

WELCOMING THE FAMILY OF NEONATES ADMITTED TO THE INTENSIVE CARE UNIT: AN INTEGRATIVE LITERATURE REVIEW

ACOLHIMENTO À FAMÍLIA DE NEONATOS INTERNADOS EM UNIDADE DE TERAPIA INTENSIVA: UMA REVISÃO INTEGRATIVA DA LITERATURA

Crisley Ferraz Araújo¹ * Juliana Xavier Pinheiro da Cunha² * Livia dos Santos Mendes³ * Chrisne Santana Biondo⁴

ABSTRACT

Objective: To analyze the scientific evidence on the effects of the reception performed by the health team on family members of neonates admitted to a Neonatal Intensive Care Unit (NICU). **Methodology:** An integrative literature review was carried out in the LILACS, MEDLINE, BDNF and grey literature databases, of articles published between 2010 and 2020, in English, Spanish and Portuguese and that addressed the study theme. **Results:** From the analysis of the nine selected articles, categorization was used, through thematic content analysis, emerging three categories were established for discussion: the benefits of welcoming the family at the NICU; obstacles to effective reception; and empathy guiding the welcoming. It was found that the reception performed by the health team generates benefits to the family, such as the relief of fears and anxieties, maintenance of the emotional bonds of the family member with newborns, participation in care and decision making. In addition, it makes the intensive care environment less hostile and threatening. Adequate communication allows the family member to approach the team and express their anxieties and empathetic and welcoming actions by health professionals make the hospitalization period for the family less painful. However, the unit's norms and routines, the professionals' work overload, in addition to the exclusive team's focus on the newborn, make the welcoming to the family not to take place properly. **Conclusion:** The reception performed by health professionals to families in the NICUs proved to be a beneficial factor for reducing negative feelings related to the neonate's hospitalization.

Key words: Family; Embracement; Neonatal Intensive Care Unit.

RESUMO

Objetivo: Analisar as evidências científicas sobre o acolhimento realizado pela equipe de saúde aos familiares de neonatos internados em Unidade de Terapia Intensiva Neonatal (UTIN). **Metodologia:** Realizou-se uma revisão integrativa da literatura nas bases de dados LILACS, MEDLINE, BDNF e literatura cinzenta, de artigos publicados entre os anos 2010 e 2020, nos idiomas inglês, espanhol e português, que abordassem a temática do estudo. **Resultados:** Para a análise dos 9 artigos selecionados, foi utilizada a categorização, através da análise temática de conteúdo, emergindo três categorias: os benefícios do acolhimento à família na UTIN; entraves para a efetivação do acolhimento; e a empatia norteando o acolhimento. Verificou-se que o acolhimento realizado pela equipe de saúde gera benefícios à família, como o alívio de medos e ansiedades, a manutenção dos laços afetivos do familiar com o neonato, a participação nos cuidados e na tomada de decisão. Além disso, faz com que o ambiente da terapia intensiva se torne menos hostil e ameaçador. A comunicação adequada permite que o familiar se aproxime da equipe e expresse suas angústias, assim, ações empáticas e acolhedoras dos profissionais de saúde tornam o período de internação para a família menos doloroso. Porém, normas e rotinas da unidade, sobrecarga de trabalho dos profissionais, além do foco da equipe exclusivo no neonato, fazem com que o acolhimento à família não se efetive de forma adequada. **Conclusão:** O acolhimento realizado pelos profissionais de saúde às famílias nas UTIN se revelou um fator benéfico para a redução de sentimentos negativos relacionados à internação do neonato.

Palavras-chave: Família; Acolhimento; Unidade de Terapia Intensiva Neonatal.

¹ Enfermeira graduada pela Universidade Federal da Bahia. Email: ferrazcrisley@gmail.com. <https://orcid.org/0000-0001-5236-7830>

² Enfermeira, doutoranda em epidemiologia pela Universidade Federal do Rio Grande do Sul (UFRGS), professora assistente da Universidade Federal da Bahia-UFBA. Email: julianaxcunha@gmail.com Orcid: <https://orcid.org/0000-0002-3752-206X>

³ Enfermeira, mestre em saúde coletiva pela Universidade Federal da Bahia-UFBA. Enfermeira assistente da Unidade de Terapia Intensiva Adulto do Hospital Geral de Vitória da Conquista Email: liviaenfuesb@yahoo.com.br Orcid: <https://orcid.org/0000-0001-6053-8484>

⁴ Enfermeira, doutoranda em ciências da saúde pela Universidade Estadual do Sudoeste da Bahia-UESB, professora assistente da Universidade Federal da Bahia-UFBA. Email: tity_biondo_enf@hotmail.com Orcid: <https://orcid.org/0000-0002-0583-5491>

INTRODUCTION

The discovery of a pregnancy brings with it great changes and adaptations to the family nucleus, and the development of the bond with the child is established even before birth. Many positive idealizations are built around the newborn and when he needs intensive care, right after his birth, the family's emotional is affected. In addition to emotional damage, there are interferences in social, economic and family dynamics, contributing to the whole process of hospitalization in a Neonatal Intensive Care Unit (NICU) to generate feelings of anguish in the family ⁽¹⁻²⁾.

The NICU is composed of a series of technological devices and a specialized multidisciplinary team, with the objective of promoting recovery through advanced health care for the newborn. However, even though the family understands the real need for hospitalization for intensive care, the NICU environment, due to all the social representation that involves it, awakens negative feelings, related to death. This is because the NICU is seen as a hostile, inhuman, cold environment, a place of extreme suffering and that generates the breaking of the family bond ⁽²⁻⁴⁾.

Therefore, welcoming these families to the NICU is essential, given that the welcoming process provides new feelings related to the bond generated with the health team, reducing fear, the feeling of helplessness and helplessness. When practicing welcoming, the health team

develops humanized assistance, which is not only centered on the patient, but considers his family in the care relationship. As a consequence, the family member feels free to express their anxieties and doubts, even favoring their participation in basic patient care ^(2,4-6).

The Ministry of Health (MS), according to the principles of the Unified Health System (SUS) and the National Humanization Policy (PNH), sanctioned in 2011, recommends a humanized and comprehensive assistance, covering physical, emotional and spiritual care provided to the patient and his family support network. It brings welcoming as a primary practice for assistance, based on qualified and active listening, effective communication, thus enabling the construction of a trusting relationship between professionals and family members, in order to reduce the negative impacts and feelings triggered by the hospitalization of a patient. neonate in an NICU ⁽⁶⁻⁹⁾.

However, despite the importance attributed to reception, a low number of publications in the last 10 years was found during the search for studies in the databases. In addition, the studies that addressed reception, mostly, focused on maternal reception, without involving their family context. The objective was to use embracement to favor improvements in physical assistance to the newborn, such as the breastfeeding approach and the kangaroo method, in which maternal subjectivity and

family support to support the newborn's health maintenance was not discussed. In view of the above, the importance of researching the effects of welcoming the family in the NICU is verified, so that the health team can consider the family in comprehensive patient care.

Faced with this, the question is: What is the scientific evidence about the reception performed by the health team to the family members of neonates admitted to the NICU? Thus, this study aimed to analyze the scientific evidence on the reception carried out by the health team to family members of neonates admitted to the Neonatal Intensive Care Unit (NICU).

METHODOLOGY

It is an integrative literature review, which refers to an expanded analysis of articles that led to reflections for the present study. It is used to identify and unite independent studies that deal with the same theme, allowing to connect new knowledge on the subject, in addition to providing a basis for decisions, in order to assist in the improvement of clinical practice, also indicating points on which further studies are needed ⁽¹⁰⁾.

Some steps were defined to make this review feasible, namely: 1- definition of the theme to be researched; 2- formation of the guiding question; 3- choice of the database; 4- definition of descriptors and search strategies;

5- creation of exclusion and inclusion criteria; 6- search in the defined database; 7- evaluation of the works found ⁽¹¹⁾.

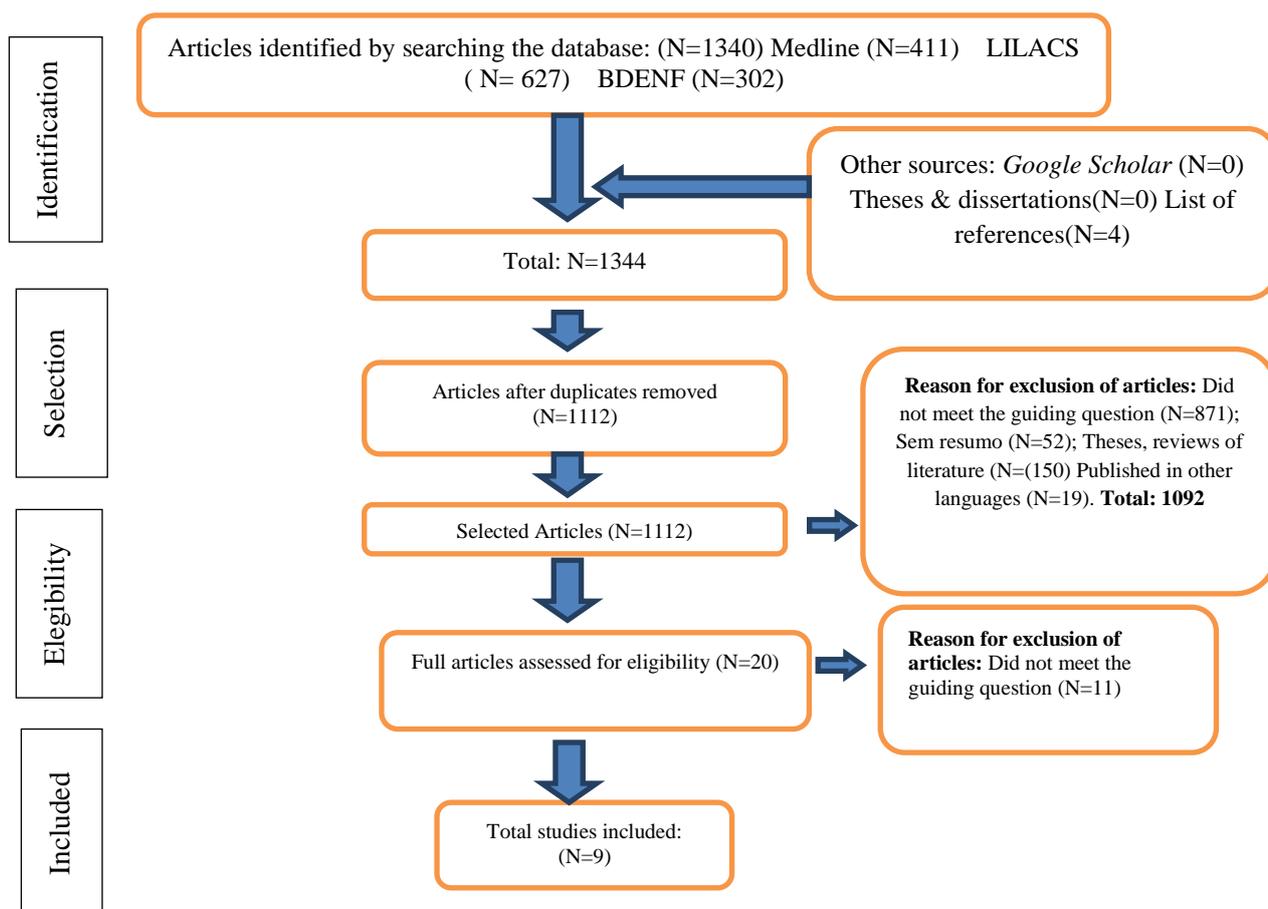
The guiding question of this review was formulated using the PICO strategy, which infers P- population, I- intervention, C- comparison and O- outcome or outcome. It is worth mentioning that, because this study does not focus on clinical research, item C was not considered for the construction of the study question ⁽¹²⁾. Therefore, it was structured as follows: P- Family members of neonates admitted to the neonatal intensive care unit; I- Welcoming by the health team in the neonatal ICU; C- does not apply; and O- Effects of reception.

The search for the articles was carried out in April 2020, using terms that approached the theme under study, present in the list of Health Sciences Descriptors, created by the Latin American Center for Information in Health Sciences (DeCS / BIREME): "Family", "Neonatal Intensive Care Unit" and "Reception". The Boolean operator "AND" was used, which favored the crossing of terms for the search. The databases used were: Latin American and Caribbean Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE); Nursing Database (BDENF) and gray database (google academic and search in the references of identified primary and secondary studies).

The following inclusion criteria were defined: original articles, published between the years 2010 and 2020, written in Portuguese, English and Spanish and addressing the theme of the study. The following were excluded: theses, dissertations, projects, literature reviews, documents with no abstract or full document available, duplicate articles that did not answer the guiding question. With the application of the strategies, 1344 were found,

of these, 1331 were excluded, being 232 duplicates, 871 for not meeting the guiding question, 52 for not having a summary, 150 for dealing with theses or literature reviews, and 19 for publication in another language. After reading the articles in full, 11 were excluded because they did not meet the objective of the study. Thus, 9 articles were included as a sample of this review, as can be seen in the article selection flowchart, based on the PRISMA model (Figure 1).

Figure 1 - Flowchart of article selection for the literature review about the welcoming of the health team to the family of newborns admitted to the neonatal intensive care unit, based on the PRISMA model ⁽¹³⁾.



Source: The authors

After selecting and observing the data obtained partir from the categorization through thematic content analysis \square , the articles were organized according to the year of publication, the journal in which the document was published, as well as the title, authors, objectives, a in order to define its level of evidence. The hierarchy of documents took place through seven levels: 1- integrative reviews or meta-analysis of clinical trials; 2- proof of at least one controlled clinical trial with good delimitation; 3- delimited and non-randomized clinical trials; 4- cohort and case-control research with good delimitation; 5- integrative reviews of descriptive-qualitative research; 6- evidence derived from a single descriptive or qualitative study; and 7- evaluation by specialized authorities or delegations, assigning interpretations based on beyond the research ⁽¹⁴⁾.

According to the Copyright Law, Law 12.853, of August 14, 2013, this research obeyed the ethical determinations, respecting the copyright of the collected documents. As this is an integrative review, the present study does not require approval by an ethics committee ⁽¹⁵⁾.

RESULTS

After defining the steps to make the study feasible, together with the formulation of the guiding question, from the PICO strategy, the

search in the databases was initiated, which totaled 1344 articles. After using the inclusion and exclusion criteria, 9 articles were selected that answered the guiding question and were part of the construction of the present study.

Of the 9 selected articles, $n = 3$ (33.3%) were in the BDENF database, $n = 01$ (11.1%) in LILACS, $n = 01$ (11.1%) in MEDLINE and $n = 04$ (44, 5%) were found in the gray literature. Regarding the year of publication, $n = 2$ (22.2%) articles were published in 2018, $n = 2$ (22.2%) in 2011, $n = 01$ (11.1%) for each year 2010, 2012, 2015, 2016 and 2019.

Regarding the language of publication of the selected articles, $n = 8$ (88.9%) were published in Portuguese and $n = 1$ (11.1%) in English. All studies, $n = 9$ (100%), correspond to qualitative research of a descriptive character, being classified, therefore, in the level of evidence 6 (evidence derived from a single descriptive or qualitative study). It is possible to notice that there are few publications on the subject, a factor that may infer little interest from professionals in the topic.

The following is a list of articles selected according to the year, journal, article title, authors, objective (Chart 1).

Chart 1: Articles selected according to the year, journal, title, authors and aims

Year	Periodical	Title	Authors	Aim
2010	Revista de Enfermagem UFPE	Significado para as mães de conviver com a internação de um filho em uma unidade de terapia intensiva neonatal.	Dutra BS, Campolina MB, Arruda TFF, Lisboa AAF, Santana JCB ⁽²⁾	Understand the meanings for mothers to live with a child in a Newborn Intensive Care Unit
2011	Elsevier	Family support and family-centered care in the neonatal intensive care unit: origins, advances, impact.	Gooding JS, Cooper, LG, Blane, AI, Franck, LS, Howse, SL, Bernss, SD. ⁽¹⁵⁾	We explored the origins and advances of the FCC at NICU and identified various delivery methods and aspects of the FCC and family support at NICU.
2011	Epidemiologia e Serviço de Saúde.	A percepção materna sobre vivência e aprendizado de cuidado de um bebê prematuro	Siqueira, MBC, Dias, MAB ⁽¹⁶⁾	Analyze the maternal perception about the experience and learning of care a premature baby.
2012	Texto e Contexto Enfermagem	A família no cuidado do recém-nascido hospitalizado: Possibilidades e desafios para a construção da integralidade.	Duarte, ED, Sena, RR, Ditiz, ES, Tavares, TS, Lopes, AFC, Silva, PM. ⁽¹⁷⁾	Analyze, from the everyday in the NICU, the participation of the family in the care of the newborn.
2015	Revista de Enfermagem UFPE	Discursos paternos frente ao nascimento e hospitalização do filho prematuro.	Araújo, NM, Zani, AV. ⁽⁴⁾	To apprehend the father's speeches regarding the birth and hospitalization of the premature child in the Neonatal Intensive Care Unit.
2016	Revista Latino-Americana de Enfermagem	Avaliação da percepção do cuidado centrado na família e do estresse parental em unidade neonatal	Balbino, FS, Balieiro, MMFG, Mandetta, MA ⁽¹⁸⁾	Assess the effects of implementing the method of care centered on patient and family in the perception of parents and health professionals and in parental stress.
2018	Revista Mineira de Enfermagem	A humanização em Unidade de Terapia Intensiva Neonatal sob a ótica dos pais.	Noda, LM, Alves, MVMFF, Gonçalves, MF, Silva, FS, Fusco, SFB, Avila, MAG. ⁽⁶⁾	Understand the meanings of humanization of care from the perspective of parents of newborns admitted to the Neonatal Intensive Care Unit.
2018	Revista de Enfermagem UFPE	Acolhimento materno no contexto da prematuridade / Maternal reception in the context of prematurity	Leis, BDB, Souza, MI, Mello, DF, Wernet, M, Velozo, ABF, Leite, AM ⁽³⁾	Analyze the reception received by mothers of preterm newborns hospitalized in the NICU of a child-friendly hospital.
2019	Revista Online de Pesquisa	Percepção das famílias sobre o acolhimento no contexto neonatal durante um processo de intervenção	Soares, LG, Decesaro, MN, Higarasho, IH ⁽¹⁹⁾	Understand the family perception about welcoming in the context of neonatal nursing care, before and after the implementation of a reception protocol.

Source: Prepared by the author, 2020.

From the analysis of the articles, three categories emerged in order to facilitate the presentation and discussion of the results: the benefits of welcoming the family at the NICU; obstacles to the effective reception; and empathy guiding the welcoming process.

The benefits of welcoming the family at the NICU

This category emerged from the articles analyzed referring to the benefits of welcoming the family to the NICU. Thus, it was pointed out in the articles, $n = 2$ (22.22%), that it is important to understand the fear that hospitalization represents for family, to facilitate the involvement of family members with the unit's routine, contributing to the acceptance of intensive treatment ^(2,6).

In other articles, $n = 4$ (44.44%), it was mentioned, as a benefit of welcoming, that the sharing of anxieties and doubts involves family members more in the care, in addition to encouraging participation in decision-making, acting as facilitators in the adaptation to the ICU environment and increasing feelings of trust and satisfaction ^(3-4,6,17).

Barriers to effective welcoming

This category emerged after some barriers were reported in the reception of NICUs in some studies. After the analysis, n

$= 3$ (33.33%), the obstacles described by the health professionals for not performing the reception became evident: the routine of an intensive care unit, because it is very complex, demands a lot from the servers to the realization of technical assistance and administrative demands, overloading them and making it difficult to develop the bond and welcome the family members (2,6,17). Another factor mentioned is the lack of sensitivity of the professionals, who, by not welcoming the family member, make them feel only a spectator of care ⁽⁶⁾.

In addition, in some articles, $n = 2$ (22.22%), attitudes were reported that result in obstacles to reception, such as the restriction of entry times in the unit or even the disparity of information received by different professionals, the lack qualified listening and ineffective communication, using technical terms ^(6,18).

Other articles analyzed, $n = 5$ (55.55%), revealed the welcoming to the mothers, however, in order to physiologically benefit the hospitalized newborn, such as breastfeeding measures and the kangaroo method, not including the maternal and family feelings in which the newborn is inserted (3,6,16,19-20).

Empathy guiding the welcoming process

Empathy was a reference in some studies, $n = 4$ (44.44%), as a facilitator of the

approach of health professionals with family members, who come to understand the moment of fragility, as well as the pain of breaking expectations generated in the pregnancy process ^(2,6,17,19).

Other studies, $n = 2$ (22.22%), demonstrated that the basic care teachings and the act of bringing the family member into the routine care actions, together with the team, help in the development of the family bond and the child, making consequently, the unit offers a less painful and more welcoming environment ⁽¹⁷⁻¹⁸⁾.

DISCUSSION

Welcoming the newborn's family in an NICU refers to the act of offering help, affection, support and attention. Providing comprehensive care to hospitalized children and their families involves sharing information and understanding the feelings of insecurity and fear that surround hospitalization. These welcoming attitudes facilitate the involvement of family members in the NICU routine and contribute to the process of accepting the need for intensive treatment ^(2,6).

Humanized attitudes carried out by the health team permeate the welcoming, which presupposes the understanding of the moment of fragility in which the family lives, through qualified listening, helping in the formation of bonds between professionals and family

members. When the family is welcomed, she starts to share anxieties and doubts, participates in the decision-making of the care to be provided, which facilitates the best adaptation to the environment so feared in intensive care, increasing feelings of trust and satisfaction ^(3- 4,6,17).

One of the welcoming attitudes mentioned by the studies is to allow the presence of family members from the moment of the newborn's admission until discharge from the NICU, with minimal restrictions on the time of entry. When this is done, family members are allowed to build the feeling of belonging to the child, monitoring it more closely to the care of the newborn, which reduces suffering triggered by separation, such as anxiety and fear ⁽¹⁷⁻¹⁹⁾.

In this sense, it is important that professionals understand the moment of vulnerability of the family that lives with the hospitalized child so that there is the development of humanized care, since, from the moment the family perceives itself as being welcomed and listened to, there is a transformation of their representations about the intensive care unit, leading to a less painful process of hospitalization.

Another research highlights the importance of communication, guiding the process of welcoming these families. He states that health professionals sometimes pass on information, but do not establish effective communication, which hinders the

consolidation of bonds. Enabling the clarification of doubts and family participation in decision-making about the treatment of the newborn favors the acceptance of the disease, improves the relationship with caregivers and, especially, the development of positive feelings, such as confidence, joy, hope, facilitating coping the hospitalization process ^(2,4,18).

From the construction of a good relationship between the family and the health team, based on qualified listening, feelings of sadness and fear, as well as anguish and helplessness, are replaced by trust, joy, hope. Such an outcome is caused by the sensitivity of the professionals and their emotional involvement in the experience of hospitalization of a newborn ⁽¹⁷⁾.

It is understood that the establishment of a clear, simple and easy to understand communication, combined with qualified listening and the empathy expressed by the professional to the family member, result in the awakening of good feelings during the experience of the disease process, comforting the family that goes through this new reality ^(18,20).

The benefits of welcoming the family are notorious in the analyzed articles, ranging from allowing the family member to relieve their fears and anxieties, maintaining affective bonds with the newborn and participating in care. In this way, the health team has a fundamental role in making the NICU

environment less hostile and threatening, adopting another meaning for the family.

The newborn's hospitalization in an intensive care unit can cause negative impacts on the family member's emotional, as there is a negative social idealization related to this hospitalization environment. Because of this, the performance of the health team in order to minimize these damages to the family is essential. However, many professionals allege difficulty in providing assistance to the family centered on the reception, due to work overload and the need to focus on the care needs of the newborn ^(2,17).

A NICU has its routine based on technical assistance protocols focused on the clinical care of the inpatient, who needs constant surveillance. The search for the reestablishment of the child's vital functions, which demands time and great effort from the professionals, is referred to as a key point for the failure to carry out comprehensive care for the patient and family ^(2,6,20).

Comprehensive care aims to develop actions that involve physiological and emotional issues of the hospitalized patient and his family, with the objective of understanding the family member's anxieties and fears when entering this environment considered hostile and, sometimes, associated with death ^(3,16,19).

Studies report that, when professionals are not sensitive to the family member's suffering, they see themselves as a spectator of the care

to be provided to their child, and this intensifies the negative feelings related to hospitalization and the need to adapt to a cold and unknown. The family members then feel that they are in the position of visitors, who submit to the unit's rules without having the space to be welcomed in their doubts and fears ^(6,20).

Unaware of the service's routines and the lack of understanding of the information passed on, due to the use of technical terms used by health professionals, causes the family's distance, restricting their actions with the newborn, thus evidencing the role of the healthcare professional. health, which positions itself as the holder of knowledge ^(18,20).

The restrictions imposed by the unit and its professionals become barriers to the development of interaction between newborn and family. Difficulties such as those related to the restriction of entry times to the unit, or even the disparity of information received by different professionals, lead to an exacerbation of feelings such as sadness, helplessness, anxiety, and culminate in the retention of doubts and anxieties, due to lack of welcome. of the team ^(6,18,20).

In the midst of the studies selected for the analysis, most bring the parents as the focus of the reception that should be provided, thus, disregarding the other family members who also assist in the care of the child during the hospitalization period and after discharge. In

other words, the focus on meeting the newborn's biological needs means that health professionals do not consider the family for care, which generates distance and, because of this, the family member does not feel comfortable exposing their afflictions. In addition, some NICU norms and routines make it difficult for the family member to approach the hospitalized child, generating even more suffering.

Being empathic refers to the act of getting emotionally involved with the family member, allowing oneself to feel the pain of others, being present and being supportive in the face of the anxieties presented by family members. When having their practice based on empathy, the health professional understands and considers the painful process in which the family is, and, in this way, gains trust and favors the construction of a relationship with the family and child ⁽²⁾.

Actions such as calling the family member to be part of routine care for the child, communicating clearly and teaching basic care, result in feelings of confidence and happiness. Realizing the fragility of the child and family due to admission to an NICU requires sensitivity from professionals in order to stimulate the contact of the family with the newborn, helping them to overcome their fears and develop emotional adaptation for the moment of hospitalization ⁽¹⁷⁾.

Furthermore, recognizing the importance of comprehensive patient and family care is the

first point for the development of empathy, and this generates changes in the way of caring, bringing the family closer, in an active position with the health and newborn team. Therefore, it is necessary for the professional to develop a critical and sensitive view to perceive discomforts and fears, in order to provide the family member with a sense of belonging⁽¹⁸⁾.

The identification of family anxieties and fears by the NICU health team, since the child's admission, makes family members understand the need for intensive care, contributing to the resignification of the environment. A humanized look that generates empathic actions favors the recovery of the bond between the family and the newborn, minimizing negative feelings triggered by the hospitalization^(6,17,19).

Empathetic and welcoming actions by health professionals make the period of hospitalization for the family less painful. Empathetic health teams, through welcoming attitudes, approach and insert the family member in the care and do not underestimate their suffering, welcome their doubts and desires and enable a better adaptation to the situation experienced in the NICU.

In this context, this study contributes to health practice, as it allowed us to understand how the reception to family members collaborates in the care of newborns in the NICU, identifying the benefits and obstacles to its realization, thus, the data from this study can

support the discussions for the implementation of changes in the work process, to effect the reception of family members in the NICUs.

CONCLUSIONS

Caring for families in the NICUs proved to be a beneficial factor in reducing negative feelings related to the neonate's hospitalization. The welcoming attitude on the part of health professionals allows the family to feel comfortable expressing doubts, fears and anxieties and, thus, facilitates coping with their child's illness process.

Effective, sensitive and clear communication, together with qualified listening, have been cited in some studies as a facilitating strategy for welcoming. Communication without the use of technical terminology, and which allows the placement of popular knowledge from each family, favors the creation of a space for the participation of the family. When the professional promotes sensitive listening, together with quality communication, considering the family's desires, it ends up generating positive feelings in the family, such as joy, hope and trust in the face of the support and affection offered.

Therefore, establishing reception from the moment of the neonate's hospitalization makes the family adapt better to the unit, helps in building a relationship of trust, knowledge of the routine, participation in

decision-making and in the care of the child. This attitude of the team results from an empathic look at the family, considering their moment of fragility, so that this period of hospitalization occurs less painfully.

However, some studies have brought obstacles to the welcoming of the family by the health team, such as work overload, some NICU norms and routines and the need to focus on the newborn's recovery, based on a biomedical model.

Due to the small number of studies in this review, some aspects related to the effects of welcoming the family may not have been further clarified, in addition to many articles limiting their sample to mothers only, not covering the family as a whole. In this way, the need for further studies with a focus on welcoming the family is reinforced; in addition, the discussion on the theme in academic and care settings should be stimulated, in order to sensitize professionals to consider family care as part of newborn care.

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