

SELF-CARE PRACTICES IN THE FIRST YEAR POSTPARTUM<sup>1</sup>

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## ABSTRACT

The postpartum period is a complex moment lived and perceived uniquely by women, in which professional assistance should be based on comprehensive care, based on their sociocultural context. The purpose of this study was to evaluate possible associations of 'practice of self-care' which were referred by women with sociodemographic indicators and the requirements proposed in Orem theory (universal, development and health deviation) in the first year postpartum. This is a cross-sectional study of a prospective cohort study conducted in a city in southern of Brazil, and a sample of 310 mothers. Data collection was done by applying a semi-structured form, in home visits. Statistical analysis was performed using Chi-square test ( $p < 0.05$ ). The 'practice of self-care' is associated to the following: age ( $p = 0.043$ ); income ( $p = 0.045$ ); government support ( $p = 0.025$ ); perception of what taking care of each other is ( $p = 0.042$ ); fruit intake ( $p = 0.039$ ); sleep ( $p = 0.005$ ); practice ( $p = 0.039$ ) and frequency of leisure ( $p = 0.037$ ); return to studies ( $p = 0.036$ ); perception of depressive illness ( $p = 0.005$ ); type of delivery ( $p = 0.038$ ), laceration and / or episiorrhaphy ( $p = 0.046$ ). The results showed that the practice of self-care by women suffered influences of age, availability of financial resources and some determinants present in the three requirements of Orem's Theory.

**Keywords:** Self-care. Postpartum period. Health promotion. Women's health.

## INTRODUCTION

The first year after birth is a significant transition period for women. In addition to the physiological changes aggregated to postpartum, she suffers some psychosocial changes: the transition to the maternal role, restoration of relationships and also works in order to meet the needs of their child and other family members<sup>(1)</sup>. The postpartum period is a remarkable phase in the life of the woman; however, it is often neglected by the health service and / or by itself<sup>(2)</sup>.

During postpartum, problems and complications may arise from the moment that the woman cannot satisfy their demand for self-care. And the autonomy becomes essential to

solve their needs<sup>(3)</sup>. During this period, health professionals have the opportunity to identify, to monitor and to manage risk situations or incidents, leading them properly<sup>(4)</sup>.

The puerperal should be addressed fully, and the health professional should extend care beyond the physical evaluation: to share with her what the birth of the child is, to try to understand what she thinks about the various changes in body and how to play the self-care, and to offer a range of knowledge and guidance that can assist it in the experience of puerperal<sup>(5)</sup>. During this period, women need to be aware of the demands of self-care, and their ability and autonomy to develop it because can determine their shortcomings and the need for nursing care<sup>(3)</sup>.

Dorothea Elizabeth Orem<sup>(6)</sup>, between 1959 and 2001, to study the self-care in depth,

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developed a nursing theory that covers various concepts and can be applied in the various levels of care. For the author, self-care comprises carrying out activities that the individual starts and runs for their own benefit, preservation of life, health and well-being. It aims to develop actions that following certain model have assisted, in a peculiar way, integrity, functions and human development. Thus, Orem incorporates the specific Self Care Theory-called universal requirements, development and health deviation, understood as the actions we want to provide with self-care.

Universal requirements are associated with life processes and maintaining the integrity of the structure and human functioning, among which are: satisfactory food intake, balance between activity and rest, between loneliness and social relationship; the development associated with some event, for example the adaptation to a new job or physical changes; and health deviation, necessary for health problems conditions or complications, and may also be consequences of decisive medical actions in the diagnosis and correction of a condition<sup>(6)</sup>.

In this context, individuals are instructed and encouraged to take responsibility and interest in aspects of their needs. Regarding mothers, there is active participation when the health professional and the woman exchange knowledge and information towards promoting self-care<sup>(7)</sup>.

In this study we intended to identify the 'self-care practices' referred to by women attended in the public health system in the first year after birth, and to verify likely association of these practices with sociodemographic and related indicators to the requirements proposed in the Orem's Theory of Self-Care<sup>(6)</sup>.

## METHODOLOGY

This is a cross-sectional study of a prospective cohort study that followed mothers in the following phases: hospitalization for childbirth, home visit in the late postpartum period (around the 42th day) and after one year postpartum (remote puerperium).

From a total of 3,415 births registered in the year 2012, in a public maternity hospital in a city in the south of the country, considering the

margin of error of 5% and 95% confidence level, it was estimated to longitudinal study the minimum sample size of 358. However, between the first and the third phase of the research there were losses of follow-up due to wrong addresses, telephone contact and change the option not to continue in the study. Thus, the final sample of the third phase contemplated in this study was 310. The inclusion criteria were residing in urban areas and having a diagnosis of normal or intermediate risk of pregnancy.

The collection of data from this study was carried out between August 2014 and March 2015, through home visits. A semi-structured form was applied containing questions regarding socio-demographic profile, the 'practice of self-care' referred by the woman and the three levels of requirements for self-care (universal, development and health deviation) contemplated in Orem Theory<sup>(6)</sup>.

The dependent variable in this study was defined as the 'practice of self-care' referred by the woman, obtained through the following question form: "In this period after childbirth what is the frequency of care with herself" (Never, sometimes, and always). For statistical analysis, the frequency of the 'practice of self-care' were dichotomized as yes (sometimes and always) and no (never).

The independent variables were gathered into four groups, the first one is regard to the socio-demographic characteristics (age, marital status, educational level in years, occupation, family income in minimum wages and government support through Bolsa Familia, Paranaense Family, Milk ticket and Gas ticket); the other three groups were defined according to the requirements of self-care proposed by Orem<sup>(6)</sup>. The variables related to the universal requirements were: self-awareness on the importance of food, physical exercise, practice and frequency of leisure activities, sleep quality, partner relationship, and opinion about what taking care of her is (open question), difficulty in urinating and defecation, and intimate hygiene of the perineum, surgical incision and breasts. The requirements of development were: maternity leave period; return to studies, working hours; adaptation in relation to daily routines and employment; self-perception of depressive illness; lack of interest in herself; lack of

pleasure; lack of energy and motivation; feeling worthless and guilty; changes in appetite and / or weight; recurrent thoughts of death and / or suicide; feelings of incompetence in caring for the newborn; lack of interest in RN; crying for no reason and physical changes in the postpartum. And the health deviation requirements were: type of delivery; laceration and / or episiorrhaphy; and illness).

Data analysis was performed in SPSS® software, version 20.0. We used the Chi-square test to search for possible associations ( $p < 0.05$ ) between the dependent and independent variables.

The study was approved by the Research Ethics Committee, under the number 234/2014,

and followed the decisions of Opinion 466/12 of the National Health Council Resolution.

## RESULTS AND DISCUSSION

From the total of mothers in the study, 62.9% were reported self-care. To relate to 'practice of self-care' with sociodemographic variables (Table 1), it was observed that the practice differed significantly between age groups ( $p = 0.043$ ), income levels ( $p = 0.045$ ) and receiving government support ( $p = 0.025$ ). This called attention to the fact that the group of higher age, there is a higher proportion of women (43.8%) who said they've never done it.

**Table 1:** Association between the 'practices of self-care' referred to by the mother and socio-demographic indicators in the first year postpartum. Brazil, in 2016.

Variables	'Self-care practice'				Value of <i>p</i>
	Sim		Não		
	n	%	n	%	
<b>Age group</b>					
≤ 19 years-old	29	80,6	7	19,4	0,043*
20-30 years-old	125	62,2	76	37,8	
31-43 years-old	41	56,2	32	43,8	
<b>Marital status</b>					
With partner	161	63,4	93	36,6	0,409
Without partnet	34	60,7	22	39,3	
<b>Education (in years)</b>					
1-4	49	67,1	24	32,9	0,191
5-10	137	63,1	80	36,9	
11 or more	9	45,0	11	55,0	
<b>Occupation</b>					
Formal	62	59,6	42	40,4	0,233
Informal	133	64,6	73	35,4	
<b>Family income (SM)</b>					
Less than 1	42	57,5	31	42,5	0,045*
1 to 2	86	59,7	58	40,3	
2 and more	67	72,0	26	28,0	
<b>Government support (AG)</b>					
Yes	73	55,7	58	44,3	0,025*
No	122	68,2	57	31,8	

Chi-square test \* $p < 0,05$ ; SM: Minimum wage; AG: Government support by Bolsa-Família, Paranaense Family, Milk Ticket and Gas Ticket.

Access to consumer goods resulting from better terms of income may have promoted the practice of self-care reported by women because, among those receiving more than two minimum wages, the majority (72%) practiced self-care. This finding corroborates that found in previous research that by using the Belief and Attitudes in Health Model unveiled the presence of positive attitude in prevention

among women with higher income<sup>(7)</sup>.

In contrast, receiving government support did not exert the expected impact on the development of self-care practices, as the largest proportion of mothers who reported self-care (68.2%) did not receive such support.

The lack of statistical association between 'practice of self-care' and the level of education suggests that access to formal knowledge cannot

override the cultural aspects involving the population groups. It is important to consider the information and lifestyle that a woman has, in addition to their knowledge, experience, taboos, beliefs, habits and cultural practices<sup>(9)</sup>.

In the analysis of the relationship between 'practice of self-care' and some variables that composed the group of universal requirements of Orem<sup>(6)</sup> (Table 2), it was noticed that in regard to the recognition by women of the importance of

food, only fruit was associated with self-care exercised by them ( $p = 0.039$ ). Among women in this group it was recorded twice the percentage (66.5%) of those who practiced self-care, compared to those who did not practice (33.5%). In a survey of primiparous mothers, it was noted that these have to eat some foods in larger quantities, including fruits, vegetables and foods rich in iron, only in the post-partum period<sup>(10)</sup>.

**Table 2.** Association between the 'practice of self-care' referred by the mothers and some universal requirements proposed by Orem as food, exercise, leisure activities, sleep, partner relationship and opinion about what taking care is, in the first postpartum year. Brazil, in 2016.

Variables	'Practice of self-care'						Value of <i>p</i>
	Yes		No		Total		
	n	%	n	%			
<b>Importance of food</b>							
<b>Rice and/or carbohydrates</b>							
Yes	107	62,2	65	37,8	172	55,5	0,435
No	88	63,8	50	36,2	138	44,5	
<b>Beans and/or grain</b>							
Yes	106	61,3	67	38,7	173	55,8	0,292
No	89	65,0	48	35,0	137	44,2	
<b>Fruits</b>							
Yes	139	66,5	70	33,5	209	67,4	0,039*
No	56	55,4	45	44,6	101	32,6	
<b>Vegetables</b>							
Yes	181	64,2	101	35,8	282	91,0	0,102
No	14	50,0	14	50,0	28	9,0	
<b>Meat and/or protein</b>							
Yes	102	62,2	62	37,8	164	52,9	0,438
No	93	63,7	53	36,3	146	47,1	
<b>Chicken and/or fish</b>							
Yes	48	62,3	29	37,7	77	24,8	0,505
No	147	63,1	86	36,9	233	75,2	
<b>Physical exercises</b>							
Yes	34	69,4	15	30,6	49	15,8	0,195
No	161	61,7	100	38,3	261	84,2	
<b>Practices of leisure activities</b>							
Yes	125	67,6	60	32,4	185	59,7	0,039*
No	70	56,0	55	44,0	125	40,3	
<b>Frequency of leisure activities</b>							
1 x per week	79	69,3	35	30,7	114	61,6	0,037*
2 x per week	27	77,1	8	22,9	35	18,9	
X 1 month	12	52,2	11	47,8	23	12,5	
2 x per month	7	53,8	6	46,2	13	7,0	
<b>Sleep</b>							
Sleep tight	152	67,6	73	32,4	225	72,6	0,005*
Do not sleep well	43	50,6	42	49,4	85	27,4	
<b>Partner relationship</b>							
Excellent	41	64,1	23	35,9	64	25,2	0,760
Good	99	64,3	55	35,7	154	60,6	
Reasonable	12	54,5	10	45,5	22	8,7	
Bad	7	50,0	7	50,0	14	5,5	
<b>Review of taking care of themselves</b>							
Self-loving	44	55,0	36	45,0	80	25,8	0,042*
Aesthetics	107	62,2	65	37,8	172	55,5	
Taking care of health	44	75,9	14	24,1	58	18,7	

Chi-square test \* $p < 0,05$ .

Research on nursing diagnosis in the immediate postpartum period and later found that women had difficulties to sleep and rest because of the need to wake during the night to take care and feed their child<sup>(9)</sup>.

This study showed that adequate sleep and leisure are essential for the achievement of self-care practices. In Table 2, which shows the distribution of women from the universal requirements proposed by Orem<sup>(6)</sup>, there was a significant association between the realization of the 'practice of self-care' and the practice ( $p = 0.039$ ) and higher frequency of leisure activities ( $p = 0.037$ ), as well as self-care association to good sleep quality ( $p = 0.005$ ). The woman in the postpartum may feel fatigued, investing in resting, recovery and strengthening to care for the baby and the house. It also seeks to devote time to their leisure as a way to decrease tension and stress generated in this phase, favoring their quality of life, ensuring their physical and mental health and this is possible when receiving family support<sup>(11)</sup>. It is worth noting that in this study, the relationship with the partner was reported as excellent and good among most women who practiced self-care.

The importance of ensuring adequate conditions for women in the puerperal period is reaffirmed, so that self-care is not replaced with daily tasks that can be shared among their family and social life in order

to promote their well-being<sup>(10-11)</sup>.

Self-care is directly related to the way that people see life, how they connect with their environment and with themselves, within the ethical perspectives and policy<sup>(12)</sup>. Three categories were created in women's opinions of the analysis of "what taking care of themselves is": self-esteem (25.8%), aesthetics (55.5%) and health care (18.7%). There was a significant association ( $p = 0.042$ ) between the "practice of self-care" and created categories (Table 2). Self-care was more prevalent in groups of mothers who related their care to health care (75.9%) and aesthetics (62.2%). It is noteworthy that listed beauty treatments as 'practice of self-care' are far from those that make up the expectations of health professionals. However, they have their relevance as indicators of "take care of themselves" in a phase of life in which these women, in the condition of mothers, are often on the margins of programmatic actions in health.

The physiological aspects and hygiene habits showed no significant association with the 'practice of self-care' (Table 3). However, among women who reported they do not practice self-care, the highest occurrences of difficulty in urinating and evacuating were registered. Daily hygiene, regardless of their frequency, was more evident among those who reported performing self-care.

**Table 3.** Association between the 'practice of self-care' referred by the mothers and some universal requirements proposed by Orem as the physiological aspects and hygiene habits in the first year postpartum. Brazil, in 2016.

Variables	'Practice of self-care'						Value of <i>p</i>
	Yes		No		Total		
	n	%	n	%	n	%	
<i>Physiological aspects</i>							
Difficulty in urinating							
Yes	28	56,0	22	44,0	50	16,1	0,172
No	167	64,2	93	35,8	260	83,9	
Difficulty to evacuate							
Yes	28	54,9	23	45,1	51	16,5	0,129
No	167	64,5	92	35,5	259	83,5	
<i>Hygiene habits</i>							
Intimate hygiene of perineum							
1 x	66	68,0	31	32,0	97	42,0	0,498
2 x	50	61,7	31	38,3	81	35,1	
3 x and more	34	64,2	19	35,8	53	22,9	
Surgical incision hygiene							
1 x	14	53,8	12	46,2	26	32,9	0,336
2 x	17	51,5	16	48,5	33	41,8	
3x and more	13	65,0	7	35,0	20	25,3	
Care of breasts							
1 x	88	65,7	46	34,3	134	43,2	0,557
2 x	68	59,1	47	40,9	115	37,1	
3 x and more	39	63,9	22	36,1	61	19,7	

Chi-square test \* $p < 0,05$ .

Table 4 shows the 'practice of self-care' by women, according to the development requirements proposed by Orem<sup>(6)</sup>. We can see that only 14.4% of these women returned to work before four full months of maternity leave. Most (82.7%) had worked from 31 to 44 hours per week, and this group was in the highest proportion of those who do not practice self-care (42%). The return to studies during the first year post-partum

was low (12.4%) and this was justified for the following reasons: child care (47.1%); conditions and lack of interest (24.6%); lack of time (18.8%); work (5.7%); and others (3.8%). However, these reasons are not impossible to "practice self-care" for 73.3% of women who reported to have returned to school, having been recorded statistical association between these two variables ( $p = 0.036$ ).

**Table 4.** Association between the 'practice of self-care' referred by the mother and some requirements of development proposed by Orem on return to work and studies, perception of routine in daily life and self-perception of depression in the first year postpartum. Brazil, in 2016.

Variables		‘Practice of self-care’						Value of <i>p</i>
		Yes		No		Total		
		n	%	n	%	n	%	
<i>Maternity leave</i>	> 4 months	10	66,7	5	33,3	15	14,4	0,818
	Four Months	27	57,4	20	42,6	47	45,2	
	6 months	25	59,5	17	40,5	42	40,4	
<i>Return to studies</i>	Yes	11	73,3	4	26,7	15	12,4	0,036*
	No	74	69,8	32	30,2	106	87,6	
<i>Workload</i>	Up to 20	6	60,0	4	40,0	10	9,6	0,397
	21 to 30	6	75,0	2	25,0	8	7,7	
	31-44	50	58,0	36	42,0	86	82,7	
<i>Employment adjustment</i>	Easy	21	63,6	12	36,4	33	31,7	0,159
	Reasonable	3	30,0	7	70,0	10	9,6	
	Difficult	37	60,7	24	39,3	61	58,7	
<i>Adapting to daily routines</i>	Easy	83	65,4	44	34,6	127	41,0	0,292
	Reasonable	23	69,7	10	30,3	33	10,6	
	Difficult	89	59,3	61	40,7	150	48,4	
<i>Self-perception of depression</i>	Yes	158	60,8	102	39,2	260	84,0	0,050*
	No	37	74,0	13	26,0	50	16,0	
<i>Lack of interest in herself</i>	Yes	84	53,5	73	46,5	157	60,4	0,002*
	No	74	71,8	29	28,2	103	39,6	
<i>Lack of pleasure</i>	Yes	79	56,4	61	43,6	140	53,8	0,061
	No	79	65,8	41	34,2	120	46,2	
<i>Lack of energy and motivation</i>	Yes	106	57,6	78	42,4	184	70,8	0,050*
	No	52	68,4	24	31,6	76	29,2	
<i>She feels herself useless and guilty</i>	Yes	63	57,3	47	42,7	110	42,3	0,126
	No	95	63,3	55	36,7	150	57,7	
<i>Changes in appetite and/or weight</i>	Yes	94	60,6	61	39,4	155	59,6	0,777
	No	64	61,0	41	39,0	105	40,4	
<i>Recurrent thoughts of death and/or suicide</i>	Yes	13	46,4	15	53,6	28	10,8	0,050*
	No	145	62,5	87	37,5	232	89,2	
<i>Feelings of incompetence with the care of newborns</i>	Yes	64	62,1	39	37,9	103	39,6	0,077
	No	94	59,9	63	40,1	157	60,4	
<i>Lack of interest in NB</i>	Yes	16	69,6	7	30,4	23	8,8	0,137
	No	142	59,9	95	40,1	237	91,2	
<i>Crying for no reason</i>	Yes	68	60,7	44	39,3	112	43,1	0,207
	No	90	60,8	58	39,2	148	56,9	
<i>Changes in appearance</i>	Yes	152	61,3	96	38,7	248	80,0	0,152
	No	43	69,4	19	30,6	62	20,0	

Chi-square test \* $p < 0,05$ .

The puerperal process can be considered an event permeated by changes related to

mother/child, the family, society, altered body image, among others, requiring

adaptation by them<sup>(13)</sup>.

Depression is a major cause of disability among women of different ages, and it is estimated that about 13% of them have suffered mental disorders after childbirth, including depression, within one year after delivery<sup>(14)</sup>.

The self-perception of depression (Table 4) was reported by 84% of women and joined the 'practice of self-care' ( $p = 0.050$ ). Among those who did not have this perception (16%), the highest proportion (74%) performed self-care. Relevant rates of predictive signs of depression were reported: change in appetite/weight (59.6%); lack of pleasure (53.8%); crying for no reason (43.1%); feelings of incompetence (39.6%) and sleep disorders (37.7%). It is noteworthy that among women who did not have lack of interest in themselves (39.6%), the 'practice of self-care' was cited by the majority (71.8%), reaching statistical significance ( $p = 0.002$ ). Similarly, among those who did not report lack of energy and motivation (29.2%), and recurrent thoughts of death and/or suicide (89.2%), it was observed a higher frequency of self-care ( $p = 0.050$ ).

The perception of mothers face the psychological problems experienced in the postpartum period is an important step to support preventive and effective practices in actions performed by professionals committed to the promotion of health, particularly mental health, in a broad perspective of development of public policy health within primary care, aimed at women during their childbearing years, especially during pregnancy and childbirth<sup>(15)</sup>.

Similarly, the multidisciplinary team during the pre-natal and post-natal has a chance to build a relationship with women, and offer a range of educational opportunities and support in dissipation myths about symptoms and treatment of postpartum depression. Such care should begin at the first prenatal visit, continue during pregnancy, and aggregated to home visits during the first year postpartum<sup>(16)</sup>.

The health gap is understood when the postpartum period remains unchanged, and used corrective measures to improve this

situation<sup>(13)</sup>. The 'practice of self-care' for women, according to the health deviation requirements proposed by Orem<sup>(6)</sup> is shown in Table 5.

The Brazil has been synonymous internationally of high levels of C-section<sup>(17)</sup>. Recent research has identified 52% of births by caesarean section, and there is not clinical justification for such a high percentage of this procedure<sup>(18)</sup>. In the present study, there was not association between the 'practice of self-care' and the type of delivery ( $p = 0.038$ ). Among women who did not self-care themselves, for the highest proportion cesarean section (43%) was performed, surgical procedure that may have hindered the self-care practices.

Many advances have been identified in recent researches in regard to maternal care. As regards the practice of episiotomy, there was a slight reduction at the national level, but its use remains routine and consequently identifies persistence of an interventionist model in the conduct of vaginal delivery<sup>(19)</sup>. In this study, with a predominance of normal delivery, laceration situation and/or episiorrhaphy occurred and were associated with the practice of self-care' ( $p = 0.046$ ), and this is more common among women who had perineal laceration or underwent the procedure of episiorrhaphy. It is evident that 60.6% of women had a disease in that first year postpartum.

It is important to note that currently the improvement of health care processes has suffered numerous reflections and changes that directly influence the way of doing the professionals who must seek the fulfillment of their competence, based on the aggregation of different knowledge, that is, to develop care practices starting from the beginning of the relationship between the team, with the conduct of new devices that can assist the management of services and care<sup>(20)</sup>. In this context, women's empowerment need to be identified as an element that has the right to know and decide on any action to which they will be submitted in the promotion of their health process. So this empowerment necessarily involves the training of this woman to practice self-care.

**Table 5.** Association between the 'practice of self-care' referred by the mother and some health deviation requirements proposed by Orem as the type of delivery, laceration and/or episiorrhaphy and illness in the first year postpartum. Brazil, in 2016.

Variables	'Practice of self-care'						Value of <i>p</i>
	Yes		No		Total		
	n	%	n	%	n	%	
<b>Type of delivery</b>							0,038*
Normal spontaneous delivery	141	63,5	81	36,5	222	71,6	
Normal instrumental delivery	9	100,0	—	—	9	2,9	
Cesarean	45	57,0	34	43,0	79	25,5	
<b>Laceration and/or episiorrhaphy</b>							0,046*
Yes	89	68,5	41	31,5	130	56,3	
No	62	61,4	39	38,6	101	43,7	
<b>Illness</b>							0,254
Yes	115	61,2	73	38,8	188	60,6	
No	80	65,6	42	34,4	122	39,4	

Chi-square test \*p <0,05.

## FINAL CONSIDERATIONS

It was concluded that the 'practice of self-care' reported by the mother in the first year postpartum, besides being related to their age and social inclusion, suffered influence of some these requirements in universal requirements, development and health deviation, proposed by

Orem for self-care. The specification of these requirements made it possible to note that we should consider the behaviors and beliefs of women in the remote postpartum experience, aimed at planning health actions. These actions should be directed to the identification of needs and difficulties of these women for effective self-care practice.

## PRÁTICAS DE AUTOCUIDADO NO PRIMEIRO ANO PÓS-PARTO

### RESUMO

O puerpério é um período complexo, vivido e percebido de forma singular pela mulher, no qual a assistência profissional deve ser pautada no cuidado integral, fundamentado em seu contexto sociocultural. O objetivo deste estudo foi avaliar possíveis associações da 'prática do autocuidado' referida pela mulher com indicadores sociodemográficos e com as exigências propostas na Teoria de Orem (universais, de desenvolvimento e de desvio de saúde), no primeiro ano pós-parto. Trata-se de um estudo transversal, aninhado em uma coorte prospectiva, realizado em um município do sul do Brasil, tendo como amostra 310 puérperas. A coleta de dados foi feita mediante aplicação de um formulário semiestruturado, em visitas domiciliares. Na análise estatística foi utilizado o Teste Qui-quadrado ( $p < 0,05$ ). A 'prática do autocuidado' se associou aos seguintes itens: faixa etária ( $p = 0,043$ ); renda ( $p = 0,045$ ); apoio do governo ( $p = 0,025$ ); percepção do que é cuidar de si ( $p = 0,042$ ); ingestão de frutas ( $p = 0,039$ ); sono ( $p = 0,005$ ); práticas ( $p = 0,039$ ) e frequência do lazer ( $p = 0,037$ ); retorno aos estudos ( $p = 0,036$ ); autopercepção de doença depressiva ( $p = 0,005$ ); tipo de parto ( $p = 0,038$ ), laceração e/ou episiorrafia ( $p = 0,046$ ). Os resultados identificaram que a prática do autocuidado pela mulher sofreu influências de sua idade, disponibilidade de recursos financeiros e de alguns determinantes presentes nas três exigências da Teoria de Orem.

**Palavras-chave:** Autocuidado. Período pós-parto. Promoção da saúde. Saúde da mulher.

## PRÁCTICAS DE AUTOCUIDADO EN EL PRIMER AÑO POSPARTO

### RESUMEN

El puerperio es un período complejo, vivido y percibido de forma singular por la mujer, en el cual la ayuda profesional debe ser basada en el cuidado integral, fundamentado en su contexto sociocultural. El objetivo de este estudio fue evaluar posibles asociaciones de la 'práctica del autocuidado' referida por la mujer con indicadores sociodemográficos y con las exigencias propuestas en la Teoría de Orem (universales, de desarrollo y de desviación de salud), en el primer año posparto. Se trata de un estudio transversal, con una cohorte prospectiva, realizado en un municipio del sur de Brasil, teniendo como muestra 310 puérperas. La recolección de datos fue hecha mediante aplicación de un formulario semiestruturado, en visitas domiciliarias. En el análisis estadístico fue utilizada la Prueba Ji-cuadrado ( $p < 0,05$ ). La 'práctica del autocuidado' se asoció a los siguientes



ítems: franja de edad ( $p=0,043$ ); renta ( $p=0,045$ ); apoyo del gobierno ( $p=0,025$ ); percepción de lo que es cuidar de sí ( $p=0,042$ ); ingestión de frutas ( $p=0,039$ ); sueño ( $p=0,005$ ); prácticas ( $p=0,039$ ) y frecuencia de ocio ( $p=0,037$ ); regreso a los estudios ( $p=0,036$ ); auto percepción de enfermedad depresiva ( $p=0,005$ ); tipo de parto ( $p=0,038$ ), laceración y/o episiorrafia ( $p=0,046$ ). Los resultados identificaron que la práctica del autocuidado por la mujer sufrió influencias de su edad, disponibilidad de recursos financieros y de algunos determinantes presentes en las tres exigencias de la Teoría de Orem.

**Palabras clave:** Autocuidado. Período Posparto. Promoción de la Salud. Salud de la Mujer.

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