

## Care with newborn babies by primiparous adolescent mothers at home

Cuidado de recém-nascidos por mães adolescentes primíparas no domicílio

Cuidado de los recién nacidos de madres adolescentes primíparas en casa

Mayane Trindade da Silva<sup>I</sup>, Aisiane Cedraz Morais<sup>II</sup>, Jairo Caique de Araújo<sup>III</sup>, Ariane Cedraz Morais<sup>IV</sup>, Sinara de Lima Souza<sup>V</sup>, Ana Celi Silva Torres Nascimento<sup>VI</sup>

**Abstract: Objective:** to understand how primiparous adolescent mothers care for their newborns at home. **Method:** this is a qualitative, descriptive and exploratory study, conducted in the city of Feira de Santana, Bahia, whose participants were seven primiparous adolescents. Data collection occurred from September to November 2018, which were analyzed through the content analysis of Bardin. **Result:** the routine of care with the newborn child is based on care related to hygiene, feeding, sleep and rest, with direct cultural interference. Furthermore, the adolescents receive support from family members to take care of the newborn and face difficulties associated with daily care. **Conclusion:** mothers showed to be zealous and dedicated, meeting the basic needs of the newborn with competence, receiving the aid of people that compose their social support networks.

**Descriptors:** Adolescent; Mothers; Infant, Newborn; Child Care; Maternal-child Nursing

**Resumo: Objetivo:** compreender a forma de cuidado das mães adolescentes primíparas aos seus filhos recém-nascidos no domicílio. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório, realizado no município de Feira de Santana - Bahia, tendo como participantes sete adolescentes primíparas. A coleta de dados aconteceu de setembro a novembro de 2018, os quais foram analisados por meio da Análise de Conteúdo de Bardin. **Resultado:** evidenciaram que a rotina do cuidar do filho recém-nascido baseia-se nos cuidados relacionado à higiene, alimentação, sono e repouso; possuindo interferência direta da cultura. Além disso, identificou-se que as adolescentes recebem apoio de membros da família para cuidar do recém-nascido e deparam-se com dificuldades associadas ao cuidado diário. **Conclusão:** as mães se demonstraram zelosas e dedicadas, suprimindo as necessidades

<sup>I</sup> Nurse, graduated from the State University of Feira de Santana. Feira de Santana - Bahia, Brazil. E-mail: maayantrindade@gmail.com. ORCID: <https://orcid.org/0000-0003-2205-4918>.

<sup>II</sup> Nurse, PhD in Nursing from the Nursing School of the Federal University of Bahia. Feira de Santana - Bahia, Brazil. Email: aisicedraz@hotmail.com. ORCID: <https://orcid.org/0000-0001-9547-6914>.

<sup>III</sup> Nurse, graduated from the State University of Feira de Santana. Feira de Santana - Bahia, Brazil. Email: caiquearaujoenf@gmail.com. ORCID: <https://orcid.org/0000-0002-9317-6448>.

<sup>IV</sup> Nurse, MSc in Nursing from the Nursing School of the Federal University of Bahia. Feira de Santana - Bahia, Brazil. Email: enfarianecedraz@hotmail.com. ORCID: <https://orcid.org/0000-0001-9445-4596>

<sup>V</sup> Nurse, PhD in Sciences from the Nursing School of the University of São Paulo. Feira de Santana - Bahia, Brazil. Email: sinaradd@yahoo.com.br. ORCID: <https://orcid.org/0000-0001-8003-2093>

<sup>VI</sup> Nurse, MSc from the Professional Master in Nursing of the State University of Feira de Santana. Feira de Santana-Bahia, Brazil. Email: celitorres19@hotmail.com. ORCID: <https://orcid.org/0000-0003-2738-6110>



básicas do recém-nascido com competência, contando com o auxílio de pessoas que compõe suas redes de suporte social.

**Descritores:** Adolescente; Mães; Recém-nascido; Cuidado da Criança; Enfermagem materno-infantil

**Resumen: Objetivo:** comprender la forma de cuidado a madres adolescentes primíparas a sus recién nacidos en casa. **Método:** este es un estudio de tipo cualitativo, descriptivo y exploratorio realizado en el municipio de Feira de Santana, Bahía, teniendo como participantes siete adolescentes primíparas. La recogida de datos se produjo desde septiembre hasta noviembre de 2018, siendo analizados por medio del análisis del contenido de Bardin. **Resultado:** la rutina de cuidado para el hijo recién nacido se basa sobre los cuidados relacionados con la higiene, la alimentación, el sueño y el descanso, con la injerencia directa de la cultura. Además, las adolescentes reciben el apoyo de los miembros de la familia para cuidar del recién nacido y enfrentan dificultades relacionadas con el cuidado diario. **Conclusión:** las madres se demostraron celosas y dedicadas, suministrando a las necesidades básicas del recién nacido con competencia, siempre con la ayuda de las personas que componen sus redes de apoyo social.

**Descritores:** Adolescente; Madres; Recién Nacido; Cuidado del Niño; Enfermería materno-infantil

## Introduction

Adolescence is understood as a stage of human development between childhood and adulthood, which, besides being characterized by behavioral and biological transformations, is permeated by crises and conflicts.<sup>1</sup> In addition to the physical changes, it is characterized by an important period in the existential cycle of the individual, when personal, family and social empowerment begins to emerge.

This life stage is associated with the moment in which there are the development of psychological processes and the identification of roles with the adult. In this period, the child routine is questioned and re-elaborated, generating the need for construction of one's own identity, involving the affective-sexual development. In this case, the earlier the onset of sexual relations, the greater the negative impact on the reproductive and sexual life of the adolescent, represented by higher numbers of pregnancies and sexual partners, respectively.<sup>2</sup>

Adolescent pregnancy is responsible for introducing the adolescent in adulthood, culminating in a new quest for her identity, with new conflicts and new crises, bringing the need for restructuring and an additional personal and social readjustment to the redefinition of

roles.<sup>3</sup> Thus, this pregnancy is a time surrounded by discoveries, in which the adolescent constantly lives with feelings of anxiety, expectations, uncertainty, frustration and insecurity, which permeate since the confirmation of pregnancy until the postpartum period.

During the postpartum period, the adolescent experiences a period of adaptation, requiring, in most cases, aid to conform the physiological situation of breastfeeding and the new social role of mother, which, added to the lack of care, insecurity and fear, for being an unknown situation, making them initially transfer the care with the newborn (NB) to grandparents, aunts, or other members of their social network and gradually begin to share with them those tasks, so that they can acquire autonomy and later assume comprehensively the care with their children. Therefore, the practice of child care tends to be established according to the cultural, economic, social and relational environment in which the adolescent is inserted.<sup>4</sup> Thus, there emerges the problem of study to know the form of care of these adolescents and the implication for the full development of these and of their children.

In this way, the following research question arises: how do primiparous adolescent mothers care for their newborns at home? Therefore, the aim is to understand how primiparous adolescent mothers care for their newborns at home.

## **Method**

To understand how primiparous adolescent mothers care for their newborns at home, this study has as methodological proposal the qualitative approach of descriptive and exploratory nature.

The research was developed in the city of Feira de Santana, in the countryside of Bahia, specifically in the Family Health Unit (FHU) of the Village of São José, Maria Quitéria District, in the period from September to November 2018. Seven puerperal adolescents participated in the study, aged between 12 and 19 years old, with newborns, enrolled in this FHU.

The sample included primiparous adolescent mothers with children aged between 05 and 29 days, enrolled in the FHU of the Village of São José. These mothers were selected on days of childcare consultation in the unit and the nurse in the sector signaled to the researcher the possible adolescents. There was exclusion of adolescent mothers whose child was bearer of some chronic disease of genetic origin and/or acquired (once this condition implies the adoption of specialized care); mothers with any condition that hindered data collection, such as deafness and/or dumbness (by the researcher's limitation in another form of communication before the collection technique chosen).

In order to guarantee the anonymity of the interviews, the adolescents were identified by pseudonyms corresponding to names of feelings, chosen by the interviewees themselves. In addition to possessing free choice to participate in the study, they could also leave at any time, without any type of retaliation, ensuring the principle of autonomy.

Among the adolescents studied, two were 16 years old, 4 were 18 years old and the other two, 19 years old. Four of them self-reported as black and three, as *pardas*; two had incomplete elementary education and the other six did not complete secondary education, two were unmarried and the others were in a stable union. The unmarried mothers lived with their parents and brothers, the others, with husband and child. All claimed to be catholic (n=7) and with family income around one minimum wage.

The data collection technique occurred through semi-structured interviews, which enabled interaction between the researcher and the interviewee, in addition to enabling perception of feelings, emotions and values that may be transmitted through the participants' speeches.

The interviews were conducted in the Nursing office, where there was no risk of interruption. The interviewees were accompanied by the newborns and their mothers, who waited in the waiting room until the end of the interview to maintain privacy.

With the acceptance of the adolescent and her guardian to participate in the study, the Informed Consent Form (ICF) and Informed Assent Form (IAF) were presented. In this way, the data collection procedure was clarified, requesting permission to record the puerperal adolescents' statements. All selected adolescents agreed to participate in the research. We used the following guiding questions: 1. Tell me how you care for your child at home; 2. Do you receive support/help from anyone to care for your child at home? Tell me about it; and 3. What are the difficulties and facilities found by you in the accomplishment of the care routine of your child at home?

The interviews lasted an average of 30 minutes, being the data subsequently transcribed, with data analysis occurring through the Thematic Analysis proposed by Bardin<sup>5</sup> aiming to explain what is beyond the immediate meanings expressed in the discourses of adolescent mothers in the process of caring for the newborn child at home. The information was grouped into categories and added, in each one, similar responses, by allowing a better organization of work, systematizing the data obtained with the object of study.

The present study followed the ethical aspects adopted from the Resolution 466/2012 of the National Health Council, which regulated researches involving humans.<sup>6</sup> Furthermore, it was sent to the Research Ethics Committee of the State University of Feira de Santana (CEP/UEFS), analyzed and authorized on July 18, 2018 for completion of this investigation, with opinion number 2.775.764.

## **Results and discussion**

Seeking to understand how primiparous adolescent mothers care for their newborns at home, the results are composed of four categories: Care Routine with the Newborn; Transgenerational influences for the care; Social Support of the Primiparous Adolescent and Difficulties of the Teenage Mother to care for the Newborn.

### Care routine with the newborn

The care is part of the existence of the human being, who, in order to grow and develop healthily, needs to be cared for along all the stages of the life cycle. In this way, the NB is in a life stage totally dependent on care. Thus, the mothers play an important role in this whole process: to care for and to educate.

For the interviewed mothers, it is evident that the routine of caring for the NB child consists of the care related to hygiene, feeding, sleep and rest of the NB, as can be observed in the report.

*When I wake up in the morning, I always breastfeed him, then I bathe him, put on the ointment not to chafe [...] clothe him, then breastfeed him, burp him and lay him down, so he ends up sleeping. (Joy, 18 years)*

It is noticeable that women internally already have a daily routine organized to care for their child, since the care has always been associated with a female practice, which has been perpetuating until the current days, in which the daily care is integrated to their own feminine activity.<sup>7</sup>

The mothers' reports also unveiled that, many times, they need to reconcile the care with newborns with the household chores. In this way, the child care is part of the daily routine of the teenager, as she creates strategies to include all those activities performed before the child's birthe, associating them with house chores and care with the other family members.

*She wakes up around 6 a.m., so do I, I diaper her, make her porridge [...] then I put her in the cradle and begin the house chores, when she cries, I go there, breastfeed her, burp her, then place her in the cradle again, return to the house chores, clean the house, do the dishes, wash her clothes, then around 11 o'clock, I know it is time for her to sleep, so I bathe her, pass the ointment, clothe her, give the porridge [...] then she sleeps until around 12:30, when I am done doing the house chores, so when she wakes up, I put her on my lap. (Confidence, 16 years)*

The statement reveals how the care with the NB and house chores of everyday life of teenage mothers are interspersed, which, associated, interfere even in the studies of these adolescents. The study participants, especially those who live only with the partner, also cited the need to aggregate the care with the NB to some types of care related to hygiene, cleanliness and organization of the household, such as cleaning and tidying the house, washing dishes and clothes, ironing the clothes, taking care of domestic animals, in addition to cooking for the other family members.

### **Transgenerational influences for the care**

In the puerperal phase, the family's influence is accentuated in the decisions of care with the newborn, since mothers feel weak, susceptible to anxiety, and surrounded by doubts, which contributes to the occurrence of willingness to help, by their relatives, upon transmitting and practicing their popular knowledge about care.<sup>8</sup>

In relation to the mothers' knowledge and practices, the study participants have clarity on the knowledge and practices needed to provide care to the child and from where such knowledge comes, which allows them to perform their role of caregiver. According to them, these are built, mainly in the conviviality with the people close to them, people who cared for them, taught them to care for and that are their references.

Upon highlighting the influence of homemade use of medicinal plants in the treatment of health problems of children, homemade teas are offered to children since the first months of life, aiming to resolve or alleviate situations of discomfort or disease, a practice<sup>9</sup> especially in rural communities, such as the community of these adolescents.

*One in a while, when I see he is not pooping, he keeps pushing but does not manage to poop, his belly gets tough, then I give him a cup of anise tea to try to alleviate him, to make him poop [...] my mother and grandmother*

*told me I could give him with no problem, because it is good for him.*  
(Happiness, 19 years)

*My mother tells me to give anise tea to calm her down and tells me it helps the guts.* (Confidence, 16 years)

In addition to the use of teas for solving some of the problems presented, breastfeeding the NB is one of the care aspects that deserves emphasis, because it relates to nutrition as a process that goes beyond the limits of biological and socio-cultural aspects and involves a network of relationships between families and health professionals. In this way, the belief about the “weak milk” is still present in the daily life of these adolescents, leading them to believe that the quantity and quality of milk production is low or bad, mystifying the breastfeeding. In this context, the practices based on popular culture emerge, in the resolution of the low milk production, using various foods and beverages considered helpful in the process to increase the quantity of milk.<sup>10</sup>

*My milk is not enough, is weak, he gets impatient, then keeps crying.*  
(Peace, 16 years)

*I think my milk is not enough for him, so I give him some cornstarch porridge, which is stronger, my aunts always told me that, because I breastfed him and a while later he was crying again, so I decided to give him the porridge like they told me to, to see how it would work, and it worked pretty well, it may be wrong, but it got better, he seems to remain fed for a little longer.* (Caress, 18 years)

The statements uncovered that the myth of the milk not being enough can be supported in the crying of the NB, which is usually associated with hunger or to the fact that the milk may not be supplying the child's needs.



The “weak milk” is assigned to a cultural factor, since most women have enough to sustain their child. This erroneous perception can be linked to the mothers’ unawareness of the values of their milk, of how breast milk is produced and to the fact they often associate the NB’s crying with the shortage of food, which is not always true.<sup>11</sup>

Another popular practice that emerged during the interview relates to the baths, as can be observed in the statements that follow.

*It is good to put a little bit of alcohol in the water to bathe him, because he has lumps all over his body because of the heat, so my husband’s grandmother told me to put it in the water whenever I bathe him to get better, so I always put it in the water. (Happiness, 19 years)*

*She told me to bathe him and put sap, so every time I bathe him I put a little bit of sap. (Joy, 18 years)*

Showing once more the incorporation of popular knowledge, often without knowing the reason of this practice, reproducing an action by common sense, or intergenerational practices. Considering the above, the sense of family responsibility for the care with the health of its members is explained, understanding that the health-disease process of the individual should be treated professionally,<sup>12</sup> especially when dealing with adolescent mothers who request this support from the family.

Another popular practice that emerged during the interviews relates to the belief of “seven-day illness”, related to neonatal tetanus.

*My mother wanted to cut his nails [referring to the NB], but my grandmother did not let her because he is too young, told her the using the scissors was bad, she told me to keep blowing that it would drop. (Peace, 16 years)*

The term “seven-day illness” derives historically from the association with neonatal tetanus, due to some types of infection to which the NB is susceptible. There no studies in the literature relating neonatal tetanus to the practice of cutting the nails, most associations result from infection of the umbilical stump. Nevertheless, there is the fact that, in most cases, the entrance door of the bacterium that causes the disease occurs by means of perforating wound or of non-sterile and contaminated needle-sharp materials, which could justify the fear of teenage mothers in using scissors to cut the nails of their children, avoiding hurting them and/or infecting them.

### **Social support of the primiparous adolescent**

This study considered as social support the one that primiparous adolescent mothers have to care for their children at home, which includes the system offered by the family or other people who are willing to help them. Thus, the results discuss the social support offered mainly by other women, highlighting the mother and mother-in-law, and show the husband’s figure as a collaborator in the care with the child.

The social support received by a person is necessary so that she can overcome the various situations imposed by life and is related to the various supports people receive in their social context.<sup>13</sup> Although biologically able to become mothers, adolescents, due to the psychological immaturity inherent in the age, may present difficulty to exert effective motherhood, and the mother figure was the main source of support and confidence for adolescent girls, among the family’s women.<sup>14</sup>

*I get help from my granny [referring to the NB’s grandmother]. She bathes him thus far, because I am afraid to. (Happiness, 19 years)*

*My mother helps me, do things at home, bathes him, takes him with her, puts him on her lap when he is crying and I am impatient, clothes him, diapers him, does everything!* (Peace, 16 years)

Before the insecurity of adolescent mothers in relation to the NB's routine care, the grandmothers cease to provide the necessary support and assume the role of mothers, legitimized by the fact that they consider themselves as knowledge-holders.

In the care with the NB, the adolescents rely on the family support, which occurs mainly in the first days of life, a period in which these adolescents do not feel fully prepared to care for their children, as they do not demonstrate the skills required to accomplish the first types of care, such as bathing, dressing of the umbilical stump, among others.<sup>14</sup>

It was possible to note that, in addition to the support of the family's women, some have received the partner's support to care for their child, situation mentioned in a previous study.<sup>15</sup>

*My husband helps me a lot, he is the one who helps most [...] my mother-in-law also helps me, but only a little.* (Love, 18 years)

*I get help from my husband.* (Friendship, 18 years)

The man has gradually acted beyond the family's economic support, becoming part of the care with the NB, also accompanying the child's development. During the study, the participants reported that the father's aid deserves to be highlighted in the care relating to aid in bathing, diapering, holding on the lap and calming the NB down through conversations.

All interviewees mentioned the help of family members as a positive aspect to care for children in their first year of life. In this way, the adolescent mothers try to overcome their fears and difficulties in caring for their children with the family's help and feeling aided in the

environment that welcomes them, thus feeling supported and secure, which makes them develop greater security in caring for those children.

### **Difficulties of the adolescent mother to care for the newborn**

The feelings expressed in relation to the care with the NB at home encompass concern, impatience, insecurity and responsibility. The frailty of the NB's body is pointed out by mots interviewed adolescents. This frailty is linked, mainly, to the presence of the umbilical stump and the difficulty of sustaining the "squishy" body, which cause insecurity and difficulty when performing the hygiene care.

*I found almost everything hard, to bathe indeed, because he is too squishy, so I was afraid of holding, catching, of dropping him in the bathtub, of hurting him [...] I got scared of cleaning the navel too, I was afraid of hurting him. (Caress, 18 years)*

*For me, the hardest thing is to bathe him, because, as he was squishy, I was afraid of, I do not know, what if he slipped through my hands and fell in the bathtub, and I was also afraid of cleaning his navel and hurting him. (Friendship, 18 years)*

*I was afraid of bathing him, especially in the first time [...] he was too squishy [...] I was afraid that he could slip, fall in the bathtub, so small, I did not know how to hold him right [...]. In the beginning, I was afraid of cleaning his navel, because I thought he could be in pain, bleed. (Joy, 18 years)*

A large part of the interviewed mothers reported being afraid that the NB would slip and fall immersed in the water of the bathtub and hurting him/her, and for this reason, many preferred more experienced family members to bathe the child in the first moments.<sup>16</sup>

In the first weeks after birth, there can also be difficulties in relation to breastfeeding. Many times, the teenagers are unaware of the context of breastfeeding or not yet ready for such

an act, which leave them more vulnerable to difficulties and doubts over the process, associating the difficulties of caring for the NB with the initial discomfort of the breastfeeding process, such as breast and nipple pain, and cracked nipples.

*For me, it is difficult to breastfeed, because when he nurses, it hurts, and I do not like it, my nipples are all hurt.* (Peace, 16 years)

*I was afraid to breastfeed him, because, on the first days, it hurt a lot.* (Friendship, 18 years)

*Sometimes I found it hard to breastfeed him, especially in the beginning, because the milk was stiffened and it hurt a lot when he breastfed.* (Caress, 18 years)

Upon analyzing the factors that influence the interruption of exclusive breastfeeding, mothers reported that the greatest cause of suffering and anxiety regarding breastfeeding relates to the nipple trauma, which may cause the child to nurse less often, due to the pain that the woman presents.<sup>17</sup>

Nonetheless, even citing the difficulties with the NB, the participants affirmed that the positive points were more important and compensated for the bad experiences.

Thus, in view of the difficulties found by primiparous adolescents, and the responsibility of health professionals to provide the guidelines concerning this care, there is need to discuss the aspects that must be addressed for the construction of health education process aimed at this audience.

Therefore, the adolescent, during the pre-natal, needs to receive information and guidelines that are relevant to pregnancy, childbirth and the puerperium, which will be important for coping with these periods with greater safety, harmony and pleasure, in addition to the support of family or social network. The lack of support can lead<sup>18</sup> to early school abandonment, social isolation and relationship problems with the partner and some family

members, as well as highlighting that health professionals, in the pregnancy-puerperal cycle, must meet the demands of adolescent and broaden their possibilities of sources of social support, promoting, therefore, maternal and child health.

## **Conclusion**

The statements of the primiparous adolescents make it clear that the care with their children at home occurs with the aid of the NB's grandparents or other people that are part of their social support networks. Furthermore, upon reporting the completion of care, these mothers were zealous, dedicated, supplying the basic needs of children with competence.

One of the limitations of the research lies in the exclusion of the family in the object of study, because, for adolescent mothers, the family should be included in the approach, not only as a care promoter, but recognizing its role along with this puerperal women. The family is, therefore, essential in the NB's care routine because its support is essential in these circumstances. Therefore, the new mother needs to be understood in relation to their fears, anxieties and adaptation to the new.

Upon receiving help from more experienced people from both their family, as social context, it was possible to identify that there are cultural influences in the care with the newborn at home due to social interactions that exist within the family and society in which the adolescent is inserted. In this way, it is important to value the traditions passed from generation to generation as a way of producing health care to people. However, there is the need to implement this practice in the context of nursing care, reinforcing the importance of health professionals, especially nurses, knowing how these mores develop the daily practice of caring for the NB.

With the results, it was also possible to observe that the experience of the primiparous adolescent in caring for her child is designed with a unique approach of his/her well-being,

leaving aside their self-care, studies, friendships and social life, demonstrating the need to provide social support to this adolescent for this phase of her life.

It is worth mentioning that the care performed by the nursing professional should encompass not only the biological aspects of the puerperium, but the subjective experiences of this phase, aiming to change role in society that the puerperal adolescent experiences regarding her feelings towards the fact of becoming mother and the personal and behavioral changes that occur. Finally, it is noteworthy the scarcity of studies focusing on the care assigned by adolescent mothers to their NB in the household, highlighting the need for developing new studies with this audience in order to make the care by adolescent mothers lighter and pleasant, with fewer difficulties and doubts.

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### **Corresponding author**

Mayane Trindade da Silva

E-mail: maayanetrindade@gmail.com

Address: Rua Itamar de Carvalho, nº 300, bloco 25, apt 302, Vila Olímpia, Pedra do Descanso – Feira de Santana, Bahia, Brazil.

CEP: 44007208

### **Authorship contributions**

#### **1 – Mayane Trindade da Silva**

Conception and design, analysis and interpretation of data, writing of the article, relevant critical review of intellectual content, final approval of the version to be published.

#### **2 – Aisiane Cedraz Morais**

Conception and design, analysis and interpretation of data, writing of the article, relevant critical review of intellectual content, final approval of the version to be published.

#### **3 – Jairo Caique de Araújo**

Analysis and interpretation of data, writing of the article, relevant critical review of intellectual content, final approval of the version to be published.

#### **4 – Ariane Cedraz Morais**

Analysis and interpretation of data, writing of the article, relevant critical review of intellectual content, final approval of the version to be published.

#### **5 – Sinara de Lima Souza**

Analysis and interpretation of data, writing of the article, relevant critical review of intellectual content, final approval of the version to be published.

#### **6 – Ana Celi Silva Torres Nascimento**

Analysis and interpretation of data, writing of the article, relevant critical review of intellectual content, final approval of the version to be published.

### **How to cite this article**

Silva MT, Morais AC, Araújo JC, Morais AC, Souza SL, Nascimento ACST. Care with newborn babies by primiparous adolescent mothers at home. Rev. Enferm. UFSM. 2020 [Cited: Year Month Day]; vol.10 e55: 1-17. DOI:<https://doi.org/10.5902/21797692399222>