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Maternal experience after preterm infant discharge: building autonomy in care

Vivência materna após a alta do prematuro: construção da autonomia do cuidado

Vivencia materna tras el alta del recién nacido prematuro: construcción de la autonomía del cuidado

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ABSTRACT

Objective: To investigate the experience of mothers after hospital discharge and during the initial home care of newborns who had been admitted to a Neonatal Intensive Care Unit. **Method:** A qualitative study was conducted at a university hospital in the state of São Paulo, Brazil. Six mothers participated, each with babies who had been hospitalized for at least seven days during the first half of 2017. Data were collected through semi-structured interviews and a sociodemographic and clinical questionnaire, and analyzed using Content Analysis. **Results:** The mothers, aged between 23 and 35 years, reported ambivalent feelings, such as relief due to the baby's hospital discharge and fear regarding the responsibility of care at home. Insecurities were related to basic tasks such as bathing and breastfeeding. Over time, mothers described a gradual process of adaptation and increased self-confidence. **Final considerations:** The findings highlight the importance of follow-up after hospital discharge to promote maternal autonomy in newborn care and strengthen the bond between mother and child.

DESCRIPTORS:
Premature Infant; Postdischarge Care; Mother-Child Relations.

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RESUMO

Objetivo: Investigar a vivência de mães após a alta hospitalar e os primeiros cuidados domiciliares com recém-nascidos que estiveram internados em unidade de terapia intensiva neonatal. **Método:** Estudo qualitativo realizado em um hospital universitário no estado de São Paulo. Participaram seis mães cujos bebês permaneceram internados por, pelo menos, sete dias durante o primeiro semestre de 2017. Os dados foram coletados por meio de entrevistas semiestruturadas e de questionário sociodemográfico e clínico, sendo analisados com base na Análise de Conteúdo. **Resultados:** As mães, com idades entre 23 e 35 anos, relataram sentimentos ambivalentes, como alívio pela alta hospitalar e medo diante da responsabilidade de cuidar do bebê em casa. As inseguranças estavam relacionadas a práticas como banho e amamentação, mas foi observado um processo de adaptação e construção de confiança ao longo do tempo. **Considerações Finais:** Destaca-se a relevância do acompanhamento após a alta hospitalar para promover a autonomia materna no cuidado ao recém-nascido e fortalecer o vínculo entre mãe e filho.

DESCRIPTORS:
Recém-nascido Prematuro; Cuidados Pós-alta; Vínculo Mãe-bebê.

RESUMEN

Objetivo: Investigar la experiencia de madres tras el alta hospitalaria y durante los primeros cuidados en el hogar de recién nacidos que estuvieron internados en una unidad de cuidados intensivos neonatales. **Método:** Estudio cualitativo realizado en un hospital universitario del estado de São Paulo, Brasil. Participaron seis madres cuyos bebés estuvieron hospitalizados durante al menos siete días en el primer semestre de 2017. Se realizaron entrevistas semiestructuradas y se aplicó un cuestionario sociodemográfico y clínico. Los datos fueron analizados mediante Análisis de Contenido. **Resultados:** Las madres, con edades entre 23 y 35 años, relataron sentimientos ambivalentes, como el alivio por el alta hospitalaria del bebé y el miedo frente a la responsabilidad de los cuidados en casa. Las inseguridades estaban relacionadas con prácticas básicas como el baño y la lactancia. Con el tiempo, describieron un proceso de adaptación y aumento de la confianza. **Consideraciones Finales:** Los resultados refuerzan la importancia del acompañamiento después del alta hospitalaria para promover la autonomía materna en el cuidado del recién nacido y fortalecer el vínculo entre madre e hijo.

DESCRIPTORES:
Recién nacido Prematuro; Atención Postalta; Relación Madre-Hijo.

INTRODUCTION

In recent years, attention to maternal and child health has become one of the main priorities of public health policies[1–2]. In this context, premature birth care remains a persistent challenge in Brazil. World Health Organization data indicate that the country ranks tenth in absolute numbers of preterm births, with approximately 279.3 thousand cases per year, corresponding to 9.2% of all births[3–4].

Recent advances in neonatal intensive care and in premature newborn (PTNB) treatment have led to a significant increase in survival rates, enabling the survival of neonates with low birth weight and severe clinical conditions [5–7]. Despite these advances, contemporary literature shows that prematurity has significant effects on these individuals' physical and cognitive development[2,5,8–9]. A systematic review analyzing studies on clinical and neuroimaging findings from birth to adulthood in people born preterm

compared to those born full-term demonstrated that prematurity affects: brain development; cognitive activities such as memory, attention, and executive functions; mental health, especially anxiety and mood disorders; vision; pain sensitivity; and physical health, particularly blood pressure regulation[3,9].

During hospitalization in Neonatal Intensive Care Units (NICUs), which may last for months depending on clinical conditions and gestational age (GA)[10–11], PTNBs receive specialized treatment. However, this environment differs profoundly from the maternal womb, exposing neonates to various stressors, such as intense lighting, noise, pain, and frequent handling—up to 67 procedures per day [8,12–13]. These factors may negatively affect treatment, prolong hospitalization, and cause consequences that persist after discharge[12–17].

In addition to the physical challenges faced by newborns, hospitalization implies early separation between mother and baby, which has a significant emotional impact on both caregivers and neonates. Unlike a healthy birth, usually celebrated, premature birth often generates feelings of sadness, fear, insecurity, and uncertainty among parents regarding their child's health[3,5,10,18]. Parental expectations shift from long-term plans to immediate concerns such as survival and possible developmental delays[10,19].

Moreover, while parents are still recovering from childbirth, they must learn to navigate a complex hospital setting where their children are cared for by others - physicians, nurses, physiotherapists, and so on. This situation makes it difficult for them to perceive their role in their child's care, generating feelings of incapacity[20–21]. Given this context, when NICU discharge occurs, it is common for parents to experience anxiety and fear regarding the responsibility of caring for newborns at home. This transition, marked by uncertainty, can lead to difficulties in caregiving, increased rehospitalizations, and family conflicts[7,14,22].

Mothers, in particular, are deeply affected by these emotions, which can hinder their bonding with the baby. The idealization of motherhood often occurs even before pregnancy, creating expectations about their role as the main caregiver. However, prolonged hospitalization of babies in the NICU may lead to a sense of loss of this role, making it difficult for mothers to recognize their maternal bond and undermining their confidence to care for a child after discharge[15,23].

There are studies showing how challenging this post-discharge period can be for caregivers. A study conducted with 128 mothers of premature infants admitted to NICUs found that one in five mothers reported depressive, anxiety, and/or post-traumatic stress symptoms. Conversely, social support was inversely correlated with such symptoms, demonstrating the importance of a supportive care network for these mothers [24]. Another study showed that lack of involvement in the baby's care during hospitalization seems to intensify negative feelings after discharge. In addition, lack of information regarding home maternal care hinders a smooth transition from hospital to home[25].

In this context, it becomes essential to understand mothers' perceptions of their children in the first days after hospital discharge. Such understanding allows healthcare professionals to provide humanized and individualized assistance even during hospitalization, helping these mothers prepare for home care. Therefore, this study aimed to explore maternal experiences in the first days after hospital discharge of PTNBs from the nursing team's perspective.

OBJECTIVE

To understand the maternal experience after hospital discharge of a newborn who was admitted to the NICU and during the first days of home care.

METHODOLOGY

Study design

This qualitative study sought to understand the meanings attributed by mothers to their experiences after hospital discharge of PTNBs, employing in-depth interviews as a strategy to capture detailed and nuanced narratives of their experiences. Semi-structured interviews were used to access mothers' post-discharge experiences, complemented by a sociodemographic and clinical questionnaire to characterize participants.

Study setting

The research was conducted at a university hospital in the state of São Paulo, specifically in the maternal and child specialty outpatient clinic, a location accessible to mothers for the interviews. The sample consisted of six mothers whose babies had been hospitalized in the NICU for at least seven days. After their stay in the NICU, the mothers and their babies were transferred to a "kangaroo care" ward before discharge, where they remained under observation. At the time of discharge, a follow-up appointment was scheduled for the following week to assess health needs and understand the post-discharge period. Participation in the study was voluntary. Mothers were previously contacted by phone and invited to attend the hospital for the interviews. Thus, the first interview took place after the follow-up appointment, which aimed to assess newborns' health status.

Inclusion criteria

Mothers of PTNBs admitted to the NICU who agreed to participate in the study were included. The sample size was determined by theoretical data saturation, i.e., the recruitment of new participants was discontinued when the researcher observed redundancy or repetition of themes in the qualitative data collected.

Study protocol

Interviews were conducted in a private setting and recorded with participants' consent. An open-ended guiding question was used to facilitate communication during the interview: What was it like for you, as a mother, to experience your newborn's hospital discharge and the first days at home? Following this initial question, each participant provided a verbal narrative describing their maternal experience. The interviews were subsequently transcribed. Data obtained from sociodemographic and clinical questionnaires were tabulated for descriptive analysis of mothers' characteristics.

Data analysis

Participants' interviews revealed personal experiences, beliefs, and attitudes related to maternal care after discharge of their PTNBs. To analyze the interview data, Bardin's content analysis methodological framework[40] was adopted. Content analysis, as systematized by Bardin, is a rigorous method aimed at interpreting both the manifest and latent meanings of textual materials, such as interviews, transforming raw data into analytical categories. The process begins with pre-analysis, during which the researcher performs a text skimming, organizes the *corpus*, and defines relevant recording units in alignment with the study objectives. Subsequently, during material exploration, systematic coding of the statements takes place—segments of text are highlighted and classified into thematic or analytical categories. Finally, in interpretation or results treatment, these categories are analyzed in depth and articulated with the theoretical framework and research problem, allowing the researcher to infer meanings, identify patterns, and construct comprehensive understandings of the phenomenon under investigation. Thus, content analysis enables transitioning from individual discourse to collective synthesis while preserving the complexity and richness of qualitative material. To deepen the thematic analysis, the study drew on insights from Winnicott's psychoanalytic framework as well as contemporary literature on maternal–infant care and multidisciplinary practices in the NICU.

Ethical aspects

The study was conducted in accordance with the guidelines of Resolution 466/12 of the Brazilian National Health Council, and was approved by the Research Ethics Committee (CAAE 62069116.7.0000.5514). All participating mothers were fully informed about the objectives and procedures of the study. Each participant signed the Informed Consent Form after reading it and receiving clarifications, with assurance of data confidentiality and anonymity. To preserve participants' identities, each mother was identified by the letter "M", followed by a sequential number (M1, M2... M6). The interviews were subsequently conducted, transcribed, organized, and submitted to content analysis to interpret the main findings.

RESULTS AND DISCUSSION

Six mothers aged between 23 and 35 years participated in the study. The minimum educational level was incomplete high school. Three mothers were single, and three were married. Two mothers had previous pregnancy experience, and one of them (M2) already had three children, but this was her first experience with a baby hospitalized in the NICU. All newborns were male, with GAs at birth ranging from 30 to 33 weeks and birth weights between 1,370 g and 2,270 g. The length of hospitalization ranged from 11 to 70 days.

Table 1. Sociodemographic data of mothers assisted in the Neonatal Intensive Care Unit of a university hospital in the state of São Paulo, 2017 (N = 6)

Id	Age	Ethnicity	Nº of children	Marital status	Educational level	Religious belief	Household composition	Home ownership	Occupation
1	23	White	1	Single	Incomplete high school	Catholic	Husband	Rented	Salesperson
2	32	White	3	Married	Complete high school	Christian	Husband and children	Owned	Homemaker
3	31	White	1	Married	Complete higher education	Catholic	Husband	Owned	Lawyer
4	28	White	1	Single	Incomplete higher education	Evangelical	Partner	Owned	Homemaker
5	35	White	2	Married	Incomplete high school	Catholic	Husband and children	Owned	Homemaker
6	23	White	1	Single	Complete high school	Catholic	Parents	Owned	Homemaker

Beyond the sociodemographic data, we also obtained narratives told by the mothers. To facilitate organization and coherence of ideas, selected excerpts from these stories were chosen for discussion. After data transcription and organization , and following the filtering of textual elements relevant to the research topic, it was possible to outline three thematic categories: “Emotional impact of hospital discharge”; “Emotional challenges in adapting to home care”; and “Reorganization and redefinition of family routine.”.

Emotional impact of hospital discharge

One of the first and most frequent questions directed at professionals working in neonatal units is “When will the baby be discharged?”[17,26]. Parents of PTNBs, regardless of the length of hospitalization or the severity of the clinical case, long for the moment of hospital discharge throughout the entire stay. This moment represents the end of the separation between mother and baby, putting an end to the family’s anguish and bringing joy[2,17,27].

"[...] *it's such a joy, you know, after almost a month in the hospital, going home feels so good*."(M5)

However, hospital discharge is a process filled with ambivalence: while it is a moment of relief and happiness, it can also be frightening, leaving mothers with feelings of anxiety. At this time, they may feel unprepared to take full responsibility for their baby's care and may doubt their own ability to do so [14,18,28].

"*It was scary*, [...] *I thought that… that something would go wrong, you know? I thought I wouldn't be capable* [...]" (M2)

"*It was really, really complicated, very difficult, because when he was discharged, he still hadn't learned how to breastfeed* [...]" (M4)

Similarly, another study highlighted the presence of fear and exhaustion among mothers of premature infants after hospital discharge. The same study found that mothers were afraid of the unknown. They reported not knowing what to expect or how to handle any situation that might arise with their newborn[7,29]. In other words, they suffered from the anticipation of problems that might not even occur.

Authors in the literature draw parallels with these findings, showing that after hospital discharge, mothers and families face a new set of challenges to resolve [4,7,30]. At this stage, mothers often report feeling incapable of caring for their children, justifying this perception by emphasizing the baby's small size and fragility.

"[...] *he was so tiny, I didn't know how to take care of him. I thought he wouldn't even breathe* [...]" (M2)

Along with these feelings, mothers also begin to miss the hospital setting, since both the mother and the child were under the constant supervision of a multidisciplinary team capable of quickly addressing any issues that arose. The absence of healthcare professionals at home can thus be perceived as a new source of stress for the family [19,31].

"[...] *at the hospital, there's a whole process, a lot of professionals around, taking care of everything. And when you go home, you're alone, and then comes that fear, right, of not knowing what to do if something happens*." (M2)

"*I think the first feeling you get is insecurity, right? Because here you have support that you just don't have at home* [...]" (M3)

"[...] *because here I had your company, your help, and at home I had to learn everything the hard way* [...]" (M4)

"*I got worried because I thought, 'Is he eating properly?'. He's far from the nurses, right* [...]" (M6)

These feelings are also evident in other studies reporting that parents, upon leaving the highly supervised and specialized environment of the NICU, often feel they are venturing into something risky and uncertain. This is compounded by the fear of doing something wrong or harmful to the baby. The authors also note that parents become accustomed to and feel safe with the multidisciplinary team that cares for their infants. However, after discharge, they find themselves in situations where, if assistance is needed, they must turn to unfamiliar professionals who do not know their baby[14,32].

The fear and anxiety that arise immediately after hospital discharge—when mothers realize they will now be solely responsible for their babies' care at home—have a direct impact on the quality of home care provided. These emotions therefore present a significant challenge to maternal adaptation and caregiving [18,33].

Emotional challenges in adapting to home care

As previously discussed, hospital discharge is a moment of ambivalence for mothers and can influence how they care for their children. For this reason, the first week of mother–baby interaction at home becomes a turbulent period of adjustment, during which caring for the baby may be experienced as particularly difficult [14,29,34].

"*Oh, it was hard,* [...] *really hard. I was afraid to give him a bath because he was so tiny, so skinny, you know? Dressing him, holding him—those kinds of things scared me a lot* [...]" (M2)

"[...] *in the beginning, it's kind of hard because we feel a bit lost, especially as first-time mothers* [...] *he cried a lot, complained a lot, had a lot of colic* [...]" (M3)

"*Oh, mine was hard…really hard. Besides the first shock when he was born, it was difficult until I could figure out all his different cries* [...]" (M4)

During the baby's hospitalization in the NICU, mothers are deprived of their role as mothers of a healthy infant and instead take over as caregivers of a sick child. This role continues even after newborns' hospital discharge, as mothers continue to act in a way that is more medical than maternal. They are not yet in what English pediatrician and psychoanalyst Donald D. Winnicott describes as a "state of primary maternal preoccupation", but rather in a state of "primary medical preoccupation"[19–22,35]. This tension within the family regarding how to care for the baby requires time for mothers to elaborate and develop new emotional resources for mothering.

Beyond the fear related to caring for a premature infant, another difficulty that emerges is overprotection. Mothers report paying attention to every movement their baby makes and feeling anxious about vital signs, especially breathing. Maternal overprotection can serve as a way for mothers to establish a stronger emotional bond with their child, which is an emotional mechanism to cope with difficulties and distress [19,27,35].

> "[...] *it's like, all the time, you're constantly watching him over, being careful. I think because he was in the ICU and all that, I'm always hovering, because I'm scared—you get into that paranoia: is he breathing right? Oh, if I cover him too much, will it be bad? Will he breathe properly?* [...]" (M1)

> "[...] *at night, I also put him in bed with me because I needed to see if he was breathing. I needed to see that he was close to me, that he was okay. I think we get kind of neurotic, right? You keep remembering the hospital, then you start panicking, thinking, 'Oh my God, what if something happens?'. So, the first week was really hard*." (M2)

This concern can be explained by the fact that NICUs are equipped with machines that continuously monitor babies' vital signs, especially heart rate and oxygen saturation. Once at home, without such equipment, mothers and families feel compelled to check the babies' breathing and condition constantly to ease their anxiety. This anguish can be understood as part of the mothers' search for what Winnicott calls "the good enough mother". We may suppose that the mothers interviewed unconsciously seek to preserve the sense of continuity of both their own being and that of their baby, i.e., to maintain psychological well-being by constantly verifying predictability and environmental safety for babies' physical health[21,22,35].

The transition from technological care to maternal care also involves an emotional adjustment process for both the mother and the baby, marked by ambiguous feelings of fear, responsibility, and a desire for protection. At this point, what Winnicott describes as the "period of primary maternal preoccupation" may emerge, a phase in which mothers become deeply attuned to their baby, showing heightened sensitivity to their needs. This intense dedication, though temporary, is essential for the baby to develop a sense of existential continuity and basic security[21–22,35]. However, experiencing this phase after NICU stay may be accompanied by anxieties stemming from the loss of external support, underscoring the importance of welcoming and validating mothers' insecurities. Such emotional support helps restore mothers' confidence in their ability to provide a sufficiently safe environment for their baby, fostering the development of a healthy emotional bond and the gradual transition to a less vigilant but still responsive and loving motherhood[14,27,29,35].

This “paranoia”, as one of the mothers described it, can and should be addressed while PTNBs are still hospitalized. Proper preparation of mothers for the baby’s discharge should begin at the time of admission. It is known that the best preparation involves actively involving mothers in all aspects of the baby’s care, thereby helping her feel more confident when discharge approaches [4,7,14,31].

Such preparation should aim to clarify mothers’ doubts regarding newborn care and encourage her to practice caregiving skills during hospitalization. The literature also highlights the importance of creating individualized teaching programs that consider each case separately. In this way, much of the maternal distress could be alleviated before it even begins[4,7,14,31,33].

It is also important to emphasize that mothers’ and families’ preparedness to receive their infants at home should be carried out by an interdisciplinary team, in which each professional contributes according to their expertise—from general care and medication management to early stimulation activities, handling of comorbidities, nutritional guidance, and psychological support for emotional needs. This comprehensive preparation can ease mothers’ caregiving responsibilities and reduce the impact of challenges once the baby is at home [4,7,14,27,31-32].

Reorganization and redefinition of family routine

Considering that hospital discharge represents a gradual process of adapting to the baby’s care, over time it is expected that the family will undergo a reorganization and redefinition of its dynamics in caring for the new member, who is now better integrated into the home routine. At this stage, mothers begin to experience “primary maternal preoccupation” once again [21,22,35], allowing them to deepen and strengthen the mother–infant bond [27,29].

> “[...] *it’s something really special, you know, it’s so good, there’s really no way to describe it* [...] *it’s special, nothing scary about it, we just learn day by day, we keep learning*.” (M1)

Each day, mothers progressively reorganize and reinterpret their experiences, realizing that those first difficult days have been overcome. From this point onward, they become leading stars of their child’s care, able to enjoy interaction with their babies and finally find satisfaction in providing healthy and “good enough” care. It is at this moment that mothers feel in control of the situation and reestablish their daily routines[20,27,29,31].

> “*Now we’ve gotten into a routine, you know* [...] *everything’s fine now, everything’s fallen into place, everything’s okay.*” (M3)

At this stage of the experience, the mothers interviewed described a process of re-signification and symbolic reinterpretation of the days spent in the NICU. They now feel secure and capable of providing maternal care and creating the conditions for a “good enough environment”, i.e., a safe,

predictable, and trustworthy space for the child's development [21,22,35]. Feeling more confident in caring for their children, mothers increasingly require less support from professionals, relatives, or other helpers. They begin to develop coping mechanisms for situations that previously felt like overwhelming challenges or problems [20,27,29].

> "[...] *so, at first it was hard, you know, for me to get used to taking care of him. I needed my mother's help, but now I'm getting used to it, spending more time alone with him, giving baths, doing things without needing help from others*." (M6)

This ability to cope with previous challenges can be understood as the development of resilience, which is an individual's capacity to adapt to different situations and restructure themselves in the face of adversity [20]. It is, therefore, a personal skill that should be encouraged and supported in both the mother and her family, accompanied by healthcare professionals to promote more effective coping with difficult or stressful situations [20,29,31,35].

Thus, providing humanized, individualized, and effective care to these mothers throughout the process—from the baby's hospitalization, through discharge preparation, to post-discharge follow-up—is essential. Such care generates positive outcomes for both mothers and PTNBs hospitalized in NICUs[20,27,29,31,35–37].

Certain techniques strengthen family involvement in hospital settings and help caregivers transition more smoothly from hospital to home. Among these, the Kangaroo Care Method stands out, as it encourages skin-to-skin contact between parents and babies, promoting clinical stability in newborns, supporting neuropsychomotor development, and increasing caregiver confidence[38]. Early inclusion of the family in the baby's daily care during hospitalization, particularly through such strategies, is essential for preparing parents for discharge, contributing to maternal autonomy and the safe, affectionate continuity of home care.

It is also crucial to emphasize the importance of network-based care for the ongoing support of at-risk newborns. In this regard, Primary Health Care plays a key role in ensuring continuity of care and comprehensive follow-up for both the baby and the family after hospital discharge.

Therefore, nursing plays an essential role in the discharge process of PTNBs hospitalized in the NICU, working continuously from admission through post-discharge. Professionals must prepare mothers not only by transmitting technical knowledge but also by providing emotional support, reducing anxiety, and fostering maternal confidence. Through mothers' active inclusion in hospital care and personalized guidance, nursing contributes significantly to strengthening the mother–infant bond and promoting the autonomy required for the transition to the home setting. This role is vital in minimizing the emotional impact of discharge, facilitating adaptation to the new family context, and fostering maternal resilience in

facing the challenges of caring for a PTNB[26,37].

Study limitations

This study presents certain limitations that must be considered when interpreting its results. First, the sample consisted of only six mothers, which limits the generalizability of the findings to other populations. Moreover, the research was conducted at a single university hospital in the state of São Paulo, restricting the geographic and cultural scope of results. Finally, the temporal frame of the study—carried out during the first semester of 2017—may not reflect more recent changes in neonatal care protocols and in the support provided to mothers after hospital discharge.

Contributions to nursing, health and public policy

The findings of this study offer valuable contributions to nursing practice, healthcare delivery, and the development of public policies related to maternal and child care. The results highlight the importance of an interdisciplinary approach to preparing mothers during neonatal hospitalization, reinforcing the need for continuous professional training to provide both emotional and educational support. They also emphasize the relevance of implementing structured guidance programs to assist mothers in transitioning from hospital to home care, thereby reducing anxiety and promoting greater confidence during the first days after discharge. Moreover, the findings point to the need for public policies that strengthen post-discharge family follow-up through remote or in-person support strategies, ensuring continuous and humanized care for mothers and their premature babies.

FINAL CONSIDERATIONS

This study revealed that the hospital discharge of PTNBs is an ambivalent moment for mothers—marked by the joy of returning home, but also by fear, insecurity, and a sense of incapacity in dealing with the special care required. These feelings hinder adaptation to home care, underscoring the need for an active role of the interdisciplinary NICU team in strengthening the mother–infant bond during hospitalization.

Continuous preparation and adequate support provided by the nursing team are fundamental for developing maternal resilience and reconstructing a healthy family routine after discharge. Although limited to a small group of mothers from southeastern Brazil, this study's findings contribute to a broader reflection on the maternal experience within the neonatal discharge context in the country. The results reinforce the importance of promoting the continuous presence of mothers in NICUs, fostering their active role in caregiving, and contributing to truly humanized care delivered by interdisciplinary teams.

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