Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

CASE REPORT ARTICLE

EDUCATIONAL PRACTICE IN THE CARE FOR THE UMBILICAL CORD STUMP: EXPERIENCE REPORT

PRÁTICA EDUCATIVA NO CUIDADO AO COTO UMBILICAL: RELATO DE EXPERIÊNCIA

PRÁCTICA EDUCATIVA EN EL CUIDADO AL COTO UMBILICAL: RELATO DE EXPERIENCIA

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ABSTRACT

***Objective*:** to report the experience of an undergraduate Nursing student with educational activities developed with pregnant women, puerperal mothers and family caregivers as a fellow of the outreach project "Educational Program: Health of the Umbilical Stump". ***Method*:** descriptive study of the type 'experience report' which had basic health units, hospitals and households of puerperal mothers as scenario. Dialogic exposition, conversation circles and workshops were used as teaching strategies, as well as resources such as posters, brochures, booklets, a bath and babies' mannequins. ***Results*:** this experience allowed noticing that there is still a significant number of mothers and family caregivers using wrong procedures when providing care for the umbilical stump. These are based on myths and beliefs passed through generations and they endanger the health of the newborn. ***Conclusion*:** the importance of health education for the prevention of onfalites, necrotizing fasciitis, myonecrosis and neonatal tetanus is clear. ***Descriptors*:** Newborn; Umbilical cord; Health Education; Prevention & Control.

RESUMO

***Objetivo*:** relatar a experiência de uma discente do curso de Graduação em Enfermagem na realização de atividades educativas com gestantes, puérperas e familiares cuidadores enquanto bolsista do projeto de extensão "Programa Educativo: Saúde do Coto Umbilical". ***Método*:** estudo descritivo, tipo relato de experiência, que teve como cenários unidades básicas de saúde, hospitais e domicílios de puérperas. Utilizou-se como estratégias pedagógicas exposição dialogada, rodas de conversa e oficinas e, como recursos cartazes, folders, cartilhas, banheira e manequins infantis. ***Resultados*:** esta experiência possibilitou perceber que ainda existe um número significativo de puérperas e familiares cuidadores utilizando procedimentos errôneos na realização do cuidado com o coto umbilical com base em mitos e crenças perpassados de gerações em gerações, colocando em risco a saúde do recém-nascido. ***Conclusão*:** evidencia-se a importância da educação em saúde para a prevenção de onfalites, fasceítes necrotizantes, mionecrose e tétano neonatal. ***Descritores*:** Recém-Nascido; Cordão Umbilical; Educação em Saúde; Prevenção & Controle.

RESUMEN

***Objetivo*:** relatar la experiencia de una discente del curso de Graduación en Enfermería en la realización de actividades educativas con gestantes, puérperas y familiares cuidadores miéntras era becada en el proyecto de extensión "Programa Educativo: Salud del Coto Umbilical". ***Método*:** estudio descriptivo, tipo relato de experiencia, que tuvo como escenarios unidades básicas de salud, hospitales y domicilios de puérperas. Se utilizó como estrategias pedagógicas, la exposición dialogada, ruedas de conversación y talleres y, como recursos carteles, folders, cartas, bañera y manequins infantiles. ***Resultados*:** esta experiencia posibilitó percibir que todavia existe un número significativo de puérperas y familiares cuidadores utilizando procedimientos errados en la realización del cuidado con el coto umbilical con base en mitos y creencias pasados de generaciones en generaciones, colocando en riesgo la salud del recién nacido. ***Conclusión*:** se evidencia la importancia de la educación en salud para la prevención de onfalites, fasceítes necrotizantes, mionecrosis y tétano neonatal. ***Descriptors*:** Recién Nacido; Cordón Umbilical; Educación Para Salud; Prevención, Control.

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INTRODUCTION

The umbilical cord is formed by two arteries and one vein involved in a gelatinous material through which the connection between the fetus and the placenta happens during gestation, and after delivery, this is sectioned and is thereafter called the umbilical stump. The umbilical stump subsequently undergoes the process of dehydration, followed by mummification, and when it falls, becomes the commonly known umbilicus or umbilical scar. During the course of this process, the care for this structure needs to be done with great caution bacause this structure is a gateway to many pathogenic microorganisms that may cause onfalites such as granuloma, necrotizing fasciitis, myonecrosis; and neonatal tetanus, which may result in death of the newborn (NB).[1]

Especially with respect to neonatal tetanus, popularly known as "disease of seven days" because of the Clostridium tetani incubation period, this represents the most evident disease causing late neonatal mortality.[1] This disease accounts for 25% of infant mortality and half of neonatal deaths in several countries of the Americas. It is, for this reason, considered an important public health problem in the majority of developing countries, especially in Africa and Southeast Asia, where this disease occurs frequently.[2-3] Eradication is possible, provided there is an improvement in the educational level and supply of health care, especially with regard to prenatal care.[4]

The occurrence of this disease suggests that attention is needed in the care provided during prenatal, childbirth and in the care for disabled newborns, especially with regard to tetanus vaccination in the period of pregnancy and to the care of the umbilical stump. Tetanus is associated, in general, with low socioeconomic conditions of the population. This is in line with a study carried out with 19 mothers whose children died due to neonatal tetanus in Minas Gerais/MG. The results showed that 14 of them were living in rural areas and five in urban areas with rural characteristics; only five had took some shots of tetanus vaccine; each had an average of 3.8 children and the family income was only one minimum wage.[2,5]

Therefore, the importance of prenatal care to pregnant women is obvious, considering that the purpose of this service is to prepare women for motherhood and promote maternal and child health. The prenatal care opens space for educational information about the care that needs to be given to the fetus, the childbirth and the NB and provides essential guidance on lifestyle habits and prenatal care. Many pregnant women, despite using this service, still reach the puerperal phase without the necessary prior knowledge about the proper care for the umbilical stump. Thus, it is essential to think about strategies to increase the access of pregnant women to prenatal care service, as well as to improve the quality of consultations, strengthening the hosting of these women in order to ensure greater adherence to the program.[6]

It is known that after delivery, the puerperium begins, and while hospitalized, women are usually installed in Rooming-in systems where healthy NB are kept close to their mothers until discharge. This is an ideal moment to encourage family participation in the care through the interchange between the multidisciplinary team, the puerperal mother and family caregivers.[7-8] Thus, this system enables the development of educational activities to be carried out by the multidisciplinary team, particularly the nursing team. The care permeated by cultural practices passed from mothers to daughters is very intense in this period, considering that from the time of discharge, the care for the umbilical stump starts to be carried out by lay people, whose practices are based on the so-called common sense or empirical knowledge.

We emphasize that this notion of care can often bring risks to infants' health since it is based on myths, beliefs, customs and superstitions passed through generations, such as the fact of placing a coin or deleterious substances in the navel. This shows that cultural and intergenerational heritage is present and rooted in the people who care for infants in households. These practices favor the onset of onfalites, and that is why health professionals need to be aware, since they must respect the beliefs and cultural practices of each family and at the same time prevent that harm to the health of infants continue to be caused.[9-11]

Thus, it is necessary to adopt health education actions through the implementation of educational practices aimed at the subjects' autonomy on how they conduct their lives, allowing the full exercise of citizenship.[12]

It is noteworthy that this practice represents one of the key elements to promote a way of caring that leads to the development of a critical, reflective and emancipatory consciousness when it cooperates to the construction of knowledge that help people to take better care of

themselves and their families[13]. Therefore, it is essential to use health education to disseminate information on the prevention of infections of the umbilical stump, especially those relating to the tetanus vaccine, the importance of monitoring pregnant women in prenatal care, the need to use 70% alcohol when cleaning, proper drying of the base of the umbilical stump and surrounding areas. All this care is needed because morbidity and mortality from neonatal tetanus still represents a public health problem.

Therefore, there is a clear need for professionals who know how to act in multidisciplinary, interdisciplinary and transdisciplinary ways, that is, professionals who are able to work in various environments and know how to deal with different situations in their fields. Thus, the inclusion of fellows in outreach projects such as the "Education Program: Health of the Umbilical Stump" implemented for more than seventeen years in one university of the countryside of Bahia has been translated into a great opportunity to practice health education with students in the health field.

OBJECTIVE

- To report the experience of an undergraduate Nursing student with educational activities developed with pregnant women, puerperal mothers and family caregivers, as a fellow of the outreach project "Educational Program: Health of the Umbilical Stump".

METHOD

Descriptive study, of the type ‘experience report’, built from the systematic observation of a reality that was lived, and the findings relating to relevant theoretical basis.[14] Thus, the study was developed using the experiences with health education actions in the outreach project entitled "Educational Program: Health of the Umbilical Stump" implemented in the State University of Bahia (UESB) since 1998.

The scenario was the Rooming-in units of two general hospitals located in Bahia, basic health units and the homes of the puerperal mothers.

Educational activities were conducted with pregnant women, puerperal mothers and family caregivers of NB, using the following teaching strategies: dialogic exposure, conversation circles and workshops. As teaching resources, we used flip charts, posters, mannequins for simulation of care with the umbilical stump, bathtub for simulation of bathing NB, distribution of bottles containing 70% alcohol, folders and/or educational booklets.

In the rooming-in units, mothers were enrolled in the project by completing a clinical file, whose information made possible identify their prior knowledge about the care to be given to the umbilical stump and the need or not for home visits, which were made by coordinators, fellow students and volunteers.

Dialogic exposures were held in the basic health units with pregnant women enrolled in prenatal service, addressing issues related to the care of the umbilical stump and bathing NB.

In the puerperal mothers' homes, the umbilical stump of the newborn was examined, treating it with 70% alcohol and in cases of infection, as many visits as needed were made until the stump was completely healed and the NB was free from risks that could affect its life.

Whereas many of the indispensable procedures to the care of the umbilical stump are unknown for most of the puerperal mothers who come to hospitals, the project offers, through educational activities, the access, by the target population, of the following information: bathing the NB with rinse, bathing the NB in the bathtub with the device open, proper drying of the stump base and its entire length, applying 70% alcohol several times a day, using diapers below the stump in order to avoid the smothering, avoiding the use of bands to keep the aeration of the umbilical stump, among others.

RESULTS

It is initially highlighted that the "Educational Program: Health of the Umbilical stump" enabled much learning on the subject being studied, and stands out for its fundamental importance in the health of the infant and family caregivers, thus becoming an essential project for the training of any student in the health area, particularly Nursing students.

Direct contact with puerperal mothers, whether in hospitals, in basic health units or in homes, opened up an opportunity to realize that lack educational measures and basic investments in prenatal care with the purpose of making pregnant women better prepared to effectively care for their child. This way, the horizontal communication between nurses and users of the service represents a pedagogical tool of utmost importance. This is one of the most valuable experiences lived during the participation of a fellow of that project, but at the same time worrying, because this

reality needs to be transformed with a view to reduce neonatal mortality by onfalites and neonatal tetanus.

It was found that most of the puerperal mothers enrolled in the project were unaware of care measures to be applied to the umbilical stump. This situation is considered even more serious when it was observed that the majority of mothers treated were young women with low level of education, comming from the countryside and belonging to the poorest social classes of public resources, such as education, sanitation, health and housing. This shows that the lower is the education level, the lower is the knowledge on umbilical stump care measures, although it is known that the lack of information may also be caused by the absence or deficiency of an adequate prenatal care.

On this issue, it is important to note that larger studies show that, historically, there is a disparity in the rate of infant mortality among children from rich and poor families and/or between children of mothers with higher education and without education, with the possibility of reaching extremely high values. A greater number of dead children is observed among poor families and daughters of uneducated mothers, showing an inequality of death rates.[15]

In this sense, it is evidently important that educational activities in prenatal services and in the rooming-in be carried out by health professionals, especially by nurses, since nurses have as one of their functions to socialize knowledge with a view to improving the quality of life and health of pregnant women, puerperal mothers and family caregivers of NB. Thus, it is noted that health education fits in the context of nursing practice as a manner of establishing a dialogical-reflexive relationship between nurses and clients.[16]

This shows that health education is closely related to the care and refers to the double role played by health professionals who are also educators par excellence. This is not it a simple task, since it is not limited to transmission of information, but to the practice of sharing, exchanging the knowledge being developed in the daily work. This practice should be based on the active participation of users, according to their needs, beliefs, representations and life stories, so that they become co-participants in this process and perceive themselves as subjects of transformation of their own lives.[13,16]

It is noteworthy that popular practices can be evidenced in the health area, as individuals seek ways of treatment and prevention of diseases different from those adopted by conventional medicine. There are people that, at the same time or alternately, seek traditional healers, use teas, make magic, earnestly adhere to a religion and or follow the treatment prescribed by the doctor, mixing or not in care.[17]

However, the discussions with pregnant women and puerperal mothers in prenatal services and rooming-in showed that there is a failure in communication between these and health professionals regarding the care of the umbilical stump. Many mothers are still unaware of the proper care that this structure needs or base their care on myths and beliefs passed from one generation to the other. They use coins, almond oil and even chicken feather powder, shoe soles, etc. , which are highly popular practices that are harmful to the health of the NB. This shows that there is a need for re-patterning the cultural care, as described by Leininger in the Theory of Diversity and Universality of cultural care.[10]

It is also clear the need for greater dialogue between professionals and families of pregnant and puerperal women, as the grandparents, aunts, mothers in law, bridesmaids and other relatives are the oner that very often are willing to take care of the umbilical stump of the NB. However, for cultural reasons, most of these potential caregivers still believe in superstitions such as "you can not sanitize the newborn in the first seven days of life", among other erroneous theories stratified in popular traditions. This is why these people were also target of the educational work of the fellow during her participation in the project.

Thus, based on popular knowledge, the umbilical stump is a target surrounded by evil. Taking care of the umbilical stump very often causes "surprise", "fear" to the caregivers of the NB, who put into practice their wildest forms of treatment of the stump. This reinforces the argument that the dialogic and participatory communication is an essential vehicle in health services, where caregivers and professionals meet to transform the reality of the health of the assisted population.[1]

It is understood that actions undertaken in the project are extremely relevant in the sense that they also enable university students and health professionals as well as students of technical nursing schools aiming to keep them updated about the importance of proper care of the umbilical stump and on the possible harm that the stump may cause if its care is neglected, affecting not only the pregnant

and the puerperal women, but the whole family, since in many cases, people connected to puerperal by parental ties are the ones responsible for the care of the umbilical stump.

Therefore, it was possible, through the experience as a owner of a scholaship of this outreach project, to realize that the educational activity is not something imposed so that people accept it without questioning the knowledge and practices transmitted to them. The activity does not consist only in passing information, disclosing or transfering knowledge on how to have health or prevent diseases. This would not help people to be healthier and have a better quality of life, as the necessary transformations that need to be obtained, maintained and claimed occur when there is the participation of all parts involved in this process (individuals, popular groups and health professionals).[17]

CONCLUSION

The experience as a fellow of the outreach project "Educational Program: Health of the Umbilical Stump" provided an opportunity to experience educational activities related to newborn care, providing constant updates on the proper care to be be given to the umbilical stump and its deployment base and about the possible risks that surround this structure, which if contaminated may cause damage and health problems to the NB.

This experience also allowed the observance of the need for a more effective dialogue between health professionals, pregnant women, puerperal mothers and family caregivers. There was a perception of the existence of a gap in the communication between them, which may explain the fact that, at homes, the caregivers still base their care on myths and beliefs passed through generations, such as the use of harmful substances in the treatment of the stump that may compromise the health of the NB, or even cause death.

Therefore, the importance of health education as an emancipatory practice that contributes to the autonomy of subjects is stressed. Through it, pregnant women, puerperal mothers and family caregivers may be sensitized to abandon the crystallized knowledge and to adopt a new and proper way to take care of umbilical stump with a view to prevent onfalites, necrotizing fasciitis, myonecrosis and neonatal tetanus.

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Submission: 2015/11/07
Accepted: 2016/10/13
Publishing: 2016/11/15

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