ORIGINAL ARTICLE

FEELINGS EXPERIENCED BY RECENT MOTHERS DURING THE POSTPARTUM
SENTIMENTOS VIVIDOS POR PUÉRPERAS DURANTE O PÓS-PARTO

Flávia Andréia Pereira Soares dos Santos¹, Maria Helena Soares da Nóbrega Mazzo², Rosineide Santana de Brito³

ABSTRACT
Objective: to understand the feelings experienced by recent mothers. Method: descriptive and exploratory study of qualitative approach with 15 women in the city of Lajes/RN, Brazil. The data were produced by semi-structured interview script, organized by Content Analysis Technique and analyzed by Symbolic Interactionism. The re-reading of information was carried out to organize them into categories. It was subsequently performed a reassessment of records, the inferences and interpretation. The research project was approved by the Committee of Ethics in research, CAAE 00228.0.051.000-09. Results: to experience the puerperium, the women interviewed realized this new phase as a time of transformations in which alternate feelings, that examined by the interactionist principles can be considered positive or negative. Conclusion: on this reality, they require care and support of family members and health professionals, to deal with the emotional changes from motherhood. Descriptors: Obstetric Nursing; Postpartum Period; Emotions.

RESUMO
Objetivo: compreender os sentimentos vivenciados por puérperas. Método: estudo exploratório e descritivo, de abordagem qualitativa, com 15 mulheres no município de Lajes/RN, Brasil. Os dados foram produzidos através de entrevista com roteiro semiestruturado, organizados pela Técnica de Análise de Conteúdo e analisados pelo Interacionismo Simbólico. Realizou-se a releitura das informações com vistas à organização destas em categorias. Posteriormente, foi feita a reavaliação dos registros, elaboradas as inferências e a interpretação. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE nº 00228.0.051.000-09. Resultados: ao vivenciar o puerpério, as entrevistadas perceberam essa nova fase como um momento de transformações, na qual se alternam sentimentos que, analisados pelos princípios interacionistas, podem ser considerados positivos ou negativos. Conclusão: diante dessa realidade, necessitam de cuidados e apoio dos familiares e profissionais de saúde para lidarem com as alterações emocionais advindas da maternidade. Descriptors: Enfermagem Obstétrica; Período Pós-Parto; Emoções.

RESUMEN
Objetivo: comprender los sentimientos vividos por puérperas. Método: estudio exploratorio y descriptivo de enfoque cualitativo con 15 mujeres en el municipio de Lajes/RN, Brasil. Los datos fueron producidos por entrevista con guía semi-estructurado, organizados por la Técnica de Análisis de Contenido y analizados por el Interaccionismo Simbólico. Se realizó la relectura de las informaciones, visando a organizarlas en categorías. Posteriormente, fue hecha la reevaluación de los registros, elaboradas las inferencias y la interpretación. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE nº 00228.0.051.000-09. Resultados: al vivir el puerperio, las entrevistadas perciben esa nueva fase como un momento de transformaciones en la cual se alternan sentimientos que, analizados por los principios interaccionistas pueden ser considerados positivos o negativos. Conclusión: delante de esa realidad, necesitan de cuidados y apoyo de los familiares y profesionales de salud para lidiar con las alteraciones emocionales de la maternidad. Descriptors: Enfermería Obstétrica; Período Postparto; Emociones.
INTRODUCTION

Pregnancy, childbirth and the postpartum period are physiological phenomenon, as well as being moments of female life in which occur the most intense organic, psychological and cultural body changes. During these phases, woman seek health service for help, to have a response to their concerns and worries. Therefore, it is necessary to find a friendly environment and a competent technical and humanized care.

The principles of Humanization of Childbirth and Birth (PHPN) aims at meeting women’s needs in several phases of reproduction and recommending pregnant women registration in the Monitoring System of the Humanization Program in Prenatal and Birth (SISPRENATAL), assessing the gestational risk, developing educational activities, conducting home visits and establishing links with the maternity, in order to ensure a safe delivery.1

The first contact of women with the public health service must happen in the Family Health Strategy (FHS) where the professionals, and especially nurses, have the responsibility to host pregnant women and start prenatal care as early as possible. Pregnancy is characterized as a period of physical and emotional changes. Thus, during prenatal care, hosting woman is essential to support her and minimize fears, doubts, anxieties and fantasies.1,2

Through women’s particularities within the context of reproductive health, it is necessary that health professionals guide their assistance by the pregnant woman, in order to prepare her in achieving a healthy postpartum, aiming at their suitable restoration both in anatomy, physiological and in psycho-social aspects. In postpartum, several feelings are around in daily lives of recent mothers. During this period, women are likely to experience feeling of emptiness, strangeness and vulnerability, leading them to their capabilities limitations. The vulnerability they are exposed, make them more accessible to receive help. Then, care should involve physical, emotional and relational aspects.2

In all pregnancy-postpartum period, women experience some emotions that can lead to need care, clarification and safety to harmoniously deal with this step. However, these feelings can be worse when health professionals do not consider the importance of its values, of their life story and deny the support required in the confrontation of their difficulties. In this way, they neglect care to who has recently given birth, forgetting to look at the mother and understand her in her details.3-4

The health professional, specifically the nurse, when giving care to the mother who has recently given birth in FHS through the postpartum nursing consultation, must be attentive to the bio-psycho-socio-spiritual needs of women. However, in daily lives of this health units, actions are focused on family plan counseling, newborn care and breastfeeding.5

The relevance of the study is recognized when it is considered that the results may provide a new look to this issue, in order to guide care to the woman who has recently given birth based on concrete data about the woman in postpartum context. By this understanding, the research aims to address the woman in the postpartum context with the objective:

- To understand the feelings experienced by recent mothers.

METHOD

Exploratory and descriptive study of qualitative approach, developed in the city of Lajes/RN, Brazil, with women being part of the four teams of the Family Health Strategy. The data were produced in the period of April and May 2010 and obtained through semi-structured interview recorded by a script containing socio-demographic questions and a guiding question seeking to rescue the understanding of who has recently given birth on the guard.

The population studied were 15 recent mothers who met the following inclusion criteria: be on FHS; have favorable cognitive conditions to participate in the interview; have been entered in the Humanization Program of Prenatal and Birth (PHPN), and was at most, with 60 days postpartum. The number of participants was determined in accordance with the principles of data saturation that is, when the testimony did not bring any new information.

Before data collection, there was an authorization by the Municipal Health Secretary of the city under study, approval of the Ethics Committee of the Federal University of Rio Grande do Norte/UFRN with certificate of Introduction to Ethic Assessment CAAE number 00228.0.051.000-09 and opinion number 443/2009. The acquiescence of women who has recently given birth was also considered by signing of Informed Consent Term (TCLE). In order to ensure the anonymity of the participant, they were referenced with the letter E, followed by the serial number of the interviews.
The data were produced using a voice recorder and transcribed it in full. The re-reading of information was held, in order to organize them into categories. It was subsequently made a reassessment of records, inferences preparation and interpretation. The Organization of information collected occurred under the precepts of the Content Analysis Technique, and analyzed according to the principles of Symbolic Interactionism. The man interacts, interprets, defines and acts in his context, in accordance with the meaning attributed to situations experienced.

RESULTS AND DISCUSSION

Once the lines of the participants were worked according to Bardin, two categories were created covering the positive feelings and the negative feelings experienced by women during the postpartum.

Positive feelings experienced by women during the postpartum

Life changes after childbirth were experienced by some women as a pleasant and enjoyable experience. In the first instance, this result demonstrates a positive attitude of the mother with motherhood. The lines showed that the arrival of a child in the family is a phase of change felt by everyone, but especially for a woman. Despite changes in puerperal phase, the women interviewed points of view that experience motherhood is changing life for better.

She’s very angry, but my brothers are very fond of her and the father too. My mother forgets too much. […] I’m really enjoying being a mother. […] at home it was very quiet and now is excited. (E.1) The birth of the baby brought only better changes, it was a great joy for the whole family, even the relationship with my husband has improved. I just enjoy after she was born. (E.5).

The arrival of a new member to the family generates modifications because it brings the reformulation in their roles and in the rules of family functioning. The birth of a child is an event likely to affect differently the balance eventually enjoyed by every member of the family. For the women of this study, being a mother is of intense changes both in personal as familiar life. In the testimonies, it was observed that the support of family members, and especially of the partner, in situations of birth, interferes significantly in daily lives of women who has recently given birth.

In this sense, a study showed that after the baby is born, most fathers presented a positive emotional involvement during the postpartum, expressed through the actions of care and involvement with his wife and son. Thus, the presence of the new human being reflected in the behavior of the couple. This leads to consider the birth as a factor of changes in family life, becomes essential the understanding between parents.

The way the man understands his experience in pregnant-postpartum cycle contributes to have some positive influences on pregnancy, childbirth, postpartum and breastfeeding. In this perspective, it is considered the importance of guiding the father to his right to accompany his partner on prenatal consultations, in the delivery and postpartum, favoring a larger bond of parenthood, providing his father conditions of understanding the changes during this period.

The changes experienced by women provided personal growth, when realizing the child’s dependence. Thus, they expressed a sense of concern, responsibility and feelings of happiness, but also satisfaction for having a purpose in life realized.

We have to take care of the baby, breastfeeding. I’ve always had the desire to breastfeed until six months. It is very good at feeling breastfeeding, giving food to your son. It is very nice to be a mom. You’re not alone anymore. (E.3)

[…] It’s just not very good at dawn, because she wakes up screaming, then I’m going to breastfeed. She falls asleep, but after 2 hours she starts all over again. But it’s a good tired, because I’m enjoying my daughter, breast-feeding. […] I’m really enjoying being a mother. (E.7)

These lines reveal the postpartum as a phase full of feelings and pleasurable sensations. These emotions tend to establish the mother-infant bond, from the meaning that the son has for her. Therefore, based on the Symbolic Interactionism, the effectuation of motherhood comes from a process of interaction, in which feelings governing relations mother and son are revealed. Thus, in order to meet the needs of the newborn and maternal responsibilities, the woman does not give importance to her needs. This fact makes to understand that the attitude of women in postpartum, lead to possible maternal risk.

With this possibility, the postpartum care should be perceived by health professionals not only as an action faced on the welfare of the newborn, but also as a process that expands and reflects other interactions and women’s needs as a mother, wife and woman. Therefore, it is imperative that after the birth of a son, women who has recently given birth receive emotional, physical and informational support.
support, to experience the postpartum healthily, bringing multiple and extensive benefits to the child and family. However, even the speeches show that the postpartum was full of satisfaction, love, gratification and pleasure of being a mom, other feelings opposite to the well-being of the woman who has recently given birth were also experienced.

**Negative feelings experienced by women during the postpartum**

After the birth of her son, the woman begins to face new situation and be aware that the baby is totally dependent on her. Thus, new responsibilities and experiences emerge in her everyday life as a mother.

*It is an experience that I don’t want to go through again. It is a lot of work, I just deal with it now […] Many things have changed. Before I slept, I had a lot of time for me. But today I don’t anymore, I had more time for myself, but now I have to take care of someone.* (E.4)

Motherhood consequences are reflected in the speech of the women interviewed, when they reported having changes in their day to day in the challenge of caring for the newborn, in addition to the household chores. During the postpartum, broader feelings of motherhood appear and, because of this, it is necessary to cultivate sensitivity and patience of women to achieve the psychological maturity. Therefore, she will be able to face the problems and learn how to deal with the transformations and abnegations arising from the birth of a child.

After giving birth, the woman has her rhythm of life changed, experiencing new feelings and situations she is forced to pass, because the experience of motherhood have a lot of sensations perceived by her as something negative. Negative experiences can reach pathological situations, such as puerperal depression. It is a devastating and crippling disease, in which often the early recognition of the signs and symptoms is overlooked by health professionals and unknown by woman’s family. The care to the woman who has recently given birth by the professional needs to ensure an evaluation of psychosocial aspects involving the postpartum period, as well as the implementation of the care of holistic mode, so that the disease can be detected early.11-12

Study of two groups of recent mothers showed that there was higher proportion of recent mothers with postpartum depression, receiving little support from the family and/or friends when compared to recent mothers with this support. In this sense, the consolidation of affective bonds of mother and son and all family members contributes to the prevention of diseases and illnesses. It is also considered that the nurse working in the Family Health Strategy has a fundamental role in postpartum prevention.13

With so many changes imposed on the woman, as found in the lines of the deponents, the women who have recently given birth becomes vulnerable, realizing the constraints to their personal and social life. In this way, the postpartum can be experienced with feeling of negativity by the losses apparently in the maternity. By this possibility, the family needs to be attentive to the details of the woman who has recently given birth, taking into consideration that maternal assignments are incorporated to other roles and activities performed by her on her reality.

In the interactionism approach, the woman interacts with elements determined by her female role, her professional, personal life projects and with the implications arising from the condition of being a mother in different dimensions of her life. Based on the lines of the deponents, woman feels vulnerable with the arrival of a son, insecure and sad, before the role exercised in the family. This is justifiable when the maternal meaning is reflected in directions assigned by them to the care to the son.

The priority is to assist the child’s needs at all times, because in the social context in which they are inserted, the woman has the greater responsibility towards the child, to the detriment to self-care. Thus, the woman who has recently given birth need to be with her emotional conditions organized because the mother-child bond during the postpartum is deeply related to the progress of the mother in the stages of acceptance and participation. The survival of the child depends on the protection, care and attention provided by the mother. In this regard, greater responsibility is given to the mother, whose performance of the function is to assure the newborn, the receipt of care.14

In the postpartum, several feelings will be mixed during this period. It is a phase in which the female self-confidence is in crisis. Becoming a mother is a time of transition and reorganization of all the roles that integrate the self-concept of the woman.2 This fact was also evidenced in the lines of the interviewed women in this study.

*[…] I had no help from anyone. It makes me very sad, I felt abandoned. At the same time, I feel joy for being with my baby in my arms, I also feel a lot of sadness because*
The lines of the mothers who have recently given birth show that the postpartum is a period full of emotions arising from women’s interaction with the reality of their social context. Thus, the changes in this phase generated feelings of happiness, joy and pleasure, but also feelings of frustration among the participants of this study.

It was also observed that the experience of feelings opposite to the welfare of the vulnerable mother who has recently given birth, because the changes bring restrictions on her personal, marital and social life, since most of her time they are dedicated to the care of the child.

Generally speaking, becoming a mother implies transformations in personal and family life full of emotions and feelings of responsibility, demanding to the woman who has recently given birth and family, the planning of new projects for the future. Therefore, to experience the postpartum, the woman also begins to feel responsible for the baby and the new maternal attributions but to household chores.

This multiplicity of roles imposes an emotional overload, which in the absence of support can transform this moment in a not pleasurable experience, in addition to harm woman’s health. By this possibility, it is necessary that the professionals working in the Family Health Strategy, in particular nurses, are closer to the woman in the pregnant-postpartum period as well as listen for their needs by encouraging the performance of their feminine and maternal role with tranquility and security.

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Submission: 2014/11/08
Accepted: 2015/12/28
Publishing: 2015/02/15
Corresponding Address
Maria Helena Soares da Nóbrega Mazzo
Universidade Federal do Rio Grande do Norte
Departamento de Enfermagem
Campus Universitário
Av. Senador Salgado Filho, 5/N
Bairro Lagoa Nova
CEP 59072-970 – Natal (RN), Brazil

English/Portuguese
J Nurs UFPE on line., Recife, 9(Suppl. 2):858-63, Feb., 2015 863