



ATTENTION TO LOW-RISK PRE-NATAL: BASIC CARE JOURNAL

ATENÇÃO AO PRÉ-NATAL DE BAIXO RISCO: CADERNO DE ATENÇÃO BÁSICA

ATENCIÓN AL PRE-NATAL DE BAJO RIESGO: CUADERNO DE ATENCIÓN BÁSICA

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The *Technical Manual on Attention to Prenatal Low Risk* is the number 32, of the series A that belongs to the Norms and Technical Manuals. It was a publication by the Ministry of Health - Health Care Secretariat and Department of Primary Care, this is the first edition revised and published in 2012, with 318 pages and 35 thousand copies.

It is accessible in http://bvsmis.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf, available to professionals and the community, for their due reading and appreciation of knowledge. The work is divided into ten chapters and five parts, as follows: part I, the prenatal; part II, more frequent clinical and obstetric interurrences; part III, assistance to the imminent birth; part IV, postpartum; part V, legal aspects and rights during pregnancy.

In part IV, "Postpartum", which addresses the puerperal phase of the woman, the authors describe the specific needs of women in this essential period and the problems that may occur. It is subdivided into: attention in the puerperium; actions related to the puerpera; actions related to the newborn; puerperal consultation; postpartum *blues*; use of the contraceptive method during breastfeeding and difficulties with breastfeeding in the puerperal period.

Regarding the puerperium care, the authors sought to describe a health strategy,

the stork network, where the health team performs maternal-infant actions, which are primordial to maintain the vitality and maintenance of the baby, reducing mortality. In these actions, are including the tests that will aid in the diagnosis and early treatment of any pathology that can be found in the newborn, in the first week of life. The authors state that the tests are: neonatal screening; red reflex test; hearing screening; vaccination check; support and guidance on breastfeeding; heart test, among others. The stork network provides this link of women in prenatal care, delivery and puerperium, with the reference hospital for childbirth and health staff. With this, in the puerperal phase, allows a differentiated look for the home visit and the appearance of clinical manifestations of the puerpera that relate to infections, postpartum haemorrhage, and other conditions that may occur in the puerperal period.

The visit carried out is of extreme relevance, especially, for the babies identified as at risk, since it should be in the first three days of postpartum, babies out of risk, within seven to ten days, with well defined goals such as: assess the state of maternal and child health; guidance on breastfeeding and appropriate nursing care; assessing risk situations and interurrences;

guiding family planning and scheduling puerperal consultation.

In the other sub-item of part IV, of the postpartum, it refers to the actions related to puerpera. Here, the authors approached a sequence of attitudes that the professional should promote for the woman in this phase: the first consists in an anamnesis related to the card of the pregnant woman, in a very specific way, addressing everything in relation to the delivery, from the conditions of gestation, to the conducts of orientation. In this item, it is observed the description of the puerpera as to the gestation, the conditions of the childbirth, interurrences, advice on rapid tests, use of medications and supplementation.

With regard to the own woman herself, ask questions about her feelings about breastfeeding, such as: if there are difficulties; the frequencies of feeding and their conditions. In this item, the questions turn to the woman and the modifications she has been suffering during her postpartum, such as: sleep; feeding; activities; ache; vaginal discharge and fever. There is also questioning about family planning, whether she still has a desire to have more children and her interest in contraceptive methods, addressing psycho-emotional and social issues. Perform a gynecological evaluation, taking a complete physical examination, and observe all changes in the puerperium, breasts, abdomen and interurrences related to all the factors related to the woman's body, as well as to its relation and bond with the newborn. The authors suggest guiding and conducting the puerperium on breast care, breastfeeding, hygiene, feeding, sexual activity, among other relevant factors, recording everything in SisPrenatal.

In another subitem, the authors describe the actions related to the newborn, addressing the child's booklet and everything that is disposed in it, with information essential for the growth and development of the newborn. Record your data also in the SisPrenatal and check the conditions of all phases that the puerpera and the newborn have passed, addressing the baby's conditions, feeding, scheduling the next consultations, in the manner recommended by the ministry of health, observe all the newborn during the physical examination and its respective phases and to identify the criteria for the risk factors related to the newborn. The authors sought to guide, at all times, the puerpera about the conditions of the baby, each change, in relation to positives and negatives, than is expected for a healthy puerperium.

The sub-item that addresses the puerperal consultation is the moment that the authors first mentioned where the home visit for the puerpera is scheduled in the first week. This item is further subdivided into: emotional aspects of the puerperium; mental suffering in the puerperium and the role of family health teams. In the first subdivision, the authors focused on the emotional modification of the puerperal woman. After all, the arrival of a baby brings with it duties, responsibilities, marital and domestic changes, among other specific issues of this phase aimed at the family as a whole, since the baby is now part of this milieu, addressing the mother must have in receiving the newborn in her life, where the partner and the family are inserted directly in this relationship of trust between them. The authors also relate the action of the health professional in this item, since they will have a differentiated look in the care of the puerperium and must observe the emotional aspects of the puerperal and family along with the newborn, the behavior of the mother, how she is emotionally and expose the woman's sufficiency to take care of her baby.

In another subdivision, in this sub-item of the puerperal consultation, is the mental suffering in the puerperium and the role of the family health teams. In it, the authors sought to describe the forms of mental suffering and how the multiprofessional team, which acts in the family health strategy, can intervene in this situation. They described, as a form of metal suffering: puerperal sadness, also called *baby blues*; puerperal depression and puerperal psychotic disorder, addressing their concepts, prevalence and manifestation, symptoms, course and prognosis of each item classified as mental suffering.

The authors describe the need for early diagnosis and treatment of these disorders, knowing that this undermines the marital and affective relationship, reaching the family relationship completely and also point out the fact that, the longer the symptoms of the disorder persists, the greater the consequences, which will affect child development and mother/baby relationship. The authors point to the high prevalence of these alterations and also the relevance of knowing how to differentiate them, both the puerperal sadness, that they describe as something transient, fleeting, that will last about a week to ten days, as well as postpartum depression, properly and puerperal psychosis.

They also describe the risk factors for these mental sufferings that occur in the

puerperium and include: previous history of suffering or psychotic disorders and major depressive disorder. They also describe their own difficulties with the newborn, such as: breastfeeding; gestation that was not planned; complications in pregnancy; childbirth; hormonal factors and antecedents. Secondly, they describe the role of the primary care professional in mental suffering, where they deal, in a relevant way, with the fact that professionals know the territory and can have preventive attitudes as to these cases, acting in the first week of the puerperium, since the diagnosis, to interventions, where they describe preventive measures such as: emotional and physical support during pregnancy, childbirth and puerperium; the support of family, friends and spouse, transmitting love and security to the woman. The authors also describe preventive measures for each mental suffering, including those cited above.

Another sub-item of chapter IV is postpartum depression. The authors refer as a more persistent symptomatology, overlapping, in a differentiated way, compared to other periods of the woman's life, when the puerperas present symptoms such as: anxiety; compulsion; obsession; evil thoughts with the baby and stress the importance of differentiating between mental sufferings again, portraying the primiparous as being at high risk for mental illness.

Afterwards, in the postpartum blues sub-item, the authors describe the symptomatology as transient, transient, which refers to mood changes, irritability, easy crying, insomnia, sadness, anxiety, and decreased concentration. These changes remain about a week to ten days, and the authors depict several risk factors. Among them are: history of depression or some disorder; marriage conflict; stresses; lack of support and family support; situations related to gestation, such as spontaneous abortion; history of psychiatric illness in the family; gestational or prior diabetes, among others. They describe that women who had a gestational loss and became pregnant soon after, in less than 12 months, are more susceptible to the development of postpartum blues.

They refer to pathogenesis, diagnosis, and clinical manifestations and compare postpartum blues with postpartum depression, describing additional signs that are added in postpartum depression such as: thoughts of hurting the baby; irritability in higher ancestry; fault; oppression; feeling inadequate to care for the baby. They also

refer to the scale used in these cases, such as the EPDS (The Edinburg Postnatal Depression Scale), which is a questionnaire with ten self-administered questions that can significantly identify the case of postpartum depression. They also describe the difficulties for the diagnosis of postpartum depression, such as: the lack of knowledge of relatives and caregivers about psychiatric diseases and their treatments; the very symptoms of the disease that are very common and can be confused; the puerperal woman who is afraid to tell her feelings and be classified as ill or incompetent mother, among others.

They report adverse effects and prognosis, pointing out that untreated postpartum depression can become a chronic disorder. With this, they describe the treatment, with psychosocial therapies, addressing, individually, in a family and in a group, also the pharmacological therapy, having, as the first choice, serotonin, due to the lower side effects and lower risk of overdose, and stressing which should be reviewed every two weeks, pharmacological treatment. They describe pharmacological drugs that showed few adverse effects to the baby during the period of breastfeeding. They are: fluoxetine; sertraline; paroxetine; citalopram; bupropion and tricyclic antidepressants. The authors do not fail to focus on prevention, bringing the issue of research into the puerperium and seeking to identify any changes to avoid further consequences.

Subsequently, in the sub-item "Use of contraceptive method during breastfeeding", the authors describe the choice and orientation of contraceptive use during breastfeeding. The authors consider the first six months of postpartum, along with exclusive breastfeeding and amenorrhea, as an association of decreased fertility. However, this response is no longer effective when menses re-regulate or when breastfeeding ceases to be exclusive. With this, it is necessary to choose a contraceptive method that does not influence breastfeeding and the authors advise to consider first the non-hormonal methods: Intrauterine Device and barrier methods, always encouraging the use of the condom. During lactation, the authors refer to the oral mini-pill, which contains only progesterone and, as an injectable, the quarterly contraceptive six weeks after delivery. Other contraceptives, such as combined oral and monthly injectables, are not recommended because they interfere with the quality and quantity of breast milk. As for the table, cervical mucus, thermal sensation and other methods, the

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authors recommend its use after the regulation of the menstrual cycle.

The sub-item entitled "difficulties with breastfeeding in the puerperal period" is the last part of part IV referring to the postpartum topic. In it, the authors portray the challenges encountered by puerperal women in the lactation period, such as: incorrect nipple picking; fissures in the breast; breast engorgement and puerperal mastitis. About incorrect nipple picking, the authors describe that the child can not remove the milk from the breast, which is the milk that satisfies the child. This improper handle will cause cracks in the breast, as the baby is not gnawing at the nipple-areolar region, which causes irritability and lack of confidence in the puerperal. Breast engorgement occurs, according to the authors, usually bringing pain, edema, redness and even fever. It is transient and disappears between 24 and 48 hours. To avoid it, the authors recommend proper breastfeeding and manual milking. About puerperal mastitis, it is the denomination of an inflammatory process in the breasts that can be consequent of engorgement, requires medical treatment, according to medical prescription, and correction of incorrect handle. The authors advise on the prevention of these events, referring prenatal care as a learning moment for the woman in relation to the lactation period she will face later.

Still in this subitem, the authors describe the contraindications for breastfeeding, being of permanent or temporary character. They are of a permanent nature: mothers carrying the HIV virus, HTLV 1 and 2 and women with serious disorders of consciousness or behavior. They are temporary: mothers with chickenpox, Chagas disease, among other diseases. They also portray the medications that are also contraindicated during breastfeeding and should be supervised according to prescription and medical evaluation.

This manual brings with it essential information for the health care of women during prenatal, childbirth and puerperium, by carefully and carefully tracing the proper care with the binomial in these respective phases. It is recommended for health professionals and those in the designated area, since they guide and evaluate women in their pregnancy-puerperal cycle and pass on evidence-based information through this scientific work. This manual is also recommended for health students, so that they provide the differential in the care that

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will be given to the puerpera, acting in a promotor way in their health.

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