



SOCIAL REPRESENTATIONS OF PUERPERAE ABOUT NEWBORN CARE AT A PHILANTHROPIC MATERNITY HOSPITAL

REPRESENTAÇÕES SOCIAIS DE PUÉRPERAS SOBRE CUIDADOS COM O RECÉM-NASCIDO EM UMA MATERNIDADE FILANTRÓPICA

REPRESENTACIONES SOCIALES DE PUÉRPERAS ACERCA DE LA ATENCIÓN NEONATAL EN UN HOSPITAL DE MATERNIDAD FILANTRÓPICO

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ABSTRACT

Objective: to analyze the social representations of puerperals about caring for the newborn. **Method:** a descriptive study of a qualitative approach centered on the social representations theory and developed in a philanthropic maternity hospital in Bahia/BA. The sample consisted of 10 immediate postpartum women. Data production occurred from semi-structured interviews and the analysis was performed by qualitative analysis technique. **Results:** postpartum women are the main owner of the care to the newborn, although gradually accept the participation of family members and health professionals in sharing this attention. **Conclusion:** it becomes necessary greater attention from health professionals about the representations of mothers regarding the care of the newborn in the postpartum period, respecting their singularities and strengthening the participation of professional and family at this stage of life. **Descriptors:** Newborn; Child Care; Obstetrics; Nursing.

RESUMO

Objetivo: analisar as representações sociais de puérperas sobre cuidados com o recém-nascido. **Método:** estudo descritivo de abordagem qualitativa centrado na Teoria das Representações Sociais e desenvolvido em uma maternidade filantrópica da Bahia/BA. A amostra constituiu-se de 10 puérperas imediatas. A produção dos dados ocorreu a partir de entrevistas semiestruturadas e a análise foi processada pela Técnica de Análise de Conteúdo Temática. **Resultados:** a puérpera constitui a principal detentora do cuidado ao recém-nascido, embora aceitem gradualmente a participação de familiares e profissionais de saúde no compartilhamento desta atenção. **Conclusão:** torna-se necessário uma maior atenção dos profissionais de saúde sobre as representações das mães no que tange ao cuidado com o recém-nascido no período do pós-parto, respeitando suas singularidades e reforçando a participação dos profissionais e familiares nessa fase da vida. **Descritores:** Recém-Nascido; Cuidado da Criança; Obstetrícia; Enfermagem.

RESUMEN

Objetivo: analizar las representaciones sociales de las madres puérperas acerca del cuidado al recién nacido. **Método:** estudio descriptivo de enfoque cualitativo centrado en la teoría de las representaciones sociales y desarrollado en una maternidad filantrópica en Bahía/BA. La muestra consistió en 10 mujeres en el posparto inmediato. La producción de datos ocurrió a partir de entrevistas semi-estructuradas y el análisis se realizó mediante la técnica de análisis cualitativo. **Resultados:** las mujeres después del parto son el principal propietario de la atención al recién nacido, aunque gradualmente aceptan la participación de los miembros de la familia y los profesionales de la salud en compartir esta atención. **Conclusión:** se torna necesario una mayor atención por parte de los profesionales de la salud acerca de las representaciones de las madres con respecto al cuidado al recién nacido en el período post-parto, respetando sus singularidades y el fortalecimiento de la participación de los profesionales y la familia en esta etapa de la vida. **Descriptor:** Recién Nacido; Cuidado de Niños; Obstetrícia; Enfermería.

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INTRODUCTION

Care is part of human nature since the beginning of social life. Thus, care practices were carried out in order to enable the development and healthy growth. However, this form of care is influenced by culture, physical and emotional environment and the social structure in which the individual is inserted, since the concept of health and illness is changing every time. Furthermore, care can be determined by information passed through family and health professionals from different generations. This knowledge is transmitted by more experienced people through their daily experiences and often anchored by relations of affection, so care practiced becomes dependent on values rooted in private and public relationships.¹

The care offered by mothers to their newborns in the immediate postpartum period includes multiple interferences. This puerperal phase can be defined as the period in which the changes in the woman's body, due to pregnancy and childbirth itself is back to its pre-pregnancy state, being between the first and tenth day at postpartum.² At this stage of the life cycle, the woman undergoes intense changes in her body, both physical and emotional. It is a period marked by mixed feelings that often present themselves ambivalent; for example, euphoria and relief at meeting account with the real baby. Thus, the mothers unveil different meanings due to the experience of being a mother and the arrival of a new member to the family, requiring adaptations to exercise and understand the exercise of motherhood.²

Child birth leads the woman to a time of reevaluation and reorganization of her offices as a mother and wife.³ In turn, representations can be characterized as anything that form concrete and symbolic content in thought and shown as a reflection of previous perceptions. Thus, maternal symbologies become the central axis of the triad relationship mother-child family.⁴ It should be noted that in the puerperal period, there is not only the mother-father integration, but also the family and community, building a unique experience for all who participate.² Thus, the subjects elaborate meanings about the events experienced in daily life and that they are generated in the interactions and group dialogues, which can be seen in the puerperal phase.⁵ In this sense emerged the questions:

What social representations of mothers on the care of the newborn immediately after birth? The care to the newborn developed in

the immediate postpartum period is attentional or uncommitted? There is a maternal guidance for the care of your child is developed by health professionals, family or friends?

It is believed that the study will help in the development of health professionals who work and train nursing students and related areas to the extent that will reveal these meanings developed by mothers on the care the child in the immediate postpartum period, pointing to a more welcoming and humane care with respect to the binomial characteristics, thus justifying the research that aims at analyze the social representations of mothers about caring for the newborn.

METHOD

This is a descriptive, qualitative study focused on the Theory of Social Representations. The qualitative study aims to interpret facts and seek solutions to the proposed problem, describing its complexity, analyzing the interaction between the variables and understanding the dynamic processes presented. This research allows more deeply, the interpretation of the peculiarities of the behavior of each individual.⁶

This research proposal makes it possible to understand the cause and effect of the phenomenon, allowing the arrival in its truth and reason. In turn, a descriptive approach allows the description of the given population characteristics, identifying the relationship between the variables.^{7,8}

The study of the locus was defined by a philanthropic maternity of Bahia. The choice for this service was given by being the only local maternity and has a large number of mothers in rooming sector. In addition, the establishment of health in question is a practice field of academic activities of Nursing and Medicine courses at the State University of Santa Cruz (UESC) and has easy access to the development of research.

The study subjects were immediate postpartum women, or women who gave birth and were on the 1st to the 10th day after birth, followed by the whole of that maternity housing sector.

Inclusion criteria were: women over 18 years of age, who were the first to tenth day after birth, who did not show physical and emotional events during the period after childbirth, they had full civil capacity, who agreed to participate by signing the Informed Consent (IC) and that were being followed in

the rooming sector. Those who do not fit this profile have been excluded.

Data were collected through a semi-structured interview, using a script containing the sociodemographic characterization of the interviewee and open questions. It is significant that the interviews took place in maternity facilities and were analyzed using thematic content analysis technique after they have been fully transcribed. The content analysis it is possible to find answers to the questions that have been made in research and confirm whether or not the assumptions made. As uncover what is behind what has been reported, going beyond what is apparently visible. Therefore, we proceeded to the steps of pre-analysis, material exploration, classification and categorization.⁹ Participants were identified by pseudonyms queens, chosen by them, from a list provided by the researcher.

It is significant that the approach to the study of subjects and data collection took place after full approval of the Research Ethics Committee (CEP) in the opinion of the number 476.300 and CAAE 22651513.0.0000.5526, at which time the goals were clarified the research approval and signature of the Informed Consent (IC) in cases of voluntary participation. The research followed Resolutions N° 196/96 and 466/2012 of the National Health Council covering all its ethical aspects.^{10,11}

RESULTS AND DISCUSSION

The findings allowed determining the sociodemographic profile of the seven interviewed mothers. They were aged between 18-39 years old. Two had completed higher education and two, incomplete, one had completed high school and one incomplete and one incomplete primary education; only one participant was unemployed, two were teachers, two acted as domestic and two were students; four had stable union, two were married and unmarried; three were catholic and evangelical four; five had only one child alive, one had two living children and had three or more.

After defining the deponent, interviews were transcribed preserving the original speech, read exhaustively classified according to their homogeneity, categorized in order to meet the proposed object and, finally analyzed in depth being defined three categories, namely: the eminently biologicist care to the newborn versus the psychosocial dimension of care; the mother as primary care holds the newborn versus the shared attention

and appreciation of postpartum women about the care provided by health professionals.

♦ The care eminent to the newborn versus the biologicist psychosocial attention dimension

Actually most of the services, care of meaning focus on carrying out technical procedures as opposed to the relational model. Such symbolism remains rooted in health production units, like the hospitals that despite the health care model is in transition, still characterized by medical-centered being based on curative care.

It showed that the mothers related biological care as the most important for the development of the children and used their own body as unique mechanism of nutrition for proper growth of the newborn. This eminently physiological conception of care to the newborn remains unswerving reproductive approach remnant of maternal and child health policy of the 70's, which is defined by attention restricted to the maintenance of an army of healthy children. This situation was evident in the following lines:

[...] I don't have a good memory, but bathing, breast-feeding, taking her to the doctor [...]. (Elizabeth)

[...] breast-feeding, giving vaccine and bathing [...]. (Helena)

[...] breastfeeding, giving vaccine, hygiene has to be [...]. (Sophia)

[...] breastfeed on time, stay tuned if he has any diaper rash, leave no choke, these things [...]. (Mary)

Much of symbolologies are produced by mothers, due to the fact that the birth was associated by the twentieth century, the hospital itself. It is noteworthy that the first civilizations experienced the process of childbirth as a natural event and worshiped numerous social meanings.¹² Previously, childbirth represented an intimate woman unveiled process and their role without interference from professionals or hospitals.¹³ However, it is understood that birth has been managed as a biomedical act in which women remain in hospital surrounded by care practiced by health professionals often hindering their freedom to take care of their own son.

In addition, care referred to by mothers show a high value for the care related body over the psychosocial approach, as pointed out below:

[...] bathing, breast-feeding ... all we do care. Be careful [...]. (Isabel)

[...] the bath, 'huh'?! Clean the belly button, change clothes, breastfeeding too. Be careful [...]. (Victory) [...] the care I think it's

Moreira MA, Novais LT.

Social representations of puerperae about...

important, because by then she will be a healthy child, a child with more vitality [...]. (Cleopatra)

It becomes necessary that the mothers understand the importance of affective care developed by them, by the multidisciplinary team and family. Therefore, the connection between mother and child needs to happen in the post-partum so that the bonds have a positive impact on future relationships. Feelings of warmth, affection and love between mothers and children provide a positive emotional climate for the formation of personality and social relationships with the baby.¹⁴

It highlights the need to work with the importance of psychosocial care for mothers, especially those who gave birth in hospitals. Care appointed by mothers in the immediate postpartum period is shown to be limited, as they focus on body development of the child. Thus, the emotional, psychological, behavioral and socialization care should be part of everyday care of mothers and children.

♦ The mother as the main care-clamp to the newborn versus shared attention

In the course of social history, the roles of men and women were defined in the public and private space, especially within the family unit.

The role of caregiver of the children fell initially to the woman, and that it should take responsibility for the safe development of children. On the other hand, men fit the role of work in the labor market and bring supplies for the family.¹⁵

From the social and women's movements, the spaces of female insertion began to change, and one can view the performance of the same at all levels of society. However, there is a belief that the unit mother / child is inextricably linked and that it is exclusively the woman directing the care of her child in the immediate postpartum period.

So when asked about the primary caregiver of the baby, the mothers said they first were the same as shown in the following statements:

[...] I, of course. The mother [...]. (Cleopatra)

[...] the mother [...]. (Elizabeth)

[...] care is important and I do [...]. (Isabel)

[...] I think it's important, especially in nursing. The mother [...]. (Maria)

There is in society an overvaluation of the maternal role, creating a difficulty to parents and other family members take direct care to their children. It is believed that the attention given to the newborn by his father and family would create definite links with equitable distribution of maternal and paternal roles.

The nurse can play a key role in this process; he has the opportunity to contribute as an educator agent during all phases, incorporating other caregivers.¹⁶

Although mothers are trenchant on the care given to the child, it is clear that some of the share with a family member or health professional, as evidenced below:

[...] I think it's good, right?! As in the first days after childbirth in hospital, it is very important that the same nurse was helping me, on my side, showing what to do. People who must take care of [...] I think so, the pediatrician and I too, huh?! [...]. (Vitória).

[...] I think it's important and apprehensive. I'm afraid to get hurt, and I don't know, get in the wrong place, the person who picks up too, I'm so apprehensive. Who should take care, Grandma, I and my husband [...]. (Sofia).

The time of puerperium is a period in which mothers undergo physiological, psychological, emotional, sexual and behavioral changes as well as in family composition. Therefore, it is necessary to find sources of support, through health professionals, who play child care while some mothers are prevented.¹⁷ Then, the family and the health team are sources of help for postpartum women in order care extended to newborn. Mothers reported a desire to practice caring for their newborns, but this became difficult because of institutionalized delivery with unnecessary interventions or pain during the post-partum period. This makes impossible the care from mothers to their children, due to the medicalized and dehumanized model of birth, most in public hospitals.

Women who go through this process feel manipulated and insecure regarding the care of their children. When comparing the types of births, it is shown that in normal birth women experience pain during this time, but it is tolerable to be a natural process of the female body. On the other hand, cesarean section provides prolonged pain and generates limitations in caring for the newborn.¹⁸ Furthermore, in normal birth the woman is active process subject and has leadership throughout the course, which does not occur in caesarean section. This causes occurs a mother away from his child care itself, affect the approach and to create bonds between them. Thus, maternity often limit the empowerment of women and their families, controlling how should occur childbirth, who will be involved, as the mother's contact with the child and the behavior of people involved in the process will be defined.¹⁹

Given the difficulties imposed by institutionalized childbirth, women mainly use

family to exercise care. When a family takes care of the baby, the postpartum women feel more supported and quiet, knowing that this is someone with emotional bond formation.²⁰ One can see multiple feelings of mothers regarding the care performed by others, as defined below:

[...] my family just in time that I came to win baby, but here in the hospital only the midwife. Ah, I felt good. Have nothing to talk, [...]. (Cleopatra)

[...] my brother, my mother, my godmother. Oh, I like it, I like it. It's good to know that she's 'beloved, 'huh'? [...]. (Vitória)

[...] my cousin and the girls who are in the room with me... Oh, I like, I think it's beautiful. A gesture of solidarity, 'huh' [...]. (Maria)

Also, there is the fear factor that is experienced by women for not being the same who will be in the immediate care of babies, creating sometimes a discomfort or unease. This fact is evident in the following statements:

[...] had yes. The lady there, she picked it up, put it on the bed, changed his clothes. My husband came here, but I didn't. Oh, I don't like it, don't. I'd rather take care of myself (laughs) [...]. (Helena)

[...] looked after; my mother and my mother-in-law, and nurse. I felt nervous, afraid to get wrong, getting hurt. Now my mother was changing his diaper and my mom doesn't know change. I was sick there, if I could just take and changed (laughs), but you can't, 'right', because of the position [...]. (Sofia)

It visualized that the family plays an important role in caring for postpartum woman and her baby. After the birth of a new member of the family dynamics will change, but the support of partner and other family members are essential to ease the mother's insecurities in relation to the care of her child and help enhance the trinomial father's relationship parent-child.¹⁷

The family serves as a source of support for the construction of the individual. The family living gives up differently and unique to each component that it lives and it is from her that develops the personality and socialization.²¹

♦ Appreciation of who has recently given birth about the attention received by the health professionals

The postpartum period is a period in woman's life where there is need for attentional look by health professionals from different specialties. Thus, essential measures must be taken with regard to the care of the mothers and their children, based on the prevention of complications, physical and emotional comfort, in addition to educational activities that are an important tool to give

the binomial conditions for construction of self-care. These actions should be based, sensitive listening and appreciation of the specificities of women's demands.²²

The care of health professionals should not be purely technical or purely relational.²³ There is the need to be a balance between the technical and scientific knowledge and expressive. Thus, it was shown that mothers value the relational care, which can be seen in the following speeches:

[...] well, great. These are people who are educated and be careful all the time [...]. (Maria)

[...] Oh, I liked it because they treat you well. I like [...]. (Victoria)

[...] wonderful. Have to say no. All the best [...]. (Cleopatra)

[...] good. Handled properly her [...]. (Elizabeth)

For these women, the period of the immediate postpartum period points to a detailed consideration of health professionals in relation to emotional and physical situation. The positive satisfaction of mothers in the maternity hospitals due to the fact that they are continuously assisted throughout the healthcare team according to their actual needs.²⁴ Therefore, it is important that professionals are at any time appreciating the emotions of these mothers and attentive to the care of newborns.

Women, in general, reported having their expectations met by simply having their emotional needs met. These women seek to meet their personal demands and when satisfied reveal appreciation to multidisciplinary care provided in the immediate postpartum as emanating from below²⁴:

[...] I think it's good, like I said, 'huh'? I was well attended, had attention as well and all, the midwife was careful, all right. There, I enjoyed [...]. (Helena)

[...] Oh, I liked it because they treat you well. I like [...]. (Vitória)

It notes that health care professionals are based on cordiality and readiness; however, there is a need to expand these concepts, especially in the puerperal period. Some mothers feel insecure because of submission to institutional power, which makes them see the dependent status of that service and not as protagonists of self-care actions.²²

To reverse this model, women need reliable information on self-care and son, guaranteed by quality care as shown below:

[...] the care was great. They gave bath right, looked after properly, they didn't hurt her [...]. (Cleopatra)

[...] already did, it has already taken a shower. It felt good, at least 'okay' handling. Not all bullying and not doing anything too much [...]. (Isabel)

Thus, important aspects as listening and dialogue in interpersonal relationships between mothers and health professionals are fundamental to the humanization of care. The family approach differentiates the care provided and enables the planning of actions according to the situation of children cared.²⁵

The health professional should be the transforming agent of care for children and be trusted by parents and comfort.²⁶ It is believed that the technical care is important for mothers and their children; however, they should not replace the care and respect for the social needs of the binomial.

CONCLUSION

The puerperal period establishes intense transformations in the lives of women and their children. At this stage, it is evident the need of mothers for support and help in caring for the newborn, delegating and sharing together with family members and health professionals. Therefore, the care provided by mothers to the baby suffers influence of socio-cultural aspects.

It comprised that mothers still credited themselves much of the responsibility in the attention to the child, but the family and health professionals are beginning to take a gradual space provided by these mothers so that they do this with care.

In addition, the care provided by mothers, families and health professionals regarding the newborn focus on the biological dimension. However, the social representations of mothers point to an emotional and affective care during the care of newborns.

It is understood that health professionals, family and mothers play an important role in caring for the newborn, many of which, anchored by continuing education in health services.

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Moreira MA, Novais LT.

Social representations of puerperae about...

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