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ORIGINAL ARTICLE

THE PUERPERAL WOMAN HOSPITALIZED FACING THE PREVENTION OF PREGNANCY: POSSIBILITIES AND LIMITS OF NURSING

A PUÉRPERA INTERNADA FRENTE À PREVENÇÃO DA GRAVIDEZ: POSSIBILIDADES E LIMITES DA ENFERMAGEM

EL PUERPERAL HOSPITALIZADA FRENTE A LA PREVENCIÓN DEL EMBARAZO: POSIBILIDADES Y LÍMITES DE LA ENFERMERÍA

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ABSTRACT

Objective: to analyze the perceptions of puerperal women regarding reproductive planning. **Method:** descriptive exploratory study with a qualitative approach, carried out in the maternity ward of the University Hospital Antônio Pedro/RJ. We interviewed 15 mothers in the Rooming through semi-structured interviews and analyzed by content analysis technique in thematic modality. **Results:** in the data analysis, two thematic categories emerged: << Reproductive planning experienced before the pregnancy period >>; << The reproductive planning conceived after delivery >>. **Conclusion:** it is necessary to the effectiveness of actions in sexual and reproductive rights, with a focus on reproductive planning and women's rights, these rights won by the struggle of the feminist movement and the control of body as pregnancies. **Descriptors:** Postpartum Period; Family Planning; Sexual and Reproductive Rights; Nursing.

RESUMO

Objetivo: analisar a percepção da puérpera em relação ao planejamento reprodutivo. **Método:** estudo exploratório-descritivo, com abordagem qualitativa, realizada na Maternidade do Hospital Universitário Antônio Pedro/RJ. Foram entrevistadas 15 puérperas no Alojamento conjunto, por intermédio de entrevista semiestruturada, analisadas pela Técnica de Análise de conteúdo na modalidade temática. **Resultados:** na análise dos dados, emergiram duas categorias temáticas: << O planejamento reprodutivo vivenciado antes do período gravídico >>; << O planejamento reprodutivo idealizado após o parto >>. **Conclusão:** torna-se necessário a efetividade de ações com o intuito nos direitos sexuais e reprodutivos, com o foco no planejamento reprodutivo e nos direitos das mulheres, direitos esses conquistados pela luta do movimento feminista quanto ao controle de seu próprio corpo quanto às gestações. **Descritores:** Período Pós-Parto; Planejamento Familiar; Direitos Sexuais e Reprodutivos; Enfermagem.

RESUMEN

Objetivo: analizar las percepciones de las puérperas con respecto a la planificación reproductiva. **Método:** estudio exploratorio descriptivo con un enfoque cualitativo, llevado a cabo en la sala de maternidad del Hospital Universitario Antonio Pedro/RJ. Entrevistamos a 15 madres en el alojamiento conjunto a través de entrevistas semiestructuradas y se analizaron mediante la técnica de análisis de contenido, modalidad temática. **Resultados:** en el análisis de datos, surgieron dos categorías temáticas: << planeación en la reproducción experimentó antes de que el período de embarazo >>; << La planificación reproductiva >> concebida después de la entrega. **Conclusión:** es necesario para la eficacia de las acciones en el orden en los derechos sexuales y reproductivos, con un enfoque en la planificación y los derechos reproductivos de la mujer, estos derechos conquistados por la lucha del movimiento feminista y el control de su propio cuerpo como embarazos. **Descriptor:** Periodo Posparto; Planificación Familiar; Derechos Sexuales y Reprodutivos; Enfermería.

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INTRODUCTION

The woman in particular, according to age, has changes in their reproductive system so intensely that end up being the difference criterion in their lives. Among these situations there is the postpartum period, which is the period in which the uterine involution and recovery of the genitalia and it is divided into three phases: the immediate puerperium, from 1st to 10th day; the late puerperium, from the 10th to the 45th day and the Puerperium Remote, in addition to 45th day.¹

During the postpartum period women will have an amenorrhea period that is closely linked to frequency and duration of breastfeeding, by stimuli to the release of prolactin, and consequently inhibition of estrogen, becoming a contraceptive method, and without presenting health risks to the newborn and mother. However, currently the inhibition of hormonal cycle through breastfeeding should not be considered a contraceptive method.²

This fact is due to the failure to comply with the necessary conditions for the use of breastfeeding with a contraceptive method because women generally does not promote breastfeeding on demand, and the introduction of other foods before the given time promotes obstacles to the effectiveness of Lactation and Amenorrhea Method (LAM);² however, the Lactation and Amenorrhea Method should be oriented conditions for their use, and contributing as a contraceptive method. For the use of combined oral contraceptives decreases the amount of milk and may adversely affect the health of the child being given unrestricted 21 days postpartum or more without lactation.³

The delivery interval shows a huge importance to the woman and the baby. While children who were born between 18 and 23 months after a previous pregnancy have fewer problems, newborns at shorter intervals than a year and a half have increased the risk of low birth weight, premature birth, cerebral palsy and subnutrition.⁴

Based on the data presented, it is not recommended that the woman becomes pregnant in the puerperal period, both due to the physical aspects, in which the body is in a period of rehabilitation after major changes and traumas becoming fragile for a new pregnancy, and in emotional aspect, where it appears uncertain and the need to retrofit all their everyday to introduce a new child, which becomes more difficult with the event of a new pregnancy.

The Stork Network points to the need for reproductive planning, providing for customers securely the access to information, access to all contraceptive methods that are legalized and recommended by the Ministry of Health, strengthening actions to prevent unplanned and unwanted pregnancy, the action plan for prevention of unsafe abortion and strengthening of actions for teenagers.⁵ Thus, the Stork Network is established on the principles of human dignity and responsible parenthood, with free choice of the couple, competing to the State to provide educational and scientific resources for the exercise of this right, prohibited any coercion by official or private institutions.³

Nursing becomes essential in promoting reproductive planning of postpartum in women for the purpose of providing information, inputs for ensuring their sexual and reproductive rights, and it is considered a right of every citizen, and understood as the set of actions of fertility regulation that guarantees equal rights of constitution, limitation or increase of offspring by women, men or couple.⁶

OBJECTIVE

- To analyze the perception of puerperal women regarding reproductive planning;

METHOD

This is an exploratory and descriptive study with a qualitative approach,⁷ held after the examination and approval of the Ethics Committee of Medicine School of the University Hospital of Medicine Antonio Pedro (HUAP), at Universidade Federal Fluminense (UFF), it was approved as also provides for the Resolution N° 466/12 of the National Health Council, under Protocol N°. 556,591 / 14.

The study participants were 15 women in the postpartum rooming of University Hospital of Medicine Antonio Pedro. All participants signed the Informed Consent and Informed (IC) conditioned their participation, ensuring anonymity and confidentiality of information, confirmed with the use of an alpha-numeric code (P1, ..., P15) referring to "puerperal" and interview numbering in data collection. The inclusion criteria took into account: 1) women in physiological puerperium; 2) women in higher reproductive age of eighteen years old. And as exclusion criteria: 1) woman in pathological puerperium.

For the production of data semi-structured interviews were developed during the month of April 2014, in the hospital. The interviews were recorded on digital device with

permission of the interviewees; and subsequently preceded to the transcript of the testimony, which were previously submitted to perform the analysis.

To analyze the data, we opted for the content analysis technique, in the form of categorization. Content analysis is defined as a set of communication analysis techniques, to obtain, through systematic procedures and description of the objectives of message content, indicators (quantitative or not) to allow the interference of knowledge of the conditions of production/reception (rejected variables) of these messages.⁸ This enabled discuss and established the point of view of the scope of the proposed objective of the study.

From the categorization of the participants' statements the following thematic categories emerged: 1) *reproductive planning experienced before the pregnancy period*; 2) *reproductive planning conceived after delivery*.

RESULTS

• Categorization of the participants

As for the age of the women there was a predominance of mothers between 20 and 29 years-old. For the ethnic self-declared by women there was a predominance of black women. The marital status of mothers pointed to a consensual union. For the religion of women there was a predominance of mothers with Protestant religion. For the education of the participants there was a predominance of women with a high school degree. The family income of participants fell within the average of one to two minimum wages. The profession of women pointed to the majority who were unemployed.

Regarding the obstetrical history of participants it was identified that most women were primiparous. And most obtained a prevalence of caesarean section. Another issue identified was the pregnancy not planned by women.

• The reproductive planning experienced before the pregnancy period

One of the methods most used by the interviewees to prevent pregnancy was the hormonal contraceptive methods, with quotes about the contraceptive pill and the injection, but the barrier method such as male or female condom was also pointed, according to the following statements:

I used the pill, injection and condom. (P1)

I used a condom to get pregnant. (P2)

Several, I have used medication; I used a condom and withdrawal. (P4)

Yes, I used the contraceptive pill. (P5)

I took medicines, birth control pills and also the male condom. (P8)

As for the emergency pill popularly known as the morning-after pill, it was appointed as use of contraception by one interviewee as the following statement:

Yes, I used the morning-after pill, not to get pregnant, I went to health unit and picked it up and took it. (P3)

In the interviews it was possible to identify that women stopped using any method in order to get pregnant, i.e., the desire related to abdication of the use of contraceptive methods, as in the following reports:

I stopped taking the injection three years ago because I forgot, so I decided to stop forever. I stopped the pill and the condom to get pregnant. (P1)

I stopped when I decided to get pregnant. (P2)

I stopped because I wanted to get pregnant. (P6)

Among the obstacles to the correct use of contraceptive methods there was forgetting the method, according to the following statements:

I was awkward so I stopped it! (Laughs) Every time I use to forget to take medicine, so I stopped using it. (P12)

I forgot to take the medicine, and I stopped taking it. (P13)

Another reason was characterized by the exchange of the drug, as in the following statements:

When I had to change, I became pregnant in the interval. (P5)

I changed three years ago, I did not adjust myself, so I stopped, and then I got pregnant. (P14)

As for the report of the emergency pill, one interviewee pointed their use, according to the following statement:

Yes, the morning after pill. [...] Oh, I took whenever I thought I needed it. (P3)

♦ The reproductive planning conceived after delivery

The use of improperly contraception was recognized in the period of lactation, it is contrary to the recommendations of the Ministry of Health, with the use of the contraceptive pill, injection and the morning-after pill, according to the following statements:

Yes. Oh (...) To use contraceptives I guess. (P1)

[...]Going to the health unit, to take injection, until to get the surgery. (P7)

The women also pointed to the use of other methods, such as male and female codon, vasectomy, tubal ligation and even sexual abstinence during the breastfeeding period.

I will keep using condoms and my husband will get vasectomy. (P2)

I'll talk to the doctor, but I know there is a safe medicine that I can take while breastfeeding. That girl explained to me that (resident nursing). (P5)

I'm not dating anyone! (Laughs) (P8)

Not yet, but I intend to breastfeed. I got the tubal ligation. (P9)

Another issue identified was the lack of information about the appropriate methods in the period of lactation, as the following statement:

Yes. I do not know, I have to go to the gynecologist to know it. (P15)

As for the question of a future pregnancy, the interviewees pointed no longer to get pregnant and want to use contraception to stop the process of conception, as in the statements:

Oh, no, that's all okay; I do not intend to have another. (P2)

I do not intend to get pregnant! (P3)

I do not want to have another children. (P11)

DISCUSSION

Hormonal contraception should be combined with the safety and efficacy, and give it high acceptability and, in this context, it may would summarize the associations between contraception and changes in sexuality in postmodernity. Through injectable contraceptives, we can see the feminist revolution and the empowerment of women as their sexuality and the reproductive planning. Thus, the popularity and spread of the contraceptive pill were - and still are - huge, and have enabled profound changes in women's lives and in society more broadly. It is easy to see the fact that the modern woman uses a solid way to hormonal methods both for their safety as for its effectiveness, and the pill is a great reference in regard to women's empowerment and sexuality.^{9,10}

Thus, given that the use of barrier contraception method is reduced, there has been a worrying lack of concern with barrier method, especially the use of male and female codon since it constitutes an important method for dealing with sexually transmitted diseases, especially the HIV/AIDS virus, requiring an understanding beyond contraception, but a matter of public health. Besides the fact, by using the withdrawal method as having a high rate of uncertainty of

effectiveness of the method and risks of infection of sexually transmitted diseases.

Another important point is the use of emergency contraception (EC) in which it is necessary to remember that repetitive or frequent use of AE compromises its effectiveness, which will always be less than that obtained with the regular use of routine contraception. The morning-after pill, as it is popularly known, consists of a contraceptive method after unprotected sex, so it is called emergency contraception. Due to their high hormonal dosage, it causes discomforting side effects and can even cause changes in menstrual cycle, which increase in intensity as the continued use. For these reasons, the contraceptive pill should only be used when necessary, and common sense is asked by health professionals at the time of prescription. This pill is recommended primarily for women victims of sexual violence and it is indicated only in case of unprotected sexual intercourse, and should not be in everyday contraception of woman.¹¹

Infertility is usually a transitory state, which can be reversed. For example, a woman stops taking birth control is intended to become pregnant. So when the woman appropriates the desire to become pregnant, the first step is followed by discontinuation of contraceptive methods, which generates a reversible state of infertility. Once analyzed the testimony of women, we realize that the interruption is only due to there would be conception, being able to realize a great autonomy as the reproductive planning.¹²

The best way for a person to use is the one that makes comfortable and best suited to their way of life and their health condition. When there is no such adaptation, this method starts to become ineffective, since the woman will not use it properly, and causes the stop of method unintentionally.¹³

When the woman forgets the method chosen, it opens a gap in the method. This failure may consequently lead to an unwanted pregnancy. And this is applied to all methods, since all methods only get the top quality of contraception when used within the recommendations. It can be said that the failure of process is closely connected with the process of forgetting the use of the method. Once the woman adapts and uses it correctly, the failure rate reduced to near zero.

For the woman's body adapts to the method, an adjustment period is necessary; the same is true at the time of exchange. For the woman to be safe, it is required patience

and the use of double barrier, preventing securely the occurrence of pregnancy.

The objective of emergency contraception is to prevent untimely or unwanted pregnancy after intercourse, for some reason, it was unprotected. Among the main directions of AE, there is sex without using contraception, by reason of sexual violence, known failure or predicted of the method in routine use, or inappropriate use of the contraceptive. These situations are frequent. Among the failures of contraceptive, the condom failure may be mentioned, relatively common, or displacement of the diaphragm. Prolonged neglect of oral contraceptives, delay on the date of the monthly injectable, incorrect calculation of the fertile period, error in abstinence period or misinterpretation of basal temperature are some circumstances that lead to inappropriate use of the method and exposed to the risk of pregnancy.¹¹

The morning-after pill is only an emergency contraception and should only be used in an emergency such as failure of a routine method or in the case of sexual violence, and should not be used in place of the routine method. The main point about reproductive planning is planning pregnancy, both for the desire or not to get pregnant. All actions taken by health professionals in the care of women in reproductive health revolve around that decision. So then, we asked the mothers about planning their last pregnancy.

Postpartum is a rehabilitation period in women's lives, by the physiological changes that they will undergo a period of six months on average for the resumption of the body's normality. Thus, as in the previous period of pregnancy, and for the psychological adaptation, the family structure in the life of this woman and the resumption of activities where everything will be adapted to the arrival of the newborn. At that moment the woman needs to re-evaluate her life and examine her wishes and subsidies around future conceptions, in order to achieve adequate quality life to all connected to her.

Hormonal contraception during lactation has limited use due to the effects on the quality and quantity of breast milk, hormones transfer to the newborn and possible changes in children/pubertal growth.¹⁴

Nonsteroidal methods should be the first choice in the postpartum period, not to interfere with lactation or hemostatic system, but we must always have the good sense to evaluate the preference of the patient and the possible degree of adherence to these methods,¹⁴ exempting the risk to the child and increasing the security of reproductive

planning if the lactation method is not fully followed.

As for the misinformation of women as reproductive planning, sexual and reproductive behavior of the human being is related to the level of education, for those who are more dedicated to studies make use of contraception and prevent unwanted pregnancy and/or STDs.¹⁵

Based on the evidence, it is clear that the right to education is not being achieved, women over eighteen years of age have doubts and ignorance as the influential factors in their health.

After the delicate moment in the life of the woman, the period of pregnancy and childbirth, the woman will choose if she will have more children in the future. This decision is something that comes from the deep intimate of every woman and must be respected by the professional, who should only interfere in the decision if it presents health risks to women.

The trend of reducing the number of children in the population reflects the politics of reproductive planning, and growth of spending in a pregnancy. Thus, it is necessary to expand with the care of women's health when it comes to respect for guidance, input offers to promote their sexual and reproductive rights.

CONCLUSION

The reproductive planning becomes necessary to its effectiveness as the provision of specialized services with qualified professionals for guidance and programmatic actions to the population's health, especially for women.

It was possible to reveal the lack of knowledge of women about the use of contraceptive methods, such as the correct use and the method of use and recommendation according to the physiological moment that it is, and can bring frustration as to contraception and health risks for both the newborn and for the woman.

For this situation to be prevented it is necessary to the implementation of health education by health professionals, especially nurses still in gynecological appointment, so it can be an appropriation of knowledge by the user, and therefore, the reduction in occurrence of erroneous use. Thus, the identification of such data about that the women are not reaching their rights under the legislation, as this, despite the search for information in the health service, they are not getting efficient guidance from the health

professional, since a large part of the interviewees did not plan the current pregnancy.

It is necessary the effectiveness of actions for sexual and reproductive rights, with focus on reproductive planning and women's rights, which were won by the struggle of the feminist movement for the control of her body and pregnancies.

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