

## Perceptions of puerperas about nursing care received in the immediate post-breastfeeding<sup>1</sup>

Percepções de puérperas acerca do cuidado de enfermagem recebido no pós-parto imediato

Percepciones de puerperas acerca del cuidado de enfermería recibido en lo post-parto inmediato

Nayara Sousa de Mesquita;<sup>2</sup> Dafne Paiva Rodrigues;<sup>3</sup> Alana Santos Monte;<sup>4</sup> Ana Lidia de Araujo Ferreira;<sup>5</sup> Karoline Pontes Cavalcante Manguinho;<sup>6</sup> Jéssica Cunha Brandão<sup>7</sup>

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### ABSTRACT

**Objective:** To understand the perceptions of mothers about the nursing care during immediate postpartum period. **Methods:** Descriptive and qualitative study developed in a rooming-in care of a public hospital in Fortaleza/CE from June to August 2013. 25 mothers participated through semi-structured interview. From the content analysis of the data revealed two categories. The study was approved opinion n. 314363. **Results:** Nursing care had positive and negative connotations, the first one highlighted by the women and translated by the autonomy reinforcement in self-care and baby care. The precarious structure of the rooming-in care was cited as a negative aspect. **Conclusion:** Despite the nursing care was considered satisfactory, changes in the care management and structure/organization of the service are necessary. So, it will be possible to provide an integral for mothers and babies.

**Descriptors:** Postpartum period, Rooming-in care, Nursing care.

### RESUMO

**Objetivo:** Conhecer as percepções de puérperas acerca do cuidado de enfermagem durante o pós-parto imediato. **Métodos:** Estudo descritivo, qualitativo, realizado no alojamento conjunto de um hospital público de Fortaleza-CE de junho a agosto de 2013. Participaram 25 puérperas por meio de entrevista semiestruturada. Da análise de conteúdo dos dados emergiram duas categorias. O estudo foi aprovado

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2 Graduado em Enfermagem. Mestre em Cuidados Clínicos em Enfermagem e Saúde.

3 Enfermeira. Doutora em Enfermagem. Professora Adjunta da UECE.

4 Enfermeira. Doutora em Enfermagem. Professora Adjunta da UNILAB.

5 Enfermeira graduada pela UECE. Bolsista do Grupo de Pesquisa: Saúde da Mulher e Enfermagem.

6 Graduanda em Enfermagem na UECE.

7 Graduanda em Enfermagem na UECE.

com o parecer n.314.363. **Resultados:** Os cuidados de enfermagem apresentaram conotações positivas e negativas, sendo as primeiras salientadas pelas puérperas e traduzidas pelo reforço à autonomia no cuidado de si e do bebê. Como ponto negativo, salientou-se a estrutura precária do alojamento conjunto. **Conclusão:** Apesar do cuidado de enfermagem ter sido considerado satisfatório, observa-se a necessidade de mudanças na assistência e estrutura/organização do serviço, para que seja possível prestar um cuidado integral às puérperas e bebês.

**Descritores:** Período pós-parto, Alojamento conjunto, Cuidados de enfermagem.

## RESUMEN

**Objetivo:** Conocer las percepciones de madres sobre cuidados de enfermería en el postparto inmediato. **Métodos:** Estudio cualitativo, descriptivo, desarrollado en el alojamiento conjunto de un hospital público en Fortaleza/CE, de junio a agosto de 2013. Participó 25 madres a través de entrevista semiestructurada. El análisis de contenido de los datos emergieron dos categorías. El estudio fue aprobado con la opinión N° 314.363. **Resultado:** Cuidados de enfermería en connotaciones positivas y negativas, la primera de relieve por las mujeres y traducido por el fortalecimiento de la autonomía en el cuidado personal y el bebé. El lado negativo destacó la estructura precaria del alojamiento conjunto. **Conclusión:** Aunque los cuidados de enfermería se consideró satisfactoria, existe la necesidad de cambios en el cuidado y la estructura/organización del servicio. Así, se puede proporcionar una atención integral para las madres y los bebés.

**Descriptores:** Período de postparto, Alojamiento conjunto, Atención de enfermería.

## INTRODUCTION

The immediate postpartum period is marked by biological and psychosocial changes occurring in the woman's organism by the return of her body to the state before gestation, as well as in its adaptation to the maternal role.<sup>1</sup> On the other hand, there is a need for patience and understanding by their family members and health professionals, and the need for appropriate care that attends to their peculiarities emerges.<sup>2,3</sup>

This is a significant period marked by the learning, adaptation, and restructuring of family and social relationships, arising from this new context in which women are inserted. Likewise, health professionals involved in puerperal care should consider in an integrated way the biopsychosocial aspects involved in this phase.

The care model adopted in the care of the mother-child binomial in the puerperium is the rooming-in care system consisting of a hospital system in which the healthy newborn soon after birth remains with the mother 24 hours a day until the discharge from the hospital. It is configured as a propitious environment for the provision of care to the woman and her child and strengthening of the affective bonds between mother and child, as well as guidelines for self-care and care of the child, encouragement of breastfeeding, besides favoring the link between and contribute to the reduction of hospital infection rates.<sup>2</sup>

In this environment, the care of the health team is essential and is configured as one of the supports of the support network of the puerpera, whose purpose is to help

her adapt to the changes that come from maternity, as well as reinforce the adoption of the role maternal health. In addition, it is a period of greater vulnerability to clinical interurrences such as: hemorrhages, infections, problems in lactation and breasts and, also, puerperal depression.<sup>3</sup>

Given this context, the nurse professional stands out and should have a broad knowledge about the changes arising from the pregnancy-puerperal cycle, in other words, due to its complexity, it has the competence to discern about the interurrences and to direct a plan of care consistent with the real needs of women.<sup>3</sup>

With scientific and technological advances and the institutionalization of childbirth, the care provided to women in the pregnancy-puerperal cycle has undergone many changes throughout the ages. Despite improvements, these advances have led to mechanized, fragmented and dehumanized assistance with the excessive use of interventionist practices, as follows: to women have brought feelings of fear, insecurity, and anxiety; to professionals, led to the provision of segmented care, which has repercussions on the evolution of labor, childbirth and the puerperium.<sup>4,5</sup>

Faced with this problem and the need for qualified assistance to the puerperium, in 2000 the Health Ministry instituted the Prenatal and Birth Humanization Program, aiming to improve access, coverage, quality of prenatal and of childbirth and postpartum care. Despite the creation of this program and other policies aimed at improving care for women in the puerperal pregnancy cycle, the biomedical model of care still seems to be in place.<sup>6,7</sup>

Additionally, the researches developed at the beginning of the current decade on this subject have shown concern about the aspects related to the objective and subjective issues that involve the experience of the puerpera in this period, besides some studies evidence the poor coverage and the assistance of precarious and distant nursing recommended by the official health agencies.<sup>2</sup>

Given the aforesaid, it becomes increasingly evident the need for studies concerning nursing care for postpartum women in the immediate postpartum period, which may guide changes in women's health care services and in the practices of caring for professionals. In this context, the following guiding question appeared: What are the perceptions of puerperal women about the nursing care received during the immediate puerperium period?

Bearing in mind this perspective, this study aimed to understand the puerperal women's viewpoint with regards to the nursing care received during the immediate postpartum period.

## METHODS

This is a descriptive study, with a qualitative approach, which was carried out in a public hospital of secondary level, linked to the Regional Executive Secretariat VI in Fortaleza city, Ceará State.

The study population was comprised of puerperal patients attended at the obstetrics service of the institution

under study and who were hospitalized in the rooming-in care sector, in which the interviews were conducted.

The puerperal women admitted to the rooming-in care unit with their respective neonates were considered as eligibility criteria. By the end, the sample consisted of 25 puerperal women and the principle of theoretical saturation was adopted.<sup>8</sup>

Data were collected from June to August 2013 through a semi-structured interview containing questions on sociodemographic data, gynecological history and the perception of puerperal women about the nursing care received in the immediate postpartum period; the simple observation technique was used as well.

The study was approved by the Research Ethics Committee from the *Universidade Estadual do Ceará* (Legal Opinion No. 314.363) and the ethical-legal precepts involving human research recommended by the Resolution No. 466/12 from the National Health Council were also respected.<sup>9</sup> All participants were informed about the objectives of the study and agreed to participate in the study by signing the Free and Informed Consent Term. For women under 18 years old, the Free and Informed Consent Term was signed by the person responsible, and the particular woman then would sign the Informed Assent Agreement.

The interviews were recorded with the consent of the participants and identified by the letter I, followed by the Arabic number corresponding to the order in which they were performed.

The data were analyzed through the content analysis technique,<sup>10</sup> which is composed of the three following stages: 1) pre-analysis, which consists of the organization of the material to be analyzed in order to systematize the initial ideas; 2) exploration of the material, which consists of the definition of categories and identification of the units of record and context of the speeches of the participants; and 3) handling and interpretation of the results, which consists in highlighting the information for analysis, then culminating in inferential interpretations. The content of the field diary originated from the descriptive observation was used in a complementary way in the analysis of the interviews, in order to contribute to the deepening of the material.

Based on data analysis, the following two categories appeared: Nursing care offered to the puerperal woman in the rooming-in care; and, Fragilities of the health care service during the hospitalization in the rooming-in care.

## RESULTS

### Study participants' characterization

The study sample was characterized by young women within the age group from 16 to 25 years old and an average of 20.3 years old, of which eight were adolescents (aged 16 to 19). Considering the total number of interviewees, eighteen were married and seven were single. As for the

origin, twenty-three women were from the city of Fortaleza, since the maternity of the study acts as a reference for the respective Regional Health Division. According to the self-declared color, twenty-four were considered non-white (eleven brown and three black) and one classified as white. The Catholic religion was the most predominant, having a total of eighteen women.

About the schooling, only four women had completed high school and eight reported still completing their studies, characterizing the sample as low schooling. In addition, it was also found that eleven women were not employed, performing duties in the domestic environment. The remaining six women were gainfully employed, including banking, kitchen assistants, telemarketers, freelancers, and seamstresses.

In the context of family income, the following distribution was observed: three puerperal women had an income below a minimum wage; thirteen had an income corresponding to a minimum wage; five had an income of two minimum wages and four reported having an income of three minimum wages.

Concerning the obstetric history, the sample consisted of eleven multiparas and fourteen primiparae. Considering the multiparous, only two presented problems in the previous gestation (threat of abortion and abortion); already the primipara had a previous abortion. Regarding the exclusive breastfeeding time, the results were not encouraging, since most women, in their previous pregnancies, did not breastfeed exclusively at the time recommended by the Health Ministry, which should be at least six months.<sup>11</sup> The adoption of this practice can harm the child of his current gestation, bringing damages to the child.

Observing the clinical-obstetric conditions of the current pregnancies of the users, the findings revealed that most puerperal women performed prenatal care, with a total of six or more consultations. Furthermore, twenty-one women reported no clinical interurrences during gestation; four have reported complications such as hypertension, pre-eclampsia and the threat of abortion.

Considering the way of delivery, twelve women had a natural childbirth and thirteen underwent a cesarean section. What draws attention to the results is that many women reported having no indication for cesarean delivery, but nevertheless they were submitted to the intervention.

### Nursing care offered to puerperal women in the rooming-in care

The main units of record evidenced in this category were: attentive care, teaching, more time, clarifying doubts, fear, greater presence, care, breasts, medicine, gauging pressure, medication and technique.

According to the statements of the study participants, it was noticed that the care provided by the nursing team presented positive and negative connotations. Fortunately, the positive aspects were the most perceived by women, in other words, they had a greater influence in the recovery

and promotion of their health. The following testimonies evidence this perception:

*The nurse who gave me more attentive care, she was always here teaching me (I19)*

*I had a bleed and the nurse was always very attentive to the symptoms that appeared in me (I15)*

*It was the nursing team who helped me the most, I think it's because the physician never has much time (I11)*

*I liked the nurses more because they clarified many doubts that I had, it is my first child and I am still very scared of not being a good mother (I2)*

*I think that of those who were most present was the nursing, they taught me about breastfeeding and hygiene with me and the baby (I4)*

Nevertheless, despite the predominance of the positive points reported by the women regarding the nursing care, it was possible to note, with the observation made by the author and ten participants of the study, aspects that characterized (not) caring for the puerperal women, in which they have not had their needs met, characterized by inadequate care and marked by lack of important guidelines, more attention, and more individualized care.

It was obvious that in many occasions, nursing professionals were more concerned with performing the technical activities than offering care that truly responded to the needs of each woman, as can be seen from the following statements:

*I think the greatest care the nurse does here is to give the medicine to my son (I9)*

*They always come to give the medication and check the blood pressure (I12)*

*I think the care they have with children is just the remedy (I14)*

*I think their care left to be desired, they said they just needed to take my pressure, even if I needed other things (I1)*

Another factor identified as a negative point in the speech of some puerperal women of the research was the fact that they report not being able to differentiate the nurse from the nurse technician:

*I do not know who the nurse is. To me, they are all nurses (I17)*

*I like that nurse who always comes here but I'm not sure if she's the nurse or the nurse technician (I16)*

*For me, they are all nurses; they all do the same things (I12)*

*I do not know much the difference between these professions, because everything seems the same here, but I think that those who come here more often are the nurse technicians (I9)*

## Vulnerabilities found in the rooming-in care unit

Through the evaluation of women's testimonies and the repetition of themes that emerged from the content of their speeches, the following recording units were evidenced: structure, tightness, heat, discomfort, bad food, attention, dialogue, and companion.

Concerning the structure of the institution, all the puerperal women were unanimous in recognizing a precarious condition of the rooming-in care. The main structural needs encountered were with regard to the comfort and aeration of the environment, as we see in the following lines:

*I did not like anything, I think it is necessary to improve many things like the attention given to us, and talk more with us, also do not like the room is too tight and the fan does not work, it is very hot. Every time that someone passes, they hit my bed and it is very uncomfortable (I23)*

*There are many beds in a single room, people passing by all the time; in addition to the hot environment (I14)*

It was also possible to observe during the study the need for more guidance and listening, as follows:

*I think I lacked more guidance, because I was not well oriented to be more aware of things (I3)*

*No one led me at all, no, the girl here in the room told me, my neighbor's bed companion talks about breast milk, that it is important. I would also like them to listen to me more. I think they do not give me the attention I deserve (I14)*

Another need observed during the interviewees was to have a companion during their stay in the rooming-in care. This demand was seen as a positive factor in the care offered to puerperal women, since women report that the maternity professionals facilitated this process.

*Many of the professionals here are very polite with the companions (I5)*

*I liked having a companion, because he helps me a lot (I1)*

*Although the companions do not have much comfort here, I think it's very good having my husband here, I feel safer (I11)*

## DISCUSSION

Considering the characterization of the women participating in the study it is verified that stable marriage/common-law marriage is a favorable factor, representing as a source of support. Therefore, a greater stability in marital relationships is perceived, which may facilitate the sharing of responsibilities and difficulties experienced in daily life.<sup>12</sup>

Another important point seen in the participants' history was the indiscriminate use of the cesarean section, which indicates an important public health problem, since it may lead to higher costs and an increase in maternal and newborn morbidity and mortality.<sup>13</sup>

Nonetheless, the way of delivery appears as a factor influencing or conditioning the return of women to their sexual activity, in which it should be pointed out as a priority in the prenatal and puerperal care by nurses to reduce the negative consequences of a pregnancy.<sup>14</sup>

From the results found two categories were defined that portray the nursing care received and the structural fragilities. Regarding the nursing care, it is noted that the role of nurse educator is emphasized, since nursing presents one of its main guiding principles in educational practice.<sup>15</sup> Thus, nurses present themselves as a professional of fundamental importance in the postpartum period, identifying fears, doubts, and difficulties of women, being able to offer them solutions in response to their demands. Given this, the nursing must have sufficient sensitivity to detect and respect the needs of each binomial and family.

Moreover, the nurse, as a health educator, is shown to be responsible for building the autonomy of the puerperal woman and can contribute to her choices and promote her own health.<sup>16</sup>

It was noticed in evaluating the statements of the women that the care provided fell in the background to the care offered to the newborn. Although health services have programs for family planning, prevention of cervical and breast cancer, women are often faced with neglect of postpartum care in which many of the care of the puerperium are totally focused on the newborn. Also, there is an expectation that women assume the role of mother immediately, regardless of the difficulties.<sup>17</sup>

Furthermore, the data show that the professionals have acted under a fragmented and biological view, not offering the woman a broad respect for the aspects of her physiology, proceeding to unnecessary interventions, and often neglecting educational activities both individually and collectively, which is seen as a disqualified assistance since health education is a potential strategy for health care in the pregnancy-*puerperal* cycle and is capable of promoting the adoption of important and beneficial measures for maternal and child health.<sup>13-21</sup>

Some studies corroborate this finding, when it reports a mechanized and fragmented care provided by health professionals to *puerperal* women during their stay in the rooming-in care, characterized as

disqualified care, which is perceived by women when lack of affection prevails, impatience, physical detachment and disregard for complaints, presenting deficiencies in the pass-through of some important guidelines, and the information was transmitted undiluted during the period of hospitalization.<sup>18</sup>

Other studies also confirm these reports, where their findings are based on the lack of understanding and interpretation of the professionals about the humanization context throughout the pregnancy-*puerperal* cycle, contributing to the valorization of technical interventions.<sup>18</sup> In research on nursing care *puerpera*, it was pointed out that the valorization of listening and dialogue in interpersonal relations with the nursing team were essential factors for the satisfaction of the users. Aspects such as the following: respect, listening, attention and meeting minimum needs by the health team were reported as essential for the quality of care.<sup>19</sup>

Bearing in mind this perspective, the nurse-oriented care can become more effective if he/she learns the multiple singularities of the woman, her being a mother, wife, woman, her desires, difficulties, relationship with family, self-image, feelings, and way of life, as well as distancing oneself from the emphasis on technical care.

The nurse's role was identified with little visibility, emphasizing the need for the nursing professional to care about their identity vis-à-vis society, exercising what is within their competence with quality and excellence.

Therefore, despite the positive representativeness that nursing care had for some *puerperal* women, it is perceived that nursing care in the rooming-in care needs to be systematized, scientifically grounded and performed in a singular way, favoring mainly the recognition of the profession and the execution of a quality care with resolubility.

A method that contributes to this purpose is the execution of the Nursing Process, which includes a sequence of steps (nursing history, diagnosis, planning, interventions and evaluation of results), aiming to serve the client in an extended way.<sup>20</sup>

Hence, it is understood that the care to be offered in the *puerperium* goes beyond the bath and administration of prescribed medications and that the nursing process can be useful as a way to identify the needs of each *puerpera* and to provide a care organization to be rendered, performing an integral and singular care.<sup>21</sup>

The second category emphasized the importance of an adequate physical environment, the need for specific guidelines for the period and the relevance of the companion's presence during the pregnancy-*puerperal* cycle.

Structural difficulties, lack of materials in quantity and quality sufficient to offer quality care and an uncomfortable environment make it difficult to plan health care actions, put users in an embarrassing situation and generate dissatisfaction for all. Access and shelter are essential points for health care, however, problems constantly experienced by health services such as small,

inadequate, uncomfortable physical areas, insufficient equipment and equipment required for care, and insufficient human resources precarious and dehumanized service.<sup>22</sup>

The absence of guidance by health professionals to women in the puerperium is something that must be modified and thought from the perspective of humanization. This requires a critical analysis of the professionals' performance in this period, since the presence of essential knowledge could support the puerperal woman to face this phase of life with greater security,<sup>17</sup> then providing an knowledge exchanging experience.<sup>14</sup>

The presence of the companion helps to provide the emotional support that the woman needs to experience this moment, offering comfort and encouragement, which reduces the feelings of loneliness, stress and anxiety caused by the woman's vulnerability and other factors, such as discomfort during the labor, childbirth, fear of what is to come, unfamiliar environment and contact with unknown people,<sup>23</sup> becoming an important factor for the execution of a qualified care that responds to the demands of puerperal women.

## FINAL CONSIDERATIONS

This study provides contributions to the area of women's health and to nursing science, as it shows the positive aspects of nursing care offered, as well as the need for significant changes in puerperal care and in the structure and organization of public maternity hospitals.

Moreover, it shows the need for greater recognition of the nurse professional, through the execution of organized and planned care, supported mainly by his acquired knowledge and specific of the profession and its experiences, in order to guide the construction of an effective clinical judgment that prioritize the offer of a singular and quality care.

Furthermore, the reports of some participants suggested the lack of appreciation of the dialogue, the lack of recognition of the nurse's profession, the fragility of the professional-puerperal bond, and little concern to meet the needs of some women.

Given the aforementioned, the urgent need for changes in practice and care mode was revealed, which brings to the surface not only an improvement in technical procedures, but also humanizing initiatives that enable new behaviors and attitudes, accepting women as subjects with unique needs.

In this scenario, it is necessary to adapt the motherhood in order to offer good structural and organizational conditions for a decent and qualified care. With this purpose, it is necessary a hospital management committed to the offered care quality, then being essential a governmental support.

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**Autora responsável pela correspondência:**

Alana Santos Monte

Avenida da Abolição, 3 – Centro

Redenção, Ceará, Brasil

CEP: 62.790-000

E-mail: [alanasmonte@yahoo.com.br](mailto:alanasmonte@yahoo.com.br)