

RESEARCH ARTICLE (ORIGINAL) 

Fathers' experiences using the kangaroo position with low-birth-weight infants

Vivências paternas na realização da posição canguru com recém-nascidos de baixo peso

Experiencias paternas en la realización de la posición canguro con recién nacidos de bajo peso

Luisamara Leal Lopes ¹ <https://orcid.org/0000-0002-1293-8229>Alessandra Vaccari ² <https://orcid.org/0000-0003-0195-073X>Fernanda Araújo Rodrigues ³ <https://orcid.org/0000-0002-4679-0381>Silvani Herber ⁴ <https://orcid.org/0000-0002-7067-0101>

¹ Gaucho Clinical Center, Porto Alegre, Brazil

² Department of Maternal-Infant Nursing, School of Nursing, Federal University of Rio Grande do Sul, Porto Alegre, Brazil

³ State Department of Health of Rio Grande do Sul, Porto Alegre, Brazil

⁴ Neonatology Service of the Hospital de Clínicas de Porto Alegre, Brazil

Corresponding author:

Silvani Herber

E-mail: silvanienfherber@yahoo.com.br

Received: 11.03.20

Accepted: 07.07.20

Abstract

Background: The kangaroo position consists of keeping the newborn in skin-to-skin contact with the mother, father, or caregiver elected by the family. Its benefits include the newborn's clinical improvement and weight gain.

Objective: To describe the fathers' experiences using the kangaroo position with their low-birth-weight newborns.

Methods: A descriptive exploratory research, with a qualitative approach, was conducted in a neonatal unit, in southern Brazil. Data were collected through semi-structured interviews, and a thematic content analysis was carried out.

Results: Five fathers participated in the study, from which three categories resulted: the ambivalence of feelings; the ease and difficulty experienced; and the strengthening of the father-child bond.

Conclusion: It is possible to go beyond the results of this study and consider the kangaroo position as a strategy to stimulate the father-child interaction and bonding, while effectively acting as a trigger for the development of fatherhood.

Keywords: kangaroo-mother care method; paternity; infant, newborn; neonatal nursing

Resumo

Enquadramento: A posição canguru consiste em manter o recém-nascido em contacto pele a pele com mãe, pai ou cuidador eleito pela família. Os seus benefícios envolvem melhoria clínica e ganho de peso do recém-nascido.

Objetivo: Descrever a vivência paterna durante a realização da posição canguru com o seu recém-nascido de baixo peso.

Metodologia: Pesquisa de caráter exploratório-descritivo, com abordagem qualitativa, realizada em neonatologia, na região sul do Brasil. As informações foram colhidas por meio de entrevistas semiestruturadas e submetidas à análise de conteúdo temática.

Resultados: Participaram 5 pais. Foram construídas 3 categorias, que contemplaram a ambivalência de sentimentos; as facilidades e as dificuldades vivenciadas; e o fortalecimento do vínculo pai-filho.

Conclusão: É possível transcender os resultados deste estudo e pensar na posição canguru como uma estratégia para o estímulo da interação e do vínculo entre pai e filho, pode efetivamente ser o desencadeador para o desenvolvimento da paternidade.

Palavras-chave: método canguru; paternidade; recém-nascido; enfermagem neonatal

Resumen

Marco contextual: La posición canguro consiste en mantener al recién nacido en contacto piel a piel con la madre, el padre o el cuidador elegido por la familia. Sus beneficios implican una mejora clínica y el aumento de peso del recién nacido.

Objetivo: Describir la experiencia paterna durante la realización de la posición canguro con su recién nacido de bajo peso.

Metodología: Investigación de carácter exploratorio-descritivo, con un enfoque cualitativo, realizada en neonatología, en la región sur de Brasil. La información se recopiló mediante entrevistas semiestructuradas y se sometió a un análisis de contenido temático.

Resultados: Cinco padres participaron. Se construyeron tres categorías, que contemplaban la ambivalencia de los sentimientos; las facilidades y las dificultades experimentadas, y el fortalecimiento del vínculo padre-hijo.

Conclusión: Es posible transcender los resultados de este estudio y pensar en la posición canguro como una estrategia para estimular la interacción y el vínculo entre padre e hijo, puede ser efectivamente el detonante para el desarrollo de la paternidad.

Palabras clave: método madre-canguru; paternidad; recién nacido; enfermería neonatal



How to cite this article: Lopes, L. L., Vaccari, A., Rodrigues, F. A., & Herber, S. (2020). Fathers' experiences using the kangaroo position with low-birth-weight infants. *Revista de Enfermagem Referência*, 5(3), e20033. doi:10.12707/RV20033



Introduction

The kangaroo position (KP) is part of the kangaroo-mother care (KMC) method, a perinatal care model aimed at a humanized and qualified service that applies biopsychosocial intervention strategies in a favorable environment for providing care to low-birth-weight (LBW) infants and their families. KP consists of parents and other relatives holding the newborn (NB) upright in skin-to-skin contact. It should be performed with safety and supervised by the health team (Ministério da Saúde, 2017).

KP improves the growth and development of the LBW baby, regulating deep sleep cycles, reducing crying and restlessness, and increasing weight and adequate sensory stimulation. It also facilitates breastfeeding, as the mother feels more secure when she is close to her child and milk production is stimulated by contact. Other KP benefits include controlling the body temperature, improving the oxygenation, and reducing stress-related pain in the LBW baby (Tamez & Silva, 2017; Ministério da Saúde, 2014). LBW infants are babies born weighing less than 2500 grams. Thus, most LBW infants are preterm. In Brazil, there is still a high number of LBW births, regardless of gestational age. It represents a high percentage of neonatal morbidity and mortality, constituting an important health problem. Additionally, premature births can cause immature organ systems and several other complications, as well as prolonging hospitalization periods. Therefore, the Brazilian Ministry of Health advises that all LBW infants should be included in the KMC method to reduce hospitalization periods and ensure their adequate growth and development (Ministério da Saúde, 2017; Tamez & Silva, 2017).

The temperature control provided by KP is fundamental as LBW infants have little muscle mass and smaller brown fat reserves for heat production. Therefore, a heated environment is necessary until the NBs can control their temperature. Hypothermia and cold stress may cause the NB to suffer from hypoxia, metabolic acidosis, and hypoglycemia. Cold can also lead to an increase in metabolism, including higher oxygen intake and calorie depletion (Tamez & Silva, 2017; Ministério da Saúde, 2014).

Sharing the KP experience helps parents to deal with their child's recovery process, and the mutual support and affection between parents and NB are important during this stage. Physical contact with their NB makes parents feel more confident when providing care and eases their feelings of fear, anguish, sadness, and insecurity regarding their child's, often unexpected, hospitalization. Nurses and parents should establish a relationship through training in NB care. This care process generates a bond which brings more confidence and dedication. In this sense, KP contributes to the development of fatherhood, triggering the father's ability to care for his NB and his emotions about becoming a parent and taking part in the NB's care. Evidence shows that the late, not early, occurrence of the bond of fatherhood may have negative repercussions on the child's psychological development (Ministério da Saúde, 2014; Ministério da Saúde, 2017; Shorey, He, &

Morelius, 2016; Palmeira & Scorsolini-Comin, 2018). Current literature describes the use of KP as having numerous advantages for both the mother and her NB (Shorey et al., 2016). However, few studies address the father's experience with preterm babies, the use of KP, and its influence on the interaction between father and child (Darrif, Bortolin, & Tabaczinski, 2020). Nevertheless, fathers play a key role in the entire process, from pregnancy to the NB's hospitalization in the Neonatal Intensive Care Unit (NICU). Their involvement should be prioritized and their feelings valued (Barcellos & Zani, 2017), hence conducting this research. In this sense, this study aims at describing the father's experience during the use of KP with a LBW infant.

Background

Fatherhood transcends biology. It can be seen as a care-based process that occurs within the father-child relationship (Dal-Rosso, Silva, Pieszak, Ebling, & Silveira, 2019). In this sense, fatherhood should not be understood simply as a legal obligation. Mostly, it should be regarded as the man's right to be part of the decision to have a child or not, as well as being present throughout the pregnancy, birth, puerperium, and the child's education (Ministério da Saúde, 2018).

The affective relationship between father and new child is not immediate and should be understood as a continuous process. In the contemporary nuclear family structure, the father wishes to participate more actively in his child's care, being present in several aspects of the child's life, and practicing his coparenthood regarding the child's health and well-being (Barcellos & Zani, 2017; Lopes, Santos, & Carvalho, 2019). When the father develops mechanisms to meet the child's physical and emotional needs, which include feeding, hygiene, health, support, and affection, he experiences fatherhood, a continuous learning process that begins on the first days of his child's life (Abade & Romanelli, 2018).

In this sense, the father's role is not only to support the new mother. In the case of an underweight (LBW) and/or preterm baby, the father should be considered as a central figure in the NICU, as he is usually the one physically and mentally fit to make difficult decisions regarding his partner and newborn child (Barcellos & Zani, 2017).

A review carried out by Darrif et al. (2020) reveals that fathers experience feelings of surprise, fear, and insecurity when faced with the birth of a LBW or preterm child. Nevertheless, they express their need for inclusion in the NB's care at the NICU. It is from this moment they begin to discover their true role as fathers.

In this respect, and restating this study's objective, it is important to identify the father's understanding of KP, as well as stimulate its use, evidencing its relevance for the promotion of the father-NB bond and its contribution to the child's recovery (Rolim et al., 2018). Thus, father-NB interaction should occur as early as possible. At this stage, health professionals, particularly the nursing team, should understand the intersubjectivity of the father-child

interaction and welcome the fathers' fears and insecurities regarding NB care (Lopes et al., 2019).

Research question

What are the paternal experiences using KP with a LBW infant in a NICU?

Methodology

This is an exploratory-descriptive research, using a qualitative approach (Minayo, 2014). The consolidated criteria for reporting qualitative research COREQ (Tong, Sainsbury & Craig, 2007) were followed to ensure the quality of the research.

The study was conducted at the NICU of a private hospital, in Porto Alegre, southern Brazil. Regarding the context of the study, the institution implements the KP method with parents and provides a support group service to LBW and preterm infants' parents since 2004. The support group allows parents to exchange experiences regarding their child with other parents that have experienced a similar situation.

Purposive sampling was used to select the study participants, with the nursing team's assistance. The following inclusion criteria were met: to be a LBW infant's father; to be part of the support group to LBW and preterm infants' parents of the institution; to be 18 years of age or older; and to have used the KP with his child while in the institution. The exclusion criterion was fathers with difficulties in communicating.

Regarding the qualitative approach, the number of participants was defined by data saturation, a criterion applied when, according to the researcher's assessment, the data provided by the participants become repetitive (Minayo, 2014). The addition of new data did not affect the understanding of the phenomenon studied, so five fathers

that used KP were included in the study.

Data collection was carried out in a private, quiet environment, free of disturbances. Questions regarding age, education, occupation, and number of previous children were placed to describe the participants. Open questions previously prepared on the topic included: "What were your feelings using KP with your NB?", "What was most difficult or easy for you when using KP?", "How do you think KP helped in strengthening the bond with your NB?". The semi-structured interview model allowed the researcher to delve into the topic to identify fathers' experiences during the use of KP with the LBW infant.

The Informed Consent Form was used to ensure voluntary participation. The interviewees' names were coded P1, P2, P3, P4, and P5 to ensure confidentiality.

The interviews were recorded in audio, as authorized by the participants, and transcribed in full. After data transcription, the interviews were printed and given to the participants for verification and validation. Collected data were analyzed using the thematic content analysis method, with the following stages: pre-analysis, material exploration, and treatment of results, inference, and interpretation (Minayo, 2014).

This study respected all the ethical principles laid out in Resolution no. 510/2016 of the National Health Council, which regulates research with human beings. The Ethics and Research Committee (ERC) of a university of the Vale dos Sinos region, southern Brazil, approved the research (opinion no. 979.099), together with the ERC of the co-participating hospital institution (opinion no. 627.537).

Results

Five fathers that used KP participated in the study. They were described as young, middle-class adults with little or no previous paternal experience, as observed in Table 1.

Table 1

Description of the research participants.

Participant	Age	Occupation	Education	Previous children
P1	34	Production operator	Incomplete higher education	1
P2	32	Real estate agent	Incomplete higher education	No
P3	25	Physical education teacher	Higher education	No
P4	29	Freelancer	Secondary education	No
P5	42	Systems Analyst	Higher education	1

After data systematization, The categories emerged to identify the fathers' experiences with KP were The ambivalence of feelings when using the KP, The ease and difficulty experienced when using the KP, and The strengthening of the father-child bond.

The ambivalence of feelings when using the KP

The various feelings experienced by the fathers are presented in this category. Positive feelings were the most reported. All participants expressed their interest in sharing these feelings, and it was possible to observe, through their smiles and gestures, the satisfaction they felt when they used KP to hold their child.

Among the answers given, love and affection were the

feelings most mentioned by the fathers participating in this study. Nevertheless, three of the fathers were more articulate when expressing their feelings, as shown by the following statements:

A love, I guess, that I hadn't experienced until then, you know? An affection, an inner peace, I did it! To be there with her, to want to hold her, to look at her, to cuddle her. I think I mostly felt a kind of peace, you know? Peace and affection. (P3; May 2014)

Lots of love! Something I have never felt, never felt, or imagined. I thought I was going to feel a lot of tenderness, but when I first saw her and held her in my arms, it was a feeling I have never experienced in my life. (P4; May 2014)

"I felt something mutual and it was mutual love." (P5; May 2014)

Two fathers expressed a sense of achievement, according to the following statements: "It was a unique moment!" (P1; May 2014). "It was one of the best feelings of my life." (P2; May 2014).

The sense of protection was also reported because the father is able, at that moment, to be closer to his child, holding him/her in his arms, as shown by the following statements: "It was as if I was protecting her. The main feeling is a feeling of supporting the NB, of comfort. A sense that all the planning before the birth became real". (P5; May 2014).

However, two of the five fathers mentioned feelings of fear and insecurity when using KP: "We didn't know what it was like, my wife had a very complicated pregnancy and we were quite afraid. Premature babies are more fragile, so we were afraid." (P1; May 2014).

I was afraid at first, but the moment she was born, the doctor put her in my arms, I immediately adjusted. I was a little insecure because she was very fragile, and I was afraid of hurting her in some way, but the love is huge, it overcomes the feelings of insecurity. (P2; May 2014)

The ease and difficulty experienced when using the KP

All study participants reported that it was easy to use KP with their child. Furthermore, only one father spoke explicitly about the topic, as shown in the following statement: "It was easy, I was comfortable, it felt good to care for her like that, and I like it when she is calm like that on my chest" (P3; May 2014).

Regarding the ease of the experience, only one father mentioned his experience with the nursing team's training in using KP: "The staff [nursing team] is wonderful there [NICU]" (P1; May 2014).

Only one of the fathers mentioned the conditions of the unit, particularly the physical accommodation provided to use the KP: "The only real difficulty here in the hospital was the location, the accommodation. Maybe it was because I was seated on a chair" (P5; May 2014).

The strengthening of the father-child bond through the KP

All fathers considered that KP assisted in strengthening the father-child bond. Nevertheless, three participants were

more particular when discussing the topic, as shown by the following statements: "I think it strengthened, right? The bond already existed since the moment I was there at the birth. In fact, it [KP] intensified it" (P5; May 2014).

I think it stimulates, talking is stimulating, talking to her, being together, in contact with her, for sure! Having her in my arms, I think it's stimulating because she gets used to it, I think. If she is crying, and I hold her in my arms, she starts looking at me, watching me, and then she calms down (P3; May 2014).

"It certainly helped a lot. We see that they understand. They know their father and mother just by the sound of their voice." (P3; May 2014).

Discussion

The category The ambivalence of feelings when using the kangaroo position includes the various feelings experienced by the fathers. This result is consistent with another study that pointed out that, when a LBW baby is hospitalized, parents experience an ambivalence of feelings, both positive and negative (Fernandes & Silva, 2015).

In this light, KP generates feelings of immense love and strengthens the affective bonds between father and child, expanding their intimacy. Thus, family support is essential for the NB's recovery at this stage, with love, trust, and time constituting key factors for fathers to experience this moment as a step in their child's clinical improvement (Jesus et al., 2015; Shorey et al., 2016).

Many current studies state the importance of the father's presence in his child's life since birth, highlighting the negative impact of his absence in the child's development (Palmeira & Scorsolini-Comin, 2018). Thus, the benefits of the father's use of KP are numerous, as it enables him to experience a full and meaningful fatherhood while being aware of his attitudes and responsibilities regarding care (Lopes et al., 2019).

Similar research showed that fathers also experienced positive feelings when using KP with their NB; fathers also mentioned how wonderful the experience was for them and how it moved them (Jesus et al., 2015). Many fathers cried with joy and emotion as they held their NB in their arms for the first time while using the KP.

KP values the father's participation in his child's recovery process, as well as making him feel useful in this stage. Using KP is a pleasurable experience and also triggers the feeling of accomplished fatherhood, as reported by one father. This result is consistent with studies that show the father's desire to cherish his child, by transmitting love and warmth through physical contact, speech, and touch, thus accepting his role in fatherhood as essential (Barcellos & Zani, 2017).

Concerning the feelings of accomplishment and protection mentioned by the fathers, a child's birth brings about new roles for both the woman and the man that will become parents (Fernandes & Silva, 2015). Literature shows that, when the father uses KP with his child, his touch, smell, hearing, and sight give his NB a sense of

security and affection (Lopes et al., 2019).

On the other hand, the lack of contact between fathers and their NB, soon after birth, generates negative feelings regarding their child's survival. In this sense, KP can also assist the father in overcoming the negative feelings caused by the LBW infant's hospitalization, which is often long (Barcellos & Zani, 2017).

It is natural for parents to show negative feelings, like anguish, fear, and insecurity, regarding their child's health; hence the importance of parents' group meetings to clarify the family's possible doubts. In this context, a support group is necessary to assist the couple to deal with their child's birth and hospitalization. These groups also promote the parents' integration with the health team that cares for their NB (Carvalho & Pereira, 2017). Regarding "The ease and difficulty experienced when using the kangaroo position" category, the five participants considered the use of KP as easy. However, caring for the child while using KP is still a challenge for the father, being influenced by personal, social, cultural, and institutional factors (Lopes et al., 2019). Child care is still closely associated with the social characteristics of each gender, which influence the concept of father and fatherhood (Abade & Romanelli, 2018). The use of KP can reduce this cultural division, strengthening the father-child bond and promoting the development of fatherhood.

Participants reported that the guidance provided by nurses facilitates the process. In this sense, the health team should be flexible to adapt the father's schedule to be with his child and provide a favorable environment for the father-child interaction (Fernandes & Silva, 2015; Rolim et al., 2018).

Furthermore, health professionals should check the necessary environmental and behavioral changes to ensure an adequate and more humanized environment to care for the LBW baby and assist the parents (Barcellos & Zani, 2017; Jesus et al., 2015; Soares, Christoffel, Rodrigues, Machado, & Cunha, 2015). However, in general, weaknesses were observed regarding the parents' accessibility to the health service, mainly due to the strict schedules (Dal-Rosso et al., 2019).

Regarding possible difficulties, one of the fathers mentioned the accommodation provided in the unit. Nevertheless, in a similar study, fathers reported that they did not encounter any difficulty regarding their stay at the NICU and its facilities; also, these participants emphasized that the nursing team supported them (Rolim et al., 2018). In this study, only one participant reported the nursing team's support and guidance regarding the use of KP.

In the third category, The strengthening of the father-child bond through the KP, the use of KP is a strategy that minimizes the father-child distance caused by hospitalization (Lopes et al., 2019), being consistent with a recent study. Thus, when using the KP, besides being emotionally close to the child, the father is included in the care, assuming his responsibilities in the postnatal period. It is also clear that fatherhood is a process that is gradually experienced by men rather than being a natural or instinctive trait; and the sooner the father-child interaction begins, the

more likely the father will assume his paternal role (Abade & Romanelli, 2018).

Therefore, skin-to-skin contact is a determining factor in the development of the father-child bond. KP is considered an essential NICU care strategy that helps the father to face more confidently the emotional challenges related to his NB's health risk situation (Barcellos & Zani, 2017; Medeiros & Piccinini, 2015).

In this context, the father's participation is also essential for the NB's recovery process and, therefore, he should be provided with all information regarding his child, including the use of KP and other NB care demands (Barcellos & Zani, 2017; Soares et al., 2015). Still considering the child's hospitalization, some fathers expressed their need for the assistance of a health team sensitive to the accomplishment of the father-child emotional relationship (Rolim et al., 2018).

A limitation of this study is that it was conducted in a private hospital institution that periodically runs a support group to assist LBW infant's parents in overcoming the difficulties related to their child, thus facilitating the parenthood process. Therefore, these results do not correspond entirely to the reality of other units. Nevertheless, this study becomes relevant due to the scarcity of studies on fathers' experiences regarding premature and LBW newborns, and particularly their experiences with the use of the KP.

Conclusion

The objective of this research was to describe the experiences of fathers while using KP with their LBW infant. Fathers reported having experienced several feelings, such as feelings of love and affection, together with the desire to be with their child, overcoming fear and anxiety. Despite some difficulties, it was observed that the use of KP promoted the strengthening of the affective father-child bonds and the father's sense of belonging during his child's hospitalization period, thus redefining fatherhood. It is possible to go beyond the results of this study and consider KP as a strategy to stimulate the father-child interaction and bond and effectively trigger the development of fatherhood. In this context, the nursing team plays a key role in the encouragement, guidance, and support to the father's involvement in the use of KP. This involvement may improve the care provided by the father to his child, supporting him as a key participant in his child's recovery and in his consequent more active role in the child's education.

KP is the main strategy used by the KMC, a public care policy aimed at the healthy neurodevelopment of LBW newborns. The findings of this study allow concluding that the father-child bond becomes stronger, promoting the development of fatherhood. Therefore, KMC can be considered a public policy aimed at stimulating paternal care since the NICU, preventing violence against children and women by strengthening bonds and promoting gender equality and responsible fatherhood.

These results can contribute to health professionals reflec-

ting, particularly nurses, on the father's active engagement in the care process that seeks to improve LBW infant care. Additionally, the development of new studies in different contexts can assist professionals in providing holistic care to LBW infants as KP benefits not only the improvement of the newborns' clinical status but also the inception of fatherhood.

Author contributions

Conceptualization: Lopes, L. L., Vaccari, A., Herber, S.
Data curation: Lopes, L. L., Vaccari, A., Rodrigues, F. A., & Herber, S.

Methodology: Lopes, L. L., Vaccari, A., Rodrigues, F. A., & Herber, S.

Writing – original draft: Lopes, L. L., Vaccari, A., Rodrigues, F. A., & Herber, S.

Writing – review & editing: Lopes, L. L., Vaccari, A., Rodrigues, F. A., & Herber, S.

References

- Abade, F., & Romanelli, G. (2018). Paternidade e paternagem em famílias patrifocais. *Revista Estudos Feministas*, 26(2), e50106. doi:10.1590/1806-9584-2018v26n250106
- Barcellos, A. A., & Zani, A. V. (2017). Vivências do pai em face do nascimento do filho prematuro: Revisão integrativa. *Journal of Health & Biological Sciences*, 5(3), 277-285. doi:10.12662/2317-3076jhbs.v5i3.1198. p. 277-285.
- Carvalho, L. D., & Pereira, C. D. (2017). As reações psicológicas dos pais frente à hospitalização do bebê prematuro na UTI neonatal. *Revista da SBPH*, 20(2), 101-122. Retrieved from <http://pepsic.bvsalud.org/pdf/rsbph/v20n2/v20n2a07.pdf>
- Dal-Rosso, G. R., Silva, S. O., Pieszak, G. M., Ebling, S. B., & Silveira, V. N. (2019). Experiências narradas por homens no exercício da paternidade: Rompendo paradigmas. *Revista de Enfermagem da UFSM*, 19(3). doi:10.5902/2179769228653
- Darrif, L. D., Bortolin, D., & Tabaczinski, C. (2020). Prematuridade paternidade: Um estudo de revisão sistemática. *Revista de Psicologia*, 11(1), p. 93-99. doi: 10.36517/revpsiufc.11.1.2020.9
- Jesus, N. C., Vieira, B. D., Alves, V. H., Rodrigues, D. P., Souza, R. M., & Paiva, E. D. (2015). The experience of the kangaroo method: The perception of the father. *Journal of Nursing UFPE*, 9(7), 8542-8550. doi:10.5205/1981-8963-v9i7a10626p8542-8550-2015
- Medeiros, F. B., & Piccinini, C. A. (2015). Relação pai-bebê no contexto da prematuridade: Gestação, internação do bebê e terceiro mês após a alta hospitalar. *Estudos de Psicologia*, 32(3), 475-485. doi:10.1590/0103-166X2015000300012.
- Fernandes, N. G., & Silva, E. M. (2015). Vivência dos pais durante a hospitalização do recém-nascido prematuro. *Revista de Enfermagem Referência*, 4(4), 107-115. doi: dx.doi.org/10.12707/RIV14032.
- Lopes, T. R., Santos, V. E., & Carvalho, J. B. (2019). A presença do pai no método canguru. *Escola Anna Nery Revista de Enfermagem*, 23(3), e20180370. doi:10.1590/2177-9465-ean-2018-0370.
- Minayo, M. C. (2014). *O desafio do conhecimento: Pesquisa qualitativa em saúde* (14ª ed.). São Paulo, Brazil: Hucitec.
- Ministério da Saúde. (2014). Atenção à saúde do recém-nascido: Guia para os profissionais de saúde: Cuidados com o recém-nascido pré-termo. Brasília, Brazil: Author. Retrieved from http://bvsms.saude.gov.br/bvs/publicacoes/atencao_saude_recem_nascido_v4.pdf
- Ministério da Saúde. (2017). *Atenção humanizada ao recém-nascido de baixo peso-método canguru manual técnico*. Brasília, Brazil: Author. Retrieved from http://bvsms.saude.gov.br/bvs/publicacoes/atencao_humanizada_metodo_canguru_manual_3ed.pdf
- Ministério da Saúde. (2018). Guia do pré-natal do parceiro para profissionais de saúde. Brasília, Brazil: Author. Retrieved from <http://portalarquivos2.saude.gov.br/images/pdf/2018/agosto/22/PNP.pdf>
- Palmeira, H. M., & Scorsolini-Comin, F. (2018). Reconhecimento tardio de paternidade e suas repercussões no desenvolvimento dos filhos. *Vínculo-Revista do NESME*, 15(2). doi:75d323ad-165443c59fb-33bc
- Resolução nº 510/2016, de 07 de Abril. (2016). *Diário Oficial da União*. Ministério da Saúde, Conselho Nacional de Saúde. Brasília, Brazil. Retrieved from <https://conselho.saude.gov.br/resolucoes/2016/Reso510.pdf>
- Rolim, K. M., Santos, M. S., Magalhães, F. J., Albuquerque, F. H., Frota, M. A., Fernandes, H. I., & Pinto, M. M. (2018). A relevância do método mãe-canguru na formação do vínculo afetivo: Percepção paterna. Retrieved from <https://proceedings.ciaiq.org/index.php/ciaiq2018/article/view/1928>
- Shorey, S., He, H. G., & Morelius, E. (2016). Skin-to-skin contact by fathers and the impact on infant and paternal outcomes: An integrative review. *Midwifery*, 40, 207-217. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0266613816301115>
- Soares, R. L., Christoffel, M. M., Rodrigues, E. C., Machado, M. E., & Cunha, A. L. (2015). Ser pai de recém-nascido prematuro na unidade de terapia intensiva neonatal: Da parentalidade a paternidade. *Escola Anna Nery Revista de Enfermagem*, 19(3), 409-416. doi:10.5935/1414-8145.20150054.
- Tamez, R. N., & Silva, M. J. (2017). *Enfermagem na UTI Neonatal: Assistência ao recém-nascido de alto risco*. Rio de Janeiro, Brazil: Guanabara Koogan.
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357. doi:10.1093/intqhc/mzm042