

Mothers' perception of the mother-child bond during hospitalization in a Neonatal Intensive Care Unit

Percepção materna do vínculo mãe-filho durante hospitalização na Unidade de Terapia Intensiva Neonatal

Percepción materna del vínculo madre-hijo durante la hospitalización en la Unidad de Cuidados Intensivos Neonatales

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Abstract

Objective: To describe the perception of mothers of newborns hospitalized in a Neonatal Intensive Care Unit of a public hospital in the city of São Paulo regarding the bond with their child.

Methods: This is a qualitative case study conducted through semi-structured interviews with 12 mothers of newborns hospitalized for at least 24 hours. Data were submitted to Bardin's content analysis technique. National ethical precepts were respected.

Results: From data analysis, the following categories emerged: 1) The new real; 2) Deciphering motherhood; 3) The ideal world vs. the real world; 4) The experience of sharing; 5) Elucidating the bond. Mothers understand the bond with their child in a complex manner, with the phenomenon being directly influenced by factors intrinsic to each mother and other factors that are beyond her control.

Conclusion: The perception of bonding by mothers involves feelings and actions of a certain complexity; it depends on the context in which mothers and children are inserted, how the pregnancy process was, the understanding of each one, the change from the ideal to the real. Healthcare professionals are vital in this process, especially pediatric nurses and social workers.

Keywords

Maternity; Neonatal Intensive Care Units; Social work; Affective bond; Pediatric nursing

Resumo

Objetivo: Descrever a percepção das mães de recém-nascidos hospitalizados em uma UTI Neonatal de um hospital público na cidade de São Paulo sobre o vínculo com seu filho.

Métodos: Estudo de Caso, qualitativo, conduzido por meio de entrevistas semi-estruturadas com 12 mães de recém-nascidos hospitalizados por no mínimo 24 horas. Os dados foram submetidos à técnica da análise de conteúdo de Bardin. Foram respeitados os preceitos éticos nacionais.

Resultados: A partir da análise dos dados, emergiram as seguintes categorias: 1) O Novo Real, 2) Decifrando a Maternidade, 3) O Mundo Ideal x o Mundo Real, 4) A Experiência de Dividir, 5) Elucidando o Vínculo. As mães compreendem o vínculo com seu filho de forma complexa, sendo o fenômeno influenciado diretamente por fatores intrínsecos de cada mãe e de outros fatores que fogem de seu controle.

Conclusão: A percepção do vínculo pelas mães envolve sentimentos e ações de certa complexidade; depende do contexto em que a mãe e o filho estão inseridos, de como foi o processo de gestação, da compreensão de cada uma, da mudança do ideal para o real. Os profissionais da saúde se mostram vitais neste processo, especialmente o enfermeiro pediatra e o assistente social.

Descritores

Maternidade; Unidades de Terapia Intensiva Neonatal; Serviço social; Vínculo afetivo; Enfermagem pediátrica

Resumen

Objetivo: Describir la percepción de las madres de recién nacidos hospitalizados en una UCI Neonatal de un hospital público de la ciudad de São Paulo sobre el vínculo con su hijo.

Métodos: Se trató de un estudio de caso cualitativo realizado mediante entrevistas semiestructuradas a 12 madres de recién nacidos hospitalizados durante al menos 24 horas. Los datos fueron sometidos a la técnica de análisis de contenido de Bardin. Se respetaron los preceptos éticos nacionales.

Resultados: Del análisis de los datos surgieron las siguientes categorías: 1) Lo Nuevo Real, 2) Descifrando la Maternidad, 3) El Mundo Ideal x el Mundo Real, 4) La Experiencia de Compartir, 5) Elucidando el Vínculo. Las madres entienden el vínculo con su hijo de forma compleja, siendo el fenómeno directamente influenciado por factores intrínsecos a cada madre y otros factores que escapan a su control.

Conclusión: La percepción del vínculo por las madres involucra sentimientos y acciones de cierta complejidad; depende del contexto en que madre e hijo están insertos, de cómo fue el proceso de gestación, de la comprensión de cada uno, del cambio de lo ideal a lo real. Los profesionales de la salud son vitales en este proceso, especialmente las enfermeras pediátricas y los trabajadores sociales.

Descriptorios

Maternidad; Unidades de Cuidados Intensivos Neonatales; Trabajo social; Vínculo afectivo; Enfermería pediátrica

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Introduction

The neonatal period is a phase of adaptation, discovery and challenges. It is where the mother-child bond is established, a process of learning and knowledge, and talking about bonds is not an easy subject. In the Neonatal Intensive Care Unit (NICU), there is a bond between professional and patient, professional and family, team and patient, family and patient, mother and child, a bond that can be compromised if there is no adequate contextualization.

It is important to note that when a hospitalized newborn (NB) is deprived of maternal care, they may experience delays in physical, intellectual and mental development, which in the future may culminate in mild depression, speech delays, language development, reasoning, and thus, as adults, become parents with difficulties in caring for their own children, leading to a vicious cycle.⁽¹⁾

In this regard, the relevance of the presence of mothers for better resolution in this process is perceived. The bond between mother and child is the essence in the construction of the being in a healthy and complete manner, and⁽²⁾ families, especially mothers who experience NB hospitalization, need adequate support to go through this period of uncertainty that alters the process of the mother-child bond.

Numerous research studies on the mother-baby relationship have revealed the importance of a mother-child bond for the healthy cognitive, emotional and social development of babies and children throughout their entire lives. The establishment of this bond is essential in early childhood, understood as the first six years of a child's life, and begins during pregnancy. A woman is pregnant for a period of approximately forty weeks, making it a phase with periods of physical transformations that, along with them, come the emotions experienced. Motherhood is not equivalent to a biological fact, but rather to learning established in a socio-historical context.⁽³⁾

Despite the recognition of the importance of bonding for parenting, there is a focus on studies in healthy NBs in a home environment, which aimed to analyze their development.⁽⁴⁻⁶⁾ It is vital to move forward in this scenario, with new research that gives visibility to mothers and their experiences, especially with NBs who have had adverse childhood experiences, such as

hospitalization. Thus, the question is: How does the mother of a hospitalized NB perceive the bond with her child?

Thus, the objective is to describe the perception of mothers of NBs hospitalized in a NICU of a public hospital in the city of São Paulo regarding the mother-child bond.

Methods

This prospective study with a qualitative approach, in which the case study method was applied, was carried out at the Neonatal Intensive Care Center 2 (NICC2) of the Institute for Children and Adolescents of *Hospital das Clínicas* of the School of Medicine, *Universidade de São Paulo*, located in the city of São Paulo-SP, from January to December 2021.

Authors report that data collection and analysis occur in the same way as other research in general, and data must be rigorously recorded and analyzed.⁽⁷⁾ There is no rigidity of experiments and surveys, but it involves stages of problem formulation and limitation, sample selection, determination of procedures for data collection and analysis, and subsequent interpretation. It is a method that investigates a contemporary phenomenon in the context of real life, even when boundaries between the phenomenon studied and context are not yet clearly defined.^(8,9)

This methodology was chosen because it allows researchers to understand the characteristics, causes and consequences of the phenomenon studied and thus list strategies or possible solutions for participants. The sample consisted of mothers of NBs hospitalized in NICC2. The inclusion criterion considered mothers of NBs hospitalized for at least 24 hours, including adolescent mothers. No exclusion criteria were established.

Data collection was obtained through interviews with questions focused on the mother-child bond issue, in a private room, after the work was explained, participants accepted the information and participants signed two copies of an Informed Consent Form. The first author, a social worker who was completing her multidisciplinary residency at the institution where the research was conducted, wrote down the answers to the interview and, at the end, showed them to participants and read them to them so that they could verify

what had been answered and give their consent. The guiding questions were: How was it for you to receive the news of pregnancy? What was the process of transformations during pregnancy (physical, emotional and social)? What does motherhood mean to you? How was your participation in visits to your child in the hospital and how often? How do you feel when you arrive at NICC2 and see a professional taking care of your child? What is your relationship with healthcare professionals at NICC2? What is the mother-child bond for you?

A convenience sample of 12 mothers was used. No mother refused to participate when approached by the first author. Before each approach for participation, the first author introduced herself, explained her activities as a professional and the objective of the research. Data collection was concluded when data theoretical saturation was achieved.

The analysis of the data obtained in the interviews was based on content analysis, defined by Bardin⁽¹⁰⁾ as a set of communication analysis techniques that aim to obtain, through the description of the content of messages, indicators that allow inference of knowledge regarding the conditions of production and reception of these messages. The analysis included: a) pre-analysis: organization phase, aimed at systematizing initial ideas, choosing documents, formulating hypotheses and objectives and developing indicators that support final interpretation; b) material exploration: a long and tedious phase that consists of coding operations, transforming raw data from the text and allowing the representation of the content to be achieved; c) processing of results with inference and interpretation.

The researcher contacted the mothers participating in the research at the end of research to thank them and inform them of results.

The research was forwarded to the Ethics Committee for Analysis of Research Projects of *Hospital das Clínicas* of the School of Medicine, *Universidade de São Paulo*, and approved under Opinion 4.567.750 (Certificate of Presentation for Ethical Consideration 42164621.2.0000.0068).

Results

The convenience sample was composed of twelve mothers and the analysis of interviews enabled the

construction of five categories and their relative units of meaning, referring to the relationship with the health team, maternity and the mother-child bond, described below.

In the “The new reality” category, it was possible to observe that mothers interpreted the news of pregnancy as something positive, considering that they already wanted to experience motherhood, whereas others indicated that the news was unexpected and generated fear, astonishment, ambivalence of feelings and a painful process. Gradually, acceptance occurs, especially with the emotional experience generated by the transformation of their body, the support of their family, friends and people close to them who strengthened them in the process.

It was a surprise for me, right?! I wasn't planning it, I wasn't expecting it either, and I was surprised and happy at the same time; I didn't know which one. (Mother 4)

Yes, I loved the transformation of my body. I fell in love with my belly. And my emotions were a little shaken, right?! I was tearful, sensitive, but that's part of it, right?! [...] (Mother 7)

My relationship with my family got stronger. Not with my friends, because I got married close to the pregnancy, so I distanced myself from my friends, I only dedicated myself to my family and my husband. (Mother 7)

The “Deciphering motherhood” category revealed that talking about motherhood brought up great emotions and many of them were unable to express the meaning of such a word, in addition to a change in vision and the fact that the existence of children is essential and completes each one's life.

Motherhood is a pleasure, it's a hope, right?! If you're creating a person, a child inside you, knowing that they are all love, all affection. (Mother 10)

Ah, it's a huge responsibility that I didn't have, because I was really a child, very immature, you know?! And as soon as I found out I was pregnant, a lot changed, both in terms of understanding things better now and because I was “annoying” like people say, right?! So, I questioned everything, and now I understand, I know that there is a child dependent on me, so for me it's a responsibility. (Mother 9)

For me, motherhood is... the word doesn't come to mind now, right?! But... let's suppose... before being a mother... let's suppose, I felt alone, right?! Alone, empty, I felt the need for something more, so I knew that this was the time for me to have a child so that I wouldn't feel alone the way I did anymore, and really that's what was missing was him. (Mother 3)

“The ideal world vs. the real world” category describes the importance of visiting children frequently and not being able to stay away from them for long periods, although mothers' wishes are not always in line with the reality in which they live.

I stay here all week. I don't go home [...] if it were up to me, I wouldn't even leave his side, right?! Because since he's a son, he has to be with his mother. A mother can't leave her son alone in the hospital. (Mother 1)
[...] I go home sometimes, to sleep better and pay attention to my husband, but on that day I have to do everything, clean the house, do the laundry, rest and then I'm back the next day. (Mother 7)

“The Experience of Sharing” category refers to the care and feelings experienced by mothers while they and their children are cared for by professionals from the beginning of hospitalization, revealing that it is difficult to see another person caring for their child, but at the same time it gives them security, being considered a good relationship, built according to how they perceive their interactions with their children and the support provided to them.

Ah! It's like friends, because they come and tell me what they did and didn't do with my son, right?! And because they treat me so well, they're friends to me. (Mother 3)
They treat me really well...they give me a lot of attention when I want to ask questions, they tell me everything in detail and there are people there 24 hours a day watching my son. (Mother 1)
And not just with them, but with us too, it's so nice to feel welcomed at such a difficult time, because you've just had a baby... I don't know if you're already a mother, if you've ever been through this? (Mother 2)

The “Elucidating the bond” category highlights participants' difficulty in defining what a bond is as

well as a mix of feelings that emerge when asked. Mothers reveal that the bond is love, being present and connected with their child.

Bond? It's about care, love, recovery, that's bond. (Mother 5)

Mother-child bond? It's being present in her life every day, as well as participating in all her evolution and development and being present at all times. (Mother 7)
[...] when you create a bond as if you were connecting with her, right?! Now when I started breastfeeding, she wouldn't latch on to my breast, now before I latch on to her, she's opening her mouth to breastfeed, she's so happy. And she recognizes me, feels my voice, hears my voice in this case, calms down. If she's crying, I talk to her, she calms down and that's really good. It's really good! (Mother 9)

Discussion

This study sought to describe what mothers of hospitalized NBs perceive regarding the mother-child bond, through a qualitative approach. The categories are connected and reveal that the perception of the mother-child bond is complex and depends on factors intrinsic to each mother and other factors that are beyond her control.

The moment of pregnancy can be considered an extremely important occasion in a woman's life, marked by its own biopsychosocial adjustments.⁽¹¹⁾ Not everyone perceives this phase in the same way, and this may or may not have an influence on the times they are in and on the social and cultural relationships that surround them. In this study, the authors showed that the fact that their children were born and needed hospitalization aroused fear in some mothers, in addition to the difficulty in assimilating the information provided by professionals.

Furthermore, the gestational phase constitutes a more dynamic movement in maternal behavior, as the baby begins to be pronounced by a pregnant woman, becoming present and provoking sensations and changes directly linked to it.⁽¹²⁾

In this study, in “The new reality” category, mothers reveal positive feelings, arising from the unexpected hospitalization and the need to change plans made

during the process, as they discovered a support network, essential during this period, which makes all the difference, and can be made up of partners, families, friends and people who are close to them and share the feelings that strengthen them at this time. It is important to say that pregnancy is marked as an individual, family and social experience, as it involves everyone in pregnant women's intimate circle, due to the demands associated with the arrival of their baby. Thus, the demands come together with major changes in the reorganization of roles, relationships with the partner, family, friends, professional and economic factors.⁽¹³⁾

When support is provided, it contributes to maternal health, as it strengthens mothers' health during pregnancy, and when the baby is born, it reduces the chances of postpartum depression, and greater social support during pregnancy reduces exhaustion and distress in the postnatal period.⁽¹³⁾

Love, affection, dedication and privilege are feelings that express motherhood, which changes according to the configurations within society. Thus, the time that mothers make available for their babies will provide a better performance in the mother-child relationship and will contribute to the care process and positive evolution in the context of their baby's health. They feel safer, calmer and bring a sense of protection to their child. There are mothers who are able to attend daily visits, and this facilitates the strengthening of the mother-child bond, but it does not nullify the relationship of those who cannot attend for some reason as frequently.

The organizational culture of a hospital often imposes restrictions on mothers who not only need to adapt, but also prepare themselves to face a place full of equipment, noise, lights, and people, and the painful and invasive procedures to which babies are subjected.⁽¹⁴⁾ Therefore, for both mothers, fathers and families, hospitalization is not an easy time. It requires family organization to support them and requires extreme efforts from these mothers, as many are still recovering from postpartum, others have difficulty walking, or still do not have anyone to share household chores with. In this sense, social workers, together with mothers, aims to contribute to the organization or reorganization of the family that is part of the Singular Therapeutic Plan or the social service's Community Therapeutic Plan in any scope.

In this study, mothers realize that there is a mobilizing force to be present, with their children in the hospital, even knowing that they are monitored all the time. For some, life has become the hospital, and between the idealized baby versus the real baby, they gradually organize themselves and understand that the mother-child bond is established in every detail. Just like motherhood, the bond involves feelings and actions of a certain complexity, depending on the context in which the mother and child are inserted, how the pregnancy process was, the understanding of each one, the change from the ideal to the real.

Social workers are professionals who, alongside nurses, can contribute to building the mother-child bond by coordinating groups or workshops that address various health-related topics with the mothers themselves, based on what they would like to discuss together, as a team, for interaction and learning between both parties, and also so that professionals can provide support with qualified listening and thus understand their anxieties and concerns. In these groups, doubts that mothers may have regarding their children's clinical condition can be clarified. They can think together with the care team about the baby's safe discharge, relationships can be established between the mothers themselves, or in other cases, work on dealing with the frustrations of not having the chance to take their children home. The authors' clinical practice allows us to state that parents demonstrate more confidence and feel better when they participate in groups with the unit's multidisciplinary team, as they have the opportunity to listen to professionals, ask questions, and share experiences.

This study was conducted during the COVID-19 pandemic, which impacted the mother-child bond consolidation beyond hospitalization. Although participants' mental health was not addressed, we can infer that the pandemic influenced mothers during their children's hospitalization. A recent study supports this inference, demonstrating an increase in the prevalence of probable postpartum depression and unplanned pregnancies during the first 18 months of the pandemic, both associated with worse scores in the mother-child bond, which may affect the future development of these children.⁽¹⁵⁾ It is known, regardless of the pandemic, that the nursing team is present full-time during hospitalization, and can signal pos-

sible problems related to the lack of establishment of a bond and activate social workers in this process of hospitalization of both, which needs to be based not only on theoretical-scientific knowledge, but also have in-depth knowledge of families' social, cultural and economic reality to collaborate adequately and contribute to the construction of a healthy and fruitful bond.

Study limitations include its implementation in a single hospital, with a single family member, and the pandemic caused by COVID-19, which had national reach and brought consequences in all areas, including the implementation of field research.

For the future, new research is recommended that aims to deepen the perception of the bond between other family members, especially the father figure, and to intervene early, in order to promote the construction of continuous supportive bonds.

Conclusion

Mothers' perception of the bond involves feelings and actions of a certain complexity; it depends on the context in which the mother and child are inserted, how the pregnancy process was, each mother's understanding, and the change from the ideal to the real. Mothers' perception of the mother-child bond goes beyond what they can verbalize as it is clear in every detail described. Healthcare professionals are vital

in this process, especially pediatric nurses and social workers.

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