Objective: to validate an instrument for systematizing the nursing care to puerperal women in the scope of the primary health care. Method: this is a methodological study to be developed in five phases: 1. Identification of empirical indicators related to puerperal women through a bibliographic survey; 2. Assessment of empirical indicators by specialists by means of a focus group; 3. Structuring of the first version of the instrument; 4. Structuring of the instrument with the application and development of affirmative of diagnosis; 5. Nursing interventions and validation of the content and form of the final version of the instrument through the Delphi Technique. The research project was approved by the Ethics Committee, under CAAE nº 11674112.3.0000.5537. Expected results: the nurse will have an instrument for systematizing the nursing care to women in the period of mediate postpartum. In addition, it will serve as a tool for teaching and research in the field of obstetric nursing. Descriptors: Obstetric Nursing; Postpartum Period; Nursing Care; Data Collection.

RESUMO
Objetivo: validar um instrumento para sistematizar a assistência de enfermagem à puérpera no âmbito da atenção básica em saúde. Método: trata-se de um estudo tipo metodológico a ser desenvolvido em cinco fases: 1. Identificação dos indicadores empíricos relativos à puérpera mediante levantamento bibliográfico; 2. Avaliação dos indicadores empíricos pelos especialistas por meio de grupo focado; 3. Estruturação da primeira versão do instrumento; 4. Estruturação do instrumento com a aplicação e desenvolvimento das afirmativas de diagnóstico; 5. Intervenções de enfermagem e validação do conteúdo e forma da versão final do instrumento pela Técnica Delphi. O projeto de pesquisa foi aprovado pelo Comitê de Ética, sob CAAE nº 11674112.3.0000.5537. Resultados esperados: o enfermeiro disporá de um instrumento para sistematização da assistência de enfermagem à mulher no pós-parto mediat. Além disso, servirá como ferramenta para o ensino e a pesquisa em enfermagem obstétrica. Descritores: Enfermagem Obstétrica; Período Pós-Parto; Cuidados de Enfermagem; Coleta de Dados.

RESUMEN
Objetivo: validar un instrumento para sistematizar la asistencia de enfermería a la puérpera en el ámbito de la atención básica en salud. Método: se trata de un estudio tipo metodológico a ser desarrollado en cinco fases: 1. Identificación de los indicadores empíricos relativos a la puérpera mediante levantamiento bibliográfico; 2. Evaluación de los indicadores empíricos por los especialistas por medio de grupo enfocado; 3. Estructuración de la primera versión instrumento; 4. Estructuración del instrumento con la aplicación y desarrollo de las afirmativas de diagnostícico y; 5. Intervenciones de enfermería y validez del contenido y forma de la versión final del instrumento por la Técnica Delphi. El proyecto de investigación fue aprobado por el Comité de Ética, CAAE nº 11674112.3.0000.5537. Resultados esperados: el enfermero dispondrá de un instrumento para sistematización de la asistencia de enfermería a la mujer en el post parto mediat. Además, servirá como herramienta para el ensenanza y la investigación en enfermería obstétrica. Descritores: Enfermería Obstétrica; Periodo Post Parto; Cuidados de Enfermería; Colecta de Dados.

1Nurse, Professor and Master in Nursing, Nursing Department, Federal University of Rio Grande do Norte. Doctorate’s Student, Post-Graduation Nursing Program /PPGENF/UFRN, Natal (RN), Brazil. E-mail: helenamazzo@gmail.com; 2Nurse, Professor and PHD in Nursing, Nursing Department/Post-Graduation Nursing Program, Federal University of Rio Grande do Norte /PPGENF/UFRN. Natal (RN), Brazil. E-mail: rosineide@ufrn.br

Validation of an instrument for nursing...
INTRODUCTION

Women during their life course experience peculiar situations to the female being. Among these, it should be highlighted the reproductive period, which extends from pregnancy to the postpartum. By emphasizing that the postpartum, also known as puerperium, is a phase that begins with the output and expulsion of the placenta and has an imprecise end, around 42 days after childbirth.1

The puerperium is a complex period because of the intertwining of the biological, psychological, behavioral, relational, social, cultural and economic aspects, as well as gender issues. Moreover, the puerperium exacerbates the demands of motherhood, resulting in relevant changes in lifestyle of women and couples that face this relationship in their affective and sexual life. All these factors raise situations of vulnerability at this stage.2 Nonetheless, as a puerperal being, mother and companion, the woman experiences an overlap of roles, which are presented with imposition of some specific needs to her health status. This reality, added to the socioeconomic situation in which it is inserted, submits the puerperal woman to a care service that does not guarantee the attendance of her actual accuracies, thereby leaving her vulnerable to a risk arising from the pregnancy- puerperal status.3

In the routine of health services, the actions targeted to puerperal women are basically for counseling on family planning, care of the newborn and breastfeeding. Moreover, these actions do not occur in an integral or systematic way, as well as they are not guided by any model of care. According to the Brazilian Ministry of Health, the care of puerperal women involves a return of the woman and of the newborn to the health service, i.e., a home visit between 7 and 10 days of puerperium and a medical or nursing consultation after 42 days of postpartum.4 Under such care procedures, there is a lack of a systematic instrument that documents the steps of the puerperal consultation in the primary health care. However, it should be remembered that, in the performance of this activity, the professional has a roadmap adopted by the Ministry of Health on the occasion of the First Week of Integral Health (known in Brazil as PSSI), as a way to direct actions performed together with the puerperal woman and the newborn.

The reality of care to puerperal women moves away from the recommendations of the profession of nurse through its class bodies and the laws that regulate it. The nursing consultation (NC), for being a private activity of the nursing professional, should be inserted in this new model of care. In the NC context, the nursing professional plans, performs and records its actions. This methodology gives visibility to the work and independence of the nurse’s performance as a member of the health staff. Furthermore, the professional who exerts its care functions by means of the NC bestows quality to the assistance provided to its client. In the case of puerperal women, the lack of nursing care systematization tends to keep inert the needs that might have adverse effects to the health of the female population.

It is worth to emphasizing that the experience of the researcher, the puerperal care in the primary care does not take place in a systematized manner. The professional, especially the nurse, in the care of puerperal women, builds its own roadmap for consulting the postpartum status. Accordingly, judging what is important to be observed, assessed or questioned to the woman stays under its responsibility. Given the scarcity of legible criteria to be considered in the attention to puerperal women, the care provided at the time of the puerperal consultation acquires a unsystematic characteristic.

In summary, some aspects have raised the interest in developing this study, namely: the puerperal period, for being a risk phase requires a qualified assistance based on the improvement of women and family health conditions; the need to develop a systematized methodology of nursing care to puerperal women in the scope of primary care; the bibliographic gap existing in relation to instruments that guide the action of the nursing care to puerperal women after the hospital discharge. Thus, it is urgent to develop and validate an instrument with the proper scientific rigor and that presents itself as a document of the nursing care to puerperal women in the context of primary health units.

Regarding the study at stake, in the construction of the nursing care instrument, we will use the nomenclature of diagnoses and nursing interventions from the results of the International Classification for Nursing Practice (ICNP®), since it is a relevant methodology for nurses in their professional practice.

Before the problems encountered, we will drawn the prescription of care, aiming to meet the affected needs in the level of primary care, because, besides allowing a standardized language in the scope of the
collective health, the ICNP® makes it possible to document the aspects relating to the professional practice and is related to some phases of the nursing process. In this sphere, we highlight three basic components to the classification of this practice: nursing diagnoses (client status, problems, needs and potentialities), interventions (actions) and results. Similarly, we will use the International Nursing Minimum Data Set (i-NMDS) as a basis in the construction of the instrument, which divides it into three categories, namely: demographic items of customers, items of nursing care and service items. Nevertheless, the psychobiological, psychosocial and psychospiritual needs will be classified having the Horta’s Theory of Basic Human Needs as theoretical foundation (known in Brazil as TNHB).  

The study consists in a thesis project submitted to the Post-Graduation Nursing Program from the UFRN and aims at validating an instrument for documentation of the nursing care to puerperal women in the scope of the primary health care. We started from the hypothesis that the level of agreement above 70% among nurses that will be part of the panel of experts will validate the instrument for nursing care to puerperal women after the hospital discharge.  

We believe that from the TNHB and the nomenclature of diagnoses and nursing interventions developed from the ICNP® results, and based on the i-NMDS, it is possible to develop and validate an instrument for documentation of the nursing care to puerperal women in the scope of the primary health care.

**METHOD**

In order to contribute to the improvement of the quality of nursing care to puerperal women in the scope of the primary care, we will develop a non-experimental study of the methodological type. This type of design allows investigating methods for collecting and organizing data, from the development, validation and assessment of instruments that are reliable, accurate and usable by other researchers. 

Upon the purpose of this study, the instrument will be structured according to the phases of the nursing process, advocated by the COFEN Resolution n° 358/2009, which determines the formal record of the data collection, nursing diagnoses, nursing actions and interventions and results. We will use the following theoretical and analytical benchmarks: empirical indicators - problems - Horta’s Basic Human Needs affected by the puerperium from the literature review, the i-NMDS concept, the nomenclature of diagnoses and nursing interventions developed from the ICNP® results.

For constructing the instrument of nursing consultation, the methodological pathway of this study is composed of five phases:

1. Identification of empirical indicators, carried out by means of the literature. The identification of empirical indicators of basic human needs in the puerperium will be conducted from the scientific literature about women in the puerperal context and the professional experience of the researcher. This stage will be held through searches in annotations, using as the source of research the following databases: Scopus, CINAHL, PubMed and LILACS, in addition to books, thesis, dissertations and official documents of the Brazilian Ministry of Health and COFEN about the postpartum period. Added to these items, we have literary knowledge about the Horta’s Theory of Basic Human Needs, as well as the Horta’s NP.

2. Assessment of empirical indicators by specialists through focus group. At this stage, the empirical indicators raised in the literature will be assessed by five specialists by means of the conduction of the focus group technique. We will elaborate a guide of topics to orientate the discussion to be mediated by the researcher or a moderator. The participants of the technique will be informed about it and - whether they agree to participate - will sign the Free and Informed Consent Form (FICF).

3. Structuring of the instrument by identifying the empirical indicators related to puerperal women. The development of the instrument of data collection will be guided by empirical indicators of basic human needs of puerperal women, identified and refined in the previous steps. It should be justified the selection of indicators due to the need to develop an instrument that is not extensive, since when data collection is excessive, and incompletely made, hinders and prevents the nursing care planning.

4. Application and development of affirmative of nursing diagnosis (ND) and nursing interventions (NE). Initially, the diagnoses/results and nursing interventions of the ICNP® terminologies will be selected based on the indicators identified and validated in the previous step. The unavailability or conflict of ICNP® affirmatives with indicators found in the study, we will develop nursing terminologies related to the following phases of the nursing process (NP): diagnoses, interventions and nursing results. We will
make use of the i-NMDS, with sights to obtain a clear and concise instrument with sufficient and necessary information for the nursing care systematization towards the client. In possession of empirical indicators together with the statements of diagnoses and interventions developed and applied, we will elaborate the final version of the nursing consultation instrument to puerperal women in the primary health care.

5. Validation of the content and the form of the final version of the instrument by specialists through the Delphi Technique. At this stage, the final version of the built instrument will be submitted to validation of form and content. Specialist nurses who voluntarily accept to participate in the study will comprise such a process. The specialists will be identified by the search in the Lattes Curriculum. At this stage, the nurses will be asked about the availability to participate in the study through a letter sent via e-mail. By accepting to collaborate with the research, the participants will voluntarily sign the FICF. This step aims at obtaining a consensus of opinion as to the sufficiency, clarity, repetition, relevance of items diagnosis/results and nursing interventions, as well as the format of the instrument.

The selection of participants will take place by means of the following criteria: being a nurse and be a specialist in obstetric nursing. We will consider as specialists: nurses with experience of at least two years of teaching or assistance in the area of women’s health or working with the issue of the nursing process. With the purpose of the proposed model of nursing consultation to be assessed by specialists, we will elaborate two assessment instruments: one bearing identification data that characterize them and other comprised of items of the model of nursing consultation (affected basic needs, diagnosis, intervention and results).

Regarding nurses, we will be ask them to sign the alternative “to agree” (or not), according to the indicator identified in the instrument and observing whether this is properly related to the affected need, the diagnosis and the nursing intervention. Furthermore, the degree of relevance of each item of the model will be assessed by means of alternatives as: irrelevant, little relevant, truly relevant and very relevant. Moreover, we will allocate a space and ask the specialists to perform reviews and submit suggestions for the improvement of the instrument. The document is accompanied by an instructional guide, which will include concepts and description of assessment items.

The agreement among the specialists will be verified through the percentage of Cohen’s Kappa agreement and the classification suggested by Landis and Koch (1977): excellent agreement (0,81 to 1,0); moderate (0,61 to 0,80); weak (0,41 to 0,60); mild (0,40 to 0,21) and despicable (0,20 to 0,00). The Kappa’s coefficient is a statistic calculation used to check the degree of agreement (reliability and accuracy) of inter-rater’s responses and allows you to check the degree of correspondence among independent assessments. In this study, we will consider the items with at least 70% of agreement as valid ones.

The project has been approved by the Ethics Committee from the Federal University of Rio Grande do Norte, under CAAE nº 11674112.3.0000.5537.

EXPECTED RESULTS

With the completion of the study, the nurse will have an instrument elaborated and validated by specialists for the nursing care systematization to puerperal women in the period of mediate postpartum. Hence, it will be holistically seen in its biological, social, emotional and spiritual context. It is expected that, through the use of the NC by nurses, there is an improvement in the care quality to be provided for puerperal women.

The nurse in the exercise of its working activities, in the scope of the primary care, needs to record its actions with the purpose of giving visibility to them. The nursing consultation should obey the guidelines advocated by the COREN, with a view to being an activity supported by a scientific and systematic methodology. Furthermore, the document will serve as a tool for teaching and research in the field of obstetric nursing.

REFERENCES

Validation of an instrument for nursing...