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DIFFICULTIES EXPERIENCED BY RECENT MOTHERS IN HOUSEHOLD CARE FOR THE NEWBORN

DIFICULDADES VIVENCIADAS POR PUÉRPERAS NO CUIDADO DOMICILIAR COM O RECÉM-NASCIDO

DIFICULTADES EXPERIMENTADAS POR LAS MADRES RECIENTES EN EL CUIDADO EN EL HOGAR CON EL RECIÉN NACIDO

Natália Tairine Munhoz[1], Kayna Trombini Schmdt[2], Kátia Biagio Fontes[3]

ABSTRACT

Objective: comparing the difficulties experienced by primiparous and multiparous mothers in home care for the newborn. ***Method:*** a descriptive, exploratory, cross-sectional study of a quantitative approach, conducted with 43 postpartum women admitted to an obstetric private clinic in the period from June to July/2012. A questionnaire to collecting data was used, then inserted in Statistics software 8.0 database and processed by statistics. The research project was approved by the Research Ethics Committee, protocol 31213/2012. ***Results:*** according to univariate analysis, parity was significantly associated with the dependent variables: age, education, marital status, working out and type of parturition (p<0,005). Among the difficulties reported by the women in care for the newborn predominated umbilical stump care and breastfeeding. ***Conclusion:*** the evidence that primiparous and multiparous women had similar difficulties suggests the need for educational activities during prenatal and postpartum, with an emphasis on the care for the baby and breastfeeding. ***Descriptors:*** Pediatric Nursing; Postpartum Period; Newborn.

RESUMO

***Objetivo*:** comparar as dificuldades vivenciadas por puérperas primíparas e multíparas no cuidado domiciliar ao recém-nascido. ***Método*:** estudo descritivo, exploratório, transversal, de abordagem quantitativa com 43 puérperas atendidas em uma clínica particular obstétrica no período de junho a julho/2012. Foi utilizado um questionário na coleta dos dados, em seguida, inseridos em banco do *software Statistica 8.0* e tratados por estatística. O projeto de pesquisa teve a aprovação pelo Comitê de Ética em Pesquisa, protocolo 31213/2012. ***Resultados*:** segundo análise univariada, a paridade apresentou associação estatisticamente significativa com as variáveis dependentes idade, escolaridade, estado civil, trabalhar fora e tipo de parto (p<0,005). Entre as dificuldades relatadas pelas puérperas no cuidado ao recém-nascido predominaram os cuidados com coto umbilical e o aleitamento materno. ***Conclusão*:** a evidência de que puérperas primíparas e multíparas apresentam dificuldades semelhantes sugere a necessidade de ações educativas no pré-natal e pós-parto, com ênfase nos cuidados com o recém-nascido e amamentação. ***Descritores*:** Enfermagem Pediátrica; Período Pós-Parto; Recém-Nascido.

RESUMEN

Objetivo: comparar las dificultades experimentadas por las madres primíparas y multíparas en la atención domiciliaria al recién nacido. ***Método:*** es un estudio descriptivo, exploratorio, transversal, del enfoque cuantitativo realizado con 43 mujeres en el posparto, admitidas en una clínica privada de obstetricia en el período de junio a julio/2012. Se utilizó luego inserta un cuestionario para recoger datos en la base de datos de software Statistica 8.0 y procesada por las estadísticas. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, el protocolo 31213/2012. ***Resultados:*** de acuerdo con el análisis univariado, la paridad se asoció significativamente con las variables dependientes: edad, educación, estado civil, la elaboración y el tipo de parto (p<0,005). Entre las dificultades señaladas por las mujeres en el cuidado al recién nacido, el cuidado predominante muñón umbilical y la lactancia. ***Conclusión:*** la evidencia de que las mujeres primíparas y multíparas tuvieron dificultades similares sugiere la necesidad de actividades educativas durante el prenatal y posparto, con énfasis en el cuidado del bebé y la lactancia. ***Descriptores:*** Enfermería Pediátrica; Puerperio; Recién Nacido.

[1]Nursing Graduate at the Paranaense University. Cianorte (PR), Brazil. Email: natalia.etikmar@hotmail.com; [2]Nurse Neonatologist, Master Teacher of Nursing, Nursing Program of the Paranaense University. Cianorte (PR), Brazil. Email: kayna411@gmail.com; [3]Nurse, Master Teacher, Nursing Course of Paranaense University, Doctoral Student, Postgraduate Program in Health Sciences, State University of Maringa/UEM. Maringa (PR), Brazil. Email: katia.bf@gmail.com

INTRODUCTION

Maternal care is perceived by women as a duty and motherhood is seen as a psychological change, social and physical.[1] The expectation created in the 9 months of pregnancy, with a being who, even though it is not known from conception already is part of her life, with many causes of joy, satisfaction and pleasure, but at the same time she lives with many fears, insecurity and anxiety, feelings that permeate from pregnancy to the postpartum period.[2]

From birth there are changes in family routine, as the baby becomes the key element of the house. These changes are mainly in daily postpartum of women who, in addition to home care, has as duty the care for the newborn.[1] At this stage many physiological changes occur, crying, irritation, baby colic, breastfeeding, the woman should be prepared to overcome.[2]

The postpartum period is a happy moment of intimacy in the family, but also becomes a difficult period, because the daily routine of the new mother is changed. She loses sleep, is irritated and frustrated with so much to do, both domestic and in the care of the baby. Also occurs irritability, creating the feeling of remoteness of the previous life and friends, as a result of new commitments.[3]

For mothers, breastfeeding should be seen as a pleasant time of great closeness between them and their children when they show love, care and affection, providing opportunities to pass as long as possible together. Even focusing that breastfeeding is a process that generates pleasure, that consciousness breastfeeding has, is not an easy task, as it requires courage, skill, and will mainly determination on the part of women, but also, some learning and waivers.[4]

Working mothers have a greater obstacle in time to care for their children than those who do not work. This is explained when we observe that there is a greater availability of time to stay home and, therefore, are dedicated entirely to the care of the newborn, which certainly greatly reduced the difficulties of these mothers, each time the contact with the baby is much higher compared to mothers who are absent for work.[5]

The transition to motherhood is characterized as a family transfer, as the impact of experiences makes sense for all family members. The family needs should be checked by nurses, including the effects of design on each household member exposed to the experience.[2]

Recognizing the obstacles that mothers are taking care of the newborn enables us to understand which guidelines are provided by nurses on the care of the baby. We believe that the implementation of this work is likely to collaborate with professionals accompanying mothers, aiming a qualified and focused assistance to subjective reality of the family served.[5]

Given the changes experienced at this stage and the importance of interaction and formation of the bond between the mother and her baby, the aim of this study is:

● Comparing the difficulties experienced by primiparous and multiparous mothers in home care with the newborn.

METHOD

This is a descriptive, exploratory, cross-sectional study of a quantitative approach, developed in a private obstetrics clinic. Approaches were made after medical consultation, as mothers returning to the withdrawal points.

Data collection occurred from June to July 2012, using a questionnaire with socioeconomic data, obstetric history and difficulties experienced by the women, totaling 17 questions.

After collecting data, these were stored in Statistica 8.0 software program database and analyzed with descriptive statistics. For the univariate analysis there were used Chi-square test of Pearson and the Fisher's Exact test, with the dependent variable parity of mothers. In all tests the level of significance was set at $p \leq 0,05$.

The study was approved by the Research Ethics Committee of the Paranaense University (Opinion 31213/2012). The subjects who agreed to participate signed the consent form and clarified in two ways.

RESULTS

All women invited to participate in the study accepted the invitation, totaling 43 participants. Regarding parity, 55.81% of participants were multiparous, differing from previous studies, which showed a predominance of primiparous.[6-7]

Among the participants in this study were aged > 25 years old, with high school, married, white race, working out, started prenatal care in the first quarter, submitted to cesarean section, who planned the pregnancy and family income between 2-4 minimum wages. Univariate analysis according to parity was associated with: age, education, marital status, working out and type of

parturition. There was no statistically significant association between parity, race, prenatal, unplanned pregnancy and family income (Table 1).

Table 1. Univariate analysis about primiparous and multiparous mothers on the basis of the factors of interest (n=43). Cianorte – PR, 2012.

Variables	Primiparous (n=19)	Multiparous (n=24)	%	P
Age (in years)				
≤25	13	1	32,56	<0,0001[a]
>25	6	23	67,45	
Schooling				
Elementary education	7	2	20,93	<0,0201[a]
High School	10	12	51,16	
Higher Education	2	10	27,91	
Marital Status				
Single	5	0	11,63	<0,0121 [a]
Married/cohabitating	14	24	88,37	
Race				
White	12	15	62,79	0,9647
Black/dark	7	9	37,20	
Working out				
Yes	9	22	72,09	<0,0020 [a]
No	10	2	27,91	
Started prenatal care				
1st three months	14	22	83,72	<0,0723 [a]
From the 2nd three months	5	1	13,96	
None	0	1	2,33	
Parturition				
Normal	12	13	34,88	<0,0010 [a]
Cesarean	7	21	65,12	
Planned Pregnancy				
Yes	12	21	76,74	<0,0793 [a]
No	7	3	23,26	
Family Income				
< 2 minimum wages	2	1	6,98	<0,1586 [a]
2 - 4	10	7	39,53	
4 - 6	5	11	37,21	
> than 6 minimum wages	1	5	13,95	

[a] **= Test Exact of Fisher.**

The sum of the difficulties mentioned by 43 participants totaled 741, with an average of 17,2 difficulties experienced by postpartum. Table 2 shows the frequency of difficulties experienced by mothers regarding the baby care, according to the parity; important to note that each participant pointed out more than one category per variable.

Table 2. Difficulties presented by recent mothers (n = 43) in relation to caring for the babies. Cianorte – PR, 2012.

Variables	Primiparous (n=19)	Multiparous (n=24)
Bath		
Products that must be used	11	9
Water in ideal temperature	15	15
Wash head and face	14	9
Wash back and genitals	2	1
Holding the baby	14	16
Drying the baby	4	7
Insecurity by being small	-	1
Navel		
Time it takes to fall	16	12
How to perform the cleaning	15	16
What product and material use in cleaning	6	7
What to put on the belly button	8	11
Doubts about secretions and blood coming out	11	6
Care after the bellybutton fell	16	19
Nuisance	1	-
I'm afraid	-	1
Clothes		
products used in the wash	15	15
clothes for the heat	8	7
right outfit for winter	7	7
put on and take off its clothes	14	9
identify whether the baby is cold or heat	18	22
Breastfeeding		
Taking correctly	18	20
Baby's position	12	6
Time of breastfeeding	14	13
Breast to be initiated next breastfeeding	12	10
If the baby is sucking sufficiently	17	19
Diet while breastfeeding	4	5
Breasts		
Need to empty the breasts	11	15
Crack in the breasts	16	18
Swelling of the breasts	12	14
Breasts hygiene	1	2
Correct bra	2	4
Hypogalactia	2	1
Other		
Diaper rash	13	12
Soft spot	12	13
Diapers	5	5
Pacifiers and baby bottles	2	-
Burp	-	2
Hiccup	1	1
Baby cry	13	13
Gagging	8	8

Regarding the difficulties relating to the newborn bath, the most frequently mentioned were: how to prepare the water at the perfect temperature (69,77%) and hold the baby while bathing (69,77%), followed by: wash the head and face caring for eyes (53,49%) and the products to be used in the bath (46,51%).

Comparison of the difficulties experienced by multiparous and primiparous mothers is shown in Figure 1.

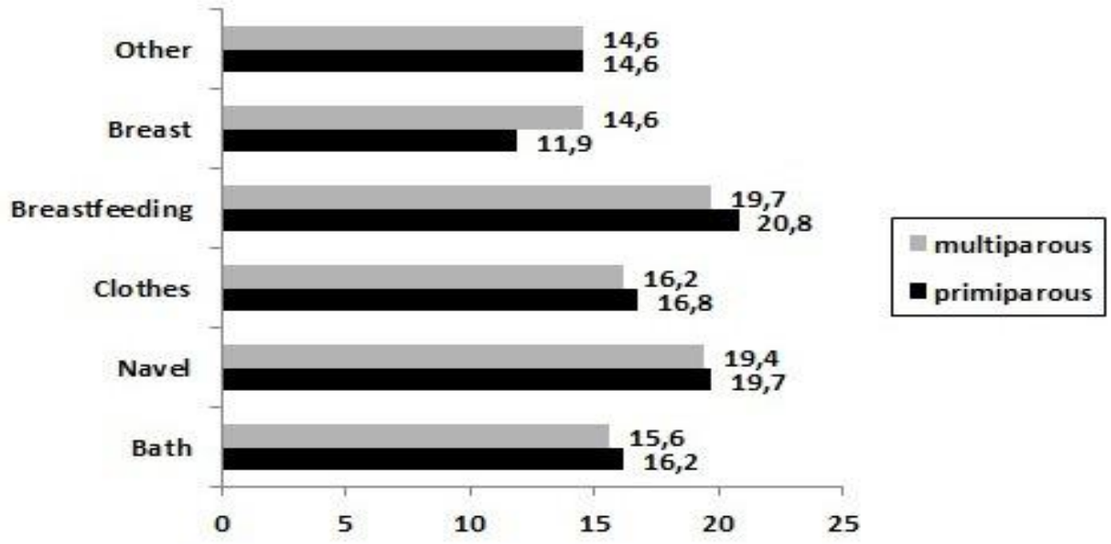

Figure 1. Percentage of the most difficulties presented by recent mothers according to parity.

It can be observed that the main difficulties reported by both primiparous mothers as the multiparous was in relation to breastfeeding and care for the navel.

DISCUSSION

It is observed that the primiparous group was, mostly, aged ≤ 25, since the multiparous predominated those aged> 25 years old, with statistical significance, corroborating with the result of the study which showed similar results to verify that in primiparous the predominant age was 10-19 years old and in multiparous age ≥ 35 years old.[8] These results may indicate the postponement of a new pregnancy. The causes for this are numerous and may be related to the desire to invest in the educational and professional career, postponement of marriage, the large and diverse availability of contraception and infertility problems.[9]

The level of education is also statistically significant. Among the respondents, the majority had high school, against another study, in which prevailed women with elementary education.[10] The variation may be related to the fact that, in that study, patients were served by the Unified Health System (SUS); unlike this study, whose participants were treated at a private clinic, comprising distinct populations economically. When comparing the primiparous and multiparous groups, note that most first calf had secondary education, while multiparous attended higher education. This data can be associated with the predominance of multiparous aged > 25.

The variable marital status is also statistically significant, mostly composed of married or had partners. It is observed that there was a prevalence of married/had partners in both groups, however, all multiparous were married, corroborating previous study .[11] With regard to race, most mothers were white, confirming results of another study.[12]

On family income predominated mothers with income around two to four minimum wages, ie, R$1.244.00 to R$2.488.00.

Referring to occupation, most of the mothers interviewed had employment. Among the activities performed, the most frequent was the seller. Another study showed different results, to find that most participants were housewives.[5] The difference may be related to socioeconomic inequality of the populations studied, which is due to the present study was performed in private practice, unlike performed with users SUS. The woman working has greater purchasing power and can invest in their gestational process.

Regarding the obstetric history, 97,6% of mothers did pre-natal care. Of these, 83,72% started prenatal care in the first trimester of pregnancy. Multiparous in a public hospital performed mostly from zero to three consultations.[13]

The type of parturition was also statistically significant, confirming the predominance of cesarean birth, in contrast to a study conducted at a public hospital.[11] In public hospitals, there are government incentives to promote vaginal birth, unlike the private sector, where it is convenient for the doctor cesarean birth, because it is faster, lack of patience in waiting for the advancement of normal or even due to insecurity birth, if delivery exit the expected evolution pattern.[14]

When comparing the different groups (primiparous/multiparous), it appears that there was a predominance of normal birth between gilts and cesarean section among multiparous women. Different results were found in another study, with a prevalence of

vaginal birth among multiparous.[11] A previous study demonstrated that previous cesarean increased by up to four times the likelihood of a new cesarean section in multiparous, with prevention of cesareans among primiparous of fundamental importance.[15] Study results showed that cesarean births were associated with a decrease in exclusive breastfeeding rate when compared to vaginal birth.[16]

Of the total participants, 76,74% planned pregnancy. In another similar study it was found that 54,6% of respondents mentioned the not planning.[2]

The variable working out also showed statistically significant association with parity. It is observed that predominated multiparous working out while in gilts that portion was minority. This data can be linked to higher vocational training for multiparous and hence greater integration of these opportunities in the labor market.

Difficulties with the newborn

The idea of baby care as a priority also brings the cultural character of the sensitivity and the small dependence and is the mother, who is there to ensure your health.[1]

Among the difficulties faced by mothers in the care of the newborn has been evident the first newborn bath.[17] Among the reasons for the difficulties of mothers in this issue are appointed fear, including the baby slide and drop immersed in the bath water and to be very small and delicate and break any member.[5]

As for the care of the umbilical stump, research has shown that the main difficulties were the care after the navel fell (81,40%) and carrying out the cleaning (72,09%). Other difficulties mentioned were the time it takes for the navel drop (65,12%) and what to put on it (44,19%). In a similar study, most mothers reported fear of manipulating the umbilical stump and not properly do its cleaning while bathing.[18] Another study demonstrated that the difficulties with the umbilical stump are very evident in the first week of life of the child, as it is seen much fear, as something "dangerous," "that can bleed." Mothers usually associate the bleeding from the stump fall with some other problem that the baby may be experiencing.[3]

Regarding the choice of appropriate clothing for the baby, the difficulty most often mentioned by the women was to identify if the baby is cold or heat (93,02%), followed by *selection of products suitable for washing baby clothes* (69,77%) and put on and take the clothes (53,49%). A previous study also showed that the mothers mentioned difficulty in the exchange of baby clothes; however, another study found that only 10% of mothers reported little difficulty related to the fear of breaking a limb in time to wear.[5]

For breastfeeding, the more difficulty mentioned by mothers was correct handle (88,37%). A previous study also showed this result.[4] Other difficulties mentioned were breastfeeding if the baby is feeding enough (83,72%), the feeding time (62,79%) and breast which should be started in the next breastfeeding (51,16%).

Among the difficulties with boobs, the most mentioned was about the cracks in the breasts (79,07%), followed needs to empty the breast (60,47%) and engorgement of the breasts (60,47%). In previous studies, these mothers also had crack in the nipple as a result of incorrect picks.[5] These results come against authors of suggestion on the subject, to stress the need for home care in the first days after birth in order to assist in the prevention of postpartum complications such as cracks, engorgement, mastitis, and especially early weaning.[19]

Regarding other mentioned difficulties, the most reported by the women was the baby's crying (60,47%), corroborating another study reports that mothers understood it as a sign that the milk was not satiating.[5] Complexity to decipher the meaning of infant crying cause feelings of worry, helplessness and frustration.[6] Crying is how the child expresses that something is not right, either by hunger, colic or even irritation.[1]

Other difficulties mentioned were rash (58,14%), "soft spot" (58,14%), choking (37,21%) and diapers (23,26%), similar to results of other studies where mothers demonstrated difficulties in diapering [7] and the lack of preparation to deal with the situation of a choking baby; there are reports of despair.[5] Among the aspiration of prevention care provided in another study, the mothers reported that they were concerned to put the child to burp after feedings and when it does not belched, they the put asides, leaning back, preventing one aspiration.[3]

It can be observed that both primiparous and multiparous had similar difficulties in caring for newborns. What draws the most attention is that in the case of difficulties with breasts, the parity had presented greater difficulties in care gilts. Primiparous and multiparous can experience similar feelings in the experience of having and caring for a newborn child, as each motherhood is a unique experience, every woman experiences a unique and nontransferable way, regardless

of the number of children who have had.[18] Before many difficulties, mothers struggle to seek the necessary adjustment in this new role, making it more affordable for support, 20 thus becoming essential nursing care during this period.

CONCLUSION

This study allowed us comparing the difficulties experienced by primiparous and multiparous mothers in home care with the newborn. According to univariate analysis, parity was associated with age, education, marital status, working out and type of parturition. Among the difficulties presented by the primiparous and multiparous in the care of the newborn, stood out in both groups the care of breastfeeding and navel.

The evidence that primiparous and multiparous recent mothers had similar difficulties regarding care for the newborn points out to the need for investment in health education, particularly in relation of care for the baby and breastfeeding. It is important to note that the education of the care of the newborn should understand the prenatal and postpartum. It is understood, therefore, that nurses can play a key role as it has the opportunity to participate in the monitoring and contribute as an educator agent during all stages of this process, minimizing the difficulties faced by mothers with newborns.

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Corresponding Address

Kátia Biagio Fontes
Curso de Enfermagem
Universidade Paranaense
Pç. Mascarenhas de Moraes, 4282 - Zona III
CEP 87502-210 – Umuarama (PR), Brazil