

PARENTS' PERCEPTION OF THE FIRST STAGE OF THE KANGAROO METHOD: INTEGRATIVE LITERATURE REVIEW

PERCEPCIÓN DE LOS PADRES SOBRE LA PRIMERA ETAPA DEL MÉTODO CANGURO: REVISIÓN INTEGRATIVA DE LA LITERATURA

PERCEPÇÃO DE PAIS SOBRE A PRIMEIRA ETAPA DO MÉTODO CANGURU: REVISÃO INTEGRATIVA DA LITERATURA

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Introduction: Kangaroo Care is a model of perinatal care based on caring for newborns with humanized and qualified care, promoting the participation of parents and family members, encouraging early skin-to-skin contact, progressing to the kangaroo position. **Objectives:** to identify the feelings of fathers and mothers about their experiences in the first stage of the kangaroo method. **Method:** integrative literature review, searching the databases Regional Portal of the Virtual Health Library, Medline via Pubmed, EBSCO Academic Source, Scopus, Web of Science and Scientific Electronic Library Online. There was no time limit for the search in the databases. **Results:** 3.727 studies were identified in the databases and 2.177 duplicates, 1.550 documents were selected and 20 articles were included in the present review. The studies analyzed revealed predominantly positive experiences, such as the construction of an emotional bond, safety in caring for the newborn, consolidation of the maternal role and feelings of joy and hope. However, negative perceptions were also reported, such as fear, insecurity, a feeling of confinement and difficulties related to prematurity and hospitalization. **Conclusion:** the results demonstrated that mothers and fathers participate in the first stage of the Kangaroo method, showing greater participation of mothers in the first stage. The perceptions of mothers and fathers are negative and positive, there is a feeling of participation in the baby's care, strengthening of emotional bonds between parents and children, feelings of attachment, lovingness, a feeling of joy. There is also fear, anxiety, pain, stress. The Kangaroo Method is an alternative care option for babies and sometimes gives new meaning to parents' negative feelings.

Keywords: Prenatal Care; Family; Kangaroo Method.**RESUMEN**

Introducción: El Cuidado Canguro es un modelo de cuidado perinatal basado en el cuidado del recién nacido con cuidados humanizados y calificados, promoviendo la participación de padres y familiares, incentivando el contacto temprano piel con piel, progresando a la posición canguro. **Objetivos:** identificar los sentimientos de padres y madres sobre sus vivencias en la primera etapa del método canguro. **Método:** revisión integrativa de la literatura, buscando en las bases de datos Portal Regional de la Biblioteca Virtual en Salud, Medline vía Pubmed, EBSCO Academic Source, Scopus, Web of Science y Scientific Electronic Library Online. No hubo límite de tiempo para la búsqueda en las bases de datos. **Resultados:** Se identificaron 3.727 estudios en las bases de datos y 2.177 duplicados, se seleccionaron 1.550 documentos y se incluyeron 20 artículos en la presente revisión. Los estudios analizados revelaron experiencias predominantemente positivas, como la construcción de un vínculo afectivo, seguridad en el cuidado del recién nacido, consolidación del rol materno y sentimientos de alegría y esperanza. Sin embargo, también se reportaron percepciones negativas, como miedo, inseguridad, sentimientos de encierro y dificultades relacionadas con la prematuridad y el ingreso hospitalario. **Conclusión:** los resultados demostraron que las madres y los padres participan en la primera etapa del método Canguro, mostrando mayor participación de las madres en la primera etapa. Las percepciones de las madres y los padres son negativas y positivas, hay un sentimiento de participación en el cuidado del bebé, fortalecimiento de los vínculos emocionales entre padres e hijos, sentimientos de apego, cariño, sentimiento de alegría. También hay miedo, ansiedad, dolor, estrés. El Método Canguro es una opción de cuidado alternativo para los bebés y, en ocasiones, da un nuevo significado a los sentimientos negativos de los padres.

Palabras clave: Atención Prenatal; Familia; Método Canguro.**RESUMO**

Introdução: Método Canguru é um modelo de atenção perinatal que tem como base o cuidado ao recém-nascido com atenção humanizada e qualificada, promove a participação dos pais e demais familiares, incentiva o contato pele a pele precoce, evoluindo para a posição canguro. **Objetivos:** identificar os sentimentos de pais e mães acerca de suas vivências na primeira etapa do Método Canguru. **Método:** revisão integrativa da literatura, com busca nas bases de dados Portal Regional da Biblioteca Virtual em Saúde, Medline via Pubmed, Fonte Acadêmica da EBSCO, Scopus, *Web of Science* e *Scientific Electronic Library Online*. Não houve delimitação de período para a busca nas bases de dados. **Resultados:** foram identificados 3.727 estudos nas bases de dados e 2.177 duplicatas, selecionaram-se 1.550 documentos e destes foram incluídos 20 artigos na presente revisão. Os estudos analisados revelaram experiências predominantemente positivas, como a construção do vínculo afetivo, segurança no cuidado ao recém-nascido, consolidação do papel materno e sentimentos de alegria e esperança. No entanto, também foram relatadas percepções negativas, como medo, insegurança, sensação de confinamento e dificuldades relacionadas à prematuridade e à internação hospitalar. **Conclusão:** os resultados demonstraram que participam na primeira etapa do Método Canguru mães e pais, evidenciando maior participação das mães nessa etapa. As percepções de mães e pais são negativas e positivas, há sentimento de participação no cuidado do bebê, fortalecimento dos laços afetivos entre pais e filhos, sentimentos de apego, amorosidade e sensação de alegria. Há também medo, ansiedade, dor, estresse. O Método Canguru é uma alternativa de cuidado para os bebês e por vezes ressignifica os sentimentos negativos dos pais.

Palavras-chave: Cuidado Pré-natal; Família; Método Canguru.

INTRODUCTION

Premature birth is a birth that occurs up to 36 weeks and 6 days of gestational age. Its occurrence is high worldwide, and in Brazil, it is around 11%⁽¹⁾. There are several causes for this event and all of them abruptly interrupt the family's "programming". In premature birth, there is a sudden separation and the confrontation of a situation that "deviates from the norm", causing a feeling of incompleteness or unreality⁽²⁾.

Premature birth exposes the mother to a traumatic event in which she must deal with sudden loneliness and a great emptiness in her body, as the mother is usually expected to return home with her child and, instead, they find themselves with mechanical systems provided by the Neonatal Intensive Care Unit (NICU), which increases the mother's feeling of helplessness in this new situation. Thus, this type of birth can be considered a traumatic event for both the mother and the baby, as the baby does not yet have the requirements to overcome all the pressure that occurs during birth. This context becomes more traumatic as the mother now carries with her the sensitivity of the months of pregnancy and the entire context of programmed waiting and the guilt of premature birth⁽³⁾.

Even so, knowing that pregnancy is a physiological event and that many women go through this path without complications, a portion of the population, for various reasons, may develop some type of problem that brings the birth forward, being, at that moment, prone

to an unfavorable evolution of the pregnancy⁽⁴⁾.

In this sense, early birth constitutes an anticipation of an expected pattern, also moving on to care coming from the NICU. This abrupt separation leads to prolonged intrusions where the baby is away from its mother, which characterizes a temporal discontinuity of maternal care⁽³⁾. During the hospitalization process, several negative feelings emerge that the mother projects onto herself, even if the hospital environment is welcoming⁽⁵⁾.

In this sense, the NICU is a place that, due to its unique environmental qualities, generates various feelings that influence behavior and these can cause internal conflicts, as family members and professionals have different degrees of vulnerability. A child who is born very prematurely must be hospitalized with monitoring devices to monitor the evolution of his/her health. The professionals involved evaluate the patient in an individual and humanized way, analyzing the quality of service and patient safety in this scenario⁽⁶⁾.

With a view to strengthening the quality of life of premature newborns (NBs), the Kangaroo Method (KMC) initially aimed to reduce costs with perinatal care and contribute to greater emotional bonding, thermal stability and development. It is a perinatal care model that is based on caring for newborns with humanized and qualified attention, promotes the participation of parents and family members, encourages early skin-to-skin contact, evolving to the kangaroo position (KP)⁽²⁾.

The MC is developed in three stages, the



first of which occurs from the high-risk pregnancy that extends into labor, as well as during the newborn's stay in a NICU or Neonatal Intermediate Care Unit (Ucinco)⁽⁷⁾. In the second stage, care continues, but in the Kangaroo Intermediate Care Unit (Ucinca), where the mother remains continuously, placing herself in the kangaroo position for as long as possible, according to the newborn's eligibility criteria.

The third stage takes place at home, with outpatient support from the maternity hospital of origin and the Basic Health Unit⁽⁸⁾. Although KM is recognized as an ally in care, bringing numerous benefits to the neonatal environment, there are situations that hinder the implementation of the method, such as lack of commitment from professionals involved and excessive manipulation by several professionals at the time of care⁽⁹⁾.

Although KM has been implemented for years, it is still possible to identify difficulties such as: parents who do not want to perform KM, lack of availability of the nursing team due to excess work and reduced skilled labor due to high technological density, inadequate infrastructure for performing KM, little autonomy on the part of nursing, in addition to lack of integration between the various professional categories for the development of the acts necessary for care in the NICU^(10,11).

The mother, as well as other family members, must be prepared for all stages of KM, from the moment she is being monitored for the first stage of prenatal care. The learning process and independence in care is developed gradually

and progressively, and for this to occur, the involvement of the multidisciplinary team is necessary, welcoming the demands of the mothers and encouraging the participation of the father and family members. When family participation is limited, it is observed that this makes a real connection with the CM unfeasible, harms the mother-baby bond and the development of the following stages⁽¹²⁾. However, when participation in the first stage occurs effectively, the following stages flow more efficiently and protects the newborn⁽⁸⁾.

PC begins in the NICU; it is a perinatal care model that aims at qualified and humanized care, while at the same time bringing together intervention strategies and reinforcing care for newborns with low birth weight (LBW). Thus, the first phase of CM begins. PC consists of keeping the newborn in vertical contact with his/her parents or other close family members, safely and under the supervision of the health team. Due to the lack of muscle and adipose tissue, which can store heat, VLBW infants require thermal maintenance provided by the Kangaroo Care method. Therefore, they need the kangaroo position, as it provides a warm environment for them to achieve the capacity to maintain thermodynamic stability⁽¹³⁾.

The recovery of the newborn depends on the involvement of the mother and father in this experience of the Kangaroo Care method. Affection is strengthened with care and increases the feeling of security and commitment, structured from skin-to-skin contact. Thus, some feelings such as fear, anger and uncertainty



resulting from the baby's hospitalization are minimized and, during the hospitalization period, an effective connection between the nursing professional and the parents is provided, which increases their adherence to the following stages of the Kangaroo Care method and also facilitates therapeutic care, encourages the family's responsibility and participation in care in the NICU^(11,13).

The present study is guided by the following question: What feelings do fathers and mothers present about their experiences in the first stage of the Kangaroo Method? Therefore, it aims to identify the feelings of fathers and mothers about their experiences in the first stage of the Kangaroo Method.

METHODS

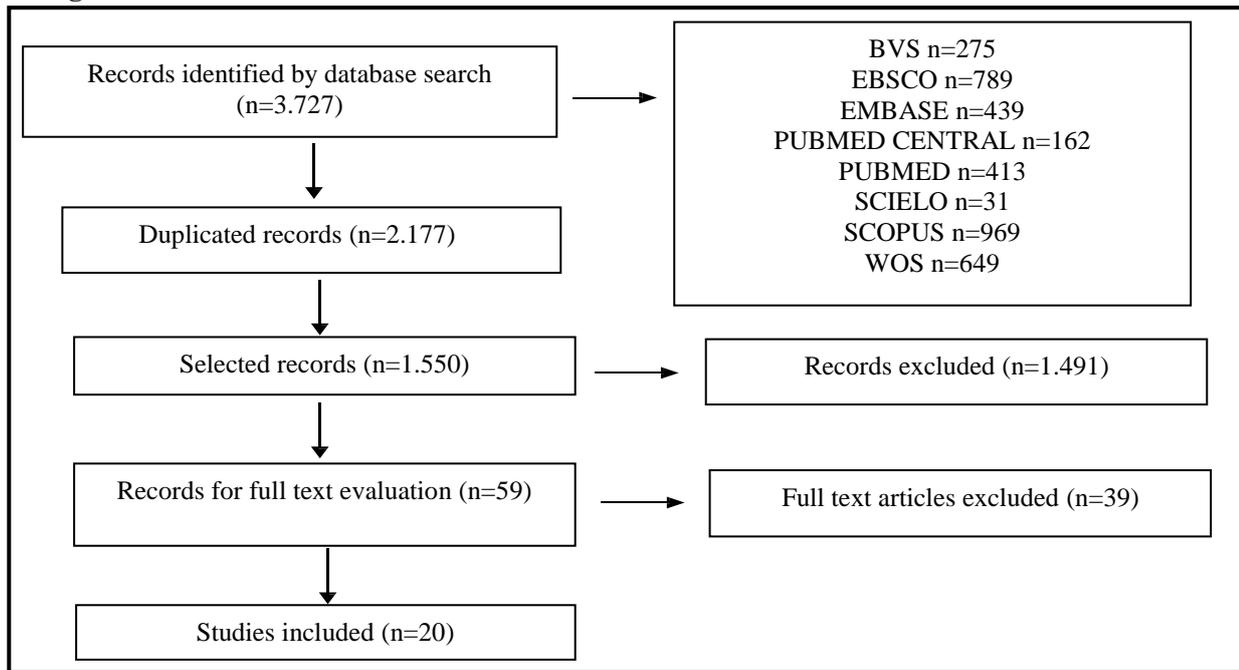
This is an integrative literature review, in which the following research question was adopted: "What is the feeling of the family (mother, father and other family members) in the first stage of the Kangaroo Method?" Using as reference the acronym PICo for Population, Phenomenon of Interest and Context, with P being father, mother and other family members, I being experiences in the first stage of the Kangaroo Method and Co being the first stage - prenatal, neonatal unit or NICU.

For the search strategy, a librarian experienced in review searches was consulted. Standardized terms and synonyms were

identified in the controlled vocabularies Health Sciences Descriptors (DeCS), Medical Subject Heading (MeSH) and Embase subject headings (Emtree). The terms in the databases were related with the Boolean operators AND and OR. The searches were conducted on September 4, 2023, in the following databases: Regional Portal of the Virtual Health Library (BVS), Medline via Pubmed and Pubmed Central/NLM, EBSCO Academic Source, Scopus, Web of Science (WOS) and Scientific Electronic Library Online (SciELO).

All primary studies, without restrictions on methodological design, in Portuguese, English and Spanish were included. The bibliographic search in all databases yielded 3,727 studies. These productions were added to the EndNote reference manager to remove duplicates, finding 2,177 duplicate documents, and later incorporated into Rayyan. The selection of studies occurred in two phases, the first considered the title and abstract of the studies, so that those that potentially answered the question proceeded to the second phase, which corresponded to reading the full text. A total of 59 productions were included in this phase, all of which were accessed in full, with 39 being excluded, thus totaling 20 articles for integration in this review (Figure 1).



Figure 1 - Flowchart.

Source: authors (2024).

After selecting the studies, the articles were read in full and relevant evidence was extracted. For data analysis, the findings were organized based on the participants' perceptions and grouped into three categories: mothers, fathers, and both (mothers and fathers).

RESULTS

Twenty articles were included in the review, all of which focused on the meaning of mothers' and fathers' perceptions about premature birth, presenting descriptive and/or qualitative studies with a high level of evidence, which ensures greater reliability of the results.

The results of this review indicated ten (50%) studies with mothers and/or puerperal women, eight (40%) studies on fathers and two

(10%) studies involving mothers and fathers. Most of the studies addressed KM in the NICU 16 (80%), neonatal unit 2 (10%), kangaroo ward and postnatal ward 2 (10%). The results of this review are presented in Table 1, considering mothers, fathers and family members. The perceptions by groups mother, father and father and mother are presented, the total study sample, followed by the hospital unit where the study took place and the perceptions extracted from the studies.

Table 1 - Presentation of the results on the feelings of mothers and fathers about the first stage of the Kangaroo Method, Arapiraca, AL, Brazil, 2023 (n=20).

NUMBER	SAMPLE	UNIT	FEELINGS
1	10 mothers ¹⁴	NICU	It provides both mother and newborn with the opportunity to get to know each other in a “loving, comforting and calming” way. Although some mothers expressed discomfort related to the equipment in the NICU, all mothers said they were satisfied and would “do it again.”
2	10 mothers ¹⁵	Postnatal ward	MC provoked apprehension, doubt and fear, but after having tried it and having been successful, mothers felt a sense of joy.
3	6 mothers ¹⁶	Neonatal intensive care	This experience makes mothers feel fully involved in their baby's recovery. For postpartum women in other cities, the method facilitated full contact between mother and baby.
4	12 mothers ¹⁷	NICU	The puerperal woman feels fear and longs for her family. By experiencing skin-to-skin contact with her premature baby in the PC, these women felt more involved in the care of the preterm newborn, overcoming the barriers of the incubator and equipment. The practice of kangaroo care brought happiness, allowing moments of affection and care, even if brief.
5	9 mothers ¹⁸	Neonatal unit	The feelings of loss and broken expectations caused by premature birth, aggravated by hospitalization and fear of after-effects, are alleviated by the first touch and CP. This practice brings mother and child closer together, providing benefits such as building a bond, the baby's growth and development, more peaceful sleep, safety in care, and satisfaction in the maternal role.
6	10 mothers ¹⁹	Kangaroo ward	Some mothers were unable to breastfeed despite support from the institution, and the prolonged stay in the kangaroo ward caused feelings of confinement, fatigue and deprivation, as well as increased anxiety.
7	10 mothers ²⁰	NICU	The first skin-to-skin contact, even if brief, facilitates the formation and strengthening of the maternal bond. Mothers reported four main categories: “Bonding and attachment”, “Maternal competence”, “Fear of losing the baby” and “The importance of the multidisciplinary team”. Among these, the beginning of the bond and the fear of losing the baby were the most striking, reflecting the uncertainties related to prematurity.
8	9 mothers ²¹	NICU Ucinco Ucinca Outpatient	The mothers, surprised by the premature birth of their baby, felt insecure and afraid when they learned about the hospitalization in a NICU. The first stage of the MC brought peace of mind, positive feelings and helped in the formation of the mother-baby bond. Over time, fear and ignorance gave way to security and determination to fight for the recovery and development of the child.
9	11 mothers ²²	NICU	There is a lack of information about the Kangaroo Care Policy, and health professionals should disseminate this policy in an accessible and understandable way. This would help couples understand, during prenatal care, that, in the event of neonatal hospitalization, professionals are committed to minimizing pain and stress, welcoming the family and promoting the parent-baby bond.
10	9 mothers	NICU	The mothers' initial feelings regarding hospitalization and prematurity were predominantly negative. The health team must



	²³		understand and minimize these feelings. A psychological strengthening of the mothers was observed due to the constant presence in the intensive care unit and the PC, which also strengthened the bond with the babies and brought proven clinical benefits.
11	20 fathers ²⁴	NICU	Parents had positive experiences with the PC, feeling included and valued in their childcare. The theoretical model tested was broadly supported, although some weaknesses and differences were identified.
12	7 fathers ²⁵	NICU	They described feeling like strangers in the NICU, while learning to trust strangers, protect mother and child, and provide for their family. The first contact with the baby is crucial to solidifying the bond with the child.
13	20 fathers ²⁶	NICU	Two groups were identified: "parents of preterm babies" who touched their babies immediately, without fear, and were impressed by the baby's physical appearance; and those who avoided contact, fearing they would hurt or infect the baby and were frightened by the technology around them. More than half of the parents of preterm babies were actively involved in care.
14	11 fathers ²⁷	NICU	The premature birth and hospitalization of their child in the NU are experienced by parents as a trauma. The first parental touch showed the desire for contact, but the fear of hurting the baby made it difficult to get close. Parents reported a lack of skills and difficulty in getting involved in the care of their hospitalized child.
15	5 fathers ²⁸	NICU	The testimonies revealed feelings of love and desire to be with their child, overcoming fear and anxiety. Despite the difficulties, the practice of CP brought benefits, strengthening emotional bonds and the father's sense of belonging. CP can be an effective strategy to stimulate interaction and bonding, promoting the development of fatherhood.
16	32 fathers ²⁹	NICU	Interaction is essential for attachment between parent and premature baby, and KM, with its focus on skin-to-skin contact, is ideal for fostering this bond.
17	12 fathers ³⁰	NICU	Parents felt more like parents and gained confidence in their abilities through kangaroo care. They also felt happier and bonded emotionally with their babies.
18	10 fathers ³¹	NICU	Barriers in the NICU make it difficult for fathers and babies to bond. However, skin-to-skin contact is seen as a silent expression of love and helps fathers connect with their babies from birth, reshaping the paternal role in care.
19	81 mothers & fathers ⁷⁹ ³²	NICU A & B	An effective strategy for involving parents is to allow them to see, touch, and have skin-to-skin contact with the preterm baby in the delivery room, if possible.
20	23 mothers & fathers ³³	Neonatal Unit	Despite stress and adversity, several cognitive, physical, emotional and social factors facilitated the emotional bond between parents and their babies in the neonatal unit.

Source: authors (2024).



In Tables 2 and 3, the positive and negative feelings of mothers and fathers were described, respectively.

Table 2 - Presentation of the main feelings of mothers regarding the first stage of the Kangaroo Method.

POSITIVER FEELINGS
The mothers' experiences, meeting the newborn ⁽¹⁴⁾ .
Joy ⁽¹⁵⁾ .
Involved in the recovery, being fully with their baby ⁽¹⁶⁾ .
Participating in the process of caring for the preterm newborn and happiness, due to the moment of exchange of affection and care that they were able to feel, even if for a short time ⁽¹⁷⁾ .
Closer mother with her child, allowing intimate contact between both and the construction of a bond, the closeness with the baby ⁽¹⁸⁾ .
Encouraging growth and development, allowing peaceful sleep, in addition to the security that the Method provides for mothers in caring for the baby and the pleasure in consolidating the maternal role ⁽¹⁸⁾ .
First skin-to-skin contact with their children, maternal perception in the first stage was the beginning of the formation of the bond from the first contact ⁽²⁰⁾ .
In the first stage of the KM, mothers feel more at ease in the hospital environment. Inexplicable and exciting, it helps to form the bond and attachment between mother and baby. Security, determination and the strength needed to fight for the recovery and development of your child ⁽²¹⁾ .
Health professionals are doing everything possible to welcome the family and create the bond between parents and baby ⁽²²⁾ .
Significant strengthening of the attachment relationships of mothers with their babies and the already proven clinical benefits of the method ⁽²³⁾ .
NEGATIV FEELINGS
Discomfort ⁽¹⁴⁾ .
Fear of losing their child, surrounded by uncertainties arising from the prematurity of having the child in their arms again. Short period of time of maternal touch ⁽²⁰⁾ .
Since the CM is new to the mothers, this caused apprehension, doubt and fear ⁽¹⁵⁾ .
Experiencing feelings such as fear and longing for other family members ⁽¹⁷⁾ .
Feeling of losing the idealized child and fear regarding survival and risk of sequelae in the newborn ⁽¹⁸⁾ .
Some mothers were unable to breastfeed their children. Prolonged stays in the kangaroo ward made them feel confined, tired and needy, anxieties experienced by the mothers ⁽¹⁹⁾ .
Feelings of insecurity and fear upon learning that the newborn, who had been expected to be healthy, would need to be admitted to an NICU, fear and lack of knowledge ⁽²¹⁾ .
Minimizing pain and stress ⁽²²⁾ .
Initial feelings were predominantly negative regarding hospitalization and the prematurity of their children ⁽²³⁾ .

Source: authors (2024).

Table 3 - Presentation of the parents' main feelings about the first stage of the Kangaroo Method.

POSITIVE FEELINGS
Included in the care of their children and as important as mothers ⁽²⁴⁾ .
They learned to trust strangers, to protect the mother and child, and to continue working and supporting the family. Strengthening the bond with the child ⁽²⁵⁾ .
More than half of the "fathers of preterm babies" were actively involved in the care of their baby ⁽²⁶⁾ .
Becoming a father: the participation and inclusion of the father in the care of the hospitalized child. First paternal touch demonstrated the desire to touch the child ⁽²⁷⁾ .



Feelings of love, affection, as well as the desire to stay with their child, overcoming fear and anxiety. Strengthening of the emotional bonds between father and child, and the father's sense of belonging in the face of the hospitalized child's situation, redefining fatherhood ⁽²⁸⁾ .
Establishing and promoting attachment between the father and the premature baby ⁽²⁹⁾ .
Fathers felt like fathers through the practice of kangaroo care and gained confidence in their parenting skills. Furthermore, fathers were found to be happy and formed emotional bonds with their babies. Fathers in this study described the act of father-infant KC as a silent language of love in the challenging environment of the NICU ⁽³⁰⁾ .
It allows fathers to bond with their babies from birth ⁽³¹⁾ .
NEGATIVE FEELINGS
Weaknesses and differences ⁽²⁴⁾ .
Feeling like a stranger in the NICU ⁽²⁵⁾ .
The fear of hurting or harming the newborn intimidated and made it difficult to get close. Being the father of a preterm newborn and the impact on family dynamics with the early birth of the child and his/her admission to the NICU are experienced by the father in a traumatic way ⁽²⁷⁾ .
The father is afraid of breaking/hurting/infecting the baby ⁽²⁶⁾ .

Source: authors (2024).

Table 4 presents the main positive and negative perceptions of mothers and fathers about the first stage of the Kangaroo Method.

Table 4 - Presentation of the main feelings of mothers and fathers about the first stage of the Kangaroo Method.

MOTHERS & FATHERS
POSITIVE FEELINGS
A simple strategy to involve parents early in the care of their preterm infants ⁽³²⁾ .
Understanding cognitive, physical, emotional and social influences facilitates parental feelings of emotional closeness ⁽³³⁾ .
NEGATIVE FEELINGS
Stress and adversities during hospital stay ⁽³³⁾ .

Source: authors (2024).

Thus, based on the perceptions of mothers, fathers and other family members about the first stage of the KM, two categories were identified: “Positive perceptions of mothers, fathers and other family members about the first stage of the Kangaroo Method” and “Negative perceptions of mothers, fathers and other family members about the first stage of the Kangaroo Method”.

The first category, , deals with the

experience of mothers, fathers and other family members when meeting the newborn, as well as the emotional and interactional aspects considered positive at this time. Maternal and paternal perceptions are combined, because for mothers and fathers, the interaction was the most rewarding moment, converging into different feelings⁽²¹⁾.

Maternal experiences are greater due to the historically founded condition that the

mother is the source of care and food. The act of caring is culturally associated with women, and, in the case of a hospitalized child, this woman who now takes care of this child is highlighted⁽³⁴⁾. Thus, at this moment, a maternal perception identified was the joy in touching the newborn, and the mothers felt included in the newborn's recovery and in the care process. The KM also provided greater closeness between mother and baby, in addition to contributing to the child's growth and development, it also favored the mothers' perception of the newborn's peaceful sleep, as well as providing them with pleasure in consolidating the maternal role⁽¹⁸⁾. In this process, the health professional contributes to the parents' peace of mind, since, due to their mastery of what they do, they transmit security to the hospital environment⁽²⁷⁾.

In the paternal perception, touch was something evidenced as positive, in line with the mother's feelings. Contact with the child made the father more participatory in the process, which is usually lateralized by the mother⁽²⁷⁾. For the father, the MC provided, in addition to the love, affection and other feelings that are conventionally expected in the bond with the child, and strengthened emotional bonds, which are little explored when compared to female feelings, since, due to the role of provider in the family unit, the father has little time to dedicate himself to other tasks besides work⁽¹³⁾. For the fathers, the MC is a silent language of love and promotes attachment to the child, making them, in fact, parents.

When mothers and fathers participate in

this process of caring for the newborn and are present from the beginning, it becomes easier for them to understand everything that is happening to the child and parental feelings of emotional closeness are awakened⁽²⁾.

The second category deals with the negative feelings that permeated both mothers and fathers at this crucial moment in which there was a change in the standard normally created for the child, changing the "status" from newborn to hospitalized newborn⁽³⁵⁾, but this does not invalidate the paternal feelings. Maternal feelings refer to hospitalization and prematurity, in addition to fear of sequelae, which may indicate that there was little professional guidance regarding preparation for the moment of hospitalization, which begins in prenatal care⁽³⁶⁾. Other feelings are also present, such as fear and longing for other family members, which also includes this as an essential part of all stages of pregnancy, which goes from prenatal care to birth⁽³⁷⁾.

In this context, the mother's participation in all stages of pregnancy up to the moment of hospitalization can be reinforced, and it also indicates the need for places adapted to receive the entire family, not just the mothers, so that simple fears such as infecting the newborn or hurting him/her are non-existent⁽²⁾. And male participation is often hampered due to the hospital context, which is not so adapted to the presence of men⁽³⁸⁾.

For mothers and fathers, the period of hospitalization caused stress and adversity, which were conflicting feelings at this stage,



since the joy of having a newborn clashes with the fear of losing the child or having consequences for it⁽³⁸⁾.

DISCUSSION

This study analyzed scientific publications that address the experiences of mothers and fathers facing the premature birth of their children and their perceptions during the first stage of the Kangaroo Method, offered by the hospital during hospitalization. The second category identified, positive perceptions of mothers, fathers and family members about the first stage of the Kangaroo Method, indicates that this method is a technique that contributes to the discharge of the newborn, and also provides mothers and fathers with the most diverse feelings.

In this sense, the impressions of these parents regarding the new level of their newborn child who momentarily requires special care are presented. The method awakens primary emotions in fathers and mothers, such as happiness and other feelings that will generate experiences in the inclusion and participation of care that will strengthen attachment and family ties^(13,18,27).

Even so, the health team must provide an adequate environment, with unrestricted access so that there is continuity in care, providing parents with quality time, encouraging and allowing them to actively participate in the development of their child⁽³⁹⁾.

Thus, in an extreme situation, the patient

in a hospital environment, being a newborn with specific weaknesses, is exposed to several dangers to his/her integrity, such as: overcrowding, inadequate number of professionals, invasive devices and medications⁽⁴⁰⁾. As long as the parents are properly guided on the management of care in the KM, these risks can be reduced from the moment they become allies in the care. Several other feelings are part of this moment and are complementary to the imposed process of change, in which mother and father are placed in an unusual environment, with unknown people and technology little or never used by the family⁽³⁹⁾.

Regarding the second category, negative perceptions of mothers, fathers and other family members about the first stage of the KM, it is clear that, during the pregnancy, there is naturally an intrinsic preparation carried out by the parents, composing the entire scenario that forms in the imagination from the pregnancy and that is interrupted prematurely, generating initial negative feelings regarding the prematurity of their newborn and the need for hospitalization⁽²⁾. Feelings of insecurity and the possibility of sequelae leave these families in a state of tension, and the family becomes distant due to the prolonged hospitalization of the newborn, which causes longing and other feelings in family members who are not present⁽³⁸⁾.

This period of hospitalization also exposes the mother/father to new technologies, contributing to the feeling of strangeness on the part of these parents regarding the



hospitalization environment, especially the father, who historically participates as a complementary figure at this time^(2,27). In this context, the paternal figure has a reduced role, due to the centrality of motherhood, which makes emotions more conflicting for the parents and can make it difficult to form a bond with the newborn, but does not invalidate the feelings involved, which are common between the father and the mother^(27,41).

For Eleutério and his collaborators⁽⁴²⁾, the parents suffer with the separation and with the expectations, mainly regarding the length of hospitalization. The hospitalization process is still permeated by situations that arouse feelings of fear and distrust, which can distance mothers from the NICU and the baby. Therefore, mothers and fathers should be welcomed in this environment so that they feel more comfortable and welcomed and so that there is identification with both professionals and the environment itself, contributing effectively to the success of the program, without harm.

The CM is a strategy that seeks to address fears, insecurities and doubts, which can be alleviated by the work of a good health team, which makes its time available to guide parents about appropriate care and provide humanized assistance to the newborn, aiming at the well-being of the newborn and its family⁽⁴³⁾. To face this moment, health professionals must be prepared to welcome everyone, fathers, mothers and the baby's family, so that they understand their role in the institution and the ways to contribute and participate in the moment of care

for the newborn⁽¹⁰⁾.

Good health practices and technologies incorporated into the care environment reinforce that CM is a proposal that serves as a clinical guideline and can be used as a tool to standardize the work process. Thus, in this technological context, stimuli such as light, temperature variations, and excessive handling are being reduced with the prospect of greater comfort for the newborn. In this sense, the collaboration of parents and the work of professionals are essential for a welcoming environment; therefore, more suitable for babies in the NICU⁽⁴⁴⁾.

CM argues that an inclusive environment, together with an adequate atmosphere, can guarantee truly humanized care for the newborn. Thus, it is important for the health team to give instructions to mothers and families about the child's health, as well as to be concerned about the family's ability to understand the information they receive⁽⁴²⁾.

CONCLUSION

This study demonstrated that, although both fathers and mothers participate in the CM strategy, mothers participate more in the first stage. The evidence shows that mothers' perceptions are positive in the sense of getting to know the baby, participating in the baby's recovery process and building a bond with him/her, in addition to feelings of attachment, love and joy.



It was also found that there are negative perceptions related to the equipment and the baby's situation. Feelings such as apprehension, doubt, fear arise, in addition to those related to the loss of the idealized child, pain and stress. It is worth mentioning that, sometimes, these feelings are overcome during the application of the CM.

Regarding fathers, there are perceptions related to some weaknesses, estrangement in relation to the NICU environment and fear of hurting the baby due to its fragility. It was also noted that there is anxiety, but feelings of inclusion in the care of their children and the perception that they are as important as mothers for the newborn prevail. The need to solidify the relationship with the child and strengthen the emotional bonds between father and child was highlighted. The father's sense of belonging in the face of the hospitalized child's situation was noted, as well as feelings of love, affection, attachment, and confidence in his parenting skills. Finally, it was found that the method helps parents bond with their babies from birth. When both father and mother participate in the care of the newborn, stress and adversity are overcome by the feeling of involvement with the baby, including cognitive, physical, emotional, and social influences, which facilitated the parents' feelings of emotional closeness with their babies.

Health care models have standards that often fail to meet all audiences in a hegemonic manner. There is a need to update the entire hospital network to enhance the value of KM, which includes modernizing the structure for

mothers and fathers to stay in the hospital unit, with support and an environment so that parents feel comfortable and welcomed during the hospitalization period, in addition to encouraging professionals with specific training and qualifications, highlighting benefits and results for both the newborn and their parents. It is also necessary to create a work environment that values the team, providing an opportunity to exchange experiences and good practices and avoiding work overload. In this way, the active participation of all professionals will be beneficial for those involved in the process.

The first stage of KM is important from the perspective of care, due to prematurity or the risk of complications for the babies. In this experience of fragility that the newborn's family goes through, negative feelings are inevitable, but KM can reframe these feelings by promoting bonding, which strengthens the ties between parents and children. Therefore, this method is a viable, simple and effective alternative and its first stage is essential for the smooth running of the following stages.

In view of the evidence analyzed, it is considered that the objective of this study was achieved, by identifying the feelings of mothers and fathers regarding the experiences in the first stage of KM. The analysis showed that, although permeated by anguish and insecurity, these experiences also reveal positive feelings of attachment, belonging and strengthening of bonds with the newborn. The main contribution of this study is to reinforce the value of parental involvement from the beginning of



hospitalization, highlighting the positive impact of KM on the development of the newborn and on strengthening parental skills. For nursing science, the findings offer important support to qualify care practice, promote humanized care and guide interventions that favor the active participation of the family in neonatal care processes.

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Nothing to declare.

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