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Original Article

Interactions between mothers and their premature babies during the hospitalization period

Interacciones entre las madres y sus bebés prematuros durante el período de hospitalización

Interações entre mães e seus bebês prematuros durante o período de hospitalização

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Abstract

Introduction: Several factors are related to the increased susceptibility of preterm infants to develop difficulties in their development, such as the effect of neurological immaturity, and the early separation of their parents. World Health Organization raises the need to strengthen the role of parents and provide greater spaces for interaction. **Objective:** The present study seeks to know how mothers live the first interactions between them and their premature babies during hospitalization. **Method:** To meet the aim of this research, a qualitative methodology with a phenomenological approach was used. Data collection was done through in-depth interviews with 11 mothers, which were then analyzed through the Content Analysis technique. **Results:** The Mothers shared information about how they experienced their first contacts with their babies and the relevance they were giving to these interactions, and on the other hand, they emphasized how the context could limit these relationship spaces. **Conclusion:** In this study, it was possible to demonstrate the need for mothers to interact with their babies during hospitalization, which would have positive effects for both, highlighting the need for health teams to promote family-centered care.

Keywords: Infant; Premature, Mother-Child Relations, Hospitalization.

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Resumen

Introducción: Hay varios factores que se relacionan con la mayor susceptibilidad de los infantes de pretérmino de presentar dificultades en su desarrollo, tales como el efecto de la inmadurez neurológica, y la temprana separación de sus padres. La Organización de la Salud plantea la necesidad de fortalecer el rol de los padres y brindar mayores espacios de interacción. **Objetivo:** El presente estudio busca conocer cómo las madres viven las primeras interacciones entre ellas y sus bebés prematuros durante la hospitalización. **Metodo:** Para poder responder al objetivo de esta investigación se utilizó una metodología cualitativa con un enfoque fenomenológico. La recolección de datos se hizo a través de entrevistas en profundidad a 11 madres, las cuales luego fueron analizadas a través de la técnica de Análisis de Contenido. **Resultados:** Las madres nos compartieron información respecto a cómo vivenciaron ellas sus primeros contactos con sus bebés y la relevancia que le fueron dando a estas interacciones, y por otro lado, ellas enfatizaron en cómo el contexto podría limitar estos espacio de relación. **Conclusion:** En este estudio se pudo evidenciar la necesidad de las madres de interactuar con sus bebés durante la hospitalización, lo que tendría efectos positivos para ambos, lo que remarca la necesidad de que los equipos de salud promuevan una atención centrada en la familia.

Palabras-clave: Recien Nacido Prematuro, Relaciones Madre-Hijo, Hospitalización.

Resumo

Introdução: Existem vários fatores relacionados ao aumento da suscetibilidade de prematuros ao desenvolvimento, tais como o efeito da imaturidade neurológica e a separação precoce de seus pais. A Organização Mundial de Saúde declara a necessidade de fortalecer o papel dos pais e proporcionar maiores espaços de interação. **Objetivo:** O presente estudo busca conhecer como as mães vivem as primeiras interações com os seus bebês prematuros durante a internação. **Método:** Para atender ao objetivo desta pesquisa, foi utilizada uma metodologia qualitativa com abordagem fenomenológica. A coleta de dados foi realizada por meio de entrevistas em profundidade com 11 mães, as quais foram analisadas pela técnica de Análise de Conteúdo. **Resultados:** As Mães compartilharam informações sobre como experimentaram seus primeiros contatos com os bebês e a relevância que estavam dando a essas interações e, por outro lado, enfatizaram como o contexto poderia limitar esses espaços de relacionamento. **Conclusão:** Neste estudo, foi possível demonstrar a necessidade das mães interagirem com seus bebês durante a internação, o que traria efeitos positivos para ambas, destacando a necessidade das equipes de saúde promoverem o cuidado centrado na família.

Palavras-chave: Recém-Nascido Prematuro, Relações Mãe-Filho, Hospitalização.

1 Introduction

The definition of prematurity is the birth that occurs before the 37th week of gestation. It is estimated that 10% of births in the world are premature births (Blencowe et al., 2012), which means the birth of around 41,000 premature babies per day (World Health Organization, 2012). Technological advances have increased the survival of preterm infants (Blencowe et al., 2012). However, premature babies have a higher mortality rate than term babies and those who survive usually have some type of development consequences such as cognitive, motor, and/or social (Platt, 2014). Even under conditions of low medical risk, preterm birth increases the probability that children may have difficulties in their cognitive and social development (Brummelte et al., 2011).

During intrauterine life, the fetus receives a series of fundamental sensory stimuli for its development, such as regulated auditory and light stimuli, and important tactile, proprioceptive and vestibular inputs, which are produced through the movement of the mother and the fetus and from contact with amniotic fluid and the uterus (Altimier, 2015; Limperopoulos et al., 2008). Preterm delivery interrupts neurodevelopment in a critical period and, depending on the gestational age at birth, the processes of differentiation and organization of many of the neurological structures must continue in the extrauterine context in the neonatal units (Weber et al., 2012). In this way, the brain development process corresponding to the third trimester of pregnancy can be altered (Bouyssi-Kobar et al., 2016), and may have an impact on the development trajectories of preterm boys and girls.

Although the neonatal units are fundamental places for the survival of preterm infants (Hauser et al., 2014; Bastías & Mira, 2019), they have several environmental stressors. We can mention the non-affective tactile stimuli that are produced through nursing procedures and care, irregular and unexpected vestibular stimuli as a result of sudden position changes and the effect of gravity, and the lack of proprioceptive stimuli due to not have containment elements as delivered by the walls of the uterus. There is also a large amount of auditory and visual stimuli, given by the noise of alarms from monitors and people's voices, and by the excess light. Besides these stressors, it is important to mention that premature babies are often subjected to pain experiences frequently and they must face an early separation from their caregivers, which can affect both the infant, the parents and the interaction between them (Pickler et al., 2010; Lester et al., 2011).

In the first interactions of the premature newborn with its physical and social environment, sensory experiences are essential such as those that are given by touching with their caregivers, or the containment and movement they receive when being held in their arms. These experiences are fundamental in the neurodevelopmental process of newborns (Altimier & Phillips, 2016). Also, they will have an important role in how infants communicate and relate to their caregivers and how they develop their ability to regulate and how they will learn to know the world in which they live (Feldman et al., 2002, 2010). The interactions of the baby with its caregivers are of great relevance for both. However, these interactions can be interfered in the hospitalization context, by the difficulty of the preterm infant to regulate their physiological states and maintain an optimal alert level (Minde, 2000) due to the emotional state of the parents and the

difficulties they can have to respond adequately to the signals of their baby (Feldman, 2007). However, in the document "Survive and Thrive" the World Health Organization (2018) suggests that in neonatal units, the strengthening and participation of parents should be encouraged, favoring spaces for interaction with their babies (World Health Organization, 2018).

It is important to know this phenomenon more clearly to promote interactions between premature babies and their caregivers in the neonatal units. This can be studied by using different methodologies, for example, through behavioral observations, questionnaires answered by parents, among others. However, currently, there is not a large number of studies that speak of interactions in this context from a dyadic and phenomenological perspective, necessary to approach reality from narratives from mothers or fathers in which we can analyze their experiences in the interactions with their babies during the hospitalization period. This study focused on knowing how mothers describe the first interactions between them and their premature baby during hospitalization.

2 Method

2.1 Participants

Mothers of preterm infants are the participants in this study. The inclusion criteria were being over 18 years old and having a preterm child hospitalized in the Neonatal Service. The sampling strategy used was a non-probability methodology for convenience. Eleven mothers participated in this study (Table 1) whose children were hospitalized in the Neonatal Service of a public hospital that belongs to the healthcare network of the metropolitan health service in the city of Santiago, Chile. This unit assists babies born in eight neighborhoods and its population had a heterogeneous socioeconomic level with a predominance of low and middle-income population.

Table 1. Descriptive information of the participants.

Identification	Nationality	Age	Living with a partner	Twins	First pregnancy	Gestational age at birth	Weight at birth (grams)
M1	Chilean	30	Yes	No	No	31	1700
M2	Chilean	28	Yes	No	No	28	800
M3	Venezuelan	36	Yes	No	Yes	27	1107
M4	Chilean	28	Yes	No	Yes	26	1098
M5	Chilean	40	Yes	No	No	31	1570
M6	Chilean	24	Yes	No	No	28	1266
M7	Chilean	25	Yes	No	Yes	32	1917
M8	Chilean	30	Yes	No	Yes	29	935
M9	Chilean	34	Yes	No	No	28	1500
M10	Chilean	28	Yes	Yes	No	28	1098
M10	Chilean	28	Yes	Yes	No	28	1241
M11	Chilean	24	Yes	No	No	25	662

2.2 Study design and procedures

We carried out this research using a qualitative methodology, which allows the stories of mothers of premature babies to be rescued and analyzed, giving importance to the subjective experiences of the participants in their first interactions with their babies. For this study, we used a phenomenological approach seeking to understand reality from the perspective of the participants, explaining the nature of different phenomena (Martínez, 2012). In this way, we could approach a better understanding of mother-baby interactions, avoiding describing or understanding this phenomenon from the perspective of third parties, people who try to clarify it from their preconceptions and not from the personal experience of this reality.

This study is exploratory-analytical. On the one hand, it is exploratory because it aims to examine a little-studied research problem having doubts or not addressed before (Hernández et al., 2014). On the other hand, it is an analytical type because it is intended to know, describe, and interpret reality from the participants' experience (Hurtado, 2010). The evaluators carried out in-depth interviews with all the participants individually, outside the neonatal units to favor a space of tranquility and comfort for the mothers. This information production technique allows us to access depth aspects associated with the evaluations, motivations, desires, beliefs, and interpretation schemes of the participants (Cerón, 2006). Each interview was stored through voice recording, lasting approximately one hour, and was subsequently transcribed by the research team.

2.3 Ethical considerations

The Bioethics Committee of the Andrés Bello University approved this study. All invited participants consented to participate in the study, signing the informed consent form.

2.4 Data analysis

The content analysis was used for the information collected, analyzing the information regarding the reports of the interviewees and the context involved, interpreting it, and generating new knowledge (Bardín, 1991). The interviews were transcribed into an individual analysis matrix, and each one had a content analysis. Having the eleven individual analysis matrices, they were integrated into a group analysis matrix, and through induction more general categories were formulated that allowed the presentation of the research results. Therefore, the content analysis allowed us to order and categorize the collected information, to be later analyzed.

3 Results

Seven categories were generated from the mothers' narratives. To answer the objective of this study we will focus on two of the categories:

1. Interaction between the mother and the baby

   1.1 First contact between the mother and the baby;

1.2Touching as the first means of relating to the world;

1.3Looking for a good fit between the mother and the baby.

2. Cultural and social aspects that interfere with the approach to the baby.

The first category is the interaction between the mother and her premature baby and it is divided into three subcategories. The first subcategory is about the first contact between the mother and her baby, in which the mothers' narratives are related to the impact of that moment, with fear and anxiety predominated when seeing the fragility of their babies. This is reflected in the following story:

> *I was afraid to touch it, it was like transparent, you could see the veins. I touched it just a little because it made me nervous... that I would break it. I liked it… but it scared me* (M11).

These first interactions can show a context with emotions such as fear.

In the following subcategory about touching as the first means of relating to the world, it ends up being a primary way for the connection, interaction and interpretation of her baby, as it appears in the following stories:

> *It is extremely important, like the closeness you can have, the warmth that you feel through the hands when you touch it* (M5).

> *The baby requires contact with his mother... to touch him because he differentiates both the father from the mother and the people who care for him. They differentiate them, they know when it is affection, it is love and when not* (M3).

> *My daughter was so little... I felt her very fragile, but when I touched her I realized that she was not so helpless... she knew it was me, that I was not the nurse, that I was not the doctor, that I was the mother, although I had never touched her before* (M2).

The first interactions through touching are at a distance with they have to touch the baby in the incubator. In these interactions, the mothers' reports showed that there are certain preferences for touching hands, feet, head, and face, as seen in the following reports:

> *The first thing I touched was the little hands that were closer but afterward I had confidence and touched his head for a little while* (M7).

> *Every time I pamper her face, especially her forehead, as she goes down towards the eyes, the contour of the eyes, she looks for my hand, then it gives me the feeling that she likes it. Even calm when she was restless… I feel like she likes it* (M5).

Although mothers' narratives reflect a positive emotion when touching their babies, it is even stronger when they can hold their babies in their arms, as shown in the following experiences:

> […] *touching her is not the same as taking her… is all part of a language, but some things are stronger than others… the connection feels deeper* (M9).

> *Touching is not the same as feeling it. When we do attach* [in this context, this concept means when mothers carry their babies], *it is very rich to feel her, to feel her body, it is like a very nice feeling, which is not the same as reaching into the incubator and touch her foot* (M8).

> *Taking her in my arms is like, I don't know, a feeling of breathing close to you, like security* (M7).

The last subcategory is looking for a good fit between the mother and the baby, in which the mother makes changes or adjustments in her behavior to facilitate proper interaction with her baby, and this is an active agent in this relationship because it delivers signs of conformity or discomfort in response to her mother's actions. In the stories, some experiences are detailed:

> *When I approach her, she snuggles against my body, it is as if she were looking for her form within my form* (M9).

> *I am always following his movements... I follow him* (M4).

> […] *when she is in her arms, she tries to open her eyes and we try to stimulate her a little more... to talk to her* (M1).

In these stories, we observed that it is a dynamic relationship, where a good fit is sought between the baby's needs and the stimuli and actions of the caregivers.

The second category introduces cultural and social aspects that limit the approach and interaction with the baby, as shown in the following story about a predetermined model of behavior:

> *It happens to me here… I feel like I have to be like all the others and I'm not the same* (M11).

This shows the expectation of following a model of women determined by social and cultural standards. In other stories, the invisibility of the mother's feelings when relating and interacting with her baby is discussed, as seen in the following report:

> *People tell me that it is something reflex, but I feel that it is not reflex* [referring to her baby's behavioral responses] (M5).

This is how mothers see the behaviors or progress of their sons/daughters; however, they have doubts about sharing them with the rest because they believe that others will not believe their observations or that they will only attribute it to the reflex actions of the baby.

On the other hand, the hospitalization situation brings certain standards that must be met, such as how mothers begin to adapt to the operation of neonatal units, focusing

their attention on complying with the rules and on obtaining information about how her baby has been and behaved in her absence, instead of concentrating on the present and enjoying it, as expressed in the words of one of the mothers,

> *You are always attentive to what the technicians have to do or try to see if the doctor is here to ask how he was… how he spent the night. We try to interact more in how he was than with him the way he is* (M1).

Other experiences reflect the subject of the hospital standards:

> *I touch him when I want but I cannot take him when I want. I would like to take him all day, and I cannot* (M2).

> *For me it was frustrating not being able to grab him, not being able to take him when I wanted to, not being able to change his diaper when I wanted to, the situation is complicated* (M3).

> *But at first, when I saw him in the incubator, I was saying ok but, why can't I take him?* (M7).

> *There was a sign saying not to touch him without gloves until after 14 days, and I had already put my hand in* (M8).

These reports show how the wishes and needs of the mothers are limited by the needs and rules of the context. Although most of them understand and accept the regulations of the place, their reports reflect the great need they have to touch and take their babies for a longer time than is allowed.

The role of the mother is within these social constructions in which there are certain expectations that the mother should be the person who provides care and support to promote the survival and well-being of the baby. Thus, the mothers' narratives appear that they refer to not being able to exercise the role of mother, as seen in the following reports:

> *Twenty-one days have passed and I have not moved her, I have not changed her clothes… Here, I am her mom because she is my daughter. After all, I gave birth to her, but I have not done my job as a mom* (M1).

> *We understand that the rules are for something, we understand that it is for the good of the babies, but for us, as a mother, we would like to have the possibility of being all day... taking her from the beginning... not waiting so long* (M5).

> *It was frustrating for me not to be able to grab him, take him when I wanted to, not be able to change the diaper when I wanted to. Moms should help more in care... when it can be done. The baby is not going to stay here all his life… we need to know how he behaves* (M3).

> *I would like to take her all day, and I cannot. They need a larger space… for the intimacy of having the child and talking to him and feeling free to do what you want with the child* (M2).

This is how they feel when they cannot provide basic care to their babies, such as changing their diapers, but also the idea that they cannot freely interact with their babies can be seen in the mothers' reports when they need to know their babies before they are discharged and arrive home.

4 Discussion

One of the objectives of this study was to know the interaction between the mother and the premature baby during their hospitalization through the touching experience. This is how the first category gets a little closer to understanding this phenomenon. This was called "The interaction between the mother and the baby" and shows the fear and anxiety in the early stages, which may be related to fears regarding the baby's health, including aspects such as restlessness, presumption or suspicion of damage or deterioration of the infant's health during the period admitted to the neonatal unit (Hauser et al., 2014). This is similar to other authors' view who refer to the implications on the mental health of mothers for premature delivery and hospitalization of their baby (Shaw et al., 2006; Dudek-Shriber, 2004), which may lead to high rates of depression and anxiety in these mothers (Lotterman et al., 2019). As supported by the literature, the mothers in this study reported that in the first moments, they experienced emotions related to sadness and anxiety; however, as they could have more contact with their babies either by touching or holding them in arms, these negative emotions were decreasing and gradually the positive emotions began to settle. This literature indicates that early interactions help reduce stress in parents, and these interactions can occur through food, general care, or the performance of the babysitting method, among other actions (Harding et al., 2019).

Touching is the main element of contact in these interactions, essential in the relationship between the caregiver and the baby. In this research, mothers expressed touching their sons or daughters, and it seems to be narratives that appear as a common element in all mothers. Some authors have highlighted the fact that touching is the essential component of dyadic interactions between mother and baby (Field, 2010; Moszkowski et al., 2009), which also has a positive impact on the growth and development of the babies (Field, 2010). It has also been described as a facilitator for the development of infant self-regulation, an ability that allows babies to adapt to changes in environmental stimuli (Ferber & Makhoul, 2004). Mothers' need to touch or hold their babies may be related to the existence of sensory mechanisms that induce regulation, such as the effect that affective touching would have on caregivers and the proprioceptive stimuli the babies receive when being held in the arms of their caregivers (Esposito et al., 2013) or when they are held in their arms by their mothers while they walk, stimuli that in combination decrease crying and their heart rate (Esposito et al., 2015). Through the mothers' narratives, we observed that they tend to touch certain parts of the body of their babies when they are in the incubator such as the hands, feet, face, and head. Despite not finding more evidence in the literature that could explain

these preferences, one of the existing evaluations regarding the mother-baby interaction in neonatal units (Santos, 2017) differentiates the areas of the baby's body that the mother touches during the interaction, giving different scores according to the area that the mother touches.

The second objective of the study was to identify the cultural and social aspects that influence these early interactions, which are the beginning of the construction of the parenting process. In this second category, the difficulties they feel when they want to touch or take their children can be extracted from the mothers' narratives, being the most instinctive thing wanted to do, emerging a kind of unique and fundamental language between them (Field, 2010; Moszkowski et al., 2009; Esposito et al., 2013; Feldman et al., 2002, 2010). The behavioral model of how the mother should act is questioned according to some of the reports in the study since we observed different conceptions of motherhood faced. The understanding of motherhood has been modified throughout history according to the social, political, economic, and cultural characteristics of the place that is approached, so we can say that this concept is a permeable social and symbolic construction to changes (Royo, 2011; Molina, 2006). Thus, as the understanding of motherhood is determined by sociohistorical and cultural aspects, the experience of motherhood is also determined, that is, there are psychosocial factors that can influence the experience of motherhood such as social support (family, friends, community, couple relationship), economic income, type of work, educational level, access to health and housing conditions (physical, environmental and social). Therefore, the experience of being a mother will be influenced by the personal, cultural beliefs and contextual conditions that the mother lives (Benza & Liamputtong, 2014), requiring the health professionals to develop a more comprehensive view of motherhood and the interactions that mothers establish with their baby. In this process, mothers also report a kind of invisibility of how to feel their babies and feel about it, in which they believe that their perceptions will not be validated by others. This idea is similar to Bourdieu's idea of symbolic violence in health contexts, in which the doctor or health professionals represent a power figure who subordinate mothers to the knowledge they present in a more technical and scientific language (Sadler et al., 2004).

In neonatal units as in any hospital unit, there are several characteristics and ways of operating with standards that must be met (Novoa et al., 2009), but these elements can directly affect the proper development of the mothers, as shown in their speeches. Their reports showed the sensation of stress and discomfort from the presence of a large number of technical elements and machines that provide support to their sons and daughters, in addition to the norms that they see as restrictions but that they understand them as part of the process of recovery of their babies (Hauser et al., 2014). This may interfere with them being able to exercise their role as mothers, as described in the literature recognizing that the atypical environment of neonatal intensive care units hinders the mother to contain her son or daughter, and this represents a context where they must deal with experiences of loss, pain, despair, uncertainty, loss of control, role alteration and alienation (Deeney et al., 2012). The characteristics of this environment hinder the mothers to focus on the present, and they must be more attentive as they absorb as much biomedical data as they can provide as if the data provided by neurobiology offered a final or exhaustive understanding of the complexity of behavior (Moya, 2012).

During the hospital stay, the premature baby is exposed to a large number of stimuli that hinder his organization and his interaction with the environment. There are also two elements affecting his development, the separation with the parents and the somatic, kinesthetic, and vestibular deprivation (Davis et al., 2003; Bröring et al., 2017). Therefore, the mother's instinctive desire, represented by the need to touch and hold her baby in her arms, is limited by the physical and social context of the neonatal units, where the state of health of the premature baby is prioritized, and in this eagerness, the natural continuity of bonding relationships in this atypical environment given by the neonatal unit is endangered. This discontinuity is one of the reasons that can cause alterations in the psychobiological development of the infant and the emotional state of parents (Brett et al., 2011).

The interest in "scientific practice" has always prevailed in the training of professionals who work in neonatal units, resulting in an inevitably reductionist approach (Gonzalez, 2016), and perhaps this is one of the elements that interfere with continuity and strengthening relationships between caregivers and their babies. All the interventions carried out towards premature babies and their families during hospitalization, such as the benefits carried out by the nursing team, must demonstrate humanized care in all the actions it executes, applying ethical knowledge, attitudes, and values towards people to take care (Escobar-Castellanos & Cid-Henríquez, 2018). The mother-baby dyad should always be in mind because a sign of empathy and ethics as health professionals would be to set aside their position as a professional and consider the users' position as the main reason (Arancibia Heger et al., 2018). In the publication of the World Health Organization (2018) called *Survive and Thrive*, the need to work with a family-centered care model is stipulated, although it may be known by many of the teams working in the neonatal units, its application may not be as massive as it should be. The principles of this model include dignity, respect, information sharing, and the participation and collaboration of caregivers, transforming them into active agents in promoting the well-being of infants. This guide also promotes the contact of the baby with its caregivers to promote lactation, attachment, and development. In this way, the skills and competences of parents to care for their son or daughter would be strengthened, reducing their levels of stress and anxiety.

After learning about the speeches of this group of mothers, we observed the need to evaluate the reduction of the barriers they face day by day in the neonatal units, and that prevent them from relating continuously and more naturally with their children. It is something that must be worked on since these barriers can negatively influence the interaction of parents with their babies (Pineda et al., 2018). However, it should be done with care and responsibility because the stability and the health of the baby cannot be at risk. The humanization of the procedures of the neonatal units must encompass broad biological, psychological, social, and cultural aspects, and actions applicable to each local reality must be managed (Bastías & Mira, 2019). Thus, the humanization in the health area is an ethical commitment, allowing the person to be valued in its entirety (Escobar-Castellanos & Cid-Henríquez, 2018), and for the mothers who related their experience to be able to touch their children, to take them, exercising their role as mothers, it is essential.

To see this in ethical terms, the invitation is to see the mother-baby dyad as a social phenomenon since their adequate stability, through the actions of parenting, is essential

for the development of the infant and parent's emotional stability. This dyad occurs within another social system that is the neonatal unit, and to preserve these systems it is necessary to preserve their organizations and adaptations, as well as the existence of an adequate base according to the participants (Maturana, 2006). According to the reports, the most important means of interaction for the mothers with their children is the touching, and this is correlated with the evidence (Field, 2010; Moszkowski et al., 2009). Therefore, in both social systems, the language (in this case touching) must be given as a way of operating for its adequate conservation (Maturana, 2006; Gutiérrez, 2009, 2010). The social, and its preservation, is possible only in an ethical environment, understanding the ethical to refer to the behavior (conduct) with the other, and the ethical dimensions are in the doing (Maturana, 2006; Gutiérrez, 2010).

Finally, this study is a first approach to understanding this phenomenon and opens a space for reflection for the people who work in the neonatal units around mother-baby interactions, and how both need this space generating mutual regulation and preparing them for the transition to home. Future studies could include a larger sample of mothers and even incorporate the participation of the parents and the same professionals from the team.

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To the neonatal unit of the Hospital Luis Tisné.

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Author's Contributions

Andrea Mira: Construction of the study, conducting and coding of the interviews, analysis of the results, writing, and editing of the text. Rodolfo Bastías: Construction of the study, coordination of the fieldwork, conducting and coding of the interviews, and collaboration in the writing of the text. All authors approved the final version of the text.

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