

Original Article

# The repercussions in daily routine of mothers of babies admitted in Neonatal Intensive Care Unit in social isolation caused by COVID-19<sup>1</sup>

*As repercussões no cotidiano de mães de bebês internados na Unidade de Terapia Intensiva Neonatal no isolamento social devido à COVID-19*

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## Abstract

**Introduction:** The new coronavirus pandemic has reverberated in the world scenario and the main forms of disease control are preventive measures, which include social isolation. The need for isolation promotes changes in the family behavior and impacts their daily lives, in addition to the psychological and social repercussions inherent to the context. Experiencing the pandemic during the newborn hospitalization contributes to the maternal distance from her daily life and can negatively impact her psyche. **Objective:** This study aims to know the repercussions of social isolation in the daily lives of mothers with babies admitted to the Neonatal Intensive Care Unit (NICU) during the COVID-19 pandemic. **Method:** Descriptive-exploratory study with a qualitative approach, carried out in a philanthropic hospital in Belo Horizonte, Minas Gerais, with 15 mothers of babies admitted to the NICU as participants. Semi-structured interviews were used and the data were submitted to content analysis in the thematic modality. **Results:** It was found that mothers have general knowledge and information about COVID-19 and realize the changes that have been incorporated into their daily life. The emotional aspects related to the condition of having a baby admitted to the NICU were intensified reflecting on the way mothers participated in baby care. **Conclusion:** The pandemic has had repercussions on the mother's daily lives and the need to provide effective information was identified. In addition, there was a need to provide families with an active listening place, and assistance in the safe management of their own and baby care, favoring occupations related to maternity.

**Keywords:** Occupational Therapy, Mothers, Activities of Daily Living, Intensive Care Units, Neonatal, COVID-19.

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## **Resumo**

**Introdução:** A pandemia causada pelo novo Coronavírus trouxe repercussões para o cenário mundial e as principais formas de controle da doença têm sido as medidas de prevenção, nas quais se insere o isolamento social. A necessidade de isolamento modifica o funcionamento típico das famílias e impacta no seu cotidiano, além das repercussões psicológicas e sociais inerentes ao contexto. Vivenciar esse momento de pandemia concomitante à internação do recém-nascido contribui para o distanciamento materno do seu cotidiano e pode impactar negativamente em seu psiquismo. **Objetivo:** Conhecer as repercussões do isolamento social no cotidiano de mães de bebês internados na Unidade de Terapia Intensiva Neonatal (UTIN) durante a pandemia por COVID-19. **Método:** Estudo descritivo-exploratório de abordagem qualitativa, realizado em um Hospital filantrópico de Belo Horizonte, Minas Gerais, com a participação de 15 mães de bebês internados na UTIN. Utilizou-se entrevista semiestruturada e os dados foram submetidos à análise de conteúdo na modalidade temática. **Resultados:** Verificou-se que as mães possuem conhecimentos e informações gerais sobre a COVID-19 e percebem as mudanças que passaram a fazer parte do cotidiano. Os aspectos emocionais relacionados à condição de ter um bebê internado na UTIN foram intensificados, além de repercutir na forma como as mães participavam do cuidado do bebê. **Conclusão:** A pandemia trouxe repercussões no cotidiano dessas mães e reconhece-se a necessidade de fornecer informações eficazes, proporcionar às famílias um local de escuta ativa e auxiliar no manejo do próprio cuidado e do cuidado do bebê de forma segura, favorecendo as ocupações relativas à maternidade.

**Palavras-chave:** Terapia ocupacional, Mães, Atividades Cotidianas, Unidades de Terapia Intensiva Neonatal, COVID-19.

## **Introduction**

After identifying an increase in the number of pneumonia cases in the city of Wuhan, China, Chinese authorities confirmed a new type of Coronavirus (SARS-CoV-2) on January 7, 2020. This new Coronavirus is responsible for causing the COVID-19 disease, characterized as a pandemic on March 11, 2020 (Organização Panamericana de Saúde, 2020; World Health Organization, 2020b).

According to the Ministry of Health (Brasil, 2020), the most common symptoms of COVID-19 are fever, dry cough, runny nose, sore throat, and difficulty to breath. About 80% of infected people develop mild cases of the disease; however, in other cases, the disease may be more severe, which leads to the need for highly complex hospital treatment (Organização Panamericana de Saúde, 2020). The transmission of this virus happens from one infected person to another and occurs through droplets of saliva, handshake, coughing, sneezing, phlegm, and/or contaminated objects or surfaces, showing its high capacity for contagion (Brasil, 2020).

The absence of a vaccine is difficult to control the disease, and the measures have focused on its prevention, gathering the following recommendations: wash your hands frequently with soap and water or use alcohol-based disinfectant; when coughing or sneezing, cover your mouth and nose with your elbow flexed or with a tissue that should

be discarded shortly thereafter; keep a distance of one meter between other people; and avoid touching eyes, nose, and mouth. Other forms of prevention against the new Coronavirus throughout the world are the use of protective masks and social isolation (World Health Organization, 2020b).

In Brazil, the information we have so far is that the identification of the first case of COVID-19 occurred on February 26, 2020, with several control and prevention measures taken by the local health authorities, such as social isolation (Croda & Garcia, 2020).

Social isolation means an intervention that can be applied to a particular community, region, or even an entire city, to reduce interactions and movement among people. This measure ranges from social distancing, closing schools, shops, non-essential services, and cancellation of public events, to the complete blocking of activities in a city (Schuchmann et al., 2020). In this context, the individual stops participating in group social activities, such as work and leisure.

The need to stay at home is a measure that changes the typical customs of families and affects their daily lives, and they could impact personal and family dynamics. Studies on the effects associated with social isolation report the existence of social and psychological impacts during and after isolation. The main impacts are changes in sleep (Bezerra et al., 2020); frustration, boredom, and insecurity (Brooks et al., 2020); concern (World Health Organization, 2020a); financial and social impacts (Bezerra et al., 2020; Brooks et al., 2020); fear and stress (Bezerra et al., 2020; Brooks et al., 2020; World Health Organization, 2020a).

The social and psychological repercussions associated with isolation can have a result of the time experienced by each person such as in families who go through the process of hospitalization of a newborn in a Neonatal Intensive Care Unit (NICU).

In this context, families, especially mothers, deal with the need to adapt to a hospital routine and be isolated, even if momentarily, from their main source of support - the family (Souza et al., 2009; Costa et al., 2010). In social isolation, this situation can be enhanced due to the contingency plan adopted, both by the municipality and by the institution in which the baby is hospitalized, with frequent restrictions on the number of people circulating in health services, limiting or suspending visits. In these cases, the mother who remains at the institution accompanying the hospitalized baby is isolated from living with family members, which can negatively impact her psyche (Silva et al., 2020).

Social isolation measures have a direct impact on people's daily lives, influencing what they do, how they live, what activities they carry out, and how they are inserted in the world. In the occupational therapy area, there is the recognition that each person lives the daily life in a particular way, considering the individual's uniqueness and his social context (Salles & Matsukura, 2013). Thus, situations that show a rupture in daily life become the focus of attention of the occupational therapist, supporting people in the process of reconstructing and reframing their daily life in the face of this new reality.

This problem in the current measure of social isolation in the context of the COVID-19 pandemic brings the need to know the repercussions of the pandemic in people's lives, providing subsidies for the structuring of the health service to meet the care needs of this group.

Therefore, this study aims to understand the repercussions of social isolation on the daily lives of mothers of babies admitted to the NICU during the COVID-19 pandemic.

## Method

This is a research with a qualitative approach that sought to unveil social processes still little known and that belong to particular groups. Its objective and the final indication is to provide the construction and/or review of new approaches, concepts, and categories related to the studied phenomenon (Minayo, 2013).

The study is supported by the theoretical reference of daily life by Heller (2000), understanding that in everyday life, social relationships are produced between men, and the existing activities and cultures are reproduced.

The study was carried out at the Foundation for Comprehensive Health Care - Hospital Sofia Feldman - in Belo Horizonte, Minas Gerais, specializing in maternal and child care and assists exclusively patients of the Unified Health System (SUS). Besides the obstetric beds, the institution has 51 beds in the Neonatal Intensive Care Unit (NICU) and provides conditions for mothers to stay full time during the newborn's hospitalization at the NICU - the Sofias Space.

For the inclusion of the participants, we adopted the following criteria: mothers who stayed in the Sofias Room for at least six days and with babies admitted to the NICU for at least eight days. Considering the average of 17 days of hospitalization in the first quarter of 2020 (Hospital Sofia Feldman, 2020), this first criterion is justified by understanding that this period is a necessary moment for the mother to experience the new daily life to monitor the hospitalized baby. We excluded from the study mothers who use alcohol and illicit drugs; with psychological disorders and emotional instability, through verification on the reception form carried out by the psychology team and the newborn's medical record.

Participants were identified from the daily census conducted at Sofias Space. Then, we consulted the medical records of newborns admitted to the NICU to obtain information on the gestational age, clinical evolution, and date of hospitalization of the baby, collecting information on the maternal history.

Data collection took place from May 30 to June 19 and started after approval by the Research Ethics Committee of Hospital Sofia Feldman (opinion No. 4,057,433), in compliance with Resolution n° 466/2012 (Brasil, 2012) and n° 580/2018 (Brasil, 2018). We informed the participants about the objective of the study and we asked them to sign the Informed Consent Form. We interviewed in a safe place, guaranteeing privacy, confidentiality, and integrity, and at the moment chosen by the participant, not to compromise her participation in the care of the newborn or interfere with her daily routine. Also, we adopted security measures for COVID-19, with a distance of at least one meter between the researcher and the interviewee and the use of a mask by both parties.

We used the semi-structured interview as an instrument for data collection (Minayo, 2013). Table 1 shows the script of the interview:

**Table 1.** Guiding interview questions.

1. What do you know about the COVID-19 pandemic?
2. Do you see changes in your life due to the COVID-19 pandemic? What has changed?
3. Tell me a little about how have you been dealing with the COVID-19 pandemic while your baby is in the NICU?
4. How do you feel having to deal with your baby's hospitalization during the COVID-19 pandemic?
5. Have you taken any special care during your time in the hospital? Which one?

The researcher recorded the interview and immediately transcribed it in full, constituting a single text for each of the participants. The participants were identified with the letter “M”, followed by the numerical code referring to the order of inclusion in the research to preserve their anonymity. Concomitant with data collection, a preliminary analysis process was carried out and data saturation was reached by verifying the repetition of data that allowed to answer the study objective (Thiry-Cherques, 2016).

The data obtained from the interview were analyzed in their content in the thematic mode (Bardin, 1979; Minayo, 2013) according to the following steps: pre-analysis, exploration of the material, treatment of the data obtained, and interpretation. Thus, two researchers explored the data. They read the transcript of the interviews and highlighted central themes about the object of study. From the identified themes, empirical categories were defined and the exploration of the material continued, with the final version of the categories shown in Table 2:

**Table 2.** Empirical categories identified in the mothers' reports.

<b>Categories:</b>
Access to information and knowledge about COVID-19 by mothers of babies admitted to the NICU
Repercussions on the way of daily living associated with COVID-19
Being a mother of a baby admitted to the NICU during COVID-19

Throughout the study, we sought to meet the validation criteria of qualitative research (Moreira, 2018). The reliability criterion was met in the data analysis process, with the categorization carried out by two researchers who compared the results, reaching a consensus on the empirical categories. For the confirmation, we carried out a detailed description of the entire research process, including the definition of the participants, the data collection instruments, and the analysis process, seeking as much neutrality as possible to reduce the researcher's bias. Furthermore, in the analysis process, researchers discussed identifying divergent or complementary perceptions, enabling them to explore the data in depth. Credibility was established through theoretical triangulation, offering multiple perspectives to interpret a set of data.

## **Results and Discussion**

Fifteen mothers between 19 and 37 years old participated in the study. All of them attended school for an average of 11 years and only one belonged to the city of Belo Horizonte, which demonstrates the Hospital's reference to the State of Minas Gerais. The stay in the Sofias Space varied between eight and 98 days, and mothers with a longer stay of more than 30 days reported fewer changes in their daily lives. This data showed that they have already experienced distance from home due to the need to stay in the hospital with the baby. The average gestational age of the newborns was 29 weeks and 5 days and the weight ranged from 620 grams to 2,605 grams. Table 3 details the characterization of each participant.

**Table 3.** Characterization of mothers and newborns participating in the study.

Mother	Maternal Age	Maternal education level (in years)	Origin	Length of stay in the Sofias Space	Gestational age of newborns at birth (in weeks)	Newborn weight at birth
M1	22	12 years	Formiga	75 days	28 weeks and 3 days	1480 g
M2	28	14 years	Moeda	50 days	28 weeks and 4 days	620 g
M3	19	12 years	Corinto	89 days	35 weeks and 1 day	2470 g
M4	25	12 years	Nova Lima	34 days	26 weeks	935 g
M5	36	12 years	João Monlevade	13 days	28 weeks and 3 days	850 g
M6	35	12 years	Sabar	8 days	38 weeks	2605 g
M7	34	12 years	Bom Sucesso	24 days	28 weeks and 1 day	1140 g
M8	21	12 years	Curvelo	19 days	26 weeks and 5 days	980 g
M9	22	9 years	Matip	22 days	32 weeks and 1 day	1390 g
M10	28	11 years	Moema	26 days	32 weeks and 5 days	1635 g
M11	33	11 years	Brumadinho	55 days	30 weeks	665 g
M12	29	6 years	Itatiaiu	64 days	28 weeks and 6 days	1010 g
M13	37	10 years	Nova Serrana	98 days	24 weeks	700 g
M14	24	12 years	Santana do Riacho	21 days	31 weeks	1100 g
M15	37	16 years	Belo Horizonte	35 days	27 weeks	925 g

Data analysis enabled grouping into categories, which will be discussed below.

### Access to information and knowledge about COVID-19 by mothers of babies admitted to the NICU

This category highlighted the mothers' access to information and their knowledge about COVID-19, in the preventive measures and uncertainties about the virus.

Eleven of the participating mothers said they had some knowledge about the pandemic. Aspects such as the source of the virus, its high rate of transmissibility, the symptoms caused, and the possibility of leading to death were reported by the mothers.

*It's one thing, in my opinion, it attacks people's respiratory tracts a lot. Then it causes shortness of breath, do you know? I also think that I don't know if it can cause pneumonia, you know, but it's kind of like very, very serious pneumonia. (M2).*

*I know it is a virus, right, it came, it appeared there in China and it was spreading all over the world. (M4).*

*It is a recent disease, where it has affected the whole world, that it is highly harmful, highly ... transmissible, right, not through sweat that I know, but through saliva, breathing, these things. (M5).*

*I know that COVID is a virus that is killing a lot of people in the world. (M14)*

Despite remaining full-time in the hospital environment, mothers showed that the main source of information about the pandemic was through television available at Sofias Spaces.

*We have a television at Sofias Spaces, so we learn, unfortunately, or fortunately, I don't know, of everything that is going on [...] we are well within the situation. (M1).*

*That's what they're talking about every single day, every hour, all day. (M6).*

*What I know is what I see on television, the deaths, the risks, and nothing else. And it's hard to see, right. (M9).*

A study by Santos et al. (2020) stated that access to clear and quality information is one of the most effective strategies for coping with COVID-19, as the information empowers the individual to deal with the situation in the most appropriate way. However, the main means of communication are concentrated in the hands of a minority, which determines the content to be transmitted. This has effects on the exercise of citizenship by the population, as communication becomes exclusive to a certain audience and information can be the target of fake news. Alternative communication strategies have been used to ensure quality information and scientific basis in a way that is understandable to all; however, the preference remains in traditional and digital media (Associação Brasileira de Saúde Coletiva, 2020).

Misinformation, the spread of myths and misinformation, and the difficulty of understanding the guidelines of health authorities can cause psychological states of fear, despair, anxiety, and depression (Bú et al., 2020; Schmidt et al., 2020; Zandifar & Badrfam, 2020). Therefore, educational actions that contribute to access to safe and reliable information such as conversation circles and thematic dynamics can be recommended. Besides these actions, the production of specific material focused on the moment experienced by these mothers can be an effective alternative that contributes to safe and reliable access to information. One of these productions is the booklet by Joaquim and Magalhães (2020), which is aimed at pregnant women, mothers of newborns and young children during the fulfillment of social distancing measures, which contains guidelines for essential care to protect against contagion by the Coronavirus, the reorganization of the routine, the necessary change of plans, among others.

The uncertainties regarding the Coronavirus and the possibility of cure and treatment are expressed by the participants.

*I feel that they [researchers] are trying to find a cure, but they still haven't found a cure for it yet. (M2).*

*[...] but I also believe that there is a cure that has not been released yet because maybe it is not like that, I am sure that it will work. (M8).*

*It is a virus that still has no treatment today. (M15).*

The unpredictability of the situation and the uncertainties of the severity of the disease, how to control it, and possible treatment and/or immunization can be configured as risk factors for the mental health of the population in times of pandemic (Bú et al., 2020).

The available information allows mothers to acquire knowledge about measures to avoid contamination by COVID-19. The reports show that new habits, terms, and recommendations became part of the mothers' daily lives.

*We are using the mask so that my droplets do not fall on someone else's face, if I am infected, I pass it on to someone else too. (M2).*

*Just like they are talking about, every day they talk about us being careful to keep our distance, wearing a mask, taking care of hygiene with our hands so that we don't get contaminated. (M6).*

*The right thing is to wash your hands, to be isolated, but unfortunately, it is something that I am not able to do at the moment. (M7).*

It is necessary to consciously adopt precautionary measures to reduce contagion with the new Coronavirus, which requires a change in individual and collective behavior, causing disruptions in daily life. Studies such as Oliveira et al. (2020) and Mercês et al. (2020) and the recommendations of the World Health Organization (World Health Organization, 2020b) reinforce the importance of preventive measures to contain the progress of the disease. Among these measures, we highlight the horizontal social isolation, hand hygiene with water and soap or 70% alcohol, the use of a protective mask, respiratory tag, covering nose and mouth when coughing or sneezing, ventilation of environments, and non-sharing of personal objects (Mercês et al., 2020; Oliveira et al., 2020).

In this context experienced worldwide as a result of the COVID-19 pandemic, the changes that occurred with the incorporation of new habits by mothers are based on the understanding that everyday life is at the center of history, influenced by events, affecting daily life and how it will manifest over time (Heller, 2000). Thus, the remarkable events of life are imprinted in everyday life, and the subjective and objective changes that happen to the individual to go through everyday life (Salles & Matsukura, 2013).

### **Repercussions on the way of daily living associated with COVID-19**

The mothers participating in the study perceived the changes and reported the preventive measures to COVID-19 that have become part of everyday life, and there was unanimity regarding the use of the mask and hand hygiene, but the restriction of circulation outside the hospital was also mentioned.

*So, you have to wash your hand, wear your mask, and avoid hanging around here in the hospital. (M3).*

*Mask all day, wash your hand all the time, every time we go to eat, every time you go to touch the child [...] the utmost care, of course. And you have to change the mask, not staying with the mask for a long time, taking turns. (M6).*

*Something that I would not have ... that I am not used to doing before the pandemic is to wash my hands all the time, using alcohol, a mask ... like this. Even with my clothes, clothes that go on the street, I don't go to the ICU. (M12).*

We can observe the world scenario when demanding changes in the way of life to reduce the risk of contagion, leading the mothers to adopt new routines and habits, characteristic of everyday life (Benetton et al., 2003). According to Salles & Matsukura (2013), after the onset of a disease, everyday life can take a different direction: what was important before can become secondary, or an activity that was previously carried out easily can become a challenge and new learning may be needed.

The fact that the baby is admitted to the NICU seems to intensify the concern by the mothers regarding the preventive measures against COVID-19.

*Yes ... this is about you taking precautions, about thinking ... it's not you, it's your baby in the ICU. It is to wash when you need it. (M11).*

*To take a shower all the time, which I think when I go there, I get scared ... I take a shower then I go down, then there are a couple of times that I went there then I go up again to take a shower, because, we don't know, but every time it passes, you can pass something to us. As she is in the ICU, anything gets infected. So, it is better to go there very clean. (M3).*

There are feelings such as guilt, distress, anguish, anxiety, fear, helplessness, emotional instability, and insecurity considered as inherent to the condition of having a baby admitted to the NICU (Frello & Carraro, 2012; Baseggio et al., 2017). Thus, in addition to the stress experienced by a child's hospitalization, the pandemic context can exacerbate such feelings (Guinancio et al., 2020).

This situation demands careful care at maternal needs, and we recommend interventions that can contribute to minimizing these feelings experienced by mothers, strengthening them to deal with this situation. Some strategies are essential to reduce maternal stress. We can mention the interpersonal relationship among the team-mother-baby, which is based on effective communication, conversation, welcome, and affection, offering support and favoring the relationship of trust among them (Frello & Carraro, 2012). Support groups are also an effective practice for reducing stress, as they promote the embracement of the family in their emotional demands and a transforming situation based on sharing experiences, forming a support network, clarifying doubts, and including the family in the care of the newborn (Balbino et al., 2015). The occupational therapy groups are among these support groups, whose relationship therapist-activity-members focuses on the organization of daily activities, placing them in a central position, valuing their actions and contributing to the reduction of anxiety (Correia et al., 2019).

Together with the condition of greater stress, the need to implement measures to restrict the movement of people in the city and institution increased the distance between family members, who configure this mother's support network. The study participants perceived the impact of this restriction and reported how important family support is during the baby's admission to the NICU.

*It is difficult because we wanted to have the support of the family, to be able to receive a family member and there is no way because of the virus because I think it is very important for us to have the support of the family, but with this pandemic, it hindered a little. (M4).*

*If I had the father closer, the family closer I think it would be easier for us to go through this difficult time that each one here goes through and is going through. (M6).*

*What has changed is the isolation, like when my boy was born, my mother couldn't come to see him (...) It is the total isolation of the family, it has been a very sad moment for me. (M7).*

*I sometimes feel unprotected, unprotected about thinking about him [son] here at the NICU and also thinking about my loved ones who are at home, who often need to go out to work, that ... life still did not stop. (M11).*

According to Exequiel et al. (2019), mothers strongly experience suffering for having to stay away from their husbands and other children, raising concerns about maintaining their home and caring for the rest of their family, and the difficulties to deal with homesickness and the lack of their support network.

According to Heller (2000, p. 17), “*everyday life is the life of every man*” and the man matures in his daily life through the interaction he establishes with the groups to which he belongs. Still according to the author, “[...] *the organization of work and private life, leisure and rest, systematized social activity, exchange, and purification are organic parts of everyday life*”.

In crisis and emergencies such as the Coronavirus, it is important to consider the changes experienced in social, family and work routines as aspects that are common to all mothers and others that deal with the particularity of each one, that is, “[...] the individual is always, simultaneously, a particular being and to a generic being [...]” (Heller, 2000, p. 20). Recognizing this characteristic of the individual's inseparability will guide the construction of therapeutic projects that can have an impact on the way mothers live their daily lives in the context of a pandemic.

During the pandemic, difficulties in maintaining this support network are imposed since there is a restriction on movement and internal and external circulation. Thus, the mother expresses a feeling of helplessness, not only due to the newborn's hospitalization but also due to changes in her daily life and the family environment. The concern of mothers who have other children at home and the need for them to remain under the care of another family member stands out among these changes (Lima & Smeha, 2019). Corroborating this study, some mothers who participated in this study felt divided between them and the fear of contaminating them.

*Sometimes I get worried here, as I have other kids out there, I get worried about them too. There it is, divided between them. (M13).*

*First, I'm avoiding going to my house, right, because I have three more children besides the one here, I have three more children, two of whom are still small. (M15).*

The mothers' reports show that the preventive measures to COVID-19 have changed their daily lives, whether at work or in emotional contact with close people, in living with others. They also reported changes in the way they started to carry out activities related to their habits and routines.

*It changed the way we can make a purchase, the way of leaving home, the way of greeting people, of living even with people. (M4).*

*The routine has changed a lot, the way of dealing at home. We have to be more careful with some things, for us to handle ... food, fruit. A lot has changed, Oh my God! Our daily routine changed too much. (M6).*

*It did change, but for me, it was more at my place of work [...] that I worked, I work in a supermarket as a customer service representative [customer service], so I worked keeping things up, so I had to store, clean the hand or use a glove, you know? (M8).*

*We went out, on Sunday we went out as a family, I received, I had lunch at home. Now we avoid the maximum, right, the maximum even you go out, only if it is necessary. (M12).*

*Because whenever we saw each other, it was a hug, you know. Our first contact was a hug, so the hug is missing right. This form of contact more ... together, is missing. (M11).*

Benetton et al. (2003) and Galheigo (2003) stated that everyday life is a sequence of events experienced in daily life, the center of praxis, in which social relationships are produced and reproduced. Takatori's concept (Takatori, 2001) says that daily life is a way of living history, allowing the individual to expose his style of being, and at the same time, is shared and recognized by the other, building his social history.

Daily life includes human activities and activities such as caring for oneself and others, household chores, leisure, social participation, and the importance of these activities varies throughout the day or in life. The day-to-day scenes testify to a space-time shaped by culture, life stories, and social relationships (Galheigo, 2020). These ideas about everyday life are in agreement with data obtained in the study, indicating that such scenes of everyday life were affected in the context of the pandemic. How mothers started to carry out daily activities was modified since the measures of social distance and hygiene started to occupy a dominant place in the hierarchy of activities of their daily lives.

### **Being a mother of a baby admitted to the NICU during COVID**

The third category showed emotional aspects about being a mother of a baby admitted to the NICU and how the care for newborns was affected due to the pandemic of COVID-19.

Mothers reported their fear of the baby being contaminated since the baby already lives with the risk of being born prematurely. This feeling intensifies in them concerns about hygiene measures before having contact with the baby in the NICU.

*As much as I have the care, everyone is very afraid, just afraid that I'm having it. (M7).*

*It turns out that we don't think about us, we think about the child, but then we take precautions for us, so we don't have to pass it on to the baby, because he is no longer in a very good situation, right, in the ICU, so we are afraid right because infecting a baby of that size is impossible. So, it is ... it is a little difficult yes. (M8).*

*So, we get that certain fear, especially being premature (...) because they are premature, then you already put it in your head, even if I could, with this pandemic, like I am telling you if it was to take alcohol bath I don't think we would still feel clean. (M5).*

Mothers reported the feelings that characterize the moment they are going through. Fear is a feeling in their daily lives and sometimes comes with impotence, anguish, and sadness.

*The word is powerless. Powerless because nothing depends on me, I can't do anything right, I just have to wait, so I feel powerless, that's the right word. (M1).*

*At the hospital, I get more scared because there is a lot of crowding, whether we like it or not, even if it decreases there is, you know. But there is no way. (M3).*

*A lot of sadness and anguish. It is just that, too much sadness and anguish, far from the family, only my husband who comes on weekends and yet I am afraid because he stops on the roads to eat. It is a moment of terror that we are experiencing, I think. (M7).*

*It is insecurity, because as I told you ... it's something new. If at least there was a vaccine or some effective treatment, but it is still very much in the testing phase, then the insecurity is still very great. (M15).*

*It's being difficult, it's not being easy. Oh no, it's a lot at the same time, you know. (M13).*

Psychosocial responses to the pandemic may differ from one group to another as they face unique concerns and experiences. However, regardless of the group, the levels of anxiety, fear, irritability, and stress tend to rise significantly in periods of crisis such as this period of Coronavirus (Chew et al., 2020). In the context of the research, the mothers interviewed experience the moment of pandemic together with the hospitalization of the newborn in a situation that brings negative feelings such as fear, helplessness, and despair in the child's suffering (Dittz & Rocha, 2018). Lima & Smeha (2019) reported feelings of ambivalence that are common when experiencing a child's hospitalization, such as joy/sadness, hope/hopelessness, separation/attachment, and sadness/happiness.

We could notice the existence of these ambivalent feelings in the reports of two mothers who consider the NICU environment to be the safest at this moment since hospital discharge is a greater risk of contamination of the baby by COVID-19.

*I feel it's safer he's here than he's out there. (M2).*

*With (baby's name) in here I feel calm, although I'm also afraid, I'm all insecure, but with him, in here I feel more ... it's not safe because we also run the risk of getting it, we cannot neglect this, but here I feel safe with him, for him (M11).*

For the assistance of mothers in coping with these feelings of ambivalence, the importance of keeping them informed about the restriction measures adopted by the institution and the prevention measures against contagion by the Coronavirus and guaranteeing care and multi-professional follow-up for the family-baby dyad during the entire hospitalization is emphasized.

The fear of contaminating the baby by COVID-19 is also reported by mothers as one of the reasons for avoiding some care such as touching or holding the baby on their lap,

also justifying to intensify basic personal care to avoid possible contagion. Many of these mothers also avoid close contact with the baby for fear of contamination.

*Very difficult, because I went to pick up my daughter after ten days after she was born and even taking her, having contact, I couldn't smell her, hug her as we wanted, kiss her because we have to be alert all the time and protecting them too, who are already in such a delicate situation, within the ICU, it is very complicated. (M1).*

*It's hard like I have to go out sometimes to go to a pharmacy, a supermarket and as much as I arrive, I wash my hands, I take care of everyone, we are afraid, even so, we are worried. (M7).*

*I'm afraid that when he gets discharged that we go out there, how will my care for him be, how will people care to get close to him [...] how will the protection of the baby, if his immunity will be resistant to this virus [...]. Just like these days, I was doing Kangaroo care with him, and I didn't, because as I was wearing the same shirt that I went to in the street so I said, I won't do it. I went up here, I preferred to take a shower or take that shirt off and put on another one [...]. (M9).*

*Because sometimes we want to go and see him and everything, but we have to be careful, so it's a little difficult. Sometimes I want to take him, but I'm afraid. (M14).*

*[...] I don't keep taking the baby so much, even with all the hygiene care and everything I avoid taking too much. (M15).*

Therefore, educational actions contribute to making the mother feel safer and maintain close contact with her baby. These actions make up the work of the multi-professional team and act to support women in the construction of the maternal role. According to Heller (2000), the individual develops different capacities in the execution of different tasks, and this is not limited to changing roles, but begins to change himself as the new task requires other qualities. Taking on the maternal role during the pandemic of COVID-19 and maintaining the other social roles already implemented requires a rich and changing explanation of their abilities. The must-be becomes a purely external requirement and requires adaptation of attitudes, which can lead to the refusal of the role. This refusal is inevitable insofar as man does not unconditionally submit his whole being to his role at a given moment (Heller, 2000), a fact that can be aggravated by the rupture of daily life and changes in routine due to the pandemic scenario. Thus, the occupational therapy clinic is created for a possible daily life as it is or has been violently transformed by its interruption and not by its suppression (Benetton et al., 2003, p. 38). We have inserted our practice to assist in the management of the daily lives of mothers who experience hospitalization of the newborn and in the recognition of the maternal role during the pandemic of COVID-19.

## **Conclusion**

Mothers had general knowledge about COVID-19 but there is a need to provide reliable information directed to their context. The pandemic scenario has had

repercussions for the daily lives of mothers who monitor the newborn's hospitalization, impacting on family dynamics, in their care and the care of the baby. We need to consider the execution of the research with other family members and in services with protocols for parental access to the NICU other than the scenario of this study. Occupational therapy as an area based on the individual's occupations focuses on supporting mothers in the process of reconstructing and reframing their daily lives to assist in the management of their care and care for their baby safely, creating conditions to establish or continue maternity occupations during the COVID-19 pandemic.

## References

- Associação Brasileira de Saúde Coletiva – ABRASCO. (2020). *Comunicação popular e comunitária em tempos de Covid-19: o direito de se comunicar e o direito à saúde*. Rio de Janeiro: ABRASCO.
- Balbino, F. S., Yamanaka, C. I., Balieiro, M. M. F. G., & Mandetta, M. A. (2015). Grupo de apoio aos pais como uma experiência transformadora para a família em unidade neonatal. *Escola Anna Nery Revista de Enfermagem*, 19(2), 297-302.
- Bardin, L. (1979). *Análise de conteúdo*. Lisboa: Edições 70.
- Baseggio, D. B., Dias, M. P. S., Brusque, S. R., Donelli, T. M. S., & Mendes, P. (2017). Vivências de mães e bebês prematuros durante a internação neonatal. *Temas em Psicologia*, 25(1), 153-167.
- Benetton, M. J., Tedesco, S., & Ferrari, S. (2003). Hábitos, cotidiano e terapia ocupacional. *Revista do Centro de Estudos de Terapia Ocupacional*, 8(8), 27-40.
- Bezerra, A. C. V., Silva, C. E. M., Soares, F. R. G., & Silva, J. A. M. (2020). Fatores associados ao comportamento da população durante o isolamento social na pandemia de COVID-19. *Ciência & Saude Coletiva*, 25(1), 2411-2421. <http://dx.doi.org/10.1590/1413-81232020256.1.10792020>.
- Brasil. (2012, 12 de dezembro). Resolução nº 466, de 12 de dezembro de 2012. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial [da] República Federativa do Brasil*, Brasília. Recuperado em 21 maio 2020, de [https://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466\\_12\\_12\\_2012.html](https://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html)
- Brasil. (2018, 22 de março). Resolução nº 580, de 22 de março de 2018. Regulamenta o disposto no item XIII.4 da Resolução CNS nº 466, de 12 de dezembro de 2012, que estabelece que as especificidades éticas das pesquisas de interesse estratégico para o Sistema Único de Saúde (SUS) serão contempladas em Resolução específica, e dá outras providências. *Diário Oficial [da] República Federativa do Brasil*, Brasília. Recuperado em 21 maio 2020, de <https://conselho.saude.gov.br/resolucoes/2018/Reso580.pdf>
- Brasil. Ministério da Saúde. (2020). *Coronavírus (COVID-19)*. Recuperado em 15 maio 2020, de <https://coronavirus.saude.gov.br>
- Brooks, S. K., Webster, R. K., Smith, L., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, 395(10227), 912-920. [http://dx.doi.org/10.1016/S0140-6736\(20\)30460-8](http://dx.doi.org/10.1016/S0140-6736(20)30460-8).
- Bú, E. A., Alexandre, M. E. S., Bezerra, V. A. S., Sá-Serafim, R. C. N., & Coutinho, M. P. L. (2020). Representações e Ancoragens Sociais do Novo Coronavírus e do Tratamento da COVID-19 por Brasileiros. *Estudos de Psicologia*, 37, e200073. <http://dx.doi.org/10.1590/1982-0275202037e200073>.
- Chew, Q. H., Wei, K. C., Vasoo, S., Chua, H. C., & Sim, K. (2020). Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: practical considerations for the COVID-19 pandemic. *Singapore Medical Journal*, 61(7), 350-356. <http://dx.doi.org/10.11622/smedj.2020046>.
- Correia, L. A., Rocha, L. L. B., & Dittz, E. S. (2019). Contribuições do grupo de terapia ocupacional no nível de ansiedade das mães com recém-nascidos prematuros internados nas unidades de terapia intensiva neonatal. *Cadernos Brasileiros de Terapia Ocupacional*, 27(3), 574-583. <http://dx.doi.org/10.4322/2526-8910.ctoAO1694>.

- Costa, M. C. G., Arantes, M. Q., & Brito, M. D. C. (2010). A UTI Neonatal sob a ótica das mães. *Revista Eletrônica de Enfermagem*, 12(4), 698-704. <http://dx.doi.org/10.5216/ree.v12i4.7130>.
- Croda, J. H. R., & Garcia, L. P. (2020). Resposta imediata da Vigilância em Saúde à epidemia da COVID-19. *Epidemiologia e Serviços de Saúde: Revista do Sistema Unico de Saúde do Brasil*, 29(1), e2020002. <http://dx.doi.org/10.5123/s1679-49742020000100021>.
- Dittz, E. S., & Rocha, L. L. B. (2018). Terapia Ocupacional em unidades de terapia intensiva neonatal. In M. M. R. P. De Carlo & A. M. Kudo. (Orgs.), *Terapia ocupacional em contextos hospitalares e cuidados paliativos* (pp. 311-328). São Paulo: Payá Eireli.
- Exequiel, N., Milbrath, V., Gabatz, R., Vaz, J., Hirschmann, B., & Hirschmann, R. (2019). Vivências da família do neonato internado em unidade de terapia intensiva. *Revista Enfermagem Atual*, 89(27), 1-9. <https://doi.org/10.31011/reaid-2019-v.89-n.27-art.466>.
- Frello, A. T., & Carraro, T. E. (2012). Enfermagem e a relação com mães de neonatos em Unidade de Terapia Intensiva Neonatal. *Revista Brasileira de Enfermagem*, 65(3), 514-521.
- Galheigo, S. M. (2003). O cotidiano na terapia ocupacional: cultura, subjetividade e contexto histórico-social. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 14(3), 104-109. <http://dx.doi.org/10.11606/issn.2238-6149.v14i3p104-109>.
- Galheigo, S. M. (2020). Terapia ocupacional, cotidiano e a tessitura da vida: aportes teórico-conceituais para a construção de perspectivas críticas e emancipatórias. *Cadernos Brasileiros de Terapia Ocupacional*, 28(1), 5-25.
- Guinancio, J. C., Sousa, J. G. M., Carvalho, B. L., Souza, A. B. T., Franco, A. A., Floriano, A. A., & Ribeiro, W. A. (2020). COVID-19: desafios do cotidiano e estratégias de enfrentamento frente ao isolamento social. *Research Social Development*, 9(8), e259985474. <http://dx.doi.org/10.33448/rsd-v9i8.5474>.
- Heller, A. (2000). *O cotidiano e a história*. São Paulo: Paz e Terra.
- Hospital Sofia Feldman. (2020). *Indicadores*. Belo Horizonte: HSF.
- Joaquim, R. H. V. T., & Magalhães, L. C. (2020). *Maternidade em tempos de COVID-19*. Belo Horizonte: UFMG. Recuperado em 15 setembro 2020, de <http://www.eeffto.ufmg.br/eeffto/DATA/UserFiles/files/Maternidade%20em%20tempos%20do%20COVID-FINAL.pdf>
- Lima, L. G., & Smeha, L. N. (2019). A experiência da maternidade diante da internação do bebê na UTI: uma montanha russa de sentimentos. *Psicologia em Estudo*, 24, 1-14. <http://dx.doi.org/10.4025/psicolestud.v24i0.38179>.
- Mercês, D. M., Abdias, G. S., Moreira, T. A., Lima, F. L. O., & Neto, J. R. T. V. (2020). Doença de coronavírus 2019 (Covid-19): mecanismos, diagnóstico diferencial e influência das medidas de intervenção. *Research Social Development*, 9(8), e921986075. <http://dx.doi.org/10.33448/rsd-v9i8.6075>.
- Minayo, M. C. S. (2013). *O desafio do conhecimento: pesquisa qualitativa em saúde*. São Paulo: Hucitec.
- Moreira, H. (2018). Critérios e estratégias para garantir o rigor na pesquisa qualitativa. *Revista Brasileira de Ensino de Ciência e Tecnologia*, 11(1), 405-424.
- Oliveira, A. C., Lucas, T. C., & Iquiapaza, R. A. (2020). O que a pandemia da COVID-19 tem nos ensinado sobre adoção de medidas de precaução? *Texto & Contexto Enfermagem*, 29, 1-15. <http://dx.doi.org/10.1590/1980-265X-TCE-2020-0106>.
- Organização Pan-americana de Saúde – OPAS. (2020). *Folha informativa – COVID-19 (doença causada pelo novo coronavírus)*. Recuperado em 9 maio 2020, de [https://www.paho.org/bra/index.php?option=com\\_content&view=article&id=6101:covid19&Itemid=875](https://www.paho.org/bra/index.php?option=com_content&view=article&id=6101:covid19&Itemid=875)
- Salles, M. M., & Matsukura, T. S. (2013). Estudo de revisão sistemática sobre o uso do conceito de cotidiano no campo da terapia ocupacional no Brasil. *Cadernos de Terapia Ocupacional da UFSCar*, 21(2), 265-273. <http://dx.doi.org/10.4322/cto.2013.028>.
- Santos, I. S., Mariano, T., & Pimentel, C. E. (2020). *Psicologia da pandemia: informação, confiança e afetos durante o enfrentamento do COVID-19*. Recuperado em 11 agosto 2020, de

[https://www.researchgate.net/publication/341575564\\_Psicologia\\_da\\_Pandemia\\_Informacao\\_Confianca\\_e\\_Afetos\\_durante\\_o\\_Enfrentamento\\_do\\_COVID-19/citation/download](https://www.researchgate.net/publication/341575564_Psicologia_da_Pandemia_Informacao_Confianca_e_Afetos_durante_o_Enfrentamento_do_COVID-19/citation/download)

- Schmidt, B., Crepaldi, M. A., Bolze, S. D. A., Neiva-Silva, L., & Demenech, L. M. (2020). Saúde mental e intervenções psicológicas diante da pandemia do novo coronavírus (COVID-19). *Estudos de Psicologia*, 37, 1-13. <http://dx.doi.org/10.1590/1982-0275202037e200063>.
- Schuchmann, A. Z., Schnorrenberger, B. L., Chiquetti, M. E., Gaiki, R. S., Raimann, B. W., & Maeyama, M. A. (2020). Isolamento social vertical X Isolamento social horizontal: os dilemas sanitários e sociais no enfrentamento da pandemia de COVID-19. *Brazilian Journal of Healthy Review*, 3(2), 3556-3576. <http://dx.doi.org/10.34119/bjhrv3n2-185>.
- Silva, M. R., Silva, P. C., Rabelo, H. D., & Vinhas, B. C. V. (2020). A terapia ocupacional pediátrica brasileira diante da pandemia da COVID-19: reformulando a prática profissional. *Revista Interinstitucional Brasileira de Terapia Ocupacional*, 4(3), 422-437. <http://dx.doi.org/10.47222/2526-3544.rbto34171>.
- Souza, N. L., Araújo, A. C. P. F., Costa, I. C. C., Carvalho, J. B. L., & Silva, M. L. C. (2009). Representações de mãe sobre hospitalização do filho prematuro. *Revista Brasileira de Enfermagem*, 62(5), 729-733.
- Takatori, M. (2001). A terapia ocupacional no processo de reabilitação: construção do cotidiano. *Mundo da Saúde*, 25, 371-377.
- Thiry-Cherques, R. H. (2016). Saturação em pesquisa qualitativa: estimativa empírica de dimensionamento. *Revista Brasileira de Pesquisas de Marketing, Opinião e Mídia*, 4(8), 20-27.
- World Health Organization – WHO. (2020a). *Mental health and COVID-19*. Recuperado em 17 de maio de 2020, de <https://www.who.int/teams/mental-health-and-substance-use/covid-19>
- World Health Organization – WHO. (2020b). *Rolling updates on coronavirus disease (COVID-19)*. Recuperado em 17 de maio de 2020, de <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Zandifar, A., & Badrfam, R. (2020). Iranian mental health during the COVID-19 epidemic. *Asian Journal of Psychiatry*, 51, 101990. <http://dx.doi.org/10.1016/j.ajp.2020.101990>.

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Amanda Leão da Silveira Rocha and Erika da Silva Dittz were responsible for the creation of the study proposal, data analysis, and text writing. All authors approved the final version of the text.

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