



Paternal living of premature son hospitalized through photographic record

Vivido paterno do filho prematuro hospitalizado por meio do registro fotográfico

Vida paterna de hijo prematuro hospitalizado mediante registro fotográfico

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ABSTRACT

Objective: to understand the experienced world of the father of a hospitalized preterm child through a photographic record. **Method:** this qualitative study was based on the theoretical and methodological framework of Schütz's Social Phenomenology. Nine parents with children admitted to one of the two neonatal units (NICU/UCU), with gestational age below 37 weeks, whose birth occurred between November 2018 and April 2019, participated in this study. **Results:** after the analysis and interpretation of the data collected, two thematic units emerged: Experiencing moments of the preterm child's hospitalization "reasons why", which resulted in the category Privilege in recording the evolution of the preterm child; What to look for in the photographic record when facing the moment of hospitalization of the preterm child "reasons why", which resulted in the categories Happiness: a joy in every record; Memories: remembering in every record. **Final considerations:** the use of photographic records proved to be a method that provided the opportunity to understand that the father wants to be close to his child and experience the moment of hospitalization. Thus, it is necessary that professionals develop strategies that enable the father to exercise paternity and promote the bond with his child in the neonatal unit.

Keywords: Father; Premature Newborn; Neonatal Nursing; Photography; Humanization of Care.

RESUMO

Objetivo: compreender o mundo vivido do pai que possui um filho pré-termo hospitalizado por meio do registro fotográfico. **Método:** estudo qualitativo fundamentado no referencial teórico-metodológico da Fenomenologia Social de Schütz. Participaram deste estudo nove pais que possuíam filhos internados em uma das duas unidades neonatais (UTIN/UCI), com idade gestacional inferior a 37 semanas, cujo nascimento ocorreu no período de novembro de 2018 a abril de 2019. **Resultados:** após a análise e a interpretação dos dados coletados, emergiram duas unidades temáticas: Vivenciando momentos da hospitalização do filho pré-termo "motivos por que", que resultou na categoria Privilégio em registrar a evolução do filho pré-termo; O que almejar do registro fotográfico frente ao momento de hospitalização do filho pré-termo "motivos para", que resultou nas categorias Felicidade: uma alegria em cada registro; Lembranças: o recordar em cada registro. **Considerações finais:** o uso do registro fotográfico mostrou ser um método que oportunizou compreender que o pai deseja estar próximo ao filho e vivenciar o momento de hospitalização. Desse modo, é necessário que os profissionais desenvolvam estratégias que possibilitem, ao pai, o exercício da paternidade e promovam o vínculo com o seu filho na unidade neonatal.

Descritores: Pai; Recém-nascido Prematuro; Enfermagem Neonatal; Fotografia; Humanização do Atendimento.

RESUMEN

Objetivo: comprender el mundo vivido del padre que tiene un hijo prematuro hospitalizado a través del registro fotográfico. **Método:** estudio cualitativo basado en la referencia teórico-metodológica de la Fenomenología social de Schütz. Nueve padres participaron en este estudio que tenían niños ingresados en una de las dos unidades neonatales (UTIN/UCI), con una edad gestacional de menos de 37 semanas, cuyo nacimiento ocurrió entre noviembre de 2018 y abril de 2019. **Resultados:** Después de analizar e interpretar los datos recopilados, surgieron dos unidades temáticas, la primera: Experimentar momentos de hospitalización del hijo prematuro "razones por las cuales", lo que resultó en la categoría Privilegio al registrar la evolución del hijo prematuro. La segunda unidad: qué buscar en el registro fotográfico frente al momento de la hospitalización del hijo prematuro "razones para", lo que resultó en dos categorías: Felicidad: una alegría en cada registro; Memorias: el recuerdo en cada registro. **Consideraciones finales:** el uso del registro fotográfico demostró ser un método que nos permitió comprender que el padre quiere estar cerca de su hijo y experimentar el momento de la hospitalización. Por lo tanto, es necesario que los profesionales desarrollen estrategias que permitan al padre ejercer la paternidad y promover el vínculo con su hijo en la unidad neonatal.

Palabras clave: Padre; Recién Nacidos Prematuros; Enfermería Neonatal; Fotografía; Humanización del atendimento.

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INTRODUCTION

For a long time, child care was the mother's exclusive responsibility, but over the years, this distribution of roles in the family context has been alternating and the father is no longer considered solely responsible for supporting the family.^{1,2}

This fact is due to the historical changes in parenting that have occurred over the years as a result of socioeconomic and cultural transformations. Western society has undergone significant changes from the patriarchal model, in which the entire family organization is centered on the male figure, to the multifaceted post-modern society, with new family models. Fatherhood no longer includes only the role of the provider, but also behaviors and attitudes of greater involvement and affective contact with children associated with different expectations, beliefs and attitudes of each gender in the family context.³

Given this new context, during pregnancy, parents idealize the birth of a full-term and healthy child. However, when facing an early birth and the emergence of a preterm and fragile child, they show feelings of fear and insecurity when facing the separation and the need for hospitalization of their child.^{1,4}

The Neonatal Intensive Care Unit (NICU) is considered an unfamiliar environment, full of unknown equipment, which may generate, in parents, feelings such as anxiety and fear. On the other hand, they understand that this environment may be able to minimize the impact that the child suffers when leaving the womb beforehand and, thus, increase his/her chances of survival.^{5,6}

The father's participation during his child's hospitalization is essential, especially because he is considered a support figure for the mother and the newborn. For some fathers, parenthood emerges after the beginning of contact and interaction with the baby, therefore, their entry into the hospitalization units must occur without the imposition of pre-established schedules. This is a right and not a visit allowed by the health team or institution, thus facilitating the bond between father and child.^{1,4,7}

The father wants to participate effectively in the care of his child, but finds it difficult to reveal his perceptions and feelings. Associated with this, there is the difficulty of health professionals to insert him in this context, since the father should be considered a protagonist in the care of the child along with his partner.^{8,9}

The photographic record is a little explored resource in nursing care, but it has been helping in the understanding of experiences lived by patients, developments, treatments and disease follow-up.¹⁰

The use of photography favors moments of recollection referring to experienced situations, such as the hospitalization of the preterm child and the moments between father and child, and thus may contribute to the bonding process in the hospital context in neonatal nursing. In addition, it is an important tool for nursing practice, not only in a technical way, as an aid in the treatment of wounds and the organization of the work process, but as a strategy for recording the feelings and perceptions of the newborn and his/her family, a fact sometimes not visualized by verbal communication.¹¹

Given this context, the following question emerged: "How does the father perceive the hospitalization of his preterm child through the photographic record?"

Thus, in this study, support was sought in Alfred Schütz's Social Phenomenology framework to provide support regarding the paternal experience in his daily life of hospitalization of his premature son, seeking to understand the reality in order to describe the phenomenon, in this case, the experience of using the photographic record to represent the hospitalization of the premature son.¹²

Aiming to contribute to the construction of care strategies that may favor the preterm newborn and his family, this study aimed to understand the lived world of the father of a hospitalized preterm child through the photographic record.

METHOD

This is a qualitative study, based on the theoretical and methodological referential of Alfred Schütz's Social Phenomenology, which allows the researcher to access the consciousness of the person who experiences the studied phenomenon, highlighting the social relationship as a fundamental element in the interpretation of human meanings. For Schütz, man develops through the description of his life history and memories of previously lived experiences that will certainly drive him in his next actions.¹²

Schütz, through qualitative research, proposes a social investigation to evaluate people's behavior in the everyday world. This understanding in the area of nursing has become a beacon of health care.¹³

Defined as "conscious experiences intentionally related to the other", the object of knowledge is the world as experienced by the other, "emerging spontaneously, with a previously projected character". Therefore, the projected action has subjective, intentional meanings that can be based on the past, present and future.¹⁴

The "reasons why" are part of past achievements, already completed, and that may influence current actions. Based on this context, we obtained access to the daily actions of parents and sought to capture the reason for each photographic record made by the father during the hospitalization of his child in the neonatal unit so that we could capture the "reasons why" of each action¹¹ and, subsequently, refer them to the future, i.e., capture their expectations in the context of the hospitalization of their preterm child (reasons for).

The research is part of a larger research project entitled "The father figure in the care of premature and low-birth-weight newborns hospitalized in a Neonatal Intensive Care Unit", funded by the National Council for Scientific and Technological Development (CNPq).

The study setting was the Neonatal Intensive Care Units (NICU) and Intermediate Care Unit (ICU) of a university hospital in the northern region of Paraná, which is accredited to the Unified Health System (UHS), and is characterized as a public institution. The NICU and ICU consist of ten beds each.

Nine parents who had children admitted to one of the two neonatal units (NICU/ICU), with gestational age less than 37 weeks, whose birth occurred in the period from November 2018 to April 2019, participated in this study.

Inclusion criteria were fathers who were over 18 years old and had daily contact with their children in the hospital environment. Exclusion criteria were fathers who did not assume paternity and babies who were discharged from the hospital in less than seven days.

Of the nineteen parents with preterm children hospitalized in the neonatal unit at the time of collection, seven were excluded because they did not meet the inclusion criteria and three refused to participate, stating that they did not feel comfortable handling the equipment and photographic recording.

For the collection, a priori, the main researcher contacted the unit daily by telephone or in person to identify preterm infants and, after obtaining the contact of this father, she scheduled a day at the unit so that she could carry out the approach for the research. On the day, the researcher invited the father to participate in the research to photograph moments with his preterm child that represented the meanings attributed by him to the context of hospitalization, explaining the objectives of the study.

After the research was explained and the father gave his consent, a camera was handed to him and he was instructed on how to handle the equipment and that the photographic records were free, and that he could photograph whatever he wished and which referred to the moment of his child's hospitalization. There was only the proviso of not photographing the hospital environment, procedures, professionals, or other babies, with the exceptions that professionals and/or other people allowed. These records should be made during a period of one week from the date of delivery and could only be taken with the camera supplied by the researcher.

As soon as the father accepted to participate and received the orientation, the bed was identified, informing that the baby was participating in the photographic records project and his father was allowed to photograph moments with his son in the unit, without time restrictions, in a period of one week.

After the seven-day registration period, the researcher returned to the detention unit, collected the camera, and saved the registered images on her computer. At another time, the researcher would contact the unit by phone and schedule an appointment, which took place in a meeting room inside the unit, to conduct the interview. This room was reserved so that no interruptions could occur during the interview. At the moment of the interview, the researcher showed the father, by means of a notebook, all the photographic records he had made. Then, he started the interview with the help of a semi-structured instrument containing two stages, the first involving the characterization of the father and the second containing the following guiding questions: What was it like, for you, to photograph moments related to your child's hospitalization? What did you feel? What do you expect from this period of your child's hospitalization?

The interviews were audio-recorded using a smartphone and a field notebook to assist the researcher with observations that occurred during the interview. The average duration of the interviews with the parents was approximately 30 minutes, considering the initial interaction and the interview itself. It is worth mentioning that the interviews were closed when convergences of the "reasons why" and the "reasons for" were evident.

At the end of the interview, the researcher handed out a CD with all the photographs taken by the father and asked him to choose one to be developed and delivered the following week.

For the organization and analysis of the qualitative material, the following steps were followed: 1° - attentive and careful reading of each statement in its entirety to apprehend the overall meaning of the experience lived by the parents/men; 2° - rereading of each statement to identify common aspects that express the contents related to the "reasons why" and "reasons for"; 3 - grouping of common aspects according to the convergence of content for the composition of concrete categories; 4 - analysis of the categories for the understanding of the experience lived by parents/men; 5 - constitution of the lived type from the set of "reasons why" and "reasons for" expressed in the analysis of categories; 6 - discussion of the lived type in the light of Social Phenomenology.

It should be noted that the study was guided by the principles of the National Health Council Resolution No. 466/12, which regulates research involving human beings. The research was conducted after approval by the Research Ethics Committee under Opinion No. **694.303**. The participants signed the Free and Informed Consent Term (FICT) and the authorization term for the use of images recorded by them. To preserve the anonymity of the parents, the descriptions of their statements are presented using the letter P, for father. Then, the number corresponding to the order in which the interviews were carried out was given.

RESULTS

The nine participating fathers were between 18 and 35 years old and had a stable marital relationship with the mothers of the babies. As for their level of education, five had incomplete High School, three had complete High School, and one had incomplete College education. Of these, five were experiencing parenthood for the first time. Regarding the socioeconomic level, six reported low income (per capita family income of up to half a minimum wage - R\$ 1,245.30) and three medium income (monthly income R\$ 5,088.70).¹⁵

As for the newborns, four were male and five were female. Gestational age ranged from 32 to 36 weeks and mean hospitalization time was 25 days.

In relation to the routine of the study units, regarding the permanence of parents in the unit, they are guided by the principle of family-centered care and comply with the law of guarantee of companionship. Parents can stay for a 24-hour period in the unit, regardless of whether their child is in intensive care or not. Care strategies such as the kangaroo position and simple care, such

as diaper change, oral or perineal hygiene, bathing when close to discharge, encouragement of breastfeeding such as milking milk at the bedside and offering fresh milk, are cares already instituted in the unit and welcomed by the multiprofessional team.

Alfred Schütz's Social Phenomenology enabled the understanding of the father's experience in photographing moments related to the hospitalization of his preterm child not in a singular and individualized way, but in the context of social relations.

Thus, after the analysis and interpretation of the data collected, two thematic units emerged: Experiencing moments of the preterm child's hospitalization "reasons why", which resulted in the category Privilege in recording the evolution of the preterm child; What to look for in the photographic record when facing the moment of hospitalization of the preterm child "reasons why", which resulted in the categories Happiness: a joy in each record; Memories: remembering in each record.

Experiencing moments of hospitalization of preterm child "reasons why"

Among the "reasons why", the concrete experience of the father when recording the moments of his preterm child's hospitalization was apprehended.

Privilege in recording the evolution of the preterm child

The father faces several difficulties, such as returning to work less than a week later, the restrictions on visiting hours and the routines imposed by the unit, making it impossible for him to record images of his children whenever he wants. The unit follows a routine, allowing the use of cell phones or cameras by the parents for registering only one day a week, making it impossible to register every day, according to the following statement.

I felt good about taking the pictures since I couldn't take them with my cell phone. With the camera, I felt comfortable. (P2)

Taking pictures helped me to feel useful because everything I was going to do I could not. (P1)

At the same time that parents report difficulties they face in staying in the unit, they describe the motivations that make them continue to stay with their babies.

Stimulating! Especially for me, who am a father and go back to work tomorrow and didn't have any pictures of him. With this camera I was able to take as many as I wanted [laughs] (P6)

An achievement, because not all parents have this opportunity and I did [...] I was very happy because, until then, I only had a photo from when he was born, and then I couldn't take it anymore. (P8)

I was able to register his improvement. (P5)

What to aim for in the photographic record when facing the moment of hospitalization of the preterm child "reasons for" Happiness: a joy in every record

In general, the hospitalization of a child generates negative feelings such as sadness and helplessness, however, the moments in which the father made the photographic records enabled the emergence of positive feelings such as happiness. The parents have in view that the moments of contact with the baby, in the neonatal unit produce a feeling of care and, when associated with the opportunity to make photographic records of their children, emits feelings of joy and satisfaction.

Very good, wonderful [...] I was very happy with this project initiative. (P2)

I was very happy! (P3)

I felt good, very happy to be registering all his moments in that place. (P6)

It was amazing, I felt happy! (P5)

I felt good, it was a way for me to be closer to him. (P8)

Photography made me occupy my mind and stop thinking about bad things [...] and I felt useful. (P1)

Memories: remembering in each record

Regarding the photographic records, the parents verbalized that the images made possible memories of unique moments, which will be kept for life, of a difficult period of their child's hospitalization.

I loved it and my wife loved it even more, because we will have memories for the rest of our lives [...]. (P4)

It was good! We will have memories to show him when he is "older" and tell him everything he has been through. (P7)

When viewing the images he registered during the baby's hospitalization process, the father recognizes that, even in the face of the many problems he faced during hospitalization, the photos made possible good memories that deserve to be shared with his children to highlight their strength and overcoming.

DISCUSSION

During the preterm newborn's hospitalization, parents wished to accompany the moments with their baby, collaborate in the care and have an effective participation in the evolution. The parents' experiences of the hospitalization of their preterm child revealed that the opportunity to register, through photography, their child's hospitalization allowed them to feel useful, since they were somehow taking care of their child and living their parenthood. Caring is an action experienced individually, but inserted in the social life world of these parents, being meant

and re-signified from the photographic moments. Thus, the routines imposed by the unit, with pre-established days for taking photographs, as well as the professional activities, such as returning to work at the end of the paternity leave, were eased with the opportunity to be able to register several phases with their child in the neonatal unit.^{9,12}

Schütz encourages the awakening of a more detailed and meaningful look that can change all those involved in the care process.¹⁶ This study indirectly gave parents the privilege of not having pre-established days for the photographic record, which generates a new inquiry about the unit's routine of determining the day for this moment, since, for some parents, the moments are unique and cannot be pre-determined.

A study carried out in a maternity hospital in Rio de Janeiro emphasized that the father plays an important role during the reproductive process. His participation during pregnancy, birth, and the puerperium is extremely important, because the father is seen as a protector, even in the event of a premature birth.¹⁷ The parents' lack of knowledge about their child's condition, due to the lack of communication in the neonatal hospital environment, can lead to feelings of suffering and the consequent estrangement due to the difficulty in strengthening the bond.^{4,13,18}

Photography, considering the context of experiences lived by the father facing the hospitalization of his preterm child, allowed the emergence of feelings of joy (reasons for), which expressed intentionality even in the face of adversity that the baby's hospitalization could represent. The opportunity to record moments of the newborn in the NICU allowed the father to feel closer to his son and, consequently, feelings of well-being and security emerged.

The presence of the father close to the preterm NB has positively contributed to the baby's evolution in the NICU. This contact and care help protective responses and strengthen the bond between father and child, because the genitor plays the role of a conveyor of communication about the child's health status.² In the literature, similar results were found in national and international studies on the theme of support, highlighting its importance during the processes.^{2,4,19,20} Caring requires the establishment of a face-to-face relationship, which Schütz defines as one in which the subjects involved are aware of each other and are facing each other in the same time and space.¹⁶

Fathers need to be protagonists of their children's care in a NICU, however, they are still seen as supporting actors, especially after the arrival of the mother in this scenario, having their access restricted to visiting hours.^{1,2,7,9}

The photographic record allowed these parents to turn their thoughts only to moments considered happy and good as a distraction so that feelings such as sadness and suffering would not surface at that moment.

Having a baby born prematurely presents a challenge for parents. From an evolutionary point of view, investing in vulnerable children is less rewarding than investing in strong and healthy

children, when considering the trade-offs for raising children. Thus, the premature newborn, due to its clinical conditions, such as low weight and higher risk of neurological complications, represents, for the man, a moment of insecurity, which can damage the bond with his baby, being necessary that professionals working in neonatal units insert the father in the care of the preterm child, who has greater difficulty in bonding with the premature child than the mothers.¹⁹ The social action of Alfred Schütz's Social Phenomenology is intentional and, in this study, it was observed that photography emerged as a strategy that enabled some parents to develop and strengthen this bond during hospitalization, since they reported that taking photographic records allowed them to be closer to their babies and, in this way, they could experience the care of their child.^{12,21}

The understanding of the action of caring will be given, in greater depth, as it is based on the reciprocity of intentions and expectations between the being cared for, that is, the hospitalized premature child and the caregiver, in this case, the father. The reciprocal perspectives are typical constructions of objects of thought that translate the apprehension of this object and its aspects known by the parents in the social world.¹⁶

The father needs to accompany the evolution of his child in the NICU to show love, his values and principles projected.^{4,13,18}

Besides the photographic images enabling a greater bond with their child, another positive aspect contextualized by the parents was related to the photograph providing memories that will refer to memories of unique moments, considered difficult, experienced within the NICU, however, necessary for the child to understand the miracle of life.

Fathers/men, when faced with the birth of a preterm newborn, place all their trust in the technological scenario of a NICU. However, this same environment, capable of keeping their baby alive, is responsible for the interruption of the first contacts between father and child.^{4,20}

Another important fact is related to the current family configuration, in which the emergence of a more affective father model is observed, as well as a more participative model in activities related to the family, which contradicts the hegemonic paternity model.^{1,2}

The activity of recording the photographic images of the preterm child during hospitalization provided motivation, that is, a stimulus during the understanding of the care process. This fact contributes to a greater permanence of the father in the unit, stimulating a greater affective bond and moments of distraction in situations considered incomprehensible to be faced.²¹

FINAL CONSIDERATIONS

The understanding of the lived world of the father who has a hospitalized preterm child through the photographic record allowed us to identify that this father started to build a bond with his child by staying longer in the unit, a condition that generated

well-being, and it was realized how useful and necessary his presence was for his child.

In this context, it was possible to realize that the photographic record as a strategy allowed apprehending that the father wanted to be close to his child and experience the moment of hospitalization. Thus, it is necessary that professionals working in the neonatal unit develop strategies that allow the father to experience his paternity and fully develop the bond with his child.

However, it is important to emphasize that, although the study makes it possible to understand the lived world of the father of a hospitalized premature newborn, it is limited by the fact that it was carried out in only one unit that already has numerous strategies for the insertion of the family in the care of premature newborns.

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Data analysis. Ludmilla Laura Miranda. Adriana Valongo Zani. Rosângela Ap. Pimenta Ferrari. Rosana Claudia de Assunção.

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