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Preparation for discharge with respect to home care for low risk newborns

Preparo de alta para o cuidado domiciliar de recém-nascidos de baixo risco

Preparación de alta para el cuidado domiciliar de recién nacidos de bajo riesgo

Fernanda Carla Pereira Duarte[I]; Fernanda Garcia Bezerra Góes[II]; Andrea Lyra Arnozo da Rocha[III]; Joana de Andrade Nobre Ferraz[IV]; Juliana Rezende Montenegro Medeiros de Moraes[V]; Liliane Faria da Silva[VI]

ABSTRACT
Objective: to analyze the preparation of the discharge of families in the rooming-in about home care of newborns. **Method:** qualitative research, developed through Creativity and Sensitivity Dynamics Body Knowledge, of the Creative Sensitive Method, together with 17 participants, among puerperal and family members, in a municipal hospital of the coastal littoral of Rio de Janeiro, between 2017 and 2018, whose data were submitted thematic analysis. Approved by Research Ethics Committee. **Results:** the high preparation covers guidelines mainly on breastfeeding and management of the umbilical stump, but include contents on bath, comfortable positions and vaccines. Nurses assume the social role of educators through a punctual educational practice based on the transmission of information and the demonstration of care of the newborn. **Conclusion:** there are gaps in the preparation of discharge regarding the essential guidelines for the home care of the newborn with safety and quality, in addition, it is necessary to look for dialogical pedagogical approaches that depart from the reality of the families.
Descriptors: Newborn; patient discharge; health education; nursing.

RESUMO
Objetivo: analisar o preparo de alta de famílias no alojamento conjunto quanto aos cuidados domiciliares dos recém-nascidos. **Método:** pesquisa qualitativa, desenvolvida através de Dinâmicas de Criatividade e Sensibilidade Corpo Saber, do Método Criativo Sensível, junto a 17 participantes, entre puérperas e familiares, em um hospital municipal da baixada litorânea do Rio de Janeiro, entre 2017 e 2018, cujos dados foram submetidos à análise temática. Aprovado por Comitê de Ética em Pesquisa. **Resultados:** o preparo de alta abarca orientações principalmente sobre aleitamento materno e manejo do coto umbilical, mas incluem conteúdos sobre banho, posições confortáveis e vacinas. Enfermeiras assumem o papel social de educadoras, através de uma prática educativa pontual baseada na transmissão de informações e na demonstração do cuidado do recém-nascido. **Conclusão:** existem lacunas no preparo de alta quanto às orientações essenciais para o cuidado domiciliar do recém-nascido com segurança e qualidade, ademais, é preciso buscar abordagens pedagógicas dialógicas que partam da realidade das famílias.
Descritores: Recém-nascido; alta do paciente; educação em saúde; enfermagem.

RESUMEN
Objetivo: analizar la preparación de alta de familias en el alojamiento conjunto en cuanto a los cuidados domiciliarios de los recién nacidos. **Método:** investigación cualitativa, desarrollada a través de Dinámicas de Creatividad y Sensibilidad Cuerpo Saber, del Método Creativo Sensible, junto a 17 participantes, entre puérperas y familiares, en un hospital municipal de la bajada costera de Río de Janeiro, entre 2017 y 2018, cuyos datos fueron sometidos al análisis temático. Aprobado por el Comité de Ética en Investigación. **Resultados:** la preparación de alta abarca orientaciones principalmente sobre lactancia materna y manejo del coto umbilical, pero incluyen contenidos sobre baño, posiciones confortables y vacunas. Enfermeras asumen el papel social de educadoras, a través de una práctica educativa puntual basada en la transmisión de informaciones y en la demostración del cuidado del recién nacido. **Conclusión:** existen lagunas en la preparación de alta como las orientaciones esenciales para el cuidado domiciliar del recién nacido con seguridad y calidad, además, es necesario buscar enfoques pedagógicos dialógicos que parten de la realidad de las familias.
Descriptores: Recién nacido; alta del paciente; educación en salud; enfermería.

INTRODUCTION

Family members of newborns need to learn how to take care of their babies in order to prepare for home care. In this sense, the process of discharging in rooming-in, which includes the preparation of the families, becomes relevant, and should begin from the admission of the mother-baby, and contain guidelines regarding hygiene, feeding, handling, behavior, interaction, position to sleep, follow-up in the health system, among others[1].

[I]Nurse. Fluminense Federal University. Brazil. E-mail: fc.duarte12@gmail.com
[II]Nurse. PhD in Nursing. Adjunct Professor. Fluminense Federal University. Brazil. Email: ferbezerra@gmail.com
[III]Nurse. Fluminense Federal University. Brazil. Email: andyjovem@gmail.com
[IV]Nurse. Fluminense Federal University. Brazil. Email: joanaferraz.rc@hotmail.com
[V]Nurse. PhD in Nursing. Adjunct Professor. Federal University of Rio de Janeiro. Brazil. E-mail: jumoraes333@gmail.com
[VI]Nurse. PhD in Nursing. Adjunct Professor. Fluminense Federal University. Brazil. E-mail: lili.05@hotmail.com
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Thus the transition of low-risk newborns from the hospital to home demands educational actions by healthcare practitioners, including nurses, that are appropriate to the real needs of the families. Therefore, it is necessary to invite family members to take actions regarding the practices of the health care team, through educational actions related to the reality they have lived, in a truly dialogical relationship[2].

In this logic, health education is understood as a mixture of dialogical, participatory, and emancipatory pedagogical practices, aiming at facilitating voluntary health actions, which are not only limited to transmission of content and are, therefore, considered an essential tool for promotion of health[3]. Thus, it is essential that any educational health action is based on dialogue and not reduced to an act of depositing ideas of one individual in the other by the imposition of their truths, since the achievement, implicit in the dialogue, is that of the world by the dialogical subjects, not one by the other[4,5].

In the search for good practices related to the discharge of newborns, it was verified that the national and international scientific studies are basically focused on the discharge of the neonatal intensive care unit and/or the premature and/or low birth weight infants, and studies describing educational encounters in other practice settings, such as healthcare practitioners and families with low-risk babies, are rare. Hence, this study[VII] aimed at analyzing the preparation for discharge of the families, in the rooming-in, regarding the home care of newborns.

THEORICAL FRAMEWORK

This research is based on the theoretical conceptions of the problematizing education defended by Paulo Freire, which is concretized as a practice of freedom by breaking with the verticality of banking practice and proposing, through dialogue, a transversal and dialogical relationship between the individuals. The problematizing education is essentially reflexive and implies constant critical interrogation of reality[4,5].

From the dialogue and the exchange of technical, scientific, and popular knowledge, nurses and families can jointly construct knowledge with respect to the home care of the newborn with quality and safety, which may favor the healthy and harmonious child growth and development.

Therefore, it is necessary to develop a process of dialogical, emancipatory, and participatory discharge, which purpose is to develop the skills of family members in care, to reduce the level of stress in the family, to avoid readmissions, and to identify community resources available for follow-up after discharge[6]. Thus, in the process of caring/teaching, it is necessary to know the reality of the family, acknowledging the use of strategies that will indeed meet their real needs, always respecting their cultural peculiarities[7].

METODOLOGY

Qualitative research[8] carried out in the rooming-in of a municipal hospital in the coastal lowland of Rio de Janeiro, between 2017 and 2018.

The Creative and Sensitive Method (MCS – “Método Criativo-Sensível” in Portuguese language) was chosen, which enables the researcher to observe the object through a historical and social perspective, since it stimulates the socialization of experiences and knowledge acquired throughout life through the Dynamics of Creativity and Sensitivity (DCS – “Dinâmicas de Criatividade e Sensibilidade” in Portuguese language), which combine artistic productions with group discussion and participant observation, from a Question Generating a Debate (QGD – “Questão Geradora de Debate” in Portuguese language)[9].

Seven DCS Body-Knowledge (Corpo Saber, in Portuguese language) were developed with 17 participants, among new mothers and family caregivers, aged over 18 years old, whose newborns were in good health conditions in the hospital, the research scenario.

The DCS Body-Knowledge aimed to make the participants to represent, in the drawn body of a baby, the knowledge they were learning during their stay in the hospital to take care of their newborns at home, considering that the preparation for discharge is an essential component in this process.

The number of participants was delimited during the course of the field work, when the organization of the testimonies, from the DCS, enabled the identification of the data saturation, that is, the verification of the singularity of the findings in the speeches, according to the themes, and consistency of the statements[10].

All participants were identified with the letter P, to ensure anonymity, followed by the Arabic number corresponding to the order of participation in the dynamics, for example, P1, P2, P3, and thus successively.

The data gathered from the full transcription of the dynamics were submitted to analysis of the content under the thematic perspective, in its three stages (pre-analysis, exploration of the material and data processing and interpretation)[8,10].

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From the analysis of the data, two thematic categories emerged: guidelines in the preparation for discharge for the home care of the newborn and the educational meeting between nurses and families in the preparation for discharge.

The study project was approved by the Research Ethics Committee (Certificate of Presentation for Ethical Consideration (CAAE – "Certificado de Apresentação para Consideração Ética", in Portuguese language): 69912317.8.0000.5243; Opinion No. 2180258) and all participants signed the Free and Informed Consent and the Authorization Term for Audio Photographic Recording for Artistic Production.

RESULTS AND DISCUSSION

Guidelines on the discharge for home care of the newborn

The mothers and their family members mentioned that, during the period of hospitalization in the rooming-in, health care practitioners provided guidelines on newborn care. The guidelines were mainly focused on breastfeeding and handling the umbilical stump. Less recurrent topics related to body hygiene, sleepiness, comfortable positions, and vaccination.

> *I learned from the nurse how to breastfeed. (P10)*
>
> *I learned to breastfeed correctly [...]. (P6)*
>
> *I learned to breastfeed [...]. (P17)*

Breastfeeding was the most discussed topic in the educational practices carried out by healthcare practitioners, especially the nurse. This finding corroborates Ordinance No. 2068, dated October 21, 2016 of the Ministry of Health, which determines, among the purposes of rooming-in, its intentions, the promotion of this practice under free demand, through support to mothers in potential difficulties and respecting the individual needs and characteristics of the mother-child relationship[11].

Among the guidelines related to breastfeeding, the correct position was recurrent, with participants being aware of its benefits for the prevention of nipple fissures, as well as an alternative for breastfeeding the baby correctly.

> *[I learned] that the child should fit the entire mouth in both the beak and the larger areola. (P10)*
>
> *[The baby] should be open-mouthed, and then you put the finger, then slowly remove the finger so that the baby can nest the mouth in the breast, so he/she can suckle properly. (P12)*
>
> *I learned how to breastfeed my son, that I was doing it wrong and it was hurting my breast. (P13)*
>
> *[The nurse] taught me to take my nipple and model it to put in the baby's mouth [...] and also the right way for the baby to suckle it and not cause any injuries. (P14)*

In addition to the correct way to breastfeed, the comfortable position for breastfeeding was also reported by the participants.

> *[The nurse] said that the baby's belly needs to touch my belly and his/her little head should be correctly supported by my arm. (P6)*
>
> *[The nurse] taught me how to breastfeed the baby, how to hold him/her, and how to cuddle the baby in my belly. (P12)*
>
> *I learned [...] how to breastfeed comfortably. (P14)*

Despite lower recurrence and little discussion, guidelines on bottle-feeding, colostrum, and time between feedings were also reported.

> *Let the baby to suckle. If he is sleeping wait up to 3 hours or less [...]. (P2)*
>
> *The nurse taught [referring to the breast pumping], pumped the milk to feed the baby [...] because the milk duct was clogged. [...] And that the first colostrum milk is important [...]. (P17)*

Therefore it is noted that the practitioners' main concern in the rooming-in is with breastfeeding. These data are consistent with a study carried out in a public hospital in Fortaleza, with 20 mothers[12]. The health care team should be prepared for guidelines on breastfeeding, providing effective breastfeeding for the mother and the newborn without causing damage from unsuccessful techniques[13]. However, in order to guarantee the effectiveness of the educational practice, it is necessary to allow the family members to speak so that they can express their expectations and life contexts, in order to make it less prescriptive and more dialogical.

It should be emphasized that, according to the Ministry of Health, it is of the utmost importance that the family is guided by health care practitioners about breastfeeding, not using bottles and pacifiers, but guidelines on the normal behavior of the newborn, interaction with baby, position for the child to sleep, and follow-up of the child in the health

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service are also important[1]. These last orientations were not recovered in the memories of mothers and family members at the time of the dynamics, which implies a gap in the preparation for discharge.

The umbilical stump hygiene was the second care most frequently addressed by healthcare practitioners in their educational practices, including the use of alcohol 70% in the place and its aeration, as mentioned by certain participants.

> *I learned with respect to the belly button, that people used to put a lot of things in the belly buttons and there is no need for that. Put an alcohol and dry very well. (P1)*
>
> *I was cleaning in a different way, I put the alcohol 70 with the gauze, but I covered with the diaper. Then I learned that it should not be covered, because, as the pediatrician said, it is a type of wound, then the more closed it is, the longer it will take to heal. (P4)*
>
> *I also learned how to clean the belly button correctly. (P5)*

It is worth mentioning that adequate handling of the umbilical stump prevents neonatal infections, which makes its approach essential from prenatal to post-discharge from the rooming-in. The most recommended substances for local antisepsis are alcohol 70% and alcohol chlorhexidine 0.5%, but the first is the most common in Brazil,[14] including in the research scenario, according to the statements.

Also regarding the hygiene care of the newborn, only two participants reported that they learned about the bath and the statement of one of them reinforces the need of this type of orientation in the rooming-in.

> *I learned how to bathe the baby today. Because we usually think we know how to bathe it, but we do not. (P8)*
>
> *And I learned how to bathe. (P17)*

It should be noted that this moment requires extreme attention, due to the risks of hypothermia of the newborn, dryness, and skin irritations. Thermoregulation should be considered, because, when losing heat, the newborn may suffer hypoxia, metabolic acidosis, and hypoglycemia. In addition, daily baths and use of soaps can impair maturation of the acid mantle, increasing the pH of the skin, reducing the protection factor, which increases the risks of infection[15]. This range of care imposes the need for detailed guidelines on this practice; however, according to the deponents, the guidelines about bathing were scarce and poorly discussed by the healthcare practitioners.

The guidelines on comfortable positions to hold the baby and handling cramps were also rare.

> *[The nurse] taught me how to hold the baby too, to avoid too much shakes. (P8)*
>
> *The nurse taught me how to wake the child [...]. Positions to hold properly [...] and the good position to relieve the baby's colic. (P10)*
>
> *I learned to hold the baby in the right way, put him in the correct position, more comfortable to sleep, and hold him in the right position to relieve the pain of his colic. I only learned this, because I was here only today [...]. (P11)*

There was a gap in the educational practice regarding the most recommended position for the newborn to sleep, which should be the dorsal.[1] Therefore, there was no further discussion on the risk of suffocation and sudden death of the newborn. In other research, few women received guidance on the best position, especially after diet and guidelines on choking risk[12], which is consistent with the findings of this study.

Guidelines on vaccines and their possible reactions, during preparation for discharge in the rooming-in, were also less mentioned by mothers and family members.

> *And the importance of vaccination, the purpose of each vaccine. (P6)*
>
> *[The nurse] explained about the vaccines. Vaccines and their effects. (P9)*

These data are consistent with a study in which new mothers did not receive guidance on the vaccination schedule of the babies in the rooming-in, revealing the dissatisfaction with the care of the practitioners working in this sector[12]. In addition, it was also verified that no participant stated that they had been advised about the referral to the health service for childcare consultations, and neonatal screening tests, as recommended by literature[1,6,11,16].

The educational meeting between nurses and families in preparation for discharge

The guidelines in the rooming-in on newborn care were mainly provided by healthcare practitioners, especially nurses, but in certain situations the learning was also mediated by the family members themselves.

It is emphasized that the most mentioned practitioner in this educational process was the nurse, according to the statements of the participants.

> *It was the nurse who taught me. [...] They give good tips to people. (P1)*

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I learned from the nurse. (P11)

The nurse taught me. (P15)

This fact corroborates the research that indicated that the nurse is the practitioner who assists the new mothers the most, contributing to the formation of their maternal role and the bond with the baby, providing conditions for the newborn home care[12].

The pediatrician was also mentioned by the new mothers and family members, but with less recurrence in the statements.

(…) with the pediatrician and the nurse. (P6)

The pediatrician who visited me here asked if [the baby] was being fed [...]. (P9)

These data emphasize the importance of the guidelines being provided by the entire multidisciplinary team, who is responsible for preparing the family in order to continue the care at home. The study points out that the nurses are often overloaded with work and, for this reason, the guidelines are not fully provided[16], which is consistent with this study.

In addition to the healthcare practitioners, the family members and accompanying persons were also mentioned in the statements, regarding learning newborn care.

About the belly button, I learned from my mother. (P3)

The aunt [accompanying person] taught me [...]. (P15)

It was my mother. (P17)

A research carried out in Recife reports that the experience of previous generations, whether by parents, uncles, or grandparents, represents a support and reduces insecurity in the newborn care. In addition, a healthy and harmonious family environment enables a greater understanding of the difficulties[16].

It should be noted that the educational meeting between nurses and families, in preparation for discharge, was based essentially on the orientations of practitioners.

[The nurse] said 'you don't need to use these things, nothing, nothing like that, only this'. Then I learned [referring to the care of the umbilical stump with alcohol 70%]. (P1)

[The nurse] said that the baby's belly needs to touch my belly and his/her little head should be correctly supported by my arm [regarding the position for breastfeeding]. (P6)

Today [the nurse] explained to me that I was doing the other way around, covering it with the diaper, she said I can't do that. We should put it underneath and let the little belly button breath [referring to umbilical stump care]. (P8)

The lady [the nurse] who came here to give the injection said 'it's the BCG, this is the BCG, she will have this, this, and that, there will be inflammations, like this.'(P9)

In addition, participants reported that this educational process also occurred through speech associated with the demonstration of care, again with the recurrent presence of the nurse in this educational practice.

[The nurse] walked into the room and nursed [the baby] and showed us. Everyone there learned. [...] She went there, took care of a baby's little belly button, showed us. She said 'You just have to use this alcohol [alcohol 70%]'. [...] She explained that we have to dry it very well. (P1)

[The nurse] explained by showing and speaking, and I was just observing. (P10)

Yes, they showed me. [...] She [the nurse] said to get the gauze, dip in the water, move like this, and clean it up like this. [...] I watched her doing it. (P15)

By exemplifying this process, the nurse performed and explained the procedure (the bath) with the newborn so that the family member could watch.

[The nurse] taught me, [...] first she washed the baby's little head. [...] Then she picked it up, dipped the gauze in the bath, wiped the little face and the little eyes, then she took the baby, put it in the bathtub. She said to hold in a 'C' shape like this to protect the child. Then she gave a little bath. (P8)

Therefore, the educational meeting, essentially mediated by the nurses, took place through explanation and/or demonstration, including observation and execution by the new mother and family members, and supervision, collaboration, and performance evaluation by practitioners. This method of teaching, based on transmission of content and demonstration of specific care, has been common in the educational process between nurses and patients[2,7,17].

Still in relation to the educational strategy based on explanation and demonstration, the nurse uses this moment to help the new mother by providing the guidelines at the time that the participant was taking care of the new born.

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> *[The nurse] said 'hold in the tip, like this .... that she [the baby] will find the breast herself [referring to breastfeeding]. [...] She [the nurse] did it for us to watch as well. (P3)*
>
> *They only spoke [the pediatrician and nurses], but they specified how we [the new mothers] were breastfeeding and the other [nurses] took the babies, opened and checked the belly button, said it right; it was like this. (P6)*
>
> *[The nurse] taught everything right, teaching in practice. (P11)*
>
> *[The nurse] told and showed me, helping me. (P13)*

In summary, the nurses take the social role of educator in the discharge of newborns from the rooming-in, through a traditional, punctual practice based on transmission of information and demonstration of care.

In the traditional model of education, of banking pedagogy, based on the transmission of knowledge, the teacher, in this case the healthcare practitioner, provides contents to the student, the family member, as an absolute truth, and it is up to them to receive what was offered to them without raising questions. However, in this type of action it is common to disregard the knowledge and beliefs of the learners, as a result of their life experiences, which makes this educational process decontextualized[4-5]. Thus, new mothers and family members did not have the opportunity to express their doubts and demands for learning, as well as to share their knowledge about newborn care, which impairs the educational process.

On the other hand, empowerment, from Paulo Freire's perspective of education, aims to break with educational methods based on power over the other and to emphasize the model that values discussion of ideas, opinions, and concepts in the problem solving[4,5,18], which is not in line with the teaching method adopted by practitioners in the research scenario.

Finally, it is necessary to go beyond transmission and the apprehension of knowledge, by means of problematizing pedagogical approaches, which favor dialogues[4,5], intended to promote healthy habits and attitudes. It is precisely what is proposed with respect to the educational practices related to newborn health care in the process of discharge from maternity.

In addition, studies emphasize the importance of a discharge process that is consistent, including with institutional protocols, involving interdisciplinary work in order to ensure integrated and articulated participation among practitioners and families, especially with regard to autonomy and security in child home care[19,20].

CONCLUSION

The results of the research indicated that the preparation for discharge of the families with newborns in the rooming-in covers guidelines especially on breastfeeding and handling the umbilical stump and includes, less frequently, contents about bath, comfortable positions, and vaccines.

In this process, nurses take the social role of educators through a traditional educational practice based on transmission of information and demonstration of newborn care, which involves explanation, demonstration, observation, execution, supervision, collaboration, and evaluation, where family members act as recipients of the lessons, without contextualizing their real doubts and needs.

There are gaps in the preparation for discharge regarding the essential guidelines for newborn home care with safety and quality; in addition, it is necessary to look for dialogical pedagogical approaches that focus on the reality of the families.

It is hoped that the study contributes to the discharge process of newborns by generating scientific evidence capable of filling knowledge gaps, allowing a critical reflection, on the part of the healthcare practitioners, including the nurse, on this phenomenon and reconsidering the educational practices carried out in the rooming-in. Thus, the adoption of strategies that promote the empowerment of families is supported, aiming at a safe and quality care practice at home.

As limitations of the study, the research was carried out in a single health institution and only with the new mother and family members, without the inclusion of the practitioners. Thus, the results reflect part of the reality, which prevents generalizations, supporting the need for new studies in the area, in other scenarios and with other participants, for a more comprehensive understanding of the object of study.

REFERENCES

1. Ministério da Saúde (Br). Atenção à saúde do recém-nascido: guia para os profissionais de saúde. 2ª ed. atual. Brasília (DF): Ministério da Saúde; 2014.

Original Research
Artigo de Pesquisa
Artículo de Investigación

DOI: http://dx.doi.org/10.12957/reuerj.2019.38523

2. Góes FGB, La Cava AM. The conception of education in health of the nurse in the care to the infant hospitalized. Rev. eletrônica enferm. 2009 [cited 2018 Jul 15]; 11(4):932-41. DOI: https://doi.org/10.5216/ree.v11i4.33245
3. Salci MA, Maceno P, Rozza SG, Silva DMGV, Boehs AE, Heidemann ITSB. Health education and its theoretical perspectives: a few reflection. Texto contexto enferm. 2013 [cited 2018 Jul 15]; 22(1):224-30. DOI: http://dx.doi.org/10.1590/S0104-07072013000100027
4. Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. 43ª ed. Rio de Janeiro: Paz e Terra; 2011.
5. Freire P. Pedagogia do oprimido. 50ª ed. Rio de Janeiro: Paz e Terra; 2011.
6. Schmidt KT, Terassi M, Marcon SS, Higarashi IH. Practices of nursing staff in the process of preterm baby hospital discharge. Rev. bras. enferm. (Online). 2013 [cited 2018 Jul 15]; 66(6):833-9. DOI: http://dx.doi.org/10.1590/S0034-71672013000600004
7. Góes FGB, La Cava AM. Practical educative in health of the nurse with the family of the hospitalized child. Rev. eletrônica enferm. 2009 [cited 2018 Jul 15]; 11(4):942-51. DOI: https://doi.org/10.5216/ree.v11i4.33250
8. Minayo MCS. O desafio do conhecimento. 14ª ed. São Paulo: HUCITEC-ABRASCO; 2014.
9. Soratto J, Pires DEP, Cabral IE, Lazzari DD, Witt RR, Sipriano CAS. A creative and sensitive way to research. Rev. bras. enferm. (Online). 2014 [cited 2018 Jul 15]; 67(6):994-9. DOI: http://dx.doi.org/10.1590/0034-7167.2014670619
10. Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. Rev. bras. enferm. (Online). 2018 [cited 2018 Jul 15]; 71(1):228-33. DOI: http://dx.doi.org/10.1590/0034-7167-2016-0616
11. Ministério da Saúde (Br). Portaria nº 2.068, de 21 de outubro de 2016. Intitui diretrizes para a organização da atenção integral e humanizada à mulher e ao recém-nascido no Alojamento Conjunto. Brasília (DF): Gabinete Ministerial;2016.
12. Rodrigues DP, Dodou HD, Lago PN, Mesquita NS, Melo LPT, Souza AAS. Care for both mother and child immediately after childbirth: a descriptive study. Online braz. j. nurs. (Online). 2014 [cited 2018 Jul 15]; 13(2):227-38. Available from: http://www.objnursing.uff.br/index.php/nursing/article/view/4231
13. Rocci E, Fernandes RAQ. Breastfeeding difficulties and influence in the early weaning. Rev. bras. enferm. (Online). 2014 [cited 2018 Jul 15]; 67(1):22-7. DOI: http://dx.doi.org/10.5935/0034-7167.20140002
14. Miranda JOF, Santos DV, Camargo CL, Rosa DOS, Sobrinho CLN, Mussi FC. Evidence for umbilical stump care practices: integrative review. Rev. enferm. UFPE on line. 2016 [cited 2018 Jul 15]; 10(Supl. 2):821-9. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/11025
15. Santos SV, Costa R. Prevention of newborn skin lesions: knowledge of the nursing team. Texto contexto enferm.[Internet] 2015 [cited 2018 Jul 15]; 24(3):731-9. DOI: http://dx.doi.org/10.1590/0104-07072015011230014
16. Alcantara KL, Brito LLMS, Costa DVS, Façanha APM, Ximenes LB, Dodt RCM. Family guidelines needed for a safe hospital of the premature newborn: integrative review. Rev. enferm. UFPE on line. 2017 [cited 2018 Jul 15]; 11(2):645-55. DOI: https://doi.org/10.5205/1981-8963-v11i2a11984p645-655-2017
17. Góes FGB, Cabral IE. Discourses on discharge care for children with special healthcare needs. Rev. bras. enferm. (Online). 2017 [cited 2018 Jul 15]; 70(1):154-61. DOI: http://dx.doi.org/10.1590/0034-7167-2016-0248
18. Dias ESM, Rodrigues ILA, Miranda HR, Corrêa JA. Conversation wheel as education strategy in health for nursing. Rev. pesqui. cuid. fundam. (Online). 2018 [cited 2018 Jul 15]; 10(2):379-84. DOI: http://dx.doi.org/10.9789/2175-5361.2018.v10i2.379-384
19. Góes FGB, Cabral IE. Hospital discharge in children with special health care needs and its different dimensions. Rev. enferm. UERJ [Internet]. 2017 [cited 2018 Jul 15]; 25:e18684. DOI: http://dx.doi.org/10.12957/reuerj.2017.18684
20. Veronez M, HigarashiIH. A protocol for hospital discharge of premature babies: input to building a proposal. Rev. enferm. UERJ [Internet] 2016 [cited 2018 Jul 15]; 24(3):e7505. DOI: https://doi.org/10.12957/reuerj.2016.7505