

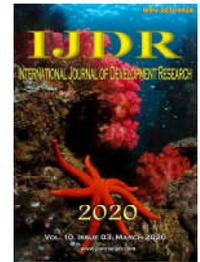


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## NURSES' ACTIONS IN CARING FOR WOMEN IN THE IMMEDIATE PUERPERIUM

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### ABSTRACT

**Objective:** To evaluate the actions of nurses in the care of women in the immediate puerperium. **Methods:** This is a descriptive, qualitative and exploratory study carried out with all nurses from a private maternity hospital in Teresina-PI. Daily and day care nurses were included and those who were on leave and/or vacation during the research were excluded. Data were collected from September to November 2016, through a semi-structured interview script. For the analysis of the data, the technique of Collective Subject Discourse was used. **Results:** It was inferred that there is still difficulty on the part of some professionals regarding the implementation of their care provided to women inserted in this postpartum process. It was perceived a contrasting reality with what it preaches the technical manuals of the Ministry of Health with the institutional experience, evidencing the need for a greater knowledge of the conduct necessary for the immediate puerperal care. **Conclusions:** It is extremely important that the nurse in the practice of caring for the woman in the puerperium, provides quality care and guarantees maternal and child well-being, and consequently contributes to the reduction of possible interferences experienced during this period.

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## INTRODUCTION

The puerperium begins with the birth of the fetus and the exit of the placenta, and may extend up to six weeks after delivery. During this period, there is a regression of anatomical and physiological changes that arise during pregnancy, returning to pre-pregnancy conditions (Silva, 2011). The puerperium can be didactically classified into three periods. The first is the immediate, which starts after the delivery and extends to the 10th day after the birth. It is characterized by regression of local and general pregnancy disorders. The second is the late one, which comprises the 10th day and extends to the 45th. It is the period when all the body's functions are influenced by lactation. The third is the remote that passes from the 45th day until the complete recovery of the changes in the organism caused by pregnancy and the return of menstrual cycles (Silva, 2011).

In the puerperium, women are vulnerable to various complications, due to physiological and psychological changes resulting from pregnancy. During this period, it is possible for some infectious diseases to appear, such as mastitis, hemorrhages and other complications (Reganassi, 2015). Even with the decrease in incidence in Brazil, in recent decades, puerperal infection is still considered the third cause of maternal mortality, and may be caused by any bacterial action of the female genital tract in the recent postpartum period (Zugaib, 2012). The care for the puerperal woman must be comprehensive and it is up to the nurse to carry out actions to prevent complications, such as performing a thorough physical examination and guidelines that provide her with conditions to take care of herself and her newborn child (Rodrigues, 2014). The identification of the puerperal women will offer the nurse subsidies to outline a care plan, aiming to meet real and

specific needs. Baby care and initiation of breastfeeding must be seen as a need that must be met (Patine, 2006). It is essential that nurses continuously develop different actions aimed at monitoring the mother in the postpartum period, since they are carried out in a qualified manner and scientifically supported, they help the woman to recover, in an appropriate way, avoiding unnecessary risks or conduct. Thus, the present study aimed to evaluate nurses' actions in caring for women in the immediate postpartum period of a private maternity hospital.

## MATERIALS AND METHODS

Qualitative, descriptive and exploratory study carried out in a private maternity hospital in the city of Teresina, state of Piauí, Brazil from September to November 2016. All six nurses participated in the research assisting women in the postpartum period, in the morning, afternoon and night. Data were collected through individual interviews with the subjects, guided by a semi-structured script organized in two stages. The first was aimed at characterizing the subjects, such as: identification, age, sex and education level. And the second, referring to the guiding questions. The interviews were recorded on an MP4 player after proper authorization by the nurses and with the prior signing of the Free and Informed Consent Form. To preserve the identification of the participants, the letter "D" was used to identify the lines, with the respective subsequent numbers. All nurses who worked in the care of women in the postpartum period were included in the study, and those who were on vacation and / or leave when the research was conducted were excluded. To analyze the results, we used the Collective Subject Discourse (CSD) method, in which the empirical data of a verbal nature obtained in the statements are organized, and the collective thinking is grouped into categories originated from the key expressions taken from the interviewees' speeches (Rodrigues, 2014). The study obeyed the ethical precepts and obtained approval from the Research Ethics Committee of Hospital Getúlio Vargas, under Opinion nº. 1,873,865 / 2016.

## RESULTS AND DISCUSSION

All research subjects were female, aged between 29 and 50 years. Five nurses had specialization in various areas: two nurses were specialists in Intensive Care; a nurse had a specialization in Mental Health and Public Health; two nurses had specialization in Obstetric Nursing and one nurse did not hold any post-graduate degree. It was noticed that the majority of nurses who worked at the site did not have specialization in the area of Women's Health or Obstetrics.

### Category 1: Nursing care for women in the immediate postpartum period

In this category, we sought to analyze the care that nurses performed with women. The testimonies showed that part of the interviewees differed in their care given to patients with normal delivery by cesarean delivery. The nurse and other professionals involved in the puerperium must highlight the indigences signaled by women in the puerperium consultation, and pay attention to the needs of the mother and not only to the baby's care.

*[...] In terms of cesarean section, some guidelines are given in relation to the anesthesia itself, such as*

*preventing post-spinal headache, so as not to raise the head, ask that she not talk enough to not create too much flatulence, guidance on pain, evaluation of loquacy, the sheets are changed even if it is a normal delivery or cesarean [...] in the case of a normal delivery it is guidance on breastfeeding which is exclusive, the agent already advises on the proper position I already put the baby to breastfeed, I advise the mother about what is happening to her body, about the contractions she is feeling in the womb, about the medications that will be taken for analgesia, and about the lotion itself [...] (D1).*

On the other hand, some provided their care without distinction between modes of delivery. This can be seen in the statements below:

*...] in the first two hours after giving birth, we can observe the patient removing the sheets, and looking at the amount of bleeding she is experiencing. And we also do a palpation to see if the bottom of the uterus is already compatible, right ... because of the umbilical scar because when it is very high there is already a sign we are already alert that this woman may have bleeding (D2).*

*[...] we observe the lotion, temperature, pressure, see if the colostrum is already coming out of the breasts and put the baby to the breast also to encourage breastfeeding. Check the serum issue if you have oxytocin [...] (D3).*

*[...] in my case, I take the doctor's prescription [...] I pass it to the patient when he will be able to eat, [...] he donated general care, he cannot raise the headboard, he cannot talk, guide with regard to the post anesthetic effects and then we take a look at the uterine fundus, right, to see the safety globe of the pinal, observe the transvaginal bleeding, the lochia [...] also advise placing the baby on the breast, stimulates the baby's sucking right [...]. (D4).*

*[...] in the immediate puerperium we come to give guidance on the effect of anesthesia, what time will the diet be released, what time will she start raising the headboard, walking and especially the issue of bleeding from the loquat, you see the question uterine contraction, breastfeeding, testing, and vaccination guidelines, even more focused on the issue of uterine contraction and lotion (D5).*

*[...] we also evaluate Pinard's safety globe, which is in relation to the patient's uterine contraction and transvaginal bleeding, the lotion is increased if it is normal. In addition, we advise in relation to the baby, in relation to breastfeeding, the temperature conditions that the baby has to stay. And the complaints she has feeling we also guide (D6).*

### Category 2: Nursing care for women in the puerperium follows the recommendations of the Brazilian Ministry of Health

Regarding the questions about the nursing care recommended by the Brazilian Ministry of Health carried out with these women, it was noticed that most responds in a positive way, as noted below.

According to the Brazilian Ministry of Health, the care of nurses in the puerperium is of paramount importance for the

development of the baby's health, as well as to prevent diseases, damages and infant deaths. Thus, there is an obligation to corroborate the precaution to the puerperium, at the apex mainly conducive to the performance of nursing professionals, since, in this follow-up, the conducts return at the same time, the puerperal woman and her child. Both patients are fragile and represent considerable actions in the family and in society - the puerperal woman and the child.

*Yes. They are in agreement with the attention books [...] (D1).*

*Yes they are. We try to do, right, the guidelines and following all the standards, right, from the Ministry of Health (D2).*

*They agree [...] (D5).*

*Well, the guidelines we carry out in the puerperium, I believe they are those recommended by the Ministry of Health [...] (D6).*

In the interviewee's position (D4), she demonstrates that she is not aware of the guidelines given by the Brazilian Ministry of Health in relation to the care that should be performed with women in this phase, performing only actions that are part of the institution's routine, which is a private maternity hospital. Nursing guidelines in this period are important because it is possible to identify and prevent any problems that may put the health of mothers and their babies at risk.

*[...] I don't know, I'm not aware of what is recommended by the Ministry of Health, what I do know is that the guidelines we give are based on our experience here, you know, on what we observe [...] (D4).*

During the interviews, it was observed that only one of the interviewees mentioned that the institution did not fully follow the guidelines given by the Brazilian Ministry of Health regarding the care performed with women in the immediate puerperium. This fact can be experienced in the following statement:

*[...] we observe the issue of the probe, also loquacy and that's it because what is recommended by the Ministry of Health does not recommend what we live here [...] (D3).*

### **Category 3: Nursing contributions to women in the immediate postpartum period**

During the interviews, the testimonies confirmed that the benefits of nursing guidelines for women in the immediate puerperium are enormous, actions that bring gains for both the woman and the newborn, as it is a period of clarification of doubts. This can be seen according to the statements below:

*...] The benefits, they are huge and immeasurable even, in the sense of exclusive breastfeeding, we know that it is very important, in relation to the hygiene care itself, and the care itself that will not trigger physiological problems (D1).*

*Well, the role of the nurse is of great relevance mainly because in the first hours after childbirth or in the*

*puerperium [...] who will always be listening to the complaints of this patient will be the nurse [...] (D2).*

*I think so, that all information is valid, so when the patient agent arrives, the agent gives all the orientations [...] (D3).*

*Look at me like this, I see it as an orientation benefit [...] (D4).*

[In category 1, nurses talked about the care provided to women in the immediate puerperium in a generalized way, contemplating the needs of women inserted in this period as recommended by the Protocol of Primary Care: Women's Health of the Ministry of Health of 2016, which brings guidelines regardless of the type of delivery. The aforementioned protocol describes the attention focused on women in the immediate postpartum period, with actions aimed at clinical-gynecological evaluation such as: checking vital signs, analyzing the woman's psychic state, observing the general condition (skin, mucous membranes, presence of edema), scar - normal delivery with episiotomy or laceration / cesarean section and lower limbs), examination of the breasts, abdomen, perineum and external genitals, thus observing possible signs of infection, presence and characteristics of lochia, removal of the surgical scar points. It is necessary to provide guidance on local care, to educate on breastfeeding to ensure proper positioning and attachment of the areola, to check for possible complications and, finally, to identify problems / needs of the woman and the newborn, based on the evaluation carried out (Nery, 2015). It is essential that health professionals provide qualified, comprehensive care and focused on preventing complications, aiming at social, emotional and educational support, guiding the woman regarding the care that needs to be provided for herself and her child (Santos, 2013).

It is noteworthy that cesarean delivery requires greater attention on the part of professionals because it presents risks of possible complications. It is known that this surgical procedure, compared to normal delivery, is associated with greater maternal and child morbidity and mortality.<sup>9</sup> Cesarean delivery consists of an incision in the abdominal cavity, being one of the main factors associated with the occurrence of puerperal infection, as it is an invasive procedure and with higher risks of unfavorable outcomes in addition to infections, such as hemorrhages, anesthetic accidents, thromboembolism by amniotic fluids, among others (Brasil, 2016 and Duarte, 2014). The care aimed at women in the puerperium favors the safety of both women and professionals. What can result in greater satisfaction for nurses and puerperal women (Andrade, 2015). In category 2, it was found by the speech of most interviewees that the care provided to women was provided according to the recommendations of the Brazilian Ministry of Health, however in a superficial way. It was noticed that the interviewees only claimed to follow what the Brazilian Ministry of Health recommends, but did not support and exemplify their answers. In assisting the puerperal woman, the nurse must perform a rigorous clinical evaluation, aiming to investigate possible changes in the woman's organism due to the anatomical and physiological transformations caused by the puerperium period, in order to avoid possible puerperal complications. Finally, in category 3, the relevance of the care offered by the professional to women during the postpartum period was exposed by nurses, providing clarifications to the

latter. Guidance on breast care, postpartum recovery and baby care are items considered essential in postpartum care, as part of the preparation of women for breastfeeding, other care for the child and puerperal self-care. Authors also state that nursing care is of paramount importance after delivery, making it necessary to use an appropriate, clear and succinct language in the guidelines provided to the puerperal woman (São Paulo, 2010). Nurses, as educators, play an essential role in transmitting appropriate information to new mothers with the objectives of promoting physical comfort and facilitating the realization of the maternal role by building a relationship of trust with mothers where they can feel be sure to share your feelings (Brasil, 2001). Therefore, it was identified that these professionals are aware of the importance of their role throughout this process, as they act as a provider of health education, entrusted with the necessary guidance to these women who are facing a new challenge in their lives, motherhood. The puerperium is a unique period in a woman's life. Also considered a risk phase for physiological and psychological changes. Given this context, the presence of nurses in this process is essential. This professional should provide comprehensive, singular and humanized care, providing information on the puerperium to minimize doubts, fears and anxieties of the client and family, promoting a healthy environment for the woman's physical and emotional adaptation. In this sense, when providing assistance with these principles, maternal well-being can be provided, reducing possible complications experienced during the puerperal period. The research made it possible to clearly infer that there is still a difficulty on the part of the professionals regarding the implementation of their care provided to the woman inserted in this process. Making it necessary to seek to know the conduct recommended by technical manuals of the Brazilian Ministry of Health for the performance of activities effectively.

## Conclusion

It is expected that, based on the results obtained with this work, discussions about the nursing care provided during the immediate postpartum period will be fostered, providing improvements in the nurse's practice and, consequently, guaranteeing to the mothers a quality service that corresponds to their needs. of care. As well as encouraging more research on the topic, in favor of improving care for women inserted in this process.

## REFERENCES

- Andrade RD, Santos JS, Maia MAC, Mello DF. Fatores relacionados à saúde da mulher no puerpério e repercussões na saúde da criança. *Escola Anna Nery*, 2015; 19(1):181-186.
- Brasil. Ministério da Saúde. Instituto Sírio-Libanês de Ensino e Pesquisa. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Protocolos da Atenção Básica: saúde das mulheres. 1. ed. Brasília: Ministério da Saúde; 2016.
- Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas e Estratégicas. Atenção à saúde do recém-nascido: guia para os profissionais de saúde. Volume 1. 2. ed. Brasília: Ministério da Saúde; 2011.
- Brasil. Ministério da Saúde. Secretaria de Políticas de Saúde. Área Técnica de Saúde da Mulher. Parto, aborto e puerpério: assistência humanizada à mulher. Brasília: Ministério da Saúde; 2001.
- Duarte MR, Chrizostimo MM, Christovam BP, Ferreira SCM, Souza DF, Rodrigues DP. Nursing practice on puerperal infection control: integrative review. *Journal of Nurse*. 2014; 8(2):433-41.
- Nery IS, Feitosa JJM, Sousa AFL, Fernandes ACN. Abordagem da sexualidade no diálogo entre pais e adolescentes. *Acta Paulista de Enfermagem*, 2015; 28(3):287-292.
- Patine FS, Furlan MFFM. Diagnósticos de enfermagem no atendimento a puérperas e recém-nascidos internados em alojamento conjunto. *Arquivos Ciências e Saúde*, 2006; 13(4):202-208.
- Reganassi C, Barros CKS, Katch M, Nogueira LDP. Mortalidade materna: desafios para enfermagem no enfrentamento da assistência. *Revista Fafibe*, 2015; 8(1):319-331.
- Rezende J. *Obstetrícia Fundamental*. 12. ed. Rio de Janeiro: Guanabara Koogan; 2011.
- Rodrigues DP, Dodou HD, Lago PN, Mesquita NS, Melo LPT, Souza AAS. *Revista Brasileira de Enfermagem*, 2014; 13(2):227-238.
- Santos FAPS, Brito RS, Mazzo MHSN. Puerpério e revisão pós-parto: significados atribuídos pela puérpera\*. *Revista Mineira de Enfermagem*, 2013; 17(4):854-858.
- São Paulo. Secretaria da Saúde. Coordenadoria de Planejamento em Saúde. Assessoria Técnica em Saúde da Mulher. Atenção à gestante e à puérpera no SUS – SP: manual técnico do pré-natal e puerpério. São Paulo; 2010.
- Silva J. *Manual Obstétrico: um guia prático para a enfermagem: Assistência de Enfermagem no Puerpério*. 2. ed. São Paulo: Corpus; 2011.
- Zugaib M. *Obstetrícia*. 2. ed. São Paulo: Manole; 2012.

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