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SELF-CARE OF ADOLESCENTS IN THE PUERPERAL PERIOD: APPLICATION OF THE OREM THEORY

AUTOCUIDADO DE ADOLESCENTES NO PERÍODO PUERPERAL: APLICAÇÃO DA TEORIA DE OREM

AUTOCUIDADO DE ADOLESCENTES EN EL PERÍODO PUERPERAL: APLICACIÓN DE LA TEORÍA DE OREM

Géssica Kyvia Soares de Lima¹, Amuzza Aylla Pereira dos Santos², Jovânia Marques de Oliveira e Silva³, Isabel Comassetto⁴, Suzyenney Rodrigues Correia⁵, Daniela Cristina da Silva Ferreira⁶

ABSTRACT

Objective: to identify the knowledge of puerperal adolescents about self-care. **Method:** qualitative, descriptive study, carried out from the interview with seven primiparous adolescents. The sample was defined by the saturation criterion and the data were analyzed according to the Content Analysis technique, in the Categorical Analysis modality, and discussed based on the theoretical reference of Dorothea Orem. **Results:** in the central category, Self-care for the non-diversion of Health, we observed positive knowledge about breast care, intimate hygiene and surgical wound; deficit in self-care through negative knowledge about physical exercise, contraception and the benefits of breastfeeding; as well as the socio-cultural influence on self-care actions. **Conclusion:** it was possible to infer that adolescents need improvements in their preparation for the execution of self-care actions in the puerperium. **Descriptors:** Postpartum Period; Self-Care; Pregnancy in Adolescence; Knowledge; Nursing.

RESUMO

Objetivo: identificar o conhecimento de puérperas adolescentes sobre o autocuidado. **Método:** estudo qualitativo, descritivo, realizado a partir da entrevista com sete puérperas adolescentes primíparas. A amostra foi definida pelo critério de saturação e os dados foram analisados de acordo com a técnica de Análise de Conteúdo, na modalidade Análise Categorical, e discutidos com base no referencial teórico de Dorothea Orem. **Resultados:** na categoria central, Autocuidado para o não desvio de Saúde, observou-se o conhecimento positivo sobre os cuidados com as mamas, a higiene íntima e a ferida operatória; déficit no autocuidado por meio do conhecimento negativo sobre a prática de exercícios físicos, a anticoncepção e os benefícios da amamentação; a influência sociocultural nas ações de autocuidado. **Conclusão:** pôde-se inferir que as adolescentes necessitam de melhorias em seu preparo para a execução das ações de autocuidado no puerpério. **Descritores:** Período Pós-Parto; Autocuidado; Gravidez na Adolescência; Conhecimento; Enfermagem.

RESUMEN

Objetivo: identificar el conocimiento de puérperas adolescentes sobre el autocuidado. **Método:** estudio cualitativo, descriptivo, realizado a partir de la entrevista con siete puérperas adolescentes primíparas. La muestra fue definida por el criterio de saturación y los datos fueron analizados de acuerdo con la técnica de Análisis de Contenido, en la modalidad Análisis Categorical, y discutidos con base en el referencial teórico de Dorothea Orem. **Resultados:** en la categoría central: Autocuidado para el no desvío de Salud, se observó el conocimiento positivo sobre los cuidados con las mamas, la higiene íntima y la herida operatoria; déficit en el autocuidado a través del conocimiento negativo sobre práctica de ejercicios físicos, la anticoncepción y los beneficios de la lactancia; así como la influencia sociocultural en las acciones de autocuidado. **Conclusión:** se pudo inferir que las adolescentes necesitan mejoras en su preparación para la ejecución de las acciones de autocuidado en el puerperio. **Descritores:** Puerperio; Autocuidado; Embarazo en adolescencia; conocimiento; Enfermería.

^{1,5,6}Nursing Academic, School of Nursing and Pharmacy / UFAL. Maceió (AL), Brazil. E-mail: gessica_kyvia@hotmail.com; suzy.correia@hotmail.com; daniela_silva@hotmail.com; ^{2,3,4}Nurses, Professors, PhDs, School of Nursing and Pharmacy / UFAL. Maceió (AL), Brazil. E-mail: amuzzasantos@bol.com.br; jovianasilva@gmail.com; isabelcomassetto@gmail.com

INTRODUCTION

The postpartum period, titled as puerperium, represents a phase marked by transformations with the purpose of restoring the woman's organism to the pre-gravid situation. In this, complex physiological adaptations, as well as psychological and social adjustments occur, being therefore considered a period of vulnerability in which the woman must receive integral attention and that emphasizes actions for the self-care, in order to prevent eventual complications.¹⁻²

Self-care can be understood as the free and autonomous choice of tools as well as the individual's action on himself to maintain a quality of life in a responsible manner. It is the practice of activities that individuals perform on their own behalf for the purpose of preserving life, health, development and well-being. It is to adopt measures of disease prevention and to control risk factors, to seek healthy habits of life and to improve the way of life.³⁻⁴

Although the puerperium is an important event in the life cycle of women, it is perceived that it is neglected, both by the services, and by health professionals and by the puerperal women themselves. The practices of puerperal self-care end up in second place because, in this period, the health professional focuses on care for the newborn, abstaining from the individualities that arise from them.¹⁻²

The situation becomes more complicated when the puerperal in question is an adolescent, who, in addition to the puerperal adaptations, on a physical, social and emotional levels, in which they must assume responsibilities and develop skills that, in most cases, do not changes in adolescence, necessitating greater attention.⁵

The occurrence of a teenage pregnancy can have a great impact on the adolescent's life, as they are going through a complex period of transition, marked by physical, psychological and social transformation, not being biologically ready, or psychologically mature to deal with the changes pregnancy, childbirth and the puerperium.⁶⁻⁷

Thus, during adolescent care in the puerperal pregnancy cycle there is a need for attention, protection and guidance, considering its history, its fragilities and needs, as well as the peculiarities of adolescence. However, most of the time, the care is provided in a generalized way, without patient follow-up and attention, nor the necessary information and support.⁸⁻⁹

In this context, considering that, in the puerperium, little emphasis is given to the guidelines on self-care and, when offered, do not fit the singularities of the adolescent, the following question arose: what knowledge do the puerpera adolescents have regarding self-care in the puerperal period?

OBJECTIVE

- To identify the knowledge of puerperal adolescents about self-care based on the theoretical framework of Dorothea Elizabeth Orem.

METHOD

A qualitative, descriptive study supported by Dorothea Elizabeth Orem's theory of self-care, which refers to the practice of daily care, life cycle adaptations and health diversion to maintain life, health and well-being.¹⁰

The research was carried out in the home of adolescent puerperal women who were admitted to the Joint Housing of a University Hospital of a capital of the Northeast, from April to September 2015, and who obeyed the inclusion criteria: age between ten and 19 years; to be primiparous; and be in adequate clinical conditions to answer the questions. From then on the intention of the research and reading of the Free and Informed Consent Term (FICT) and Free and Informed Informed Assent Term (FIAT) was presented.

Data collection was performed after prior confirmation, by telephone, the day before the visit, through a semi-structured guide-guided interview containing personal identification data, life habits, gynecological-obstetric data, and questions about puerperal self-care; recorded with an audio recorder and, later, transcribed. The sample was submitted to the saturation procedure, resulting in a number of seven adolescent puerperae, who were coded with color names to maintain their privacy.

The analysis of the data was based on the technique of Content Analysis, in the category categorial, described in three steps: 1- Pre-analysis; 2- The exploitation of the material; and 3- Treatment of results, inference and interpretation¹¹. In this way, the interviews were transcribed, read and reread, in detail, in search of the elements that revealed the knowledge presented by each of the puerperal adolescents.

The research project was approved by the Research Ethics Committee of the Federal University of Alagoas (CAAE: 42020815.5.0000.5013), on March 26, 2015.

However, some difficulties faced in its interaction culminated in limitations in data collection, and extension of the time allocated to its implementation, namely: a considerable number of adolescent postpartum women living in the State; hospital discharge of more than ten days, due to being conditioned to the discharge of the newborn from the neonatal ICU / ICU; change of address to other municipalities and impossibility to establish contact through the telephone number informed.

RESULTS AND DISCUSSION

Seven postpartum adolescent mothers, were interviewed with nine to 25 days postpartum and aged between 16 and 18 years. Most of them had not finished elementary school, were single, lived with their parents, and had, as their source of income, the people they lived with, ranging from one minimum wage to a little more than three and a half salaries.

The age of the menarche of the participants was around nine to 14 years and the sexarca was between 14 and 18 years, revealing a very short time between the first menstruation, the first sexual experience and the pregnancy, where, in one of them, this interval was only one year for each event.

The overall decrease in the mean age for menarche and the first sexual intercourse is an important factor for the increase of pregnancy rates at this stage¹², and, consequently, of greater risks for the health of the adolescents and their children, since, the younger the age, the greater the chances of a late and inadequate prenatal follow-up, with worse outcomes at delivery and puerperium.¹³

Most of these pregnancies were not planned, although they all reported knowing the types of contraceptive methods, and two had already used one of them - the pill. The number of prenatal consultations ranged from two to seven, and gestational time of onset of prenatal care ranged from two to six months. Regarding the type of delivery, the majority were normal (4); where three of them, had laceration, and one had an episiotomy, and these deliveries occurred between 35 weeks and 39 weeks of gestation.

When taking into account the characteristics of the group studied, the thematic analysis of the participants' statements was carried out, which enabled the categorization of their knowledge about self-care in the puerperium.

♦ Self-care for non-health diversion

The puerperium is the period of recovery of the physiological changes that occurred during pregnancy and, therefore, the idea of being a "dangerous" phase for the health of the woman, has been rooted, in the society, demanding certain care, among them, with the food, that must be adequate to this situation of fragility¹⁴. When questioned about what food should be in the puerperium, adolescents immediately reminded them of certain foods that should be excluded from their diet, which they classed as "loaded" foods.

That I could not eat like that, stuff loaded right. Type [...] pork, is [...] [...] couscous I could not eat, sausage, fish, shrimp, sururu (light blue).

Do not eat meat loaded, is the only thing I remember now [...] It's pork, there are some fish that I now do not remember. But I think sardine can not [...] is [...]. Most are related to pork [...] it's [...] steak, these things I can not eat no (Green) .

According to the adolescents, they are considered loaded foods: the pork and meat products (steak, sausage, ham); certain types of fish, such as sardines; and the seafood (sururu, shrimp, crab), which, for them, have an inflammatory potential under the operative wound and episiorrhaphy, thus, interfering in the cicatrization.

According to studies, there is no such dietary restriction during the puerperium. A few studies in the literature have tried to verify the pathophysiology of the action of these foods on the inflammatory and healing processes, but, so far, nothing has been proven. What has been published, until today, are only hypotheses that these foods present toxic substances that act in the immune system, aggravating pathological processes, such as the puerperium and injuries.¹⁴⁻⁵

Myth or not, it is important for health professionals to respect the food culture of their clients, as the beliefs arising from family and social relationships surrounding puerperal adolescents build sociocultural values that they carry with them through life and are crucially important.¹⁶

These need to adopt a receptive attitude to myths and taboos, abandoning authoritarian conduct and providing a space for dialogue with the family. Moreover, it is important that even the surprise of certain beliefs be abolished, since they all have particular habits and must be respected and used as instruments for the improvement of health care.¹⁷

Other foods mentioned by puerperal adolescents, who should be excluded from the diet during the puerperium, are fatty foods

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such as chocolate, soda, biscuit and fried foods. They believe these can interfere with the child's bowel causing colic.

I can not eat chocolate because of breastfeeding. Chocolate, soda. Not to give colic in the baby (Green).

You have restriction, especially when you are breastfeeding, right? For it does not give colic in the baby [...] Ah, chocolate, soda, coffee, a huge list [laughs] (Yellow).

As it is verified, in other studies^{14,16}, it is felt through the reports of adolescents, that they prefer to abstain from food of their own preference, for the well-being of the newborn, since everything that the mother eats is transmitted to the child by the milk. However, they do not seem to be aware that these foods can also be harmful to your body, especially interfering with weight regain.

Interviewees have shown that, just as there are foods that should be avoided, there are also those that need to be eaten. For them, a more balanced diet, rich in fruits, vegetables, beans, rice, chicken and lots of liquid, should be consumed during this period, as these foods will give them support to breastfeed and help in the production of milk.

If you feed well, because you told me that you have to eat a lot of fruit to be able to breastfeed him (baby), right? Because of weakness. Eat plenty of beans, eat enough strong food (Red).

Beans, vegetables. Yeah, very liquid. Lots of water, lots of juice. Yeah, I guess that [laughs]. To get more milk for baby (Nude).

The puerperium diet should be balanced with enough carbohydrate, protein, vitamins and liquids to heal both maternal and newborn needs, but for participants in this study, good nutrition goes beyond the need to maintain their own health or well-being and aims to better meet the needs of the baby.¹⁶

Theorist Dorothea Orem justifies this attitude by stating that people are capable of self-care for themselves, but also, wish to do so for dependent members of the family, while they are not able to do it alone,¹⁰ which, in their case, is the newborn and helpless newborn.

♦ Bed rest

The puerperium, is for the participants, a period in which they must guard themselves, taking care, above all, with the physical effort. On the other hand, one of the participants, reported the cultural influence of the mother, and this care was often, carried out exaggeratedly.

My mother forbade me from even walking, she told me to be quiet! I'm not trying very hard [...] and do not break protection. She tells me to spend most of my time lying down so I do not make too

much effort. Then she says, "Look, you will not do anything, you see (Green).

In popular belief, after delivery, the woman finds her body open, and vulnerable to disease. Thus, to protect herself from the dangers, the woman must obey certain rules so as not to "break guard", and, thus, not acquire health problems in the future. One of these rules would be to avoid any effort, being away from domestic activities,¹⁶ which explains, therefore, the recommendation of this mother.

Another concern of puerperal adolescents, in relation to the effort, is with the operative wound and, with this, they believe that no form of exercise is allowed for those who underwent cesarean section.

Boy, I do not think so, because you can not make much effort not to open (the surgical wound) (Lilac).

According to the literature, it is not necessary for the puerperium to be confined to the bed, on the contrary, it should be stimulated to wander as early as possible, since this activity reduces the risk of thromboembolism, promotes the recovery of lost muscle tone during pregnancy, involution of the uterus, improves uterine drainage, and generates feelings of well-being. This recommendation is valid even for those undergoing general anesthesia and should be encouraged to wander frequently as soon as the anesthetic effect has passed.¹⁸

On the first day postpartum she can already do exercises, such as contracting and relaxing the muscles around the vagina, and progressing, in the following weeks, for abdominal breathing exercises, elevation of the head from the floor to the thorax, double knee twirls and pelvic scale. The latter reduces lumbar pain, constipation, and flatulence, especially, after cesarean section.¹⁸

When questioned about the performance of the most vigorous physical exercises during the puerperium, no adolescent demonstrated safety in her response. Most thought it was only allowed after one year, while one said that, after 30 days, these could be started if the woman had a normal birth. Therefore, for them, the practice of these activities is conditioned to the type of delivery and the physical condition of the woman. This thought is not wrong, the exercises should be started without much effort and thereafter continue according to the puerperium situation, of each woman, but not necessarily, should be initiated only after one year.¹⁸

Woman, I think with a month, as was normal, a month (Yellow).

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I think not. [...] I think I'll spend at least a year without making much effort. After that, gym (laughs) (Lilac).

Sexual abstinence was also another behavior, cited by adolescents, that should be adopted during the shelter, around 40 to 45 days. The reasons cited by them were the need for the uterus to return to the pre-gravid state and the fear of hurting the points made in the vulvoperineal incision or operative wound. Other teenagers have not reported the motive, but believe the spell requires rest from everything. These motives, were also cited, by adolescent puerperae who participated in a research, done in Cúcuta⁵, in which they believe that sexual intercourse, in this period, may cause some alteration in the recovery and return of the body's functions.

No! [...] [...] Oh, because the uterus is not in place yet, sometimes you still have stitches, bleeding, I think it's not cool (Light blue).

It's forbidden, right? After delivery only after 45 days. Boy, I think it's because of the surgery, because of delivery (Lilac).

In reality, there is no definite time as an ideal for the resumption of sexual relations. The only recommendation is that, after three weeks of labor, sexual activity can be restarted according to the woman's desire, since the vast majority of women, in this period, do not have desire and lubrication and orgasm hardly ever occurs. If she decides to resume, it is necessary to use vaginal lubricant to reduce pain and discomfort.¹⁸⁻¹⁹

On some occasions, the fear of a new pregnancy may be considered a reason that makes it impossible to resume sex,¹⁹ however, for the adolescents of this study, this fear was not reported, since most of them were not sure if the woman was at risk of becoming pregnant or do not. They have had a lot of uncertainties when asked about contraceptive use, the optimal time to start use, and if there is any specific for that period.

So I guess so, they never told me about it. But I think so (Light blue).

Oh, I do not know, I do not think so. When the person is breastfeeding, there is no risk not having a pregnancy, right? If you're not breastfeeding, I think so (Green).

The lack of information on sexuality and contraception of these girls, both pre-gestational and postpartum periods, is evident, which puts a new pregnancy at risk. This situation demands, therefore, an emergent solution, which would be the orientation on family planning throughout the pregnancy-puerperal cycle. After all, according to Dorothea Orem's theory of self-care, not only culture, but also education is a

great influence of individuals, and lack of knowledge exposes them to situations of vulnerability.¹⁰

In addition, preparation during prenatal care, through information and guidance pertaining to gestation, delivery and puerperium, enables these periods to be confronted with greater security, harmony and pleasure, since the lack of information can generate unnecessary worries and frustrated expectations.²⁰

◆ Prevention of infection

According to data in the literature, one of the main causes of maternal death at the present time is puerperal infection.²¹ This is an agonizing fact, since the aforementioned pathology can be easily avoided if some basic care is taken with intimate hygiene and operative wound and episiorrhaply.

Research participants demonstrated positive knowledge about intimate hygiene care. Most of them had a normal delivery and were submitted to episiotomy through laceration or episiotomy. So, they were advised during hospital admission that it was necessary to bathe frequently, especially, after physiological needs, as a way to avoid infection.

That I had to wash well, right? When I peed, when I pooped, I had to wash myself [...] with intimate soap (light blue).

A lot of hygiene, be very careful, every time I go to the bathroom to wash, especially when there is a point to not create infection ... I wash every time I went to the bathroom, when I was going to pee I had to wash myself [...] with intimate soap. The soap must be separated (Yellow).

Regarding the points of the episiothoria or operative wound, the answers were as follows: that the stitches were to fall off on their own and to be careful not to break them prematurely, as well as to wash the surgical wound with chlorhexidine or coconut soap.

They said that [...]. the points were going to fall for him, right, I had to be careful not to open, not to get the points (light blue).

They gave me a liquid soap to wash right there and at home. And when it was over, it was to wash with a neutral soap ... Then they said: "By the time you bathe, you wash well so you do not get infected or even open" (White).

Coconut soap is the most widely used product in surgical wound hygiene since it is an easily accessible and inexpensive product, and it is believed that the properties of coconut milk, from which soap is made contain a substance that helps to prevent infections and allows better wound healing.²²

The last adolescent interviewed (White) had dehiscence in the operative wound still in the hospital. Because he did not see a positive result after performing the care directed by the professionals, he self-medicated and used a so-called medicinal stone, well known in his community. The influence of popular culture on self-care actions, in the puerperium, is once again perceived.

They said that it was closing gradually and to wash well ... because it can ignite [...] Then I wanted to open more, on my own, my mother bought Rifocina to see if it closed, and Hume stone to put in the water and ironing. It's a very small stone that comes in a little bag, it looks like glass. Put it in the water, stir it, it dissolves and with the gauze it passes where it is open. Then my mother passed where it was open and closed, and I'm passing Rifocina in that part, because the other one is already breeding meat [...] (White).

Of the seven adolescents interviewed, only one responded that they were not guided at all on intimate hygiene and surgical wound care or episiorrhaply.

No, they said no. Nothing, nothing, nothing (Red).

This is a response that brings us restlessness and makes us think, because, if they were all attended in the same health service, by the same professionals, because it received no guidance like the others? However, the theoretical Elizabeth Orem explains that people are individuals with identities, which are distinct from others and even from their environment.¹⁰

In this case, it can be inferred that they may have received guidance, but each person absorbs for themselves, only what they thinks is important. In the midst of so much news and information given at the same time, she may not have given the necessary importance to this guidance, going unnoticed.

Breast care was also included in this category, where the most cited were hygiene, exposure of the breasts to sunlight, non-use of creams, free demand, and the handle and correct position of the baby.

[...] they had me cleaned before feeding the baby, so I did not have any bacteria that could infect her, right? Yes, wash before breastfeeding (Green).

[...] they told me [...] to put in the sun (light blue).

It has been noticed that adolescents have positive knowledge about certain self-care practices with the breasts, but most, are not sure what they are for. If this is happening it is because they are not being instructed as to the purpose of their realization, or the manner in which these orientations were

passed on to them is not being effective in reaching their intent.

When asked about the importance of breastfeeding for the mother's health, most of the adolescents did not know how to respond, they said that they were not informed about this benefit. Other teenage mothers even agreed that there was even a beneficial relationship of breastfeeding to the mother, but they did not know why. Only two of the interviewees revealed the importance of breastfeeding also for the woman, stating that they had been guided by the professionals during their hospitalization.

No. It was important enough for him, but not for me. They did not tell me that (light blue).

Help[...]. No. If I explained I do not remember not (Nude).

They said that [...] they said there at the hospital that when I had breastfeed because she was nursing, I was going to clean my body and hers (Green).

The benefits of breastfeeding for maternal health are in the fastest gestational weight recovery; uterine involution, and consequent reduction of uterine bleeding, secondary to oxytocin production occurring during breastfeeding; the reduction of the risk of breast and ovarian cancer, in addition to establishing the mother-child bond; delay the onset of the menstrual cycle and consequently promote intergestational spacing.^{17,23}

It is argued that the importance of breastfeeding is directed only at the child, because, as we see in the statements of the deponents, professionals are not passing these guidelines.

In this study, the adolescent puerperae were questioned whether it is necessary to return to the health service after discharge, postpartum time and the reason for the return. Regarding the reason for the return, the interviewees believe that it is basically to verify their gynecological conditions and the operative wound; and the consultation should take place around one month.

It is necessary. There in the HU, the nurses spoke [...] They spoke, only that it was day 9, there since I was very busy, I forgot (Lilás).

They sent me to do the test of the little foot and the little ear in it. No, they said nothing to me (Green).

I, I was like this [...]. After a week I went. To be careful right, to know how we are, if everything is right, if everything is in place, if everything is right; quite important (light blue).

It was noticed, in the responses of the puerperal adolescents, that the orientation on the return to the health service was not very well established, to the point that one of the

adolescents revealed to have been oriented only on the tests of the foot and ear of the NB.

The Ministry of Health recommends that the mother and the baby return to the health unit seven to ten days after delivery, a maximum of 15 days, and should be stimulated during prenatal care, maternity stay and community health agents at home. And, within 42 days of postpartum, a new puerperal consultation must be performed.¹²

The goal of women's return to the health service, in the first postpartum days, is to assess the health status of the mother and the newborn, to provide guidance on breastfeeding, basic care with the baby, and to assess mother-child in order to prevent situations of maternal and neonatal morbidity and mortality, since many of these situations occur in the first week after delivery, thus, reducing emergency room visits, hospital readmissions and cessation of breastfeeding.²⁴⁻⁵

The puerperal consultation aims at recognizing the current situation of the puerpera in relation to puerperal involution, relationship with family members and the companion in the household, pretensions of family planning, and return of menstruation and sexual activity. During the consultation, the puerpera should be welcomed. The nurse practitioner should listen to what the woman has to say, including possible complaints, encouraging her to ask questions, report on the steps of the consultation and clarify doubts.¹²

CONCLUSION

This study allowed to identify that the puerperal adolescents have a positive knowledge about the main measures of prevention of puerperal infection, such as: intimate hygiene; care with the surgical wound and with the breasts as well as on the foods that should be consumed in the puerperal period. However, in some of these self-care actions, participants did not know how to tell their true purpose.

With the research, it was also possible to observe gaps in the knowledge of puerperal adolescents about the practice of physical exercises, contraception in the puerperium, the return to health services, and the benefits of breastfeeding for maternal and child health, according to the analysis of their was due to the lack of education on these aspects. On the other hand, although some guidelines were actually passed, it failed to achieve the intent of one of the participants, and this had consequences in its puerperal recovery.

Thus, it can be inferred that improvements are needed in the preparation of adolescent puerperae for the execution of self-care actions in the puerperium, so that this period can be experienced in a healthy and calm way. The results achieved in the study can serve as a guideline for the professionals involved in the care of this public about their main needs and then be used as a subsidy for the remodeling of the guidelines offered to this one.

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Corresponding Address

Amuzza Aylla Pereira dos Santos
Avenida Lourival Melo Mota, s/n
Cidade Universitária
Bairro Tabuleiro dos Martins
CEP: 57072-900 – Maceió (AL), Brazil