ORIGINAL ARTICLE

FAMILY MANAGEMENT INFLUENCE IN THE BIRTH OF THE NEWBORN AND PREVENTION OF OMPhALITIS

INFLUENCIA GERACIONAL FAMILIAR NO BANHO DO RECÉM-NASCIDO E PREVENÇÃO DE ONFALITES

INFLUENCIA GERACIONAL FAMILIAR EN EL BAÑO DEL RECIÉN NACIDO Y PREVENCIÓN DE ONFALITES

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ABSTRACT
Objective: to know how the generational interrelations interfere in the bath care of the newborn and in the prevention of omphalitis. Method: qualitative study, carried out in a public hospital and in postpartum women's homes. The sample consisted of ten puerperae and 19 relatives with influence on the care of the newborn. The information emerged from the technique of semi-structured interview and participant observation and analyzed in the light of the interactive model. Results: cultural values influence the family-care practices related to the newborn's bath and are involved in behaviors that may lead to a risk of umbilical stump infection. Conclusion: health education actions are fundamental for the achievement of changes in the behaviors of puerperal women and caregivers, in order to promote safe care for the newborn, especially, regarding bathing and umbilical stump care, with consequent prevention of omphalitis. Descriptors: Baths; Umbilical Cord; Cultural Diversity; Memory; Newborn.

RESUMO
Objetivo: conhecer como as inter-relações geracionais interferem no cuidado do banho do recém-nascido e na prevenção de onfalites. Método: estudo de abordagem qualitativa, realizado em um hospital público e em domicílios de puérperas. A amostra foi constituída de dez puérperas e 19 familiares com influência no cuidado ao recém-nascido. As informações emergiram da técnica de entrevista semi-estruturada e observação participante e analisadas à luz do modelo interativo. Resultados: os valores culturais influenciam as práticas de cuidados familiares relacionadas ao banho do recém-nascido e revestem-se em comportamentos que podem provocar risco de infecção ao coto umbilical. Conclusão: as ações de educação em saúde são fundamentais para o alcance de mudanças de comportamentos de puérperas e cuidadores, de modo a favorecer um cuidado seguro ao recém-nascido, especialmente, no que diz respeito ao banho e cuidados ao coto umbilical, com consequente prevenção de onfalites. Descriptores: Banhos; Cordão umbilical; Diversidade cultural; Memória; Recém-Nascido.

RESUMEN
Objetivo: conocer cómo las interrelaciones generacionales interfieren en el cuidado del baño del recién nacido y en la prevención de omfalites. Método: estudio de abordaje cualitativo, realizado en un hospital público y en domicios de puérperas. La muestra fue constituida de diez puérperas y 19 familiares con influencia en el cuidado al recién nacido. Las informaciones surgieron de la técnica de entrevista semiestructurada y observación participante y analizadas a luz del modelo interactivo. Resultados: los valores culturales influencian las prácticas de cuidados familiares relacionadas con el baño del recién nacido y revestem-se en comportamentos que pueden provocar riesgo de infección al coto umbilical. Conclusión: las acciones de educación en salud son fundamentales para el logro de cambios de comportamientos de puérperas y cuidadores, de modo a favorecer un cuidado seguro al recién nacido, especialmente, en lo que se refiere al baño y cuidados al coto umbilical, con consecuente prevención de onfalites. Descriptores: Baños; Cordón umbilical; Diversidad Cultural; Memoria; Recién Nacido.

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The care required by the newborn (NB), to grow and develop in extrauterine life, is a topic of discussion in the scientific community, most emphatically, since the 1970s, on the national scene. However, knowledge that links some of this care is still incipient in the literature of the neonatal area, especially, in relation to bathing and care with the umbilical stump. Thus, the existing gap on these themes, in the databases, points to the need for a new theoretical-methodological design of care for NB, because they are totally dependent on adults.

Studies show that, there are four million neonatal deaths per year in developing countries, in the world, and that four hundred and sixty thousand are associated with umbilical stump infections. In this perspective, it is emphasized that, although the newborn is a vulnerable being, of these deaths could have been avoided by simple, cost-effective and effective measures to be taken by puerperal women, family members and other caregivers. However, many of these people are unaware of the appropriate way of protecting this small and vulnerable being.

Therefore, it is noteworthy that, in the puerperal phase, the influence of the family is very pronounced in decisions to care for the newborn, since the puerperae are fragile, susceptible to anxiety, depression and doubts, which contributes greatly to the occurrence of manifestations of help, on the part of their relatives, by passing on and practicing their popular knowledge of care. In this perspective, it is also based on the movement of opinions and advice that are transmitted to puerperae by other people, such as neighbors inserted in their group of belonging, with which they interact.

In this context of care for the NB, it is observed that generational relations exert a significant influence, since it is from generation to generation that one recognizes family traditions anchored, sometimes in the most rigid and inflexible habits and attitudes, from the perspective of guaranteeing the survival of the group of belonging and that this transmission of generational know-how has a universally organized function, structuring character, by virtue of the rituals, beliefs and values crossed by the generations.

In this perspective, it is emphasized that the transmission of cultural values allows the continuity of the identity of a family through a legacy of rituals, beliefs and myths that relate to the attributes of the social constitution of memory, the transmission process being recognized as relevant for the family universe, because it is a foundation that serves as the basis for the construction of this identity. However, it is observed that, in the relations of care to the umbilical stump and bath of the newborn, there is a persistence, on the part of the older caregivers, in maintaining its traditions of care, since “a diversity of knowledge comes to the younger ones, corroborating with the strength of their experience and their memory.” 5: 456

In this assertion, it is generally believed that, the puerperas delegate power mainly to the grandparents who take the initiative to take care of the NB, in relation to the bath, umbilical stump, among others and, thus, are perpetuating the beliefs and the myths that involve this care, in a ritual of maintaining collective memory, supported by the members of belonging groups, however, attention is drawn to the importance of some care in the bathing of the NB, since this procedure, when developed improperly, may contribute to the emergence of infections of the umbilical stump, among other problems.

Until a short time ago, some authors affirmed that the umbilical stump should be sanitized with water and neutral soap during the bath and dry it carefully to its end, however, in current scientific texts, these same authors already manifest themselves against the accomplishment of the bath of immersion in the RN prior to umbilical stump fall, this orientiation, compatible with those provided since the early nineteen hundred and ninety, where some authors already advised that the immersion bath should be given only after healing of the implantation base of the stump, quickly, one hour before the daily meals, in air-free places, considering, the age of the child and the resources available in the hospital area and in the residence for this care.

Because of these disagreements on the theme, there are still many conflicts in the academic, family / social and professional environment in the execution of the bath of the NB. However, the great secret that surrounds this care, in the perspective of the prevention of omphalitis, is the importance of the water which will be poured on the body of the NB (bath of sprinkling) instead of immersing it in the water accumulated in the bath (bath of immersion), this one to function only like a support and own the orifice of water flow, that should remain open during the whole

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procedure, not forgetting that at the end of the bath, it is necessary to dry the umbilical stump properly and its base of implantation, followed immediately, by the application of alcohol to 70\%, in order to accelerate the process of mummification and fall of the stump.\(^6\)

This concern about the bath of the NB is due to the understanding that the umbilical stump presents as an entrance port of easy access for pathogens, since its devitalized tissue becomes excellent medium for the proliferation of bacteria that, penetrating in the blood circulation, may lead to serious complications, increasing the risk of septic disease, and can easily reach noble organs such as the liver, heart, lungs and brain.\(^9\)

It is known that, with the bath, it is intended to be sanitizing the NB, but, certain care practices shared between generations expose the NB to risks, revealing the need for deconstruction because they are harmful to the health of the latter. In this sense, the use of an appropriate bath modality will contribute to the reduction of umbilical infections, in addition to generally favoring, the health and well-being of the newborn.

In this sense, it is of fundamental importance that health professionals are aware of the existence of beliefs and superstitions that surround the care of the newborn, especially, with regard to bath and umbilical stump, since, only then, will it be possible to plan a obviously, without disrespecting popular culture, but avoiding that being to be cared for is impaired by the use of actions that compromise their health. Thus, puerperal and family caregivers should be advised that the use of popular practices, even being a natural measure, must be carried out rationally, seeking, to first understand what the effect of each of them will really be.\(^3\)

**OBJECTIVE**

- To know how the family generational relations interfere in the performance of the bath of the newborn and, consequently, in the prevention of omphalitis.

**METHOD**

A qualitative, exploratory, descriptive study structured from the research entitled Intergenerational Family Influence in Care of the Umbilical Presence of the Newborn and Interfaces with Professional Care, carried out in a city in the interior of the State of Bahia.

The sample consisted of ten puerperae, randomly selected, and 19 (nineteen) family caregivers, established from the saturation criterion of the speeches. The following inclusion criteria were adopted: puerperal admitted to the maternity unit of a public hospital, residents of the research municipality, and persons indicated by puerperal women who had an influence on umbilical stump care and NB bath, identified by means of a home visit, whose address had been provided by the respective puerperal women.

The semi-structured interview, and the participant observation of the interrelationships in the context of care of the umbilical stump and bath of the RN, in the domicile scope, during the months of November to December of 2009 and January of 2010 were used as collection techniques. observations were recorded in a field diary and the interviews, were conducted with the support of a digital recorder, following a previously elaborated script, containing open questions. After reading the transcripts of the interview contents, the process of pre-analysis of comings and goings was started, which enabled the establishment of the preliminary categories and the amplification of the comprehensive data process.

It should be noted that the research followed the norms of Resolution 466 / 12.\(^10\) The project was previously approved by the Research Ethics Committee of the State University of the Southwest of Bahia (UESB), under the opinion nº 188 / 2009. All the participants signed the Free and Informed Consent Term (FICT) prior to the interviews being conducted, ensuring the privacy and anonymity of the information provided. In order to preserve the confidentiality and anonymity of the respondents, they were numerically identified following the order of the interview per family. It is also worth noting that, the speeches were preserved in the colloquial mode, enunciated by the participants, without being submitted to any orthographic and / or grammatical correction.

The procedures for analyzing and discussing the results were based on the Interactive Model, which consists of three components of concurrent activities: data reduction, data presentation and verification / interpretation of the conclusion, converging to content analysis.\(^11,12\)

It should be noted that the phases of this model are interactive and start from the moment of the researcher’s restlessness, the unveiling of the state of the art, the
construction of the theoretical framework in the delineation of the methodological path: the components imbricated, that is, the reduction of the data, their presentation or treatments and, finally, the interpretation/verification of the conclusions, being made to restart as many times as necessary until the understanding-unveiling of the data, emerging, as results, a category and three empirical subcategories.

**RESULTS AND DISCUSSION**

♦ **Category - Care of the umbilical stump: the practice of the bath in the NB**

The beliefs and the myths, the culture that influences the care, has always been transmitted from generation to generation, demonstrating with it, their strength and ability to dominate a population of humans throughout the ages. Thus, it is observed that various forms of care have been adopted and developed by caregivers, even though they do not have scientific confirmation. However, it is known that such care, based on popular knowledge, can sometimes cause harm to the health of those who they are submitted.3

In this perspective, it is highlighted that, in the joint housing unit that served as one of the scenarios of this study, the bath of the NB is given as a sprinkler, the mother being invited to observe and to participate in the procedure, in order to learn the realize it as close to the professional way of doing it as possible. In addition, members of the extension project entitled "Educational Program: health of the umbilical stump", linked to a public university, also carry out educational activities on this subject for the women who are admitted there, as well as in their residences after hospital discharge. Meanwhile, at the time of the home visit to collect data from this study, it was detected that some newborns were being submitted to the immersion bath, instead of the sprinkler bath by their caregivers.

Thus, this study made it possible to perceive how popular knowledge is in the care related to RN bath and umbilical stump, which validates the issues previously discussed, as well as the identification of the subcategories presented and discussed below.

♦ **Subcategory 1: The Family as a support network assisting the puerpera in the bath of the NB**

According to the statements that gave rise to this subcategory, the family constitutes a support network that performs the function of caregiver, which certainly contributes to the prevention of illnesses, in favoring the emotional balance, in the relational sustainability, in the solidarity and in the reciprocity regarding values cultural.

My mother and mother-in-law help me. Watching my other boy take care of, showering my new baby now. Those who shower are my mother-in-law; shower and change clothes. I change the diaper and my mother takes care of the house and my other boy. My mother-in-law also takes care of her navel when she showers, and I also take care of my bath. (Permit of the Family 5).

My sister-in-law, [...] helps to bathe the baby, [...] change him, look at him, take care of him. Only from the inside that helps [...] everyone helps take care of the baby. [...] When my mother is here she bathes in him too, takes care of the imbigo, [...] but my sister-in-law most cares. (Porter of the Family 06).

It is known that many puerperas cultivate the fear of bathing in the newborn and of touching the umbilical stump before their fall, causing them to back down and feel discouraged to take on this "new" care, which in most cases instigate to entrust it to the grandparents or other family caregiver.

It is observed that the participation of the family in the attributions of the domestic services and also in the care of the NB, were found in this study, already corroborated by the literature.11 Certainly, this support that the puerperas receive from their relatives, besides strengthening the affective bonds between them, will contribute also to solve this fear, as well as insecurity and difficulties, making them gradually, able to care for their child.

Therefore, it is believed that this network of support, built in the family, is of paramount importance at this time in which the puerperas need to have their health restored as soon as possible. However, follow-up through home visits by health professionals, becomes more than necessary, in order to be able to observe if the support offered by this network, especially with regard to the NB bath and dressing of the stump umbilical, is characterized, in fact in a caring or careless.

♦ **Subcategory 2: Reflecting on the popular knowledge and (dis) care in the bath of the NB**

It is known that puerperas seize the cultural knowledge of care through the most experienced family members, often, using the ones closest to their family life to help them...
in the care of the newborn, mainly, because they fear causing harm, hurting their children and, so they end up transferring the task mainly to the grandmothers, guardians of memory, who serve as identity to the new generations. In general, the fear of caring for the children is more evident with the birth of the firstborn, however, it may also occur in subsequent generations. Thus, continued care is, especially, part of women's activities to ensure the continuity of life and of the memory of the family group, and the empirical knowledge about the practice of care for the newborn is intrinsic.

The narratives that characterize this subcategory demonstrate the informants' understanding of NB care, more specifically in relation to bathing, which are involved by popular knowledge and fear of the new, which refers to a reflection on the culture, world view and popular knowledge that links the process of (un) caring at the moment of performing this procedure.

**I take a shower with the closed bathtub, the little hole, because I will not take her in the shower, I'll put her under the shower because I'm afraid; because always baby in one can be put under the shower. And the water standing there, I bring the warm water from the shower, I put it in the bathtub and I bathe it and then I throw the water and I play outside. (Paternal Grandmother of the 04 Family)**

Ah! (laughs) I put the baby in the bathtub in the hot water, I put soap in my ear, I wipe my hair with soap so I do not get that smell when I come from the hospital and wash the parts of it and wash it well and dry. [...] The same water that I bathe in her, I wipe her, seeing the clothes, and I leave the day. (Family Tree Hatchery 10).

As previously mentioned, the tub, with a hole in the bottom, allows the removal of dirty water during bathing of the NB. However, although it is an accessible equipment, due to the low cost, its use still does not happen in a correct way for the caregivers, since the speech does not reveal the removal of the cap to drain the contaminated water during the bath and rinse the NB.

Although guidance on this procedure had been socialized to the puerperal participants in this study, when they were hospitalized or at home after discharge, it can be seen that there was no adherence, to this procedure, on the part of the same and other family caregivers, since the speeches reveal the lack of maintenance of the opening of the hole at the bottom of the bath at the time of bathing the NB, which suggests that there was little assimilation of the received orientations.

It was also observed, from the narratives of the puerperae that, even though they were exposed to scientific knowledge, opted to perform the immersion bath with water trapped in a tub, without using clean water to rinse the NB, proving that it is a practice based on the popular knowledge and validated in the family environment and in its relational network, reinforced among the generations, as stated in the statements of the informants themselves.

**The baby's bath is in the tub; does not change the water, not rinsing it does not (puerpera of the family 05).**

I bathe with the water trapped, then throw the dirty water out, dry the baby and see the clothes on it; There is, indeed, the ever warm water (Family Treehouse 08).

The bath thus carried out is a care with risky effects to the health of the NB because it contributes to the infection of the umbilical stump. The water trapped during the procedure and its reuse for NB rinsing do not give it proper hygiene, considering that waste from feces, blood, amniotic fluid, cheeky vernix and, other body fluids end up contaminating the water and, consequently, the umbilical stump, since, with the replenishment of water with dirt on the body of the NB, your skin will be impregnated by these elements.

It is known that the umbilical stump constitutes a gateway for microorganisms, favoring the penetration of pathogens in the body of the newborn and, consequently, the bath, being carried out in this way, can cause its illness, as omphalitis and its complications. Of course, ‘omphalitis is considered a serious pathology that can rapidly lead to hematogenous dissemination or extension to the liver or peritoneum’, whose treatment consists of the administration of antibiotics by the parenteral route, as well as surgical corrections resulting from its complications.

It is worth noting that all the mothers of this study had baths in the mentioned modality and that, during the visits, only one of them, with the help of the maternal grandmother, was bathing in their NB in running water and with water flow used, according to the guidance provided.

It is believed that the knowledge disseminated by the scientific community, in the nineteen hundred and nineties, about the bath, has corroborated the current thinking of many puerperas and their family caregivers,
cultural knowledge, as described in the theory of diversity and universality of cultural care.15

It should be emphasized that the family support network can reinforce the (un) care of the infant’s umbilical stump and bath, as well as contribute to a faster reestablishment of the health of the puerperal woman. From this relationship emerges forms of care interspersed between popular and scientific knowledge - between the anemic and the ethical. Therefore, the ethical, so-called professional, is also constructed of the knowledge emic, in such a way that the relations of care value to the knowledge of the other becomes tenuous.

Thus, it can be seen, in the narratives, that characterize this subcategory, the different forms of knowledge used to care for the umbilical stump and the bath of the newborn, as well as the change of puerperal care habits, resulting from the walk with the scientific knowledge socialized by health professionals.

I do not have more damage (bath in the RN) with water trapped, and also I'm doing the way they taught me right? Pick up the bucket, pour clean water, and play with the open hole in the bathtub to drain. I have a bath with a little bag, so I put the clean water in the bucket, and I pour clean water, the dirty one goes running, through the little hole in the tub. I'm putting the tub on the bed a little paddle off with the little hole in the bucket. (Permit of the Family 1) […] ten years ago, in the third child, I received the UESB trainee (Project / UESB) in the hospital who gave me two bottles of absolute alcohol and the pamphlet and teaching me how to take care of the child’s umbilical stump. They took the doll, guiding how to give the bath and how to take care of the child’s umbilical stump. (Porter of the Family 07).

I only bathed on the sixth day, on the seventh day I put on the clothes I saw from the hospital, which was the first clothes he wore in order to stay in the locked room, only bathed the next day with eight days. Because he can not give because of the evil of the seven days. The seven-day disease is a disease that gives, stays bathed, shakes, ready, that’s right, the seven-day illness, there the child dies. It was my mother who taught me this care and I passed (puerpera). On the sixth day I went there, put on my evening dress, […] and I took care of it, put on my clothes and left it there; she did not bathe, nor did she wash or do anything, nor did she go outside. (Midwife’s daughter-Family 9).

A retrospective study of the control group, carried out by means of a medical records,
survey from January to March 2006, found that bathing the newborn at term, shortly after birth, did not interfere in their cardiorespiratory condition and body temperature, considering adequate time control duration, water temperature and the place where the bath occurs, in addition to promoting relaxation, stimulates blood circulation, promotes body hygiene, by secretion removal, and a harmonious interaction between the NB and the caregiver. 19 However, some puerperae women influenced by close relatives and / or neighbors, still fuel the belief that newborns should not be showered on the seventh day of life because they favor a higher probability of becoming ill, such as neonatal tetanus.

Regarding the way to give the bath, it is worth emphasizing again the existence of contradictions among scholars, since, some of them support the importance of the bath after the birth of the newborn as a procedure that makes it calmer, calmer and more comfortable and which causes less heat loss and reduces the incidence of infection and colonization of the skin and umbilical stump with pathogenic bacteria, some people argue that, until the fall of the stump, the bath is only given with a damp sponge, protecting it from being wet in order to avoid the dilution of the natural protection buffer, which may facilitate the entry of germs and culminate in infection and neonatal tetanus. 15 Probably, supported by the understanding that the etiological agent of tetanus, Clostridium tetani, can be found in diverse environments, including, the skin of the one who cares. 21

In addition, although some health professionals advocate that bathing should be performed in the first days of life of the NB, followed by rapid rinsing, and that the temperature of the water should be observed in order to avoid burns, 21 do not state that this rinse should be performed with the use which will also contribute greatly to the prevention of neonatal onset and tetanus.

Faced with the understanding of keeping the newborn in a room without taking a bath on the seventh day of life to avoid neonatal tetanus or seven-day tetanus, as one of the informants points out, it becomes possible to perceive how strong the culture of the people still is, beliefs and popular myths in worshiping this practice, highlighting a study that points out that these women act this way due to the fear that the witch will suck the child's navel and that it will develop the seven-day disease. 22

Although it is known that intergenerational family culture must be respected by health professionals, especially, when popular beliefs do not harm people's health, it promotes the reflection that health professionals need to draw attention to caregivers that even the being given on the seventh day of life, it becomes important that, the careful and frequent application of alcohol to 70% in the umbilical stump region, especially every diaper change, since birth 4, as well as on the need for the bath to be given immediately in the eighth day, given the concern that the NB was not receiving adequate body hygiene for more than 24 hours.

In addition, it should be taken into account that there are important details to be observed in the care practices, which may prevent the newborn from contracting infection in the umbilical stump implantation base and, consequently, cause sepsis, which is why professionals need to promote educational actions aimed at the caregivers, guiding them, during the bathing, on the importance of the same being in the sprinkler mode and not the immersion, followed by drying and applying the alcohol to the umbilical stump 70%. Otherwise, small infections may appear, initially, which if left untreated can spread and become severe infections. 7

Thus, it is perceived that scientific knowledge must walk and dialogue frequently with popular knowledge, considering that the first depends on the second to be produced. It is in this sense that health professionals should increase their knowledge regarding the culture of each woman who enters the health services, be it in prenatal care, joint housing, among others, or when they go to them in their homes at they also need to value the family caregivers, who are fundamental figures in the process of caring for the newborns, instigating them to participate in the educational actions promoted, since, only then will it be possible to adapt the ethical care to the reality of each one of them. 3

**CONCLUSION**

It is believed that this study does not end in these conclusive reflections, since it encompasses complex themes such as culture, popular and scientific knowledge, generationality and care for the NB, to be so dependent on the human solicitude for the continuity of its life.

Through it, it became possible to verify that the care practices developed by the puerperas and other caregivers, at the time of
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The bath of the newborn, are the most varied and require the attention of the health professionals, since the culture is a legacy that will carry while they live. It was also possible to verify that, it will only be possible to change the habits, customs and behaviors of these caregivers through a reflexive dialogue between them and the health professionals.

Developing a sensitive listening regarding popular practices in the bathing of the newborn and taking care of the umbilical stump, in order to interact with them without underestimating them, will allow the establishment of a relationship of trust and respect between health professionals and caregivers, so it is necessary that the knowledge of both be approximated among themselves so that the new one is built, because, only in this way, will it be possible to prevent practices harmful to the health of this small being.

In the persistence of factors that are not scientifically supported and sometimes harmful to health, puerperal and other caregivers of newborns are submerged in a chain of transmissibility of popular knowledge specific to their sociocultural network, whose memories are passed on to future generations, which contributes to the perpetuation of their memories. Thus, access to scientific knowledge, regarding NB bath and umbilical stump, care becomes indispensable not only to the participants of this study, but to other caregivers of NB, especially, because they did not have the opportunity to know and dealing with a universe of knowledge that is not part of their daily lives.

It is recommended that health professionals start investing, more incisively, in health education actions as a strategic means to achieve changes in the habits and behaviors of puerperal women and caregivers in the perspective of having access to knowledge and skills. Technologies that favor safer care, especially, with regard to NB bath and care to the umbilical stump, with consequent prevention of omphalitis, which will certainly collaborate to the extinction of fears and myths, in order to enable the exchange of the esoteric knowledge by ethical knowledge, even though it is known that the memory of individuals is selective and, therefore, only apprehend what is of interest to them.

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