

Percepções de puérperas sobre o cuidado de enfermagem no alojamento conjunto

Perceptions of puerperas on nursing care in joint accommodation

Las percepciones de las madres acerca de los cuidados de enfermería en alojamiento conjunto

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ABSTRACT

Objective: To know the perception of the mothers on the care of nursing professionals in collective accommodations. **Methods:** A descriptive exploratory qualitative study in a medium-sized hospital in the interior of Rio Grande do Sul with 15 women in the immediate postpartum period. The project was approved by the Ethics Committee in Research of the University of the Campaign Region under number 62/2013 CAAE. We used the letter “P” to identify postpartum women, followed by the sequential number of the interviews. Data were collected through semi-structured interviews applied to postpartum women in the months from October to November 2013. Data analysis was used to treat the data. **Result:** The statements gave rise to two categories: care provided by nursing as a whole and accommodation guidelines about self-care and care of the newborn. **Conclusion:** The perception of the mothers as to the care of the nursing staff was positive, but educational activities proved fragile.

Descriptors: Nursing Care; Puerperal Period; Women's Health.

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RESUMO

Objetivo: Conhecer a percepção das puérperas sobre o atendimento dos profissionais de Enfermagem no alojamento conjunto. **Métodos:** Estudo qualitativo exploratório-descritivo, realizado em um hospital de médio porte no interior do Rio Grande do Sul com 15 mulheres no puerpério imediato. O projeto foi aprovado pelo Comitê de Ética em Pesquisa da Universidade da Região da Campanha, sob o número do CAAE 62/2013. Utilizou-se a letra “P” para identificar as puérperas, seguidos pelo número sequencial das entrevistas. Os dados foram coletados por meio de entrevista semiestruturada aplicadas às puérperas nos meses de outubro a novembro de 2013. Para tratamento dos dados utilizou-se a análise de conteúdo. **Resultado:** Os depoimentos deram origem a duas categorias: cuidados prestados pela Enfermagem no alojamento conjunto e orientações a cerca do autocuidado e cuidados com o recém-nascido.

Conclusão: A percepção das puérperas quanto ao atendimento da equipe de Enfermagem foi positiva, porém as ações educativas mostraram-se frágeis.

Descritores: Cuidados de Enfermagem; Período Puerperal; Saúde da Mulher.

RESUMEN

Objetivo: Conocer la percepción de las madres sobre el cuidado de los profesionales de enfermería en alojamientos colectivos. **Métodos:** Un estudio cualitativo exploratorio descriptivo en un hospital de tamaño medio en el interior de Río Grande do Sul, con 15 mujeres en el posparto inmediato. El proyecto fue aprobado por el Comité de Ética en Investigación de la Universidad de la Región Campanha con el número 62/2013 CAAE. Se utilizó la letra “P” para identificar a las mujeres después del parto, seguido por el número secuencial de las entrevistas. Los datos fueron recolectados a través de entrevistas semi-estructuradas aplicadas a madres después del parto en los meses de octubre a noviembre de 2013. Para el tratamiento los datos recogidos se utilizó el análisis de contenido. **Resultado:** Las declaraciones dieron lugar a dos categorías: atención fornecida por la enfermería en su conjunto y de alojamiento a las directrices sobre el autocuidado y el cuidado del recién nacido. **Conclusión:** La percepción de las madres en cuanto a la atención del personal de enfermería fue positiva, pero las actividades educativas resultó frágil.

Descriptorios: Cuidados de Enfermería; Período Puerperal; Salud de la Mujer.

INTRODUCTION

The puerperium is considered the period of puerperal pregnancy cycle in which local and systemic changes caused by pregnancy and childbirth in the woman's anatomy return to a situation of pre-pregnancy state. The beginning of this phase occurs right after expulsion of the placenta content, extending for six or more weeks. This period is divided into immediate, early and remote puerperium.¹

At this time of transition the changes considered normal can give space to trigger the so-called pathological puerperium, i.e. the manifestation of some changes as puerperal infection, bleeding, stress and other common complications that can affect the mother and/or the newborn (NB) as jaundice, umbilical stump infection and malnutrition.²

In order to minimize possible complications during pregnancy and puerperium process, the Ministry of Health

(MH) recommends that throughout pregnancy, women and their families be informed and receive relevant guidance on the physical, psychological and social changes that puerperal women will experience, so that she can face the puerperium in a safe, harmony and pleasure way.¹

The implementation of Rooming-in (RI) in maternal and children's hospitals, as recommended by Ordinance MS/GM No. 1016/93, also sets positive initiative for healthcare professionals and especially nursing to report mothers on health care that strength the maternal and child positive outcomes, especially those related to self-care and care of NB.³

Among the responsibilities of nursing care in the woman and the newborn in RI, some studies relate to actions to prevent, control and reduce puerperal infections, stimulate self-care and promote the link between the mother and newborn.⁴⁻⁵ Nursing work in the care of women in pregnancy and puerperal cycle, mainly through educational practices in the field of obstetric care, contribute so women can participate in making decisions about their health.⁶

However, the study points out that the nursing staff often find it difficult to meet its responsibilities in relation to the educational process and technical for attention to the pair mother/child. The difficulties pointed out are a lack of time available to perform the double activities, limiting work conditions, the small number of employees, inadequate infrastructure and lack of available materials.⁷

On the other hand, the effectiveness of the care practices developed by nursing in the postpartum period is mainly due to interpersonal relationship of the triad professional/ puerperal women/family, which is directly associated with sensitivity, the ability to listen, trust and security transmitted by professionals. These features are some of the inherent pillars in nursing professionals and indispensable to create bond with the woman, ensuring the satisfaction of both puerperal and family with the care received, and for the health institution, which reduce costs by reducing the length of hospital stay and treatment of possible complications.⁸

So, when considering the modifications and adaptations present in the puerperal period, it is believed in the efficacy of a qualified attention that values women's individuality, even during their stay in RI, aiming a safe and humane care. In this regard, the Ministry of Health states that “the woman at this time, as in all others, should be seen as a whole being, not excluding its psychic component”^{9: 175}

Then, considering the influence that nursing professionals play in empowering women to exercise their role of mother and self-care, this study aims to know the perception of puerperal women on the care of nursing professionals during their Rooming-in.

METHODS

This is a qualitative research, carried out in a medium-sized hospital in the interior of Rio Grande do Sul. Inclusion criteria were women in the immediate puerperium period, which were under the nursing care in Rooming-in from October to November of 2013.

For data collection a semi-structured interview was applied, which were recorded in a digital recorder and later transcribed. The research participants were 15 women who were in the puerperium period aged between 18 and 44, who after being informed of the purpose of the research, agreed to cooperate by signing the Terms of Informed Consent (TIC), which gave them assurances regarding the preservation of identity, the use of data only for scientific purposes, the provision of health-related guidance when requested by the participants. To guarantee the anonymity of the participants, we used the letter "P" followed by the serial number of the interviews.

Content analysis guided the interpretation of evidence. The operation included pre-analysis, organization of material; exploitation of material or encoding; as well as treatment of results, inference and interpretation which consists of discovering the core meanings that constitute a communication in which frequency or presence have some meanings to the analytic object.⁹

The ethical aspects of this study are in line with Resolution 466/2012 of the National Health Council of Brazil¹⁰. The project of this research was approved by the Ethics Committee in Research of the *Universidade da Região da Campanha (URCAMP)*, under number 62/2013 CAAE.

RESULTS AND DISCUSSION

Among the puerperal women participating in this study, one of the interviewees declared to have higher education, seven had completed elementary school and seven completed high school. Regarding the number of children, five women reported having only one child, the number of children of the remaining women ranged between two and six children. Abortions were reported by two puerperal women interviewed. Regarding the type of birth, in the participants of this study, ten women reported Caesarean births and five vaginal births.

After the analysis and classification of information collected, there were two categories, as follows above:

Care provided by nursing in Rooming-in

The puerperium period is experienced by the woman as an experience marked by profound physical, emotional and social changes, making her more emotional and sensitive³. On the other hand, this period is seen as a celebration of the arrival of a new component to the family.⁸

From the perspective of integral and humanized care, it is the duty of services and health professionals to accept with dignity the woman and the newborn. It is necessary that the

professionals involved in any instance of the care process are aware of the need to ally themselves with the specific technical knowledge to the exercise of listening, commitment and bond formation with the woman for achieving skilled care taking into account the significance of pregnancy and puerperal process for every women.³

In reference of care to the pair mother/child during hospitalization, nursing care should focus on prevention of complications, physical and emotional comfort and educational activities that can give to the woman tools that make them protagonists of the pregnancy-puerperal process.¹¹

In the present study, when questioning the puerperas about how they perceived the care of the nursing professionals during the hospitalization, it is observed that the majority was satisfied with the care received:

"I was very well attended, I have nothing to complain about." (P1)

"The service was very good. I was well attended and the care was performed." (P2)

"I realized that they are prepared to help and perform care." (P3)

"They were very thoughtful, were always available." (P14)

In line with these statements, other studies have sought to evaluate the satisfaction of puerperal women with the care received by the nursing in RI reported women's satisfaction with the support and guidance provided by nursing professionals.^{8,12}

On the other hand, a research conducted in a public maternity hospital in Manaus/AM - Brazil, noted that puerperal women are dissatisfied with the attention received mostly in relation to the recognition of subjective complaints with pain.¹³ Another study shows that puerperal assistance is being neglected at some points, because it is still focused on curative aspects and with limited emphasis on educational actions.⁸

Although the participants in this study were satisfied with the care provided by nursing professionals, we can see that in other realities the medical model of care still has remained in force. Behaviors based solely on biological aspects are insufficient to meet all the needs of puerperal women, as she is in a time of transition and often needs to be heard and have her doubts and anxieties assuaged.

Aware of this reality, national and international organizations have recommended that obstetric and neonatal care need to have as main features the quality and humanization in care. Accept with dignity the woman and newborn baby, focusing on them as subjects and not as

passive object of our attention is the base that supports the humanization process.^{13,11}

In this line of thought, Oliveira; Quirino; Rodrigues⁸ report that the establishment of an adequate empathy between professional nursing and puerperal women can facilitate the understanding of the symptoms and signs presented, because it is common that, at this time, women experience mixed feelings and insecurity.

Regarding empathy and interpersonal relationship professional-client, the puerperal women recognized the importance of interaction and relationship developed during their stay in the unit:

“In puerperium, women get very sensitive, and professionals of nursing who assisted me made me feel safe and were thoughtful to me and the newborn.” (P9)

“The nurses had a special affection to me.” (P6)

“I was pleased with their clarification and the loving care with which they treat us.” (P12)

As we can see, the sensitive listening to the needs and aspirations of women and their families provides a trust relation; it is important to well-being, provides conditions for self-care and makes the recovery process become healthier.

Unlike the exposed by the research participants, by knowing the perception of puerperal women about nursing care in Rooming-in, the authors observed that:

“[...] Adolescents point out the lack of dialogue, conversation, help and presence of nurse beside them and report, then, the need to be heard, to be oriented, since the time they are passing implies a series of unexpected changes in their lifes, generating anxiety in many of them.”^{14:48}

Thus, it is understood that the communication is a necessary attribute on the humanization process, since it favors the share of information, ideas and feelings. However, there are many ways to communicate and will depend on the speaker and the listener. During the assistance to puerperal women, caring to explain the procedures or listening their complaints/concerns are actions that minimize anxiety and make they feel safer, getting informed of the situation and make them feel welcome.

In this sense, according to the MS¹¹, the reception and individualized attention are essential conditions for health actions are translated in the resolution of the identified problems, the satisfaction of users, strengthening the capacity of women facing the identification of their demands, the recognition and claim of their rights and the promotion of self-care.

Yet, attention to quality and problem-solving depends on the provision of human, physical and material resources, organizing routines with proven beneficial procedures, avoiding unnecessary interventions, and the establishment of ethical principles based relationships, ensuring privacy and autonomy and sharing with the woman and her family, decisions on the procedure to be adopted.³

Puerperal women participating of this study confirm feel safe and confident when nursing workers demonstrate capacity and thoughtfulness. Experts in this issue have pointed out that the aspects related to communication and trust are valued by clients. However, remembering that the improvement of technical and scientific knowledge about changes in the puerperal period and the development of implementation strategies of this knowledge in practice are extremely important for both the care planning for mother and newborn, to strengthen adaptation of women to the new role of mother and nurturer, as for the reduction of maternal mortality and neonatal.^{8,11}

In this context, for nursing care provided to puerperal women in RI become effective and comprehensive, it is necessary both to develop interpersonal skills like planning practices in a systematic way, organized and scientifically based, considering the subjectivity of each woman and her newborn.

According to Nobrega and Bezerra¹⁴, systematic and individualized actions make it possible to elect the priorities of each puerperal women for an early diagnose of potential problems, such as bleeding, infections, difficulty breastfeeding and postpartum depression among others and think of a plan of interventions that contributes to the recovery of the complications while promoting health and welfare to the triad mother/child/family members.

In this context, it is understood also that the perception of workers on the sociocultural construction of puerperal women and their living context is an important factor that interferes in decisions and behaviors, as well as the satisfaction of mothers on the care received.

Guidance on self-care and care of the newborn

The safety of women and newborn (NB) in the immediate postpartum period and in the first weeks after delivery is crucial to the evolution of maternal and newborn health. Among the objectives of the attention in this period are: to assess the health status of women and the newborn; guide and support the family for breastfeeding; guide basic care with the newborn; evaluate mother's interaction with the baby; identify risk situations or incidents and lead them and guide the familiar planning.³

As in RI, nursing, along with other health professionals, develop actions to address the care focused on mother and child, educational activities stand out. Among them, it is quoted encouraging breastfeeding, the care with the newborn, the support that the puerperal needs at the right moment, answering questions and providing guidance, including with

respect to pediatric consultation, immunizations and family planning, which should be made after the hospital discharge.¹⁵

In order to know what information the nursing team provided to setting this study, puerperal women were questioned about the educational activities offered during their stay in Rooming-in units:

"I received after cesarean, from nurses, guidance for the care of breastfeeding, umbilical stump, as self-care with the breasts, drinking fluids, taking a shower normally and other necessary information." (P7)

"I was guided on obstetrical block, in the Pediatric Intensive Care Unit and maternity." (P8)

"I received care about guidelines with the newborn, with umbilical stump, breastfeeding, bathing, caring the suture, breasts, drinking fluids and with the diet." (P9)

"I learned about breastfeeding and care of the breast, the use of contraceptives." (P10)

"I received guidance on the care of the suture of cesarean section, with breasts [...]" (P11)

According to the above, it was found that the puerperal women interviewed reported having received information about the care of themselves and the baby. According to Health Department, health education actions that address concepts of hygiene, nutrition and health issues in general should be part of the programming service to clients, as a basic condition to ensure the quality of assistance.¹

However, according to a study carried out in a municipality of the State of Ceará, "most participants denies the explanation of puerperal care by health professionals from maternity hospitals"^{8, 79} These authors mentioned that this may be related to the little woman's length of stay in hospital, ranging from 24 hours for vaginal delivery and 48 hours for cesarean delivery, being information limited on breastfeeding, the breast care and the umbilical stump.

Corroborating the explained observations, studies have showed that the emphasis of nursing guidelines in RI relates to situations involving breastfeeding.^{8, 12, 14} Indeed, breastfeeding is essential to the health of newborns, since breast milk is appropriated to the needs of breastfed babies, forming an optimal nutritional and immune relation, required in the early years of life. In addition, breastfeeding promotes the emotional relationship between mother and child, as well as the development of children with nutritional, immunological, cognitive, psycho-affective, economic and social advantages.¹⁶

Adding to this, the study conducted with teenage mothers, on the quality of breastfeeding, noted that it is

necessary support and monitoring of breastfeeding among mothers, because even being a valued and important act for them, there are difficulties, such as injuries and cracks, stating that in addition to guidance on prenatal care is important to continue encouraging the practice of breastfeeding also during the permanence of the teenage in maternity hospital.¹⁵

However, in order for a woman to be able to breastfeed successfully, she needs to feel confident and believe she can do it. Thus, it is necessary to identify the knowledge, beliefs and attitude that women have about breastfeeding, what kind of experience she has or if she has experienced this situation.¹⁴

In the context of feeding, it is believed that care guidelines related to the breast are essential, because the influence of myths and diverse cultures can interfere with the ability to breastfeed, favoring early weaning. In this regard, Farias; Magellan; Zerbetto⁷ quoted injuries, fissures, anatomical nipple changes and difficulty handling the baby as difficulties that can lead to puerperal women to lose confidence, present feelings of insecurity and being prone to introduce artificial feeding.

Therefore, the nursing team must be thoughtful and available to help the woman guiding her according to her needs and concerns to avoid early weaning, including providing information about offering breast milk in cup to the child, as an alternative method the mother's inability to breastfeeding.¹⁷

Another aspect that raises numerous doubts among the puerperas, especially among primiparous women, is the care of the umbilical stump, as they are surrounded by beliefs, customs, fears and insecurities, covering both mothers and family members. The nursing staff often considers the knowledge and practices arising from the mother and her family irrelevant. This fact is an obstacle in the relational and educational process for workers, because of the loss of opportunity for dealing between knowledge and practice, which would approach the knowledge of common sense to scientific knowledge and vice versa⁷. It requires, on the part of professionals, listening and acceptance of popular knowledge, enabling the knowledge exchange. This requires that they are aware of the uses and cultural customs of the assisted users, bearing in mind that culture interferes directly in health and disease process. The representations of the users about the puerperal caring are essential for caring practices, being important to understand how professionals react in front of the appearance of knowledge on health that are not validated by scientific knowledge.

Informations regarding the diet of puerperal women were also mentioned in the statements of this study. The intake of nutritious and healthy food is important at all stages of human life. But during pregnancy and postpartum period, this becomes essential because it directly influences the health of the mother and infant.

Study highlights dietary orientation with respect to the importance of a frugal diet and the intake of fluids for promoting breastfeeding and intestinal function.⁸

Furthermore; it should be discouraged eating spicy foods and alcohol, both of which can interfere with the lactation process.¹⁸

As for family planning, mentioned by one of the interviewed puerperal women, it is considered that this was one of the main issues to be discussed in the puerperium period, due that the return to fertility after childbirth is inaccurate, it depends on the practice of breastfeeding and for being notorious the risks of an unplanned pregnancy.

Information about family planning, use of contraceptive and return of sexual activities can promote quality of life to the couple and need to be addressed by nurses prior to hospital discharge. In view of this, it is necessary to guide and question the puerperal women about her doubts regarding sexuality and encourage dialogue between the couple about their feelings, desires, doubts and avoid mismatches in the relationship¹⁹.

However, some aspects related to self-care were not mentioned by the puerperal women. Among them were pointed out the care of the lochia, with episiorrhaphy sutures and perineal hygiene, fundamental attitude in the prevention of bleeding and infection in the puerperium period, as well as guidance on mammary complications.

Finally, when they were asked whether they would recommend the health service of nursing professionals who assisted them, all researched puerperal women responded positively as expose some of the following reports:

"I would recommend since they are professionals prepared to assist. I really enjoyed." (P1)

"I would recommend, of course, they are very good." (P4)

"Yes, it is good. Satisfactory." (P5)

"Of course, the service is excellent." (P6)

"I would recommend, for being quite thoughtful and great professionals." (P13)

As noted in the testimony, the puerperal women evaluated positively the care received by nursing. This definition is ratified in the course of the talks and culminates in the assertion of most puerperal women that they would recommend the institution to others.

According to the literature, usually women feel satisfied when their needs are met, the treatment they receive is nice, the staff cares, are friendly and competent. In this case, they tend to return to the service or recommend it to other people.¹²

For the above authors, "puerperal women with hospital care are probably those who are more satisfied with nursing care"^{12:863}. However, it is important to note that a perfect

integration of nursing with other professionals in maternal and child health, where everyone can speak the same language, is a fundamental guideline for the necessary security for the woman and child care.

CONCLUSION

With this study, it was possible to know the perceptions of puerperal women regarding nursing care received during their stay in Rooming-in. In general, the perception of puerperal women was positive, as reported the presence of several aspects involving humanized care and quality care to mother and child. The women recognized the importance of interaction and relationship developed during their stay in the unit and satisfaction with the care received during hospitalization.

Regarding the guidelines received by nursing professionals, the puerperal women reported having received information about both self-care and care for the baby. Among such information cited, the importance of breastfeeding, care of the umbilical stump, self-care with the breasts, hygiene and nutrition in the puerperal period. However, some aspects related to self-care were not mentioned by the participants, as lochia and perineal hygiene and guidance on possible maternal and/or neonatal complications.

It is believed that health professionals and specifically nursing should be constantly improving their knowledge to provide care according to the demand of each customer, while respecting their uniqueness and limitations. Such training should cover not only the technical skills but include mostly educational and humanistic skills in order to provide safety and comfort for puerperal women face the dual role of mother and woman.

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