REFLECTIONS ABOUT NURSING AS A MENTAL HEALTH PROMOTER TO MOTHERS IN CHILDBIRTH IN MOURNING

REFLEXÕES ACERCA DA ENFERMAGEM COMO PROMOTORA DE SAÚDE MENTAL A PUÉRPERAS NO LUTO

REFLEXIONES SOBRE LA ENFERMERÍA COMO PROMOTORA DE SALUD MENTAL A LAS MADRES RECENTES DE LUTO

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ABSTRACT
Objective: reflecting on the nursing interventions during the postpartum hospital discharge and son of ICU stay based on the Roy Adaptation Model. Method: a reflective study. We used the theoretical Model of Adaptation of Callista Roy in six steps into four adaptive modes (physiological/role performance/self/interdependence). Results: in the first step was described the behavior manifested in the four adaptive modes; in the second step the behaviors were classified as focal; contextual; focal; residual; in the third the nursing diagnoses were identified; in the fourth the targets were set; in the fifth and sixth steps, respectively, will be implemented the goals/interventions and evaluated the achievement of objectives. Conclusion: this scenario where the baby is becomes a favorable opportunity for nursing act with vision/holistic care, including the postpartum as a biopsychosocial, which must infer stimulus given to the mother and her family, that entail mechanisms coping and facilitator of understanding of this process.

Descriptors: Maternal-Child Nursing; Weight; Mental Health.

RESUMO
Objetivo: refletir sobre a atuação da enfermagem durante a alta hospitalar da puérpera e permanência do filho no UTI baseando-se no Modelo de Adaptação de Roy. Método: estudo reflexivo. Utilizou-se o referencial teórico Modelo de Adaptação de Callista Roy em seis passos segundo quatro modos adaptativos (fisiológico/desempenho de papel/autoconceito/interdependência). Resultados: no primeiro passo foram descritos comportamentos manifestados nos quatro modos adaptativos; no segundo passo os comportamentos foram classificados em: focal; contextual; focal; residual; no terceiro foram identificados os diagnósticos de enfermagem; no quarto passo foram estabelecidas metas; no quinto e no sexto passos, respectivamente, serão implementadas as metas/intervenções e avaliado o alcance dos objetivos. Conclusão: este cenário onde o recém-nascido se encontra se torna uma ocasião favorável para a enfermagem atuar com visão/cuidado holístico, compreendendo a puérpera como ser biopsicossocial, onde se devem inferir estímulos à puérpera e sua família, que acarretam em mecanismos de enfrentamento e facilitador do entendimento deste processo.

Descrições: Enfermagem Materno-Infantil; Pesar; Saúde Mental.

RESUMEN
Objetivo: reflexionar acerca de las intervenciones de enfermería durante el alta hospitalaria después del parto y el hijo de la estancia en la UCI basado en el Modelo de Adaptación de Roy. Método: un estudio reflexivo. Se utilizó el marco teórico Callista Roy Modelo de Adaptación en seis pasos en cuatro modos adaptables (fisiológico/rendimiento de papel/autoconcepto/interdependencia). Resultados: en el primer paso se describieron el comportamiento que se manifestaba en los cuatro modos de adaptación; en el segundo paso, los comportamientos fueron clasificados como focal; contextual; focal; residual; en el tercero se identificaron los diagnósticos de enfermería; en el cuarto se establecieron objetivos; en los pasos quinto y sexto, respectivamente, serán implementados los objetivos/intervenciones y clasificado el logro de los objetivos. Conclusión: este escenario donde el bebé se encuentra se convierte en una oportunidad favorable para la enfermería actuar con visión/atención integral, incluyendo la puérpera como un ser biopsicosocial, donde se deben inferir el estímulo dado a la puérpera y su familia, que implican mecanismos afrontamiento y facilitador de la comprensión de este proceso. Descriptores: Enfermería Materno-Infantil; Pesar; La Salud Mental.

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INTRODUCTION

Pregnancy is a unique event in the life of a woman, this event has around expectations and complex feelings and sometimes incomprehensible, it is a mix of elation and apprehension, anxiety and fear; it is certainly a unique moment. Despite having as protagonists the mother and the fetus, there are other characters extremely important and active participation in the process as the father outside the family of both.

Women often find it difficult to share their concerns and anxieties with partners. Some of them report absence of support by partners from pre-natal. It is worth noting the importance of the health team in welcoming the father/partner and to stimulate his participation throughout the pregnancy and childbirth.¹ It is in this scenario that nursing as a component of a health team is inserted as an important adjunct in the process assistance/care.

Health professionals have fundamental skills that allow them a service that generates greater confidence to women during pregnancy and childbirth. However, these skills should be empowered by understanding the psychological aspects involving pregnancy and the postpartum period. Therefore, the professional needs to address the women through a comprehensive vision, in a way that involves their history of life, feelings and living environment. The health team needs to develop active and qualified listening, empathy and recognize the psychological changes characteristics of the pregnancy and postpartum period.²

These attributes need to find it evident when there is an unexpected situation as the events surrounding the admission of a newborn infant in a neonatal intensive care unit (ICU-neo). Highlighting think during this mother's anguish the event is not always understood by professionals.¹

Receiving the news of the admission of her son in an ICU-neo after discharge is a troubling moment for postpartum. It is noteworthy that this woman was full of expectations for the arrival of her baby at home, need to review and adapt all of her projects due to a new scenario that is installed, i.e. the residence of her son in the hospital.

Thus, this study proposes a reflection on the unexpected circumstance to the mother, since it is in a hospital situation while her child is being admitted to the NICU. Note that this phase separation between mother and child, in the first instance, can mean the starting point for a grieving process, where the impact of this event may generate negative feelings such as frustration and impotence, not only for mother and the whole family group. Thus, we have the following objectives:

● Reflecting about the nursing interventions during the postpartum hospital discharge and son of ICU stay based on the Roy Adaptation Model.

● The grieving process in the Roy Adaptation Model

By the time a woman discovers she is pregnant, not just the child begins to be generated within it, but also dreams, plans and expectations. Throughout the pregnancy the mother accompanies the development and growth of her child, and likewise develops her projects for it. Prepare not only the baby's room (every mobile, every outfit, and every little detail), like the whole house and her life for the arrival of that being awaited and loved that she carries in her womb. Then comes the moment of birth, to see her child, she can finally have it in her arms and take it home. However, the mother is being discharged from hospital while the sad news that her child will need to stay in the ICU-neo. At this point begins the grieving process that postpartum women, since her son is alive, the dream of taking it home and care for it is threatened and will be postponed.

Grief is a response to the loss of a “beloved object”, can this object be personified or may not be concrete or abstract. This grieving stage distances the person from its everyday habits, although this distance is not pathological. There is an urgent order that the entire unconscious libido (understood as satisfaction, pulse, desire with the object) is broken and subsequently the world becomes poor and empty, leading to a depression that can become pathological or not.³⁻⁵

To Callista Roy, the human being makes up a trading complex system, where it needs to respond to stimuli from the environment where it lives, adapting to this environment and modifying it. According to the Adaptation Model of Callista Roy (MAR), health is the result of adaptation, that is, the balance in the interaction between the person and the environment. Thus, health is not refraining from unavoidable factors, such as death or stress, but having the power to deal with.⁶

Thus, failures in the coping mechanisms of those situations that we cannot help generate the disease. Nursing is inserted in this scenario as a mediator, promoting the mental health of postpartum women in the grieving
process, from the improvement of the person's interaction with the environment in order to promote adaptation. Thus, nursing intends to assist in the person's adaptation of commitment managing the environment.

The difficulties in adaptation are not seen as a nursing diagnosis itself but as seizure areas for the nurse related to the person or group in the adaptation process.

**METHOD**

This is a reflexive study. For a more theoretical basis, it was used as a reference the Adaptation Model of Callista Roy, proposed six steps in the four adaptive modes (physiological/self/role-playing /interdependence) from connections with the concept of the grieving process postpartum care in the newborn ICU admission-neo.

◆ **Adaptive Theory on the Roy Model**

There are four adaptive modes that regulate a process of adaptation: the physiological, self-concept, role performance and interdependence. The physiological aspect is linked to the basic needs of physiological integrity that are oxygenation, nutrition, elimination, activity and rest, and protection. The self-integrity mode is based on the psychological and spiritual issues. The performance mode of the paper is the need for knowledge about themselves in relation to each other about the central role played by the person during most of the time in a certain period. And the interdependence mode is associated with the most intimate relationships, in their ability to give and take, involves the values, skills and feelings shared this relationship.

Considering the results of the adaptive modes described above, Roy created six steps to the nurse acting managing the environment for encouraging the adaptation of his client.

**Step 1:** analyzing the behavior manifested in the four adaptive modes.

The physiological aspect postpartum women may show changes related to postpartum pain and discomfort; risk for infections due to laceration of the perineum, episiotomy or cesarean wound; exhaustion; physical fatigue.

In self so may have feelings of powerlessness; guilt; suffering with a diagnosis of the child; expectation of disease progression; concern; tension; helplessness; duality of fear of separation from the child and afraid to carry it in her lap.

In the role of performance so the mothers may have tremors in your marriage relationship due to prioritization of care for their child admitted to long period of stay in hospital; suffer for being away from home; cannot take care of other children; feel an absent mother; move away from the job.

In interdependence to postpartum due to any changes in the role of performance may experience tremors in their relationship with the family, affecting the ability to give and receive love, respect and support.

**Step 2:** classifying the behavior manifested in the four adaptive modes as focal, contextual and residual.

The behaviors in the physiological mode can be classified as focal changes related to pain and discomfort, exhaustion and physical fatigue; context and how the risk of infections.

The behaviors in self-mode can be classified as focal, they are characterized by psychological dimensions, moral and spiritual of each individual.

The behavior performance in paper mode may be classified as contextual since all comes from the environment.

The behavior in interdependence mode can be classified as waste since its effects are not easily defined.

**Step 3:** describing the nursing diagnoses according to the North American Nursing Diagnosis Association (NANDA).

The physiological aspect, the nursing diagnoses can be insomnia, disturbed sleep pattern and sleep deprivation.

In self-diagnostic mode can be hopelessness, impaired maternity risk, and risk of ineffective relationship.

In the role of performance so diagnostics can be risk stress syndrome due to alterations, anxiety, helplessness, fear, grief and risk of compromised resilience.

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In interdependence so diagnostics can be risk of impaired religiosity, risk spiritual suffering, impaired comfort and social isolation.

Step 4: setting goals for promoting adaptation.

The physiological aspect has as goals help find a balance between activity, sleep and rest; establish a schedule of routine for your rest; making easier / promote the relay in the care for the baby.

In self-mode it has as goals talking to mothers about the prognosis of their children to ensure them hope; encouraging the family to seek coping strategies.

In order role performance and interdependence, we have as goals facilitating the presence of the family in the baby care plan; approaching the baby's parents; teaching to understand the physiological and behavioral signs of the baby; promoting focus group sessions among parents of sharing experiences for babies; explaining to parents the details of procedures, disease and treatment.

Steps 5 and 6: after completion of the four steps above, it is for the nursing its practice to meeting the steps 5 and 6 of the Model, which are, respectively: implementing the goals/ interventions and evaluating the achievement of objectives.

Faced with such a fragile situation, it is necessary that nursing acts from a holistic view of care, including the mother in puerperium as a biopsychosocial being in this process. Nursing inserted in this context should infer incentives to postpartum woman and her family, that entail coping mechanisms and facilitate the understanding of this new scenario in which the newborn is inserted.

In this sense, the Roy Adaptation Model that has its focus on interpersonal relationships (both individual and family), can be used to support nurses in care planning, not only to postpartum women, but to all those involved in this situation.

REFERENCES


CONCLUSION


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