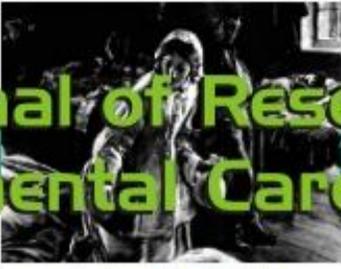


Federal University of Rio de Janeiro State



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## RESEARCH

Alojamento conjunto em um hospital universitário: depressão pós-parto na perspectiva do enfermeiro

Accommodation set in a university hospital: postpartum depression in nurses' perspective

Alojamiento conjunto en un hospital universitario: depresión pós-parto en la perspectiva del enfermero

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### ABSTRACT

**Objective:** knowing the nurses' understanding from the accommodation-set about postpartum depression; and identify the perception of these nurses related to importance of guidelines for postpartum depression to puerperal women. **Method:** this is a descriptive, exploratory research, of qualitative approach, with five (5) nurses from the accommodation-set of a Hospital in Niterói/RJ, in the year 2011. The data were collected by semi-structured interviews and treated in accordance with the precepts of the content analysis, complying with the thematic analysis technique, after approval of the research project by the Research Ethics Committee of the Faculty of Medicine/HUAP/UFF, CAAE n. 0215.0.258.000-11, through favorable protocol no. 206/11. **Results:** the nurses find it difficult to provide a specific assistance and qualified to postpartum women because of lack of knowledge about this disorder. **Conclusion:** those nurses must have knowledge about postpartum depression to facilitate the approach and the care to postpartum women and family. **Descriptors:** postpartum depression, accommodation-set, obstetrical nursing.

### RESUMO

**Objetivo:** conhecer o entendimento dos enfermeiros do alojamento conjunto sobre depressão pós-parto; e identificar a percepção desses enfermeiros relativa à importância das orientações sobre depressão pós-parto às puérperas. **Método:** trata-se de uma pesquisa descritiva, exploratória, de natureza qualitativa, com cinco (5) enfermeiros do alojamento conjunto de um Hospital da cidade de Niterói/RJ, no ano de 2011. Os dados foram coletados por entrevistas semiestruturadas e tratados de acordo com os preceitos da análise de conteúdo, obedecendo à técnica de análise temática, após aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa da Faculdade de Medicina/HUAP/UFF, CAAE n. 0215.0.258.000-11, mediante parecer favorável n° 206/11. **Resultados:** os enfermeiros encontram dificuldades em prestar uma assistência específica e qualificada à puérpera por falta de conhecimentos sobre esse transtorno. **Conclusão:** o enfermeiro precisa ter o conhecimento sobre a depressão pós-parto para facilitar a abordagem e os cuidados à puérpera e a família. **Descritores:** depressão pós-parto, alojamento conjunto, enfermagem obstétrica.

### RESUMEN

**Objetivo:** conocer el entendimiento de los enfermeros del alojamiento conjunto en respecto a la depresión pos-parto; e identificar la percepción de estos enfermeros sobre la importancia de las orientaciones sobre depresión pos-parto a las puérperas. **Método:** se trata de una investigación descriptiva y exploratoria, de carácter cualitativo, con 5 enfermeros del Alojamiento Conjunto de un Hospital de la ciudad de Niterói/RJ, en el año de 2011. Los datos fueron obtenidos a través de encuestas semi-estructuradas y fueron tratados de acuerdo con los preceptos de análisis de contenido, obedeciendo a la técnica de análisis temático, después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación de la Facultad de Medicina/HUAP/UFF, CAAE n. 0215.0.258.000-11, por medio del parecer favorable n° 206/11. **Resultados:** los enfermeros encuentran dificultades en prestar una asistencia específica y calificada a la puérpera por falta de conocimientos sobre estos trastornos. **Conclusión:** el enfermero necesita tener el conocimiento sobre la depresión pos-parto para facilitar el abordaje y los cuidados a la puérpera y a la familia. **Descriptor:** depresión postparto, alojamiento conjunto, enfermería obstétrica.

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## INTRODUCTION

**T**he postpartum period is defined as the period of pregnancy and childbirth in the local and systemic changes arising from pregnancy and childbirth in the woman's body, return to the situation pre-pregnancy state, marking the beginning soon after delivery of the placenta, which is identified as the output of the placenta.<sup>1</sup> This period is divided into three stages: immediate postpartum period, which runs from placental delivery to 2 hours after delivery, postpartum mediate, which starts from the 2<sup>nd</sup> hour to 10<sup>th</sup> day postpartum and late postpartum care, following the 11th day until the resumption of menstrual cycles in mothers who do not lactate and up to 6-8<sup>th</sup> week in lactating women.<sup>2</sup>

Postpartum women are going through intense changes in family and social order, as well as psychological and biological adaptations, which are marked by complex metabolic and hormonal changes occurring process of involution of the reproductive organs prepregnancy the situation, the establishment lactation and the succession of changes which bring emotional consequence interpersonal and psychological impairments.<sup>3</sup>

Even in the early days of postpartum women experience a number of expectations and feelings and sensations are characterized as ambivalent: intense joy and relief at the birth of the child; increased self-confidence, physical discomfort resulting from labor; fear of failing breastfeeding; disappointment with newborn by gender, physical appearance or be born healthy, fear of not being able to care for and meet the needs of the baby and not turn out to be a good mother, having thus emotional instability, alternating the euphoria to depression.<sup>4</sup>

Therefore the phase of greatest risk for the onset and development of a psychiatric disorder is postpartum, since after the birth of a child, most women direct their defenses, both physical and psychosocial, protection and vulnerability for baby,<sup>5</sup> plus they have the possibility of experiencing mixed feelings with culturally idealized motherhood. And thus sets up a conflict and establishes itself suffering that can set as a basis for psychic manifestations postpartum.<sup>3</sup>

The most common manifestations postpartum are: baby blues, postpartum depression (PPD) and puerperal psychosis.<sup>6</sup>

The combination of obstetric factors: teenage pregnancy and/or unwanted; Social: low educational level and/or socio-economic, biological: medical comorbidities and psychological: low self-esteem can bring risk situations for women to develop postpartum depression delivery. In current studies there is evidence that the occurrence of postpartum depression is also associated to the little support offered by their partners or other family members that the mother maintains a close relationship.<sup>7</sup>

The postpartum depression refers to a set of signs and symptoms usually begin between the fourth and eighth week after birth, and having its greatest intensity in the first

six months. This condition may be characterized by mood swings, cognitive, psychomotor and vegetative, manifesting as irritability, frequent crying, feelings of helplessness, guilt and hopelessness, sadness, lack of energy and motivation, eating disorders and sleep, behavioral changes, agitation, psychomotor retardation, poor concentration, feeling of helplessness in the face of new situations, issues related to self-image, low self-esteem, and psychosomatic complaints.<sup>8</sup>

Often the symptoms are overlooked by puerperal own husband and family, attributing them to "fatigue and wear" natural postpartum, caused by accumulation of concerns and baby care. Even with the classification criteria of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, a diagnosis of PPD is not always easy and unambiguous, assuming that the clinical picture may vary in presentation and severity of symptoms.<sup>9</sup>

The diagnosis of postpartum depression is complex, due to the difficulty of establishing the boundaries between physiological and pathological. The postpartum depression is a public health problem because it affects not only the health of women and the family, as well as the development of your child, because it hinders the healthy interaction and necessary beings involved.

Since 1993, through Ordinance MS/GM n°. 1016, the Ministry of Health approved the Basic Rules for the implementation of the Accommodation-set (AC - Portuguese), which focuses on the permanence of the mandatory child then newborn healthy, beside his mother, postpartum, 24 hours a day, until the discharge, thereby allowing the multidisciplinary team performing direct care, environmental control and coordination with other sectors, facilitating the prevention of infections and contributing to the health of both mother and child.<sup>10</sup>

For this reason there is the need for nurses who work in this system Rooming in aim, and service the triad mother-baby-family, attention seeking to postpartum depression while identification/early detection and skilled nursing care that is based on the prevention of complications with the baby and family, and the physical and emotional comfort of the mothers.

Given the above, the study aims to answer the following objectives: learn how the nurses rooming about postpartum depression and to identify the perception of these nurses on the importance of guidance on postpartum depression to postpartum women.

## METHOD

It is descriptive and exploratory study with a qualitative approach performed in group housing in University Hospital, located in the center of the city of Niterói, Rio de Janeiro.

The investigation was carried out after the authorization and approval of the Ethics Committee in Research of the Faculty of Medicine/HUAP/UFF, being approved as also

predicts Resolution No. 196/96 of the National Health Council (CNS),<sup>11</sup> under CAAE: 0215.0.258000-11.

The participants were five (5) day laborers and nurses on duty sector, a total of 08 nurses who met the following inclusion criteria: 1) assist postpartum women, 2) not being on leave; 3) accept attending the research.

The technique used as an instrument of data collection was semi-structured individual interviews with open and closed questions. Data collection took place during the months of October and November 2011, in that hospital, which addressed the following aspects: characterization of nurse profile of rooming and care reality experienced by them in nursing care for postpartum women regarding puerperal depression.

Respondents were identified as "Respondents" and received an alpha-numeric code sequence (E1, ..., E5) to ensure confidentiality and anonymity of their evidence, in accordance with Resolution quoted.

For the analysis of the information collected proceeded first to the transcript of the taped interviews Mp3 in full. This data collection, we used content analysis, in the form of thematic analysis.<sup>12</sup> Thus, the categories and found the results to be discussed were: Understanding the nurse related to postpartum depression and perception of the importance of guidance on postpartum depression.

## RESULTS AND DISCUSSION

### Characterization of the subjects

Of the five subjects who participated in the study, the data showed a female predominance (80%). According to age group 40% (02) are aged between 30 and 40 years old, 20% (01) between 40 and 50 and 40% (02) between 50 and 60.

When investigating the time performance of the respondents in the sector rooming of the Maternity Hospital there was found that 60% work between 0 to 10 years, 20% between 11 to 20 years and 20% between 21-30 years. As related to specialization in obstetrics, 60% of nurses are specialized in obstetrics and 40% are in intensive care. Scientific knowledge in obstetrics has provided fundamental skills for nurses, allowing them to practice care that meets the specific needs of women, in this case the mothers.<sup>6</sup>

Accordingly, in the case of a maternity hospital in the sector that experiences the rooming is of great importance that there are midwives, it is they who have the scientific knowledge to attend postpartum women, and as team leaders, directing their subordinates properly, allowing greater exchange of knowledge and experience.

### Understanding the nurse related to postpartum depression

A priori, to examine the statements of the respondents, it was necessary to understand the meaning of understanding, which is identified as one of the sources of

knowledge together with its sensitivity. It is the faculty of thinking the object, understand, comprehend.<sup>13</sup>

Thus it was observed that a nurse understood postpartum depression as a psychological disorganization of postpartum, which is characterized by disruption of personality and reality.<sup>7</sup> When, after the baby is born, all anxieties, doubts and fear of the unknown intensify.

*It would be a psychological disorganization that occurs with postpartum after child birth. (E<sub>2</sub>)*

The experience to generate, give birth and care for a child can give the woman a new dimension of life and contribute to their emotional and personal growth. At the same time can cause an internal disorganization, break linkages and roles and even result in postpartum depression symptoms and that depending on the intensity, its aggravation can lead to a neurosis or psychotic disorder.<sup>6-7</sup>

For other respondents understood as mood, being a mood disorder and/or affection, which interferes negatively in the relationship between mother and baby.

*Even sadness, uncertainty (...) there is a difference in the normal range (...) a weariness exaggerated dismay one extreme, a lack of hope, do not believe that will be able to pass that time. (E<sub>1</sub>)  
Framework presented by the mother characterized by difficulty interaction with the newborn, acceptance of the new situation and the signs are experienced stress, emotional distress, among other characteristic of depression. (E<sub>5</sub>)*

It is considered to postpartum depression in this way as a mood disorder, and as such, the same clinical features of depression at other times in a woman's life.

Insecurity of puerperal was also addressed by professionals that indicate the conflict experienced by them not knowing whether they will be able to develop all the papers that come with motherhood. And this feeling contributes significantly to increased anxiety displayed by these women.

*It is a situation experienced by women after childbirth, where she is anxious, depressed, rejects the baby. More sometimes postpartum depression can be confused with anxiety that women feel the same after birth, by insecurity transformations [...] (E<sub>4</sub>)*

The postpartum depression affects both the health of the mother and the child's development. The manifestation of this happens from the first four weeks after birth, with symptoms similar to a depressive state: persistent discouragement, guilt, fear of harming the child.<sup>14</sup>

Nurses interviewees also raised the difficulty of care for postpartum women with postpartum depression due to lack of knowledge and experience, highlighting the need for support from other professionals such as psychologists and psychiatrists; and in the face of this limitation, delegate to all these other actions in this postpartum rehabilitation.

*There is support for this woman, why not have a psychologist or psychiatrist and there are nurses and midwives trying as best we can give this support. (E<sub>2</sub>)*

*If she needs help and signals so there you forward it to a more professional expertise to treat it properly. (E<sub>1</sub>)*

There is also, in the words of the nurses, who had some confusion thereof, between the concepts of postpartum psychiatric disorders, especially between depression and puerperal psychosis, thus jeopardizing the effective approach. As noted in the statement below:

*Observe the level of this disorder, we asked what she's feeling, if she has any questions. And preventive measures such as: do not let her near the windows [...] alone with the baby, so always have someone watching. (E<sub>3</sub>)*

The woman has a delusional disorder accompanied by hallucinations, which can compromise their physical integrity and their unborn also in puerperal psychosis. These symptoms appear between two to three months after the baby's birth.<sup>15</sup>

The experiential and existential conditions that woman can influence the development of the framework, such as in cases of unwanted pregnancy, pregnancy disowned by family, social deprivation and other factors capable for emotionally destabilize the relationship between the patient and her pregnancy. Besides hormonal and hereditary factors also involved.<sup>9</sup> Therefore, there is a correlation between a history of psychiatric disorders before or during pregnancy.

Still, unlike postpartum depression, postpartum psychosis in women possess delusions connected to your baby, such as believing that the child was not born, he was exchanged, is dead or is defective, thus leading to assassination attempts against children.<sup>15</sup>

The nurses must have an understanding of the factors that permeate postpartum depression for a quick and accurate diagnosis, as well as the possible consequences to the mother, newborn and family. The professional must be prepared for this care, intending to provide quality care, and thus contributing to the postpartum to exercise healthily motherhood among its.

### **Perception of the importance of guidance on postpartum depression**

Understanding that perception is the term for the act by which the individual becomes aware of a phenomenon, an object, and to be conscious of perception means being aware of the seizure of an objective situation through sensations, representations and allocation the meaning of which has been experienced.<sup>16</sup>

There is then a discrepancy in the statements of the interviewees on the need to hold the relevant guidelines postpartum during the postpartum period. These statements show not need guidance on postpartum depression to postpartum women:

*Speaking about postpartum depression: I find a delicate period for approaching this issue. (E<sub>3</sub>)*

*No [...] guidance on postpartum depression should be performed during the prenatal, yes there is important to guide and discuss the matter further here in rooming they are already fragile and risks to make the guidelines they add [...] increasing their anxiety and insecurity. (E<sub>4</sub>)*

When addressing depression in pregnancy and childbirth is essential to identify women with risk factors, through monitoring during the prenatal period.<sup>14</sup>

The skilled professional acting prenatal thus has a greater perspective of prevention and promotes health, and you can then change the high prevalence of postpartum depression.

Yet, despite the importance of the guidelines made in prenatal care, studies indicate that prevention strategies universal postpartum depression during prenatal care have failed, with low positive predictive values in measurements and events after birth, postpartum, have shown greater relevance in the prevention of this disease.<sup>17</sup>

And these exhibitions, opposed the previous demonstrate a positive and necessary to carry out the guidelines to be puerperal woman during their postpartum.

*It is important to know that they are not the ones that others have undergone this moment. That this will pass and they will come back to feel competent, which is fleeting. (E<sub>2</sub>)*

The women in the System Rooming Exchange experiences, among themselves and with other internal companions, on this point in their lives. The nurse should use this space to perform direct care through actions to promote health and prevent possible problems with the puerperium, bringing guidance and clarification of doubts, myths and taboos about this phase of pregnancy and childbirth.

The Rooming is a system that allows nurses to perform direct care to both mother and child, allowing the prevention of physical and psychological disorders, contributing to the health of both mother and child.<sup>10</sup>

Also during the analysis of discourse, was raised by the respondents the importance and need for guidance for nursing staff, for a more effective systematization.

*For the team would be valid but, facilitating early identification, providing faster service and appropriate, minimizing the suffering of the client and the risks to the newborn. (E<sub>4</sub>)*

*It would be important to guide the team, so that we can identify early and thus provide quality care. (E<sub>5</sub>)*

The postpartum depression, because it sometimes confused with tiredness or discouragement, may go unnoticed both by the women, such as family members and health professionals, making their diagnosis and specialized care.

Recognizing the depressed state of the mother is essential and sometimes complex by psychosomatic complaints that may suggest only organic problems.<sup>14</sup> Being, thus, necessary that the nursing staff is able to quickly detect postpartum women who are at risk for developing or already presenting signs and symptoms of postpartum depression.

The main contributions of nursing for coping with postpartum depression are: detection of new cases, care to both mother and child and family dynamics, strengthening the nursing, transcultural care, encouraging the use of health services and maternal health education about this disorder.<sup>7</sup>

The nurse team leader needs to have the knowledge and mastery of the frame postpartum depression to be able to have the run of your group and provide not only continuing education on the subject, but especially quality care to the postpartum woman, infant and family.

## CONCLUSION

Currently, postpartum depression is identified as a major health problem for the mother, who compromises the welfare of the newborn and family, which highlights the importance of early detection.

Regarding study research objectives were met, indicating that the participating nurses working in the system rooming encounter difficulties in providing assistance to qualified and specifies postpartum, with regard to the identification of risk factors, early detection and prevention complications of postpartum depression for lack of specific knowledge about this disorder.

And, in the face of these limitations, there is the delegation of care to other professionals in the multidisciplinary health team.

For this reason it is essential that nurses understand the biopsychosocial changes that postpartum experience, and use your skills as: insight, observation and empathy for possible a relationship of sensitivity, commitment and dialogue as a facilitator of early identification and provision of care nursing, and thus, also contribute suggestions, to this woman, coping strategies and adaptation to the postpartum period.

Nursing care should not be directed only to the health of both mother and baby, but the health of the woman, but also attention should be directed to his family, so they will be able to identify signs and symptoms of this disorder and to signal the health team.

The nursing staff must have knowledge about postpartum depression and also guidance on how to accomplish this approach and care for postpartum and family.

Refresher courses and training on the subject should be offered by the departments of continuing education/continuing health facilities that have the postpartum care, as well as the Municipal Health Department, not only for the nursing staff, but to all health professionals dealing with health care for women at this stage of pregnancy and childbirth, intending to qualify attention, and consequently reduce the grievances of those involved.

Limitations of the study showed a small number of recent scientific production of nursing knowledge, concerning postpartum depression, as well as, nursing interventions specific to mood disorders that permeate the pregnancy and childbirth in the rules and manuals of the Ministry Health.

It is necessary to produce, as a result, more relevant studies on the topic, and nursing protocols to guide nursing care for postpartum rooming-in system.

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