

Health needs of puerperal women with chemical dependence according to Nursing professionals

Necessidades em saúde de puérperas dependentes químicas na perspectiva dos profissionais de Enfermagem

Necesidades de salud de puérperas dependientes químicas, de acuerdo con los profesionales de Enfermería

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ABSTRACT

Objective: This study aims to describe the health needs of puerperal women with chemical dependence according to the nursing professionals' perceptions. **Methods:** It is an exploratory research with a qualitative approach, which was carried out in the rooming-in environment of a Public Maternity Unit from the Southern Region of Brazil. Ten nursing professionals participated in this study, being seven auxiliary nurses and three nurse practitioners. Data were collected through a semi-structured interview and analyzed by the categorical thematic analysis and synthesized according to the Health Needs proposed by Cecílio and Matsumoto. **Results:** The following needs emerged from the speech analysis: hygiene, healthy feeding, compliance to health care, professional surveillance, qualification of care, health guidance, comprehensive care, active listening, humanization of care, family support and mother-child bond. **Conclusions:** The understanding of the needs of these puerperal women allows the design of interventions in Health that seek to promote their autonomy and empowerment for the care of their health, then enabling a practice towards rehabilitation and health promotion. **Descriptors:** Substance-related Disorders, Needs Assessment, Postpartum Period, Nursing.

RESUMO

Objetivo: Caracterizar as necessidades em saúde de puérperas dependentes químicas, na percepção dos profissionais de Enfermagem. **Métodos:** Pesquisa exploratória qualitativa, realizada no alojamento conjunto de uma maternidade pública do Sul do Brasil. Participaram dez profissionais de Enfermagem, sendo sete auxiliares e três enfermeiros. Dados coletados por meio de entrevista semiestruturada, analisados pela análise temática categorial e sintetizados de acordo com as necessidades em saúde propostas por Cecílio e Matsumoto. **Resultados:** Da análise dos discursos emergiram as seguintes necessidades: higiene, alimentação saudável, adesão ao cuidado em saúde, vigilância profissional, qualificação do cuidado, orientação em saúde, Integralidade do cuidado, escuta ativa, humanização do cuidado,

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apoio familiar e de vínculo com a criança. **Conclusão:** A compreensão das necessidades dessas puérperas permite o delineamento de intervenções em saúde que busquem promover a sua autonomia e empoderamento para o cuidado de sua saúde, possibilitando uma prática que vise à reabilitação e à promoção da saúde.

Descritores: Transtornos relacionados ao uso de substâncias, Determinação de necessidades de cuidados de saúde, Período pós-parto, Enfermagem.

RESUMEN

Objetivo: Caracterizar las necesidades de salud de las madres con dependencia química, en la percepción de los profesionales de enfermería.

Métodos: Investigación cualitativa, exploratoria llevadas a cabo en el alojamiento conjunto en una maternidad pública en el sur de Brasil. Un total de diez profesionales de enfermería, asistentes de siete y tres enfermeras. Los datos fueron recolectados a través de entrevistas semiestructuradas, se analizan mediante análisis de categorías temáticas y sintetizado de acuerdo con los requisitos de salud propuestas por Cecilio y Matsumoto.

Resultados: A partir del análisis del discurso surgieron las siguientes necesidades: la higiene, la alimentación sana, la adhesión a la atención médica, vigilancia profesional, calificación atención, orientación de salud, el cuidado Integridad, la escucha activa, la humanización de la atención, el apoyo familiar y el enlace con el niño. **Conclusiones:** Comprender las necesidades de estas madres permite el diseño de intervenciones en materia de salud que buscan promover su autonomía y empoderamiento para el cuidado de su salud, proporcionando un práctico, dirigido a la rehabilitación y la promoción de la salud.

Descriptores: Substance-related disorders, Needs assessment, Postpartum period, Nursing.

INTRODUCTION

Puerperal women with chemical dependence can suffer malnutrition, unstable habitation, unemployment and criminal involvement, as well as problems related to mental health, such as anxiety and depression, thus making her maternal experience vulnerable. In addition to the health problems to which these puerperal women are exposed, the difficulty of building a bond with the child and her family make this woman marginalized.¹

The health care for this population must be qualified and comprehensive, what allow to meet the women's health needs, as well as strength their autonomy and empowerment, according to the policies on women's health and children. Thus, puerperal women with chemical dependence in the rooming-in environment need care that goes beyond the performance of procedures and provides the reception and education in health, essential tools for the practice of nurses.²

Children born under teratogenic exposure conditions may experience difficulties in their motor, cognitive and socioemotional development, as well as other health problems. In this way, health services must provide obstetric and neonatal care with agility and quality, which may satisfy puerperal women's health needs and decrease the damages to the mother and her child.³⁻⁴

Health needs are essential elements for the subject's well-being, including individual, social and political issues. This research used the concept proposed by Cecilio, who understand that the health needs promote the comprehensiveness and

equity in health.⁵ In the field of Public Health Nursing, the needs are considered a tool of the daily practice, which seeks to understand the subjects' insertion and their relation with the social environment.⁶

In this research, health needs are conceptualized as a set of elements necessary for the maintenance and recovery of the adequate living conditions of subjects and communities. These needs can be divided into four categories: the needs for good living conditions; the guarantee of access to all technologies that improve and prolong the life; the needs to have a relationship with a professional or team (subjects in relationships), and the needs for an autonomy and self-care in the choice of the "life walking" mode (construction of the subject).⁷

This study is based on the assumption that the knowledge of health needs of the puerperal women with chemical dependence by the professional allows to identify the vulnerabilities of this specific population. In this way, teams can build care plans that contemplate interventions, which will be based on their understanding, thus seeking to empower women for health care, strengthening the interaction with their children and allowing better results in child development.

In this context, the objective of this research has been to describe the health needs of the puerperal women with chemical dependence according to the perception of the nursing professionals.

METHODS

This is an exploratory research with a qualitative approach, which was carried out in the rooming-in environment of a public maternity hospital in the South Region, Brazil, which is a referral hospital for high-risk pregnancies. The sample is composed of 10 nursing professionals.

The inclusion criteria were: people who performed direct care to puerperal women with chemical dependence and who accepted participating in this study by signing the Free and Informed Consent Term.

Data were collected by semi-structured recorded interviews containing five questions about Health Needs and the care during the hospitalization of puerperal women with chemical dependence. The participants were interviewed from April to May 2016 by the main author of this study, who is male and a Nursing Resident in the rooming-in environment, and had a professional relationship with the participants of the study.

The participants' speeches were analyzed by the technique of Categorical Thematic Analysis⁸ and synthesized according to the theoretical reference of Health Needs in Collective Health⁷. The contents of the speech were organized according to the categories: "The need for good living conditions", which expresses the needs of hygiene and healthy feeding; "The guarantee of access to all technologies that improve and prolong the life", which is related to the compliance of health care, professional surveillance, qualification of care, health guidance and comprehensive care; "The need to have a bond with a professional or team", which reveals the need for the active listening and humanization of care; and "The need for autonomy and self-care in choosing the 'life walking'

mode”, which portrays the need for a family support and bonding with the child.

Interviewees were identified with the abbreviation “N” (nurse) and numbered sequentially in order to ensure their anonymity. The project was approved by the Human Research Ethics Committee of the Clinical Hospital Complex of the *Universidade Federal do Paraná* (UFPR), under the CAAE No. 50895515.5.0000.0096, on February 23rd, 2016.

RESULTS AND DISCUSSION

Ten female nurse professionals were interviewed, being seven auxiliary nurses and three nurse practitioners aged between 38 and 61 years. The worktime in the health field ranged from 15 to 37 years, and most of them work in the rooming-in environment for more than five years.

Regarding the “The need for good living conditions” category, the participants showed that the hygiene and healthy feeding needs are verified from the conditions of life presented by the user. The professionals report that they identified puerperal women with chemical dependence through the malnutrition and lack of hygiene, understanding these characteristics as a “sloppy” they had with their life:

[...] depending on the socioeconomic situation, it is much easier, low socioeconomic conditions, you see that it's an appearance poorly treated. (N1)

Especially regarding the hygiene and food, because they are malnourished patients [...] You observe this by the precarious hygiene... By her own negligence. (N7)

Regarding the “The guarantee of access to all technologies that improve and prolong the life” category, the study participants pointed out the need for compliance to health care, expressing that the users do not accept the health practices proposed by the team, nor during the prenatal and puerperal periods:

Those who don't do the prenatal care, you see that they no longer think about changing, trying to get out of the addiction. (N3)

The way they are, chemically dependents, they won't take the contraceptive well. If they are going to take the shot in the health unit is something that also questions us. I think these women have no future, they will get out of here and they will come back pregnant again. No matter how much we talk, to take the medication. (N5)

The interviewees reported the need for professional surveillance; referring to the supervision and control of basic daily activities, due to the puerperal women demonstrate lack of interest and initiative in the care of the newborn:

Having a more effective care, staying closer to even prevent a bigger problem with the baby. (N2)

The main difficulties are that you can't spend all the time taking care of this patient. You have a patient who has an emotional bond, wants the child, but you know she can't take care of him. And they want to get away with the child and the others just want to get away. So you have to worry too because it's a patient that can go away. (N6)

This patient is sick, she has a disease that is the chemical dependence and so we have to be more careful about it in that sense. Knowing that sometimes you will talk to her and she'll take a long time to understand, assimilate this, but this is because of the dependence. (N10)

The need for the care qualification emerges from the need for the qualification of the professionals who provide medical care to puerperal patients with chemical dependence:

What I see here, we have a certain difficulty in general. The professional who works here because of the lack of knowledge of how to approach this type of patient. We see the doctor's lack of knowledge about care. (N2)

I think I have no difficulties, because I think that when these difficulties appear I will always talk to other people. For example, the nurses of the sector, the doctor of the sector, the pediatrician of the sector. I always seek guidance, I always seek to instruct myself better to attend this patient. (N8)

The need for health guidance is expressed in the use of the practice of health education for the promotion of care, but the puerperal women present difficulties in its understanding:

They need more help and often the instructions do not reach them because they are not using the drug. (N2)

Even the smoker, we try to tell him that this is bad for the baby. This is bad for her. I think helping him to stop is already a health action. (N5)

The difficulty in not knowing the outcome and the progress of the care after the patient's hospital discharge arise from the need for a comprehensive care. The professionals also reported that the puerperal women end up returning to maternity some time later pregnant again:

The difficulty is about knowing what happens when she gets out of here, because after she leaves we lose the bond. There should be a much greater connection between the hospital, the Basic Health Units, and the community [...] because when the patient is chemically dependent, the Social Service tells us to what Unit this patient belongs. (N1)

The right thing for me would be to refer this patient for treatment, because when she gets out of here, she will return. (N7)

Considering the “The need to have a bond with a professional or team”, the participants showed the need for and active listening and care humanization, through the importance of empathy, in order and qualify the assistance and make it broader:

I think you have to understand her. It is the receptivity, the support she can feel from the professional, who understands her side. Who is there together, who can invade her little world, because it's a very intensified world. Talking a little, getting into their world. Sometimes you have to do this [...] otherwise you can't make it. (N2)

I think you have to talk more, have more patience. You need to give them security, tranquility. (N9)

They can't feel discriminated against. I think that as soon as the patients feel discriminated against, then the situation worsen. She gets even more agitated. (N10)

Regarding the “The need for autonomy and self-care in choosing the ‘life walking’ mode” category, the participants expressed the need for family support and confirmed the family as an essential pillar for care:

Because most of these patients use drugs, or sometimes they are on the street and sometimes I think they have the family. If she has a family, you guide her considering it. If the family is able to provide a shelter to this child. So the best thing we can do is calling the family. Because sometimes the family takes on this part of taking care of the child. (N6)

If this girl had a support, I don't know, if it was the child's father or mother, a father. I even believe that she could change the life of this child. (N7)

In accordance with the previous need, the need of mother-child bond was a recurrent information during the reports. They understand that due to the conditions of the puerperal women, in which chemical dependence makes social relationships more spare, the woman cannot feel the child as a significant subject for her, and does not present conditions for the maintenance of the child's care, being the institutional hosting a protective measure for the newborn:

There are even some who flee and leave the baby there [...] they want to donate the babies, so they have no bond with the child. (N3)

They don't take care of the newborn and sometimes they have to take the baby and move him to the Neonatal Intensive Care Unit. (N4)

She has a tendency to detach herself more from the baby and think more about her situation. (N6)

They even listen, but they don't make what we say here at home, because sometimes it happens that the baby is already sheltered. (N5)

I've already seen that there are patients that when someone takes the baby to the Neonatal Intensive Care Unit, take him to be sheltered, they get a bit aggressive.” When the baby is going to be sheltered, how the baby will be sheltered. So she stays there, with that bond with the baby. When they take the baby, they suffer a lot. (N9)

Concerning the “The need for good living conditions” category, it is observed that the social vulnerability expressed by the puerperal woman with chemical dependence determines and guides the look of the nursing professionals for this type of patient. A study carried out on women living in the streets shows that their average age is 29.6 years old. They have an incomplete basic education, most of their children live with relatives or have been taken for adoption, and they are involved with drug dealing, prostitution, collection of recyclable material and traffic juggling to earn income.⁹

The chemical dependence of crack can be divided into three distinct moments: Pleasure/Destruction, Pleasure/Dependence and Dependence/Crime. Initially, the user experiences a sensation of pleasure and completeness, being this a unique experience. At this time the pursuit of pleasure through the drug use provides the destruction of the individual, where basic needs become less important than the drug use. They commit crimes to experiment the drug, which is a current practice and is associated with the context of the chemical dependent's life.¹⁰

Besides the social issues that are present in chemical dependence, the puerperal women who are users of crack, due to its long use, can present difficulties of comprehension and communication, since the prolonged use causes neural damage. In these conditions, the woman with chemical dependence expresses her desire for the drug, “detaching herself” from her basic needs like food and personal hygiene.

The promotion of self-care by the professional should be a premise since the puerperal period is a unique moment that provides great changes in the life of the woman. The effectiveness of self-care in this period depends on the age, socioeconomic level, number of previous childbirths, presence of the companion, and family and cultural structure of the puerperal woman.¹¹

The participants' speech in this study corroborates with the literature, regarding the socioeconomic fragility and psycho-emotional conditions that do not favor self-care.

Considering the “The Guarantee of access to all technologies that improve and prolong life” category, chemical dependence is linked to the situation of vulnerability, which implies low acceptance to prenatal care and health care.

The goal of the prenatal care is to provide an early diagnosis (within 14 weeks) to women in order to ensure a healthy pregnancy with the absence of health problems. The use of the *SISPRENATAL WEB* system as a tool for prenatal monitoring allows the health professional to provide obstetric monitoring that can forward high-risk situations to referral maternity hospitals.¹² Under these conditions, during hospital care, the low acceptance to the prenatal care becomes evident, thus promoting the need for a new look and care.

The interviewees showed the lack of effectiveness in the care given by the mothers with chemical dependence, focusing on the need for constant vigilance in the practice of care. It is noted that the nursing professional feels the need for total control over the patient, not respecting the autonomy of the subject.

The Nursing Team should seek theories of care that can address the specific needs of each group and subject. It is necessary to consider that, in addition to the subject's individual issues (life history and feelings), the environment in which he is inserted will interfere with his practice of care.¹³ In this case, the nursing should seek to understand that for health care to become effective, the user and the social determinants of health should be included in the care plan.

Another important element for developing strategies that can qualify the nursing care is the continued education of the professionals. The Permanent Health Education consists of a transforming and problematizing practice, including the continued education and in-service education, recognizing all the knowledge acquired by an adult, from the training to the professional practice.¹⁴

A study¹⁵ pointed out that the health team presents difficulties of confronting and conducting the treatment of the chemical dependents linked to the psycho-social care service. The lack of effective public policies and family support hinders the insertion of the user in the formal job market and the guarantee of access to the rights of other citizens.

Since 2005¹⁶, the presence of the companion during the labor and after the childbirth has been guaranteed by the Law, and this is an important tool for health care.

The expanded and shared clinic, as a model of care for puerperal women with chemical dependence, may favor a greater autonomy and changes in health practices.¹⁷ This is justified in order to qualify the Mental and Maternal Child Health Care Network, providing reception to the user and greater problem solving.

The reception and qualified listening are intrinsic to the work process of the Primary Care professional, as important tools in the early capture of the pregnant woman in prenatal care and in the prevention of injuries.¹⁸

This study points out that nursing professionals have difficulties in carrying out self-care promotion activities in patients with abstinence and high dependence.

It is necessary to create/expand services that can accommodate puerperal women for the detoxification process. One must consider that these sites should space for, besides the woman, her newborn since it is an important point for overcoming the chemical addiction.

Considering the "The Need to have a link with a professional or team" category, the interviewees pointed out that in addition to the respect and bonding between puerperal women and professionals, active listening promotes changes in the face of chemical dependence.

The health professional faces great difficulty in establishing the bond, due to the life history that permeates the dependence of inhalant drugs, being street dwellers without access to the minimum rights of citizenship.¹⁰

During the postpartum period, the professional should promote conditions and assist the woman by clarifying doubts, encouraging and supporting breastfeeding and proposing measures for family planning. In addition, it must observe the conditions of the mother-child bond, identify situations of risk and conduct the care in front of intercurrents.

The puerperal care¹² after hospital discharge should occur as early as in the first week, since a large part of maternal and neonatal complications occur during this period, and considering this suitable moment for the rapprochement of the user with the professional.

Finally, regarding the "The Need for autonomy and self-care in choosing the 'life walk' mode" category, the bond with the child, in many cases, is hindered due to the altered physical and emotional state of the puerperal woman and frequently culminates in hospital evasion. Another important point was the institutional reception that interrupts the child's relationship with the mother.

The abuse of drugs by the puerperal woman in various moments is related to the presence of a vulnerable family and the companion's chemical dependence. The drug consumption is related to the family life, social situation and lack of information. Financial issues are one of the determining factors, since the abusive use of crack is directly related to the user's purchasing power.²⁰

Regarding to puerperal women with chemical dependence, it must be considered that their social structure is often dismantled and nurses and other health professionals must help them with social subsidies that can meet their demands at that moment.

A study reported that they feel supported by their Social Network, being expressed in the figure of the partner/husband. They notice the partner's concern toward them, the effective communication between the couple, and feel supported in the care of the baby.²¹ Observing the data collected, the family is mentioned as the main point of social support for puerperal women with chemical dependence.

Even though the family and father of the child are the main figure in the social support, they were not present in this study.

Understanding that the chemical dependence can interfere in the establishment of the bond gives a direction and reorganization of work process to the nursing professional in order to promote a quality in the care of the mother-baby binomial. Thus, Nursing should provide conditions and support to the puerperal women with chemical dependence so that they can develop an affective bonding with the child and provide a main care for him, highlighting the importance of breastfeeding as a potential tool for approximation.

The puerperal woman, during her stay rooming-in environment, is oriented and trained by the nursing professionals to perform care for the newborn and build the bond with the child. Hygiene, diaper changing, and breastfeeding care are some examples.²² The interviewees' statements show that due to the degree of chemical dependence, the care for the newborn sometimes becomes non-existent or ineffective. In this context, chemical addiction becomes an issue that overlaps the care, due to high compulsion.

The institutionalization of the child was presented as an action that hinders the construction of the bond. The protective action should be used in cases where the child's basic rights and dignity may be at risk or become non-existent. In cases of the loss of the parental custody, the child should be sent to the nearest relative, and in cases of the non-existence of this relative, the child should be referred to the protective institution.²³

The most frequent causes of the destitution of the family power of children under 6 years old are the chemical dependence of the parents and abandonment. Their growth is satisfactory and is within the scope of the Health Ministry. Nevertheless, the psychological and social development show important delays, especially in the field of language. It is evident that the removal of the child from their family interferes in the development of children, and a more effective follow-up of the health team is necessary to promote the health for these children.²⁴

CONCLUSION

According to the Nursing professionals interviewed, the health needs of the mothers with chemical dependence are: hygiene, healthy feeding, compliance to health care, professional surveillance, qualification of care, health guidance, comprehensive care, active listening, humanization of care, family support and the mother-child bond. The needs identified in this study show the situations of vulnerability that this population is conditioned, and point out the difficulties that may occur in the process of interaction and promotion of children's development.

Furthermore, the Nursing field must broaden its look and stop performing mechanized care, so that it can qualify its practice and meet the demands of the puerperal women with chemical dependence.

The understanding of the needs of these women allows the design of interventions in Health that seek to promote their autonomy and empowerment for their health care, as well as allows a practice based on the principles of the *Sistema Único de Saúde (SUS)* [Unified Health System], which aims the rehabilitation and health promotion. There are few studies about reorienting the practices of nurses so that they can fulfill the desires and expectations of the woman.

There is a need for new researches that might associate the health needs of puerperal women with chemical dependence and their vulnerability degree, that allow identifying the exposure factors that may cause harm to child development.

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