



SELF-CARE PRACTICES: WOMEN IN THE PUERPERAL PERIOD

PRÁTICAS DE CUIDADO DE SI: MULHERES NO PERÍODO PUERPERAL

PRÁCTICAS DEL CUIDADO DE SI: MUJERES EN EL PERÍODO PUERPERAL

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ABSTRACT

Objective: to know the self-care practices by women during the postpartum period. **Method:** field study, descriptive, with a qualitative approach. Data were collected through semi-structured interviews, involving thirteen women, and analyzed them using thematic content analysis technique, as the operative proposal. **Results:** self-care practices carried out by women during the postpartum period are concentrated around the home, hygiene, nutrition, drug use, sexual activity and also breastfeeding and child care. The myths regarding puerperal emerged mainly in the self-care practice in the family. **Conclusion:** the culture was representative in the care provided during the postpartum period. In this sense, the cultural influences of the mothers, as well as the socioeconomic and environmental aspects need to be considered by health professionals to provide quality and appropriate care. **Descriptors:** Nursing; Women's Health; Postpartum Period.

RESUMO

Objetivo: conhecer as práticas de cuidado de si realizadas por mulheres durante o período puerperal. **Método:** estudo de campo, de caráter descritivo, com abordagem qualitativa. Os dados foram coletados por meio de entrevista semiestruturada, em que participaram treze mulheres, e analisados por meio da técnica de análise de conteúdo temática, conforme a proposta operativa. **Resultados:** as práticas de cuidados de si realizadas pelas mulheres durante o puerpério, concentraram-se em torno do repouso, higiene, alimentação, uso de medicamentos, atividade sexual e também a amamentação e os cuidados com a criança. Os mitos em relação ao puerpério emergiram, principalmente, nas práticas de cuidados de si desenvolvidas no âmbito familiar. **Conclusão:** a cultura foi representativa nos cuidados realizados durante o puerpério. Neste sentido, as influências culturais das puérperas, bem como os aspectos socioeconômicos e ambientais, precisam ser consideradas pelos profissionais da saúde, a fim de prestar um cuidado de qualidade e apropriado. **Descritores:** Enfermagem; Saúde da Mulher; Período Pós-Parto.

RESUMEN

Objetivo: conocer las prácticas de cuidado de sí realizadas por mujeres durante el período puerperal. **Método:** estudio de campo, de carácter descriptivo, con enfoque cualitativo. Los datos fueron recogidos por medio de entrevista semi-estructurada, en que participaron trece mujeres, y analizados por medio de la técnica de análisis de contenido temático, conforme la propuesta operativa. **Resultados:** las prácticas de cuidados de sí realizadas por las mujeres durante el puerperio, se concentraron en torno del reposo, higiene, alimentación, uso de medicamentos, actividad sexual y también la lactancia y los cuidados con el niño. Los mitos en relación al puerperio surgieron, principalmente, en las prácticas de cuidados de sí desarrolladas en el ámbito familiar. **Conclusión:** la cultura fue representativa en los cuidados realizados durante el puerperio. En este sentido, las influencias culturales de las puérperas, así como los aspectos socioeconómicos y ambientales, precisan ser consideradas por los profesionales de la salud, a fin de prestar un cuidado de calidad y apropiado. **Descriptores:** Enfermería; Salud de la Mujer; Periodo Posparto.

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INTRODUCTION

The postpartum period is a special time in a woman’s life involving a tangle of feelings. This is a period of transition and change, not restricted only to the physical aspect, also covering the emotional and socio-cultural aspects, representing a vulnerability and phase sensitivity, which leads women to various influences. The social group such as friends, family, and others in her life, as well health professionals want to help her with directions and suggestions, causing them often concerns and doubts. Thus, women are lost in the midst of so much information and opinions, which makes them able to select what is appropriate, and sometimes preventing them from putting into practice the maternal instinct.¹⁻²

It is generally observed that care after birth is mostly carried on family based, away from healthcare environments, creating a network of actions established by the family associated with the postpartum care and the newborn child.² Therefore, it is clear that the cultural issue is strongly marked in care during the postpartum period, popularly called the guard, diet or quarantine. The culture structures the organization of a community and is based on a set of symbolic forms available and shared by companies, through which people experience and express meanings.³

The care provided by women during the postpartum period is founded on prior knowledge, leading to play their role as a mother, caregiver of the newborn and herself. Thus, it is understood that each woman has a unique way to take care of themselves.

Self-care understanding comes from the Greek "epimeleia heautou" which means mind and worries about them.⁴ The practice of self-care involves a comprehensive manner, the issues, and strategies used by individuals to overcome situations that are opposed to their health or well-being.⁵ In this sense, self-care practices, addressed in this study, will be understood as care practices developed by the mothers to carry out her care during the puerperal period.

It is important to consider that nurses know the self-care practices performed by women, during the puerperal period, to identify how they are caring for and seeking to incorporate the care provided in health guidelines to promote more qualified care during this period. Moreover, pregnancy, childbirth and the postpartum period are considered as priorities in Health Research.⁶ Thus, the importance of this study is justified, aimed to

identify self-care practices by women during the postpartum period and presented the following research question: How do women of a Health Unit in a city in the interior of Rio Grande do Sul perform self-care practices during the postpartum period?

MÉTHOD

Field of study, descriptive, and qualitative approach, carried out during March 2015 in a Sanitary Health Unit, located in a city in the interior of Rio Grande do Sul/RS.

The study included 13 women who were identified through participation in the vaccination area and in the actions of the child health, where the consultations were carried out. The inclusion criteria for participation in the study were women who were already through the late postpartum period and experienced this period to a maximum of one year and to provide a connection with the unit of choice. The exclusion criteria were women who suffered some complications in childbirth.

The data collection was carried out through a semi-structured interview, which included closed questions to characterize the study participants, and open and broad questions that provided to women to express about the studied subject. The interviews were recorded and later transcribed and analyzed according to the thematic analysis of the proposal.⁷ The letter “P” was used to identify the participants with a number according to the order of interviews (P1, P2, P3...).

The ethical principles in Resolution Nº 466, of December 12, 2012, of the National Health Council were respected. Also, the project was submitted to the Ethics Committee on Research of the Federal University of Santa Maria (CEP/UFSM), through the Brazil Online Platform, approved under number 40599815.7.0000.5346.

RESULTS AND DISCUSSION

The results in categories and its components are:

♦ Practices to self-care by women in the postpartum period

One of the self-care highlighted was the rest, as it can be identified in the statements of the interviewees:

Oh, I was careful not to bend down too much, not make much effort, I was more lying, because of the stitches, right? (P1)

I was careful not to make too much effort, because you have to be careful and not do much service in the house, because you are operated, right ?! I think that I followed,

Castiglioni CM, Wilhelm LA, Prates LA et al.

right ?! It is one of the things that I think I followed more. (P5)

I did not carry weight; I was lying because of most of the stitches. (P6)

It is noticed that the rest cited by women related to care, how to avoid the housework, carrying weight, avoiding movements that demanded muscular effort, lying to recover from childbirth were very associated with the healing process of surgical wounds. Similar results were found in a study⁶ that aimed at restricting the domestic services as care provided by mothers, and the rest associated to avoid effort, directly connected with the healing of sutures.

The postpartum period is a stage where the woman should abstain from some routine activities to preserve their health, and one of the activities involving is the home care.⁴ Other studies⁸⁻⁹ also indicate the need for rest, seen by the women as a means of avoiding complications and stay healthy to take care of the baby.

According to some authors, the pregnancy-puerperal period includes a tangle of feelings about the baby's birth and also the changes occurring in the body of the woman.⁴ Thus, the woman adheres to measures to take care of themselves, aimed at preventing complications. In this sense, the rest during the postpartum period is one of the main care practices referred to them to achieve this goal.

Hygiene was also identified as a health care practice in the puerperal period. However, it is worth noting that this practice is mainly attributed to wound cleaning caesarean section, perineal (episiorrhaphy and laceration) on vaginal delivery and breast:

Washing the breast, take enough bath... It was not for me to put anything there, right (in the wound cesarean)?! Just wash with soap and ready, make enough foam there, right ?! (P7)

[...] I was in my mother's house, and she did not let me wash my hair, those "crazy" things, so you know ?! Old people. Moreover, I was careful with the stitches not to become infected, right ?! They (nurses and nursing technicians) recommend it (in the hospital) when you go out, to do the cleaning straight [...]. (P8)

[...] I did not have stitches, then I washed with liquid soap [...]. (P9)

Some authors pointed out that the cleaning and other care practices aimed at wound of cesarean sections, the episiorrhaphy, and lacerations of vaginal births appear as a subject little explored in the instructions given by health professionals.⁹⁻¹⁰ In this sense, the results of this study can be identified as

Self-care practices: women in the puerperal...

satisfying experiences, since, from the women's statements, it can be seen that they are performing the care of the perineal region and the wound, and also they reported having received guidance on how to proceed to carry out such care.

The personal hygiene it was little expressed among the care practices by the study participants. However, it is noteworthy that the body care performed by the mother, as their routine needs to be questioned because it is known that there are still some precautions culturally transmitted in the postpartum period, in which it includes, for example, the prohibition on the scalp wash under the justification that can harm their health.¹¹ Therefore, it is important to consider and carry out directions and explanations of what needs to be restricted or not in the self-care of that women, as the cleaning of the body, during the postpartum period, always considering their popular knowledge, beliefs and care practices.¹¹

Care practices related to food during the postpartum period were also mentioned:

[...] I had a controlled feeding, right ?! They asked me to do a healthy diet [...]. (P4)

[...] There (in the hospital) they (doctors) gave me much guidance, right ?! To take care a little more of the food [...]. (P5)

The mothers interviewed see the food must be controlled to be a healthy diet and should be "carefully" selected or balanced, according to the dietary guidelines provided during hospitalization. Agreeing with this result, a study found that women hardly mentioned food-related care in the puerperal period.¹² The food of puerperal must follow the guidelines of a healthy diet as any other adult, comprising cereals, vegetables, fruits, legumes, animal products and other foods that make a balanced diet, always avoiding excess sugars, salt and processed products.¹²

A balanced diet is important to maintain an adequate nutritional status¹². In the case of the puerperal period, the food must also contribute to the reduction of weight of the women, good intestinal operation and production of proper milk. It is noteworthy that the food of women during the postpartum period may be involved in economic, social and cultural aspects, which may result in restrictions and both healthy eating habits as harmful to their health.^{5,12}

Given the importance of food during the puerperal period for the maintenance of good health, which favors the recovery of puerperal women, and considering possible cultural influences, involving beliefs and traditions

Castiglioni CM, Wilhelm LA, Prates LA et al.

that they receive during this period, it is necessary to qualified attention of health professionals and the recommended dietary habits during the period.¹³

The use of medication such as ferrous and antihypertensives sulfate were mentioned by the women interviewed as one of care practices carried out during the postpartum period:

[...] They (doctors) give little medicine to take for pain, give ferrous sulfate to me, that I am still taking, it ends in three months [...]. (P8)

I was taking blood pressure medication [...] remedy for anemia as well. (P10)

[...] I was supposed to take care of myself, take the right medicine ... It was the pressure, anemia, another for bleeding. (P13)

It can be seen through women's lines, when they refer to the use of drugs, ferrous sulfate as a practice of self-care in the postpartum period, as well as pain medication to control blood pressure and prevent bleeding. The use of ferrous sulfate is justified by the implementation of the National Iron Supplementation Program, created by the Ministry of Health in 2005 to prevent iron deficiency anemia, becoming routine using iron supplementation in children six to 18 months in pregnant women from the 20th week and women to the 3rd month postpartum, not requiring laboratory diagnosis for this.¹⁴ In this regard, it is noteworthy that the direction advocated by the Ministry of Health as the iron supplementation in the puerperal period are being considered by health professionals as part of the study group.

Iron supplementation is recommended during pregnancy and childbirth on suspicion of disability or correction of iron deficiency anemia, held by iron deficiency in the body and being a nutritional disorder most prevalent worldwide.¹²

Regarding the use of antihypertensive drugs in the postpartum also mentioned by the women, they are related to some pressure problem during pregnancy. Hypertensive disorders during pregnancy appear as one of the most frequent complications in this period, occurring in about 10% of all pregnancies, and lying among the leading causes of perinatal morbidity and mortality.¹⁵

Due to the impact of hypertensive disease on the health of mother and child, as established diagnosis during pregnancy, it is necessary to consider the use of postpartum antihypertensive medications.¹⁶ In this regard, a study conducted¹⁷ noted that these drugs

Self-care practices: women in the puerperal...

represent one of the drug classes used by women in the puerperal period.

About sexuality, the return of sexual activity was an issue that has emerged. In this sense, women were advised not to practice sexual intercourse during certain postpartum period:

[...] Sexual intercourse also could not have. Doctors (at the clinic) spoke: 40 days without it, and doctors there that meet at the hospital told the same thing [...]. (P1)

[...] I came here (at the clinic) and spoke to the doctor, who told me that I had to look in the quarantine, something that I had to avoid having sex [...]. (P9)

She (mother) told me that it was not for me to have sex because I could get pregnant in the case, right ?! (P11)

The statements express the professional guidelines of health and family, not to keep sex within a certain period after delivery, which was adopted by the women as a practice of self-care during the period. Agreeing with this result, there is a study¹⁸, which signaled the information received by the doctor and the media as one of the reasons why women wait for the return of sexual activity after delivery. In another study¹⁹, there is fear of a new pregnancy and waiting for advice and release of health professionals about the resumption of sexual intercourse, beyond the fear of pain, the shame of the body and changes in libido as snags for the return of sexual activity during the postpartum period.

It is noteworthy that the postpartum period brings a major change in marital structure, and concerning sexual activity, desire, and frequency of relationships usually decrease, since the woman's attention goes to be the newborn child. Also, hormonal patterns change and the couples, especially women, shall refer to physical exhaustion, leading to reduction of time for privacy and, consequently, diminishing the intimacy and sexual interest.¹⁸⁻²⁰ In this sense, the health team must be prepared to assist the couple in the resumption of intimacy, through dialogue and information, enabling a better quality of sexual life in the postpartum period.¹⁸

A study²¹ found that most women waited for the 6th week after delivery to resume sexual activity. However, also according to these authors, if the woman does not present crazy actions, lacerations, episiotomies or if the wound is healed there are no justified reasons to postpone the resumption of sexual activity. The penetrative vaginal sex usually can be resumed after four to six weeks after delivery.²² Still, nothing prevents to occur

Castiglioni CM, Wilhelm LA, Prates LA et al.

Self-care practices: women in the puerperal...

before that, since women feel prepared and are by agreement between the couple.

The guidelines of professionals about breastfeeding turned to the technique, the child and the type of milk. The woman is not asked about the desire to breastfeed, not oriented on the benefits for maternal health. During the postpartum period women breastfeeding related to self-care practices, even if this practice approaches to care for the baby:

There in the hospital, after I had my baby, they did (academic nursing) a lecture on breastfeeding the child, how to put in the breast, there I also learned quite a lot. They explained (Nursing students) on the milk, which is right milk, cow, this and that... there is more for the children, not for me. (P1)

About "breastfeeding," they spoke (nursing staff) how many hours to nurse on each breast, take plenty of fluids. I already knew how to bathe, how to take care, everything, but by the time spent (between one pregnancy and another) is good we have more guidance [...]. (P2)

Only when I got her when she was at the hospital, they (doctors) talked like that to me, they gave me the records and asked me to read straight, then they (doctors) told that breastfeeding was best for the child. They also talked to care to vaccines, take her to the pediatrician, avoiding her to sleep with me, it was to put her in the cradle, something, that there was at the hospital they talked to me. (P9)

It was possible to identify that the received postpartum guidelines were related, mostly, to child care, and focused mainly on breastfeeding. The women understood the guidelines on breastfeeding as self-care, through which they could nourish their babies. The reports indicate a possibility to understand the instructions given to the mothers have shown limitations in the self-care and more extensive care for the newborn.

According to some authors, when women receive guidance on the steps to be performed in the postpartum period, these precautions are summarized in breastfeeding and care for the newborn, such as vaccinations, care of the umbilical stump and the bath.²³ Other authors also identified educational activities in the postpartum period, mainly focused on the newborn, and when directed to puerperal woman, referring to the breast care and highlighting the breastfeeding, which just emphasizes the attention to women as a whole.⁹

The actions related to the care and guidance, carried out by health professionals

to mothers need to be organized, rethought and directed to the mother and child with the same ratio to provide comprehensive care and without limitation in this period since the absence of important guidance can expose women to complications and even to death.²⁴

♦ "Do not do this, do not do that": myths built in the family context of the puerperal period

Individuals of a given society "inherit" a set of principles, which indicate how they should see and experience the world and behave in front of people, supernatural forces, gods, and environment.²⁵ Also, humans are incomplete and unfinished beings, which are completed through their ideas, values, actions and emotions, which are cultural products, to guide them into the world that would otherwise be obscure for them.³

The learned values, shared and transmitted within a common society involve beliefs, norms, and lifestyle, which guide the thinking, decisions and actions of a particular culture in a standardized way.²⁶

From these thoughts, it is understood that during pregnancy, postpartum and lactation, different cultures share beliefs about the vulnerability of the mother and child, covering physiological, social and psychological aspects that place women in a special category, surrounded by what is called taboos and guard customs.³ Practices guided by the popular knowledge are still widely used during the postpartum period since this period is surrounded by influences and beliefs passed from generation to the next.¹¹

In this perspective, some authors consider that the postpartum period is a period of numerous guidelines received by women about the care that must be carried with her and the baby.¹¹ Among the sources of guidance, there are primarily mothers, grandparents and friends advise beyond those socialized by the health team and the media.¹¹ In this study, it can be seen some guidelines based on beliefs transmitted by family members to women in the puerperal period, as can be observed below:

[...] Older people say, do not do this, do not do that. My 19-year-old daughter too, she got the baby before me, and it was cesarean. When I started doing food, she (daughter) told me, mother, what do you want around the stove? You cannot [...]. (P7)

[...] Everyone said, "Oh you have to be quarantined." The grandmother, especially, she said, "Oh, you do not quarantine, you have to stay at home, lying...". Last week, before I got sick, she said: "see, I told you,

Castiglioni CM, Wilhelm LA, Prates LA et al.

Self-care practices: women in the puerperal...

it is a "relapse", and I do not know what [...]. (P8)

[...] My mother said I did not have to get wet, not to get a cold, I could not also irritate me not to give nervous milk for her (child), because all I felt, she felt. So I could not give milk to her nervous [...]. (P9)

[...] My mother told me that I could not wash the head, I could not even washing clothes in the tank, I could not get wet the belly and get wet the feet, that I could hurt, it could give fever, I could not breastfeed [...]. (P12)

[...] The old people always say you have to be stuck indoors, stay in the dark than seven days you have to stay with the light off. This is no more, but my sisters are already so close the window, the curtain closes. Ah! And visit? Visit could not get on the seventh day, right ?! So the people who called to go back home, I would say, no, you come another day because today my sister is here and she will not let [...]. (P13)

It is noted in the speeches, the presence of some unusual care practices, such as not to irritate to not give nervous milk to the children and be in the dark during the postpartum period. However, it is noticed similar to another study¹¹, for example; avoid washing their hair, do not expose to the cold and the heat and the probability of "relapses."

The guidelines regarding the care practices recommended by family members or even people nearby may be related to the fact that pregnancy and birth are not represented by the society as a simple physiological event. Also, women during this period are seen as vulnerable human beings who deserve attention and sometimes are subject to taboos oriented care, which aim to protect them during pregnancy and postpartum.²⁵ Also, it was observed that the guidelines about care practices, appropriate and prohibited are carried out mostly by older people, especially families, mothers and also grandmothers and sisters agreeing with the findings of other studies found.^{1,11}

The influence of family and other people close to them take the puerperal women to change the habits related to self-care. Through advice and case reports cultural impositions are followed without question, is the fact of belief, or fear to confront.¹¹ Cultural standards are accepted and followed by the societies because it is through these standards with significant symbols that the man finds meaning in the experienced events.³

When people feel some physical or emotional discomfort, they usually resort to

various forms of aid, on their own or through others. In this sense, one of the support means is in the informal sector, where the main source of assistance is the family, also including friends, neighbors, and religious members or close professional.²⁵

Regarding the postpartum, care is normally performed by family members, within their home. In this space, there is the transfer of knowledge and discussions on the necessary decisions and care practices, which must be carried out. In this sense, it is understood that in the postpartum period, being a period in which the woman is vulnerable, with many doubts and low self-confidence, she takes the guidelines received by family members and trusted people with previous experience, many sometimes as absolute truths and adopting them in self-care practices.²⁴

The myths and culture-related taboos cross the boundaries of time and influence the behavior of women. However, the authors of that study believe that through open dialogue and prepare women for childbirth and postpartum, with clear guidelines and clarifications contextualized their individuality, it is possible to review inadequate conditions to the health of postpartum women.¹¹

While culture is an important source of information and guidance for individuals, it is not absolute and also dynamic, since it is likely to receive external influences, and to transform as the needs, interests and social context in which people are inserted. In this sense, the professional health sector can also influence them.^{1,25}

The Theory of Cultural Diversity shows that to offer quality care to people of all cultures, they must know and understand the meanings attributed to these human care.²⁶ They must use this knowledge to understand the nature, essence and social purposes of individuals or groups of individuals.²⁶ In this thought, it is considered important the role of health professionals to act in promoting the health of postpartum women, identifying conflicts between popular and professional knowledge to know and inadequate care practices and related to postpartum.

It is considered that the clash between popular and scientific knowledge can result in damage to the health of individuals, compromising their well-being. Therefore, care focused on mothers needs to be done, recognizing the existence of beliefs, so it can be planned appropriate assistance that respects popular culture and at the same time, assists to qualify their care practices.²⁶

Changing the habits of a group is a conflictive process, since the popular practices have empirical evidence, based on experience, promote their acceptance.¹¹ Thus, the reduction in the distance between scientific knowledge and popular, and the implementation of guidelines on the indicated therapy with individual belief, without showing the contrary, is the means to lead to greater acceptance of women.¹¹ The aggregate professional care to the popular will reduce the conflict between this knowledge, providing necessary changes in health practices to make them appropriate and meaningful.²⁶

Also, the puerperal period is permeated by a “cultural heritage” expressed in various forms of self-care that the women develop to promote their health in the postpartum. Belief in the popular knowledge persists and the recognition that the health professionals contribute to the achievement of an effective care that enables encourage healthy practices and discourage inappropriate, negotiating behaviors without impositions and considering the individual needs of each woman.¹¹ In this regard, called for the practice of negotiation care by professionals in which they deal with individuals actions and decisions related to their care, respecting their placements without imposing their knowledge and their ideas.²⁶

It is considered that the nursing care through health education has a very important role in the puerperal woman to achieve autonomy in the care with her and her child.²⁴ It is noteworthy that for nursing provide quality care; it is necessary to develop a holistic care that respects the differences and these similarities in values, cultural beliefs and ways of life, aiming to offer appropriate care culturally, to living standards individuals.

FINAL CONSIDERATIONS

This study allowed to know self-care held by women during the postpartum practices, and these actions are concentrated around the home, hygiene, nutrition, drug use, sexual activity and also breastfeeding and childcare, which they related them as a self-care in this period.

The myths regarding puerperal emerged mainly in the practical care of their part in the family. The guidelines received by the closest people to the mothers were based on previous experience and often were provided by reliable people. In this sense, they usually follow this information, without questions.

It was noticed, through this study, the nurses were seldom mentioned as care providers during the puerperal period, and as such, they were cited as the surface that almost was not possible to identify a difference in the care provided to women in this period. The guidelines cited by women mostly were from relatives and doctors. Thus, it is emphasized that nursing care to postpartum women were weakened, which deserves to be observed, as this is an important and significant care space.

It is believed that the study contributed to the health care of women during the postpartum period, to be reviewed and rethought by health professionals, especially nurses and the nursing staff, since it was identified the attention to postpartum women, fragile, and often focused on childcare. The limitations of the study were not to generalize the data since it was developed in a Primary Health Care Unit. It is understood, that if it is held in a Family Health Strategy (FHS) data could present other results. Finally, given the relevance of the studied subject, it is suggested that further studies with different approaches are carried out to try to reverse the superficiality of attention found during the postpartum period.

REFERENCES

1. Amaral RFC, Souza T, Melo TAP, Ramos FRS. Itinerário terapêutico no cuidado mãe-filho: interfaces entre a cultura e biomedicina. *Rev Rene* [Internet]. 2012 [cited 2015 June 15]; 13(1):85-93. Available from: <file:///C:/Users/Dono/Downloads/20-51-1-SM.pdf>
2. Pereira MC, Garcia ESGF, Andrade MBT, Gradim CVC. Sentimentos da puérpera primípara nos cuidados com o recém-nascido. *Cogitare Enferm* [Internet]. 2012 [cited 2015 Sept 13]; 17(3):537-42. Available from: <file:///C:/Users/Dono/Downloads/29295-107179-1-PB.pdf>
3. Geertz C. A interpretação das culturas. 1ª ed. Rio de Janeiro: LTC; 2013.
4. Santos FAPS, Mazzo MHSN, Brito RS. Concepções da puérpera acerca da prevenção de complicações pós-parto na Estratégia Saúde da Família. *Rev Paraninfo Digital on line* [Internet]. 2013 [cited 2015 June 25];(19). Available from: <http://www.index-f.com/para/n19/335d.php>
5. Silva LR, Arantes LAC, Villar ASE, Silva MDB, Santos IMM, Guimarães EC. Enfermagem no puerpério: detectando o conhecimento das puérperas para o autocuidado e cuidado com

Castiglioni CM, Wilhelm LA, Prates LA et al.

Self-care practices: women in the puerperal...

- o recém-nascido. Rev Pesq Cuid Fundam [Internet]. 2012 [cited 2015 Nov 19];4(2):2327-37. Available from: <file:///C:/Users/Dono/Downloads/Dialnet-EnfermagemNoPuerperio-3971627.pdf>
6. Ministério da Saúde (BR). Agenda nacional de prioridades de pesquisa em saúde: textos básicos em saúde. 2ª ed. Brasília (DF): Ministério da Saúde; 2008.
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13ª ed. São Paulo: Hucitec-Abrasco; 2013.
8. Santos FAPS, Brito RS, Mazzo MHSN. Puerpério e revisão pós-parto: significados atribuídos pela puérpera. Rev Min Enferm [Internet]. 2013 [cited 2015 Nov 20];17(4):854-58. Available from: <file:///C:/Users/Dono/Downloads/v17n4a08.pdf>
9. Francisquini AR, Higarashi IR, Serafim D, Bercini LO. Orientações recebidas durante a gestação, parto e pós-parto por um grupo de puérperas. Cienc Cuid Saúde [Internet]. 2010 [cited 2015 Sept 12];9(4):743-51. Available from: <http://eduem.uem.br/ojs/index.php/CiencCuidSaude/article/viewFile/13826/7193>
10. Vieira F, Bachion MM, Salge AKM, Munari DB. Diagnósticos de enfermagem da Nanda no período pós-parto imediato e tardio. Esc Anna Nery Rev Enferm [Internet]. 2010 [cited 2015 Sept 10];14(1):83-89. Available from: <http://www.scielo.br/pdf/ean/v14n1/v14n1a13.pdf>
11. Acosta DF, Gomes VLO, Kerber NPC, Costa CFS. Influências, crenças e práticas no autocuidado das puérperas. Rev Esc Enferm USP [Internet]. 2012 [cited 2015 June 17];46(6):1327-33. Available from: <http://www.scielo.br/pdf/reeusp/v46n6/07.pdf>
12. Marques ES, Cotta RMM, Botelho MIV, Franceschini SCC, Araújo RMM. Representações sociais sobre a alimentação da nutriz. Ciência & Saúde Coletiva [Internet]. 2011 [cited 2015 Nov 18];16(10):4267-74. Available from: <http://www.scielo.br/pdf/csc/v16n10/a32v16n10.pdf>
13. Ribeiro DHF, Lunardi VL, Gomes GC, Xavier DM, Chagas MCS. Vivências de cuidado da mulher: a voz das puérperas. Rev enferm UFPE on line [Internet]. 2014 [cited 2015 Nov 27];8(4):820-6. Available from: <file:///C:/Users/Dono/Downloads/5446-54442-1-PB.pdf>
14. Ministério da Saúde (BR). Manual operacional do Programa Nacional de Suplementação de Ferro: normas e manuais

técnicos. Brasília (DF): Ministério da Saúde; 2005.

15. Souza AR, Amorim MR, Costa AAR, Neto CN. Tratamento anti-hipertensivo na gravidez. Acta Med Port [Internet]. 2010 [cited 2015 Sept 25];23(1):77-84. Available from: <file:///C:/Users/Dono/Downloads/593-1143-1-PB.pdf>
16. Pizzutti LC, Hoher G, Guwzinsk A, Hentschke MR, Figueiredo CEP, Gadonski G et al. Relação do tratamento medicamentoso com o diagnóstico final da doença hipertensiva gestacional. Anais do XII Salão de Iniciação Científica - PUCRS [Internet]. 2011 [cited 2015 Nov 14];3-7. Available from: <http://ebooks.pucrs.br/edipucrs/anais/seminarioic/20112/4/6/3/9/8.pdf>
17. Costa JM, Rocha LM, Santos CM, Abelha LM, Almeida, KCA. Análise das prescrições medicamentosas em uma maternidade de Belo Horizonte e classificação de riscos na gestação e amamentação. Rev Bras Farm Hosp Serv Saúde [Internet]. 2012 [cited 2015 June 27];3(1):32-36. Available from: <http://www.sbrafh.org.br/rbfhss/public/artigos/201205030107BR.pdf>
18. Salim NR, Araújo NM, Gualda DMR. Corpo e sexualidade: a experiência de um grupo de puérperas. Rev Latino-Am Enferm [Internet]. 2010 [cited 2015 Nov 25];18(4):8. Available from: http://www.scielo.br/pdf/rlae/v18n4/pt_11.pdf
19. Enderle CF, Kerber NPC, Lunardi VL, Nobre CMG, Mattos L, Rodrigues EF. Condicionantes e/ou determinantes do retorno à atividade sexual no puerpério. Rev Latino-Am Enferm [Internet]. 2013 [cited 2015 Sept 28];21(3):07 telas. Available from: http://www.scielo.br/pdf/rlae/v21n3/pt_0104-1169-rlae-21-03-0719.pdf
20. Santos AKO, Caveião C. A importância da assistência de enfermagem no puerpério para redução da morbi-mortalidade materna. Rev Saúde e Desenvolvimento [Internet]. 2014 [cited 2015 Nov 12];6(3):8-24. Available from: <file:///C:/Users/Dono/Downloads/327-1206-1-PB.pdf>
21. Belentani LM, Marcon SS, Pelloso SM. Sexualidade de puérperas com bebês de risco. Acta Paul Enferm [Internet]. 2011 [cited 2015 Sept 12];24(1):107-13. Available from: <http://www.scielo.br/pdf/ape/v24n1/v24n1a16.pdf>
22. Zampieri MFM, organizador. Enfermagem na atenção primária à saúde da mulher: textos fundamentais. Florianópolis; 2010.
23. Oliveira JFB, Quirino GS, Rodrigues DP. Percepção das puérperas quanto aos cuidados

Castiglioni CM, Wilhelm LA, Prates LA et al.

Self-care practices: women in the puerperal...

prestados pela equipe de saúde no puerpério
Rev Rene [Internet]. 2012 [cited 2015 Nov
16];13(1):74-78. Available from:

<file:///C:/Users/Dono/Downloads/19-49-1-SM.pdf>

24. Mazzo MHSN, Brito RS, Santos FAPS.
Atividades do enfermeiro durante a visita
domiciliar pós-parto. Rev Enferm UERJ
[Internet]. 2014 [cited 2015 Nov
13];22(5):663-67. Available from:

<http://www.facenf.uerj.br/v22n5/v22n5a13.pdf>

25. Helman CG. Cultura, saúde e doença. 4th
ed. Porto Alere: Artmed; 2003.

26. Leininger M. Culture Care diversity and
universality theory and evolution of the
ethnonursing method. 2nd ed. Jones and
Bartlett: Sudbury; 2006.

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