

# The Adolescent puerperae's experience of taking care of the newborn at home\*

VIVÊNCIA DA PUÉRPERA-ADOLESCENTE NO CUIDADO DO RECÉM-NASCIDO, NO DOMICÍLIO

LA VIVENCIA DE LA ADOLESCENTE DURANTE EL PUERPERIO CON RELACIÓN AL CUIDADO DEL RECIÉN NACIDO EN CASA

Suzete de Fatima Ferraz Bergamaschi<sup>1</sup>, Neide de Souza Praça<sup>2</sup>

## ABSTRACT

This qualitative study aimed to understand how the adolescent puerperae experience caring for their child at home. The Maternity concept was used as the reference for the analysis and the method based on the Collective Subject Speech was used to analyse the data. Fifteen adolescent puerperae participated in the study. They were all in the rooming-in of the USP University Hospital with their child. The interviews were performed after the adolescent mothers were discharged from the hospital. The results showed an everyday building process concerning the role of being an adolescent mother, which leads to a feeling of security in view of the difficulties related to caring for the newborn. Family support was considered important to help the young mother during this new phase of her life. In the end of the puerperium, it was possible to realize that the adolescent puerperae was able to meet the newborn's needs concerning hygiene, feeding, and affection.

## KEY WORDS

Mother-child relations.  
Infant, newborn.  
Infant care.  
Family relations.  
Home care.

## RESUMO

Este estudo qualitativo teve o objetivo de compreender como as puérperas-adolescentes vivenciam o cuidado do filho no âmbito domiciliar. Como referencial de análise, empregou-se o conceito de Maternidade e, no tratamento dos dados, utilizou-se o método do Discurso do Sujeito Coletivo. Participaram do estudo 15 puérperas-adolescentes que ficaram internadas com o recém-nascido na unidade de Alojamento-Conjunto do Hospital Universitário da USP, e que foram entrevistadas após a alta hospitalar. Os resultados evidenciaram a construção diária do ser-mãe-adolescente que direciona o sentimento de segurança diante da superação das dificuldades ao cuidar do recém-nascido. A rede de apoio familiar mostrou-se importante para ajudar a jovem mãe nesta nova fase de sua vida. Ao final do puerpério foi possível constatar que a puérpera-adolescente atende, com competência, as necessidades de higiene, alimentação e afeto do recém-nascido.

## DESCRIPTORES

Relações mãe-filho.  
Recém-nascido.  
Cuidado do lactente.  
Relações familiares.  
Assistência domiciliar.

## RESUMEN

Estudio cualitativo que tuvo por objetivo comprender como las adolescentes en el puerperio pasan por la vivencia de cuidar de su hijo en casa. Como fundamento de análisis se empleó el concepto de Maternidad, para el análisis de los datos fue utilizado el método del Discurso del Sujeto Colectivo. Participaron del estudio 15 adolescentes y sus recién nacidos hospitalizados durante el puerperio en el servicio de Alojamiento-Conjunto del Hospital Universitario de la Universidad São Paulo, entrevistas realizadas posterior al alta. Los resultados mostraron que la construcción diaria de ser-madre-adolescente orienta el sentimiento de seguridad frente a la superación de dificultades cuando se cuida del recién nacido. La red de apoyo familiar fue importante para ayudar a la joven madre en esta nueva etapa de su vida. Al final del puerperio se observó que esta adolescente cuida del recién nacido en cuanto a sus necesidades de higiene, alimentación y afecto competentemente.

## DESCRIPTORES

Relaciones madres-hijo.  
Recién Nacido.  
Cuidado del lactante.  
Relaciones familiares.  
Atención domiciliar de salud.

\* Extracted from the thesis "A vivência da puérpera-adolescente com o recém-nascido, no domicílio", School of Nursing, University of São Paulo, 2007.

<sup>1</sup> Obstetric Nurse. Nurse at the University Hospital, University of São Paulo. Master's Student at School of Nursing, University of São Paulo (EEUSP). São Paulo, SP, Brazil. suferraz@yahoo.com <sup>2</sup> Obstetric Nurse. Associate Professor at the Maternal-Child and Psychiatric Nursing Department at School of Nursing, University of São Paulo (EEUSP). São Paulo, SP, Brazil. ndspraca@usp.br

## INTRODUCTION

Adolescence is a stage of the human development that involves a period of physical and emotional changes, and is considered by some people as a moment of conflicts or crises. It should not be considered as a simple adaptation to body changes, but as an important period in the existential cycle of the person, who is required to take social, family and sexual stands, as well as in face of his/her peer group<sup>(1)</sup>.

According to the World Health Organization (WHO), adolescence comprehends the period from 10 to 19 years old, subdivided in younger adolescents (from 10 to 14 years old) and older adolescents (from 15 to 19 years old). This criterion is the most commonly used in the biomedical literature<sup>(2-3)</sup>.

Together with this criterion, adolescence should be considered a period of discoveries, including the discovery of sexuality, which subjects the adolescent to sexually transmitted diseases and to pregnancy. In this context, data from the Single Health System (SHS) from 2000, indicate that among 2.5 million deliveries carried out in Brazilian public hospitals, 689 thousand were from adolescent mothers<sup>(4)</sup>. This situation shows the high rates of pregnancy during adolescence, which has worried educators, parents, governors and researchers.

Pregnancy during adolescence is a crisis that may overcome the adolescence crisis, which is characterized by the internal imbalances regarding the process of development, which leads the adolescent through the transition to her adult life<sup>(5-6)</sup>. On the other hand, infant standards are questioned and re-elaborated, implying the need for an intense personal and social reorganization and re-adjustment, with the need of a new definition of roles, articulated with the organic and psychic changes. Pregnancy, occurring in this period, activates the search for a new identity, with new conflicts that may lead to a greater disorganization of one's personality<sup>(7)</sup>.

The condition of conceiving a child involves the need for an intense personal and social reorganization and re-adjustment, resulting in an identity change and a new definition of roles, articulated with the organic and psychic changes. Like all women who experience pregnancy, the adolescent experiences the process and redesigns her path<sup>(8)</sup>.

In face of a newborn child, the adolescent experiences processes of maturation, characterized by the search for identity, involving and integrating not only her physical development, but also the psychoemotional, intellectual, family and social development, related to the phase she is undergoing. Maternity introduces the woman into her adult life by changing how she sees and faces the world. The

adolescent is not able to clearly evaluate that she is living an ambiguous situation: she is an adolescent and, at the same time, she takes on the responsibilities of an adult. Nevertheless, for adolescents, *getting mature* means being able to hold the responsibilities of an adult, such as housework and child care<sup>(9)</sup>.

Even though there are few studies focusing the relation of the adolescent mother with her newborn, some studies show that adolescents have strengthened their bond with the baby and have shown a greater maturation and responsibility, by feeling confident and supported to provide care to their children<sup>(9-10)</sup>.

The professional contact of one of the authors with adolescent mothers in the Rooming-in System of a maternity hospital, which provides education and orientation to the mother regarding child care and self-care, indicates that, most times, these mothers show an involving, careful and learning relation with their child. Furthermore, when they are well-oriented, they are able to provide satisfactory care to the baby, even while they are rooming-in. However, the authors still wonder about what happens in their houses, where they do not have the support of a health team to protect them. How do these mothers behave in face of the challenges that may occur when taking care of the baby at home?

By checking the dynamics of the adolescent mother in the daily care for the newborn, this study aimed to identify the need for a reformulation of actions that meets the needs of this young mother while taking care of the newborn child, at home. Therefore, this study had the purpose to understand how adolescent mothers experience the care of their child, at home.

## METHOD

The concept of Maternity was used as the analysis reference of this qualitative study, and the Collective Subject's Speech (CSS) was adopted as the method for data analysis and presentation.

It is also worth mentioning that the qualitative research provides the researcher with the possibility of capturing the way in which individuals think and react in face of focused questions. This provides the knowledge and dynamics of the studied situation from the point of view of the person who experiences it, and helps the researcher understand the feelings, values, attitudes and fears, explaining the mothers' actions in face of a problem<sup>(11)</sup>.

This study was carried out at the University Hospital of University of São Paulo, a public teaching hospital located in the western region of the city of São Paulo. It aims at education, research and care.

The condition of conceiving a child involves the need for an intense personal and social reorganization and readjustment, resulting in an identity change and a new definition of roles, articulated with the organic and psychic changes.

Most of the population cared for at the institution consists of professors, students and employees of the university, as well as dwellers of the region of Butantã, a neighborhood in the city of São Paulo. Its maternity hospital has a Rooming-in Unit, which care for mothers and newborns, among other obstetrics units.

The Rooming-in Unit is open *24 hours a day*, which allows the baby to stay in the crib, next to his mother. Such dynamics offer the mothers the opportunity of learning how to care and to know their child, thus taking on their role of mother and counting on the support of professionals to provide their children with safety.

Fifteen primiparous adolescent mothers, who were rooming-in with their newborn in the Rooming-in Unit of the School Hospital – USP participated in the study. The following inclusion criteria have been considered for this study: being a primiparous, regardless the type of delivery; having had a pregnancy without clinical inter-currences and without chronic or infectious pathologies; having stayed with their newborn child at the Rooming-in Unit; not having presented any interurrences during the rooming-in; and having left the hospital with the newborn. As exclusion criterion, the study considered the adolescent mother whose newborn was rooming-in during the first month of life after the maternity hospital discharge.

The present study was approved by the Education and Research Commission (Comissão de Ensino e Pesquisa - COMEP) and by the Ethic Committee (Comitê de Ética em Pesquisa - CEP) of the University Hospital – USP (CEP no. 629/05). The ethics procedures were developed in compliance with Resolution No. 196/96 of the National Health Department, which defines the guidelines for researches involving human beings. All participants and their guardians were informed and signed the *term of consent*.

The adolescent mothers were contacted at the Rooming-in Unit for data collection, and the inclusion criteria were observed at this moment. Once the adolescents complied with these criteria, they were invited to participate in the research and the authorization of their guardians was sought.

A form, subdivided in two parts, was used as the data collection instrument. The first part consisted of specific questions to collect data about sociodemographic characteristics – age, educational level, occupation, type of dwelling – and about parity, the use of contraceptive, prenatal care, type of delivery and experience in taking care of a newborn.

The second part of the instrument aimed at understanding the experience of the adolescent mother while taking care of her child, at home. Its guiding question was: *Talk about how it has been living with your child at home*.

Interviews were carried out in the period from thirty to forty days after the hospital discharge of the binomial, a period that is still characterized as puerperium. Most ado-

lescents (thirteen) chose to answer to the interview at the hospital, whereas two of them chose to do it at home.

The recorded interviews were completely transcribed and read for the familiarization of the content, which allowed the treatment of the data. Data organization and presentation were guided by the methodological strategy of the Collective Subject's Speeches (CSS)<sup>(12)</sup>. This method aims at making the collectivity speak directly, and consists on reading the speeches of each interview and the consequent identification of key expressions – significant extracts for the study – which originate the main ideas present in each of the individual speeches. Afterwards, these were gathered by content affinity in a synthesis that originated the Collective Subject's Speeches (CSS), identified by themes. The participants' speeches are represented in each constructed Collective Subject's Speech, which represents collectivity. This study originated 17 speeches of the Collective Subject.

## RESULTS AND DISCUSSION

As previously said, this study had the participation of 15 adolescent-mothers who roomed-in with their newborns at the Rooming-in Unit of the School Hospital of the University of São Paulo. Data were collected in the period from March to May of 2006.

Data will be presented in two moments: characterization of the interviewees and speeches of the Collective Subject's Speeches.

The characterization of the interviewed adolescent mothers showed they were young girls between fourteen and eighteen years old. Most of them (ten) had already finished fundamental school, and even though all of them had interrupted their studies due to their pregnancy, they had plans to restart them. None of them had a job.

Thirteen adolescent mothers had not planned the pregnancy; eight mentioned they used a contraceptive method, although not continuously. All of the adolescents had received prenatal care and eight adolescents had a forceps delivery; seven stated they had previously experienced the care of a newborn. Most of them lived with their parents and siblings, and had an occasional relationship with the baby's father.

Given the diversity of themes identified by the data analysis, five CSS that discuss similar themes were selected among the seventeen CSS for this study. They refer to the maternal performance and feelings related to the newborn care at home. They are:

- Expressing feelings about taking care of the newborn;
- Receiving support to take care of the newborn;
- Going through difficulties while taking care of the newborn;

- Taking care of the newborn without any difficulties; and
- Committing oneself to the care of the newborn.

Extracts from each selected CSS, as well as comments/discussion about these, are presented below.

### **CSS - Expressing feelings about taking care of the newborn**

I am happy taking care of him. But it is a great responsibility and you have to be very careful... It is good, like, when you give him a bath, take care of your child, dress him up, breastfeed, when you see he is fine... It is wonderful to take care of him; sometimes it is boring, when he has cramps. Ah! I have to be very patient with him. I stay with him at night... But I am feeling very happy about being with him. Even at night, when he is sleeping, I keep admiring him.

The feeling experienced by the adolescent mother, according to the speech, indicates a mix of concern, impatience and lack of confidence, verbalized by the fact of believing that it is necessary to have responsibility to take care of the child. Besides feeling happiness and satisfaction, she seems to be a great admirer of the baby. Impatience and irritation feelings may be explained by the characteristic behavior of this adolescence phase, when the adolescent goes through constant mood variations, and may be turbulent, violently challenging, happy and sad<sup>(7)</sup>.

Besides taking on new roles, the adolescent mother needs a progressive adaptation, since she is changing her condition of adolescent-daughter to adolescent-mother. Such transition to maternity is a period of disarrangement and imbalance, as well as satisfaction<sup>(7)</sup>.

As she heads towards her mother role, the adolescent breaks barriers and experiences pleasant, happy and sad moments, which characterize the adolescence phase, simultaneously to the gestation period, in order to take on this role of being a mother<sup>(13)</sup>.

It is possible to notice that these young mothers experience several feelings regarding their child and childcare. Nevertheless, it was observed that, despite of the ambivalence, there are more positive feelings involved rather than negative, even when they are still living this stage of discoveries, learning and difficulties. Besides, like all their variations of feelings, they show their happiness and satisfaction about taking care of the child.

### **CSS - Receiving support to take care of the newborn**

I had the support of all my family... They help me a lot... I take good care of the baby, I give baths, breastfeed, but there are several things that my mother has to watch me, to teach me... If my mother were not helping me, I do not know what I would have done. There were days that I could not stand staying with him, because I was too tired: I had spent the whole night, really, the whole night awake, because he cried all night. I had already breastfed him, and then my mother stayed with him for me so that I could get some sleep....

By the last speech, it is possible to notice the support provided by the family to the young mother regarding the baby care.

The search for the family support is evident, as well as the perception about how important it is, in the clarification of doubts, in making the adolescent feel more confident and calmer because she knows she has someone to depend on. She knows that whenever she needs, there will be someone with her, supporting, teaching or simply supervising, especially in this period of adaptation.

There are several findings in literature that discuss the social support given to the adolescent mother concerning the care for her child, the financial aspects and the domestic tasks, encouraging the adolescent to get back to some of her life projects, such as studying and working. Besides minimizing the difficulties, this favors the interaction between the adolescent mother and her baby<sup>(14-15)</sup>.

Social support can be a source of benefits for the mother, but it can also be a source of difficult results, such as handling the presence of conflicts or role confusions. There may be conflicts in which the grandmother usually takes on the newborn mother's role, by taking care and supporting the adolescent mother and her baby, thus becoming a mother for the grandchild<sup>(16)</sup>.

It is important to highlight that, in the CSS studied, the support network takes on important roles, such as helping the adolescent mother to take on her role and handle the maternity stress in a more balanced way, to build her maternal identity and to acquire values that will be transmitted to the child. Besides, this network supports, guides and encourages her to finally find the best way to educate, love and support her child.

### **CSS - Going through difficulties while taking care of the newborn**

It has not been easy! Because it is hard, isn't it? Taking care of him all day long and all night long. I am stuck with him (newborn) and I do not have any time for me. All the time is his. I get a little tired when he does not sleep at night... sometimes it is a little tiring, when you are sleepy, you want to sleep, but you have to stay awake... On the first days I found the bath very complicated... It was very difficult. It was very complicated... It is hard because he is so tiny, but I got used to it later. On the second bath I was already calmer... It was difficult in the beginning, but it is a new experience, right? Now I am already used to it, I have already learned everything.

The CSS above indicates that, like the difficulties reported in the newborn care process, the adolescent mothers expressed feelings such as fear due to the mother-child adaptation period, especially related to the first bath and the times the baby stayed awake at night. This also made the mothers stay awake, thus needing to overcome their need to sleep and emotional and physical tiredness. Other

relevant information is the *exclusive* dedication to the baby, which is pointed out by the adolescent mothers as a consequence of their constant request.

Situations that involve difficulties and the lack of confidence are permeated by the adolescents' strengthened fear, due to the fact that this is their first child and their lack of experience. This fact may be explained in two ways by the adolescent mothers: by the conception that the newborn is a fragile being, especially while the navel heals and closes, and by the lack of confidence that results from the lack of experience in taking care of a little child. Thus, the difficulty in childcare is related to the lack of experience of the adolescent mothers and the demands of a newborn, which needs someone to spend the whole day with him<sup>(9)</sup>.

The strengthening of the bond with the newborn and the overcoming of several difficulties and fears makes the adolescent mother more confident, since she realizes that she can provide the newborn with the necessary care.

### **CSS - Taking care of the newborn without any difficulties**

I was afraid of not taking good care, I do not know, of hurting him or something. Now I can do it. I could not handle it in the beginning, but now I can, I am doing really well... By the time I got home, I had already learned everything... I was afraid of dropping the baby, but I did not have any problems, because here (hospital) I attended several talks about bathing, then it was easy, because I had already given him a bath at the hospital and I had already learned... I took care of him in order to learn, I learned and got used to it... It is easier to dress him up, because I have more experience, I used to dress my niece up when she was one month old... But I think I am doing well, thank God!

It was observed, by the previous CSS, that after being oriented and supervised during the rooming-in, the adolescent mother does not have any doubts regarding the newborn care and that by taking on responsibilities, she becomes more confident, thus, she feels more capable and motivated to take care of her child. The adolescents satisfy the biological needs of their children, by feeding them, cleaning them up, taking care of their clothes, treating diseases and promoting their sleep. Therefore, they fulfill the routine of care provided to the child satisfactorily and without any difficulties<sup>(13)</sup>.

As mentioned in this CSS, at the Rooming-in Unit of the University Hospital - USP, mothers are oriented and supervised by the professionals regarding their child care, such as changing diapers, bath, navel care, and breastfeeding. They have the opportunity to learn and clarify their doubts, and the professionals try to make them feel capable and confident of taking care of their child.

### **CSS - Committing oneself to the care of the newborn**

My daily life is taking care of the baby. All of my attention is given to him, my whole day, I did not do anything else, just took care of him... I spend the whole day taking care of

him, I do not even have time to comb my hair, just to dedicate to him. I do not go out, I just spend my time taking care of him... It was complicated in the beginning! But I got used to it now: getting up, dressing up, breastfeeding, you get used to it, right?... Sometimes I wake up and check if he is breathing. But it does not make any difference, because I am looking at him, this is a joy; it makes me sleepy, but when it is time to wake him up it goes away. I am already used to the schedules. Everytime he sleeps, I sleep with him so that I can rest well. But I do not get nervous as before. I want to take care of him... I stay with him all the time, either when he is asleep or awake. I want to do it, I do not want to depend on anyone.

This analyzed CSS shows that, after the first days of adaptation, the adolescent mother is able to control her tiredness and program her daily rest better, in order to be ready to provide care and attention to the newborn whenever it is necessary. It was observed that every activity she performs is related to the presence of the child, thus, she successfully manages to perform her role of caregiving mother, as well as other activities and being with her child.

Newborn care is the most important fact in the life of adolescent mothers, as well as the care of the house and husband. However, living in this condition restricted to the domestic life, makes the adolescents give up on their studies, work and leisure, due to the new responsibilities as a mother and wife<sup>(17)</sup>.

The care and concern of the adolescent mothers towards their children bring satisfaction due to the accomplishment of care. Besides, the children occupy an affective space in their lives, thus reducing the feeling of loneliness<sup>(17)</sup>.

## **ANALYSIS OF THE RESULTS IN LIGHT OF THE REFERENTIAL**

Maternity requires certain adaptations from young mothers, which are generally expressed through ambivalent reactions, sometimes by conflicts, and other times by joy<sup>(18-20)</sup>.

The young mother may not notice the process of transition motivated by maternity as something present and clear to her comprehension, but she feels the changes in the way of acting and living, either in her relationships, or in the new roles she acquires in unpredicted or planned ways.

Based on the theory about Maternity<sup>(18-20)</sup>, it is possible to say that as the adolescents get used to their new condition, being a mother, they overcome the initial difficulties, develop and consolidate the bond, love and complicity with their children by living with them day by day, which shows their relationship with the newborn. Therefore, the adolescent gradually builds her conception of mother, experiencing this recognition of the other - the child - on her own way and at her own pace, taking on her responsibilities and starting to feel more confident regarding their capability of being a mother.

The family support appears as a benefit and, also as an aiding strategy for the adolescent mother, helping her overcome the adversities of the newborn care, which favors the development of her own competence and gives her the possibility of becoming mature and developing confidence to take care of the baby. This is only acquired with the self-confidence developed in face of the interaction she develops with her child.

It is noticed that this construction is based on the process of learning and in difficulties, and shows the maturation and maternal representations built on their daily life, with rights and wrongs, making adolescent mothers accept maternity and the consequent care of the child, as well as learning how to live with the inherent sacrifices and ambivalences. Therefore, the received social support contributes to their adaptation.

## CONCLUSIONS

The speeches of the adolescent mothers showed that, by taking on their new roles, they are affectionate, demonstrate joy, and become emotional and involved with maternity as each new day goes by. They show responsibility, but sometimes they also regret it, saying the newborns are very demanding in their need of attention. It is possible to notice various and ambiguous feelings, since there are moments in which they celebrate the new condition, and others in which they do not feel adapted.

The adolescent mothers studied experience the daily care of their child by taking on all tasks of a caregiving mother, and by feeling responsible for the baby. They let manifestations of positive experiences show, which generated pleasure and personal satisfaction, but they also expressed the fact that this experience changes the direction of their lives.

## REFERENCES

1. Motta G. Variáveis de risco para a gravidez na adolescência [dissertação]. Campinas: Centro de Ciências da Vida, Pontifícia Universidade Católica de Campinas; 2001.
2. Organización Mundial de la Salud (OMS). El embarazo y el aborto en la adolescência. Ginebra; 1975. (Serie de Informes Técnicos, 583).
3. World Health Organization (WHO). Child and adolescent health and development [text on the Internet]. Geneva; 2004 [cited 2004 Set. 8]. Available from: [http://www.who.int/child-adolescent-health/OVERVIEW/AHDadh\\_over.htm](http://www.who.int/child-adolescent-health/OVERVIEW/AHDadh_over.htm)
4. Brasil. Ministério da Saúde. DATASUS. Informações de saúde: nascidos vivos - São Paulo [texto na Internet]. Brasília; 2000 [citado 10 ago. 2004]. Disponível em <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sinasc/cnv/nvsp.def>
5. Romero MI, Maddaleno M, Silber TJ, Munist M. Salud reproductiva. In: Silber TJ, Munist MM, Maddaleno M, Ojeda SEM, organizadores. Manual de medicina de la adolescência. Washington: OPAS; 1991. p. 473-82.
6. Santos SR. As vivências da maternidade na adolescência precoce [dissertação]. São Paulo: Faculdade de Saúde Pública, Universidade de São Paulo; 2001.
7. Carvalho GM, Merighi MAB. Gravidez precoce: que problema é esse? São Paulo: Paulus; 2006.
8. Mazzini MLH. A construção da identidade materna na adolescente grávida [dissertação]. Ribeirão Preto: Faculdade de Filosofia Ciências e Letras de Ribeirão Preto, Universidade de São Paulo; 2003.
9. Luz AMH. Mulher adolescente: sexualidade gravidez e maternidade. Porto Alegre: EDIPUCRS; 1999.

10. Folle E, Geib LTC. Representações sociais das primíparas adolescentes sobre o cuidado materno ao recém-nascido. *Rev Lat Am Enferm*. 2004;12(2):183-90.
11. Merighi MAB, Praça NS. Abordagens teórico-metodológicas qualitativas: a vivência da mulher no período reprodutivo. Rio de Janeiro: Guanabara Koogan; 2003
12. Lefèvre F, Lefèvre AMC. O discurso do sujeito coletivo: um enfoque em pesquisa qualitativa (desdobramentos). 2ª ed. Caxias do Sul: EDUCS; 2005.
13. Machado MVP, Zagonel IPS. O processo de cuidar da adolescente que vivencia a transição ao papel materno. *Cogitare Enferm*. 2003;8(2):26-33.
14. Machado FN, Meira DCS, Madeira AMF. Percepções da família sobre a forma como a adolescente cuida do filho. *Rev Esc Enferm USP*. 2003;37(1):11-8.
15. Santos ALD. História de jovens que vivenciaram a maternidade na adolescência menor: uma reflexão sobre as condições de vulnerabilidade [tese]. São Paulo: Faculdade Saúde Pública, Universidade de São Paulo; 2006.
16. Silva DV, Salomão NMR. A maternidade na perspectiva das mães adolescentes e avós maternas dos bebês. *Estud Psicol*. 2003;8(1):135-45.
17. Trindade RFC. Entre o sonho e a realidade: a maternidade na adolescência sob a ótica de um grupo de mulheres da periferia da cidade de Maceió-Alagoas [tese]. São Paulo: Programa de Pós-Graduação Interunidades, Escola de Enfermagem/Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo; 2005.
18. Badinter E. Um amor conquistado: o mito do amor materno. 3ª ed. Rio de Janeiro: Nova Fronteira; 1985.
19. Krentz CM. A experiência da maternidade e a interação mãe-bebê em mães adolescentes e adultas [dissertação]. Porto Alegre: Instituto de Psicologia; Universidade Federal Rio Grande do Sul; 2001.
20. Pacheco MJT. Maternidade na adolescência: vivências, sentimentos e decisões. São Luis: Fundação Josué Montello; 2004.