Sociodemographic profile of parents of premature newborns admitted to a public hospital

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Abstract

Premature birth is unpredictable and can result from social, economic and/or health-related factors for women and newborns. This study aimed to analyze the sociodemographic profile of parents of premature newborns admitted to a Neonatal Intensive Care Unit (NICU). Furthermore, it is a descriptive, exploratory, and quantitative study, carried out from March to August 2019 in an NICU. Demographic, socioeconomic, and data related to the newborn and the pregnancy process were collected with a questionnaire containing closed and open questions, which were analyzed and compared with related studies. 31 mothers and 19 fathers participated. Most of them were young and completed high school. Almost all fathers had paying jobs, while only half of mothers worked, and not all of them contributed to social security (INSS). Fathers received 30% more than mothers, even with similar functions and working hours. 47% of the families lived with an income of up to 2 minimum wages per month. Half of the pregnancies were unplanned. Births with gestational ages (GA) ≥ 32 weeks predominated. On average, the mothers had more than 8 prenatal consultations and displayed hypertension as the most prevalent maternal risk factor. Knowing the families of newborns can support measures to promote maternal and child health.

Keywords: Prematurity. Parenting. Maternal and Child Health.

INTRODUCTION

A baby born before completing 37 weeks of growth is considered premature, and premature births represent an important public health problem, given the high percentage of morbidity and mortality and the psychological and social consequences they bring with them. Worldwide, 15 million babies are born every year, with a prematurity rate among live newborns (NB) of 10%[1,2]. The Brazilian prematurity rate in 2016 was 11.5% and occupied 10th place in the world ranking.

Moreover, 74% of these preterm births are later from 34 to 36 gestational weeks[3]. In the state of Paraná, in 2018, the rate of premature births was 5.7% of the total number of premature babies in the country[4].

Prematurity occurs in all places and social classes, due to different circumstances and, to a certain extent, they are unpredictable[5,6]. However, factors such as maternal age, twins, primiparity, reduced number of prenatal consultations, and low education

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show a relationship with premature birth and entail a high social and financial cost to families and society (in general), as shown by several studies on risk factors associated with prematurity and the profile of prenatal care[7,8,9,6].

It is known that sociocultural, educational, and economic circumstances determine the conditions of birth, development, illness, and death[10,11]. These factors indicate the quality of life and the level of development of a population. Therefore, identifying the risk factors of low birth weight and prematurity is relevant to public health, as it allows for subsidizing public policies to deal with this problem[5].

Issues involving preterm birth have been worked on in public maternity hospitals in Brazil based on a model of humanized care, which is called the Kangaroo Method (KM). This method brings together biopsychosocial intervention strategies to receive the NB and their parents and encourages them to make contact and receive care as early as possible, contributing, thus, to breastfeeding, strengthening trust, attachment, and the affective bond between premature NBs and their parents[2].

This study aims to understand the conditions and way of life of the families of premature NBs, considering that knowledge can support measures that favor the performance of parenting, as well as the development and promotion of maternal and child health.

METHOD

This was an exploratory, descriptive, and quantitative study. It was held at the NICU of the Maternity Hospital Complex of the Federal University of Paraná; accredited by the Unified Health System as a tertiary referral center for high-risk pregnancy. The project was approved by the Ethics Committee for Research Involving Human Beings of the Hospital de Clínicas, Federal University of Paraná, under opinion number 2.985.606.

Data collection was carried out from March to August 2019. The participants were mothers and fathers over 18 years of age with NB $\leq$ 37 weeks and/or $\leq$ 2,500g who had been hospitalized in the NICU for more than a week. Mothers and fathers of newborns who died or who were discharged or transferred to hospital during the first week were excluded.

The invitation was given randomly to the mothers and fathers individually or concomitantly. All who agreed to participate in the study and signed the Informed Consent Form.

Thirty-one mothers and 19 fathers of 41 NB participated in the study, as there were twins.

Data were collected through a questionnaire with closed and open questions, covering demographic, socioeconomic, and data related to the newborn and pregnancy process. This consisted of 41 questions for the mother and 29 questions for the father, which were read and noted down by the researcher.

The analysis of the evidence started from the characterization of the families, which was shown in tables, whose data were analyzed in absolute and relative frequency (%), and the numerical variables were indicated as means and standard deviations, or medians, minimums and maximums according to their nature.

RESULTS

Table 1 displays the demographic profile of the interviewees.

From Table 1 it can be seen that most parents are aged between 18 and 35 years old, live in a civil union, practice some type of religion, and have studied, on average, for more than 10 years.

Below, Table 2 displays the socioeconomic profile of the interviewees.

Based on Table 2, it is possible to observe that most parents performed some professional activity, even if it was informal and without contribution to INSS (social security). Moreover, the working week varied from less than 20 hours a week to more than 40 hours, the predominant personal income ranged from R$954.01 to R$2,329, and most parents reside together.

Next, Table 3 displays the variables related to the newborn and the interviewees' pregnancy process.

According to data obtained in Table 3, it can be seen that the number of desired pregnancies was higher than those planned, and the same occurred with the desire of mothers to breastfeed their children and to hold them in the skin-to-skin position. More than 70% of pregnancies were singular, and a gestational age above 29 weeks prevailed in this sample, as well as birth weight between 1,001 and 1,500g. Almost all mothers performed routine prenatal care, and many had more than 8 consultations during pregnancy as well as had some maternal risk factor.

Table 1 - Demographic profile of mothers and fathers of newborns admitted to a neonatal intensive care unit – Curitiba, PR, 2019.

Variables Age	No. Mothers	Percentage	No. Fathers	Percentage
18 to 25	13	41.96%	3	15.79%
26 to 35	12	38.71%	12	63.16%
≥ 36 years	6	19.35%	4	21.05%
Marital Status				
Single	5	16.13%	-	-
Married	10	32.26%	7	36.84%
Civil Union	16	51.61%	12	63.16%
Religious				
Yes	21	67.74%	14	73.68%
No	10	32.26%	5	26.32%
Educational Level				
Incomplete Elementary School	3	9.68%	3	15.79%
Completed Elementary School	3	9.68%	1	5.26%
Incomplete High School	4	12.90%	3	15.79%
Completed High School	12	38.71%	10	52.63%
Incomplete College	8	25.81%	-	-
Completed College	1	3.23%	2	10.53%

Table 2 - Socioeconomic profile of mothers and fathers of newborns admitted to a neonatal intensive care unit – Curitiba, PR, 2019.

Variables	No. Mothers	Percentage	No. Fathers	Percentage
Currently Employed				
Yes	16	51.61%	18	96%
No	15	48.39%	1	4%
Employment relationship				
Formal	7	43.75%	9	50%
Informal	9	56.25%	9	50%
Contributes to INSS				
Yes	13	41.94%	12	63.16%
No	18	58.06%	7	36.84%
Weekly working hours				
≤ 20 h	3	18.75%	3	16.67%
21 to 30 h	1	6.25%	-	-
31 to 40 h	4	25.00%	5	27.78%
≥ 40 h	8	50.00%	10	55.56%
Personal Monthly income				
R$ 954.01 to R$ 1,255.00	7	53.85%	1	6.25%
R$ 1,255.01 to R$ 2,329.00	5	38.46%	13	81.25%
R$ 2,329.01 to R$ 4,164.00	1	7.69%	1	6.25%
R$ 4,164.01 to R$ 5,400.00	-	-	1	6.25%
Lives with the partner				
Yes	24	80%	19	100%
No	7	20%	-	-

Table 3 - Variables related to the newborn and the pregnancy process of mothers and fathers of newborns admitted to a neonatal intensive care unit – Curitiba, PR, 2019.

Variables	No. Mothers	Percentage	No. Fathers	Percentage	Variables	No. Mothers	Percentage	No. Fathers	Percentage
Planned pregnancy					Yes	31	100%	17	89.47%
Yes	16	51.61%	11	57.89%	No	-	-	2	10.53%
No	15	48.39%	8	42.11%	**Type of pregnancy**				
Desired pregnancy					Single	22	70.97%	-	-
Yes	26	83.87%	19	100%	Multiple (twins)	8	25.81%	-	-
No	15	16.13%	-	-	**Gestational age**				
Is breastfeeding					≤ 28 weeks	11	26.83%	-	-
Yes	21	67.74%	-	-	29 to 31 weeks	14	34.15%	-	-
No	10	32.26%	-	-	≥ 32 weeks	16	39.02%	-	-
Wants to breastfeed					**Birth weight**				
Yes	30	96.77%	-	-	500 to 1,000g	7	17.07%	-	-
No	01	3.23%	-	-	1,001 to 1,500g	19	46.23%	-	-
Held the NB in the skin-to-skin position					1,501 to ≥ 2,000g	15	36.59%	-	-
					Conducted pre-natal Consulation				
Yes	24	77.42%	10	52.63%	Yes	30	97.56%		
No	7	22.58%	9	47.37%	No	1	2.44%	-	
Wants to hold									

to be continued...

Variables	No. Mothers	Percentage	No. Fathers	Percentage
Quantidade de consultas				
≤ 7	10	33.33%	-	-
from 8 to 15	15	50.00%	-	-
≥ 16	5	16.67%	-	-
Maternal risk factor				
Hypertension	12	33.30%	-	-
Twin pregnancy	4	11.11%	-	-
Gestational diabetes	4	11.11%	-	-

DISCUSSION

Among the mothers, 42% were between 18 and 25 years old, 39% were between 26 and 35 years old, and 19% were over 36 years old. According to a survey carried out in a city in Paraná in 2019[12], very young mothers are more likely to have children with low birth weight, in addition to a low Apgar score and neonatal death. Moreover, pregnant women over the age of 36 years old have an increased chance of having premature children.

As for marital status, 10 mothers were married, 16 lived in a consensual union, and 5 were single and solely responsible for the NB, living alone or with other relatives; thus, this composes one of the contemporary types of family, that is a single parent home. In Brazil, 18.5% of families are of single parents, and they are mostly comprised of women[13].

With regards to spirituality, 67% of mothers reported practicing a religion. These findings are consistent with those of other studies indicating that spirituality is perceived as a possible dimension of the individual, linked to their experiences and beliefs, and can be a health-promoting aspect when related to a positive pro-life attitude[14,15].

Of the total number of mothers, 38% had completed high school and 29% had started higher education, and of these only one had completed while the others were either still studying or had dropped out. Another 10% had only a primary education, and 10% had an incomplete primary education. It is known that the level of education directly affects people's living and health conditions and confirms the existing correlation: the lower the level of education, the greater the difficulty in understanding the need for special care during pregnancy. This can even lead to late onset or absence of prenatal care, as demonstrated by a documentary study on risk factors for prematurity[7].

As for the profile of the parents, the majority (63%) were aged between 26 and 35 years old, three parents were aged between 18 and 25 years old, and another four were over 36 years old. The age of fathers in each age group was proportionally equivalent to the age of mothers.

Concerning the fathers' marital status, only two categories were identified: married and civil union - the latter having the greater number. It is noteworthy that, unlike the mothers, no single father or single-parent family was identified. This fact confirms the Brazilian census data from 2010 which demonstrates that female single parenthood is higher in percentage terms than male single parenthood in the proportion of 87% to 13% for this type of family[16].

Regarding the practice of religiosity, the response of fathers was similar to that of mothers, with 73% practicing some type of religion. Religiosity and faith are appointed by family members as resources used to maintain hope, while collaborating with the process of resilience against the loved one's illness and risk of death, as shown by a study with family members of children hospitalized in the NICU in 2013[14]. Thus, the support of faith and spirituality/

religiosity is a member of the social support network of people coping with disease and hospitalization[15].

Complete secondary education was the level of paternal education that prevailed (52%). Both this and the other levels were proportionally equivalent to that found in the mothers' educational levels, with the exception of higher education, where a disparity was perceived when comparing fathers and mothers. None of the fathers in this sample had an incomplete higher education, while eight mothers reported having started, but for various reasons, they had stopped enrolling or had given up graduating. These data suggest that motherhood can interrupt studies, as was demonstrated in a systematic review in 2019 on the experience of motherhood during undergraduate studies[17]. In that study it was found that women comprise the majority of public and private higher education institutions, as well as the female dropout rate was also higher. This indicates that when university students become mothers during undergraduate studies, they are more susceptible to dropping out of the course when they do not have the necessary support.

A paying work activity was performed by 16 mothers, and among these nine had an informal employment relationship, and only 13 paid contributions to the INSS. Therefore, with the birth of a premature child and subsequent hospitalization, which in some cases can last for more than four months, some mothers are unable to return to work. Moreover, because they are not taxpayers, they are not entitled to receive any maternity pay, in addition to others social benefits that include INSS policyholders.

The International Labor Organization (ILO) confirms that the participation of women in the labor market is still lower than that of men, in addition to being more likely to be unemployed in most countries in the world, especially in less developed and low-income countries. According to the ILO, the global participation rate of women in the workforce in 2018 was 48.5%. In Brazil, in the same period, this rate was 44%. Women also mostly occupy informal jobs. These results confirm significant gender inequalities in relation to wages and social protection[18].

Among those who possessed paid employment, eight worked more than 40 hours a week, and another four worked between 30 and 40 hours; only four worked less than 30 hours a week.

The personal monthly income of 54% of mothers did not exceed R$1,255.00. And 38% received an income that reached up to R$2,329 per month. Worldwide, women receive only 77% of the salary that men receive, when they perform the same work and under equal conditions, according to a study carried out by the ILO in 2018[18]. Furthermore, the Brazilian scenario does not differ from the global one.

Considering the data obtained in this study, the income discrepancy index was even greater. Correlating the personal net income of the mother with that of the father, it was observed that while only one father received a monthly salary of R$954.00 to R$1,255.00, there were seven mothers with this same income who represented the majority of this sample. As for the second income bracket, which is R$1,255.00 to R$2,329, 81% of fathers and only 38% of mothers were covered. Only one mother had a higher salary of R$ 2,329.00, while the number of fathers in this salary range was two.

In view of these data, it is observed that the conditions of survival remain difficult for both women, especially poor and low-educated women, who cannot access the labor market due to lack of opportunity. Furthermore, they end up having to live with few resources, or in a condition of economic dependence on others, usually on the husband. Meanwhile,

those who manage to access opportunities face gender discrimination, oppression, and wage inequalities. Added to this is the fact that the woman, even working outside the home, remains responsible almost exclusively for its maintenance, in addition to being responsible for taking care of the children; thus, the woman is responsible for the material production of life as explained by Saffioti[19].

Nine mothers lived only with their husband in the house and were precisely those who were in their first pregnancy. Nine others lived with their husband and children and/or stepchildren, the latter being an average of four to seven years old. Still, another eight lived in a house, where, in addition to the couple and their children and stepchildren, the parents of one or the other and the grandmother also lived. Four mothers lived with their fathers, and one lived alone, constituting a single parent family[13], starting from the birth of a daughter.

Except for one father, all the others were working during the data collection period and half had a formal employment relationship while the others had informal work relationships among various professional activities, including: farmer, waiter, guard, driver, bricklayer, information technology technician, and small business owners. The latter activity comprised 22% of the total sample. Of the total number of parents, only 63% contributed to the INSS.

These indices are consistent with the data from the National Household Sample Survey (NHSS of the IBGE) between 2012 and 2018, in which the number of people working informally, without a formal contract or are self-employed (where there is no obligation to contribute), was already greater than the number of formal workers[20]. The percentage of voluntary contributions among informal employees is very low, the national average is approximately 15% among those without a formal contract and 31% among self-employed workers[20].

The absence of employment alternatives keeps workers in the informal sector which, almost by definition, is precarious. Here, where workers have few conditions for a workers' union and are mainly helpless to protect and guarantee social benefits such as retirement, unemployment insurance, work accident insurance, among others[20].

Among the 19 parents, 10 worked an average of ≥ 40 hours a week, five between 30 and 40 hours, and three ≤ 20 hours a week. In terms of percentages, these data are similar to those found in the profile of mothers.

With regards to family income, 47% of the families lived with an income of around R$1,255.00 to R$2,329 per month, which, compared to the Regional Minimum Salary for the State of Paraná, corresponds to 1 to 2 Minimum Wage Salaries[21]. Given the predominant profession categories and the high rate of workers without a formal contract.

In most of these families, only men had financial income, so, if we apply the X per capita income concept, the average salary is reduced even more.

In the range between R$2,329 and 4,164.00 were 42% of the families, and one family lived on less than R$1,255.00, and one on more than R$4,164.00 per month.

When asked if the family income was enough to meet all their needs, the expenses with the house and with the child from birth, most parents answered affirmatively that it was enough. However, some parents stated that the amount of income they earned was not enough for their daily lives and they sometimes accepted financial help from family members.

Regarding the variables related to the newborn and the pregnancy process, some data stand out, such as those related to the desire and expectation of mothers and fathers regarding pregnancy, breastfeeding

and the opportunity to hold the child in their arms.

For 15 mothers the pregnancy was unplanned. However, among all of them, 26 said they wanted to have a child, even though they had not planned to get pregnant. This data can be elucidated by the psychoanalytic theory that relates desire to the unconscious sphere, while demand concerns a will belonging to the conscious. There is a disagreement between what is wanted and what is demanded. This explains the fact that although contraceptive methods bring women the feeling that they consciously dominate their fertility, there is a complexity of unconscious motivation regarding pregnancy that often culminates in the so-called "unplanned pregnancies".

A study carried out with mothers of students at a school in Belo Horizonte in 2018[22] showed that women, despite knowing about contraceptive methods, opted for pregnancy as a solution to loneliness or to maintain a relationship with their partner. Therefore, reflecting this into the public policies of family planning, considerations must be given beyond information about contraception concerning aspects of the causes and unconscious desires of pregnancy.

It was found that 10 mothers were still not breastfeeding their children due to their incapacity, either due to extreme immaturity and/or other biological needs. However, 30 mothers reported that they wanted to breastfeed at the first opportunity. A similar answer was given to holding the child in the skin-to-skin position, in which all the mothers reported the desire to do it as soon as possible.

A study carried out with mothers of premature newborns admitted to a NICU in Fortaleza in 2015[23] showed that skin-to-skin contact awakens feelings of emotion and empowerment in the mother, strengthens the affective bond and provides better development for the newborn, reducing the length of hospital stay.

A multiple pregnancy (twins) occurred in 25% of the cases in this study, factors that are also pointed out as risk indicators for prematurity[6,7,9].

Newborns with GA ≥ 32 weeks prevailed, accounting for 39%. Followed by the second subcategory 28 to ≤ 32 weeks of GA, which are considered very premature, in 34% of the cases. The other 27% were in the extreme prematurity range, ≤ 28 weeks of GA. Although the total number of NB with more than 32 weeks of GA is higher in this study, the high number of very preterm and extremely preterm infants is also highlighted, which can be justified due to the specialty of the service being for high-risk prenatal care.

The gestational age of the newborns in this study followed the percentage incidence by subcategory of prematurity of newborns in Brazil, where most premature babies are in the moderate to late preterm range of 32 to ≤ 37 weeks of GA[3,4,24].

Among the 41 NB, 19 weighed between 1,000g and 1,500g at birth. Another 15 NB were born weighing between 1,501g and 2,000g. However, in this sample, seven NB were born weighing less than 1,000g, which is a matter of great concern to public health, as low birth weight together with prematurity is directly associated with the risk of neonatal death, as indicated by the Brazilian bodies of research[1,2,24].

Only one mother did not perform the prenatal routine and 53% had their first appointment between the second and sixth week of pregnancy. The other mothers had their first appointment from the seventh week onwards - with an emphasis on four mothers who consulted for the first time only after their 13th week of pregnancy. This later initial consultation is considered late prenatal care, which can generate unfavorable consequences for the health of the pregnant woman and the fetus, in addition to predicting premature birth; as shown in a study conducted in Rio Grande do Sul in 2019 with data obtained from the

National System of Live Births (SINASC)[9,24].

As for the number of prenatal consultations, 50% had between 8 and 15 consultations, 16% had more than 16 consultations, justified by the mother's previous or gestational disease situation, such as diabetes and hypertension. It is noteworthy, however, that 10 mothers attended less than 7 consultations, contrary to the recommendation of the Ministry of Health regarding the monitoring of prenatal routine.

There is evidence that prenatal consultations, in satisfactory numbers and at an adequate time, are the main protection factor against prematurity and prevention of harm to maternal and child health[9,24].

Of all the mothers in this study, 80% had some type of complication during pregnancy, or even a history of previous disease. Among them, hypertension (33%) prevailed, followed by gestational diabetes (11%) (among others) – the same maternal and obstetric characteristics that make pregnant women more prone to cesarean delivery. This data is consistent with those found in previous studies[5,6,7].

Although eight parents said they did not plan the pregnancy, all agreed that upon discovering their partner's pregnancy, they began to want the child. According to researchers on fatherhood, as a psychological construction[25], there are many changes in men's behavior when faced with the news of the arrival of a child, capable of awakening intense emotions in them. As with women, a father's attachment to his son is influenced by his childhood experiences. The desire for a child starts in his childhood and his wife's pregnancy presents itself as a very important period for the consolidation of his male identity and may even sometimes cause a narcissistic sense of being complete and omnipotent, producing and identifying his own child, as a mirror of his own image.

In addition, 10 parents had already held the child in the skin-to-skin position, and even those who, for reasons similar to the mother's, had not yet held the child said they were anxious to hold them as soon as possible. Only two parents reported being afraid to hold their child, due to his small size and fragile appearance.

It is essential that the father has contact with his child as early as possible, as it is from the baby's physical presence, after birth, that the father can develop a direct relationship of emotion, pleasure, concern, and interest in them; a relationship was previously mediated by the mother during pregnancy. Thus, this is considered a key moment in the formation of lasting affectionate bonds between father and son[2,25,26].

CONCLUSION

In this study, a considerable number of premature and low birth weight births were due to maternal age, located at the extremes of female fertility, associated with problems of gestational diseases. Almost all mothers had prenatal consultations since the beginning of pregnancy, and those with a high gestational risk profile had more than eight consultations, which may have been a protective factor for maternal and child health.

Gestational age was found in the three categories of prematurity, and although more preterm infants were born with GA over 32 weeks, the high number of extremely premature and low birth weight NBs stands out, due to the characteristics of the researched health center.

Pregnancy planning took place for only half of the couples, however, the desire for the child and for getting closer and taking

care of it was expressed by almost all of them. The desire to breastfeed the child was also mentioned by mothers. The fathers sought to be present during childbirth and the child's hospitalization, thus contributing to the well-being and development of the triad. The parents in this study had the support of family members, the NICU's multidisciplinary team, and anchored their hopes in spirituality to develop their new parental roles.

This study is relevant in the context of public health, since knowing the profile of these families makes it possible to identify their strengths and weaknesses to, thus, improve measures favoring access to health services and information, as well as the strengthening attachment and affective bonds, aiming at the baby's development and promoting the health of the baby and its parents.

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SOCIAL/FAMILY PROFILE OF THE NEWBORN IN THE NEONATAL ICU OF THE HOSPITAL DE CLINICAS OF THE FEDERAL UNIVERSITY OF PARANÁ   (MOTHER) PRELIMINARY GESTATIONAL DATA

Name of newborn_____
Birth date ____/____/____ 1 Gestational age_____2
Weight_____
3 Pre-natal consultation? ☐ Yes ☐ No _____
4 Number of consultations? _____
5 Maternal risk factors during pre-natal period? _____
6 Was this pregnancy planned? ☐ Yes ☐ No
7 Was this pregnancy wanted? ☐ Yes ☐ No
SOCIO-FAMILY PROFILE AND HOUSING CONDITIONS
Mother`s name _____
8 Age _____
9 Do you practice any religion? ☐ Yes ☐ No
10 Marital Status? ☐ Single ☐ married ☐ Civil Union ☐ Divorced ☐ Widow
11 Education Level

☐ Illiterate
☐ Incomplete Elementary School
☐ Complete Elementary School
☐ Incomplete High School
☐ Complete High School
☐ Incomplete Higher Education
☐ Complete Higher Education
☐ Postgraduate (Stricto and Lato Sensu)

12 Currently possesses professional occupation? ☐Yes ☐ No
13 Days of work per week _____
14 Employment relationship ☐ Formal ☐ Informal
15 Are you an INSS taxpayer? ☐ Yes ☐ No
16 Personal monthly income _____
17 Do you live in the same house as the NB's father? ☐ Yes ☐ No
18 Are you breastfeeding? ☐ Yes ☐ No   Do you want to breastfeed? ☐ Yes ☐ No
19 Have you ever held your child in the kangaroo position ☐ Yes ☐ No Do you want to hold them? ☐ Yes ☐ No

SOCIAL/FAMILY PROFILE OF THE NEWBORN IN THE NEONATAL ICU OF THE HOSPITAL DE CLINICAS OF THE FEDERAL UNIVERSITY OF PARANÁ   (FATHER)
PRELIMINARY GESTATIONAL DATA

Name of newborn _____

1 Was this pregnancy planned? ☐ Yes ☐ No

2 Was this pregnancy wanted? ☐ Yes ☐ No

SOCIO-FAMILY PROFILE AND HOUSING CONDITIONS

Father's Name _____

3 Age_____

4 Do you practice any religion? ☐ Yes ☐ No

5 Marital Status? ☐ Single ☐ married ☐ Civil Union ☐ Divorced ☐ Widower

6 Education Level

☐ Illiterate

☐ Incomplete Elementary School

☐ Complete Elementary School

☐ Incomplete High School

☐ Complete High School

☐ Incomplete Higher Education

☐ Complete Higher Education

☐ Postgraduate (Stricto and Lato Sensu)

7 Currently possesses professional occupation? ☐Yes ☐ No

8 Days of work per week _____

9 Employment relationship ☐ Formal ☐ Informal

10 Are you an INSS taxpayer? ☐ Yes ☐ No

11 Personal monthly income _____ Monthly family income _____

12 Do you live in the same house as the NB's mother? ☐ Yes ☐ No

13 Did you watch the birth? ☐ Yes ☐ No

14 Did you visit your child immediately after delivery? ☐ Yes ☐ No

15 Have you ever held your child in the kangaroo position ☐ Yes ☐ No

16 Do you want to hold them? ☐ Yes ☐ No