

POSSIBILITIES OF NURSING CARE PROMOTION IN ROOMING-IN: TEAM VISION

Possibilidades para a promoção do cuidado de enfermagem no alojamento conjunto: visão da equipe

Posibilidades de la promoción del cuidado de enfermería en alojamiento conjunto: la opinión del equipo

Original Article

ABSTRACT

Objective: To analyze the possibilities of promoting nursing care within the rooming-in unit, in the team's view. **Methods:** This is a descriptive and qualitative study, held at a referral hospital school of Alagoas State, within the rooming-in unit, with 13 nursing professionals. Data was collected between December 2012 and February 2013 by means of semi-structured interview and content analysis, giving rise to six thematic categories: 1) the understanding of rooming-in by the professional; 2) preparing professionals to join the rooming-in team; 3) health education in the rooming-in unit; 4) nursing's perception of the family's insertion into the service; 5) care to the mother-child dyad within the rooming-in unit; 6) difficulties in the development of care actions. **Results:** Through the professionals' speech, it was perceived that there is an understanding of the role of the service towards physical and emotional safety, and excellence in maternal home care, although the lack of training has been pointed out, as well as the lack of educational activities for achieving maternal orientation and preparation. Nevertheless, the perception of the family's insertion into the service has been demonstrated in a positive way, and likewise the concern with the physiological needs of the dyad and the proper handling of breastfeeding. As difficulties, these have emerged: amount of human resources assigned to the sector, besides mother's low age and poor schooling level. **Conclusion:** It was verified that, despite the lack of preparation before entering the sector, the interviewees seek actions capable of preserving the bond of the mother-child dyad.

Descriptors: Rooming-in Care; Nursing; Health Promotion.

RESUMO

Objetivo: Analisar as possibilidades para promoção do cuidado de enfermagem no Alojamento Conjunto, através da visão da equipe de enfermagem. **Métodos:** Estudo descritivo, qualitativo, realizado em um hospital-escola referência do estado de Alagoas, no setor Alojamento Conjunto, com 13 profissionais de enfermagem. Os dados foram coletados entre dezembro de 2012 e fevereiro de 2013 por meio de entrevista semiestruturada e análise de conteúdo, possibilitando seis temáticas: 1) o profissional compreendendo o Alojamento Conjunto; 2) preparação dos profissionais para integrar a equipe do Alojamento Conjunto; 3) educação em saúde no Alojamento Conjunto; 4) percepção da enfermagem quanto à inserção da família no serviço; 5) atenção ao binômio mãe-filho no Alojamento Conjunto; 6) dificuldades para o desenvolvimento dos cuidados. **Resultados:** Através do discurso dos profissionais, percebeu-se que há compreensão do papel do serviço para a segurança física e emocional, e excelência no cuidado domiciliar materno, embora a falta de treinamento tenha sido apresentada, assim como a falta de atividades educativas para o alcance da orientação e da preparação materna. No entanto, a percepção quanto à inserção da família no serviço mostra-se positiva, assim como a preocupação com as necessidades fisiológicas da diade e o manejo correto da amamentação. Como dificuldades, apresentam-se: número de recursos humanos lotados no setor, além da pouca idade e baixo nível de escolaridade materna. **Conclusão:** Verificou-se que, apesar da falta de preparo antecedente à lotação no setor, os entrevistados buscam ações que mantenham o vínculo do binômio mãe-filho.

Descritores: Alojamento Conjunto; Enfermagem; Promoção da Saúde.

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RESUMEN

Objetivo: Analizar las posibilidades de la promoción del cuidado de enfermería en Alojamiento Conjunto a través de la opinión del equipo de enfermería. **Métodos:** Estudio descriptivo y cualitativo realizado en un hospital-escuela de referencia del estado de Alagoas, en el sector de Alojamiento Conjunto con 13 profesionales de enfermería. Los datos fueron recogidos entre diciembre de 2012 y febrero de 2013 a través de una entrevista semi-estructurada y el análisis de contenido que reveló seis temáticas: 1) el profesional entendiendo el Alojamiento Conjunto; 2) preparación de los profesionales para integrar el equipo de Alojamiento Conjunto; 3) educación en salud en el Alojamiento Conjunto; 4) percepción de la enfermería sobre la inclusión de la familia en el servicio; 5) atención al binomio madre-hijo en el Alojamiento Conjunto; 6) dificultades de desarrollo de los cuidados. **Resultados:** Se percibió a través del discurso de los profesionales que existe la comprensión del papel del servicio para la seguridad física y emocional y la excelencia del cuidado materno domiciliario aunque la falta de entrenamiento haya sido presentada así como la falta de actividades educativas para la orientación y la preparación materna. Sin embargo, la percepción de la inclusión de la familia en el servicio es positiva así como la preocupación con las necesidades fisiológicas de la diada y el correcto manejo del amamentamiento. Las dificultades fueron el número de recursos humanos del sector además de la baja edad y el bajo nivel de escolaridad materna. **Conclusión:** A pesar de la falta de preparación antes de encaminarlos al sector; los entrevistados buscan acciones de manutención del vínculo del binomio madre-hijo.

Descriptor: Alojamiento Conjunto; Enfermería; Promoción de la Salud

INTRODUCTION

In the fifteenth century, most women used to give birth at home, assisted by midwives and accompanied by their family. The mother-child-family triad relationship was formed in a natural and physiologic way, allowing women to care for their child since birth⁽¹⁾. From the twentieth century on, births began to take place in hospitals, under norms and routines, which, at first, distanced mothers and children, as women stayed in separate units, in the postpartum period, while babies were isolated in nurseries. Study on the emotional health of human beings and reflections on the impact of mother-child separation stands out on issues related to prevention, infections and emotional aspects of women⁽²⁾.

Aiming at humanizing birth, promoting exclusive breastfeeding and bringing the newborn (NB) close to the mother, the "Rooming-in Project" was created in 1946 by Edith Jackson, in the Grace-New Haven Hospital. The

results were positive and there was great repercussion among parents, medical community, and the society in general, which then began to rise up against hospitals that insisted on keeping the newborns completely isolated, despising the "promiscuity" of mothers and children. Rooming in (RI) was then definitively established⁽²⁻⁴⁾.

In Brazil, the first experience took place in 1977, when the Ministry of Health (MoH) recommended that healthy newborns remain close to their mothers. In 1983, the World Health Organization (WHO), the MOH and the United Nations Children's Fund (UNICEF) determined the implementation of RI, based on the high early weaning rate in the country. At that time, the formerly National Institute for the Social Security Medical Assistance (*Instituto Nacional de Assistência Médica da Previdência Social - INAMPS*) published a decree making RI mandatory in all public and publicly-funded private hospitals in the country⁽⁵⁾.

In 1993, Decree no. 1016 was issued with the aim of regulating the Rooming-in System Basic Guidelines throughout the national territory, in view of the need for breastfeeding encouragement, the mother-child relationship, the reduction in the risk of nosocomial infection, and maternal and newborn infant complications⁽⁶⁾.

Since then, there has been an increase in the number of publications portraying how many are the benefits observed with the implementation of RI in care services to women and newborns^(2,7,8). Despite that, it still needs to be explored before the daily limitations, given the necessity to rethink hospital practices and staff training, in order to achieve the objectives of RI policies⁽⁹⁾. There is still a lack of acceptance and collaboration by the whole health team, which should be sensitized and trained to meet this population's specific needs⁽¹⁰⁾.

According to the standards recommended by the MoH, RI is a hospital system where both, healthy mother and child, remain in the same room 24 hours a day, for a minimum period of 48 hours prior to discharge, thus allowing healthcare provision and guidance on health for mother and family⁽¹¹⁾.

In RI, therefore, the mother cares for their son directly, being aware of the needs revealed by them, while she is looked after by the care promotion team in that ward⁽¹¹⁾. In this context, one should seek comprehensive professional care, in which subjective aspects go beyond the obstetric dimension. And care that is based on an interactive relationship between the woman and the professional, and keeps an open channel for transmission of trust and support between them⁽¹²⁾.

RI is essential in the interpersonal relationships context, and the actions developed in this environment support breastfeeding promotion, reduce neonatal mortality, allow

comprehensive assistance, favor mother's acceptance of motherhood, provide the puerperal mother a feeling of well-being and practicality, reduce anxiety and allow the exchange of experiences with other mothers, as well as the triad (mother-baby-family) attachment and bond with the staff^(2,13).

A study aimed at evaluating the nursing staff performance in RI, considering mothers' perception, evidenced a positive aspect related to the staff, as regards the infant care and breastfeeding, since all respondents stated that the staff provided them good care, to the detriment of the women⁽¹⁴⁾, thus demonstrating the relevance of these professionals' actions for proper attention to the particularities of the childbirth and postpartum period.

Given the above, it is considered important to take a closer look at the care provided by the nursing professionals, as that period, when the mother and their newborn are together in hospital, may be crucial for the prevention of complications, considering the basic care needs of the newborn and postpartum women⁽¹⁴⁾, and for maternal training and confidence for home care.

The study is justified as it considers the existing structural/human difficulties in the service provided by a hospital for the accomplishment of nursing care in RI, as recommended by the MoH. Therefore, the objective was to analyze the possibilities of nursing care promotion in rooming-in, through the nursing team's vision.

METHODS

This is a descriptive study with qualitative approach⁽¹⁵⁾, held at the Professor Alberto Antunes University Hospital (HUPAA), an institution of the healthcare referral network of Maceió, in the state of Alagoas, Brazil, comprising 48 beds and a multidisciplinary staff for comprehensive neonatal care. This study has unfolded from the research project "Promotion of nursing care and maternal care in rooming-in, and its association with the comprehensive care for the newborn infant" (PIBIC/CNPq), linked to the Federal University of Alagoas (UFAL), in years 2012 and 2013.

The nursing staff that make up the sector is composed of 24 professionals, which were invited regardless of the duty roster, excluding the ones who were on vacation, sick leave or working the night shift. Of this total, 13 professionals have accepted voluntary participation in the study, by means of the Informed Consent Form (ICF): three nursing assistants, seven nursing technicians and three nurses. There were three refusals; four professionals were working the night shift, two were on vacation and two, on sick leave.

Data collection took place from December 2012 to February 2013, through the following steps: free observation of the routine and services provided by the nursing team to the mother-child dyad, recorded in a field diary; and semi-structured interviews, guided by a script, comprising: a) identification data; b) aspects of the RI unit structure; c) unit operation and care routine. The speeches registry was obtained by recording in a reserved environment, being transcribed and re-read with the participants' permission, for further validation.

To ensure the individual and particular character of the observations in the reports and simultaneously preserve the identity of the professionals involved, they were represented by initials (A) for nursing assistants, (T) for nursing technicians, and (N) for nurses, followed by an alphanumeric code (A1, N2, T13), representing the order of interview application.

After the free observation, application, transcription and validation of interviews, the material underwent a careful reading, for understanding and qualitative interpretation. Data was organized according to the thematic analysis⁽¹⁶⁾ and the following stages: pre-analysis; material exploration; treatment of results, inference and interpretation, aimed at analyzing the obtained data, through the application of interviews, on the possibilities of caring for the newborns in RI.

Data analysis made it possible to obtain six thematic categories: 1) the understanding of rooming-in by the professional; 2) preparing professionals to join the rooming-in team; 3) health education in the rooming-in unit; 4) nursing's perception of the family insertion into the service; 5) care to the mother-child dyad within the rooming-in unit; and 6) difficulties in the development of care actions.

Ethical principles were respected in the study, in compliance with what Resolution 466/2012 advocates, and the project was approved by the Research Ethics Committee of the School of Biological and Health Sciences, of the Center for Higher Studies of Maceió (FCBS/CESMAC), under protocol no. 1400/12 of 03 August 2012.

RESULTS AND DISCUSSION

On the characterization of the participants, the study included three nurses, three nursing technicians and seven nursing assistants. With regard to length of service, four had been working in the unit for more than nine years, three for a period between seven and nine years, two between four and six years, three between one and three years, and only one had less than one year of service.

The results of the interviews yielded six thematic categories: 1) the understanding of rooming-in by the

professional; 2) preparing professionals to join the rooming-in team; 3) health education in the rooming-in unit; 4) nursing's perception of the family insertion into the service; 5) care to the mother-child dyad within the rooming-in unit; and 6) difficulties in the development of care actions.

The understanding of rooming-in by the professional

The respondents' speeches evidenced by consensus the understanding that the RI is a propitious system for the maintained stay of the mother-child dyad in the same environment, as they mention the reasons that make it important in the direct assistance to mother and child, for the attainment of maternal physical and emotional safety, and excellence of home care to be provided by the mother soon after discharge, as described below:

"The Rooming-in unit is where the mother and the baby stay, where all the information is transmitted, both the care for the mother and the care for the newborn, as well. Thus, Rooming-in is that issue of mother interacting with the child, for the breastfeeding issue, the mother stays closer to the baby. It's a good thing for both the mother and the baby." (A1)

"It is because mothers have the right, after delivery, to remain close to their baby." (E2)

"It is the constant participation of the mother with the baby, continuous approach, the most direct contact." (T6)

Qualified assistance in health is a duty of the State, the institutions and the professionals working for them, especially in care for mothers and infants, which form a highly vulnerable group. The importance of RI in maternity wards is afforded by the comprehensive assistance to the binomial which, besides stimulating the bond between them, provides mothers with guidance on their children's health and care⁽¹⁷⁾.

For scientific and technical empowerment of the professionals working in the RI unit, there should be dedication and understanding of the system principles, not only aimed at providing proper care to the mother and child, but all the necessary approach for the preparation of parents and families in the care process and in the development of skills for the child home care⁽¹⁸⁾.

In this perspective, the RI must offer qualified assistance, providing: self-confidence and learning to postpartum women to care for their newborns; increased confidence and peace of mind to the mother, for being close to their child; breastfeeding support; lower risk of hospital-acquired infection; outpatient infant follow-up; and development of educational programs, which requires health staff training to meet the needs of the binomial^(3,11).

The RI represents the importance of keeping mother and child together, so that both can enjoy that moment when a new being, which requires specific care, becomes part of the family⁽⁹⁾. Therefore, the nurse should be aware of behaviors that indicate the bond established between the newborn and their parents⁽¹⁹⁾.

Preparing professionals to join the rooming-in team

The interviewees reported that the institution had offered no type of specific training on the standards and routines for care in the RI. It was sometimes stated that the acquired training had emerged from observing, for a short period, the activities carried out by other professional previously serving in the unit, as seen in the following lines:

"No, no training ever occurred. I came to the service right away." (E2)

"I got it because I spent three weeks observing the service prior to start working. It was a quick training, but indeed it was." (T6)

"I got it from another institution I work in but, when I came here, I didn't get no training. Nor later. I've had training on cardiac arrest, dressing, medication pump, only that." (A11)

In the working process, the technical dimension makes it possible to perceive the professional's knowledge of their activities routine. Knowing which are the elements of this process, the addressed issue can be transformed into the focus of attention. Its components, then, are the objects, agents, instruments, purposes and products⁽²⁰⁾.

Training ensures that the qualified members of the nursing staff commit fewer faults and provide high-quality care^(21,22); at the same time, they manage to provide the necessary guidance and make the postpartum women feel more confident for the moment of hospital discharge^(23,24). Lack of training discourages the dissemination of accurate information and guidance to the nursing team for the affirmation of the continuing health education⁽²⁵⁾.

Health education in the rooming-in unit

Differently from the recommendations of the RI standards proposed by the MoH⁽¹¹⁾, the interviewed professionals do not develop educational activities to achieve maternal guidance and training. The nursing staff contributions denote individual care, as revealed by the following lines:

"We only provide care. Regarding the baby, we are responsible for the bath, stump hygiene, hygiene of intimate parts, oral medication, and some counselling. During breastfeeding, and when mothers' breasts are stiff,

we apply massage and guide them to go down to the milk bank.” (A4)

“Look, we are involved with the direct assistance to the patient and give counselling individually, in addition to the care for the binomial, and the companion, if present. The lectures are usually intended for the nursing students (...), especially because we do not provide assistance, solely; we carry out all the issues pertinent to management and bureaucracy of the unit.” (E8).

“No, I've never performed those actions. The students are the only ones that come here and do that.” (T13)

In the period when the mother and the newborn are in RI, one should consider that there are at least two individuals in a moment of transition, both physiologically and from a sociocultural point of view. Such moment demands that the nursing professionals make available not only their technical skills, but also their subjectivity in the role of educator⁽²⁶⁾.

RI offers the nursing team the conditions to promote maternal training through practical demonstrations of essential care for newborns and postpartum women⁽¹³⁾. These guidelines include the bath, sleep, care of the umbilical stump and changing diapers, observing the evacuation and urination, prevention of diaper dermatitis, maternal self-care, the benefits of breastfeeding, among others^(3,11).

The professional's main healthcare approach in this system relies, therefore, on education and guidance for women to achieve confidence and tranquillity to assume their role as a mother⁽²⁷⁾. And for effective and concrete actions on the part of the nursing team, this educational dimension should be attained, which assists in mothers' independence and autonomy towards care, making it an indispensable tool for discharge planning⁽²⁸⁾.

Nursing's perception of the family insertion into the service

The respondents' perception of the family insertion into the service proves to be positive, as verified through the following lines:

“They help the mother, but assistance is, in fact, provided by the professionals.” (A5).

“The family here, according to the law of humanization, we have allowed the presence of companions with the puerperal patients, regardless of natural or caesarean delivery, and pregnant women who are underage. However, they help the patient directly. Sometimes we try to provide support, guidance, but they are very helpful. Some of them also get in the way, but most are of help.” (E8).

“They help the mothers in whatever they need. And we

also guide them, for them to do the things correctly.” (T13)

The development of a care/educational process in RI requires the recognition of the families as generators, transmitters and modifiers of the system of symbols and meanings that compose the cultural web, in addition to emphasizing, in the professional training processes and continuing education activities, the cultural sensitivity and the consequent cultural competence, since both should provide feedback to each other steadily^(29,30).

For that, it demands knowledge to enable nurses to work with cultural, social and emotional aspects, including the family's emotion, as well as to adapt them to general care related to hygiene, comfort and safety^(31,32).

In Brazil, the Companion Law, No. 11,108, issued in April 2005 and reaffirmed by resolution No. 36, in June 2008, guarantees the permanence of the one who accompanies the woman during the prenatal period, labour, delivery, postpartum and RI, without the need for parental bond, whether in public or private maternity wards^(32,33). The presence of the companion provides greater security and, consequently, a more peaceful experience of this period, in addition to favoring the inclusion of the family in care to the mother and baby⁽³⁴⁾.

In this perspective, the family's presence is one of the most significant support networks to assist in the initiation and maintenance of the bond between mother and child, especially because these social actors require care to take care of this dyad, given the unique experience they are faced to, between the woman's self-care of and the care of the newborn^(9,35).

Therefore, the nursing team's responsibility is determinant to ensure the binomial and their families the right to exercise, in a pleasant and quiet way, the care in the RI, which is the ideal occasion to support them and help them in the difficulties that arise in the first moments, and guide them about the importance of such practice for the maintenance of human health⁽³⁶⁾.

Care to the mother-child dyad within the rooming-in unit

Direct observation by the researchers identified the provision, by all members of the nursing team, of the basic care of newborns, as well as the care given to mothers, to help them in self-care and encourage them to acquire and improve their ability to care for their child and meet their needs, especially related to nutrition. As regards to the indirect care provided by these professionals, it could be observed, during registration of the assistance, a provision of materials and equipment.

The interviewees emphasize their concern with the accomplishment of the physiological needs of the binomial and the correct management of breastfeeding, especially in the early days in RI, showing no significant focus on the educational dimension of the mother/family that could lead to an eventual empowerment of skills, confidence, safety and maintenance of bonds between those involved in the care, observed in the following lines:

“Encourage breastfeeding, and guide the correct way to nurse, so that they will not develop mastitis and then use that to say they are not able to breastfeed. Collect the milk with a syringe. When she cannot do it, send her to the milk bank. Guidance on the stump hygiene, so that, what is being done, they go on doing at home: guidance on the baby’s clothes, the perfume, the mother’s diet. Thus, we have a very busy time to meet 100% of the assistance, because they are two patients, the mother and the baby, so we have to be extra cautious with the baby.” (T6)

“Well, I think the assistance that we have to provide is coming close to the patient, examining more the patient, mother and baby, and giving guidance, supporting in every way, in mother’s care and breastfeeding. We do not accomplish further, due to the difficulties of the high demands of work, the insufficient staff numbers. That makes it harder, but we try to give our best.” (E8)

“I talk about the importance of breastfeeding, and cleaning the child correctly, paying attention to their body folds, always cleaning the chest and not making use of moisturizers, creams.” (A11)

In the RI scenario, nursing as a profession committed to the improvement of the population’s health, can and should contribute to the implementation of public policies in RI, by adding to their practice the qualified and humanized care to the mother/child dyad⁽³⁷⁾.

The care provided in RI should occur in a monitored, particularized way, and focused on the awareness of the importance of comprehensive care, which must be well related even to the primary level of healthcare, considering the need to encourage breastfeeding. This favors the bond between mother and child, the care of the newborn, and provides the support needed by the postpartum woman and the newborn at that time, clarifying the doubts and guiding the mother about the appointments for growth and development monitoring, immunization and family planning, which should be attended later⁽³⁸⁾.

In a study aimed at identifying the activities performed by the nursing team in the RI system, were identified: guidelines, controls, procedures, activities involving the assistance provided to the postpartum patients, both regarding their self-care and the newborn, and the set of

documents referring to numerous records involving the monitoring of the baby’s clinical and behavioral status⁽⁴⁾.

The RI is not intended to physically or emotionally overwhelm the mothers, but to encourage them to perform self-care and care for their children and, therefore, should not be regarded as an obligation. Nursing professionals should help them in the educational dimension of health, welcoming attitudes and communication skills, so that mothers acquire confidence and tranquillity to assume the role of mother^(3,37,39).

Difficulties in the development of care actions

The respondents pointed out the main difficulties in carrying out their functions in this service. The insufficient number of human resource was the most reported difficulty, which does not reflect the direct observation, since the capacity in this unit is of 24 binomials, and it meets the ideal allocation of professionals per shift, as recommended for the provision of specific and high-quality assistance to the mother and child. As for the educational and technical process during maternal guidance, the difficulty refers mainly to the young age and/or low level of education, compromising the delivery of care and the RI approach. The following lines evidence the difficulties:

“Several, as most of our audience is made up by needy people. Many mothers are underage and, many times, they do not understand what we say.” (A5)

“I see difficulty in the number of people working here. There are few workers for so much work, and we cannot be really keeping a close watch on every mother, so properly” (T13)

“There are some companions who are sometimes resistant to our feeding guidelines. When the newborn is pathological and needs to stay in phototherapy, then we feel a little resistance, sometimes by the patient or the companion. And so the Ministry of Health now recommends that discharge occurs only 48 hours after the child is born and, sometimes, the mother’s discharge occurs before that period, and they start pushing to receive the discharge, and this causes inconvenience and a bit of difficulty, in this sense. Other difficulties we face regards the staff number, because the work is too hard and you, really due to lack of time, you don’t manage to check everything that you should, that is, the Ministry of Health guidelines.” (E8)

The process and the organization of work of nursing professionals require human, physical and material resources, which is highlighted by the MoH, through Ordinance No. 1016 of 26 August 1993, which provides for the Rooming-in Basic Guidelines⁽³⁾. What does not meet

the recommendations of this ordinance triggers feelings of stress, anguish and anxiety to these professionals, in addition to lack of commitment to the care provided⁽²⁾.

Dimensioning of the nursing staff for this assistance model is important, in order to assure the proposal underlying the RI system⁽⁴⁾. According to the ordinance for RI implementation, a minimum dimensioning of human, physical and material resources is required. A trained multidisciplinary team is recommended, with at least one nurse for each 30 binomials, one nursing assistant for eight binomials, one obstetrician for 20 mothers, and 20 children to a pediatrician, in addition to a social worker, psychologist and nutritionist⁽¹¹⁾.

The professional's support during the postpartum period is of fundamental importance for teenagers, especially due to a series of unexpected changes in their life, causing anxiety in many of them. The young age of postpartum women, along with the inexperience about the lived time, in addition to a strong demand for planned and systematic attention by the nursing staff, render it somewhat difficult for the young woman to analyze the surrounding facts. In this sense, the need to individualize each subject in the organization of nursing care is highlighted, and it must guide the way the actions should be planned and triggered in each case⁽³⁸⁾.

The study is limited by the understanding of the possibilities of care to the binomial having emerged only from the direct observation, and by the participation of the nursing team professionals, being understood that everyone in the multidisciplinary team contributes to develop such care in a humane and integrated way, in order to meet the standards of the regulation proposed by the Ministry of Health for assistance to the binomial in rooming-in.

FINAL CONSIDERATIONS

The understanding of the RI system recommendations by all the interviewees positively represented the benefits to mother and child that remain together after birth. As regards the possibilities of care, it could be seen that, in fact, there are obstacles that separate the optimization and qualification of care provided by these professionals, according to the guidelines recommended by the MoH, given the mother/child dyad particularities, even after decades of deployment. The accomplished nursing care actions refer solely to meeting the physiological needs of the dyad, with demonstrations in specific events.

Direct observation of the care routine corroborates the difficulties pointed out by these professionals' speeches. Among them, the lack of proper training for assistance to the binomial in the face of peculiar situations, such as

adolescence, which has become a hindrance in counselling provision and mother learning. Another question concerns the failure to establish educational groups for counselling as an opportunity for interaction and integration between health staff, binomial and family.

It is suggested that there be greater awareness on the part of the nursing professionals for detection and accomplishment of care actions that fully and individually meet the needs of each pair, thus ensuring not only the maternal training during the hospital stay, but also the achievement of skills and confidence for the home care with their child.

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