

PUERPERAL CONSULTATION FROM THE PERSPECTIVE OF NURSES AND PUERPERAE¹

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ABSTRACT

The postpartum period is a time of biological, psychological and social transition for women. Thus, using nursing consultation as a tool for the work of nurses, assists puerperal women in this unique moment of their lives. This study aimed to assess puerperal consultation from the point-of-view of both the nurse, who performs it, and the puerperal mother, who receives it. This is a descriptive study with a qualitative approach, with two different semi-structured scripts, being one used for the interview recorded with the 28 puerperae and another for the approach of the 10 nurses. The data were collected at 12 Family Health units in the city of Alfenas, Minas Gerais, state, in the second half of 2012. The material collected was subjected to the content analysis technique⁽⁹⁾. After the analysis, three categories emerged: *Postpartum Care: actions directed to the newborn*; *Postpartum: A forgotten maternal care?* and *Puerperal Consultation*. It was verified that nursing consultation is received with satisfaction by postpartum women and, when at home, aggregates a greater value; that the focus is on the newborn's health care and that the nurses who use a script assist postpartum mothers in such a way that the latter are able to care for themselves during puerperal phase.

Keywords: Women's health. Postpartum period. Family health. Home Consultation. Community health nursing.

INTRODUCTION

The postpartum period is a phase of pregnancy-puerperal cycle initiated after placental expulsion and finished when the woman's body returns to the conditions subjected to devolution, occurring around six weeks after delivery. This puerperal period is a critical and transitional moment in the lives of women, marked by intense biological, psychological, behavioral and sociocultural changes. All of these aspects, individually or overlaid, result in different situations of vulnerability for these women experiencing this period^(1, 2).

The puerpera's adaptation to maternal condition includes the development of skills related to the care of the frail and dependent child. Thus, this is the moment when nurses must be alert to signs of imbalance and insecurity transmitted by mothers, and use nursing consultation to assist them. However, according to the speeches of the puerperae in this study, nurses often focus on the care of

newborns, disregarding the individual needs of their mothers⁽³⁾.

Home visit - one of the usual techniques/tools of nurses working for the FHS - should be used to complement nursing consultation to the puerpera, in order to bring about a preventative, holistic and effective care of the problems that can arise in both mother and child during this period. It enables nurses to assist women in the transition of the different social roles of the latter, as wives and mothers, besides considering the culture, feelings, values and meanings attributed by them, in order to obtain an effective and resolute therapeutic interaction⁽⁴⁾. The visit allows for a rich moment, capable of establishing a dynamic relationship that includes qualified listening, bonds and reception, thus helping individuals, their families and community to become independent regarding their own health^(5, 6).

The puerperal visit, therefore, allows for an appropriate progression of this period, because it acts in health education and prevention of risk situations to mothers and their newborns - a role that should be performed by primary healthcare professionals^(2, 7).

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Although health policies for mothers and their children are directed to the promotion of the health of them both, it is known that attention to women's health during postpartum period is not consolidated, since the primary concerns of the vast majority of women who return to the health service in the first month after delivery is their newborn's assessment and vaccination⁽⁸⁾. Thus, this study is justified by the need to confront the perspectives of both professionals who perform the action and the mothers affected by it, in order to propose strategies that meet such demands. This work aimed to assess the perspective of both nurses and puerperae on postpartum consultation.

METHODOLOGY

This is a qualitative and descriptive study. Qualitative research deals with the universe of meanings, reasons, beliefs, values and attitudes; it allows the author to get directly involved with the situation and enables observations on the relationship between human beings, how they live, construct their artifacts and take care of themselves. The descriptive study aims to observe, describe and document aspects of the situation studied⁽⁹⁾.

The study setting was composed of twelve urban units of the Family Health Strategy -FHS in the city of Alfenas, Minas Gerais state, that cover approximately 60% of the population. Each health unit has a minimum health team and another for oral health, in addition to the support of the Family Support Center - FSC.

The social actors of this study were nurses acting in the Family Health Strategy of the city, and puerperae who were between the 10th and 42nd day of the postpartum period at the time of data collection.

Data were collected in the second half of 2012, through recorded semi-structured interviews. Different instruments were used for each target audience to characterize these interviews and understand the perspectives on puerperal consultation. The instrument used to collect data from the nurses was composed of identification items, training and the guiding question: How do you perform puerperal consultations? For interviews with the mothers, another instrument was used, with obstetric data

and the research question: For you, how was nursing consultation during postpartum period?

The study is part of a monograph entitled "Consulta Puerperal de Enfermagem no contexto da Estratégia em Saúde da Família", [Puerperal Consultation in the Context of the Family Health Strategy]⁽¹⁰⁾. It was conducted in accordance with the Resolution 196/96 of the National Health Council, and approved by the Ethics and Research Committee of the Federal University of Alfenas, under Legal Opinion 69657/2012. All participants signed an informed consent form (ICF) after being informed about the purpose of the study, their anonymity, the disclosure of the data and their right of leaving the research.

The interviews with the health professionals were previously scheduled and conducted via telephone in their workplace. The nurses provided the data of the puerperae living in the area adjoined to the health unit, who were contacted through the phone or a presentation visit. After the first contact, the data were collected at their homes by means of a recorded interview. The social actors were all of the 28 puerperae who agreed to participate in the research. A total of (10) ten nurses were selected for convenience; one of them was excluded because there was no puerperae in her area and because she was on sick leave during the period of data collection.

To ensure the confidentiality of information and anonymity of the subjects investigated, the interviews were identified by the capital letter "P" (the first letter of "puerpera") followed by a number in ascending order from 1 to 28 (P1, P2, .. P28). The same logic was applied for the nurses – the letter "N" followed by a number in ascending order from 1 to 10 (N1, N2, ... N10).

Data were analyzed through the technique of thematic content analysis⁽¹¹⁾. The interviews were fully transcribed; subsequently, a pre-analysis was performed by means of a superficial reading of all data collected that were configured in the corpus analyzed, in order to allow the formulation of interpretations and initial questions. Then, the exhaustive reading of the material allowed for its codification, enumeration, classification and aggregation. Finally, the results obtained were interpreted and categorized through the identification of units of interest, the common

aspects between them and the inferences and identification of the meanings expressed in the speeches, with the goal of detecting explicit and implicit content.

From the interviews and the results obtained after the thematic analysis, three categories emerged: Postpartum Care: actions directed to the newborn; Postpartum: a forgotten maternal care? And postpartum consultation: perspectives on nursing consultation.

RESULTS AND DISCUSSION

The subjects of the study were divided into two groups: nurses and puerperae. A total of 10 nurses participated in the investigation; they were all females and aged between 26 and 51 years old – average age of 38.5 years. Their average time of training was 12.9 years and their average time working in the Family Health Strategy was 7.6 years. All of them reported they attended puerperal consultation; however, home visits in the same period was compromised due to administrative and assistance activities of the health unit.

The average age of the 28 puerperae interviewed was 26.6 years old; most of them had two children and the interval between the delivery date and the consultation ranged from 5 to 15 days after the delivery. Among the 18 interviewees who received nursing consultation, only 32.1% had normal delivery.

Three categories emerged from the analysis of the speeches and they will be presented and discussed below.

POSTPARTUM CARE: ACTIONS DIRECTED TO THE NEWBORN

The care during postpartum period involves actions directed to the assessment and recovery of both mother and child. When it comes to the various activities performed by mothers during this period, caring for the baby is essential and feeding this dependent being is a concern for these women.

In this study, exclusive breastfeeding and the guarantee of its effectiveness were regarded as essential according to the nurses' reports. The fact was confirmed by the convergence of parts

of the speeches of 13 puerperae in relation to receiving orientation on breastfeeding.

She also said that the baby had to suck this black area of the breast, not only the nipples ... when I went there it was hurt; she didn't tell me to take any medicine, [...] she told me to take a little sun in the morning over my breast because it helped rub some milk after nursing; then it began to get better. [...] (P9)

When it comes to breastfeeding and the frequency of feeds, I observe whether there's any difficulty, whether the baby is satisfied with the feeds and I assess the conditions of the breasts [...] to see whether there is breast engorgement, signs of infection, any difficulty compromising the breastfeeding. (E4)

These reports showed that most mothers breastfeed their children and that they had received orientation to carry out this care during the consultation. It is noteworthy that Alfenas, MG, has an incidence of 46.95% of Prevalent Exclusive Breastfeeding for children under six months old, while the figure in Brazil is 41%⁽¹²⁾.

Breastfeeding strengthens the mother-child bond, promotes the growth and development of the newborn, and helps women's bodies to return to the before pregnancy state.

Nurses acts as agents of health promotion, positively influencing the practice of breastfeeding. In view of this, we should value the strength of the educational process, as this contributes to bring people closer and strengthen individual and collective potential regarding health valorization, use of available resources and citizenship exercise^(13, 14).

Thus, puerperal consultation aims to provide a greater contact between mother and child, to identify problems and difficulties puerperae face when performing the role of mother, offer orientation on basic newborn care and assess the child's adaptation to the external environment (15).

According to the testimonies, the mothers understood the orientations on the care of the umbilical stump, the neonatal heel prick and the immunization, all provided during postpartum consultation.

She also said that, to cure their navels, I had to use only absolute alcohol and not to cover them with anything but gauze. (P5)

On the heel prick day, here at the FHS, she explained everything to me, why I had to do the heel prick test. (P20)

The reports of the nurses indicated the emphasis on the orientations on the care of newborns.

I show the mother the dressing on the umbilical stump [...], most of the times I heal the navel in front of the mother so that she can see how it is done, because they have many questions, [...] they put absolute alcohol right in the stump, other times they heal it every diaper change; then the umbilical stump gets too humid. (E6)

As for the babies, I take off their clothes, do the whole exam starting with their heads, I examine their cephalic perimeter, their chest perimeter, the scar in their navel [...] and their Babinski and Ortolani reflexes. (E7)

The assessment of the newborn performed by the nurse is of great importance because it transmits security and tranquility regarding the growth and development of the child. Thus, the type and nature of the support received during this postpartum period are factors that can contribute to a better adaptation and the understanding of the maternal role, since women face the expected and real needs of support after delivery.

Measures for health promotion and disease prevention, such as the immunization, heel prick test, neuro-psychomotor follow-up of the newborn, physical examination, well-baby care, stimulation of the mother-child bond, among others, are relevant actions to prevent the children's health from worsening and to reduce their vulnerability⁽¹⁶⁾.

The Ministry of Health recommends some actions to be performed in the first week after delivery, especially for newborns, such as neonatal screening, verification of and orientation on immunization, breastfeeding, besides growth and development monitoring of the babies⁽⁸⁾. It must be stressed that such actions are performed by the nurses participating in this study.

POSTPARTUM: A FORGOTTEN MATERNAL CARE?

Women in postpartum period should receive a humane, comprehensive and holistic attention

that emphasizes actions towards self-care. Among these actions, the most important are the orientations on nutrition, sleep and rest, the observation of the lochia, the family planning and the care of the surgical incision. This should not be forgotten in order to provide women with conditions for them to take care of themselves and prevent possible complications.

In this study, the reports of the puerperae evidenced the inefficient orientations related to the comprehensive care of women experiencing this phase. It was possible to observe that the nursing care of the puerperae during the pregnancy-puerperal cycle does not guarantee the self-confidence required for them to be capable of caring for themselves, since their reports are focused on the orientations received on specific subjects, such as surgical incision and physical exertion.

She looked at the stitches on my belly and said I had to wait a little longer to remove them ... she told me to wash, and then to dry them very well, I mean, after showering, I had to dry them very well. (P10)

They also said I couldn't lift weight, to make physical exertion. (P5)

Through the nurses' testimonies, it is possible to notice that most health professionals orientate women regarding blood pressure measuring, capillary glucose verification and lochia.

We examine everything: edema, glucose, BP, we ask about the lochia [...] (E5)

I start with the puerpera, then I see whether she had normal delivery or caesarian, whether she's bleeding or had any complaint, or whether she had any edema; I measure her BP and verify her capillary glucose, [...] (E7)

The reports of the puerperae are focused on the surgical incision and physical exertion; in turn, the nurses' testimonies are more about routine assessments involving health care, such as blood pressure measuring, capillary glucose, edema, among others. In view of this, two situations can be inferred: the first one is when the puerpera receives some kind of counseling; the second one refers to the fact that the absence of a script for the postpartum visit leaves gaps in the comprehensive care of women.

In this study, the psychological issue regarding the adaptation in the postpartum phase

was mentioned by three nurses. Notable, they used a specific script for the puerperal nursing consultation. It was also observed that their interviews addressed almost all of the issues related to self-care and that they were very detail-oriented during the consultations. It must be emphasized that the use of a specific script for mother and child helps nurses to carry out a holistic care, besides guiding them throughout the process of care systematization. It was inferred, therefore, that the use of a specific instrument for the performance of this activity is important for a better care of the puerpera.

The absence of reports about psychological adaptation during postpartum period, observed in the statements of all of the puerperae and most of the nurses, raises questions on postpartum depression. The birth of a child can bring about important changes in the lives of women and 20-30% of them can suffer from postpartum depression⁽¹⁶⁾; this is a fact that should not go unnoticed, since depression can follow women for several years of their lives if not correctly diagnosed.

Sexuality during postpartum was scarcely expressed by the puerperae, but made explicit by the report of five nurses.

Yeah! This is what we more often see during puerperal consultation [...] also this thing about the relationship with their husbands, you know, how the relationship with their husbands is going, [...], how much time until they can have postpartum intercourse [...] (E9)

I talk about family planning. Whether they want to have more children, whether they're using some contraceptive method, [...]; I inform them about the methods that can be used in the postpartum period, how the lactational amenorrhea works, [...] I help them to choose another contraceptive method. (E4)

Sexual life during postpartum period is very complex, due to biological, psychological and social changes, which may raise difficulties for a certain period, because both women and their spouse do not feel secure about it. The difficulties relate to the woman's lack of motivation for sexual intercourse due to physiological and psychological changes and the care of her newborn, the belief the couple have that the female genitalia are going to be irreversibly damaged. In addition, when the man

does not see sexual desire in his wife, he feels uncomfortable or even guilty because of his own desires and generates in her the feeling of no longer being attractive and desirable⁽¹⁷⁾.

Orientation on family planning, use of contraceptive methods and return to sexual activities should be addressed by nurses during nursing consultation, as to bring about the couple's quality of life.

In view of this, it is necessary to guide and question the puerperae about their doubts on sexuality, and stimulate dialogue between the couple about their feelings, desires, doubts, avoiding mismatches in their relationship.

PUERPERAL CONSULTATION: PERSPECTIVES ON NURSING CONSULTATION

This theme addressed the puerperal consultation moment, feelings towards puerperal consultation and the difficulties encountered by nurses.

Most of the puerperae reported that they received puerperal consultation on the fifth day. This fact may be because this is the first contact with the health unit (FHS) after delivery since the heel prick test is performed during the fifth day, as recommended by the Ministry of Health. The interviews with the nurses converge to the reports of the puerperae. The nurses said they used the heel prick test moment to perform puerperal consultation in order to optimize the time. It is inferred that the optimization of the time reported by the nurses is due to the heavy workload at the health unit, because they end up having the role of managers and assistants.

They told me when I went there to do the heel prick test. (P4)

I usually expect the mother to come to the unit to do the heel prick test on the fifth day. Then I perform the consultation right here. (E3)

Only two nurses reported having a plan in relation to the expected date of delivery of the pregnant women in the area covered by the FHS. This is an important factor to demonstrate the organization and planning of nursing actions, taking into consideration the high demand for activities performed by nurses in healthcare units.

I try to make the visit before the fifth day; it's very difficult to come to make the heel prick test without having made the visit, because we have a table with the names of the expectant mothers and the probable date of delivery. (E10)

I have a schedule for the third and fifth day of the baby's life. My spreadsheet tells me the estimated delivery date. Then the community health agents tell me and I make the visit on the third day. (E8)

Home visit provides nurses with a unique moment in which the puerpera's home is an area of extreme value, where these professionals can perform their activities without interruptions or concerns with other functions to be executed at the health unit. It is noteworthy that, through a planning consistent with the nursing diagnoses, nurses can establish a plan of action for this postpartum period and, thus, achieve a more appropriate assistance. Moreover, the listening during the visit strengthens the bond nurse- puerpera and promotes an open space for any questions and concerns experienced by the mother throughout the period.

The satisfaction of the mothers in relation to the puerperal consultation was greater when occurred at home. Moreover, they felt valued and considered important the information provided. It is noteworthy that home visit induces a lower use of tertiary care services and greater compliance with Family Health programs⁽⁷⁾. In this study, 43% of the puerpera reported not having received visits at their homes, a percentage that can be increased with a strategic planning based on the expected date of delivery, allowing for a better quality of assistance to women during this period.

Ah! It was good! Because she told me a lot about breastfeeding, the necessary care, I liked it. (P10)

I think it's important this support from them, because we think we know everything, but we don't always know. But, yes, I liked the consultation. (P20)

It can be stated that the effectiveness of puerperal consultation promoted feelings of security and tranquility in the puerperae regarding the care of the newborn and favored their involvement in the process of caring of their children. They reinforce the differential of the home visit, showing that this is a positive activity for the woman in this period, because it

is a time of involution of the maternal organism, adaptation of the new family and social role.

As for the puerperae, nine (36%) reported not having received puerperal nursing consultation and any orientation on their own care in the postpartum period.

She said nothing to me, [...] I had a caesarian, but she said nothing, but she had to have said... [...] (P2)

No, I didn't have any. The only consultation I had was after the doctor removed my stitches. [...] (P14)

During this period, women experience several physical, psychological and social changes. These changes, such as the return of the body to the conditions subjected to devolution, the breast-milk production and the experience of becoming a mother, can generate feelings of anxiety and insecurity⁽¹⁸⁾. Thus, it has to be emphasized the visit in the puerperal consultation, taking into consideration that the absence of it causes insecurity and anxiety in the mother.

This study also addressed the difficulties encountered by the nurses for the performance of puerperal visit.

One of the things that makes it hard is the FHS dynamics [...] I stayed a week applying vaccine at a bank's entrance; it's complicated for a nurse to stay out of her unit when she arrives here [...] and there also are the puerperae who have their babies and don't stay here (area adjoined to the FHS) [...]. (E1)

Given these reports, it was inferred that the difficulties are related to specific activities that arise from the state and municipal pacts and campaigns proposed by the government. A break in the routine of the FHS can lead to loss of bond between the puerpera and the health professional in this postpartum phase. It must be reiterated that planning and organizing daily activities of the health unit, through the establishment of schedules, can be a tool to optimize the time.

FURTHER CONSIDERATIONS

This study observed that puerperae see nursing consultation as a good thing, and that she feels important when receiving a visit by a nurse; it also refers feelings of security, satisfaction and support from the Family Health Strategy.

It is evident that a third of the puerperae did not receive orientation during this period of changing roles and that this may influence the care of their own health and the health of their newborns. It was verified that the care focused on the puerperal are deficient, and the care in relation to sleep and rest, personal hygiene, sexuality, puerperal infection and family planning are little reported in the dialogues presented in this study. Therefore, the professionals had to perform activities related to health education, use of specific script and

approach during the assistance in relation to deficit issues.

To strengthen the knowledge and self-care practices in this period, the nurse must recognize the support scenario necessary to mother and son. It is believed that the use of home visits as a primordial instrument for nursing praxis nursing in the context of the Family Health Strategy must be valued by nurses because, in the long term, it presents a beneficial effect on the health of mothers and newborns, and strengthen the bond between the family and the service.

CONSULTA PUERPERAL: A VISÃO DO ENFERMEIRO E DA PUÉRPERA

RESUMO

O período puerperal é um momento de transição biopsicossocial para a mulher. Assim, a utilização da consulta de enfermagem, como uma ferramenta no processo de trabalho do enfermeiro, auxilia a puérpera nesse momento ímpar de sua vida. Este estudo teve como objetivo avaliar a visão da consulta puerperal sob a perspectiva do enfermeiro, que a executa, e da puérpera. Estudo descritivo de abordagem qualitativa, que utilizou dois roteiros semiestruturados distintos, sendo um utilizado para a entrevista gravada das 28 puérperas e outro, para abordagem das 10 enfermeiras. O cenário para a coleta de dados foi 12 unidades de Saúde da Família do município de Alfenas-MG e ocorreu no segundo semestre de 2012. O material coletado foi submetido à técnica de análise de conteúdo. Após a análise emergiram três categorias: Cuidados pós-parto: ações voltadas para o recém-nascido; Pós-parto: cuidado materno esquecido? e Consulta puerperal: visão frente à consulta de enfermagem. Verificou-se que a consulta de enfermagem é recebida com satisfação pelas puérperas e, quando em domicílio, agrega maior valor; que o foco é mais voltado para aos cuidados com o recém-nascido e que as enfermeiras que utilizam um roteiro assistem as puérperas de modo que as mesmas exerçam o autocuidado durante o puerpério.

Palavras-chave: Saúde da mulher. Período pós-parto. Saúde da família. Consulta a domicílio. Enfermagem em saúde comunitária.

CONSULTA PUERPERAL: LA PERSPECTIVA DEL ENFERMERO Y DE LA PUÉRPERA

RESUMEN

El puerperio es un momento de transición biopsicosocial para la mujer. De esta manera, la utilización de la consulta de enfermería, como una herramienta en el proceso de trabajo del enfermero, ayuda a la mujer en este momento único de su vida. Este estudio tuvo como objetivo evaluar el entendimiento de la consulta puerperal bajo la perspectiva del enfermero, que la ejecuta, y de la puérpera. Estudio descriptivo de abordaje cualitativo, que utilizó dos guiones semiestructurados distintos, siendo uno utilizado para la entrevista grabada de las 28 puérperas y el otro para el abordaje de las 10 enfermeras. Los datos fueron recogidos en las 12 unidades de Salud de la Familia de la ciudad de Alfenas, Minas Gerais, en el segundo semestre de 2012. El material recogido fue sometido a la técnica de análisis de contenido. Después del análisis surgieron tres categorías: Cuidados postparto: acciones dirigidas al recién nacido; Postparto: ¿cuidado materno olvidado?; y Consulta puerperal: entendimiento respecto a la consulta de enfermería. Se ha verificado que la consulta de enfermería es recibida con satisfacción por las puérperas y, cuando ocurre en el hogar, agrega mayor valor; también que el enfoque es más dirigido para los cuidados con el recién nacido y que las enfermeras que utilizan un guión cuidan mejor a las puérperas, de manera que éstas ejerzan el auto cuidado durante el puerperio.

Palabras clave: Salud de la mujer. Período postparto. Salud de la familia. Consulta en el hogar. Enfermería en salud comunitaria.

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