, often neglecting their own mental health. They also face concerns about other children at home, along with other family responsibilities. These complex issues create a layer of worry for mothers^(7,8).

Although maternal mental health is crucial to infant development and the parental relationship, parents' psychological needs are often overlooked in favor of newborn medical care⁽⁹⁾. However, by involving the family in care planning and recognizing their importance in the clinical process, they become able to develop strategies to cope with difficulties, which is essential in the family-centered approach⁽¹⁰⁾.

In this context, support groups stand out as essential resources for providing emotional support and health care to families. These groups play a crucial role in meeting emotional needs and promoting psychoeducation. Psychoeducation, as a therapeutic intervention, aims to understand and manage psychological conditions. Through relevant information and specialized guidance, it facilitates understanding of the condition, recognition of symptoms and access to treatment options, especially in the context of prematurity and hospitalization⁽¹¹⁾.

These spaces encourage the exchange of experiences, socialization and mutual learning. As mothers adapt to the process, they gain knowledge about care and balance their responsibilities⁽¹²⁾. Families are welcomed with active participation in the care of babies, which strengthens the emotional bond and reduces anxiety symptoms related to hospitalization⁽⁶⁾.

Support groups play an essential role in addressing challenges such as family separation and caring for premature newborns. This study aims to report psychoeducational actions in the formation and management of support groups for mothers in a neonatal unit in Manaus⁽¹³⁾.

DATA SYNTHESIS

Descriptive study, in the format of an experience report⁽¹⁴⁾, addresses the implementation of support groups for mothers in neonatal units, based on the practice of a psychologist. The initiative highlights the importance of early

mother-baby contact to strengthen the emotional bond, especially in the face of the challenges imposed by premature birth and prolonged hospitalization, aggravated by socioeconomic weaknesses, cultural and geographic barriers. Support groups emerge as an effective strategy to promote comprehensive care, meeting the emotional, social and physical needs of mothers, with a humanized and culturally sensitive approach. Health promotion, in this context, requires clinical interventions combined with the creation of a welcoming environment that recognizes and addresses the structural inequalities experienced by these women^(15,16).

The study was conducted at the Ana Braga Maternity Hospital, an institution belonging to the Brazilian National Health System (Sistema Único de Saúde – SUS) located in Manaus, capital of the state of Amazonas, and recognized as a reference center, both for the city and for other areas of the state, especially in the care of high-risk pregnancies. The maternity hospital records an average of 550 births per month, of which approximately 15% are premature births, reflecting the constant challenge of dealing with prematurity and its complications^(17,18). The unit has a specialized multidisciplinary team, made up of doctors, nurses and psychologists, trained to offer comprehensive and humanized support to pregnant women and newborns.

Among the care approaches implemented, the Kangaroo Method stands out, a national policy of the Ministry of Health (Ministério da Saúde - MS) that encourages skin-to-skin contact between mother and baby, especially essential for premature newborns^(17,18). The Kangaroo Method is recognized for promoting emotional bonding, helping to regulate body temperature and contributing to the clinical stability of babies, in addition to promoting the recovery and development of newborns⁽¹⁷⁾. This practice demonstrates the unit's commitment to promoting health and providing humanized care that considers the emotional and physical needs of mothers and babies in the context of the Amazon region.

The Kangaroo Method is a public policy that develops an approach to neonatal care that aims to promote the well-being and development of premature or low-birth-weight newborns. Its main objective is to minimize complications resulting from premature birth, offering several advantages, such as strengthening the bond between mother and baby, improving thermal stability, reducing pain, hospitalization time and crying of the newborn, in addition to promoting breastfeeding⁽¹⁷⁾. The basis of this method lies in maternal care, which manifests itself through “*holding*”, a physical and emotional support that mothers offer their babies. This translates into bonding through safe touch and early skin-to-skin contact^(13,19).

Around 250 mothers participated in the support group, made up of women with children hospitalized in different neonatal units of the maternity ward, such as the Neonatal Intensive Care Unit (NICU), the Conventional Intermediate Care Unit (CICU) and the Kangaroo Intermediate Care Unit (KICU). These mothers, facing the challenges related to prematurity and the complex needs of their babies, found in the group a network of emotional and informational support that helped them cope with the period of their children's hospitalization.

The study emphasizes the importance of the maternity shelter, which has only 10 beds for mothers from remote regions of the state of Amazonas. Although the shelter offers a space for rest and shelter, its limited capacity highlights the need to expand the infrastructure to meet the growing demand, ensuring adequate and humanized support, especially for mothers in situations of socioeconomic and geographic vulnerability.

The groups were held every Friday morning, starting in January 2019 and ending in June of the same year. This program was developed as part of a project led by the maternity psychology team, with the aim of offering support to mothers whose babies were in neonatal units. The organization and planning of the activities were led by the psychologists according to the needs of the group. Each session lasted one hour. Today, the continuity of these groups is integrated into the practices of the hospital psychology team.

The group had an average of 10 mothers participating. Some of them were unable to attend the meetings due to the need to care for their babies during the scheduled time. The choice of activities and group times was decided jointly with the maternity teams, ensuring that the activity did not interfere with medical reports or other tasks related to the newborn and care in the units. In addition to the mothers, other family members who were present at the maternity ward and wished to share their experiences were also encouraged to participate in the group.

The main objective of the group activities was to provide emotional support and psychoeducation, with cognitive-behavioral intervention during the hospitalization of newborns. The group was open to all mothers with children in neonatal units. The meetings were publicized during multidisciplinary meetings and also at the bedside. Professionals informed mothers about the support group when admitting newborns, facilitating access to a support network, which is especially important for first-time mothers, by strengthening knowledge and clarifying doubts.

The support group activities took place in the maternity ward's solarium, promoting welcoming, active listening and the exchange of information about neonatal hospitalization and the well-being of mothers. The psychologist

coordinated the group with the support of health professionals and psychology students, who contributed on specific topics and offered additional support, enriching care and promoting practical learning.

The topics discussed were free and emerged based on the mothers' experiences. Since there were new participants at each meeting, each participant was invited to introduce themselves and share a little about their journey during pregnancy, childbirth, and stay in the maternity ward. This introduction was crucial to promote integration in the group and to understand the mother's current situation, including the baby's health status, the social support available, and issues related to her emotional state.

Participants shared their experiences, which encouraged the exchange of experiences and learning. The diversity in the phases of the Kangaroo Method, with mothers in the NICU and others in the UCINCA, contributed to strengthening the group, allowing mothers to observe the development of their babies and understand the different stages of care. Discussing the specific challenges of each phase helped in overcoming difficulties.

Several techniques were used in the group, including dynamics, sharing maternal experiences, clarifying doubts with specialized professionals of the day (invited to discuss issues related to hospitalization), reading texts addressing topics such as the Kangaroo Method policy, prematurity, breastfeeding, health communication, social and emotional support.

At the end of each group session, participants completed a verbal evaluation, highlighting both the positive and negative aspects of the meeting. This process became a valuable tool for implementing improvements in the group, allowing mothers' experiences to continue to be increasingly beneficial.

Since this study is an experience report, it was not necessary to obtain consent from the Research Ethics Committee (REC), in accordance with resolution 510/2016 of the National Health Council. The information was consolidated without identifying the corresponding participants, in accordance with the established guideline.

The group played a strategic role in identifying mothers in vulnerable situations, enabling them to be referred to specialized care, such as psychology and other support areas. The activities, focused on sharing experiences and emotions, highlighted frequent reports of family estrangement, especially among children who remained in the countryside of Amazonas. This situation was due to the need to travel to Manaus, usually without supervision, due to complications associated with high-risk pregnancies..

To soften the effects of distance and to value each participant's experiences and values, the support group used thought-provoking questions. Questions such as "What activities have you shared with your child?" and "Have you ever experienced skin-to-skin contact? How does that feel and how important is it to you?" were asked to stimulate conversation.

When it came to care, some mothers shared their experiences, mentioning that they were already breastfeeding, changing diapers and bathing their babies. Others reported that they had the opportunity to hold their children for the first time and practice the Kangaroo Method, a moment that filled them with joy. However, some participants expressed their fears. They were afraid to hold their babies, thinking they were too fragile and worried that something bad could happen; they felt insecure about taking them out of the incubators. Despite the absence of their partners and challenges such as anxiety and fatigue, the mothers found support and collaborated with each other in support groups..

The support group proved to be an effective tool in the work process, using light technology and without additional costs, reaching a significant number of mothers and optimizing clinical practice. Its effects were notable, including strengthening the mother-baby bond, greater integration of the team with the families and a decrease in symptoms of anxiety, as mothers understood the process and shared their experiences⁽²⁰⁾.

With the concentration of medium and high complexity health services in the capital, populations in remote areas face great challenges in meeting their needs. Upon arriving in the capital, they face the rupture of ties with their communities and the lack of recognition of their traditional knowledge^(21,22). This journey exposes the complexities of accessing healthcare and preserving traditions in unique contexts. Social support is crucial, as family care goes beyond one's own efforts, and is strengthened by social networks and resources that go beyond the immediate circumstances^(23,24).

Although the birth of a baby can expose women to situations of stress, anxiety and depression, premature birth intensifies these effects. Expectations of the maternal role and premature birth represent significant stressors in this scenario. Factors such as physical separation from the baby soon after birth, the appearance of the premature baby and its physical and clinical condition exert influence on maternal bonding and parental feelings. Some mothers may feel challenged when they realize that intensive care is provided by specialized teams in the units⁽³⁾.

It is essential that mothers receive adequate support during the first days of their babies' lives, in an environment that provides supportive conditions for both them and their families and newborns. However, this care faces significant

challenges, as the support available in the unit has not been institutionalized on a permanent basis. The lack of human and structural resources has made the continuous implementation of this practice unfeasible, limiting the benefits that could be obtained with systematic and prolonged monitoring.

CONCLUSION

The support group for mothers in neonatal units is a fundamental methodology in maternal health care, promoting empowerment and autonomy through the exchange of experiences. In addition to facilitating socialization and emotional support, the group creates a support network where professionals also learn from the mothers' stories, helping them face challenges and highlighting the importance of collective support.

It is also essential to highlight that institutions and their professionals must continue to improve their skills to offer group and collective care, an accessible practice with great potential for impact. In this sense, strengthening public policies that respond to these demands becomes essential, as it ensures the continuity and expansion of this type of support, ensuring that more and more people benefit from this care.

It is known that many institutions often lack an organizational culture that encourages the introduction of groups for this purpose. However, as evidenced in the experience reported, the incorporation of family-centered care through group practices is feasible, promoting bonds and contributing to the reduction of neonatal morbidity and mortality. However, it is important to consider the impacts of an often precarious health system, which limits the sustainable implementation of these practices and challenges the maintenance of quality and accessible care for all families..

CONFLICTS OF INTEREST

During the conduct of the study, the authors claim not to have had any conflicts of interest.

CONTRIBUTIONS

Maura Nunes Pimentel de Carvalho and **Denise Machado Duran Gutierrez** contributed equally to the preparation and design of the study, acquisition, analysis and interpretation of data, as well as to the writing and revision of the manuscript. The authors reviewed and approved the final version of the manuscript for publication, assuming collective responsibility for its content and integrity.

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First author and correspondence address

Maura Nunes Pimentel de Carvalho
Instituto Leônidas e Maria Deane – Fiocruz Amazônia
Rua Teresina, 476
Bairro: Adrianópolis
CEP: 69.057-070 / Manaus (AM), Brasil
E-mail: mauranunes6@gmail.com

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