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RESEARCH

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The Guidelines Regarding Puerperal Period that are Received by Women Under Immediate Puerperium

Orientações Sobre Período Puerperal Recebidas por Mulheres no Puerpério Imediato

Orientaciones Sobre el Período Puerperal Recibido por Mujeres em el Puerpério Inmediato

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ABSTRACT

Objective: The study's goal has been to know the guidelines provided to women about the puerperal period during the immediate puerperium. **Methods:** It is an exploratory research with a qualitative approach where the scenario was a Basic Health Unit located in the South of the *Rio Grande do Sul* State, Brazil. Six mothers participated in the study, and the data collection was performed through semi-structured individual interviews during September 2014. Regarding the data analysis, it was chosen Minayo's operational proposal. **Results:** Based on the findings, the results were grouped into the two following categories: the guidelines with regards to the physiological changes and the care towards women during the immediate puerperium; and, the guidelines with regards to the emotional alterations during the immediate puerperium. **Conclusion:** The professionals are committed to guide women in relation to breastfeeding during the puerperal period, but there are issues related to both the health education actions and the guidelines concerning the physiological changes that take place over the puerperal period.

Descriptors: Postpartum Period, Women, Nursing.

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RESUMO

Objetivo: Conhecer as orientações sobre período puerperal, fornecidas à mulher no puerpério imediato. **Método:** Trata-se de um estudo de caráter qualitativo e exploratório, cujo cenário de investigação foi uma Unidade Básica de Saúde do Sul do Rio Grande do Sul. Participaram seis puérperas vinculadas à essa Unidade Básica, e a coleta dos dados foi realizada em setembro de 2014 através de entrevistas individuais semiestruturadas. Para análise dos dados, optou-se pela análise temática, seguindo as etapas descritas por Minayo (2013): ordenação, classificação e análise. **Resultados:** Foram classificados em duas categorias: orientações quanto às modificações fisiológicas e os cuidados em relação à mulher no puerpério imediato, e quanto às alterações emocionais nesse período. **Conclusão:** Os profissionais estão comprometidos em orientar à amamentação no período puerperal, mas existem deficiências relacionadas às ações de educação em saúde, além de orientações tangentes às mudanças fisiológicas do período puerperal.

Descritores: Período Pós-Parto, Mulheres, Enfermagem.

RESUMEN

Objetivo: Conocer orientaciones sobre el periodo puerperal fornecidas a mujeres en el puerperio inmediato. **Método:** Se trata de un estudio de carácter cualitativo y exploratorio, cuyo escenario de investigación fue una Unidad Básica de Salud, del Sul del Rio Grande do Sul. Participaron seis puérperas, y la recolecta de datos fue realizada en septiembre de 2014 por medio de entrevistas individuales semiestruturadas. Para análisis de datos, se optó por la propuesta operativa de Minayo. **Resultados:** Fueron clasificados en dos categorías: orientaciones cuanto a las modificaciones fisiológicas, y los cuidados a las mujeres en puerperio inmediato, y cuanto a las alteraciones emocionales en el puerperio inmediato. **Conclusión:** Los profesionales están comprometidos a la orientación con la lactancia materna en el periodo puerperal, pero hay deficiencias relacionadas a las acciones de educación en salud y orientaciones tangentes a los cambios fisiológicos del periodo puerperal.

Descritores: Período Pós-Parto, Mujeres, Enfermería.

INTRODUCTION

The puerperium is characterized by a period in which there are multiple changes of the hormonal, psychic, metabolic and reproductive organs, as well as the readaptation of the female organism altered by pregnancy to the pre-gravid situation.¹

The strategies of attention to women that aim to help puerperal women in the care of the baby, and in their self-care in the Shared Accommodation in order to promote care quality, and also to attend to the specific interests of the puerperium advocated by the Health Ministry.²

In this sense, care for the puerperium should occur even in the hospital environment, in which the first changes are detected, such as labor stress, pains, intercurrents in the breastfeeding process, insecurity, fear, dependence, feelings of ambivalence. At this moment, it is incumbent on the nursing professional to carry out a care plan to guide self-care, neonatal care and probable psychosocial transformations that may occur during this period.¹

Nevertheless, the quality of care practice in the puerperal period is still influenced, among other factors, by the

professional training anchored in the biomedical model, which determines the sense of attention focused on the clinic and not on the woman as a whole.³

Therefore, nursing care needs to be based on comprehensive care, considering the socio-cultural context of each puerperal woman, popular knowledge and contextualization of beliefs and practices about self-care.⁴

In this context, the nursing professional has a relevant role in the care of the puerperium, since it can assume the function of propagating knowledge about healthy health practices, and, above all, the nurse has the property of putting his education and information at the service of the good being of the mother and child.⁵

For the execution of the care, it is necessary scientific technical knowledge allied to affective care and humanized throughout the puerperal period. Each puerperal woman needs to be approached integrally taking into account not only the biological body, but extending care beyond physical assessment, sharing with the woman what the birth of a child represents and what she thinks about the changes in her body and self-care.⁴

The period of hospitalization of the postpartum is generally short and, at this moment, most of the time, the woman is dependent and insecure regarding self-care and care with the Newborn (NB), mainly related to the first bathing, breastfeeding, umbilical stump care, and newborn sleep disorders.⁷

Hence, the health team emerges as the basis for the prevention of complications, through guidelines on the main care, social, physical, emotional and informative reinforcement that provide women with the necessary conditions for their self-care and care towards the NB.⁶

Assumed this perspective, it is believed that health education is indispensable for planning the discharge of puerperal women. The effective performance of the nursing team makes it possible to reach the educational dimension, helping the independence and autonomy of the puerperal women, since the informed woman empowers and enhances her ability to care for the family, social and individual environments.⁷

Given the aforementioned context, the following sentence describes the study's purpose: knowing the guidelines provided to women about the puerperal period during the immediate puerperium.

METHODS

This is a qualitative and exploratory study. The research scenario was a Basic Health Unit (BHU) located in the South of the *Rio Grande do Sul* State, Brazil. Participants were six puerperal women who were in the period of data collection, and who were living in the immediate puerperium and also linked to the BHU selected for this study. Data collection was performed in September 2014 through

individual semi-structured interviews previously scheduled and held at the BHU, in an exclusive room guaranteeing the privacy of the interviewee. The interviews were transcribed and analyzed according to Minayo's operational proposal, and were developed in three stages, as follows: ordering the results, classifying the data and final analysis.⁸

The study was developed according to the ethical principles of the Resolution No. 466/2012 from the National Health Council of the Health Ministry, which deals with researches with human beings.⁹ In order to preserve the anonymity of the research participants, these were identified by fictional names of his free choice. The research project was approved by the Research Ethics Committee of the School of Medicine from the *Universidade Federal de Pelotas* under the No. 1.195.418 and Certificate of Presentation for Ethical Appreciation No. 47714115.6.0000.5317.

RESULTS AND DISCUSSION

The guidelines with regards to the physiological changes and the care towards women during the immediate puerperium

The puerperal period is marked by deep and definitive transformations in the woman's life, both emotional and physiological. It is in the immediate puerperium that women are often neglected in regard to health care, since most of the guidelines relate to caring for the baby, making the woman only part of the care of her child.¹⁰

It is evident the importance of the guidance given in the immediate puerperium, in order to clarify doubts, fears, and insecurities, but also to inform women about the modifications of their body and why they occur.

The women in this study, when questioned about the guidelines they received about their body modifications at the hospital, were unanimous in stating that they received no guidance on such changes in the immediate puerperium, as evidenced in the following statements: "Nothing, they said nothing, I felt very upset, I did not like it. The only thing they kept asking and trying to help me was about breastfeeding" (Luiza). "No, just breastfeed" (Ingrid). "None. After the birth not" (Eduarda). "Not in the hospital did not anyone tell me anything" (Isabele). "No, not in that part" (Ester). "I have not received any until now" (Camili).

When analyzing the speeches presented, it was observed that the most frequent orientation was on breastfeeding, specified in two lines, and the other interviewees did not know orientations regarding the changes of their body in the postpartum period.

This fact is in line with a study carried out in *Maringá* city, *Paraná* State, in which the guidelines provided to the puerperal women were restricted to breast care and breastfeeding. Professionals restricted care to issues involving breastfeeding, not paying attention to equally important women's care during the immediate puerperium.¹¹

In the immediate puerperium, discomfort is frequent, as the woman may face difficulty in meeting the needs of sleep and rest, or experiencing anxiety, insecurity, and unpreparedness in order to attend the newborn and expectations of the new family member and the fear of family collection. In other words, a range of situations experienced more frequently and intensely in primigravidae and puerperal women who did not have adequate follow-up in prenatal care, delivery, and postpartum return consultation.¹²

Furthermore, the puerperium is considered a period of greater vulnerability to intercurrents, such as hemorrhages, infections, breast intercurrents of lactation, puerperal depression, among others.¹³ In this context, the importance of the nursing team in the sense to establish a bond with the puerperium and its family, enabling the early identification of possible complications, and thus to develop actions to promote and prevent complications in the puerperium. It is the responsibility of health professionals to contribute to the promotion of the self-care of the puerperal woman, for instance, in relation to bed movement, lochia, crookedness, episiotomy and episiorrhaphy care, among others.

From this perspective, women were questioned about the care of the operative wound of cesarean section, episiorrhaphy and removal of stitches, and they manifested:

"[...] only to wash well with soap and water and at home could remove the dressing. [...] and that I withdraw after or at the post or where I had made prenatal. [...] but they did not tell me: from seven to ten days" (Luiza)."

...they did not say anything, not the day of taking, nothing, even I was going to ask, because it already fell, right, I do not think there is more, but they did not say anything..." (Ingrid).

"They told me about the cesarean points, about not dressing and using Rifamycin SV, which I bought already, because I do not know, there everyone told me something... I clean with cotton, I take a shower, I only use neutral soap and also use cotton to dry, and using Rifamycin SV every 12 hours [...]. And the withdrawal of points told me to come take out after seven days, seven to ten days, I think it is, to remove the points" (Isabele).

"I had to take care of iodized alcohol, I think it was, but a doctor said it had to be with iodized alcohol and the nurses with 70% alcohol, but I did it with iodine because it was the doctor who spoke. [...] they told me that after seven days I had to take it, but I took it with ten until" (Camili).

It was observed in the testimonies of Isabele and Camili that care with the surgical wound was oriented in order to incite doubts. Another point identified was the guidelines regarding outdated practices, such as the use of Rifamycin SV and iodinated alcohol for surgical wound cleaning. On

the other hand, in the positioning of Ingrid was evident the lack of orientation regarding the episiorrhaphy, because she did not even know if the points were in its body or if they had already fallen.

In this sense, a study carried out in *Paraná* State indicates that in practice, when compared to other phases of the pregnancy-*puerperal* cycle, the *puerperium* is a phase in which the woman receives less attention by the health team.¹⁴

In this logic, what is routinely observed, in the maternity, are the behaviors and orientations focused on the newborn and on breastfeeding, there is no integral attention to the *puerperal* woman. The woman is seen by fragmented parts then turned to her breasts and the “mandatory” breastfeeding of NB.

Another important orientation in the *puerperium* is the period of quarantine or shelter. In the present study participants were asked about the guidelines they received on quarantine, postpartum review, and who provided these guidelines.

“They did not say anything. I’m doing it because I know it cannot and even because I’m all aching, it has neither the emotional nor the physical condition to do” (Luiza).

“It was a physician there who told me that I had to stay in the quarantine, then explained more or less, said that I had to return everything to the place, not having relations, that’s all” (Ingrid).

“Quarantine nothing. My mother, she says that it is that period that cannot be related [...]. She speaks for 30 days, but as a physician, I did not hear anything” (Eduarda).

“[...] sexual abstinence for 30 to 40 days” (Ester).

“That alone, that I could not have sexual intercourse, that I could have an infection, that I have to wait for something to close, I think it’s the uterus” (Camili).

“Yes, it was a nurse in the room telling me, I was kind of like that, because everyone says to do it after 40 to 45 days and she went there and said,” Yes, this goes from woman to woman, from the moment that you take away the points and feel no more pain [,] already counts. “[...], my husband was together and he found it strange because he came in prenatal with me and everyone spoke 40 to 45 days [...].” (Isabele).

Concerning the quarantine, Luiza, Ingrid, Eduarda, Ester, and Camili received some guidance on the subject. Only the participant Eduarda received no guidance from health professionals, but was guided by the mother who has already had this experience. On the other hand, it is identified that Isabele received personal and non-technical guidance from a health professional. From this perspective, it is in the family

environment that women are oriented towards care and, among the relatives, it is known that women have a decisive participation in the counseling, support, and care of the woman, transmitting beliefs, habits, attitudes, and behaviors.¹⁵

In this context, the importance of scientifically based information on the part of health professionals with regards to the guidelines on quarantine and postpartum review to *puerperal* women is confirmed.

Regarding the postpartum review guidelines, the participants said:

“The person who talked to me about this was the psychologist [...]. I was talking about having to make a revision, which was important” (Luiza).

“It was the doctor from the shift who gave me a discharge, she told me that I have to come back in seven days to get the points and do the review” (Eduarda).

“The nurse, I do not know who he was, because he went there to tell me to come seven days I think, seven to ten days, and then I came in the 30 days” (Isabele).

“In the postpartum review, they said that I could do it at the post where I did the prenatal [...]. The only guidelines I received were to seek the physician seven days and 30 days later [...].” (Ester).

“My mother who spoke today to talk to someone to do the review today, nobody said anything” (Camili).

“They told me (the Nurses) that I had to do the review, in the case now that I came to do it, in the ten days that they were going to review, everything was in place. But they only told me here at the station, they did not tell me anything at the hospital” (Ingrid).

It is perceived that in relation to the postpartum review, all the participants somehow received some guidance as to when and where to do it. The participant Camili received the orientation of her mother, showing that, even if the information was not offered by a health professional, the experience of the family member has its importance in the context of care.

The postpartum review needs to happen at two moments, as follows: early *puerperal* review and late *puerperal* review, which should occur, respectively, between the seventh and tenth days and still 42 days after the baby is born.¹⁶

A postpartum review is believed to be an opportune time to perform cervical cancer prevention, to investigate possible physical or mental complications, to update the vaccination schedule, and to provide guidance on sexual life.

The literature points out that changes in the pelvic floor and vagina due to delivery may lead to a delay in the healing of three to six weeks, which is why it is recommended that women wait 40 days after delivery to return to active sex life.¹⁷

Another equally important care in the immediate puerperium is the care of the breasts, because at this stage the woman may feel changes such as breast engorgement, fissures, abscesses, among others.

The act of breastfeeding for the woman contributes to the uterine involution during the immediate and immediate puerperium, protection against breast cancer, aid in the reestablishment of the pre-gestational weight, and even savings for the family.¹⁸

Considering the appearance of breast complications, the puerperal woman is vulnerable and exposed to the alterations due to breastfeeding, for these reasons it is important that the health professionals guide the correct practices and offer an effective solution for coping with breast problems.¹⁴

The following statements present some changes felt by the mothers of the study, as well as the guidelines they received on the subject:

“Only the issue of suckling was not a good guideline, they insisted on sucking it” (Eduarda).

“Yes, they spoke here at the post, because I did a course of pregnancy, the girls guided me. To tighten so, in the same hand and take out the milk to not cobble. [...] the nurse taught me to shake, to shave (Isabele).”

...they did not tell me, but I'll take it and take a warm shower and take some milk” (Camili).

“The milk has began to clog [...]. Then I came to the post and they took some and taught me here, because until then they did not tell me anything. [...] the physicians here told me that I could crack, that I had to pass the milk itself, but I was passing from before, but I think it did not help much, not catching hurts, (Ingrid).

It is observed that the participant Ingrid noticed that her breasts were “cobbled” and with fissures and was directed to the milking and to pass the milk of the last feeding of the baby. Still in the speech of Ingrid can be perceived that she received the information only in the BHU, because in the maternity the puerperal woman was not oriented. The participant Eduarda reported that the only guidance provided at the hospital was in relation to putting the baby to breastfeed.

It is known that the immediate puerperium is the ideal moment for the nursing team to perceive the difficulties of the puerperal women, and thus provide adequate support, however the results of the analysis of this theme demonstrate that prescriptive actions still prevail, such as the fact that the newborn needs to nurse, not considering the condition of the puerperal woman.

The guidelines with regards to the emotional alterations during the immediate puerperium

In addition to the physical changes experienced by puerperal women, other changes after delivery may occur. Conscious and unconscious reactions in their familiar, social context, which arouse deep and unexpected anxieties, can also be detected in the puerperium.¹⁹

In the puerperal period the woman experiences changes in her routine with the arrival of the new member of the family, usually the puerperal women tend to focus all the attention on the newborn, which favors the emergence of deconstructing situations in their new daily life, as signs of suffering psychic.²⁰

According to the literature, there are three mental disorders of the puerperal period: baby blues or maternal sadness, Postpartum Depression (PPD) and puerperal psychosis.²¹

The baby blues is considered the lightest form of the pictures of puerperal depressions and can be identified in 50% to 85% of the puerperal ones; the symptoms usually begin within the first few days after the baby's birth, and cease spontaneously within a maximum of two weeks.²²

Since the PPD is the most common affective disorder in the puerperium, the prevalence rate varies between 12% and 37.1%, usually beginning at 2 to 3 weeks postpartum.²³ And puerperal psychosis is the most serious mental disorder and its occurrence is infrequent, the onset of the disease is sudden and occurs between the second and the 14th day postpartum.²⁴

In the present study, the women were questioned about the orientations made in the immediate puerperium about the emotional changes that could happen with the arrival of the baby. The puerperal Isabel replied that she received no guidance on the subject; Camili reported that the hospital was told that she could go into postpartum depression but did not explain what the same meant; Luiza and Eduarda received psychological counseling (one in the prenatal and the other in the puerperium); Ester received an explanatory folder; and Ingrid received prenatal guidance on the subject, as evidenced to assert:

“[...] they did not tell me anything there, in the hospital [...]” (Isabele). “They said they could go into postpartum depression, alone” (Camili).

“Only after he came to semi-intensive did a psychologist come and talk to me because they thought I was getting depressed, but no, she said it was just because I was away from the baby” (Eduarda).

“Look, guidance so said, I did not have any, had that booklet they give about the puerperium, who speaks there to seek not to be, not to be nervous about the baby's cry, but there was not much guidance there” (Ester).

“They told me about the station too. [...] I cannot remember right now” (Ingrid).

“Whoever talked to me about this was the psychologist before I got a baby. [...] nobody directed me anything. She talked about having a period of ten, eleven days which is a time that can give a great sadness or not give, that has to take care, about postpartum depression, about having support, that controls everything, but it was with her that gave me this support, talked to me, even because I had to use antidepressant in pregnancy [...]” (Luiza).

According to the prenatal care policy, it is necessary for the health professional to approach the woman in relation to health, in its entirety considering her life history, her feelings, the environment in which she lives, if she has a network of social and emotional support, establishing a close relationship and valuing the uniqueness of each person, context and situation.²⁵

It is believed that the information and guidance on the emotional changes that can arise with the puerperal period are of extreme importance because, after childbirth, women are physically and emotionally vulnerable. Empowering women for psycho-emotional complications is a strategy for coping with and preventing more serious complications that may arise.

Another questioning of this study was in relation to the emotional changes felt by women in the immediate puerperium. The mothers Luiza, Ingrid, Eduarda, Isabele, Ester and Camili responded that they had some symptoms of insecurity, crying, sadness, among others.

“I felt like this yesterday with the desire to cry, more anxious like this, I found it strange” (Luiza).

“No, I feel happier because you’re with me, it’s okay, but not sad. Only when he cries it gives me a sadness, I cannot make it stop crying, [...] it gives a sadness, you are terrified because it is my first son” (Isabele).

“Emotional yes. Almost every day I cry” (Ingrid).

Oh, I get really stressed when he cries at dawn, I want to do everything lightly for him to go back to sleep soon, so I go back to sleep, I’m really tired, but that’s it, during the day it’s all normal” (Eduarda).

“No, I just feel more for having a small baby, because I cannot get him on my lap because of the points [...]. [...] on the first day that I came home I saw my baby became very depressed, crying a lot, but then it passed, now I’m getting into the normal” (Ester).

“No, everything’s normal. I felt even better when he arrived, because before, in my gestation it seemed that I was delirious so, that I kept imagining him with me... they told me to stop it, otherwise I could get into a postpartum depression later, but everything is normal, I feel much better until” (Camili).

The participant Ingrid cried during the interview, then expressing that in the immediate puerperium women are more emotionally sensitive. Another issue was the insecurity reported by Isabele of being a mother for the first time, generating discomfort, tiredness, and fear for the baby’s crying, not knowing what to do. Also highlights situations such as that of Ester, who is the mother for the second time reports that she suffered for not being able to pick up her other child, who was also a baby, due to cesarean delivery. Ultimately, the sense of relief from the end of a pregnancy and the presence of the healthy child.

Corroborating with the findings of this research, authors point out that the birth of a child, especially when it comes to the first, is seen as a frightening process that generates great anxiety, fear, and insecurity, experienced by most women.²³

In this line of thought, it is believed that family and social support provided comfort and safety for the mothers of this study, since all the participants were unanimous in reporting the importance of family support in this new phase of life.

Given this perspective, studies corroborate that social and family support intends a more responsive motherhood, especially in the postpartum period, when puerperal women find stressful conditions.²⁶

Because it is a fragile period in a woman’s life, regardless of being the first child, the importance of a family support network stands out, as it has repercussions on the life of this new mother and her child, providing a quiet and safe experience from the puerperium period.

CONCLUSIONS

The present study made it possible to know the orientations made in the immediate puerperium, as well as the fragilities found in this context for a group of women who lived in the puerperium.

It was evidenced by the participants’ testimonials, how health professionals leave gaps since they do not yet guide/inform with focus on the physiological changes of the immediate puerperium. Such changes make women feel uncomfortable, insecure and with low self-esteem towards their body and need to be addressed with more commitment on the part of health professionals.

Considering the changes experienced by women in the puerperal period, we found in this study, deficiencies related to the actions of health education focused on the care of the loching process, episiorrhaphy, guidelines on puerperal depression, among others, in order to promote self-care and prevent future complications.

The results of this study also point out how professionals are committed to orienting in relation to breastfeeding and breast care, with a totally newborn approach, leaving aside the equally important care for the puerperal woman.

Given the abovementioned, it is understood that breastfeeding is not an easy and extinguishing practice, then it is emphasized that the guidelines on breastfeeding need to be

made in a clear way so that the woman feels calm and safe when breastfeeding, which will make breastfeeding remain outside the hospital until the child is six months old.

Conclusively, this study intends to awaken reflections and generate new knowledge about the guidelines regarding the puerperium and the newborn. It is emphasized that the guidelines need to be carried out individually and personalized to each woman. They should begin in prenatal and reinforced in the immediate puerperium, as they are a continuous and interdisciplinary work with the objective of informing and/or reinforcing the prior knowledge of the woman and also to promote her autonomy in order to care for herself and the newborn.

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