Challenges and strategies for continuing the Kangaroo Method in the COVID-19 pandemic

Desafios e estratégias para dar continuidade ao Método Canguru na pandemia de COVID-19

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Beatriz Valim Egito do Amaral
Graduated in Nursing
Institution: Escola de Enfermagem Alfredo Pinto da Universidade Federal do Estado do Rio de Janeiro (EEAP – UNIRIO)
Address: Rio de Janeiro - RJ, Brasil
E-mail: beatrizvalim.egito@gmail.com

Gabrielle Ferraris Rasga
Graduated in Nursing
Institution: Escola de Enfermagem Alfredo Pinto da Universidade Federal do Estado do Rio de Janeiro (EEAP – UNIRIO)
Address: Rio de Janeiro - RJ, Brasil
E-mail: gabriellerasga@gmail.com

Izabella da Silva Pinheiro
Graduated in Nursing
Institution: Escola de Enfermagem Alfredo Pinto da Universidade Federal do Estado do Rio de Janeiro (EEAP – UNIRIO)
Address: Rio de Janeiro - RJ, Brasil
E-mail: izabelapinheiro@live.com

Fernanda Garcia Bezerra Góes
Doctor in Nursing
Institution: Universidade Federal Fluminense (UFF) - Campus Rio das Ostras
Address: Rio das Ostras - RJ, Brasil
E-mail: ferbezerra@gmail.com

Bárbara Bertolossi Marta de Araújo
Doctor in Nursing
Institution: Universidade do Estado do Rio de Janeiro (UERJ)
Address: Rio de Janeiro - RJ, Brasil
E-mail: betabertolossi@gmail.com
ABSTRACT
Describe the challenges faced and strategies applied by healthcare professionals for the continuity of the Kangaroo Method during the covid-19 pandemic. Qualitative research was conducted using a virtual form from October 2020 to February 2021. Was obtained the participation of 26 health professionals who developed actions of the Kangaroo Method in the Brazilian territory. The data was subjected to thematic-categorical content analysis. Two categories emerged: Changes and Challenges for the Kangaroo Method in the pandemic setting of covid-19; and, Strategies for overcoming and continuing Kangaroo Method practices in times of covid-19. The pandemic generated changes in neonatal care that could weaken the good practices of the Kangaroo Method, such as welcoming, family-baby contact, and parental participation in care. Overcoming strategies were evidenced, such as using technology to mediate interaction with the family and the continued investment in breastfeeding.

Keywords: kangaroo-mother care method, COVID-19, pandemics, health care professionals, infant, premature.

RESUMO
Descrever os desafios enfrentados e as estratégias aplicadas pelos profissionais de saúde para a continuidade do Método Canguru durante a pandemia de covid-19. A pesquisa qualitativa foi realizada por meio de formulário virtual de outubro de 2020 a fevereiro de 2021. Obteve-se a participação de 26 profissionais de saúde que desenvolveram ações do Método Canguru no território brasileiro. Os dados foram submetidos à análise de conteúdo temático-categorial. Emergiram duas categorias: Mudanças e desafios para o Método Canguru no cenário pandêmico da covid-19; e, Estratégias de superação e continuidade das práticas do Método Canguru em tempos de covid-19. A pandemia gerou mudanças no cuidado neonatal que poderiam enfraquecer as boas práticas do Método Canguru, como o acolhimento, o contato família-bebê e a
participação dos pais no cuidado. Foram evidenciadas estratégias de superação, como o uso da tecnologia para mediar a interação com a família e o investimento contínuo no aleitamento materno.

**Palavras-chave:** método de cuidado mãe canguru, COVID-19, pandemias, profissionais de saúde, bebê prematuro.

1 INTRODUCTION

The rapid spread of a new viral infection, titled *coronavirus disease* 2019 (COVID-19), caused by the *severe acute respiratory syndrome coronavirus* 2 (SARS-CoV-2), has prompted the World Health Organization (WHO) to make public a state of international health emergency in early 2020. The virus has spread rapidly worldwide and is highly contagious, transmissible via respiratory droplets, person-to-person, or direct contact. (ANVISA, 2020). Thus, the pandemic occurred facing the unknown, with a high rate of infected people, triggering an overload of the health systems, making it necessary to implement prevention and control measures to contain, as quickly as possible, the spread of the virus. (PROCIANOY et al., 2020)

Faced with the global crisis, amid a lack of scientific evidence and the constant change in care protocols to avoid exposure and contamination, principles of care and humanization were put at risk, fostering a challenging scenario for all areas of health care, including neonatal care. (LU & SHI, 2020) It is noteworthy that when addressing the scenario of humanized newborn health care, it is valid to ratify that more than three-quarters of preterm newborns (PNEB) can be positively affected with feasible and cost-effective care through the balance related to physiological support, the advancement of technology, and implementation of humanized care practices such as skin-to-skin contact and Kangaroo Method. (WHO, 2018)

Created in 1979 in Colombia and initially called Kangaroo Mother Methodology, placing the PNEB and low birth weight in skin-to-skin contact on the mother's, father's, or other family member's chest has spread through several countries with excellent results. (ZIRPOLI et al, 2019) In Brazil, by ministerial order MS 693/2000, the methodology has become a strategy for humanized care to the low-birth-weight newborn, adding practices of impact for this neonatal population, such as neuroprotection, care promoting family participation and safety.

The repercussions of practices such as family presence in the Neonatal Unit, skin-to-skin contact, environmental control of light and sound, posture adequacy, and support for
breastfeeding to promote the mother-baby bond are emphasized. Therefore, the Method influences these children's integral early childhood development and exposes them to the inherent vulnerabilities and risks of intensive care, prematurity, and low birth weight. In addition to child development, there are proven benefits for the family, the institution, and society. (BRAZIL, 2017)

However, the uncertainties imposed by the global pandemic have affected the approaches and good practices of the Kangaroo Method to minimize contamination risks for the family, newborns, and staff. The protection measures have increased the fear of the repercussions for the health of newborns and families since, because of them, part of the good practices of the Method, an assistance whose essence carries the direct contact to effect its benefits to the mother-baby binomial, could not be implemented. (BRAZIL, 2020)

Attentive to the relevance and the scarcity of scientific evidence in the literature, the importance of challenges exploration and coping strategies for the implementation of good practices recommended by the Kangaroo Method in Brazil is justified since it has come to be seen as a risk, coupled with the context of multidirectional tension (social, political, economic and welfare) established by the spread of SARS-Cov-2. Knowing these challenges and strategies can help in facing new adverse epidemiological scenarios to maintain practices of evidence for the quality of newborn development.

Therefore, the present study aimed to describe the challenges faced and strategies applied by health professionals for the continuity of the Kangaroo Method during the covid-19 pandemic.

2 MATERIALS AND METHODS

2.1 ETHICAL ASPECTS

The study was approved by Research Ethics Committee under Resolution 466 of December 2012 of the National Health Council, which regulates research with human beings. All participants voluntarily agreed to participate in the research through the Informed Consent Form, adapted to the online model employing a digital platform and available through a file made available to the participants after guaranteeing anonymity and presenting the information about the research objectives.
2.2 TYPE OF STUDY

Descriptive and exploratory research with a qualitative approach. Descriptive research aims to establish relationships between variables, and exploratory research aims to provide more knowledge of the problem, making it more explicit. In this way, the steps of the research method intended to obtain a satisfactory data collection for understanding the theme within the specific scenario, raising hypotheses and questions likely to foment provocations and possible answers. (GIL, 2002)

2.3 METHODOLOGICAL PROCEDURES

The study was conducted from October 2020 to June 2021. Was used the non-probability sampling technique, snowball recruitment, known as snowballing. The technique consists of locating key informants, or seeds, who make it possible to communicate the reference chains, disseminating the research for exploratory purposes. (VINUTO, 2014)

2.4 STUDY SCENARIO

The study was developed digitally and proceeded by sending an invitation letter through e-mails and private messages on social networks to potential participants, included in the target audience of the research, namely health professionals in the national scenario, active in the Kangaroo Method during the covid-19 pandemic. This audience was reached through the research team's social media pages. The choice of digital media is justified by the restrictions imposed by the pandemic and the possibility of finding key informants active in the neonatal context with a possible network of contacts.

2.5 DATA COLLECTION AND ORGANIZATION

Data was collected by applying the form available in the virtual platform for creating "Google Forms," obtaining 38 responses. Of these, 12 returns were from professionals who did not meet the inclusion criteria in the initial questions on the form, which only allowed those volunteers who met the criteria to proceed. There were no dropouts or refusals from any of the participants.

The final sample was then composed of 26 participants who met the following criteria: being a health professional; working with the Kangaroo Method in any of its stages during the
research period; being part of a multidisciplinary team that implements some of the Kangaroo Method stages during the research period; having at least one year of experience in the service that implements some of the Kangaroo Method stages. The exclusion criteria were professionals who were away from the service for more than a month and those reassigned to units other than the neonatal units during the collection period.

The composition of the data collection instrument included three stages divided into screening and delineation of the public, characterization of the participants, and a questionnaire specific to the theme. The inclusion and exclusion criteria were applied in the first stage of the instrument, and in this stage, those whose profiles did not match the profile sought to participate in the research were subtracted. In the second stage, the characterization of the participants comprised information related to gender, age, professional category, state of work, time of professional training, specialization, institution to which it is linked, sector of work, time working in the sector, Kangaroo Method stage in action, qualification and training in the Kangaroo Method, and training for the neonatal scenario in the pandemic.

The third part included semi-structured questions related to neonatal care regarding the challenges and strategies in the development of the kangaroo method in the face of the covid-19 pandemic: What are the main challenges experienced in neonatal care in the current pandemic context; What are the main changes experienced in the development of the kangaroo method in the professional's place of work, in facing the pandemic; In the scenario of performance, what has been possible to develop the following pillars of the kangaroo method: Welcoming and communication with the family, skin-to-skin contact and the mother-baby bond, breastfeeding, humanized care, and parental participation in care; In your reality, what strategies to overcome the challenges have been carried out by the team for the humanized care of the low-birth-weight newborn in the face of the covid-19 pandemic.

A pilot test was conducted with the instrument for editorial adjustments and was not included in the study results. After the collection began, the platform allowed the organization of the data in spreadsheets, enabling the separation of each corpus of analysis and the identification of each answer by alphanumeric codes composed of the initial letter of the professional category and the order of entry into the research, ensuring anonymity and following research ethics procedures. Thus, the letters represent the following professional categories: E - nurse; T - nursing technician; A - social worker; M - physician; F - physical therapist.
2.6 DATA ANALYSIS

All material resulting from data collection was submitted to Content Analysis, Thematic-Categorical modality. Such a method facilitates reaching a deeper level of the theme to allow a more reliable analysis for the construction of the research. (OLIVEIRA, 2008)

The processing of its stages ensures the pre-analysis and the exploration of the content, where it is possible to translate the raw data systematically with the definition of the units of records (UR), enabling the detailed description of the content pertinent to the research. With the UR established, the flow of the methodology makes the association of these units build broader themes, the units of meaning (US), which are divided and quantified to enable the interpretation of the relevance of each one to structure the categories. Thus, the methodological path encompasses, in the first moment, the floating reading of the text followed by the definition of provisional hypotheses; determination of the registration units; definition of the meaning units or themes; thematic analysis of the UR, and categorical analysis of the text to finally culminate in the treatment and discussion of the results focused on the object of study. (OLIVEIRA, 2016)

Data saturation was confirmed by the research team, considering the absence of a new US in the analysis of the last five corpora, culminating in the interruption of data collection.

3 RESULTS

Among the 26 research members, the majority are female (24), aged between 22 and 54 years, with a mean age of 34 years and a time of training ranging from 4 to 26 years, with a mean of 13.5 years. Regarding the professional category, responses were obtained from nurses (11), physical therapists (6), physicians (1), social workers (1), and nursing technicians (7); working in the sectors of Neonatal Intensive Care Units - NICU (12); Neonatal Intermediate Care Units - NICU and Kangaroo Neonatal Intermediate Care Units - KICU (7); Mixed Intensive Care Units - Neonatal and Pediatric (6) and Human Milk Bank (1), mostly from the public network (23).

Concerning the state of operation in Brazil, the members come from Rio de Janeiro (7), Amazonas (2), Federal District (3), Ceará (1), Paraná (2), São Paulo (10), and Bahia (1), implementing mainly the first stage of the Kangaroo Method (14), according to the Brazilian proposal. (5) When asked if they had the training to act in the neonatal setting during the COVID-19 pandemic, most (15) indicated they had never had previous training. However, 22 of the participants declared they had training in the Kangaroo Method, thus suggesting that even with
training to act in the three stages of the Method, ensuring the rise of its pillars, most would not have been trained for the new recommendations and protocol changes to the national epidemiological context.

The corpus analysis resulting from the participant’s responses to the form resulted in 25 US. The recurrence of these units in each corpus was mapped, resulting in 144 UR. Following the frameworks proposed by the analytical framework, the US and the recordings were organized by convergence into two thematic categories, the first category being composed of two subcategories. The following are the results established according to the categorization mentioned earlier.

**Category I: Challenges for the continuity of the Kangaroo Method in the covid-19 pandemic scenario**

The first category was the most expressive in the study, consisting of 74 UR, arranged in 15 US. This category revealed the difficulties encountered by professionals in developing the good practices of the Kangaroo Method, highlighting the changes related to care that involve family participation and the challenges related to the work process in the face of the pandemic context.

On the themes from this category, the possibility and relevance of highlighting two subcategories emerged, intending to emphasize the repercussions of these challenges in the work process and for the newborn's family. Subcategory A presents 48 UR in 8 US, while subcategory B contains 26 UR distributed in 7 US.

**Subcategory A: Challenges related to the family during the application of the Kangaroo Method**

The health professionals mainly emphasized the limitation of family participation, emphasizing restrictions for the father and other members. Due to the protocols of distancing and restriction of visits or reduction of schedules, this is more related to the fear of contamination in the intensive care environment than institutionalized through standard operating procedures. Such limitations impacted the reception, family-baby contact, and skin-to-skin contact, as highlighted in the following fragments:
The teams are scared and restrict the presence of the father and sometimes even the mother; we must always intervene in this aspect. (A1)

Since our ICU is mixed, reducing the extended visiting hours was the first impact. (E9)

The non-participation of more family members and only being able to have the presence of the father or mother at the moment of skin-to-skin contact. (T7)

It's much to be desired; an effective welcoming job is not happening. (T1)

In the context of the Kangaroo Method, facing the pandemic, the professionals pointed out the difficulty in maintaining the mother-baby and professional-family bond amidst the restrictions. Even mothers’ necessary wearing of masks was highlighted as limiting interaction with the baby, considering that smelling and kissing strengthen attachment bonds.

I observe greater difficulty in maintaining the mother’s bond with her child and the professional with the family. (F1)

The use of the mask by mothers, who cannot even smell their baby's scent. (T4)

Keeping the mother in a mask... it's almost automatic; they take it off to smell their baby. (T6)

Moreover, the pandemic impacted the structure and process of care, resulting in the closing of the space where mothers could stay as companions and losses in the continuity of outpatient care, as highlighted in the excerpts below:

The end of housing for mothers makes it very difficult to apply the method. (E4)

Lack of accompaniment of the mothers for not having a place to stay. (E10)

The outpatient follow-up was hindered by the difficulty of the families to go to the consultations (E5)

**Subcategory B: Challenges related to the work process and the epidemiological context**

The participants recognized major obstacles in the work process considering the context of profuse global tension, a scenario that influences all health care. They highlighted the concern with the risk of contamination of the newborns by the mother, considering their greater exposure in public places and the lack of standardization to guide the continuity of good practices in this scenario, as highlighted in the following excerpts when asked about the most serious difficulties they face:
Expose the newborn to contact with the mother from a public place without concern for contamination. (T2)

Keep mother and NB together because of a greater chance of transmission and total permanence of the mother with the baby. (T5)

There was no standardization of best practices for pandemic care, only what we could no longer do. (E4)

They also emphasized the difficulty in maintaining the development of the kangaroo position during the pandemic due to the adversities imposed by the norms or protocols determined by the pandemic context.

We have decreased the kangaroo movement, placing only the extreme preemies. (T2)

The lack of adequate space makes the Kangaroo Method stage impossible inside the Intensive Care Unit by order of distance... it can't be done anymore. (E11)

If the child is confirmed COVID, doing the face shield kangaroo method is challenging. (T3)

**Category II: Overcoming Strategies for the continuity of Kangaroo Method Practices in Times of covid-19**

The second category revealed the possibility of continuity of practice and the strategies professionals use to overcome the challenges they experience in neonatal care, focusing on sustaining the basic principles of humanized care despite the need for restrictions. This category is made up of 69 URs conferred in 10 US.

The professionals participating in the research then pointed out the strategies that they carried out to overcome the difficulties already mentioned. They highlighted the distancing and biosecurity protocols; the use of technology for communication; discussing each case individually; and including parents even in times of restriction.

Distance between and sanitization of the mothers before and after applying the method. (E1)

Testing of all pregnant women in the municipality and use of the Ministry of Health protocols. (F3)

We give RN information to parents by video and audio call (A1)
First of all, empathy. Each case was analyzed, and the parents were offered more hours with the baby and other family members they wanted. (E6)

In contrast to the findings of the first category, professionals highlighted that, despite the difficulties, it was possible to maintain the continuity of breastfeeding support actions, the kangaroo method, dialogue with parents, and the presence of parents in the unit, taking turns.

There was no interference in this item (breastfeeding). When the baby can breastfeed as soon as it is performed, and when not, there is encouragement from the mother to milk the breast milk and offer it to the baby. (E11)

Encouraging the presence of parents, even if they can't stay together, and encouraging the exchange between them to promote guidance and bonding. (T7)

We avoid removing RNs from incubators but continue to perform the kangaroo method for mothers with availability and interest. (T2)

We have achieved a good dialog with mothers and fathers; parents are aware of the protective measures despite the pandemic. Only family visits to the babies have been compromised. (E11)

4 DISCUSSION

The main results of this study were challenges that significantly impacted the continuity of good practices recommended in the Kangaroo Method, with emphasis on the severe restriction of the mothers’ stay and visits of fathers and family in the NICU, resulting in reduced participation with consequences for the family bond. Faced with the challenging scenario, professionals highlighted strategies to overcome the challenges, such as using technology to communicate with the family, applying biosecurity protocols to ensure breastfeeding support, kangaroo position, and parental participation.

Although covid-19 infection in the newborn does not reflect severity in its clinical manifestation and the direct risk is not increased for severe complications, based on the few cases reported in scientific journals, the indirect repercussions of the pandemic have demonstrated increased complications for neonatal care. (SBP, 2020; RAO et al., 2021; DONG et al., 2021)

The restlessness in the face of the unknown and the impact of the initial uncertainty of the epidemiological context revealed itself as a challenge to the implications for the work process. More clarity about good practices and evidence-guided prohibitions and restrictions fosters
actions based on fear without in-depth elaboration. In this sense, the results of this study made it possible to detect the deficit of continuity in the application of the good practices of the Kangaroo Method, which proved to be far from the possibility of greater participation of parents and family; continuity of care after discharge; free access of parents to the Intensive Care Unit; development of educational actions and many other pillars on which the good practices of the method are based, which were referred to as limited by the pandemic context.

According to Rao et al. (2021) and Ionio et al. (2021), such evidence reported by the professionals in this research when they mention the concern about the continuity of the Kangaroo Method and the apprehension of a possible significant reduction of its plural practice due to the initial controversial restrictions, even after loosening of these. Global guidelines were conflicting and opted for contraindication or omission of skin-to-skin contact, however, over the months, the relevance of the practice of humanized care to the newborn was disclosed. (FREITAS, AVLES & GAÍVA, 2020) Current recommendations indicate the importance of keeping mother and baby together, even in case of suspicion or confirmation of covid-19; in this case, guidance is directed to using Personal Protective Equipment (PPE). (AAP, 2021; WHO, 2021)

Despite this, the results also pointed out the difficulty of including parents in the care process and the significant limitation of visits and hours that they spend with their children. The professionals exposed the great difficulty of the family's contact with the baby, including the father and mother, who, even when they can visit, do not have the possibility of free access. The technical note of recommendations for applying the method during the pandemic exposes the mother’s exclusivity in the kangaroo position, excluding the father as a participant. (BRAZIL, 2017)

The results of mother-father-infant separation can significantly influence the psycho-affective development of the family. The impact on the health of the preterm and low-birth-weight newborn in response to parental detachment is the opposite of that favored by the method as a whole. Its non-application may be associated with increased physiological stress for the newborn and negative feelings for the family, as highlighted in two scientific articles published in Italy and Spain. (IONIO, CIUFFO & LANDONI, 2021; ACEVEDO, BECERRA & MARTÍNEZ, 2017)
These studies also show that separation of the mother-father-baby triad interrupts the Kangaroo Method. It disfavors the reduction of crying, stress, anxiety, somatosensory stimulation, regulation of breathing, heart rate, and balanced glucose levels, postponing a possible hospital discharge and causing post-discharge disengagement at follow-up outpatient clinics. The latter is also highlighted as a challenge by the results of this research.

As observed by health professionals, the repercussion of not continuing care after discharge restricts the family support network. In addition, the lack of guidance for the family hinders outpatient follow-up, which may bring a deficit of health education, reduced monitoring of the child's development, early weaning, and disconnection from the network. (BRAZIL, 2018) The attenuation of the third stage is also highlighted by the study when only four professionals implement it and only one of these in a follow-up unit with exclusive work of this stage, pointing to a possible failure to ensure continuity and maintenance of the kangaroo position.

The study showed that breastfeeding was the least affected of the principles involved in the kangaroo method since its practice was encouraged from the beginning of the SARS-Cov-2 dissemination, despite a scarcity of scientific evidence. (CDC, 2020; SOBEP & ABENFO, 2020; BRAZIL, 2020) The weight of the multiple benefits of breast milk, widely documented as the best source of nutrition for newborns, consolidated its encouragement. However, difficulties related to the social obstacles experienced by families may hinder support for breastfeeding, such as the closing of the mother's housing units and discontinuing the Kangaroo Method. Despite the incentive, the negative repercussion related to the context can influence, even if indirectly, through the exhaustion of other synergic care to breastfeeding. (ROCHA & DITTZ, 2021; GÓES, 2020)

Another barrier was the need for more training for the new recommendations and protocol changes for the national epidemiological context in neonatal care. This result affirms the need for more basis for decision-making on what would be considered good practice in humanized newborn care, considering the need to consciously adopt effective measures to reduce SARS-Cov-2 infection but weighing the balance between risk and benefit.

A projection study estimated the potential impact of the covid-19 pandemic on neonatal care compared to scenarios of reduction or total discontinuation of the Kangaroo Method. It concluded that the benefit of providing the method is 65 to 630 times greater than the risk of a low-birth-weight newborn dying with covid-19. (MINCKAS et al., 2021) Therefore, when
considering the risks and benefits, the Kangaroo Method can be adaptable to any scenario, as long as the healthcare team grasps its importance and is properly trained for this neonatal care.

The professionals reported strategies to face the challenges they experienced since the recommendations were mostly based on experts’ opinions in each area. Even though good practices need to be grounded in scientific principles, the adverse context of the pandemic pushed professionals to develop immediate and variant responses according to the local scenario.

The professionals pointed out the strategies in this research more punctually, even with an optimistic perspective. In addition, the professionals highlighted the use of technology to enable effective communication with the family and the use of distancing and biosecurity protocols to overcome some of the barriers in neonatal care.

The literature was consistent with the results, highlighting the concept of family-centered care related to telemedicine and its application to solve the parents' detachment from the NICU. Studies show that this practice is not associated with a decrease in the postponement of neonatal discharge. However, to promote closer contact between family and baby, the use of technology has proven effective. (JOSHI et al., 2016; FRANK et al., 2019; OZAWA, SAKAKI & MENG, 2021)

It is valid that biosecurity protocols related to preventing transmission of the new coronavirus have become universal. The recommendations guide using PPE; respiratory etiquette; cleaning and disinfection; distance and physical barrier; hand hygiene, and training the team to handle these protocols. The results indicated that the professionals understood the importance of the protocols and emphasized their value for the continuity of humanized care. From this perspective, the benefit of prevention and control practices prove to be effective in reducing SARS-Cov-2 infection, which, however, when underestimated, have opened gaps in care for the newborn and his or her family. (ANVISA, 2020; SALVATORES et al., 2020)

The professionals also recognized the possibility of performing neuroprotective care and discussing each case individually as strategies to overcome the challenges in neonatal care within the adverse epidemiological scenario. The addition of biosafety care with the optimization of those previously institutionalized, such as minimal handling, a grouping of procedures, and use of PPE, has surfaced the hope of maintaining the quest for neonatal health care centered on humanized care, as is also put in an international article. (MINCKAS et al., 2021)
Based on the strategies, health professionals considered it possible to encourage parental participation in care, offer emotional support, encourage breastfeeding, welcome the family, and adopt the kangaroo position, even in a reduced and gradual way. Despite the circumstantial use of the strategies, the results and the literature confirm the concern with the intense interruption of the application of the good practices of the Kangaroo Method and the imbalance between the challenges and the overcoming of the barriers for its effectiveness, leading to the context for its reduction and permanence of the high neonatal mortality rate, as well as impacts not yet estimated on child development. (MINCKAS et al., 2021; OZAWA, SAKAKI & MENG, 2021)

4.1 LIMITATIONS OF THE STUDY

The limiting factors of this study were related to the difficulty of capturing participants and the lower density of responses obtained through an online form when compared to the greater potential depth in responses captured by interview. Such limitations are directly related to the difficulties imposed by the pandemic on human subjects research.

5 CONCLUSION

In the understanding of health professionals, the pandemic of COVID-19 has generated several changes in the neonatal care scenario capable of weakening the good practices of the Kangaroo Method. Challenges involving the difficulty of family-baby contact and parental participation, the risk of contamination, and the barriers to reception and communication were emphasized. Moreover, the lack of standardization of good practices in this adverse scenario, the prohibitions, and restrictions have fostered impactful actions in family care based on restlessness in the face of the unknown, highlighting the impact of the uncertainty of the epidemiological context.

On the other hand, there was evidence of overcoming strategies focused on individualized care, biosecurity protocols related to the prevention of transmission of the new coronavirus, and the use of technology to mediate interaction with the family and the continued investment in breastfeeding. Revealing the strategies implemented to enable the continuity of humanized care to the low-birth-weight newborn under the eyes of those directly involved in this scenario ratifies their concern with kangaroo care and family-centered care.
This study presents critical-reflexive contributions by recognizing and exposing the existing barriers in the Humanized Care of the newborn, making it possible to highlight the concern with the interruption of this care for the repercussion of neonatal care. Furthermore, it is considered that by emerging not only the gaps but also the strategies to overcome the challenges, it contributes to the optimization of the response of services facing adverse epidemiological scenarios and increasing the levels of health regarding the good practices of the Kangaroo Method.

Given the above, the results of this study enabled the understanding of the challenges and strategies that influenced Kangaroo Method care and may offer subsidies for improving processes in the face of future challenging epidemiological contexts to ensure the continuity of good practices that influence child development.
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