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MEANING OF THE HOSPITAL VISIT FOR THE FATHER OF A PREMATURE NEWBORN

SIGNIFICADO DA VISITA HOSPITALAR PARA O PAI DE RECÉM-NASCIDO PREMATURO

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ABSTRACT: **Objective:** To understand the meaning of visiting the neonatal unit for the father of premature newborns in the Neonatal Intensive Care Unit (NICU) of public maternity hospitals in the interior of Bahia. **Methodology:** Qualitative, descriptive, exploratory study, carried out in the NICU of public maternity hospitals. Ten parents of premature newborns participated. A semi-structured interview was carried out and the data was analyzed using the Bardin Content Analysis method, from which five categories emerged. **Results:** Understanding of prematurity by parents; Meaning of the time of the visit; (Dis)connection activities between parents and children in the NICU; Difficulties that permeate the paternal visit, and Faith and Religiosity in the context of the NICU. **Conclusions:** It can be seen that for the majority, the visit is marked by positivity and good things. On the other hand, others see it as a desperate and stressful environment and difficulties in establishing communication with health professionals, and rigidity in the fixed schedule for visiting parents.
KEYWORDS: Knowledge; Dad; Hospitalization; Premature Newborn.

RESUMO: **Objetivo**: Compreender o significado da visita à unidade neonatal para o pai de recém-nascidos prematuros da Unidade de Terapia Intensiva Neonatal (UTIN) de maternidades públicas no interior da Bahia. **Metodologia:** Estudo qualitativo, descritivo, exploratório, realizado na UTIN de maternidades públicas. Participaram dez pais de recém-nascidos prematuros. Foi realizada entrevista semiestruturada e os dados analisados pelo método de Análise de Conteúdo de Bardin, da qual emergiram cinco categorias. **Resultados:** Compreensão da prematuridade pelos pais; Significado do momento da visita; Atividades de (des)conexão entre pais e filhos na UTIN; Dificuldades que permeiam a visita paterna, e A Fé e a Religiosidade no contexto da UTIN. **Conclusões:** Percebe-se que para maioria a visita é marcada por positividade e coisas boas. Em contrapartida, outros veem como ambiente desesperador e estressante e emergiu ainda dificuldade de estabelecer comunicação com os profissionais de saúde, e rigidez do horário fixo para visitar os genitores.
PALAVRAS-CHAVE: Conhecimento. Pai. Hospitalização. Recém-nascido Prematuro.

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INTRODUCTION

Prematurity is considered an important public health problem, global and complex. It is estimated that about 15 million babies are born prematurely each year, and these numbers are increasing[1].

According to FioCruz, Brazil has almost twice the rate of prematurity compared to European countries. In Portugal, 73% of neonatal deaths are due to prematurity and as risk factors are twin pregnancy, vaginal bleeding, age and pre-existing diseases. In the country, some interventions were taken to try to reduce the mortality rate due to prematurity, such as concentrating premature births in specialized hospitals, health surveillance for the most effective monitoring of pregnancy and highlights that Portugal is the only country in the world to have a medical transport system that can transfer high-risk RN at the national level in situations where it was not possible to transfer in advance pregnant and had to give birth outside of specialized hospitals[2].

According to the World Health Organization, preterm are newborns (NB) with gestational age < 37 weeks, who present anatomical and physiological immaturity, may manifest several complications after birth, Involving hospitalization in a Neonatal Intensive Care Unit (NICU), thus interfering with the parent-baby bond[3].

In the past, social, cultural and economic aspects preserved the father in western culture, occupying the place of maintainer of family needs and consequently, this kept him away from living together and caring for his children. Recently, fatherhood has been re-signified and brought new meanings to the father; that is, more than exercising a role of provider and initiator of order, he is present daily in the life and care of children[4].

In the NICU, they show that the father has an essential function when interacting with the baby and taking news of it to the mother. In this way, help her feel emotionally supported, otherwise she will feel distressed because she does not know what is happening and does not have the physical presence of her child[5].

It is important that the multiprofessional team strengthen the bond between baby and family, promoting an assistance that considers biological, psychological and social issues. Thus, health professionals should use the moment of hospitalization to transmit to parents knowledge about the process of growth and development of their children, causing positive changes, Reducing the stress of hospitalization and enhancing the experience of having a premature child[6].

Based on these reflections, we sought the production of studies in this theme in Nursing in the databases of the Virtual Health Library (VHL) and Scientific Electronic Library Online (SciELO). When using the descriptors "Prematurity" and "Paternity", with boleano "and", only 14 articles were found, however, none addresses on the time of the visit, evidencing few scientific evidence on this subject.

Therefore, the objective of this study was to understand the meaning of hospital visits for parents of premature newborns from the NICU of public maternity hospitals.

METHODOLOGY

This is a qualitative, descriptive and exploratory study, conducted at the NICU of two public maternity hospitals in Feira de Santana, interior of Bahia, from September to October 2022.

This research was developed in accordance with Resolutions 466/12 and 674/2022 of the National Health Council (NHC)[7], in addition to Resolution 580/2018[8]. This research was approved by the

Ethics and Research Committee (CEP) of the State University of Feira de Santana (UEFS) under CAAE 58465622.7.0000.0053. All participants signed the Free and Informed Consent Form (FICF).

The participants were for convenience and composed of ten parents of premature babies hospitalized in the NICU, and we had as inclusion criterion: men aged over 18 years, whose children were hospitalized at least a week in the NICU and who have already made at least one visit previously, and as exclusion criteria: men with hearing impairment or communication difficulty, by the researcher's limitation to adapt the collection technique.

The contact with participants happened after the researcher went to the selected units, during visiting hours, and through the eligibility criteria the researcher selected the elective parents.

Semi-structured interviews were conducted in a private environment in both maternity hospitals, strategically during visiting hours and weekends, since on weekdays, most of the parents are working hours. When compared with mothers, they had more availability to stay in the maternity hospitals; because in both there is support for these children to accompany them during hospitalization.

For the data analysis, was adopted the Content Analysis of Bardin, which consists in a methodological technique of discourse analysis in which the researcher performs a detailed content of messages by systematic and objective procedures, in order to identify the meanings that are beyond the words that participants bring in their lines[9].

To preserve the anonymity and confidentiality of participants, these were coded by numbers, for example: P1, P2, successively until P10.

RESULTS AND DISCUSSION

Using the units of significance, the following thematic categories emerged: 1 -Understanding of prematurity by parents; 2-Meaning of the moment of the visit; 3-Activities of (de)connection between parents and children in the NICU; 4 -Difficulties that permeate the paternal visit; 5 -Faith and Religiosity in the context of NICU.

PARENTS' UNDERSTANDING OF PREMATURITY

The premature presents particular characteristics and that, associated with the fact that parents are not prepared for the birth of a child in advance, ends up becoming complex for the whole family when faced with a small NB, fragile and immature, different from that planned during the entire gestation period[10].

The abrupt birth, lack of knowledge about hospitalization and prematurity potentiate the fragility of the family, especially when faced with the unknown environment of the NICU, leading to imagine that something bad may happen to your child. As we can see in the following:

> "We didn't imagine that he would be born prematurely. So when we found out, it was really shocking because we thought that there was a negative side to being born at 6 months, so the parents get a little sad, right?" (P1)

> "You imagine that the child will be born and you will return home with it, right? Then an emergency like this happens (...) you are not prepared for this kind of thing." (P3)

On the other hand, according to P8, for him prematurity, although not desired, was expected once the mother suffered from gestational hypertension and it was foreseeable that she would not be able to reach pregnancy until 38 weeks. In this sense, due to advice and guidance from the team, the birth of the premature daughter for him was a moment of joy:

> "We already knew when she came here because the doctor said she would have her (the daughter) at 34 weeks due to her (the mother's) high blood pressure. We were here with this expectation, and then when it was Tuesday her blood pressure increased, Dr. X said he would do the procedure right away because the blood pressure would not increase again and he could no longer control it to do a cesarean.." (P8).

Because of this, the subjectivity of the subject is understood as a process and result, something broad and that constitutes the uniqueness of each person. It is considered, then, that each individual has his way of being, thinking and acting in the face of situations, since it has different historical and social context. Thus, each parent has an experience of prematurity that will reflect the individualities of each child and family context[11].

Being a father of an early creation causes a mixture of feelings, such as insecurity, suffering, impotence, in addition to the desire to be born at normal gestational age and guilt for the child is experiencing hospitalization, as can be seen from the following:

> "There's a risk of your child being born prematurely, right? There are complications, he has to stay in the ICU until he gains weight (...) so we feel a little insecure, right? It's still anxiety that (...) something will happen and there will be a problem. But he came, right? We can't stop anything. (P4).

> "I think we could wait a little longer, right? If he gave me some medicine to hold it in, it would help more. I still told him, but he said he was going to do it anyway (the birth). " (P2).

In this context, it is mentioned that the parents' feelings about the arrival of the premature child caused them fear, sadness and weakness regarding the state of the same, and subsequently, feelings of surprise regarding the birth[12].

It was possible to see that the parents identify the premature baby as a very small, fragile, delicate being. In this way, they find in them the strength to experience and overcome hospitalization, as evidenced by the following speech:

> "I see her so small [...] since she was born underweight, I feel a bit sad, right? But with that, you start to gain strength for things." (P6).

While P6 recognizes fragility, it finds forces to overcome the context of hospitalization. In these circumstances, the nurse plays an important role to humanize the care of the RN and his family. Through a holistic and easy-to-understand communication, it should clarify doubts, ease feelings of fear, insecurity and uncertainty in order to promote adequate care for the premature child and his family[12], taking advantage of the moment of each visit of this parent to the sector.

MEANING OF THE MOMENT OF THE VISIT

In the face of the unexpected birth of the premature and the rupture of the bond between the family and NB, the moment of the visit can re-establish this bond. From the speech of the participants, it is noticed that the visit is marked by joy and happiness, since parents use this time to be close to their child, see him, talk and even play.

> "The moment of visiting means everything. Because, since we are here in the ICU, we are not having direct contact, right? So we always have to come and visit... It is exciting to be able to come and see your child, to know that he is well, that he is progressing, right? So it is a very good moment." (P 1)

> "It's very important... when I get there I see that she feels our presence, she opens her eyes, she starts moving her feet. It's a special moment for us." (P 8)

The speeches reveal the feelings that surround the moment of the visit and reinforce the need for the neonatal unit team to intervene in order to prevent or mitigate separation, collaborating so that the attachment relationship does not deconstruct. It should also facilitate the interaction of these parents with the team, making them feel free to ask about the child's situation[13] and realize that professionals are welcoming them and available to help.

Another significant concern revealed in the interviews was the desire of parents to remain in the neonatal unit environment, to protect and give affection to their child, signaling how important physical presence is for the recovery of the NB:

> "I thought it was good (the visit time) now like this (...) the father could spend more time with his son (...) not being able to have just one hour of visit and then leave (...) I think he could stay a little longer, right?" (P2).

> "There should be more time, right? Visiting, right? Very little [...] the father has to be close to the son to get used to the father." (P5).

Although the parents' right to stay with their hospitalized child is guaranteed by the statute of children and adolescents - through article 12 of Law no 13.257 of 2016[14] - in many hospital units this right is not yet fulfilled and the paternal presence becomes limited to the hours of hospital visits[15].

The care and guidance provided to the family by health professionals is essential for the condition inherent to prematurity. Therefore, the following statements explain that for some, such as P2 and P3, the needs of babies and families were potentially met; for others, such as P4, this communication occurred only when they were asked:

> "He explained everything very well, I liked it. Everyone was very polite, very communicative (...) While I was there, about four of them came, talked to me, looked at the child. One of them checked the heartbeat, another came to change the diaper.." (P2)

> "They explain even because we ask too, right? Even the noise that happens, what they're drinking, what they're eating and so on (...) we always ask and they explain even more than necessary." (P4)

On the other hand, when there was dialogue and communication between some health professionals and the father-family in care, it allowed the formation of the bond and trust between both and, consequently, the success of shared care, as the following talks reveal.

> "I've already spoken to the social worker (...) since the first day I arrived here they've already given me help." (P6)

> "The team that takes care of all the care, is on top of it all the time, informs what they are doing (...) today I asked what that arrow going down was, the numbering and she told me (...) congratulations, ten out of ten." (P7)

In this context, communication is essential for better assistance to the family that is experiencing a process that can result in stress and suffering. For this, the nursing team, by having a closer contact and longer with this family, needs to recognize communication as the basis of interaction and as a strategy promoting approach and care[15].

DIS(CONNECTION) ACTIVITIES BETWEEN PARENTS AND CHILDREN IN THE NICU

When entering the NICU to visit their children, some parents recognize the importance of taking care to get to bed and put them into practice. On the other hand, due to ignorance and/or lack of information by the team, others are unaware as reported in the following statements:

> "When I arrive, they tell her to wash her hands, then put on the mask, change her clothes, put on the cap, and then I go there (...) I talk to her, play with her, give her affection. That's what my daughter needs, right? Love and affection."(P2)

> "Upon arrival, there had to be someone to guide you, right? When I arrived at the room, I didn't know what the procedure was (...) I didn't know that I couldn't enter just any way I wanted and I arrived wearing the same clothes because I didn't have any guidance." (P5)

Therefore, at the time of the first visit it is essential that there is a nurse-family interaction, since this is, in general, the first professional to receive and support parents. It is necessary to consider their opinions, questions and feelings in order to build effective interactions, share care and guidance.

The lack of information and prior knowledge regarding the NICU and uncertainty about the true state of health of the RN are aspects that generate insecurity and fear in parents. Thus, the family members consider it as a frightening environment[16].

> "Eu observo o aparelho que tem né? Que marca o coraçãozinho [...] essas coisa, fico observando. Passo um tempo olhando ele se alimentando, brinco com ele." (P1)

From the following lines, it could be inferred that touch has a special meaning for parents, since in some cases the NB is in the incubator, with contact restriction, and touch is a way of feeling the child, to realize the existence and establish a physical bond with your child.

> "When I come to visit her, that's all I do... play with her, give her affection [...] I wanted to carry her (pick her up), but I don't think I can.." (P2)

> "I keep talking to her, playing (...) she doesn't respond, but she listens (...) just now she opened her eye, moved her hand (...) because she's in the incubator, there can't be any contact (...) she (health professional) opened the remaining door and let me just touch it quickly, it was good. " (P8)

Thus, parents reveal the importance of touch for a real bond and yet, they draw attention to how they perceive the children's response to this touch, whether by opening their eyes, by moving their hands or feet, or even in establishing a respiratory pattern.

The presence of parents in the NB reduces their exposure to discomfort and stress. Touch, body and non-verbal communication are also shown as protective factors for the child's development and therefore should be considered therapeutic[17].

However, in other situations, the feeling of fragility made parents feel fear to harm the child leading or not inhibition to touch their children. As we can see in the speeches of interviewees P3 and P4:

> "The nurse even changes her diaper (...) I didn't even ask if I could do it (...) maybe it's a father thing, but I'm afraid of hurting her." (P3)

> "Today she taught me how to hold him because I was scared (...) scared, right? Because he's really small. "(P4)

It is important to note that the nursing team has an essential role in supporting this approach, in promoting the bond between parents and children, so that the stimulation of touch translates into an important exercise for the beginning of attachment formation.

Another aspect observed was the fact that the parents, after knowing the environment and realizing that the RN was receiving all the necessary treatment, felt safe to entrust the child's care to the health team as shown in the following speech:

> "I follow everything (...) I see the team treating her well, giving her medication at the right time (...) they are doing all the necessary procedures so that she can improve her acceptance of food and the whole team is to be congratulated." (P9)

In this context, health professionals should be careful when providing information since the impact caused by news can both help and hinder the approach of parents to the baby, interfering with and delaying the formation of attachment, or, making it difficult to face the adversities arising from the birth of the child and its consequent hospitalization[18]. It is important that professionals are aware of what can contribute positively or negatively in this process.

DIFFICULTIES THAT PERMEATE THE FATHERLY VISIT

Regarding the labor bond, five are self-employed, two have a signed license, two work on contract and one is unemployed. On marital status, four married and six, single. Thus, it is evident the difficulty of parents to perform visit at a specific time, since some of them do not have release from work; others, although they can leave work to perform it, because they are autonomous, challenge the

reduction of production; the others are either on vacation or are away from work or have left to accompany their child in the NICU.

Having a premature child is a challenging experience that changes the family dynamics, and in addition to hospitalization, can generate an interruption in the regularity of family life, constituting a moment full of difficulties, frustrations and fears, requiring a series of decision-making that, normally, the family does not have enough maturity to face this problem[17].

Reconciling visiting hours with work is challenging and makes some of the parents unable to visit their children continuously or, in some cases, stop working to accompany your child who needs their care. Soon, from the following statements are evident the difficulties encountered by parents and family in front of hospitalization of the NB in the NICU:

> "The company does not allow us to make the visit and we are the ones who lose out." (P5).

> "She (the mother) is self-employed, right? She has her own business (...) so it's a bit impossible to work. And also in my case (...) at work, I'm responsible for a lot of things, so I can't take time off because I'm the only one who resolves some situations there. In a way, it gets in the way a bit, right?" (P4).

These statements corroborate the findings of the study by Santos, which points to the frequent difficulties of families that need to accompany their children in the NICU due to working hours. In addition, in some cases, you need to leave another child(s) at home who also need assistance[19].

> "Everyone's routine has changed (...) I have a 7-year-old daughter, her performance at school is slow, she's acting up to get attention, she wants to meet her brother (...) it's difficult, difficult."(P5).

The family seeks to adapt to this new reality and tries to reorganize itself to face the experience of living and living with a hospitalized NB, trying to rebuild its identity as a family group. This situation involves feeling of vulnerability and emotional readjustment that requires time[20].

The distance and the displacement to the hospital are often referred since most of the parents are from another city, need help transportation to carry out the visit and sometimes do not find, making them use their own resources, even if they do not have the financial conditions as stated below:

> "Just living far away (...) I go and come back (...) I've already come twice on my own and the mayor there is releasing the car for me to come (...) when the secretary's car is occupied I come on my own." (P8)

> "The difficulties I feel from there to here are a little bit more because of the distance, right? (...) I have to pay my own money to come, take the car from there to here. (...) I've already gone, I've already come back, I took my wife back and now here again." (P9)

Another aspect mentioned by some parents is that of "not doing anything", no significant care for your child, showing the insufficiency of guidance and support on the actions of care by the health team, and, at the same time, keeping the family in a zone of insecurity and not involvement with the neonatal environment, as demonstrated by the following passages:

> "I talk to her, play with her, give her affection (...) help her bathe, change her diaper, only my wife (...) and they're in there." (P2)

> "I just stay with him for a little while, talk, smell, hold him, cuddle him (...) basically that." (P4)

The nurse is indispensable in strengthening the bond between the family and the premature newborn. In this sense, the nursing team is the link of approximation of the family with the NB, because through interaction with members of the health team and care provided to the child, parents see themselves within the hospitalization process of the same, valuing the care and dedication of professionals and, thus, building a partnership relationship[21].

Although most parents bring the communication as efficient, contradictory, other parents associated a communication permeated by difficulties:

> "Sometimes you see a nurse who talks more, sometimes she leaves and there's another one who doesn't talk as much, you know? (...) The monitor is even turned off (...) Until then, she only said that it was defective but she didn't explain to me what it's for, what it shows and so on (...) they don't explain those details." (P3)

> "I was the one who had to ask everything (...) The nurse and the doctor weren't around (...) I was asking the mother for an explanation (...) The father also has to be aware of what's going on." (P5).

The inclusion of families in the routine of the NICU is not an easy process to be established, especially when care in an intensive unit concentrates on a series of specialized procedures and techniques, may be intensified by the difficulty of some nursing staff professionals to try to meet the parental demands[22,23].

From the speeches of P3 and P10, we can see the inefficiency of communication between the health team and parents, causing them not to have a prior orientation about the dynamics of the unit and the child's health status, making the visit a moment to just see the NB, without stimulating the bond between father and son:

> "Until then, when you arrive, you don't know anything, right? (...) you just go into the little room and don't know how it works (...) at first, no one explained anything to me, but then they came and explained it to me (...) a nurse and such (...) every day a report comes out, and the doctor gives more details, you know? What the procedure was, if it's okay or not." (P3)

> "No one has explained anything to me yet. I went there just to visit." (P10)

In the first moment of interaction with the family, it is necessary to favor the other's speech, so that he can express his doubts and uncertainties about the NB. The team, especially nursing, should respond to questions and wishes in a clear and concise way, providing the interaction of the newborn with his family, but respecting the time and individuality with which[24].

Based on the speech of P1 can understand the dissatisfaction of the assistance provided by the team since they offered a misinformation and when called to provide hospitality, which was presented as "abnormal", is treated with ignorance and humiliation:

> "I feel weak (...) like the saturation is something that should be at most 84, sometimes it gets to 70, 72 and we call the doctor, the nurses, they think it's normal (...) then we get a little nervous, stressed (...) if the doctor himself came to say that the normal is 84 then when it gets to 80 I have to signal (...) we signal and many of them don't cooperate, they don't help, many are ignorant, you know? (...) right, because we need to be humiliated (...) a lot of the time we are humiliated!" (P1).

Thus, it is pointed out that to achieve success between humanization and reception, health professionals need to strengthen contact, communication, bonding and value users, because when talking and listening to their demands, enable the resolution and integral care[25].

FAITH AND RELIGIOSITY IN THE CONTEXT OF THE NICU

One of the main sources of support that accompanies the parents of premature NB admitted to the NICU is faith and hope. Of the study participants, four were Catholic, four evangelical, and two, non-religious.

In the face of difficulties encountered with prematurity, faith and hope presented themselves as a strategy for coping. In view of this, the hope for the recovery of the child is expressed by belief in a divine figure and faith as something comforting to parents, since through it they are able to endure suffering[26].

> "You have to have a lot of faith in God (...) Faith moves mountains, you have to have faith for everything, right? I was worried about prayer all the time (...) and thank God everything is working out." (P2)

For the family, the hospitalization of the NB is marked by uncertain and doubtful feelings, which may be associated with suffering and pain, but also represent the possibility of healing and victory. Therefore, each parent goes through this process of adaptation in a unique way, since they are unique individuals with different life histories and experiences[27].

> "For me it's a victory because of what's happening to her and the progress she's making in this situation (...) it's a victory! She's improving every day." (P9)

> "The one that was further ahead didn't arrive in 6 months and this one arrived in almost 8 months, right? This is a moment of joy, of celebration, right? Faith is everything. It has a lot of influence... if it doesn't have him (God), none of this will move forward." (P8)

It is observed that the most positive feelings arise after some time of hospitalization, when parents begin to understand their child's situation and realize that the NICU is an environment for recovery from life. At this time, they are able to get closer to their children and have confidence in the health team.

Once the neonatal environment and the following speeches are observed, it can be evidenced how much faith demonstrated by families is vital to mean prematurity and experience hospitalization. Furthermore, cultural beliefs and values influence the patterns and expressions of care and health; interfering with how these parents understand the prematurity and process of hospitalization[17].

> "You have to have faith for everything, if you don't have it (...) Without God, don't even try, that's the saying." (P2)

> "For me, faith in God is the most important thing (...) Faith influences more than 100% at this moment." (P7)

When health professionals are unable to help the family experience hospitalization in a less traumatic way through reception and communication, this generates negative feelings in the family about the care of the professionals, and leave them far from the care of the child. Once again, the educational factors are evident and may interfere with care, as reported below:

> "Since he was born prematurely, right at the beginning there was a situation where his stomach was kind of swollen, right? So the doctor mentioned several things that could have happened, and I think faith comes into play, right? We can be sure that we serve a God who has all the power and who can work in our favor (...) The next day all the swelling in his belly stopped (...) So I think faith gives us the certainty that everything will end well." (P4)

In a previous study, educational intervention with participatory video was highlighted as a good strategy for humanizing the care of mothers of newborns. It is noteworthy that when the family member trusts the team, this feeling passes, as a reflex, to the child, and to the extent that there is a positive interaction between family and team interferes with the best possible care[28,29].

The importance of prayer as a strategy to face the illness of the child is important. So, when held in self-help groups, it works as support, strengthening the faith of the participants. In addition, the simple exchange of experiences on the use of prayer, the benefits and sharing of difficulties in the spiritual plane make parents feel welcomed, as experienced in the speech of P3.

> "Regardless of each person's religion, in this difficult time, her family (wife) and mine are united and we send prayers and positive energy so that she recovers soon. Whether they are Catholic, Christian or spiritual, they pray as each person understands and I accept this as positive energy." (P3).

In this context, it is noticed that the spirituality in the intensive care unit environment is quite remarkable and seen by parents as a way of coping with the premature birth and the child's hospitalization in the NICU. That said, it is necessary to consider spiritual practices as a form of health promotion strategy[30].

PRACTICAL IMPLICATIONS

The study made it possible to apprehend that neonatal care centered on the family is still incipient, demonstrating the need to expand strategies of support to parents, enabling greater respect for human rights and in the provision of individual and integral care for all members.

This research points out the need for further study on assistance aimed at the father of NB admitted to a NICU, in the training of health professionals, in order that they may have greater preparation to face with the family, especially the father, this delicate moment. In this sense, other research is suggested to deepen this theme.

Thus, it allows to rethink the care provided and what the team can insert in a systematic way to enable parents to be active in the process of care, co-participants in the process of growth and

development of premature from birth, offering a more safe and humanized assistance and that prepares them for the discharge gradually.

CONCLUSION

When it comes to prematurity, most parents did not imagine that the child would be born before time, mostly with reports of having been a shock to receive the news suddenly. Feelings such as sadness, uncertainty and insecurity are described by the parents and it was possible to realize that the moment of the visit is marked by positivity and good things, take advantage to be close to the child, talk and even play; still associate the NICU as a desperate and stressful environment.

It can be observed that the hospital where parents have free access, they face less difficulty in performing the visit, since they do not need to leave work at a specific time. In the institution where the visit takes place at the stipulated time, parents reported certain problems regarding the work hours and sometimes not having the release to carry out it. In addition, most of them reveals the distance as a hindrance, since most of them were from another city.

According to the interviewees' statements, it was possible to see that among the activities carried out by parents during the visit, it is necessary to supervise how and what the team does with their children. Thus, when oriented and well assisted, they demonstrate confidence and safety in the professionals and this favors the recovery of premature. On the other hand, when this does not happen, insecurity on the part of parents increases, thus making it difficult to provide assistance.

It is noted that faith in God is prevalent in the speeches of the participants. Even through this difficult time, most of them mentions believing that everything will be okay and that the son will go well. Through prayer, they trust in the evolution of children and feels grateful when receive news of improvement and evolution of the clinical picture.

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