

A TIME TO PLAY: MATERNAL RELATIONSHIP WITH PRETERMBABIES**Rosely Aparecida Prandi Perrone*y Vera Barros de Oliveira****

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Abstract

Introduction: The preterm baby needs an affective and stable maternal relationship. However, he/she suffers a sudden separation of the mother at birth. The mother's inability to interact with her baby can lead to a closure in herself, compromising the maternal bond and reverberating in the baby's overall development. **Objective:** To investigate the influence of play in the maternal relation with her preterm baby. **Method:** Evaluative-interventional-evolutive study performed with 30 mothers with preterm babies, accomplished with 16 ludic groups, in weekly sessions of 60 minutes each, on a Piagetian basis, reconciling affective-emotional and cognitive processes. **Results:** Maternal emotional opening, tension compensation, anxiety and anguish were observed when playing, generating pleasure and relaxation. Ludic corporal and symbolic situations led the mother to a less tense perception of reality, a new mental representation of her baby and the formation of affective maternal bond, with the appearance of facial, vocal and corporal manifestations of the baby, and evolution of his/her psychofunctional aspects. The action of playing freely and in group can lead the mother to compensate the suffering resulted from the birth of her preterm baby, enable the acceptance of herself and the baby, contribute to her adaptation and emotional balance and provide a maternal affective, interactive and healthy relationship with her baby.

Keywords: Maternal relationship, preterm baby, play, group of mothers.

Introduction

Every year, 20% of babies are born prematurely all over the world (Guimarães and Monticelli, 2007), being the main population attended in neonatal units. It is a large heterogeneous group, including newborns between the near-term viability limit, which present their own varied physiological and pathological characteristics. This baby usually needs hospitalization in the Neonatal Intensive Care Unit - NICU (Goulart, 2004). Preterm is defined as a baby born alive before 37 weeks of pregnancy are completed. An estimated

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15 million babies are born too early every year and in almost every country, and preterm birth rates are increasing (World Health Organization, 2016).

A study that examined associations of risk factors with spontaneous preterm birth and indicated preterm birth presented a different overall profile. Spontaneous preterm births were associated with young maternal age, low maternal weight, low or high parity, previous abortion, smoking, and early pregnancy bleeding, and preterm births were associated with older age, low weight, previous stillbirth, bacteriuria, and early pregnancy bleeding (Meis et al., 1995).

The psychological impact on the birth of a preterm baby is verified in studies, which generates a high level of maternal anxiety (Gasparetto, 1998; Valle, 2002). The level and volume of neonatal intensive care and mortality in very low birth-weight had a large increase in both the number of Neonatal Intensive Care Units (NICUs) in community hospitals and the complexity of the cases treated in these units (Phibbs et al., 2007).

A study on the perinatal social variables of affective relationships between mothers and full term and preterm newborns found that all mothers establish affective bonds with their babies, even in unplanned pregnancies. However, the relation of preterm mothers was presented to be more difficult (Thomaz, Lima, Tavares, and Oliveira, 2005). The feeling of a gap between the idealized motherhood and the premature birth hampers maternal adaptation to the reality experienced when face to a fragile newborn and arouses feelings of frustration, which may hinder her interaction with the baby and provoke the closure in herself (Iungano, 2009). Nevertheless, for the preterm newborn, affective life is the key to development, and he/she needs environmental routines and, fundamentally, a positive maternal relationship (Ministry of Health. Secretariat for Health Policies, Children's Health Area, 2002).

Research on neonatal intensive care studied the reduction of the premature infants' length of stay and the improvement of the parents' mental health with the Creating Opportunities for Parent Empowerment (COPE) program (Melnik et al., 2006). Although low birth weight premature infants and parents are at high risk for adverse health outcomes, there is a paucity of studies that test early NICU interventions with parents to prevent the development of negative parent-infant interaction trajectories (Shaw et al., 2013). In addition to the abrupt separation from the mother at birth, the preterm newborn suffers invasive procedures, feels the odor of the incubator cloths and substances from medical procedures (Ministry of Health. Secretariat for Health Policies, Children's Health Area, 2002).

The impaired maternal interaction has repercussions on the evolution of manifestations of the subjectivity of the baby, such as facial, vocal and corporal expressions, as well as on the psychofunctional aspects related to sleep, breathing, digestion, crying and others (Pinto, 2004).

Although there are diagnostic and therapeutic advances in the area of Neonatology and its subsequent monitoring of the long-term evolution of preterm newborns, studies find out that the main maternal emotional reactions are anxiety, depression and stress. They also indicate that the absence of interaction between mother and baby can lead to disorders in the affective relationship and provoke repercussions on the general development of the child over time (Brum and Schermann, 2004; Carvalho, Martinez, and Linhares, 2008; Casanova, Valle, and Santos, 2009; Gasparetto, 1998; Klaus and Kennell, 1995; Melnyk, Crean, Feinstein, and Fairbanks, 2008; Padovani, Linhares, Carvalho, Duarte, and Martinez, 2004; Ruiz, Cernadas, Cravedi, and Rodríguez, 2005; Schmücker et al., 2005; Scochi et al., 2004; Valle, 2002).

The importance and significance of playing as a strategy of relief from painful experiences and the attainment of emotional balance have been emphasized. The games, because they retain repetitive and reproductive characteristics associated to the innovative, can provide a natural interactive movement and generate pleasure, factors that are essential to the process of opening to the environment, and internal and external reorganization. This interactive character of play contributes to the individual living better with reality and repairing possible damages from suffering and anxiety linked to the process experienced. In this way, it can be seen as a preventive and curative action to support moments of greater tension (Oliveira, 2006; Vieira and Carneiro, 2008).

This research was developed based on data from the Ministry of Health on preterm newborns (Ministry of Health. Secretariat for Health Policies, Children's Health Area, 2002), with Piaget as theoretical reference (Piaget, 1973; Piaget, 1978; Souza, 2011).

Objective

To investigate the influence of play on the maternal relationship with the preterm newborn.

Method

This is a qualitative research, with descriptive exploratory character. In this kind of study, the questions can be analyzed in deeper aspects (Minayo, 2012).

Participants

30 mothers of preterm newborns, aged between 16 and 40 years old, educational level up to high school, selected at the Maternity Hospital of a University Hospital at the Greater Sao Paulo, Brazil, from January to April 2007.

Materials

The material used met the three great modalities of play described by Piaget (1978): sensorimotor, symbolic, and rules or socialization. Graphic material was available, enabling the non-verbal symbolic expression through freehand drawings. The selected toys aimed at physical movement (game of rods), the maternal representation of everyday situations (baby dolls, cribs, kitchen utensils) and sets of rules that stimulate social contact and focus on the activity developed (memory game, puzzle). The meetings were photographed, and in three of them auditory resources were used, such as songs for babies.

Procedure

Sixteen weekly group meetings, each lasting 60 minutes, were carried out using sensory-motor games (which create situations to provide bodily movements in a spontaneous and pleasurable space-time context), symbolic (involving body and imagination associated to plastic and scenic representations) and rules or socialization (linked to cognitive memory processes, language, among others), associated with graphics.

The games aimed to work on body, affective-emotional and cognitive aspects, creating conditions for integration, agility and flexibility. The meetings followed a flexible script with initial presentation of the group, followed by the choice and development of the game by the participants, ending with a discussion about the themes and the outgoing emotions. Finally, feedback was provided on the feelings and maternal relationships that emerged.

In short, play was used as a foundation for working out the maternal relationship with the preterm newborn, according to the Piagetian model, that is, prioritizing the relaxation of assimilation on the accommodation tension, by means of free and spontaneous expression.

Results

Data analysis revealed that the creation of a play group was favorable, with high adherence and motivation of the mothers, favoring the reduction of anxiety, adaptation to the reality experienced and stimulus to an effective, affective, positive and healthy maternal relationship. When attending to the meetings, the mothers reacted in an increasingly renewed and organized way, because the games involved facilitating and adaptive situations, through the action of the body, and raised new mental representations.

This study confirmed the importance of playing in the hospital as a creative and innovative strategy, temporarily causing the problems of daily living and their concerns to be ignored by the mothers of hospitalized preterm infants. It was noted that play, as a fun and stimulating activity, made the mothers more attentive and relaxed, while encouraging active participation in the meetings, provided a progressive elaboration of the experienced reality with emotional strengthening and the discovery of coping with challenges. In parallel to the safer and more affective maternal relationship, there was evolution of psychofunctional aspects of the preterm newborn when in sleep/awake, hunger/satiation, attention/habituation and rest/activity.

Discussion/Conclusion

The results of this research confirm studies that attest that premature birth is a stressful maternal event, whose mother is faced with an unpredictable situation, which generates anxiety (Brum and Schermann, 2004;Carvalho et al., 2008; Klaus and Kennell, 1995; Ruiz et al., 2005; Schmücker et al., 2005).

In the same way, they confirm researches that present the positive effects of intervention programs developed with mothers of preterm infants and their babies on the reduction of symptoms of anxiety, stress and maternal depression, which interfere with the maternal relationship (Casanova et al., 2009; Gasparetto, 1998; Melnyk et al., 2006; Padovani et al., 2004; Phibbs et al., 2007).

The data obtained in this study, based on the relevance of play, resemble the conclusions of other researchers on this subject (Scochi et al., 2004), which indicate that play contributes to the process of adaptation and balance for supporting the reality experienced by the mother of the preterm baby, besides being characterized as a form of humanized health care.

In this study, the act of playing created situations that favored greater body movement, which improved the mother's tone-postural flexibilization, initially tense, as already verified in previous studies (Carvalho, Martinez, and Linhares, 2008; Melnyk et al., 2008). This body-sensory-motor reorganization, associated to the group's pleasant interaction, favored the expression of mental representations evoked and/or imagined, which corroborates the Piagetian approach that the symbolic manifestations are based and dynamized through the body (Piaget, 1973; Piaget, 1978).

The flexible integration of sensory-motor, symbolic and rules/socialization games contributed to benefit the manifestation of anxiogenic themes and the externalization of feelings and emotions resulting therefrom. In a complementary way, the group activities led to the formation of a team spirit, in which, with progressive cohesion, there was space and listening for mothers to freely express what they felt and thought, subjects that were often shared and understood by others. This support, once felt, propitiated and associated to the development of non-directed, free and spontaneous ludic-graphic activities, increasing the physical and mental reorganization (Oliveira, 2008).

All in all, in this study, through play, a movement of openness and flexibility of mothers was observed, with decreased anxiety, less guilty feeling, and greater safety in their effective and affective relationship with her preterm baby, which indicates the convenience of further research on this approach.

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