

# Nursing Assistance at the Puerperium: Integrative Review

REVIEW

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## Abstract

**Introduction:** The Puerperium is a critical time for the woman, her baby and her family, due to psychological and physiological changes. At that moment, the woman experiences significant changes and needs qualified attention in health.

**Objective:** The objective of this research is to describe the scientific production on nursing care in the postpartum period, justifying that the woman, at the moment, undergoes many changes requiring a qualified attention.

**Method:** The methodology used was the integrative review of the literature on nursing care in the puerperal period, in the databases of articles and scientific publications, present in the Virtual Health Library, from 2008 to 2014.

**Results:** The results highlight the importance of Nursing during puerperal care to resolve and improve the quality of life of puerperal patients.

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## Keywords

Puerperium; Nursing care; Quality.

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## Introduction

It is conceptualized puerperium as the period in which the local and systemic changes in the female organism, caused by pregnancy and childbirth, return to the pre-gestational state. This period begins one

hour after the placenta leaves and has its unexpected end, occurring only with the return of menstrual cycles to normality [1].

After the birth of a child, there are innumerable changes in the life of the woman, the family and the couple, including hormonal, anatomical, psychological and social changes, and several complaints about women's health. In general, there is a family restructuring that includes loss and / or decrease of the intimacy in the interrelations of the couple, in order to allow the reception to the newborn. Changes in body image also significantly interfere with sexuality throughout pregnancy and postpartum, since the female body undergoes several transformations. For couples without children, it means the intrusion of a third (the child) into the relationship. Moreover, in traditional cultures, there is a deexualization of the mother, such that sexual activity does not match the functions of this new woman [2].

During the recovery phase, after the delivery, the puerpera presents moments of dependence on the nursing care offered to her and the baby. Such moments are decisive so that the nurse can direct care that meets the needs of both. Traditionally, it was assumed that in order to have a good quality of health care, the needs of the clientele should be known, based on professional standards and financial resources. Today, however, in an increasingly competitive health care environment, in the valuation of customer service, managers are more attentive and concerned with assessing patient satisfaction in relation to care received [3].

In this sense, nurses who work directly in the area, in view of the permanence of the risk of maternal morbidity and mortality, have sought to improve their technical-scientific knowledge for the formulation of strategies that contribute to the qualitative improvement of care, so as to reduce those risks, the nurse needs to have specific knowledge of several areas such as physiology, anatomy, physiopathology, among others, but it would be of great

value that besides these, nurses could expand their knowledge in the area of obstetrics [4].

Thus, the work developed had an emphasis on the literature review about nursing care in the puerperal period. Nursing care in this period, which is considered as a risk due to physiological and psychological changes, becomes essential, based on educational actions aimed at welcoming, empathizing and valuing the woman as an individual, influenced by emotional expectations and Maternity.

So, realizing the need for adequate and quality assistance to this mother during such an important and special period in her life; For quality care, it is necessary to recognize the individuality of each woman, considering that the nursing actions meet their needs and expectations.

Therefore, the objective of this study was to describe the scientific production on nursing care in the postpartum period.

## Method

An integrative literature review is presented. This method is used in the Evidence Based Practice (EBP), which involves the systematization and publication of the results of a bibliographical research in health, so that they can be useful in health care, emphasizing the importance of academic research in clinical practice.

The main objective of the integrative literature review is to search for, interpret and evaluate the available evidence of the investigated theme and its final product and evaluate the current state of knowledge of the subject in question, aiming to program effective actions in health care and identify gaps That lead to future research. It is a valuable method for nursing, as it enables detailed analyzes of the literature, as well as the synthesis and explanation of knowledge about a given theme [5].

The steps pointed out by the authors for the preparation of the study were adopted.

### First stage: delimitation of the theme and guiding question

The objective of this study was to present the importance of nursing care in the puerperal period. The guiding question of the research was: How important is nursing care in the puerperal period?

### Second stage: bibliographic search

To guide the research, a search was made in the Scientific Electronic Library Online (SciELO) database, Latin American Caribbean Literature in Health Sciences (LILACS) and the International Literature in Health Sciences (MEDLINE), published between the years of 2008 To 2014, in Portuguese language, with availability of articles in full and with summaries. We used the following Health Sciences Descriptors (DeCS): "nursing care" and "puerperium". This research was conducted in the period of January and April 2015, where 41 articles published in the databases were selected.

Of the 41 articles analyzed, 14 were excluded because they did not answer the guiding question or were unavailable for download or repeated, leaving 27 articles to be studied.

### Third stage: categorization of findings

The information of the articles considered relevant to the research objectives was gathered in the protocol of data collection to allow the analysis.

### Fourth stage: evaluation of studies

The selected publications have been read in full to ensure the use of relevant information for the research.

### Fifth stage: synthesis of knowledge, interpretation and discussion.

The data were grouped considering the most relevant parts of each article so that all relevant data were analyzed, from March to June 2015.

## Results

In order to illustrate in a practical way the articles used in this study, the identification data (title, author (s), and year and study design) were used and presented in the following **Table 1**.

**Table 1.** Overview of the Analyzed Sample.

Title	Author (S)	Year	Study Design
Necessidade de mulheres no puerpério, em uma maternidade pública de Salvador, Bahia, Brasil.	Almeida, M.S.; Silva, I. A.	2008	Descriptive Quantitative Study
Revisão Integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem.	Mendes, K. D. S.; Silveira, R. C. C. P.; Galvão, C. M.	2008	Integration Review
A importância da consulta puerperal de enfermagem.	Haddad, M. T. C. Almeida, P. F. E. Et Al.	2009	Qualitative research
A sexualidade do casal no processo gravídico-puerperal: um olhar da saúde obstétrica no mundo contemporâneo.	Mota, C. P. Da.; Moutta, R. J. O.; Brandão, S. M. O. C.	2009	Literature review
Cuidados de enfermagem diante das principais alterações fisiológicas ocorridas no período puerperal.	Santos, E. D. G.; Satô, C. P. G.	2009	Literature review
Assistência ao segundo e terceiro período do trabalho de parto baseada em evidências.	Amorim, M. M. R.; Porto, A. M. F.; Souza, A. S. R.	2010	Literature review
Assistência de Enfermagem á mulher no Período Puerperal: proposta de sistematização.	Cabral, R. W. De L.; Medeiros, A. L. De.; Santos, S. R. Dos.	2010	Systematic Review of Literature
Cuidando da puerpera no alojamento conjunto e domicílio: relato de experiência.	Linhares, E. F.; Oliveira, Z. M.; Silva, F. S.; Et Al.	2010	Qualitative Study

Title	Author (S)	Year	Study Design
Momentos de verdade da assistência de enfermagem a puerpera: um enfoque na qualidade.	Moura, M. A. V.; Costa, G. R. M.; Teixeira, C. S.	2010	Quantitative research
Satisfação da puerpera com os cuidados de enfermagem recebidos em um alojamento conjunto.	Odinino, N. G.; Guirardello, E. De B.	2010	Descriptive Study
Puerpério Imediato: desvendando o significado da maternidade.	Strapasson, M. R.; Nedel, M. N. B.	2010	Descriptive Qualitative Research
Visita domiciliar puerperal como estratégia de cuidado de enfermagem na atenção básica: revisão integrativa.	Bernardi, M. C.; Carrara, T. E.; Sebold, L. F.	2011	Integrative Literature Review
Percepção materna sobre transtornos psiquiátricos no puerpério: implicações na relação mãe-filho.	Moura, E. C. C.; Fernandes, M. A. Apolinário, F. I. R.	2011	Qualitative Descriptive Study
A visita domiciliar do enfermeiro á puerpera e ao recém-nascido.	Rodrigues, T. M. M.; Vale, L. M. O. Do.; Et Al.	2011	Qualitative Study
Comportamiento Patologico Del puerperio.	Fromherz, Z. E. S.; Arenas, C. F.	2011	Descriptive Observational Study
Utilização dos recursos fisioterapêuticos no puerpério: revisão da literatura.	Santana, L. S.; Gallo, R. B. S.; Et Al.	2011	Literature review
O enfermeiro na assistência á puerpera na atenção primaria á saúde.	Gomes, A. O.; Neves, J. B.	2011	Qualitative Research Described
Trabalho educativo do enfermeiro na estratégia saúde da familia: dificuldades e perspectivas de mudanças.	Roecker, S.; Budo, M. De. L.; Marcon, S. S.	2012	Descriptive Qualitative Research
Obesidade materna em gestações de alto risco e complicações infecciosas no puerpério.	Paiva, L. V. De.; Nomura, R. M. Y.; Dias, M. C. G.	2012	Prospective Study
Sexualidade e puerpério: uma revisão da literatura.	Vettorazzi, J.; Marques, F.; Hentschel, H. Et Al.	2012	Literature review
Estratégias utilizadas por enfermeiros na promoção do aleitamento materno no puerpério imediato.	Duarte, E. F.; Espirito Santo, C. De S. Do.; Et Al	2013	Integrative Literature Review
Assistência de enfermagem ás puerperas em unidades de atenção primaria.	Garcia, E. S. G. F.; Leite, E. P. R. C. Nogueira, D. A.	2013	Qualitative Descriptive Study
Influencia da assistência de enfermagem na prática da amamentação no puerpério imediato.	Batista, K. R. De A.; Farias, M. Do C. A. D. De. Melo, W. Dos S. N. De.	2013	Qualitative research
Projeto Consulta Puerperal de Enfermagem: avaliando o aprendizado adquirido de puerperas sobre o pós-parto.	Ravelli, A. P. X.; Madalozo, F.	2013	Quantitative research
Intervenção de enfermagem nas alterações de gestacional.	Alves, A. T. N.; Vrecchi, M. R.; Et Al.	2014	Systematic Review of Literature
Educação em saúde no ciclo gravídico-puerperal: sentidos atribuídos por puerperas.	Guerreiro, E. M.; Rodrigues, D. P.; Et Al.	2014	Descriptive, Qualitative Study.
A importância da assistência de enfermagem no puerperio para redução da morbi-mortalidade materna.	Santos, A. K. De O.; Caveião, C.	2014	Literature review
A importância da assistência de enfermagem no puerperio para redução da morbi-mortalidade materna.	Santos, A. K. De O.; Caveião, C.	2014	Literature review

Source: Researcher, 2015.

## Discussions

### Description of the Puerperal Period

The puerperium began to be divided into four periods: the immediate period that begins after the end of the discharge, called the fourth period of childbirth, when hemorrhagic complications and their consequences are more frequent and severe and extend up to two hours postpartum; The period from the 2nd hour to the 10th day postpartum, when the regression of the genitals is evident, the loquiation is scarce and yellowish and the lactation is fully installed; The late period that lasts from the 11th day to the 42nd day postpartum, and finally the remote period that follows after the 42nd day thereafter [6].

One of the studies reviewed [7], the puerperium, also known as on parturition or postpartum, is the period that begins after the deconditioning until the return of the maternal organism to pre-gravid conditions, involvable, lasting ranging from six to eight weeks. It is considered a decisive phase for the woman and her family facing the need for new learning, consolidation of the family unit and affective bonds. Qualified antenatal, delivery and puerperium care is a powerful indicator for reducing maternal and neonatal morbidity and mortality in developing countries.

According to one of the studies reviewed [8] the third period of labor is the period from birth to delivery. It is diagnosed as prolonged if it is not completed with 30 minutes, when the active conduct is adopted, and 60 minutes with physiological conduct. Complications of the third stage of labor are an important cause of maternal mortality worldwide. The degree of blood loss depends on the rapidity of separation of the placenta from the uterine wall and contraction of the uterine musculature.

Care for women and the newborn (NB) in the immediate postpartum and the first few weeks after childbirth is critical to maternal and neonatal health. This care should be as judicious as possible

in the hospital setting and in the later evaluation in the health unit. Since many of the maternal and neonatal morbidity and mortality situations occur in the first week after delivery, the return of the woman and the newborn to the health service should happen soon [9].

In this period, one should look at the woman with a holistic view, not only paying attention to the reproductive and hormonal system, not forgetting the psychological side, trying to know what the puerperal woman is thinking of this new situation with a new member in the family [10].

### Physiological Characteristics of the Puerperium

Gestation is marked by profound anatomical and hormonal changes in the various systems of women during the 40 weeks that involve the gestational period. Such changes should be considered normal during pregnancy. In this period the body is sensitized causing a series of discomforts, being transmitted by many signs and symptoms that vary in tolerance and intensity for each woman [11].

Immediately after childbirth, the involutive phenomena of structures, which harbored the concept, as well as general and endocrine changes occurring in the woman's body throughout the pregnancy phase prevail.

The uterine and vaginal muscles undergo a process of involution, the uterus contracting, thrombosing the open vessels, thus avoiding a hemorrhage that can bring complications to the life of the puerpera. Immediate postpartum (from the 1st to the 10th day after parturition) is characterized by vaginal regression, hemostasis of the placental wound and formation of the Safety Globe, making the uterus of firm consistency. On the first day, it is possible to feel through the palpation, the uterine fund at the height of the umbilical scar. There is elimination of blood lóquios. Late-postpartum (from the 11th to the 42nd day): during this period, all functions are influenced by lactation and after

the 14th day the uterine fundus can no longer be palpated by the abdominal route. The lochia are characteristically serous. Remote postpartum (beyond the 43rd day): this period is of imprecise duration, and will vary from an infant to a non-lactating puerperal [12].

Sexuality is another important point in this context, since it is mediated by multiple structures of the central nervous system, including the frontal lobes, the limbic cortex and the hypothalamus, and structural or functional alterations of these sites can cause sexual dysfunction. Therefore, the sexual life of the couple will unquestionably face changes throughout pregnancy and the puerperium, changes that may contribute to the growth and maturation in the relationship of this couple. The birth of a child is a source of joy and unconditional love, but life between them should not be forgotten, and this couple needs to rescue it [13].

In the puerperium conscious and unconscious reactions occur in the woman involving her family and social environment, activating anxieties. One of the most important is the unconscious experience of the anguish of the trauma of birth itself. Throughout the nine months of gestation the child is an integral and inherent part of the woman who, at the time of childbirth, lives a great loss. The birth of the child generates the differentiation [14].

According to one of the studies reviewed [15], several factors influence the precipitation of disorders associated with the puerperium, being important to highlight the biological and psychological, as well as the association of these with the cultural and social environment of women. The biological results of the variation in the levels of circulating sex hormones and of a change in the metabolism of the catecholamines, causing a change in the humor and being able to contribute to the installation of the depressive picture. Psychological originates from the woman's conflicting feelings toward herself as a mother; To the baby; To the companion; Or herself as the daughter of her own mother.

Faced with these and many other gestational and post-gestational disorders, it is clear the importance and responsibility of nurses and nursing interventions to carry out systematization in order to plan measures for any discomfort caused by the changes and to provide the well-being of the puerpera.

### Pathological puerperium

The puerperal period is the period of postpartum adaptation, during which it changes the anatomical and functional return to its normal, that is, non-gestational state. During the complications of this stage, changes occur that can sometimes progress to a fatal outcome or cause negative consequences for the puerperal woman [16].

The immediate puerperium is a phase of hormonal and emotional changes in a woman's life. In this period it is necessary to be attentive to the possible complications on this phase of great transformations [17].

It is worrying to know that many maternal deaths occur as a result of these complications rather than being prevented, or established early diagnosis at the opportunity of pregnancy, childbirth and the puerperium. It is necessary to observe and examine well the puerperium, from the first hour after the birth, considering that as hemorrhagic complications are reported regardless of the type of delivery (vaginal or caesarean), can cause maternal mortality. Because bleeding, together with the difficulty of accurately quantifying blood loss, make accurate diagnosis difficult. For this, it is necessary to check the vital signs, contracture and quantify the uterine hemorrhage [13].

In obese pregnant women, complications in the puerperium are frequent, especially infectious ones. Regardless of the way of delivery, more frequent endometrites, surgical wound infections, episiotomy lacerations, postpartum haemorrhage and longer surgical time [9] are more frequent.

## Importance of Nursing Care in the Puerperal Period

To welcome the woman from prenatal, childbirth and puerperium implies giving a humanized care to the mother-baby binomial, which begins through nursing consultations [18].

One of the studies reviewed [19], argue that, since the puerperium is considered a period of risks, qualified nursing care based on the prevention of complications, physical and emotional comfort, and educational actions that can be given to women become essential Tools to take care of herself and her child. These actions must be permeated by the sensitive listening and appreciation of the specificities of the feminine demands that are known to be influenced by social expectations related to the exercise of motherhood.

In this perspective, nursing care focused on the prevention of puerperal complications, offering physical and emotional comfort and health education is essential [20]. According to studie [21], after childbirth it is common for women to have conflicting feelings, which can vary from satisfaction and joy to physical exhaustion, helplessness and disappointment, being common crises of self-confidence. After all, it is a very difficult period in a woman's life, as there are many new things at the same time, such as caring for the baby, breastfeeding and adjustments of the family to the new routine for the arrival of the new member. Nursing, during this period, plays a very important role in the adjustment of motherhood, with health education, so that women gradually achieve autonomy in caring for themselves and the baby.

It is important to note that because the puerperium is a phase that generates insecurity, regardless of whether or not the first experience as a mother, it is important that the nurse is sensitive enough to identify what is the real needs of this woman, especially in the home environment [22].

It is up to the professionals of the nursing team to provide guidance at all times during the puerperal

cycle. Especially in the mid-term puerperium when the mother and baby contact begins, and can act more effectively in the promotion of breastfeeding. Thus, attention to the woman and to the newborn in the postpartum period and in the first weeks after delivery is fundamental for maternal and neonatal health [11].

The guarantee of maintaining care for the puerpera is the responsibility not only of the professionals involved in the care, but also of the three spheres of government, in the sense of offering essential services for the prophylaxis of these complications. The obstetrician nurse is one of the professionals most apt to this function, since it carries a wide knowledge about the physiological of the gestation and puerperium [23].

During the home visit, it is important that professionals, in particular nurses, consider the home an important scenario for the extension of care and especially the puerperium and newborn binomial. Where the primary objective is to promote the well-being of the puerperal woman through care planning and individualized care [24].

Among the guidelines provided to mothers during their stay in the joint housing unit, adequate care is given to the umbilical stump; Importance of maternal and neonatal immunization; Exclusive breastfeeding in the first six months of the child's life; Guidance for the referral of the neonate to the child care service; Guidelines to the mother on reproductive planning, among others [5].

In addition to the physiological changes, it is important that health professionals are aware of the psychic state of the woman. As recommended by the Brazilian Ministry of Health [25], puerperium is the state of emotional change, essential, temporary, that there is greater psychic vulnerability. In addition, it is essential that the health professional in the joint housing supports the puerpera, stimulating her to establish an affective relationship with the newborn.

Because the puerperium is a period of change, women face challenges, fears and longings related

to their own health, family and baby, which require the assistance of trained professionals [26].

The immediate puerperium is also decisive for the success of breastfeeding, since it is when mothers face the greatest difficulties with breastfeeding. Thus, it is important for the nursing professional to make more home visits, not only focused on aspects of the physical examination, but also to create a qualified professional / affective bond that generates trust so that the mothers feel at ease and then share their Difficulties, anxieties, fears and that can be overcome [27].

As well as health education is an important tool for clinical nursing care for women in the pregnancy-puerperal cycle. Nursing presents in educational action one of its main guiding axes in the various spaces of practice, especially in primary health care services. The professional nurse is qualified and qualified to take care of the user and his / her family, taking into account the curative, preventive and educational needs of health care [28].

The knowledge acquired by health professionals and nurses in the health care sector is a key factor in the health and well-being of women and their families. In health education provides conditions for reflection and transmission of knowledge to the lived social context, that is, the woman will have discernment of how to proceed in various situations that she may face during the postpartum period [29].

## Conclusions

The puerperium is characterized by a profound change in the social, psychological and physical aspects of the woman, that is, it is an unstable period, being the understanding not only of the puerpera, but more especially of the relatives, who actively go through this period, being an essential factor in determining the threshold between health and disease.

According to the analysis, it has been identified that the nursing care provided to the women during

the pregnancy-puerperal cycle does not guarantee the self-confidence necessary for the performance of self-care and care with the newborn during the puerperal period.

Therefore, it is imperative that nursing occupy its space in prenatal consultations, seeking to establish an effective interaction with the woman, showing the pregnant woman that this experience involves a series of new events. Especially in the obstetric and postpartum centers, when their role as a health educator becomes even more potent, given the greater need for approximation, dialogue and support with puerperal women because of the difficulties that come across.

We hope that the results presented in this systematic review of the literature will serve as a subsidy to the professionals of the nursing team involved in the care of the puerperal woman and her family. Considering that the care needs in the puerperium reported in the articles referring to women need to be based on real effective care, reflection and exchange of knowledge, because this way they will reach the actual construction of care during the puerperium.

Thus, it is expected that this study may stimulate new research on the subject, as well as demonstrate to nursing professionals who work in care about their important role in puerperal care.

## References

1. SANTANA, L. S.; GALLO, R. B. S.; MARCOLIN, A. C.; FERREIRA, C. H. J.; QUINTANA, S. M. Utilização dos recursos fisioterapêuticos no puerpério: revisão da literatura. *FEMINA*, Maio, vol. 39, nº 5, 2011.
2. VETTORAZZI, J.; MARQUES. F.; HENTSCHEL, H.; RAMOS, J. G. L.; MARTINS-COSTA, S. H.; BADALOTTI, M. Sexualidade e puerpério: uma revisão da literatura. *Revista HCPA*. 32(4): 473-479, 2012.
3. ODININO, N. G.; GUIRARDELLO, E. de B. Satisfação da puerpera com os cuidados de enfermagem recebidos em um alojamento conjunto. *Texto Contexto Enferm*. Florianópolis, 19(4): 682-90, 2010.



4. SANTOS, E.D.G.; SATÔ, C.P.G. Cuidados de enfermagem diante das principais alterações fisiológicas ocorridas no período puerperal. Departamento de Enfermagem. Faculdades Integradas de Ourinhos-FIO/FEMM, 2009.
5. MENDES, K. D. S.; SILVEIRA, R. C. de C. P.; GALVÃO, C. M. Revisão Integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto contexto- Enferm. Florianópolis, v.17, n.4, Dez. 2008.
6. CABRAL, R. W. de L.; MEDEIROS, A. L. de; SANTOS, S. R. dos. Assistência de Enfermagem á mulher no Período Puerperal: proposta de sistematização. VII Congresso Brasileiro de Enfermagem Obstétrica e Neonatal. ABENFO-MG, 2010.
7. GARCIA, E. S. G. F.; LEITE, E. P. R. C.; NOGUEIRA, D. A. Assistência de enfermagem ás puerperas em unidades de atenção primaria. Revista de Enfermagem UFPE. Online, Recife, 7 (10): 5923 – 8, out, 2013.
8. AMORIM, M. M. R.; PORTO, A. M. F.; SOUZA, A. S. R. Assistência ao segundo e terceiro período do trabalho de parto baseada em evidências. Centro de Atenção á Mulher do Instituto de Medicina Integral Professor Fernando Figueira (IMIP), FEMINA, Recife/PE, vol. 38, nº 11. Novembro, 2010.
9. SECRETARIA DA SAÚDE. Coordenadoria de Planejamento em Saúde. Assessoria Técnica em Saúde da Mulher. Atenção á gestante e á puérpera no SUS – SP: manual técnico do pré-natal e puerpério / organizado por Karina Calife, Tania Lago, Carmen Lavras – São Paulo: SES/SP, 2010.
10. GOMES, A. O.; NEVES, J. B. O Enfermeiro na assistência á puérpera na atenção primária á saúde. Revista Enfermagem Integrada – Ipatinga: Unileste – MG – V.4 – N. 2 – Nov./Dez. 2011.
11. ALVES, A. T. N.; VRECCHI, M. R.; MARANGONI, D.; MONTEAN, E. de C. M. Intervenção de enfermagem nas alterações de gestacional. Saberes Unicampo, Campo Mourão, v. 01, n.01, jan-jun. 2014.
12. LINHARES, E. F.; OLIVEIRA, Z. M.; SILVA, F. S.; BASTOS, L. I. L.; RIOS, M. A.; ADERNE, F. de O. Cuidando da puerpera no alojamento conjunto e domicilio: relato de experiência. Revista Integrativa em saúde e educação- REVISE, 1(1): 2179-6572, 2010.
13. MOTA, C. P. da; MOUTTA, R. J. O.; BRANDÃO, S. M. O. C. A sexualidade do casal no processo gravídico-puerperal: um olhar da saúde obstétrica no mundo contemporâneo. Seminário Internacional Enlaçando Sexualidades, Salvador-BA, 2009.
14. MOURA, E. C. C.; FERNANDES, M. A.; APOLINÁRIO, F. I. R. Percepção materna sobre transtornos psiquiátricos no puerpério: implicações na relação mãe-filho. Revista Brasileira de Enfermagem, Brasília, 64(3): 445-50 2011.
15. FROMHERZ, Z. E. S.; ARENAS, C. F. Comportamiento Patologico Del puerperio. Revista Cubana de obstetricia y ginecologia. 37 (3): 330 – 340, 2011.
16. DUARTE, E. F.; ESPIRITO SANTO, C. de S. do, COUTO, M. G. C.; ANDRADE, V. L. F. de S.; MATOS, R. de C. P. de; SANTOS, E. I. dos. Estratégias Utilizadas por enfermeiros na promoção do aleitamento materno no puerpério imediato. Revista Cuidarte, Programa de enfermeira UDES, 2013.
17. PAIVA, L. V. de; NOMURA, R. M. Y.; DIAS, M. C. G.; ZUGAIB M. Obesidade Materna em gestações de alto risco e complicações infecciosas no puerpério. Rev. Assoc. Med. Bras. 58 (4) – 453-458, 2012.
18. HADDAD, M. T. C.; ALMEIDA, P. F. e; NASCIMENTO, V. C. do; MARQUES, D. A importância da consulta puerperal de enfermagem. 61º Congresso Brasileiro de Enfermagem, 07 a 10 de dezembro de 2009.
19. MOURA, M. A. V.; COSTA, G. R. M.; TEIXEIRA, C. S. Momentos de verdade da assistência de enfermagem a puerpera: um enfoque na qualidade. Rev. Enferm. UERJ, 2010, p. 429-434.
20. STRAPASSON, M. R.; NEDEL, M. N. B. Puerpério Imediato: desvendando o significado da maternidade. Rev. Gaucha Enferm. v.31 nº 3. Porto Alegre, p. 521-528, 2010.
21. ALMEIDA, M. S.; SILVA, I. A. Necessidade de mulheres no puerpério imediato, em uma maternidade pública de Salvador, Bahia, Brasil. Revista da Escola de Enfermagem USP. vol 42, nº 2. São Paulo, 2008.
22. BERNARDI, M. C.; CARRARA, T. E.; SEBOLD, L. F. Visita Domiciliar Puerperal como estratégia de cuidado de enfermagem na atenção básica: revisão integrativa. Rev. Rene. Fortaleza, 12 (n.esp), 2011: 1074-80.
23. SANTOS, A. K. de O.; CAVEIÃO, C. A Importância da Assistência de Enfermagem no puerpério para redução da morbimortalidade materna. Revista Saúde e Desenvolvimento/ vol. 6 n. 3/ Jul/Dez 2014.
24. RODRIGUES, T. M. M.; VALE, L. M. O. do; LEITÃO, R. A. R.; SILVA, R. M. O. da; ROCHA, S. S. da; PEDROSA, J. I. dos S. A visita domiciliar do enfermeiro à puérpera a ao recém-nascido. Revista Interdisciplinar NOVAFAPI, Teresina, v.4, nº.2, p.21-26, Abr-Mai-Jun, 2011.
25. MADALOZO, F.; RAVELLI, A. P. X. Projeto Consulta puerperal de enfermagem: avaliando o aprendizado adquirido de puérperas sobre o pós-parto. Revista Conexão UEPG, Ponta Grossa, v. 9 n.1 – jan/jun, 2013.
26. RAVELLI, A. P. X.; MADALOZO, F. Projeto Consulta Puerperal de Enfermagem: Avaliando o aprendizado adquirido de puérperas sobre o pós-parto. Ver. Conexão UEPG. vol. 9 número 1. Ponta Grossa, jan/jun, 2013.

27. BATISTA, K. R. de A.; FARIAS, M. do C. A. D. de; MELO, W. dos S. N. de. Influência da assistência de enfermagem na prática da amamentação no puerpério imediato. *Saúde em debate*, Rio de Janeiro, v. 37, nº 96, p. 130-138, jan/mar. 2013.
28. GUERREIRO, E. M.; RODRIGUES, D. P.; QUEIROZ, A. B. A.; FERREIRA, M. de A. Educação em saúde no ciclo gravídico-puerperal: sentidos atribuídos por puerperas. *Rev. Bras. Enferm.* 67(1): 13 – 21, 2014.
29. ROECKER, S.; BUDO, M. de L.; MARCON, S. S. Trabalho educativo do enfermeiro na estratégia saúde da família: dificuldades e perspectivas de mudanças. *Rev. Esc. Enferm. P.* 641-649. USP, 2012.

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