



Humanized care in neonatal services: role of the family member and impact on bonding

Cuidados humanizados en servicios neonatales: rol del familiar e impacto en el vínculo afectivo

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ABSTRACT

Introduction: neonatal care faces challenges due to the lack of family-centered policies and limited access to quality care; therefore, we proposed to analyze humanized care in neonatal services, as well as the role of the family during care and the impact this has on bonding. Method: a bibliographic review of scientific articles in Spanish, English and Portuguese was carried out, selecting 30 studies by means of convenience sampling. The sources consulted included MDPI, SCOPUS, PUBMED, SciELO and WILEY; the articles were organized in an Excel matrix and evaluated with the CASPe critical reading rubric. Results: humanized care in neonatology seeks to strengthen the bond between the newborn, his family and health personnel, promoting an affective and safe environment that favors the physical, emotional and neurological development of the baby, with the active participation of the parents as a key element in this process. Conclusions: the birth of a baby requires humanized neonatal care that favors both its health and that of its family. Birth complications and unequal access to care affect the family bond, so it is necessary to adopt more empathetic models, where the family is an active part of the care, prioritizing both medical outcomes and emotional well-being.

Keywords: Neonatology; Prenatal Care; Parents; Newborn; Humanized Care.

RESUMEN

Introducción: la atención neonatal enfrenta desafíos debido a la falta de políticas centradas en la familia y al limitado acceso a cuidados de calidad; por lo que, se propuso analizar los cuidados humanizados en servicios neonatales, así como el rol de la familia durante la atención y el impacto que este se produce en el vínculo afectivo. Método: se realizó una revisión bibliográfica de artículos científicos en español, inglés y portugués, seleccionando 30 estudios mediante muestreo por conveniencia. Las fuentes consultadas incluyeron MDPI, SCOPUS, PUBMED, SciELO y WILEY; los artículos fueron organizados en una matriz de Excel y evaluados con la rúbrica de lectura crítica CASPe. Resultados: el cuidado humanizado en neonatología busca fortalecer el vínculo entre el recién nacido, su familia y el personal de salud, promoviendo un entorno afectivo y seguro que favorezca el desarrollo físico, emocional y neurológico del bebé, con la participación activa de los padres como elemento clave en este proceso. Conclusiones: el nacimiento de un bebé requiere una atención neonatal humanizada que favorezca tanto su salud como la de su familia. Las complicaciones del parto y el acceso desigual a la atención afectan el vínculo familiar, por lo que es necesario adoptar modelos más empáticos, donde la familia sea parte activa del cuidado, priorizando tanto los resultados médicos como el bienestar emocional.

Palabras clave: Neonatología; Atención Prenatal; Padres; Recién Nacido; Cuidado Humanizado.

INTRODUCTION

The Pan American Health Organization (PAHO) points out that there are several critical challenges regarding newborn health in Latin America and the Caribbean, mainly focused on preventable neonatal mortality rates in developing countries, due to the lack of policies focused on family care, marked by inequalities in access to quality care. These conditions impact human and social development throughout life.(1)

In addition, it is estimated that in 2020, 13,4 million children were born prematurely, 900 000 children died due to complications associated with childbirth, making it challenging to implement basic interventions, such as the provision of warmth, skin-to-skin contact, and support for breastfeeding, which causes the disengagement of the family in care.(2)

In this sense, prenatal care is fundamental to prevent serious health risks and complications for both mother and baby, contributing significantly to the reduction of perinatal morbidity and mortality, considering that the absence of adequate care can increase the risk of complications and affect the health of the newborn.(3)

On the other hand, the educational, formative and experiential demands of the nursing staff in the neonatal intensive care unit (NICU), under the framework of humanization in care and its impact on strengthening the bond between the newborn and the family; this makes it necessary to implement conceptual modifications on the incorporation of the mother and father in neonatal care, focused on family and human dignity.(4)

However, the admission of neonates to critical care services represents an intensely stressful, emotionally challenging experience for the parents, as well as, in many cases, for the health care staff. In this context, parents need constant support at three fundamental levels: informational, emotional, and practical, which requires

the transformation of policies that enable the participation of the family in the process of care during the hospital stay.(5)

On the other hand, the immune system of neonates, especially in premature infants, is vulnerable to infections due to reduced cellular activity, underdeveloped complement systems, predominant anti-inflammatory responses and lack of pathogenic memory, this increases the risk of infections in this vulnerable population; therefore, the integration of the family is an inherent reality in surveillance and follow-up, considering that these high demand services, complexity for health personnel.(6)

The family-centered care approach considers several factors that may impact its proper implementation. These include stress and anxiety experienced by family members, as well as barriers in the exchange of information, cultural differences, and religious beliefs. Additionally, human resource shortages, restrictions on family access to the unit, and staff attitudes toward family members are also factors.(7)

Therefore, the provision of high-quality neonatal care by nurses and in healthcare centers should be oriented toward family integration, focusing on early contact, breastfeeding, and avoiding the separation of the triad, such as father, mother, and baby, under the paradigm of humanized care.(8,9)

METHOD

It is a qualitative approach, focused on understanding the relevant information about the object of study in depth, which allowed us to explore meanings related to care in neonatology areas. Likewise, a descriptive design was employed, which facilitated the detailing, classification, and analysis of the characteristics of the phenomenon under study. In addition, a bibliographic review was conducted, enabling the compilation of original articles that analyzed and synthesized previously published information on the subject.(12)

The population is defined as the set of study elements that share similar characteristics. In this case, it consisted of 81 articles from indexed sources. From this population, a sample of 30 articles was selected using a convenience sampling, which was based on availability, accessibility, and compliance with the previously established selection criteria.(12)

Inclusion Criteria:

- Temporality of the last 5 years.
- Articles in English, Spanish and Portuguese
- Original research addressing the area of neonatology.

Exclusion criteria:

- Review articles
- Clinical trials
- Studies from institutional repositories
- Experimental studies

A researcher obtained the information by consulting several indexed databases, such as MDPI, SCOPUS, PUBMED, SciELO, and WILEY; using keywords in English (care, neonatology, link, services, family), Spanish (cuidados, neonatología, vínculo, servicios, familiar)

(care, neonatology, link, services, family) and Portuguese (cuidados, neonatologia, ligação, serviços, família); as well as Boolean operators (AND and OR). It was validated by another researcher, who verified compliance with the selection criteria.

On the other hand, it was entered in an Excel matrix for the registry, with data on authors, year of publication, abstract, method, findings, conclusions, and references, which allowed us to organize the studies according to the questions posed.

The CASPe method was employed to conduct a critical reading of scientific articles, enabling the evaluation of study quality through a structured checklist. This process corroborated the academic quality of the selected research and its review by another researcher.

DEVELOPMENT

Interventions implemented in neonatology services to ensure humanized care

Developmental and family-centered care is an approach to care in neonatal intensive care units (NICUs) that aims to minimize newborn stress and foster their physical and emotional development. This approach is based on controlling environmental stimuli, positioning the infant appropriately, and encouraging family involvement in care.(13)

Furthermore, humanized care in this context involves a comprehensive approach that focuses not only on medical treatment but also on the emotional and psychological needs of the infant and their family. This approach considers aspects such as controlling environmental stimuli, thermoregulation, and the active participation of the family in care.(14)

Likewise, skin-to-skin contact (SCC) and breastfeeding in the first hour of life are essential practices to reduce neonatal morbimortality, this helps stabilize body temperature, regulates heart rate, respiratory rate, and decreases the risk of hypoglycemia and infections; as well as the early initiation of breastfeeding, increasing the chances of successful and prolonged lactation. For the mother, CPP promotes the release of oxytocin, facilitating uterine contraction, reducing the risk of postpartum hemorrhage, and improving bonding with the baby.(15)

Similarly, providing care with empathy and respect, recognizing the emotional and psychological needs of patients, fosters the development of the new family by enabling the newborn to adapt to extrauterine life, addressing their emotional needs, and promoting effective communication.(16)

In this sense, the Neonatal Units aim to offer comprehensive and humanized care to newborns who are critically ill or at risk of serious complications, focusing on reducing perinatal and neonatal morbidity and mortality. To achieve this, access to various levels of neonatal care is prioritized, and continuous training is ensured for the personnel responsible for newborn care. Care must be comprehensive and adapted to the needs of the newborn who is critically or potentially critically ill, organized in a progressive line of care that guarantees adequate attention at each stage of the newborn's condition.(17,18)

For this reason, they seek to transform the models of care and management, promoting user participation in decision-making. Through strategies such as effective communication, continuous training, and shared management, this fosters a collaborative work environment that improves the safety and quality of healthcare.(19,20)

It should be noted that humanized care in the neonatology area orients family involvement through newborn bathing, breastfeeding, and dressing. This approach focuses on the biosafety of processes that enable early attachment, centered on skin-to-skin contact, as well as activities related to immunizations and co-housing during the hospital stay.(21,22)

Therefore, ensuring these interventions promote the neurological and emotional development of these neonates, which improves the quality of care through the crucial role of parents in neonatal care, as well as continuous training that promotes highly trained professionals for the

development, monitoring, and follow-up of these.(23)

For this reason, neonatology services implement various interventions to ensure humanized care, focusing on the overall well-being of the newborn and their family. These activities aim to promote bonding and parental involvement in care, centered on the framework of family, quality, and safety.

Role of the family in humanized care in neonatology services

Empathic and family-centered attention is key to humanized care; therefore, it is necessary to implement programs that allow family members to participate, focusing on safety standards, privacy, and active accompaniment by healthcare personnel.(24,25)

In this sense, the family plays a crucial role in supporting the newborn and the pregnant woman, promoting physical, emotional, and spiritual well-being to navigate this stage, as well as facilitating the recovery process for both the mother and the child.(26,27)

Likewise, family involvement in neonatal care areas enables the timely detection of complications in the newborn's health, considering that some services lack professional human talent. Additionally, this accompaniment favors coping and resilience in the face of maternal-neonatal health problems during the puerperium stage.(28,29)

Therefore, the implementation of humanization policies in the field of neonatology transforms care scenarios to promote family-centered care, where the family actively participates in caring for the newborn, such as bathing, dressing, and feeding.(30,31)

Likewise, the implementation of developmental and family-centered care favors the well-being of the parents, which improves the clinical evolution in mother and child, as well as positively impacts the emotional well-being during the hospital stay, accompanying the care and recovery of the labor and puerperium process fostering bonding, reducing anxiety and the absence of signs of postpartum depression.(32)

Therefore, the role of the family in humanized care in neonatology services is essential and constitutes an indispensable emotional and physical support for the newborn. The participation of parents and caregivers fosters the creation of an affective environment that promotes the comprehensive development of the baby, both physically and emotionally, which in turn supports the baby's neurodevelopment.

Impact of humanized care on the emotional bonding of the triad in neonatology services

Humanized care in neonatology fosters a stronger emotional bond between mothers, babies, and healthcare personnel, creating an environment of trust and security. This approach prioritizes effective communication and respect, both of which are essential for the neurodevelopment of the newborn.(33)

Similarly, humanization in neonatology contributes to the mother feeling supported and safe, which in turn increases her confidence in caring for her baby. Health personnel adopt a more empathetic and close role, favoring an affectionate and protective environment.(34)

Additionally, it promotes family involvement in the care process, fostering an emotionally healthy environment that supports early attachment and contributes to the newborn's emotional stability. Therefore, it favors the affective connection between mother, baby, and professionals. This approach reduces maternal anxiety and strengthens trust, which promotes a secure attachment. The healthcare team becomes a fundamental emotional support, facilitating family adaptation.(35,36)

On the other hand, family-centered care fosters empathy and respect for the emotional needs of each member of the triad. In turn, it transforms the hospital experience into a collaborative process, where the emotional bond of the trinomial is strengthened. This humanistic approach improves quality of life and family satisfaction.(37,38)

Similarly, this context favors the neonate's emotional stability and development. It also improves adherence to care and continuity of care after discharge for families. The close contact and empathetic communication of the health care team foster a calm environment and security. This early attachment has positive effects on the infant's emotional regulation and growth.(39,40)

Therefore, the health personnel act as facilitators of affective interaction, promoting practices such as skin-to-skin contact. This environment helps reduce stress and promotes the neonate's emotional stability. As a result, both infant development and family experience are optimized.(41,42)

Therefore, humanized care strengthens the affective bond of the triad, as well as the integration of these elements in the care provided by healthcare personnel, promoting an environment of trust and respect. Therefore, implementing a humanized approach should be a priority in neonatal

services, with a focus on neurodevelopment, family, and overall well-being.

CONCLUSIONS

The birth of a new member is a transcendental event for the family, therefore, humanized care in neonatal services is essential to improve the health of the newborn and the family, in the face of the conditions and complications that may occur in labor and puerperium, which violates the affective bond of the trinomial marked by inequalities in access to timely care, the lack of family-centered policies and limited training of health personnel.

Therefore, it is urgent to rethink the models of neonatal care towards a more empathetic and participatory practice, which recognizes the family member as a key agent in the integral development of the neonate; this focused on implementing actions and interventions that not only improve clinical outcomes but also strengthen the emotional well-being of the family.

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