

NEWBORN CARE PRACTICES BASED ON LIFE CONTEXT OF WOMEN IN THE PUERPERIUM

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ABSTRACT

Mothers and newborns are considered vulnerable when returning from the hospital to their family space because new mothers are faced with situations that suffer interference from their life context. This study adopted a qualitative approach aimed to verify the practical care of newborns resulting from the life context of the woman in the puerperium user of a Basic Health Facility (BHU) in the city of Rio Claro, SP. We used the Collective Subject Discourse as a data treatment method, which were collected through recorded interviews conducted with 20 new mothers in 2011. It was found that the interviewees were young women and that most of them had finished high school. The reports showed that women changed their diet habits and care of their own beauty because of the newborn; they also showed blessing practices, care of the umbilical stump and baby clothes, in addition to the identification of their caregivers. We conclude that, in the postpartum period, maternal care practices are influenced by beliefs present in the woman's context and that they want to meet the demand for caring well for the newborn, a fact that deserves attention on the part of healthcare professionals.

Keywords: Infant Care. Postpartum Period. Culture. Maternal-child Nursing. Qualitative Research.

INTRODUCTION

The postpartum period is a phase of transformation and self-definition of a new role in a woman's life and her family and is seen as a period pervaded by beliefs, myths, and taboos in which the woman receives guidance from her family, network of contacts, and health care professionals^(1,2).

During this phase, care actions are influenced by practices that claim to offer protection to both mother and baby. It is a moment in which the woman is confronted by beliefs inherited from family and her socio-cultural environment. Therefore, when popular knowledge is imposed, it brings out beliefs that during postpartum add to the daily practice of the care given^(1,3).

One of the causes that contributes to beliefs, myths, and taboos remaining alive in the context of women is that they are handed down from generation to generation. They are symbolic expressions that involve affection and the emotional part of the woman-mother, causing them to perpetuate in their family and cultural context^(1,4).

It should be clarified that the "beliefs" can be

defined as the act of believing and/or having faith in something. When incorporated into a given society, although they maintain their traditional model, beliefs undergo adaptations in the context in which they are spread and they contribute to the dynamics of the culture according to their own members^(5,6).

The family living within the same context of the new mother exerts its role in supporting the woman, which makes it valuable for decisions about care of the newborn and the perpetuation of beliefs about postpartum^(1,6).

Furthermore, because of the difficulties generated by new demands, the woman in the puerperium is compelled to seek help from her network of contacts, thus valuing the family precepts present in her life context arising from sociocultural spheres^(2,6).

From the above, it was considered that, when the options of the new mothers on the care practices with newborn are found determined from their context of life, one would be contributing to health services, revealing ways and contributing to the comprehensive care centered on the care of mother and baby.

With this purpose, this study, which is extracted from a Master's dissertation

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"Postpartum Period: care practices adopted by the mother"⁽⁷⁾, sought answers to the following question: "In the everyday life of the woman who experiences the postpartum period, are the care practices of the newborn influenced by the sociocultural network of the new mother?"

To answer this question, this study had the objective to check the practical care of the newborn resulting from the life context of the woman in the puerperium user of a Basic Health Unit (BHU) in the city of Rio Claro, SP.

METHOD

This qualitative approach study employed the Collective Subject Discourse (CSD) as a method to treat and present the data^(7,8). It was held in the Municipality of Rio Claro (SP) with new mothers enrolled in a BHU located in the urban area of this city and a benchmark for another 32 neighborhoods.

Interviews were performed with 20 postpartum women who were between the 30th and 45th days after the birth and who met the following inclusion criteria: be enrolled and have received prenatal care at the same BHU as the field of study, be primiparous, have an age equal to or above 18 and have had a live birth. There was no prior definition of the number of participants, which was determined by theoretical saturation of the data, that is, the repetition of the findings indicated the closing time of the interviews.

Data were collected between August and December 2011. According to the inclusion criteria, 23 new mothers were selected, of whom only 20 accepted to participate in the study. These women were contacted during the third quarter of pregnancy or upon return for postpartum consultation at BHU, which took place between the 7th and the 10th day after the birth. The research was presented to the woman in this first contact and the invitation to participate was made. The second contact, conducted by telephone, occurred after delivery and/or approximately 15 days after the first contact, when agreement of the woman was checked to participate in the study. After acceptance, the interview was scheduled according to the date and place of choice of the woman. It should be noted that most of the

interviews took place in a private room in the outpatient clinic of BHU at the second return for postpartum consultation.

The Free and Informed Consent Form (FICF) was read before starting. Then doubts were clarified whenever necessary. After signing the consent form (FICF) and giving a copy to the mother, a semi structured, recorded interview was begun, which used a form consisting of three parts whose questions were formulated from the results of qualitative studies performed on the topic with a sociocultural approach in the postpartum period^(1,2).

Part I of the formulated instrument contained identification data of the woman while Part II consisted of questions related to the context of the mother-woman together with the family and postnatal care. Part III consisted of an open question to discuss care practices adopted after the baby's birth.

Three women were pre-tested in order to assess the clarity of the questions prepared and their potential to match the purpose of the study, which were included in the study because of their understanding and answers.

The data obtained with the questions corresponding to parts I and II of the instrument characterized the woman, while the reports obtained with the open question (Part III) were processed and presented in accordance with the Collective Subject Discourse (CSD). The CSD is a treatment strategy of qualitative data that shows snippets of individual reports grouped collectively in order to represent the actions and/or thoughts present under the perspective of the respondents⁽⁸⁾.

After transcribing the contents of each interview, several readings of their contents ensued to extract the parts (key phrases) indicating the essence of each testimony and those that related to the research question. These key expressions identified were used to determine the sense that each one of them brought to the investigator (central ideas). As a result, the central ideas were grouped by similarity of content and the key phrases that comprised them originated each CSD identified by a theme.

For this article, the authors chose to present the findings related to maternal practices of care to the newborn, which comprised the 21 CSD

built for the study of larger scope⁽⁷⁾. This study was approved by the Research Ethics Committee of the School of Nursing of University of São Paulo, process 989/2010, being also authorized by the Health Department and by the individual responsible for Primary Care in the Municipality of Rio Claro, SP.

RESULTS AND DISCUSSION

Characterization of new mothers

Among the 20 women interviewed, ages ranged between 18 and 32 years, and only two were older than 30 years of age. Regarding their education level, 15 had a complete secondary education level, one had a complete higher education level, three had an incomplete secondary education level, and one had an incomplete higher education level. As for religion, nine were Catholic, six were Protestant, two were Jehovah's Witnesses, two did not have any religion, and one was a Spiritualist. The per capita income ranged from R\$ 145.00 to R\$ 766.00, and the number of inhabitants per household ranged from three to seven individuals, including the newborn. Fourteen women were submitted to cesarean section, while six women had normal delivery.

After a brief exposure of the characteristics of the mothers, we presented the following excerpts from eight CSD related to the care practices to the newborn adopted by the mother, who attended the same BHU as the field of study in the city of Rio Claro, SP. The reports are grouped and numbered according to the corresponding topic in the matrix study⁽⁷⁾.

Maternal nutrition after delivery

The issue related to maternal nutrition shows that the wellbeing of the newborn caused changes in the mother's diet, as evidenced in the following statement:

[...] If he (newborn) is constipated, I end up eating papaya because I know that it greatly influences breastfeeding. So I had to eat an apple because papaya loosens the bowel too much, but apples have the opposite effect. If I would eat one, I had to eat the other. [...] (CSD-1)

The influence of the child on maternal health, and especially on changes in dietary habits of the mother-woman, was also found from literature⁽¹⁻

3,6,9,10). The report showed the perception of maternal diet on the digestive system of the newborn because the group of new mothers studied adapted their diet to facilitate the baby's intestinal elimination. In this regard, a study with mothers of 17 Lebanese hospital institutions revealed that cabbage, cauliflower, and a particular species of spinach were avoided by mothers because they believed that they could cause diarrhea and gas retention in newborns⁽⁹⁾.

Still under the same theme, the following report shows that the mother may abstain from certain foods for the well-being of the child:

[...] I also stopped eating acidic food so as to prevent colic in the baby and milk problems [...] They made me eat a lot of cabbage because they said it was good for the baby to get used to different vegetables [...] Finally, during the diet, I cut out (certain foods) so as not to gain too much weight and not to cause colic to the baby, but after the diet, when the baby stopped breastfeeding, I started to drink and eat all that was normal. I even went back to drinking pineapple juice and eating beans. [...] (CSD-2)

This evaluation of maternal diet caused the abstention for some women of certain foods, especially those considered extremely acidic, such as pineapple, because acidic foods could cause abdominal discomfort in the newborn. Despite a quantitative study conducted with 92 milk donors in the city of Sorocaba (SP) that did not find a correlation between acidity of human milk and what the mothers ate, the influence of the older and experienced members of the community caused certain foods to be avoided or encouraged; a fact which was observed and respected by the participants^(10,11).

Maternal self care

Motherhood requires changes in the women's daily lives, which determines the trend of the new mother to give up their beauty care in favor of baby care and maintaining the well-being of the family^(1,2). This statement is in agreement with the discourses below:

[...] I believe that in the beginning I even forgot a little about myself. I just kind of cancelled myself out on some things so as not to harm the baby. Also, at first, everything is new; we do not know how it is, and like it or not I changed significantly on account of the baby. [...] (CSD-12)

From this statement we can observe maternal anxiety and insecurity for the care of the newborn, a fact that was also found in a qualitative study with 12 adolescent mothers in Uberaba (MG) and its surroundings, which revealed the feeling of fear of these adolescent mothers on how to care for the baby and the other requirements during the postpartum phase⁽¹²⁾.

[...] Another thing that I could not do was to use too many chemical products because they (family) said that it goes to the scalp, and from the scalp it would go to the blood and then into the milk and to the baby. But now after 40 days, I have already been cleared to dye my hair. [...] I also quit wearing perfume because I was afraid of the smell being too strong for him (baby). I didn't even put perfume on me because of any allergies that the baby might have. [...] (CSD-7)

Data show that the recommendation of the family network to avoid the use of hair dye is in agreement with the practice of health professional guidelines, since both hair dye and getting a permanent involve chemical processes that use formaldehyde. It is worth clarifying that in the composition of hair dye there is association of ammonia and lead, the latter being a heavy metal which, when penetrating the scalp, can reach the mother's milk and be deposited in the woman's body, in addition to generating harmful effects to the infant exposed due to its toxicity, as prescribed in the manual written by the Ministry of Health⁽¹³⁾.

Care practices of the newborn

Under the theme related to the practice of care of the newborn, it was found that an infusion of herbs and flowers was used as a way to treat complications in the newborn, as highlighted in the following discourse:

[...] My mother-in-law said that he (baby) was yellowish, so I had to give him a bath with an herb known as *Cobler's Pegs*, and so I did. I used white rose petals because of the little things that he (baby) has on his face that need to dry out and they (family) still told me to use cornstarch dissolved in water on him (baby). [...] (CSD-13)

Similar data were found in descriptive and exploratory study conducted in Rio de Janeiro, which investigated maternal care based on widespread beliefs about child care. As a result,

it was noticed the use of "*Cobler's Pegs*" infusion in the bath to stop the process of jaundice and the infusion of white rose petals in order to generate blessings to the newborn. In this study, however, the rose petals were used for cleansing the face of the newborn for the purpose of removal of sebaceous milium⁽¹⁴⁾.

[...] (the newborn's clothes) cannot be left out to get dew; one has to put socks on the baby, otherwise the baby will suffer from colic. [...] My grandmother and they (family) told me to be careful when I hang the baby's clothes on the line: (Avoid) leaving the clothes out all night and take them off only the next day because they cannot get wet with the evening dew or mists that can give the baby colic. [...] (CSD-13)

These data show the mother's care of the child with clothing, which should not be left out in the cold overnight as this could generate something known as "disease of the moon". This disease, which was formerly widespread as damage caused by the moon to the child by interfering in their health, over time, has undergone some changes and currently it is considered the cause of colic in the newborn. The findings of this study are similar to those found in a survey conducted with eleven mothers of a hospital institution in Rio Grande do Sul, which addressed the cultural aspects of maternal care with the newborn in order to avoid him any harm by the so-called "disease of the moon"⁽¹⁵⁾.

[...] Since his navel was stuck out, they told me to snap my fingers three times in the water and then sink his navel in it or place a coin with a piece of cotton, but I did not do that because I got scared because a coin is dirty, right? Sometimes I tried to put just the little band! [...] (CSD-13)

The influence of popular knowledge and lack of mother's knowledge about the reasons that cause hernia lead to the use of "a little band". A recent study in Fortaleza (CE) with 150 postpartum women found that 60% of them stated the need to use a band or abdominal strip in order to keep the navel from "bloating" or causing an umbilical hernia⁽¹⁶⁾.

In a literature review, it became clear that care with the unrestricted use of the abdominal strips lead, in many cases, to their acquisition at the time of purchasing the baby's layette together with the pacifier and bottle⁽²⁾.

[...] The navel was taken care of by my mother. She still kept it (umbilical stub) because if it was lost, the baby would go crazy, if the rat ate it, the baby would become a thief... This is what my mother taught, so she kept it to bury. Actually, she said we have to bury it... [...] (CSD-13)

Caring for the umbilical stump after it falls because what happens to it could directly influence the characteristics of the child's personality is reported in this study and reaffirmed in other research, in which similar data were found in popular culture in high frequency. Tradition generated the popular belief that if a rat eats the discarded umbilical stump, the child would become a wrongdoer; on the other hand, if it was buried under a tree or near roses, the person would grow beautiful and sweet; however, if it was kept with the mother, it would generate the knowledge that mother and child would remain united throughout their lives^(15,17).

[...] It took me a bit to go out with him (newborn) [...] because with the baby, I was also careful on the seventh day (after birth). In fact, I could not go out or take the baby to the pediatrician because of the evil of the seven days. I could not leave the house so that during the seven days I could not even get out on the street, let alone with the baby! [...] (CSD-13)

Among the beliefs mentioned and transmitted by women is the "evil-of-seven-days" known by this name in folk medicine and is equivalent to two diseases that the newborn may also present during the first seven days of life: neonatal tetanus, also mentioned as the "navel evil" due to poor hygiene, both personal and from the protection devices at delivery, and bleeding caused by the deficiency of vitamin K^(10,18).

Although neonatal tetanus has decreased its incidence due to prophylactic policies, fear and lack of adequate information are related to the existence of this evil that according to popular belief may affect the baby if the woman has visitors during the first 7 days after labor or exposes the child in public places^(10,18).

Religious and magical-religious practices

Of the findings about religious practices, reports emerged that indicated the attendance of the new mother to church and the practices of

individual prayers, as can be seen in the following discourse:

[...] When he was born, I dedicated him when he was nine days old because I'm Protestant and at nine days we have to dedicate the child. [...] Before bed, I lay by his side, I keep looking at his face and say a prayer for us. She (mother) also told me to baptize him soon. [...] (CSD-14)

One can notice similar data in a descriptive exploratory study that showed maternal faith connected to God by prayer, so that, just like in this study, prayer would be a way to protect and even heal the possible disorders of the newborn^(15,19).

[...] He has to be blessed because he has a rash [...] He was quiet and sleepy, so she (mother-in-law) wanted to take him to be blessed by someone. [...] I really took him (baby) to be blessed a couple of times because I believe in this. I blessed my child; once I called to have him blessed because of prostration and the evil eye. [...] (CSD-17)

It can be seen from this report that the healers, for the most part, have some connection with the mother in the puerperium with their family and friends. Therefore, the new mother, family and healer share similar cultural aspects, hence the search of the new mother for magical-religious practices employed by faith healers who are women seen with special powers who, through prayers and blessings, protect newborns^(2,15,19).

An important feature of the group of women studied is due to the fact of the practice of blessing still remaining alive; however, with some adaptations such as the fact of "ordering" the blessing by telephone.

Care providers

On the topic of care provider, the guidance received at the health facility is present in the care of the newborn in addition to the maintenance of family influence, according to the following statement:

[...] I am following the guidance of families and the pediatrician. About the band, it was my mother, my grandmother and also a pharmacist who said it was good to place it to see if it (umbilical hernia) went back to normal. [...] The person with whom I have more contact is my mother, then she was the one who taught me

everything. I had a little book and the internet. I also had my mother in law and my grandmother. [...] At the health facility, I learned a lot because of the lectures such as giving the baby a bath and how to take care of the baby. The pediatrician also told me that during three months we are connected, me and the baby, so all I feel in pain, the baby will feel. [...] (CSD-18 e 19)

The content of this report shows that the guidance received at the health facility and in the home environment are perpetuated in the practice of care for the newborns at home especially due to the inexperience of the new mother⁽¹²⁾. Thus, the beliefs, myths, and good luck charms are presented to preserve the baby's health. The protagonists of shared care with the new mother showed that care is intrinsic to the family network according to the mothers' reports in this study. Other research confirms this situation because they address similar data in other contexts, which shows the cultural care and feminine roots^(1,2,9,15).

[...] There were days when he (baby) was changing day for night. During the day he would sleep wonderfully, then the evening came and his eyes remained wide open, so I searched the internet for a "charm for children who change day for night" and saw they taught to turn his outfit or shirt inside out and give him a bath at 6 o'clock. After that day the baby sleeps like a charm! [...] (CSD-13)

The literature shows that several popular practices such as charms are related to baby's sleep and are intended to soothe him. Charms are explained by the comfort they bring to the baby, who when bundled with a garment belonging to his father placed near his head and at the foot of the crib makes the child recognize the presence of parents at his side, and so the child tends to go to sleep more quickly⁽¹⁹⁾.

In turn, similar data on the action of the internet in the care of both mother and child were recorded on a qualitative study conducted with ten mothers living in the southern region of the country, which showed that the information

about the care can be obtained through Internet tools in addition to books and teachings that are relayed by the family, social and biomedical network⁽²⁰⁾.

CONCLUSION

This study concludes that the practices of maternal care are influenced by the demand for the wellbeing of the newborn.

Many of the practices adopted in baby care by the new mother come from their life context, which comes from the maternal bio-psyco-sociocultural spheres; however, guidelines pervaded by a healthcare professional are also highlighted. Although the new mother adopts mixed care practices, the sociocultural network tends to exert greater influence in the context of women.

Practices of magical and religious nature are present in the context of women and assist them in promoting and maintaining the health of the newborn according to the dictates of their family and social environment. It is worth adding that women also seek information on websites with the intention of getting help in a situation of everyday life.

The findings also show that the beliefs, myths and values are transmitted in the context of the woman's life and are present in care practices given the newborn, which entail dialogue between care providers (health professionals, family members, and maternal contact) and the new mother.

It is believed that when considering the care practices of sociocultural nature, the health professional will understand better the mother's demands for postpartum care and this interaction will contribute to healthy care practices and this way the new mother will be provided with decision power and will do whatever she considers to be most convenient and safe in caring for the newborn.

PRÁTICAS DE CUIDADO DO RECÉM-NASCIDO BASEADAS NO CONTEXTO DE VIDA DA PUÉRPERA

RESUMO

Como puérpera e recém-nascido são considerados vulneráveis, ao retornar da maternidade para o espaço familiar, a nova mãe se vê diante de situações que sofrem interferência de seu contexto de vida. Este estudo de abordagem qualitativa teve o objetivo de verificar as práticas de cuidado do recém-nascido advindas do contexto

de vida da puérpera usuária de uma Unidade Básica de Saúde (UBS) na cidade de Rio Claro, SP. Empregou-se o Discurso do Sujeito Coletivo como método de tratamento dos dados. Estes foram coletados por meio de entrevista gravada, realizada com 20 puérperas, em 2011. Verificou-se que as entrevistadas eram jovens, e a maioria concluiu o ensino médio. Os relatos mostraram que as mulheres modificaram a alimentação e os cuidados com a própria beleza por conta do recém-nascido. Os dados mostraram também práticas de benzimento, cuidados com o coto umbilical e com as roupas do bebê, além da identificação de seus provedores de cuidados. Conclui-se que, no puerpério, as práticas de cuidado materno são influenciadas por crenças presentes no contexto da mulher e almejam atender a demanda pelo bem-estar do recém-nascido, fato que merece atenção do profissional de saúde.

Palavras-chave: Cuidado do Lactente. Período Pós-parto. Cultura. Enfermagem Materno-infantil. Pesquisa Qualitativa.

PRÁCTICAS DE CUIDADO AL RECIÉN NACIDO BASADAS EN EL CONTEXTO DE VIDA DE LA PUÉRPERA

RESUMEN

Como puérpera y recién nacido son considerados vulnerables, al regresar de la maternidad para el espacio familiar, la nueva madre enfrenta situaciones que sufren las interferencias de su contexto de vida. Este estudio de abordaje cuantitativo tuvo como objetivo verificar las prácticas del cuidado al recién nacido derivadas del contexto de vida de la puérpera usuaria de una Unidad Básica de Salud (UBS) en la ciudad de Rio Claro, estado de São Paulo (SP), Brasil. Se empleó el Discurso del Sujeto Colectivo como método de tratamiento de datos. Éstos fueron recolectados a través de entrevista grabada, realizadas con 20 puérperas en 2011. Se verificó que las entrevistadas eran jóvenes y la mayoría concluyó la enseñanza secundaria. Los informes indicaron que las mujeres cambiaron su alimentación y sus cuidados con la propia belleza por razón del recién nacido. Los datos también mostraron prácticas de bendición, cuidados con cordón umbilical y con las ropas del bebé, así como la identificación de sus proveedores de cuidados. Se concluye que, en el puerperio, las prácticas de cuidado materno son influenciadas por creencias presentes en el contexto de la mujer y anhelan atender la demanda por el bienestar del recién nacido, un hecho que merece la atención del profesional de salud.

Palabras clave: Cuidado del Lactante. Período Postparto. Cultura. Enfermería Materno Infantil. Investigación Cualitativa.

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