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Nurses' practices in monitoring the mother of preterm newborns in Primary Care

Prácticas de enfermería en el seguimiento de la madre de un recién nacido prematuro en Atención Primaria

Práticas do enfermeiro no acompanhamento da mãe de recém-nato pré-termo na Atenção Básica

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Abstract

The aim was to identify the practices of nurses in monitoring the mothers of low weight preterm infants in Primary Care in units of the Family Health Strategy of the West Zone AP 5.1 RJ. A qualitative, descriptive study of the field research type was carried out with 14 nurses working in the monitoring of preterm or low birth weight infants in three basic health units in the West Zone of RJ. The possible causes related to the birth of preterm or low weight babies were discussed with the nurses, and the intrinsic and extrinsic factors were, many times, identified during the prenatal care, where they report the use of illicit drugs, alcohol, smoking and other factors such as hypertension, diabetes that restrict uterine growth and maternal malnutrition itself. It is essential that the entire team participates in permanent education and is focused on assisting this woman in this delicate and fragile period. The professionals still face a great challenge to accompany this mother and this newborn in the first moments after hospital discharge. There is also a need to improve the flow and standardize the service.

Descriptors: Preterm; Low Weight; Mother; Nurse; Nursing Care.

Resumén

El objetivo fue identificar las prácticas de los enfermeros en el seguimiento de las madres de prematuros de bajo peso en Atención Primaria en las unidades de la Estrategia Salud de la Familia de la Zona Oeste AP 5.1 RJ. Se realizó un estudio cualitativo, descriptivo del tipo investigación de campo con 14 enfermeras que laboran en el seguimiento de recién nacidos prematuros o de bajo peso al nacer en tres unidades básicas de salud de la Zona Oeste de RJ. Las posibles causas relacionadas con el nacimiento de bebés prematuros o de bajo peso fueron discutidas con las enfermeras, y los factores intrínsecos y extrínsecos fueron, muchas veces, identificados durante la atención prenatal, donde informan el uso de drogas ilícitas, alcohol, tabaquismo y otros. factores como la hipertensión, la diabetes que restringen el crecimiento uterino y la propia desnutrición materna. Es fundamental que todo el equipo participe de la educación permanente y esté enfocado en ayudar a esta mujer en este delicado y frágil período. Los profesionales aún enfrentan un gran desafío para acompañar a esta madre y a este recién nacido en los primeros momentos tras el alta hospitalaria. También es necesario mejorar el flujo y estandarizar el servicio.

Descriptores: Prematuro; Bajo Peso; Madre; Enfermeiro; Cuidados de Enfermería.

Resumo

Objetivou-se identificar as práticas dos enfermeiros no acompanhamento das mães de prematuros de baixo peso na Atenção Básica em unidades da Estratégia de Saúde da Família da Zona Oeste AP 5.1 RJ. Realizado um estudo qualitativo de natureza descritiva do tipo pesquisa de campo com 14 enfermeiros atuantes no acompanhamento do recém-nato pré-termo ou baixo peso em três unidades básicas de saúde na Zona Oeste do RJ. Foi abordado com os enfermeiros as possíveis causas relacionadas ao nascimento de bebe pré-termo ou com baixo peso, e os fatores intrínsecos e extrínsecos foram, por muitas vezes, identificados durante o acompanhamento de pré natal, onde relatam uso de drogas ilícitas, álcool, tabagismo e outros fatores tais como, hipertensão, diabete que restringem o crescimento uterino e a própria desnutrição materna. É imprescindível que toda equipe participe da educação permanente e esteja voltada para o atendimento à essa mulher neste período tão delicado e frágil. Os profissionais ainda travam um grande desafio de acompanhar essa mãe e esse RN nos primeiros momentos após a alta hospitalar. Observa-se ainda a necessidade de melhoria de fluxo e uma padronização do atendimento.

Descritores: Pré-Termo; Baixo Peso; Mãe; Enfermeiro; Cuidados de Enfermagem.

Introduction

According to current data from the Ministry of Health, about 10% of babies are born prematurely, being considered premature or preterm, that is, who come into the world before completing 37 weeks of gestation. Thus, every baby born prematurely, weighing less than 2500 grams, is underweight. In Rio de Janeiro, in 2018, data from the DATASUS information system shows that we had 467 deaths of low-birth-weight newborns and that the prematurity rate reached 5.3% of live births in Brazil[1].

To Carvalho[2]:

> *"The prevalence of low birth weight found in Brazil, despite reaching the goal of the World Summit in favor of Children, which is to achieve rates below 10% of live births, are still unsatisfactory, especially if we consider that developed countries have rates around 5%. In addition, low birth weight is an indicator of the quality of women's reproductive health care, given that a large part of its causal factors, such as prematurity, infections during pregnancy, smoking, early pregnancy and less than interpartal interval two years are mostly subject to control, with adequate attention to women of childbearing age".*

It is known that prematurity is one of the factors that contribute to the growing number of infant mortalities worldwide and, in Brazil, this rate is rising every day; intrinsic social and economic causes affect the child's development. At this moment, the health professional, since the monitoring of the pregnant woman during the delivery period and the mother's return to her home, will be of great importance, as this puerperal woman is in a transition process where it will be necessary to restructure and readjust to her new lifestyle, not to mention that she was prepared to be a mother and soon have a healthy baby in her arms, which often happens and this child in the first hours of life cannot be next to the mother having to stay in an incubator for monitoring During this period, she feels helpless, disappointed and, at times, hopeless.

According to Federal Law No. 7,498 / 86 and Decree-Law No. 94,406 / 87, which decree the free exercise of Nursing throughout the national territory, the nurse is charged with "providing assistance to pregnant women, parturient women, puerperal women and the newborn; participate in comprehensive health care programs and activities for individual health and specific groups, particularly those with high risk and priority"[3].

The World Health Organization (WHO) has a great concern in reducing infant mortality from the period of birth, from hospitalization in neonates to the newborn's departure to the home. The WHO knows that good assistance from the health team minimizes future problems for the newborn. Nursing care, with the new SUS humanization policy, is also essential for this mother to understand how her baby is a fragile being and who deserves special care. This woman, when well guided by Primary Care nurses, will know how to go through this difficult time in her life[3,4].

In order to reduce infant mortality rates and follow-up with assistance aimed at serving everyone with quality, the Ministry of Health launched, in 2004, the Agenda of Commitments for Comprehensive Child Health and Mortality Reduction, where are the guidelines for monitoring childcare in the different stages of development, pointing out the lines of care for newborns at risk of receiving comprehensive care in primary care, which will identify the vulnerability aspects of this child and his family[3,4].

In this moment when the puerperal woman needs a lot of learning and new information, it is extremely relevant to obtain new knowledge and to increase, even more, the bond with the nurses of the Family Clinic or CMS, where the mother-baby binomial will be accompanied. The team needs to understand the degree of knowledge of this mother and the other family members involved, so that they can guide this group and ensure that there is good adherence to the care provided.

Within this dynamic, the nurse must be qualified to attend in a humanized way, to know techniques, such as the Kangaroo Method for example, bathing and feeding with both, trying to understand the baby's real needs and working on the mother's adaptation to this new reality in your daily life.

It is known that in most cases in which the baby was born preterm, attention is more focused on this newborn. To this end, this study aims to identify the practices of nurses in the monitoring of mothers of low weight preterm infants in Primary Care in units of the Family Health Strategy of the West Zone AP 5.1 RJ.

The justification for this study is given by the need to provide correct knowledge and techniques to the mothers of premature babies, through nurses to generate a better adaptation in the care provided in the home of the mother-baby binomial. It is necessary to establish a bond, offering individualized and committed care so that this mother and the other family members involved find security to continue the care of the NB after hospital discharge and, for this to happen, it is necessary for the nurse to intervene. in this interaction process.

As researcher[5] reports, "[...] the articulation of care between the different levels of health is still timid, with the follow-up of these babies being carried out almost predominantly at the hospital level". In this perspective, the question that guided the study research was: What are the nurse's practices in monitoring the mothers of low weight preterm infants in Primary Care in units of the Family Health Strategy (FHS) in the West Zone of RJ in AP 5.1?

Methodology

A qualitative, descriptive study of the field research type was carried out on the practices of nurses in monitoring the mothers of low weight preterm infants in Primary Care in units of the Family Health Strategy of the West Zone AP 5.1 RJ.

According to Minayo[6], qualitative research:

> *"[...] seeks awfully specific and detailed questions, concerned with a level of reality that cannot be measured and quantified. They act based on meanings, motives, aspirations, beliefs, values, attitudes, and other subjective*

characteristics specific to human and social aspects that correspond to relationships, processes or phenomena and cannot be reduced to numerical variables".

The research was developed in three units of Primary Care in the Family Health Strategy in the neighborhoods of Bangu (Catiri), Realengo and Padre Miguel in AP 5.1 and the choice of Health Units was due to the large volume of care. 14 primary care nurses were interviewed, who carry out monthly follow-up of puerperal women and their respective premature newborns. Nurses accompanying prenatal care and who have been in the unit for more than six months were included and newly hired nurses were excluded from the survey.

The interviews were initially carried out using a form on Google Forms - due to the current scenario due to the COVID-19 pandemic - which was sent via e-mail to the health unit and to the professionals where the responses were sent to the e-mail of the researcher from September 6 to October 20, 2020, shortly after authorization by the Research Ethics Committee of the Castelo Branco University (CEP / UCB / RJ) under No. 4,230,101.

For the analysis of the content of the participants' answers, we opted for Bardin's Analysis4, which "[...] is a very empirical method, depending on the type of 'speech' that is dedicated and the type of interpretation that is intended with the objective".

To participate in this research, the subjects were informed that all data obtained would be kept confidential and private. The Free and Informed Consent Form was signed by each participant, in compliance with Resolution No. 466/12 of the National Health Council.

Results and Discussion

Participated in the research 14 professional nurses who work in the Family Strategy in the West Zone of Rio de Janeiro, in AP 5.1, being 03 nurses from the Bangu Unit, 05 from the Padre Miguel Unit and 06 from the Realengo Unit. 42.9% of respondents are between 4- and 6-years old working in primary care and 28.6% are 7 to 10 years old; of these professionals, 02 work in other areas, having seen that most of the interviewees had a great experience in primary care, where they certainly experience the changes that have been occurring over the years in relation to assistance, which may justify the great demand of these professionals for specializations.

Most professionals have some postgraduate specialization, 85.7% chose to specialize in areas such as health management, sanitary nursing, obstetrics, but the majority - around 89.1% - decided to pursue graduate studies. in Family Health Strategy for already being in the area and acquiring more knowledge. It is known that nowadays the labor market is extremely competitive and health professionals tend to differentiate themselves when they have some specialization in talking about Family Health Strategy, which covers about 63.45% of the population. population in Brazil and is still growing in some regions that have not yet implemented this strategy[7].

Chart 1. Profile of nurses from three Basic Units in the West Zone. Rio de Janeiro, RJ, Brazil, 2020

Interviewee	Unit	Family Health Strategy Time (Years)	Specialization	Coverage Area
1	Bangu	7-10	Yes	Family Health
2	Bangu	4-6	No	-
3	Bangu	7-10	Yes	Family Health
4	Padre Miguel	4-6	Yes	Health Management
5	Padre Miguel	4-6	Yes	Family Health
6	Padre Miguel	1-3	Yes	Obstetrics
7	Realengo	7-10	Yes	Family Health
8	Realengo	4-6	Yes	Sanitary and Family Health
9	Padre Miguel	1-3	Yes	Family Health
10	Padre Miguel	1-3	Yes	Obstetrics and Family Health
11	Padre Miguel	4-6	Yes	Hospital Management
12	Realengo	1-3	No	-
13	Realengo	7-10	Yes	Family Health
14	Realengo	4-6	Yes	Family Health

Within the family health, the nurse has autonomy to provide care to various types of people at different stages of life and with pre-existing comorbidities, in addition to working with health promotion and disease prevention. In addition, he accompanies women in the care of their health from when she discovers pregnancy until the puerperium period, in addition to monitoring the health of her baby to reduce infant mortality rates in the first year of life.

As prioritized by the Ministries of Health since 2015, the Comprehensive Child Health Policy was created, so that there was a need to monitor the newborn and the puerperal woman as early as possible to assess the health conditions of the mother / baby binomial[8]. For this care with the puerperal woman to be foreseen, the nurse must have control of all pregnant women accompanied by him and the probable date of delivery for as soon as possible this woman and her baby are welcomed.

According to researchers[9], "[...] the active search of the puerperal women is the responsibility of the entire FHS, thus, the delay of the home visit is not justified, and the nurse is not exempt from responsibility for the delay in capturing or scheduling by the CHA, since it is her responsibility to coordinate these".

In relation to work instruments that facilitate nurses to identify the puerperal and premature birth

newborns in a timely and early manner, the professionals were unanimous in saying that in their unit they have a spreadsheet to control these at-risk children. This is an instrument that aims to accompany the preterm or low weight newborn; and this spreadsheet is shared among maternity hospitals in the region, reporting which children were born and their respective risk factor. It is through this worksheet that the professional can capture the premature infant as recently as possible, and the mother be referred to the first reception at the unit. They also reported their own instrument that makes it easier to predict the likely date of delivery, thus, this pregnant woman already begins to be monitored before the baby is born, and if the woman has delivery before 37 weeks, the professionals did not report which strategy have to capture this puerperal woman.

Instrument for monitoring preterm newborns in Basic Health Units in the West Zone of RJ

100% of respondents reported that there is a form for monitoring preterm newborns following the reports below:

> "Risk baby worksheet and unit form" (N1 – Bangu Unit).
>
> *"Worksheet for monitoring baby at risk and puerperal women with vulnerability"* (N6 –Padre Miguel Unit).
>
> *"CAP risk spreadsheet shared with NASF"* (N7 – Realengo Unit).

Regarding this instrument, its functionality is to identify all babies in the assigned area who were born with some risk factor, as provided by the Ministry of Health, children at risk are those who manifest at least one of these criteria : residence in a risk area; low birth weight (<2500g); newborn (NB) with less than 37 weeks of gestational age; severe asphyxia (Apgar <7 in the 5th minute of life); hospitalization or intercurrence in the maternity ward or in a newborn care unit; being the son of a teenage mother (<18 years old); being an newborn of a mother with low education (<8 years of study) and having a history of death of children <5 years in the family[10]. Thus, the instrument helps nurses to identify, in addition to prematurity or low weight, other risk factors for newborns.

Participating nurses were asked about the causes related to the birth of a preterm or underweight baby, who outlined intrinsic and extrinsic factors that were, many times, identified during prenatal care. These being the most varied possible causes, such as: the use of illicit drugs, alcohol, smoking, hypertension, restriction of uterine growth due to diabetes, maternal malnutrition. One of the factors most cited by the interviewees was absenteeism in the consultations, however, it was not unanimous, as the professionals carry out an active search of the pregnant women who miss the appointments even with scheduling in a timely manner[10].

Possible causes related to the birth of a preterm or low birth weight baby

According to the nurses interviewed, there are countless causes for preterm newborns. Consultation absenteeism was the most reported 16%, followed by 15% drug users and malnutrition, 8% smoking and uterine growth restriction 7.7%.

Interviewees' reports:

> *"[...] drug addicts, diabetes, smoker" (*N2 – Bangu Unit).
>
> *"[...] due to the countless absences the consultations, many times, we are not able to carry out the exams in adequate time and only after delivery are we able to discover some comorbidities that they do not report in the prenatal period"* (N1O - Padre Miguel Unit).
>
> *"Maternal malnutrition, unsatisfactory lifestyle, alcohol use, smoking contributes, in my opinion, to a premature or underweight baby"* (N14 – Realengo Unit).

The use of substances harmful to health in the postpartum pregnancy period, such as legal and illegal drugs, should be investigated and discouraged, as restricted fetal growth, abortion, premature birth, cognitive deficiencies in the conceptus, among others, may be associated with the use and abuse of these substances"[11].

Study[10] reports that maternal nutritional status, as well as gestational weight gain, has been the current focus of several studies, not only due to the increasing prevalence of her disorders, but mainly due to her determining role on gestational outcomes, "[...] among these, fetal growth and birth weight stand out, which can have implications for the health of the individual throughout his life, particularly in relation to chronic non-communicable diseases".

Considering the relevance of studies on the subject, it was seen that:

> *"Most of the published articles point out that the failure to perform prenatal care is mainly due to socioeconomic factors (low family income and education), access to consultations (place of residence away from the service and cost for commuting), quality of health care and social support. Other potentially related factors are maternal age (adolescence and older age), not living with a partner, use of alcohol or other drugs during pregnancy, multiparity, non-acceptance of pregnancy, lack of family support, adverse social context, negative care experiences and conceptions of discredit about prenatal care"[10].*

Mothers' feelings towards premature newborns

The interviewees reported that, in relation to the premature or low birth weight newborn, there was a consensus regarding the feeling expressed in responding that mothers have different feelings towards their child and that they are going through a critical moment, needing guidance, emotional support and family support. Follow the speeches of the professionals:

> *"Fear and doubts about caring for the newborn and also about the child's development over the months"* (N2 – Bangu Unit).
>
> *"Fear of the death of your baby and of not being able to take better care"* (N6 – Padre Miguel Unit).
>
> *"Concern about weight gain"* (N7 – Realengo Unit).

The nurse who performs this first reception will have to have a humanized, qualified listening and try to calm this woman and her family members, also occurring at the hospital discharge of both. When the NB, even though she is premature, has an adequate weight and no existing complications, even so this woman has fears in relation to her son's health, breastfeeding, care, because she believes that her baby is fragile and needs specific care. Study[12] warns of the danger of parents of preterm babies developing the "vulnerable child syndrome", due to a distorted perception of parents, who start to focus more on disabilities than on the resources present in the baby's repertoire, they can be overprotected it and overestimate its vulnerability.

The birth of the preterm baby is configured in a situation of "psychological crisis" in the family, which starts to face an unpredictable and anxiogenic situation that generates feelings of helplessness and stress, especially in the mother. The prematurity of the baby requires admission to the Neonatal ICU, a factor that negatively interferes with the establishment of the mother-baby bond[13].

The first attendance of the puerperas of newborns in the basic units follows.

First postpartum care in the basic units

The first attendance of the puerperal woman and the newborn in the basic unit when they are discharged, according to the care protocol, must be carried out with previous scheduling of the maternity to the health unit, where the puerperal woman seeks the health professional who is in the reception for receive it. The service is provided by the nurse and the NASF team, which is composed of the following professionals: nutritionist, speech therapist, psychologist, and physiotherapist.

It is observed that the interviewed professionals do not present a single flow for the first service of this client, as the reports below:

> *"Consultation on demand. Mother-baby binomial reception, usually with the nursing team with a reception sent for medical consultation, vaccinations, baby foot test, guidance for mother and family and scheduled return together [...] with the NASF team"* (N2 – Bangu Unit).

> *"Usually by the nursing team, with the reception, referral for medical consultation, vaccines, heel prick, guidance for the mother and family and scheduling of return"* (N3 – Bangu Unit).

> *"Spontaneous demand"* (N5 – Padre Miguel Unit).

> *"First reception with up to 07 days of life by the doctor. Team visit for guidance"* (N13 – Realengo Unit).

As seen in the answers above, there was no cohesion, each unit has a different flow, however, in the Child Health Care Notebook it is recommended that the line of care for children in primary care has the objective of expressing a care flow safe for the child population and their families, in such a way as to guarantee access to the health network of this clientele, according to the needs and specificities, in order to unify prevention and health promotion actions for the child in a guiding axis newborn.

Care protocol for low-birth-weight newborns

The protocol was developed with the purpose of standardizing a flow of care capable of enabling the organization of work processes, universal access to services and the offer of comprehensive care, of good quality and with resolution to strengthen the bond of this puerperal with the health team.

Follow the nurses' statements:

> *"When it is identified that the mother is scared, insecurities, psychological counseling is carried out, the matrix is performed with the NASF, and the newborn is referred to nutrition, speech therapy and physiotherapy"* (Realengo Team).

> *"It is very common for mothers to feel fragile in relation to taking care of their newborn at home, and they are often not able to take care of such a fragile child"* (Padre Miguel Team).

> *"The adherence of some mothers in the first consultations is very difficult, since in a month there are 3 to 4 visits in the unit in order to weigh them weekly to monitor weight gain"* (Bangu Team).

Professionals involved in monitoring newborns and puerperal women

The doctor comes as the professional who most welcomes this type of public (78.6%) - baby and mother in the risk group with vulnerability -, followed by the nutritionist 14.3% - this baby needs weight gain, therefore, this professional is of great relevance to achieve the expected results - the psychologist was mentioned as 7.1% of the interviewees - many times this mother feels depressed, fearful, frustrated even for not being able to breastfeed her child and the professional assists, performs a humanized listening with this woman in order to prevent damage to mental health in order to take care of her baby.

Regarding the monitoring of this child and mother, the professionals' answers were about premature newborns when they are discharged from the hospital and are referred to the reception of the basic unit, if the mother cannot go to the unit, the visit must be at home, which it can also be performed by the doctor of the Family Health Team; consultations will take place as soon as you are discharged after 7, 15 and 30 days to monitor the weight gain of this newborn. Monitoring is recommended, as this baby and mother need constant monitoring in the first month of life.

The professionals report many absences about the active search of this mother, by the community health agent, some go to the maternity hospital to visit their babies who are still in the neonatal ICU, others when the baby is discharged and stays with relatives outside the restricted area with fear alone, they cannot take care of their baby and themselves.

> *"They take appointments but have many absences in a row or fail to come in the scheduled time with long delays"* (N1 – Bangu Unit).

> *"Usually, mothers have good adherence to follow-up, but the greatest difficulty is in the first month due to the number of consultations*" (N4 - Padre Miguel Unit).

> *"Sometimes yes, because the mothers spend part of the puerperium period in the home of another family member, outside the territory. They usually lead to consultations, although when they are absent, the CHA actively searches with the team, to schedule them as soon as possible"* (N2 – Bangu Unit).

Since the professionals report that the mothers attend, however, the number of absenteeism at the follow-up consultations is still large, it is worth mentioning that, among the essential actions of the PHC, the home visit is a powerful strategy because it allows an expanded understanding of the health process -disease and provide interventions related to the care and maintenance of health, both for the individual and the family, crossing the limit of curative practices, and can be performed by any professional, not just the health agent[14].

Thus, it is a relevant point so that the nursing professionals could also carry out the active search when possible, making the mother aware of not missing her baby's follow-up consultations, as it inspires special care in the first months of life.

Health education among nurses

Regarding the educational program to guide these women with premature newborns, 64.3% of nurses reported that they carry out educational actions, and 35.7% were not doing it now because of the current scenario of the pandemic.

The interviewees emphasized the need to improve health education for the puerperal woman of low birth weight, followed by prenatal consultations with guidance from the multidisciplinary and individual team regarding breastfeeding and hygiene care. Respondents reported the need for multiprofessional follow-up with trained professionals to monitor these women who are so fragile and in need of information.

This reinforces what was agreed at the first International Conference on Health Promotion and which is documented in the Ottawa Charter, which says that:

> *"Health promotion, therefore, has a close relationship with health education that is established based on the participation of the population, their needs, their lifestyle, beliefs and values, desires, options, experiences, subjectivity and intersubjectivity, in the cultural - socio - political context in which he lives. This participation requires involvement, commitment and solidarity, as a daily construction of joint decisions, established with everyone who participates in the educational process, who maintain the commitment to exchange experiences, experiences, knowledge, which are different because each person's stories were built differently"*[15].

In relation to health education, there are reports:

> *"All general guidance is offered regarding care with the NB to improve well-being, both at home and in monitoring health in other support networks, not only in our unit, but when necessary, we refer to other specialists for further follow-up. comprehensive care"* (N3 – Bangu Unit).

> *"I believe that nursing could take more refresher and humanization courses with this type of patient and do more individual care"* (N6 - Padre Miguel Unit).

The professionals' speeches made it possible to identify weaknesses in relation to actions aimed at health education. A large part of them already carries out prenatal consultations, in groups of pregnant women, but few reported the care aimed at women after childbirth, in the most improved case for women mothers of premature and low birth weight infants.

Then, there is a need for joint action between the units and the managers for permanent education aimed at these mothers and their babies, where these professionals would be trained to act with expertise, aiming at reducing child morbidity and mortality in the first year of life. Difficulties are observed in the educational process, where the professional must not only promote health aiming at the collective, but the individual, still dealing with a puerperal woman with her preterm baby, which should be very well oriented from the moment she enters the health unit, regarding the issue of the bond as the main factor so that there is an improvement in the monitoring and development of the interaction between the mother and the newborn.

Conclusion

In view of the facts mentioned in the research with the professional nurses who work in the follow-up of the puerperal women of preterm or low weight newborns, we can consider the importance of this professional and his qualification in assistance, in the monitoring and in the positive results that your team can have with that mother and that baby. In view of the arguments presented, it was relevant to see that nurses need the support of professionals from other areas so that this woman and this baby have excellent or quality care. It is essential that the entire team participates in permanent education and is focused on assisting this woman in this delicate and fragile period. It is concluded that the professionals still face a great challenge to accompany this mother and this NB in the first moments after hospital discharge. There is also a need to improve the flow and standardize the service.

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