

# THE POSTPARTUM EXPERIENCE OF MOTHERS ACCOMPANYING THEIR HOSPITALIZED NEWBORNS IN NEONATAL UNITS

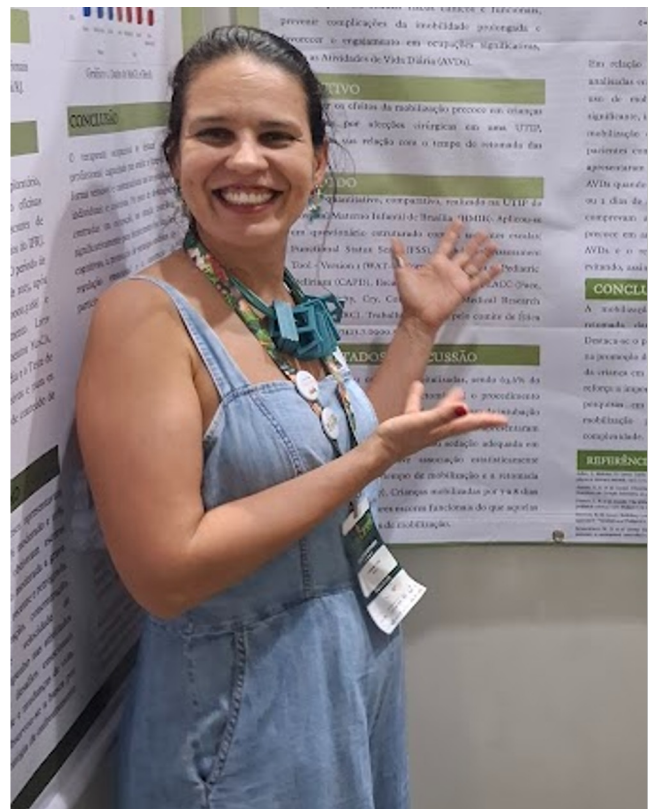
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My name is **Caroline Alves**. I'm from **Brazil**;

I'm a **researcher and teacher** at a **Brazilian University**.

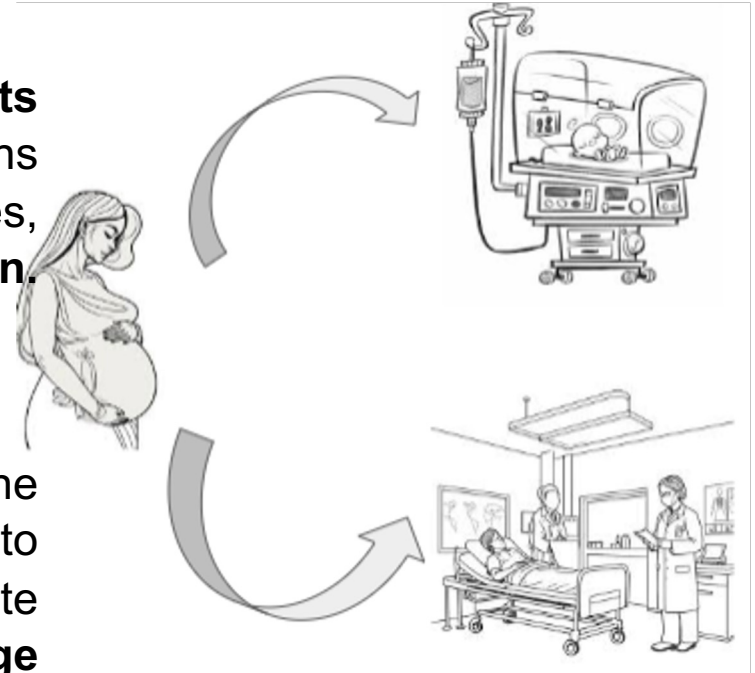
I study **maternal and infant health** and **child development**.



# *The Postpartum Experience of Mothers Accompanying their Hospitalized Newborns in Neonatal Units*

**Introduction:** Technological advancements have led to an **increase** in the number of births of **preterm infants** with lower gestational ages, often requiring immediate **hospitalization**. (WHO, 2018)

**Maternal presence** is encouraged during the hospitalization of preterm newborns to strengthen the mother-infant bond, promote breastfeeding, and **prepare for post-discharge care**. (Bracht et al., 2013)



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**Objective:** To understand the postpartum **experiences** and **occupational trajectory** of **mothers** who accompany their newborns during hospitalization in **Neonatal Units** of a public hospital.

**Methods:** This **qualitative study** was conducted through **interviews** with **mothers** whose newborns were hospitalized in the Neonatal Units.

**Results:** **17 mothers** who participated in the study had **their premature** babies hospitalized immediately after birth and remained with them throughout the hospitalization period.



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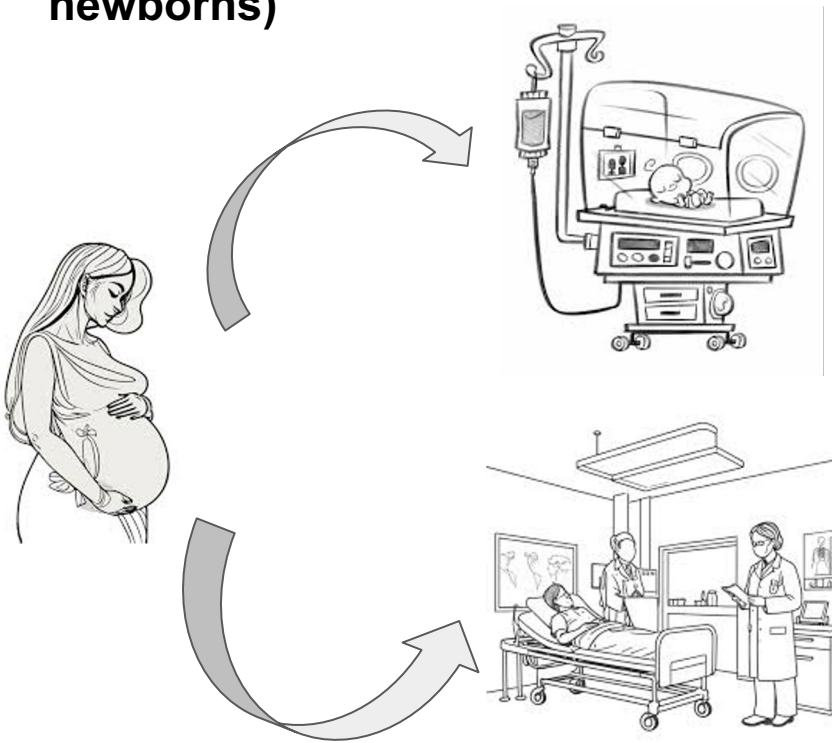
## **Discussion:**

The discussion will be presented based on four categories:

1. **Mothers's Trajectory** During the Postpartum Period (with hospitalized newborns)
2. **Emotional Exhaustion**
3. **Physical Exhaustion**
4. **Postpartum Period and Infant Care**



# 1. Mothers's Trajectory During the Postpartum Period (with hospitalized newborns)

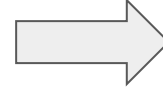
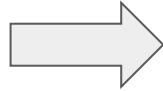


- **Newborn** premature **hospitalization** occurs immediately **after birth**.

- **After childbirth**, **mothers** are referred to the **rooming-in unit**.

- Sometimes, the **mothers** may also remain **hospitalized** due to **gestational complications**. (Costa, et al., 2014)

# 1. Mothers's Trajectory During the Postpartum Period (with hospitalized newborns)



After being **discharged**, mothers can **go home** or **stay in the hospital** to be with the baby in the NICU.

When the infant is discharged from the NICU, they are **transferred** to the **Kangaroo Care Unit**, where the **mother** is able to remain with the baby.

The **mothers's postpartum trajectory** is **influenced** by both her **clinical condition** and her **baby's clinical condition**. (Patine, et al; 2006)

## 2. Emotional Exhaustion

The **postpartum** period is marked by intense **emotional vulnerability**. (Shah, et al 2011)

**Baby hospitalization** intensifies **anxiety, sadness, and fear**.

Higher prevalence of **depression** in mothers of preterm infants. (Hynan, et al 2013)

Emotional suffering caused by **separation from the baby** and uncertainty about clinical evolution.

**Grief** over the loss of the idealized **“normal” maternity** experience. (Phillips-Pula et al., 2013)



### 3. Physical Exhaustion



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- **Mothers** are still in the process of recovering from childbirth, **experiencing pain, fatigue, and hormonal changes.**
- **Difficulties in sleeping and eating** due to the **hospital routine.** (Brasil, 2006)
- In the study, the **hospital** provided a **space** where **mothers** with a **bed and bathroom**; however, this area is located **far from the NICU.**
- The lack of proper **rest** compromises the postpartum **recovery process.** (Andrade, et al 2015)

## 4. Postpartum Period and Infant Care

- Hospital-based postpartum contradicts the cultural model of home and family care.
- **Mothers can't experience traditional** support rituals (e.g., family assistance, cultural postpartum practices).
- Care follows the **hospital routine**: scheduled feedings, technical procedures, kangaroo care, milk extraction. (Andrade, et al 2015)
- **Mothers must adapt to clinical protocols** and the newborn's health condition.
- Some **early-life rituals** (e.g., umbilical cord care, first bath, on-demand feeding) **can't be performed**.
- The postpartum is experienced amid **fear, urgency, and interruption of the idealized maternal experience**. (Brasil, 2006)

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## **Conclusions:**

- **Mothers express** a strong desire to stay close to their hospitalized infants, which results in significant **physical and emotional exhaustion**.
- This **exhaustion** is associated both with the demands of the postpartum period and with the **demanding routines of the hospital** environment.
- The **study** contributes to a broader **understanding of maternal experiences** during the postpartum period while accompanying hospitalized newborns.
- The findings highlight the need for **further research** and for strategies that **support and care for these mothers**.

## Reference:

Shah PE, Clements M, Poehlmann J. Maternal resolution of grief after preterm birth: implications for infant attachment security. *Pediatrics*, v. 127, n. 2, p. 284-292, 2011.

Hynan MT, Mounts KO, Vanderbilt DL. Screening parents of high-risk infants for emotional distress: rationale and recommendations. *J Perinatol*, v. 33, n. 10, p. 748-753, 2013.

PHILLIPS-PULA, L; PICKLER, R; McGRATH, J.M, BROWN, L.F; DUSING, S.C. Caring for a Preterm Infant at Home A Mother's Perspective. *Perinat Neonat Nurs*. 2013.v 27 n 4, 335–344. 2013.

BRACHT, K. M; O'LEARY, K.L; LEE, K.S, O'BRIEN, K,K. Implementing Family Integrated Care in the NICU: A Parent Education and Support Program *Advances in Neonatal Care*, 2013, Vol.13(2), p.115-12

WHO.. Nacimientos prematuros[Internet]. [Geneva]: HOW; 2018 [cited 2020 Feb 07].

Costa AL, Araujo Júnior E, Lima JW, Costa FS. Fatores de risco materno associados à necessidade de unidade de terapia intensiva neonatal. *Rev Bras Ginecol Obstet*. 2014; 36 (1): 29-34

Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas, Área Técnica de Saúde da Mulher. Pré-natal e Puerpério: atenção qualificada e humanizada - manual técnico. Brasília (DF): Ministério da Saúde; 2006.

Andrade RD, Santos JS, Maia MAC, Mello DF. Fatores relacionados à saúde da mulher no puerpério e repercussões na saúde da criança. *Escola Anna Nery Revista de Enfermagem*. 2015; 19 (1).

Patine FS, Furlan MFFM. Diagnósticos de enfermagem no atendimento a puérperas e recém-nascidos internados em alojamento conjunto. *Arq Ciênc Saúde*. 2006; 13 (4): 202 8.



*“The emotional tie between a mother and her infant is one of the most powerful relationships in human experience.”*

Klaus & Kennell



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