



Nursing professionals' perceptions of the care provided to the neonate with intestinal elimination ostomy

Percepção de profissionais de enfermagem sobre o cuidado prestado ao neonato com estomia de eliminação intestinal

Percepción de profesionales de enfermería sobre el cuidado prestado al neonato con ostomía de eliminación intestinal

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ABSTRACT

Objectives: To understand the perception of the nursing team of the neonatal unit about the care provided to hospitalized newborns with intestinal ostomy and to discuss the factors that interfere in nursing care. **Method:** Exploratory and descriptive study, with a qualitative approach. Eight nurses and eight nursing technicians who work in a Neonatal Unit in Rio de Janeiro took part. Data were collected between April and June 2022, through semi-structured interviews and content analysis. **Results:** Two categories emerged: "perceptions of the nursing team regarding the care of hospitalized newborns with intestinal ostomies and family health education"; and "facilitating and hindering aspects of nursing care for newborns with intestinal ostomy and the importance of continuing education in the setting of the Neonatal Unit". **Conclusion and implications for practice:** The management of newborns with intestinal ostomies is current and involves nursing care with the stoma and skin of the newborn, extending to the practice of health education for family members. The management of complications, the unavailability of materials and fragmented care are challenging. This finding can support the development of systematized nursing interventions for newborns and their parents in the neonatal unit.

Keywords: Nursing team; Ostomy; Perception; Newborn; Neonatal intensive care.

RESUMO

Objetivos: Conhecer a percepção da equipe de enfermagem da unidade neonatal sobre os cuidados prestados ao recém-nascido hospitalizado com estomia intestinal e discutir os fatores que interferem na assistência de enfermagem. **Método:** Estudo exploratório, descritivo, com abordagem qualitativa. Participaram oito enfermeiros e oito técnicos de enfermagem que trabalham em uma Unidade Neonatal do Rio de Janeiro. Os dados foram coletados entre abril e junho de 2022, através de entrevista semiestruturada e análise de conteúdo. **Resultados:** Emergiram duas categorias: "percepções da equipe de enfermagem quanto ao cuidar de recém-nascidos hospitalizados com estomias intestinais e a educação em saúde da família"; e "aspectos facilitadores e dificultadores da assistência de enfermagem ao recém-nascido com estomia intestinal e a importância da educação permanente no cenário da Unidade Neonatal". **Conclusão e implicações para prática:** O manejo de neonatos com estomias intestinais é atual e implica em cuidados de enfermagem com o estoma e pele do recém-nascido, estendendo-se para a prática da educação em saúde dos familiares. É desafiador o manejo de complicações, a indisponibilidade de materiais e o cuidado fragmentado. Tal achado pode subsidiar o desenvolvimento de intervenções de enfermagem sistematizada para os recém-nascidos e seus pais na unidade neonatal.

Palavras-chave: Equipe de enfermagem; Estomia; Percepção; Recém-nascido; Terapia intensiva neonatal.

RESUMEN

Objetivos: Conocer la percepción del equipo de enfermería de la unidad neonatal sobre el cuidado prestado al neonato hospitalizado con ostomías intestinales y discutir los factores que interfieren en el cuidado de enfermería. **Método:** Estudio exploratorio, descriptivo, con abordaje cualitativo. Participaron ocho enfermeros y ocho técnicos de enfermería que actúan en una Unidad Neonatal de Rio de Janeiro. Datos colectados entre abril y junio de 2022, por entrevistas semiestructuradas y análisis de contenido. **Resultados:** Emergieron dos categorías: "percepciones del equipo de enfermería sobre el cuidado al recién nacido hospitalizado con ostomías intestinales y la educación en salud de la familia"; y "aspectos que facilitan y dificultan el cuidado de enfermería al recién nacido con ostomía intestinal y la importancia de la educación continua en el ámbito de la Unidad Neonatal". **Conclusión e implicaciones para la práctica:** El manejo de neonatos con ostomías intestinales es actual e implica cuidados de enfermería con el estoma y la piel del recién nacido, extendiéndose a la práctica de educación en salud para familiares. El manejo de complicaciones, la falta de materiales y la atención fragmentada son desafíos. Este hallazgo puede apoyar el desarrollo de intervenciones de enfermería sistematizadas para los recién nacidos y sus padres en la unidad neonatal.

Palabras clave: Equipo de enfermería; Ostomía; Percepción; Recién nacido; Cuidados intensivos neonatales.

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INTRODUCTION

Intestinal ostomies are subdivided into colostomy, ileostomy and jejunostomy, according to the segment of the intestine that will be exteriorized. Intestinal ostomies require the adaptation of a collection bag attached to the abdomen to drain the effluent. These can be made temporarily, with the possibility of reconstructing intestinal transit, or permanently.^{1,2}

In the case of pediatric patients, stomas are most often performed due to congenital diseases or other clinical situations, such as: anorectal anomalies; congenital megacolon or Hirschsprung's disease; Crohn's disease; necrotizing enterocolitis; ulcerative colitis; and familial adenomatous polyposis.¹⁻³

Advances in the use of technology in neonatal intensive care units have enabled hospitalized newborns (NB) to survive longer, and health professionals need to keep up with this progress. With regard to NB and children with stomas, it is up to nurses and the nursing team to learn about and practice new technologies and techniques in stoma care.⁴

In Brazil, there is no official epidemiological data on how many people are ostomized and their profile, but it is estimated that one million and four hundred thousand go to the operating room for ostomies every year. There are few publications involving children, and only local productions have been observed.⁵

In the Unified Health System, Decree No. 5296 (2004)⁶ and Ordinances No. 400 (2009)⁷ and No. 3 (2017)⁸ grant to the ostomized person: the right to devices and collection bags, priority care in public health service networks and the access and complex care in the system; guides the ostomized person to receive a referral after hospital discharge to the specialized service network; and establishes communication between institutions, services and professionals at all levels of care for the health of the ostomized child.

The creation of the National Policy for Comprehensive Child Health Care (PNAISC), through Ordinance No. 1,130 in 2015⁹, includes children with intestinal ostomies in strategic axis VI, which deals with a set of intra-sectoral and inter-sectoral strategies for the inclusion of children with disabilities in health care networks.

Although intestinal stomas have their indications and therapeutic benefits, they can develop into complications and morbidities, including: necrosis; retraction; internal hernias; hemorrhage and infection; prolapse; stenosis; parastomal hernia; and peristomal dermatitis – which, in addition to delaying the reversal of the stoma, can have a negative impact on the health of the child and their family.¹⁰

As for the knowledge of nursing professionals, studies point to gaps in their training in caring for ostomized patients and managing stoma devices. Other difficulties are related to access to adequate and high-quality materials, the time needed to care for the patient and staffing, which will interfere with nursing care. It is suggested that through continuing health education, it is possible to improve theoretical and scientific knowledge, qualify care and transform nursing practice.^{11,12}

A bibliographic survey was carried out in the Virtual Health Library and PUBMED in 2022, which identified six articles that addressed the topic of work, mostly in the outpatient context. Only one article dealt with NB with intestinal stomas and the neonatal unit. All of them mentioned the importance of the nursing team in the practice of health education.

In view of the above, considering that nurses and other members of the nursing team play an important role in caring for NB with intestinal ostomies, and with the aim of expanding knowledge on this subject, the objectives of this study were: to find out the perception of the neonatal unit nursing team on the care provided to hospitalized NB with intestinal ostomies and to discuss the factors that interfere with nursing care.

METHOD

This is an exploratory and descriptive study with a qualitative approach. The participants were eight nurses and eight nursing technicians working in the Neonatal Intensive Care Unit (NICU) at the site where the research was carried out. The inclusion criteria were: being a nurse or nursing technician working in the NICU and over 18 years old. Exclusion criteria were: professionals on vacation or on leave during the data collection period. Participants were included for convenience until the information needed to meet the research objectives was saturated.¹³

The study was carried out between April and June 2022, in the Neonatal Unit of a university hospital located in the North Zone of the city of Rio de Janeiro, which has fifteen NICU beds and nine Conventional Intermediate Care Unit beds. This setting was chosen because it is a field of teaching and practice for health professionals, including the Neonatal Nursing Residency Program, and because it is a reference in the state of Rio de Janeiro for maternal and child care, offering nursing care to NB with stomas who need highly complex care.

After the participants signed the Free and Informed Consent Form, a questionnaire was used to collect data on the individual characterization of the professionals taking part in the study, containing information such as age, gender, professional category, training time, level of education, level of training or qualification in the management of ostomies in NB. The semi-structured interview was guided by the following guiding questions: "How do you perceive intestinal ostomies in NB?"; "What nursing care do you consider important when caring for NB with intestinal ostomies hospitalized in the NICU?"; "What aspects do you consider to be facilitators in nursing care for NB with intestinal ostomies in the Neonatal Unit? What about the hindering aspects?"; and "How do you perceive the family of this NB with an intestinal ostomy?"

With the information obtained, the process of interpreting and understanding the data began, taking the answers to their broadest meaning and using the methodological approach of content analysis, specifically Bardin's content analysis.¹⁴ Simultaneously with the transcriptions of the recorded interviews, the qualitative data was analyzed.

Pre-analysis of the data was carried out by carefully reading the material, in order to select the relevant information for understanding the phenomenon studied. Then, after exhaustive reading, the material was explored, where the most relevant and significant aspects in the statements were grouped into recording units; 86 recording units emerged from this data coding stage.

After coding, two categories were created: “Perceptions of the nursing team regarding the care of hospitalized newborns with intestinal ostomies and family health education”; and “Facilitating and hindering aspects of nursing care for newborns with intestinal ostomy and the importance of continuing education in the setting of the Neonatal Unit”. Subsequently, the treatment of these results will be presented and interpreted in accordance with scientific production.

The interviews lasted an average of ten minutes, with a maximum duration of 30 minutes, and took place in a private place. In order to guarantee the anonymity and confidentiality of the participants, the nurses were identified with the letter “N” and the nursing technicians with “NT”, followed by numbering according to the order in which they were admitted to the study. In compliance with all the ethical precepts governing research with human beings, the project was approved by the hospital’s Research Ethics Committee, under CAAE number 55241321.9.0000.5259, and was approved under opinion number 5.299.162. The informed consent form was used, explaining the research, confidentiality and data security, in accordance with the ethical and legal principles established by Resolutions 466/2012¹⁵ and 510/2016¹⁶ of the National Health Council (CNS), which deal with autonomy, non-maleficence, beneficence, justice and equity, and aim to ensure the rights and duties of research participants, the scientific community and the State.

RESULTS

Based on the interpretation of the characterization data, it was possible to identify that 94% of the participants were female, with an average age of 41 years; 88% had completed higher education; 6% had a doctorate; 13% had lato sensu postgraduate degrees, 69% of which were in neonatology. The average training time was of 14 years. The average time working in neonatology was 15 years, ranging from 2 to 29 years; 69% of the participants have more than one job.

When asked about their training in caring for NB with intestinal ostomies, all reported not having received any training within the institution – 63% of the participants received guidance from the dressing committee. Only 6% reported that they had taken part in training through another job and one nurse said that this content had been covered in the theoretical axis of the specialization.

After the process of investigating and analyzing the data collected, the results will be presented in the following categories and subcategories.

1st CATEGORY: “Perceptions of the nursing team regarding the care of hospitalized newborns with intestinal ostomies and family health education”

In this category, the perceptions of nursing professionals regarding the management of NB with intestinal ostomies, nursing care and family health education were addressed.

Perceptions about the ostomized neonate and the care provided in nursing assistance

The presence of the NB with an intestinal stoma in the NICU is perceived as strange by some participants; for others it is seen as a normal reality.

When you say you work in neonatal care, we think: caring for premature babies. The focus that everyone thinks when you work in neonatal care is these things, prematurity, the newborn learning to suck; several of my colleagues think that’s it, but it’s not [...](N5).

I’ve always worked in a clinical neonatal ICU, so it was a very rare thing, let’s say one here, another there, in six to seven months’ time another baby would do it,

had an imperforate anus, something that required an ileostomy, a colostomy, a jejunum [...] now then, we have a lot of this, it’s even become a habit (N4).

In view of the above, it can be seen that the neonatology scenario is still more associated with prematurity and that it is difficult to link it to the management of NB with intestinal stomas, being the increase in the number of cases a current reality.

With regard to specific nursing care for an ostomized NB, the most frequently mentioned topics were care of the stoma, care of the peristomal skin and knowledge on complications. This care was highlighted in the following statements:

Emptying the pouch and when it’s time to change the pouch, cutting it to the correct size so as not to cause damage around the pouch, so that it sticks well and you don’t have to change it too often (NT 5).

[...] I think it’s the hygiene of the pouch, measuring the amount of feces it’s eliminating, noting the appearance of the feces, noting the appearance of the stoma, of the surrounding skin (N7).

[...] we follow the normal care for stomas, which is to protect the periostomal skin so that there isn’t any kind of hyperemia or tissue alteration due to intestinal elimination (N6).

When complications occur, this skin issue, this necrotizing stoma issue, what do we do with these newborns? In a stoma, we can take care of it, you know, you change the bag, clean it with water and sorbet, you know? (N8).

I believe that a stoma usually causes pain, I think that unfortunately we don't really look at it that way, that sometimes the newborn cries, is irritated because it causes pain [...] it's an orifice, it's an organic issue, which really isn't just the surgical procedure (NT1).

With regard to specific care for the stoma, prevention and management of complications, the nursing team is aware of the importance of caring for the peristomal skin – caring for the collection bag whose appropriate size must be dimensioned, when it should be emptied – the appearance of the feces and the importance of caring for the skin around the stoma. Complications included damage to the peristomal skin, inflammation, pain and necrosis.

The participants' reports point to individualized, fragmented and non-standardized care:

I think care has to be very individualized. Because you see in our practice here in our service several newborns with the type of stoma and each stoma has a very peculiar characteristic[...] (N6)

Everyone does it their own way, everyone thinks in their own way. Doing it your own way makes it easier, but at the same time it hurts, because a lot of people who have outside experience bring this positively and there are people who are hard-headed, who want to do it the way they did it before, which is not what is done now. There are some things that are positive and some things that are negative (N3).

[...] because there's no standardization here when it comes to caring for the bag. The only standardization that happens is when there's an injury, when the dressing committee comes in and has to standardize the way it's going to be taken care of, because it's injured, but apart from that there's no standardization in care [...] (NT5).

Feelings and family health education

The family was perceived as the target of nursing care, the professionals talked about the families, their difficulties and feelings about having an elimination stoma made for their NB child:

I think the first word that I see, right, that I imagine is suffering (N1).

I think it's more the emotional care for the family, because the family doesn't really understand about it, for example: the colostomy bag, the unpleasant smell and everything. So you have to take care to keep the bag clean. I think the biggest problem is the family's difficulty (NT4).

One of the issues reported by the interviewees was the importance of nursing providing health education to the

families of ostomized NB, fostering a welcoming atmosphere, involving the family in the care of the NB in the hospital environment and training these families to continue caring for the NB at home after discharge from hospital.

It's important to bring in health education, to guide them, to show them what it is, how it's handled, how it's looked after, to reduce their fear of the unknown after the newborn is discharged (N6).

The family has to be prepared [...] for the newborn who is chronic or when we realize that he [newborn] is going home with this type of situation [intestinal elimination ostomy]. The family has to be present from the hospital so that they can adapt, so that they don't have so many difficulties when they get home. That would be fundamental (NT8).

Nursing professionals recognize the importance of instructing and involving the family in the care of the NB, but report the difficulty of providing health education to those responsible for the child in the NICU.

This mother isn't guided, we're very bad at guiding the family, how to handle, how to clean, the care they need to observe. We don't do this during his stay here, perhaps at the time of discharge, only at the time of discharge, during his stay we should be addressing this family (N7)

The interviewees report that there is a deficiency in the introduction and training of family members in the care of the intestinal ostomy, that orientation is often given on the day of discharge and not during hospitalization, making family members mere spectators of the care provided by the nursing team.

2nd CATEGORY: “Facilitating and hindering aspects of nursing care for newborns with intestinal ostomy and the importance of continuing education in the setting of the Neonatal Unit”

In this category, the intervening factors in nursing care that emerged in the participants' speeches and the ongoing education of the nursing team will be addressed.

Facilitating aspects

The participants pointed out that one of the facilitating aspects was the existence of the hospital's Dressing Committee, which is made up of stomatherapist nurses who support the NICU team when it is necessary, as highlighted in the following statements:

The facility we have here at the hospital is the dressing committee, which gives us support with intercurrents (NT8).

[...] Having [the dressing committee] people who are qualified to guide us [...] when there's the right conduct, when everything is just as it should be so that we can [...] this newborn has a good return, what's going to happen is improvement, which is what we hope for (N5).

When complications arise in ostomized NB in the NICU, the professionals reported that they have the support of the hospital's dressing committee:

[...] the dressing team comes and evaluates, guides, explains how to treat, the type of dressing, the type of covering, what they're going to do for that injury that might be caused by the stoma, but, in general, we only have basic knowledge about caring for the stoma, which is the bag, and the skin. (NT1).

Neonatal ICU nursing professionals request the support of the dressing committee when there is a complication with the stoma, but the professionals, according to their know-how and based on their experiences in practice, manage these difficult situations without the need for an opinion from the dressing committee, which is not exclusive to the sector.

Another positive factor is the possibility for the nursing team to seek support from specialist nurses, who have expertise in caring for the ostomized NB, as can be seen in the nurse's report:

We had a nurse who was a stomatherapist, who was part of the routine [...] we always exchanged information. So there ends up being a network that gives updates "on the spot", according to the newborn's progress (N1).

The nursing team reports that it is easy to care for the intestinal stoma as long as there are no complications and they have the necessary supplies to care for NB with stomas.

[...] the intestinal elimination stoma itself is easy for me, mainly because of the practice [...] when there are no alterations and we follow the normal care for stomas, which is the protection of the periosteam skin so that there is no type of hyperemia or tissue alteration due to intestinal elimination (N6)

[...] having all the support material to be able to leave that skin straight, we're fine, right? (N1)

As most of the professionals interviewed have been practicing between 10 and 19 years, they reported no difficulties in carrying out nursing care, as long as they have adequate material available and there are no complications with the intestinal elimination stoma or the peristomal skin.

Hindering aspects

One of the difficulties cited by the participants is the unavailability of suitable material to assist these NB.

[...] we don't have the right material and sometimes we can't provide care because we don't have the right material for very small babies. When the baby is bigger, it's fine, but when they're very small, it makes the job more difficult (N2).

My biggest difficulty is not having the supplies, for example, today, if the routine nurse hadn't been there, we'd have put back a bag that wasn't suitable, a bag that was coming off, a bag that didn't have the clamp [plastic clip] to close it. So, the biggest difficulty here is the lack of supplies (N7).

I think the hardest thing is not having the right material to make it. Sometimes we have to work with a stoma that's too small, with a bag that's too big [...] Today, we have more resources, but I think the most difficult thing is the improvisation we have to do (N8).

What can interfere are the repeated detachments of these colostomy bags, which end up causing skin lesions, because I've seen newborns who ended up with skin lesions because of the material (NT4).

When the injury starts, it gets worse very quickly and it's very common for it to happen, to damage the area around it and we don't always get it right. I've been through situations here where you see the great suffering of newborn babies (NT3).

According to the interviewees, the majority mentioned that the lack of quality supplies, which are appropriate and compatible with the size of the ostomized NB, can result in complications, such as skin lesions, and generate more suffering for the NB being assisted.

Continuing education for health professionals

All the participants reported that they had received no training or qualification to care for NB with intestinal ostomies and that their professional experience interferes with the care offered, as highlighted in the following statements:

I think that in twenty years in the profession, I've only had five elimination stomas [...] what I think is that when we have them, as we almost don't, everything ends up being a bit lost in terms of care (N3).

In the beginning, when people didn't have this experience, we learned. I learned too, because I didn't have this experience, we were clinical, then we became surgical, so the more experience, the more practice, the better. Then you learn how to take better care of them, how to handle them, it gets easier (N4).

I think it's an issue that really needs training within the unit, there should be more focus on this... Training for both technicians and nurses (NT1).

I think there could be a way of [...] I don't know how to explain it [...] you know that business about coming to train, coming to talk, coming to explain, I think there could be in order to improve the technique of technicians and nurses, I think it's an important thing (NT4).

Regarding continuing health education, it is understood that the professionals recognize that the time they have been working is an important factor in the practice of caring for intestinal stomas and the experience they have acquired over time, but they mention the importance of carrying out ongoing training in the sector to offer better nursing care and to exercise their role as a health educator for the parents with the appropriate guidance.

DISCUSSION

Advances in technology are leading to an increase in the survival of NB and, with this, changes in the nursing care profile.⁴ As the interviewees explained, the need for intestinal stomas in NB has become more frequent.

The participants reported that nursing care for NB with intestinal ostomies admitted to the neonatal ICU should offer specific care for the stoma, always including the family. A holistic view of care is needed, which is not limited to the stoma, but should consider the NB and the family as biopsychosocial beings. However, the participants found it difficult to list the nursing care provided to the ostomized NB and their family.

A qualified nursing team must be able to carry out specific care for NB with intestinal ostomies, including: assessing the NB's clinical conditions; assessing the demarcation spot; identifying factors that could lead to possible complications; carrying out, after the stoma has been made, the cleaning of the stoma correctly, considering cutting the hydrocolloid sheet to fit the stoma and the collection bag to the appropriate size; assessing the stoma for protrusion, color, stool characteristics and the integrity of the peristomal skin; and assessing possible complications, such as allergies, contact dermatitis, which is very common in children, para-stomal hernia and the presence of fungal lesions.^{3,10,12,17}

From a care perspective, the professional needs to have specific knowledge in order to provide specialized care to the ostomized person, which gives the team autonomy when theory and practice are linked, offering the best nursing care to the ostomized NB and their family.^{10,18}

In relation to the family, the nursing team plays an important role as a link between the family and the ostomized NB admitted to the neonatal ICU. They have the possibility of minimizing the difficulties in forming a bond resulting from hospitalization. Thus, the literature points out that hospitalization is a moment that brings feelings of anguish to the family, such as fear of the unknown and the non-fulfilment of the dream that was generated during the pregnancy of the idealized child.¹⁹

The moment when parents learn that their child needs to be hospitalized and/or find out about having a stoma made generates a feeling of loss for the parents due to the dream of the perfect child and the expectation of leaving the maternity ward with the NB in their arms.²⁰

The nursing team must be aware of the importance of their role in the bond between the NB and their family, providing emotional and instructive support, making use of soft technologies such as welcoming, bonding and communication. The use of soft technologies differs from the environment of an intensive care unit.²¹

Regarding health education, the nurse must be able to guide the NB's family, explaining to them: the reason for the stoma; the surgery; what an intestinal stoma is; what care is needed; how to manage the stoma; possible complications. Since the making of the stoma in the NB is seen by the family as a risk of death and/or the possibility of the NB being de-hospitalized, these guidelines aim to reduce the fear of the unknown and promote the family's engagement with the NB's physical changes.^{17,21,22}

The family that receives adequate guidance reduces the chances of readmissions due to complications with the stoma.^{3,22} Therefore, the effective participation of the nursing team in family health education can improve the quality of life of the NB and their family.

It should be emphasized that the practice of health education must begin early, before the intestinal stoma is made, and must extend to hospital discharge, enabling a systematized, multi-professional discharge plan that is congruent with the particularities of the NB and their family.²³

Among hospitalized children, the use of a technological device is among the most recurrent areas of special health needs, characterized by the complexity of care, its continuity and long duration. It is a challenging care for nursing assistance and for the family, during hospitalization and in the hospital-home transition after discharge.²³

Therefore, it is essential that the neonatal intensive care nursing team knows and participates in the de-hospitalization process, ensuring complex and specific care for NB with intestinal ostomies, recognizing their context of social vulnerability and training the family to continue care in the home environment.

With regard to the aspects that facilitate nursing care for the NB with intestinal ostomies and their families, the results pointed to an average of more than ten years' training and professional experience, as well as the support of the dressing committee.

The training time and professional experience of the nursing team are factors that influence the care of hospitalized NB, because the longer the time and experience of these professionals, the more they develop skills and abilities that favor the planning of their care.²⁰

A facilitating factor to contribute to greater professional autonomy in caring for the ostomized patient is the implementation of a dressing committee, since this is made up of a trained team with expertise, which can provide technical support and scientific knowledge to qualify nursing care in the care unit.²⁴

In addition to professional qualification, there is a need to improve health management, as explained by the participants in the survey, the problem of the unavailability of quality and suitable materials for NB with stomas, being one of the factors influencing nursing care.

The study showed that there is a shortage of hydrocolloid sheets and collection bags of the right size, especially for children, and that the material needs to be adapted for use. In order to provide qualified care, it is essential to have appropriate supplies in health services, especially in specialized and highly complex care.¹⁰

In addition, the nursing team must be prepared to care for NB and their families in an empathetic way, and have specific knowledge of intestinal stoma care, which can be acquired by training the team through continuing education.²⁵

One research states that there is a gap in the training of nursing professionals in caring for ostomized patients, which hinders care. With the support of the institution, it is possible for health professionals to obtain updates and qualifications to improve nursing care.¹⁰

Corroborating this, one study found that nurses expressed the importance of activities aimed at permanent education and constant updating in the care of people with stomas.²¹

Permanent Health Education aims to align the professional's previous theoretical knowledge and add what they need to carry out care actions relevant to the epidemiological profile of each hospital, with the main purpose of improving the quality of care.^{21,25}

When it comes to this specific knowledge, which is the care of NB with intestinal ostomies, continuing education training is fundamental, since specialization courses in neonatology often do not provide sufficient theoretical and practical support.

In short, the care provided to NB with intestinal ostomies requires specialized knowledge, training, family participation and supplies to guarantee quality care.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

The nurses and nursing technicians realized that there has been a change in the neonatology scenario, including care for premature infants, since they deal with ostomized NB more frequently nowadays.

This reality is challenging, as the results showed that the team had difficulties in listing nursing care for NB with intestinal ostomies and that, sometimes in practice, they resort to the informational support of nursing professionals with more experience in care, as well as the institution's dressing committee, which is not restricted to the neonatal unit.

The family of the NB with an intestinal elimination stoma was also perceived as the target of nursing care, and the team interviewed listed emotional support, welcoming and health education.

The nursing team pointed to the need for in-service training to qualify assistance and avoid the fragmentation of care. In addition, they considered that the lack of suitable equipment was a hindrance to care.

As implications for practice, it is understood that intervening factors such as the nursing team's inadequate knowledge about the management of ostomies in NB and the lack of supplies in the Neonatal Unit can weaken care and lead to complications and health problems for the assisted ostomized NB. In this sense, the qualification and continuing education of these professionals is essential, as is the effective advice from the dressing committee, which can have a positive impact on care.

It is imperative that the care provided to NB with intestinal stomas and their families is individualized, taking into account their biopsychosocial needs. It is up to the nursing team to stimulate the bond between the family and the NB during hospitalization and their participation in care, promoting systematized guidelines for hospital discharge.

In this study, the length of the interviews was seen as a limitation, which may be related to the participants' difficulty in delving deeper into the phenomenon studied due to a lack of knowledge, as already discussed, and not reflecting the perception of the nursing team in other care scenarios. It is therefore necessary and opportune to produce further research on this subject, in order to support the practice of neonatal nursing care and the creation of public policies aimed at ostomized NB and their families.

AUTHOR'S CONTRIBUTIONS

Study design. Amanda de Araujo Mesquita de Oliveira. Andrea Maria Alves Vilar. Rachel Leite Soares de Vasconcelos. Marcelle Sampaio de Freitas Guimarães Ribeiro.

Data collection. Amanda de Araujo Mesquita de Oliveira.

Data analysis. Amanda de Araujo Mesquita de Oliveira. Marcelle Sampaio de Freitas Guimarães Ribeiro.

Interpretation of results. Amanda de Araujo Mesquita de Oliveira. Andrea Maria Alves Vilar. José Antônio de Sá Neto. Rachel Leite Soares de Vasconcelos. Marcelle Sampaio de Freitas Guimarães Ribeiro.

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Responsibility for all aspects of the content and integrity of the published article. Amanda de Araujo Mesquita de Oliveira. Andrea Maria Alves Vilar. José Antônio de Sá Neto. Rachel Leite Soares de Vasconcelos. Marcelle Sampaio de Freitas Guimarães Ribeiro.

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