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CHANGES IN ASSISTANCE AND CARE IN THE PREGNANCY-PUERPERAL CYCLE IN TIMES OF CORONAVIRUS

Mudanças da assistência e cuidado no ciclo gravídico-puerperal em tempos de coronavírus

Cambios en la asistencia y cuidados en el ciclo embarazo-puerperal en tiempos de coronavírus

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ABSTRACT

Objective: to know the specific procedures and care provided to pregnant women, puerperal women and newborns in times of a pandemic and to analyze changes in prenatal care, labor, delivery and the postpartum period during the coronavirus pandemic. **Methods:** this is a qualitative, descriptive and exploratory study involving 26 women. The interviews were conducted via the Google Forms platform, with closed and open questions. **Results:** Two categories emerged from the study: 1) Influence of social isolation on the emergence of mental disorders; 2) Adaptations with loss of sexual and reproductive, social and labor rights. **Conclusion:** mental health and sexual and reproductive, social and labor rights were shown to be more vulnerable in women who experienced pregnancy and postpartum in the coronavirus pandemic.

DESCRIPTORS: Parturition; Postpartum period; Covid-19; Pregnancy; Nursing.

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RESUMO

Objetivos: conhecer os procedimentos e cuidados específicos prestados à gestante, à puérpera e ao neonato em tempos de pandemia e analisar as mudanças na assistência pré-natal, no trabalho de parto, no parto e no puerpério durante a pandemia de coronavírus. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório englobando 26 mulheres. As entrevistas foram realizadas via plataforma Google Forms, com perguntas fechadas e abertas. **Resultados:** do estudo emergiram duas categorias: 1) Influência do isolamento social no surgimento de distúrbios mentais; 2) Adaptações com perdas de direitos sexuais e reprodutivos, sociais e trabalhistas. **Conclusão:** a saúde mental e os direitos sexuais e reprodutivos, sociais e trabalhistas mostraram-se em maior vulnerabilidade nas mulheres que vivenciaram a gestação e o pós-parto na pandemia de coronavírus.

DESCRITORES: Parto; Período pós-parto; Covid-19; Gravidez; Enfermagem.

RESUMEN

Objetivo: conocer los procedimientos y cuidados específicos que se brindan a las gestantes, puérperas y recién nacidos en tiempos de pandemia y analizar los cambios en la atención prenatal, del trabajo de parto, del parto y del puerperio durante la pandemia del coronavirus. **Métodos:** se trata de un estudio cualitativo, descriptivo y exploratorio con 26 mujeres. Las entrevistas se realizaron a través de la plataforma Google Forms, con preguntas cerradas y abiertas. **Resultados:** Del estudio surgieron dos categorías: 1) Influencia del aislamiento social en la aparición de trastornos mentales; 2) Adaptaciones con pérdida de derechos sexuales y reproductivos, sociales y laborales. **Conclusión:** la salud mental y los derechos sexuales y reproductivos, sociales y laborales se mostraron más vulnerables en mujeres que vivieron el embarazo y el posparto en la pandemia del coronavirus.

DESCRIPTORES: Parto; Periodo posparto; Covid-19; Embarazo; Enfermería.

INTRODUCTION

The experience of the pregnancy-puerperal cycle is unique in a woman's life. The humanization of care has as its main objective to give back the leading role to women in pregnancy, labor, and birth of the baby, ensuring that she is heard and that her needs are met, so that she has a satisfactory experience.[1]

The National Program for Humanization of Prenatal Care and Birth reinforces the care model. It allows changes in the procedures and conducts that were adopted before, since it prioritizes vaginal delivery, excluding medicalization of childbirth and surgeries. As a consequence, the maternal and neonatal death rate decreases.[2]

In the context of the pandemic, humanized care is put at risk, since the need to face the disease entails some changes. Thus, in the face of unknown situations and procedures, the way is opened for the emergence of negative impacts on the life of the mother-baby binomial.[3]

The epidemiological moment currently experienced concerns the pandemic caused by the SARS-CoV-2 virus, which causes the disease known as covid-19. Its transmission can occur directly, through droplets and secretions from the respiratory tract, or indirectly, through contact with previously contaminated objects and surfaces. It is, therefore, characterized as a highly contagious infection.[3]

The rapid transmission of the disease and the increasing number of cases have required the implementation of contingency measures and social distancing, leading to cuts in non-essential services and other isolation protocols. Essential health services, for the most part, continued to operate, but with certain adaptations guided by specific technical notes.[4]

After the state of public calamity was recognized and in order to mitigate the serious consequences caused by covid-19, risk groups were established that were susceptible to complications and deaths. In this process, the elderly, people with chronic diseases, obese people, people with pneumopathies, health care professionals, and, later, pregnant women were listed.[4]

As the studies on the spread of the virus advanced, a large number of pregnant and postpartum women were found to be affected by the Severe Acute Respiratory Syndrome due to covid-19, which led to a higher number of deaths. Even if these deaths were associated with comorbidities, what drew attention were the failures in the assistance given to this specific population, in which 15% of the women did not receive any type of ventilatory assistance, 28% did not have access to an intensive care unit bed, and 36% were not intubated or given mechanical ventilation.[5]

Minimum guidelines should be followed by all health services in the collective interest. It is inferred that some restrictions may occur in health care and assistance. In particular, the protocols for delivery, puerperium, and abortion care during the covid-19 pandemic according to the recommendations of the Ministry of Health and the World Health Organization for this pandemic scenario stand out.

From the above, the research has as its object of study the impacts of measures of assistance to women in health services and in the processes of pregnancy, childbirth and puerperium during the pandemic. The objectives of the research are: to know the procedures and specific care provided to pregnant women, puerperal women and newborns in times of pandemic and to analyze the changes in prenatal care, labor, delivery and puerperium in the context in question.

METHOD

This is a qualitative, descriptive, and exploratory research conducted with a convenience sample composed of 26 women, who had performed or were performing monitoring of the pregnancy-puerperal cycle between the months of August 2020 and June 2021. The inclusion criterion for participation in the study was being a pregnant woman or a puerperal woman during the pandemic period, and the exclusion criterion was being under 18 years old.

An online data collection form was applied using the Google Forms tool from Google. The form contained open and closed questions about socio-demographic data, pregnancy, delivery, breastfeeding, and questions related to covid-19. None of the questions required a mandatory response, and the option to not answer any of the questions was guaranteed. The dissemination of the study along with the form was carried out by social networks and e-mail.

The research was submitted to the Ethics Committee on Human Research of the Federal University of the State of Rio de Janeiro and approved under Opinion 4.216.824. After submission of the Informed Consent Form (ICF), there was a post-information consent field at the bottom of the page. This field, whose wording was simple, made it clear that clicking the indicated button signaled agreement to participate in the research under the terms of the ICF. If the person did not agree to the terms, their participation would be automatically canceled. For those who wished proof, the digital version of the ICF could be printed with the letterhead and logo of the proposing institution.

Data analysis was performed after the form was completed by 26 women. It is important to emphasize that with the 16th participant the content saturation of the data was verified, which was confirmed in the final interviews. The results were grouped into graphs and thematic categories based on Bardin's content analysis framework.[6]

RESULTS

Twenty-six women took part in the study, 21 pregnant women and five puerperae, aged between 22 and 45 years, living predominantly in the state of Rio de Janeiro. The group of self-declared pregnant women had only their monthly income affected by the pandemic. Three quarters of this sample (n=15; 71.4%) had prenatal care in the private health network (n=12; 57.1%), with a predominance of one to five appointments (n=14; 66.7%) with no difficulties in attending the prenatal clinic (n=15; 75%). However, about half of the sample stated that their appointments were postponed or rescheduled by the health care institution (n=11; 52.4%). Most reported having the right to a companion for prenatal visits during the pandemic period (n=15; 71.4%) (Table 1).

Regarding puerperal women, it was observed that most of them delivered in the public health system (n= 04; 80%), had a cesarean section (n=03; 60%), had no birth plan (n=04; 80%) and received assistance from a health professional during labor (n=04; 80%) (Table 2). The natural practices performed were: massage in the lumbosacral region, sprinkling bath, stool, cavalinho and accompanied walk.

All women had the right to an escort in the delivery room, and only one of them did not receive specific orientations for the stay in the hospital. The orientations reported by the companions were: to use the mask, to avoid circulating inside the institution, to have their meals in the cafeteria, and not to change places with another companion.

Most newborns (n=04; 80%) did not go to the nursery after birth and all received their first care in the delivery room. All participants reported receiving breastfeeding encouragement.

Table 1 – Prenatal characteristics of pregnant women participating in the study during the pandemic period (n=21), Rio de Janeiro, RJ, Brazil, 2021

Features	n	%
Prenatal variables		
Place		
Private Network	12	57,1
Public Network	09	42,9
Number of consultations		
1 to 5 consultations	14	66,7
6 or more appointments	07	33,3
Difficulty in Attending		
Yes	05	23,8
No	15	71,5
Missing information	01	4,7
Postponed or rescheduled appointment		
Yes	11	52,4
No	10	47,6
The right to a companion		
Yes	15	71,4
No	06	28,6

Source: Authors (2021).

The post-discharge orientations reported covered care of the umbilical cord, breastfeeding, and hygiene of the baby, as well as visits and outings with the baby, family planning, and measures to prevent covid-19.

About covid-19, most pregnant women reported contact with a suspect or infected patient (n=14; 66.7%). The puerperal women stated that there were cases of covid-19 among the women hospitalized in the maternity ward (n=03; 60%) and that in these cases there was separation of symptomatic and asymptomatic puerperal women in the rooming-in (n=03; 60%). Most puerperae were oriented about coronavirus transmission in the postpartum period (n=03; 60%) (Table 3). The recommendations received after delivery included the use of a mask and distance of at least two meters between the beds.

Next, from the analysis of the results, two categories were built: 1) Influence of social isolation on the emergence of mental disorders and 2) Adaptations with loss of sexual and reproductive, social and labor rights.

Influence of social isolation on the emergence of mental disorders

The following speeches address the emotional shocks that the pandemic caused to these women who went through the pregnancy-puerperal cycle during the pandemic period. They were able to report their fears and anguish.

> *I missed the contact with people, receiving more affection in person, having the diaper shower and missing the opportunity to do other things that would be possible in a normal period* (with a face-to-face conversation) [...]. (G15)

> *Being pregnant was already terrible for me, a first time pregnant woman, in the middle of the pandemic, working in a laboratory, it was horrible, I wouldn't wish it on anyone, I got OCD from many things* [...]. (G2)

The social isolation and distancing established as a measure to prevent the disease have restricted the contact of pregnant and postpartum women with their family and friends, bringing up feelings of anxiety, loneliness, fear, and abandonment. Even the

Table 2 – Characteristics of puerperal women participating in the study during the pandemic period (n=05), Rio de Janeiro, RJ, Brazil, 2021

Features	n	%
Birth Variables		
Place		
Private Network	01	20
Public Network	04	80
Type		
Vaginal	02	40
Cesarean section	03	60
Birth Plan		
Yes	01	20
No	04	80
Assistance from a health professional		
Yes	04	80
No	01	20

Source: Authors (2021).

Table 3 – Information on covid-19 among pregnant (n=21) and postpartum (n=05) study participants during the pandemic period, Rio de Janeiro, RJ, Brazil, 2021

	Pregnant women		Postpartum women	
Features	**n**	**%**	**n**	**%**
Covid-19 variables in pregnancy				
Symptom of influenza syndrome				
Yes	09	42,9	--	--
No	12	57,1	05	100
Contact with infected/suspects				
Yes	14	66,7	01	20
No	07	33,3	04	80
Variáveis covid-19 pós-parto na maternidade				
Cases of covid-19				
Yes	--	--	03	60
No	--	--	01	20
Missing information	--	--	01	20

Table 3 – Cont.

Symptomatic Isolation				
Yes	--	--	03	60
No	--	--	01	20
Missing information	--	--	01	20
Transmission guidelines				
Yes	--	--	03	60
No	--	--	02	40

Source: Authors (2021).

feeling of imprisonment has arisen, which points to an important and significant vulnerability.

> *What was more difficult, was to overcome the loneliness and the bad feelings related to the pandemic* [...]. (G11)

> [...] *Seeing that the exposure to covid is big where I work and that my colleagues are positive again... I get scared. I live locked away with my 3 year old son and we take preventative measures to the extreme. I am happy to generate, but I feel like a prisoner* (G10)

> *The constant fear of contracting the virus during this period was daily, but in the end everything worked out. Now the struggle has been the days that seem eternal inside the house because the new fear is of the baby getting infected. The truth is that if those who don't have a child are already worried, imagine who has a newborn baby.* (P4)

Pregnancy is an exciting time for most women, and during the pandemic, many of them had to live it without being able to share their doubts and count on the support of family and friends.

Adaptations with loss of sexual and reproductive, social, and labor rights

Pregnant and postpartum women reported having encountered several difficulties and changes that affected their lives during the pandemic, such as the loss of sexual, reproductive, social, and labor rights. Among them, the most frequent in the answers and reports of the women participating in the research was the loss of social rights. With the need for social distancing, many women find themselves alone at home, without having contact with the support network and the family network, so important during the challenging period of pregnancy. The challenges involve the physiological and emotional changes and the adaptations to the new social conditions and feminine tasks.

It is known that over the past decades, the role that the father played in the family was predominantly that of financial provider. However, nowadays, fathers and mothers are more engaged with regard to participation and responsibility in all aspects that involve the family's daily life. It is often said, with naturalness, that it is not only the woman who gets pregnant, but the family, since changes occur for everyone. For this reason, today we can talk about the great importance of the father's participation in prenatal consultations. However, during the pandemic, in many institutions fathers were forbidden to accompany pregnant women. This situation impacts the family bond and the understanding of the father's role in the birth process, as well as his preparation for fatherhood.

> *The fact that the father can't come to the consultations shook me as a pregnant woman, despite understanding the pandemic environment in which we find ourselves, I still defend that the father is not a companion (something very much defended in labor/partum/puerperium, but in prenatal consultations this seems to be left aside) [...].* (G1)

> *This second pregnancy was also more stressful than the first, because I already had a child to take care of, no choice of daycare and still having to reconcile with domestic activities and home office work.* (G7)

> [...] *In addition, the delay in continuing my classes at college, made me worry if I would be able to have my baby in time.* (G11)

> *My pregnancy is high risk again. I have cramps and sporadic bleeding...and so I was removed from my activities, which compromises my income and my studies* [...]. (G10)

During the pandemic period, some changes and adaptations needed to be implemented in order to prevent this group from being exposed to the virus. Prenatal care was guaranteed to pregnant women, but required certain adjustments such as the performance of exams and ultrasounds on consultation days to prevent women from leaving the isolation without a real need, in addition to the spacing between consultations, made possible by the resource of online consultations.

> *The activities of the group for pregnant women are happening virtually through Google Meet, being taught by a nurse who is also away from direct assistance because she is from the risk group.* (G1)

> *I think there is a lack of information, there are people who say that pregnant women are a risk group, and there are people who say they're not, and we get caught up in this blame game. It was really bad, I could afford private consultations, but those who depend on SUS, I saw that prenatal care is horrible, it was directly affected by the pandemic.* (G2)

> *Within these 9 months I did my mandatory internship and WHAT a difficulty it was to manage to stand up, wearing the mask. Sometimes I needed to leave the room to be able to breathe and recover.* (P4)

DISCUSSION

The various hormonal changes that occur during the pregnant--puerperal period influence women's emotions and, added to the context of the pandemic, potentiate feelings of apprehension, anguish, fear, and a mixture of joy and sadness with the arrival of a new life. With the need for social isolation to contain the contamination of the virus, these women found themselves alone and imprisoned, often resulting in mental illness.[7,8]

In the different countries affected by the pandemic, we found literature with different recommendations about labor and birth assistance, but there is no consensus about the conducts adopted in practice. Because it is a new disease about which little is known, the initial uncertainties about the risk group, the possibility of contamination of the newborn, among other factors, were issues that potentiated negative feelings in pregnant and postpartum women.[5-9]

Another important point is in relation to the quality and humanization of professional assistance that is faced with a new challenge: the difficulty of constant face-to-face follow-up to answer questions and provide guidance. The changes in the consultations generated uncertainties and concerns on the part of the pregnant women, which corroborates the authors, since in these consultations the doubts would be answered, experiences would be shared, orientations would be passed on, etc. All of this aims to strengthen the woman so that she goes through a peaceful and welcoming period.[10-12]

According to the participants' reports, it can be noticed that facing a pregnancy in a pandemic period, without being able to relate to family and friends, share experiences with other pregnant women, and hold festive events to celebrate the arrival of a new life, intensified negative feelings in women. Thus, even if they have a support network, it is possible that they face unpleasant feelings, which is intensified in contexts of social distance, such as the one currently experienced, as can also be seen in other authors.[13-16]

Another important point that emerged from the results was the impossibility of the father or partner participating in prenatal consultations, since it is the man's right to participate in this process and it is not exclusively female. For many men, the feeling of being a father only comes up after the baby is born. However, the father's participation since prenatal care can collaborate to the early formation of attachment between father and child, and strengthen the couple's union, establishing a healthy and structured relationship. There is a social construction created by society with macho traits about motherhood, which assigns to the mother the responsibility for child care, making the pregnancy--puerperal cycle even more lonely for women.[17]

The increase in the number of clinically indicated cesarean sections is worrisome because it can have intense and negative repercussions on women's reproductive experience, as well as on the health of their children, families, and community. There can be social, structural, cultural, and emotional consequences that, in turn, compromise the positive experience of childbirth. Currently, there is no evidence that vaginal delivery is contraindicated or that it is less safe than a cesarean section in cases of suspected or confirmed covid-19. Thus, the urgent need to redress gender inequalities that affect women's lives is again reinforced.[18-21]

In addition to the various impacts that the pandemic period provided to pregnant and postpartum women, another extremely important issue is the effect of the economic factor in families. The decrease in family income is also related to mental illness because, besides affecting the way the family goes through this difficult time, it also affects family relationships. The pregnant or postpartum woman, for being considered part of the risk group, is removed from her work activities, sometimes without the proper labor rights. As a result, the entire family structure is shaken. [20,21]

CONCLUDING REMARKS

The research conducted with pregnant and postpartum women during the pandemic period brought to light several issues regarding women's health, not only in the physical, but also in the psychological realm. Social isolation has affected and transformed social relationships, affective relationships, and the support network, making it difficult for women and their families to experience this unique moment full of new things. Thus, many insecurities may arise, which is worrisome, since this was identified as the main risk factor for the development of depression and anxiety in the group of women interviewed.

In this sense, the study recommends that women should have more psychological support during prenatal and postpartum periods. Nursing and other health professionals should evaluate the emotional aspects in each prenatal and postpartum visit in order to act as promptly as possible, working collaboratively with psychology and psychiatry when necessary.

The study showed that women are finding it more difficult to make choices, which invalidates many rights and the female protagonist has already won. Therefore, another recommendation of the study is that, even in a pandemic context, women's rights should be respected, followed, and protected by health professionals.

Thus, mental health and sexual, reproductive, social and labor rights were shown to be more fragile in the context of women experiencing pregnancy and postpartum in the covid-19 pandemic.

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