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PUERPERAL CARE IN THE LIGHT OF THE COMFORT THEORY: GLIMPSING THE TRANSCENDENCE OF THE MOTHER BEING

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ABSTRACT

Maternity, initially named as puerperium, is characterized by particularities that raise specific care based on the prevention of complications, and in the physical and emotional comfort for a healthy motherhood. Objective: To reflect on the subjectivity of puerperal care and the transcendence of being a mother in the light of the Comfort Theory. This is a descriptive study, of reflexive analysis type, performed in the first semester of 2017, which describesthe experience with a puerperal mother in a maternity school, located in the capital of the state of Ceará. Nursing care initially aims to help in adapting to the life processes and in the health/illness situations experienced by the person receiving the care. Nursing is responsible for assessing the comfort needs of the subject and for implementing measures that address them. We concluded that adoption of the comfort theory to provide clinical nursing care allows an individual, human and ethical approach, since it incorporates the needs pointed out by the individual, which enables that the care be personified. A limitation of the study refers to the description of the care provided to a single pregnant woman in a hospital environment.

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INTRODUCTION

Nursing care that addresses women's health needs to follow the transformations that occur in each life cycle and life context, considering that women have been increasingly active in the labor market, with a wide range of responsibilities in family relationships and their autonomy in decisions that permeate the health-disease process (BARBOSAEMG *et al.,* 2014).

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Understanding the complexity of the female being surrounded by multiple facets, we highlight one of the roles assumed by the woman, that of being a mother. Maternity, in its initial stage called puerperium, is characterized by particularities that give rise to specific care based on the prevention of complications, and in the physical and emotional comfort for a healthy motherhood (BARALDI, 20123). In addition, this period is a moment of vulnerability for the new mother, caused by sociocultural and physiological changes. Thus, in view of the need for care in the puerperium, the nurse supports the woman during this initial transition to maternity, monitoring her recovery, identifying and controlling health deviations of

the mother-child binomial, and also bringing the necessary comfort in this process. The perception of the demands of comfort of the puerperal woman becomes relevant so that the professional can meet them in order to make this period as comfortable as possible and thus to harmonize with quality the clinical care offered, surpassing the physiological processes and contemplating the biopsychosocial and spiritual needs. Given this premise, the Comfort Theory stands out, which describes comfort as a desirable effect to clinical care, in which the role of the nurse stands out, being an immediate experience with a comprehensive perspective. The theorist Kocalba (2003) also points out that comfort is expressed in the satisfaction of the basic human needs of the individual, providing relief, when a state of calm or immediate contentment is reached in response to the fulfilled need; ease, when contentment occurs in a lasting and continuous manner; and transcendence, as it reaches the highest level, passing through problems and circumstances and considering the contexts of the human, physical, psycho-spiritual, socio-cultural and environmental dimension (KOLCABA, 2003). The rationale for nursing care in the puerperal period, in light of the presented theory, allows the nurse to identify the comfort needs experienced by women and to decide interventions (BARBOSAEMG *et al.,* 2014). The understanding of the concepts of the theory and the experience thereof in practice by the nurses are essential for reaching comfort for the puerperal women in this unique period of their lives. In view of the presented discussion, the goal is to reflect the subjectivity of puerperal care and the transcendence of the mother being in the light of the Comfort Theory.

Literature Inquiry: The analysis of nursing literature shows that from the beginnings of the profession to the present, comfort is a goal of care and a concept present throughout its history. However, the comfort approach changes throughout the history and is influenced by religious factors, medical-scientific rationality, institutional, political and economic demands, among others. The understanding of the origin and evolution of conceptions attributed to comfort and its determinants imposes the task of reviewing and analyzing the history of nursing, as well as the conceptual framework that constitutes it as a practice and scientific discourse, since the identity and subjectivity of nursing professionals is not something innate, but historically constructed with a link between implicit and explicit conceptual elements in theoretical models, legitimizing nursing as a profession (MCILVEENN and MORSE, 1995). Kolcaba (2003), in her theory, presents four metaparadigms with their respective definitions, namely nursing**,** which addresses the comfort needs of the patient or person under adaptation, designing a care plan to meet these needs, and re-evaluating it after implementation of these measures, in order to obtain a comparison with a previous baseline, which may be objective or subjective (MCEWEN and WILLS, 2009). The patient**,** who receives the care and can be an individual, family, institution or community in need of health care. Environment**,** which is the space surrounding the patient, family or community and that can be manipulated by the nurse to improve comfort. Health**,** which represents the optimum functioning as defined by the patient, family or community. According to the theorist Kolcaba (2003), comfort is described in three forms, namely relief, ease and transcendence (KOLCABA, 2003). Relief is the state in which the patient has a specific need met. It refers to the satisfaction of a need by controlling global factors that produce discomfort, which can promote an immediate state of calm or contentment. Comfort as relief is an immediate holistic result, which can be modified rapidly with changing circumstances. Mcewen and Wills (2009) define comfort as a state of calm, ease or satisfaction, which is related to the satisfaction of specific needs, which cause discomfort or interfere with comfort (MCEWEN M, WILLS, 2009). It is a more enduring and continuous state of contentment and well-being. Comfort as transcendence is understood as a condition in which one is above problems or one's own pain, as the highest level of comfort, from the satisfaction of needs of education and motivation, to enable the patient to develop their potentials and adopt healthy living habits, to carry out their activities with the maximum independence possible. We seek here to reflect on transcendence, the condition in which the individual overcomes their problems and sufferings in the four contexts of experiences: physical, psycho-spiritual, social and environmental (KOLCABA, 2003).

MATERIALS AND METHODS

This is a descriptive study, of reflexive analysis type. In this context, the study emerges throughout the optional discipline "Advanced Topics in Women's Health", for the Master's and Doctoral course of the Graduate Program in Clinical Care in Nursing and Health of the State University of Ceará - UECE, held in the first semester of 2017. It has raised the need to elaborate a reflective text on the referred theme with the use of Kolcaba's Comfort Theory (2003) for discussion and analysis. This is outlined by the description of an experience with a puerperal woman in a maternity school located in the capital of the state of Ceará (KOLCABA, 2003).

RESULTS AND DISCUSSION

The reflection generated the category that follows, allowing a discussion of the interface of the comfort theory with the mother being.

Applying the theory and raising the individual's responses as a mother in the puerperal period

This reflection was produced based on the comfort theory, starting from the experience of a nurse, doctoral student with the health team of a maternity hospital in the metropolitan region of Fortaleza/Ceará, who accompanied a puerperal women codenamed Fleur-de-Lis, as the protagonist of this reflection. The choice of the codename Fleur-de-Lis came from the representation of a lily, formerly used in the coats of arms and shields of the French royalty, associated in particular with the king Louis VIII, who used it first in a seal. The Fleur-de-Lis is symbol of power, honor and loyalty, as well as purity of body and soul. The word "*lis*" is French and means lily or iris. In Heraldry (science of the coats of arms), it represents one of the four most popular figures, along with the eagle, the cross and the lion (Dicionário de Símbolos, 2017). The protagonist of this reflection is codenamed with the flower mentioned above, which despite the delicacy and frailty of the immediate puerperium, presented herself as a fortress, a shield, whose feeling of motherhood transcended all the adversities encountered. Fleur-de-Lis was admitted to the obstetric emergency service in labor, accompanied by her aunt, and gave birth in the emergency sector, because the maternity hospital was in its maximum capacity of occupied beds. The apex of childbirth occurred in an armchair in the said unit, and she was later transferred to a temporary bed in the same unit.

Mendes (2009) mentions that nursing care has the initial objective of helping the person receiving care to adapt to the life processes and health/illness situations experienced, also collaborating for the action of other professionals in the resolution of the complications of that affect the individual (Dicionário de Símbolos, 2017). Such care is not limited to technical competence, but must also include a sense of humanization. When attending Fleur-de-Lis, the nurse investigated her comfort needs during the hospitalization period and sought to implement care, aiming to provide puerperal comfort. For Kolcaba (2003), the understanding of comfort can promote a nursing care in four contexts of experiences: physical, which deals with bodily sensations and functions (repositioning of the body); psycho-spiritual, referring to self-esteem, self-concept, sexuality, meanings and relations with an order or higher being (accommodation to religious practices); social, family, interpersonal and social relationships to promote continuity of care; and environmental, related to the external background (reduced lights, noise) (KOLCABA, 2003). Comfort is an immediate and desirable result of nursing care. In this sense, the related needs are deficits identified by the individual, appearing from stressful health situations. Based on the comfort needs, the nurse implements the measures to meet the demands of health care. When interventions are performed consistently, solidly and dynamically, the result is increased comfort, promoting or facilitating health-seeking behaviors (KOLCABA, 2010). Nursing is responsible for assessing the comfort needs of the subject and for implementing measures that meet the needs. In addition, it is up to the nurse, after interventions, to reassess the level of comfort of the subject. For Kolcaba (2003), the environment is characterized by external influences (physical, political and institutional) that can be manipulated to increase the comfort of the subject involved in the caring process (BARALDI, 2012). Finally, health is represented by the optimum function of a subject, facilitated by the attention to the comfort needs. At first, the care for the puerperal woman targeted the needs raised due to the situation of the physical structure, emphasizing the environment and the pains and discomforts that Fleur-de-Lis could feel in the immediate puerperium. However, it was gradually evident that these needs were insignificant before the feeling of joy in being a mother. Faced with this demand, the professionals experienced a process of re-signifying concepts, knowledge and care practices.

Although Fleur-de-Lis's delivery took place in inadequate conditions, she showed no discomfort in relation to that, reporting that at that moment she could not think of the situation and just thought it a bit strange to have had the baby in the armchair. When being questioned about physical comfort needs, she only reported "a little back pain", but attributed to her work activity prior to childbirth, because she said that where she worked she had to lift weights often. In offering care in relation to back pain, the nurse asks her what could be done to bring her relief, but the patient dispenses with the action, informing that she is already used to that pain, which was common, it was already a chronic pain. When Fleur-de-Lis was asked about the environment, she said it was okay, and that she just could not sleep on the first day of hospitalization, but now it was okay, and she would like to go home not because she did not like the environment, but because she was not in the place she loves, which is her home. Regarding sociocultural needs, she reported "we are well, my family is happy, I have the support of my partner". She also reported "in the previous pregnancy it was more difficult because I was younger, I did not have the support of my partner and I was mom and dad at the same time, but now I can share the emotions with the partner, and the whole family is happy". She also pointed out that she had left her previous job at 8 months of gestation; she had some problems because they did not comply with the agreement, but persisted in saying "it's okay". Without identifying other comfort needs, the nurse becomes available for what the patient needs, returning at another time. At that moment, despite all the inhospitable environment, postpartum pain and discomfort, Fleur-de-Lis showed that the desire to take care of the child, to be close and the realization of being a mother transcended all the problems around her. For Noddings (2003), maternal care may mean being in charge of the position of the welfare, of the sustenance of someone or of something. It is a state of anxiety, fear, and concern for the other or object. This definition is the deepest human sense of caring (NODDINGS, 2003). The nurse left feeling anguish at the impossibility of doing something, of providing care according to what the academic training most emphasizes: caring for the body in its biological dimension. In Lis's speech, the pain, the structural discomfort and homesickness were very evident, but her state of mind and enthusiasm with the arrival of the new child supplied her needs. As she said, "being a mother is to suffer in paradise".

Can this decision be considered as an exercise of Lis's autonomy, that she is psychologically well, not caring for the adversities of the moment of the immediate puerperium? There was a limitation of the technological devices, of the knowledge and the practices of care in front of a singular demand, which was Fleur-de-Lis. And it was with a nurse's look beyond the evident, no longer with the look of knowledge, but through the Comfort Theory itself, that the nurse sought to guarantee the true needs of the puerperal woman in this period. From then on, the health professional came to understand Fleur-de-Lis with another look, because when caring is directed to living things, one should consider their nature, ways of thinking, needs and desires. And although one can never fully accomplish all this, one tries to understand the reality of the other. This approach of the nurse was carried out in an environment of sharing of life; the bonds were produced in addition to the institutional place, occupied by health professionals and the patient. Care also refers to dedication, in which behavior, appearance, moral and intellectual training are crucial (speaking of person), special attention, cautious behavior, zeal, care that is dedicated to someone (HOUAISS and SALLES, 2001). And nursing care consists in making transpersonal efforts from one human being to another, in order to protect, promote and preserve the individual through nursing science, helping people to find meaning in illness, suffering and pain, as well as in their existence. It also means to help another person to gain self-knowledge, control and self-healing, when a sense of inner harmony is restored, regardless of external circumstances (RADÜNZ, 2001). The nurse caregiver now had the worry, in the moments that she was present with Fleur-de-Lis, to ask how she felt, and the puerperal woman continued to report that she was fine, and they were happy, but she said she had a "wounded nipple", so the nurse confirmed that the nipple was starting to hurt. This moment showed the relevance of the proximity to the subject in the caring process, since despite mentioning several times that she was well, she had finally mentioned pain in the breasts due to the bad latch of the baby, with the appearance of fissures in her nipple. This communication only happened due

to the accompaniment and bond of the nurse next to the puerperal woman. This is the crucial aspect of care seen from within. When we see the reality of the other as a possibility for us, we must act to eliminate the intolerable and supply the need of who is being cared for (NODDINGS, 2003). New links were established in the hospital environment, beyond the physical and institutional ones, as well as the affective ones. Respecting the autonomy of Fleur-de-Lis involved the elaboration of new forms of care, as well as technical and scientific knowledge. Based on this experience, we realized that providing comfort for the care itself outstrips the offer of actions and health services, and accepting the situation and the positioning of the other is also to provide comfort. For nursing, caring for others involves meeting their needs with sensitivity, readiness and solidarity, through care practices, to promote comfort and well-being. The implemented care relates the physical and emotional integrity in an action of exchange between the caregiver and the being care (BAGGIO, 2006).

If it is considered in the perspective that health care deals with subjects, with their lives and their perspectives of comfort and care produced singularly, then the promotion of comfort in health actions cannot be subjugated to procedures, routines and care protocols. Promoting comfort through care goes beyond one's health. Understanding one's reality is to feel as closely as possible what one feels; it is the essential part of Comfort Theory (2003) that seeks to understand one's need in the caring process. Because if I face the reality of the other and their state of mind, it is as a possibility and I begin to perceive their reality, I also feel that I must act according to it, that is, I am impelled to act as if it were in my own interest, but in the name of the other (KOLCABA, 2003). The construction of these formal chains puts us in a state of readiness to care. The nurse advised the puerperal woman about the correct positioning of the baby to the breast and the nipple care for healing the fissure and prevention of new fissures, helping the mother during breastfeeding. After correction of the latch, the patient shows to be more comfortable with the newborn at the breast, presenting no other comfort needs. After the hospitalization period, she was discharged with guidelines, showing joy in returning home. For Merhy (2002), building links appears as a call and sometimes as a mantra, when health care is discussed (MERHY, 2002). The concept of bond in itself says nothing outside the context in which this production takes place, for each context of care is singular and reflects a reality that is established in a dynamic way. Reality emerges from the interweaving of lines, which can be harsh, flexible and leaky, and which will shape these various arrangements of ways of acting in health care in motherhood.

The bond between professionals and people who demand health care is crossed by affections and subjectivities that remove the places occupied in care, totalitarian knowledge and interventionist practices. In addition to institutional and physical, the care setting is affective and singularity producer. Caring does not always mean acting, devising actions, executing procedures. At times, the subject that demands care needs only to exercise a singular autonomy in this affective environment. Before the application of the comfort theory in the immediate puerperium, the practitioners realized the demonstration of the competence of this woman in transcending the problems and difficulties that were imposed to her. Even in the face of childbirth in an uncomfortable place and with little privacy, she was pleased to have her child and her family supporting her in the face of motherhood. The importance of family support in this moment experienced by the woman in the postpartum period was noted, making it possible for her to reach the highest level of comfort, although she was inserted in a context of unfavorable circumstances and with previous problems related to the sociocultural scope characterized by having recently quither job. The emotional state of the puerperal woman caused a dialogue between the professionals about the case and about the interventions to be performed with the participant in the care process, allowing the researchers to reflect how much the woman values the moment of motherhood, to the point of annulling herself by the fruit of their gestation, demonstrating attitudes of satisfaction without worrying about the pains and physiological consequences inherent to the period.

Conclusion

Thus, we considered that the adoption of the comfort theory for the delivery of clinical nursing care allows an individual, human and ethical approach, since it incorporates the needs pointed out by the individual, which contributes to the attention being personified and removed from the mechanistic care, that is attached to protocols or even to theoretical orientations, but that do not come to life in the contact with the patient. As a limitation of the study, the description of the care provided to a puerperal woman in a hospital environment with prediction of the application of the comfort theory may not reflect the whole of reality because it is a single case.

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