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ORIGINAL ARTICLE

NEEDS FELT BY WOMEN IN THE PUERPERAL PERIOD NECESSIDADES SENTIDAS PELAS MULHERES NO PERÍODO PUERPERAL NECESIDADES SENTIDAS POR LAS MUJERES EN EL PERÍODO PUERPERAL

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ABSTRACT

Objective: to know the needs felt by women in the puerperal period. **Method:** this is a qualitative, exploratory, descriptive study with 20 women. The data were collected through semi-structured interviews and then analyzed and categorized according to the Content Analysis technique in the Thematic Analysis modality. **Results:** the theme “Needs felt by women in the puerperal period” emerged, constituted by the subcategories “immediate puerperium”, “Remote puerperium”. **Conclusion:** it is shown that women feel different needs throughout the puerperal period, provoking the work of professionals from prenatal to prepare the woman for the situations that will be experienced in the puerperium, as well as the work with the family in strengthening relationships and in the preparation of the support network for the arrival of the new member. **Descriptors:** Postpartum Period; Women's Health; Maternal and Child Health; Maternal-Child Health Services; Obstetric Nursing; Nursing.

RESUMO

Objetivo: conhecer as necessidades sentidas pelas mulheres no período puerperal. **Método:** tratase de estudo qualitativo, exploratório, descritivo, com 20 mulheres. Coletaram-se os dados por meio de entrevistas semiestruturadas e, posteriormente, analisadas e categorizadas conforme a técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** emergiu-se a temática “Necessidades sentidas pelas mulheres no período puerperal”, que se constitui pelas subcategorias “Puerpério imediato”, “Puerpério remoto”. **Conclusão:** mostra-se que as mulheres sentem necessidades distintas ao longo do período puerperal suscitando a atuação dos profissionais desde o pré-natal para preparar a mulher para as situações que serão vivenciadas no puerpério, bem como o trabalho com a família no fortalecimento das relações e no preparo da rede de apoio para a chegada do novo membro. **Descritores:** Período Pós-Parto; Saúde da Mulher; Saúde Materno-Infantil; Serviços de Saúde Materno-Infantil; Enfermagem Obstétrica; Enfermagem.

RESUMEN

Objetivo: conocer las necesidades sentidas por las mujeres en el período puerperal. **Método:** se trata de un estudio cualitativo, exploratorio, descriptivo, con 20 mujeres. Se recogieron los datos por medio de entrevistas semi-estructuradas y, posteriormente, analizadas y categorizadas conforme la técnica de Análisis de Contenido en la modalidad Análisis Temático. **Resultados:** surgió la temática “Necesidades sentidas por las mujeres en el período puerperal”, que se constituye por las subcategorías “Puerperio inmediato”, “Puerperio remoto”. **Conclusión:** se muestra que las mujeres sienten necesidades distintas a lo largo del período puerperal suscitando la actuación de los profesionales desde el pre-natal para preparar a la mujer para las situaciones que serán vividas en el puerperio, así como el trabajo junto a la familia en el fortalecimiento de las relaciones y en la preparación de la red de apoyo para la llegada del nuevo miembro. **Descriptor:** Período Posparto; Salud de la Mujer; Salud Materno-Infantil; Servicios de Salud Materno-Infantil; Enfermería Obstétrica; Enfermería.

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INTRODUCTION

The word puerperian origin is in Latin, in which *puer* means child and *parere* as a verb means to give birth. It refers, then, to the period that begins at birth and lasts until the pre-gravid conditions are established in the woman's organism.¹ The authors generalize the puerperal period in three parts: the immediate period, which occurs after the placenta is discharged until the 10th day of pregnancy; the late period, comprising 11 to 45 days postpartum and the remote period from the 45th day.²

The puerperium is a period of transition, of physical, biological, family and emotional adaptations and transformations, which reflect both in individual care and in the interactions that the woman establishes with her child, partner and other members of the family. Consequently, this period is characterized as a moment of fragility demanding from health professionals, a commitment in the evaluation and care offered to the puerpera to prevent complications, through social, physical, emotional and informational support, reinforcing guidelines which will provide women with conditions to care for themselves and their child in all phases of the puerperium.³

However, care for the puerperium is still limited, requiring greater attention and commitment from health professionals for a dignified and humane care. In a survey, the perceptions of the mothers about the care offered to them and their newborns in the immediate puerperium were investigated, evidencing that the care in this period, turns mainly to the orientations on the breastfeeding, the adequate breastfeeding period and the care that favors this practice. Care was taken to contemplate the needs felt by puerperal mothers, such as the guidelines for self-care and care directed to the newborn.³

For this reason, women in the puerperal period are using practices and forms of self-care transmitted from generation to generation through beliefs, customs and taboos. However, care is taken with the baby in all actions of the puerpera, who begins to prioritize everything that is related to the child, underestimating their self-care.⁴

Therefore, it is understood that the woman in the remote puerperium has a deficiency in self-care, needing support to make it fit for the satisfactory performance of motherhood, since the way the woman feels about herself and her body during this period affects her

behavior and her adaptation to the process of motherhood.⁵ It is important to highlight the support of other family members in the performance of their actions to protect them from physical and psychological exhaustion, since motherhood, in addition to the demands of the new child, the maintenance of routine household activities and/or the activities they perform in the public space, they have the care of the other members of the family nucleus.⁶

In this period, women become vulnerable, because starting with the birth of a baby, they realize that their life is restricted both in the personal and social aspects. There are often ambiguous feelings: from the happiness of the arrival of the long-awaited being, of satisfaction for having a concrete goal of a happy life, and of negativity for the losses, apparently acquired with the motherhood. It is necessary to be attentive to the fact that the maternal attributions are incorporated to the other roles and activities performed by the woman, which can generate a sense of incapacity.⁷

However, the care actions are predominantly directed to the possible complications related to the puerperium, with a focus on the physiological and pathological aspects, often ignoring how the woman feels in the period and what factors interfere in her adaptation and integration to the roles she begins to assume from the moment she becomes a mother. Thus, the puerperal period is observed through an external and distant perspective of who experiences it.⁸

Thus, it is imperative to attend to the needs felt by the women and to assist them in coping with changes from the puerperal period so gradually, they reach the autonomy of care with the baby.

OBJECTIVE

- To know the needs felt by women in the puerperal period.

METHOD

This is a qualitative, exploratory, and descriptive study. Twenty women in the puerperal period were enrolled to participate in the study, with ten in the immediate puerperium and ten in the remote puerperium, collected through the Hospitalization Authorization (HA) records of the maternity hospital of a Southern Brazilian School Hospital.

The number of participants was defined by the saturation of the data when there was a certain redundancy or repetition in the

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researcher's evaluation and it is not considered relevant to persist in data collection. Participants were included in the study guaranteeing ethical principles related to research involving human beings, only after they had expressed their agreement to participate in the study through the signing of the Informed Consent Term (TCLE). The anonymity of the participants was also preserved through the use of the letter P succeeded in the interview number.

The data were collected in the second half of 2017, through semi-structured interviews, followed by a script with the following questions: How do you feel about motherhood? How is maternity after discharge from the hospital?; What needs have you felt so far?; What kind of support would you like to receive during this period?

Women were interviewed in the immediate puerperium for privacy, in the maternity procedure room and the women in the remote puerperium at home, by an appointment, according to the availability of the participants. The interviews were gotten to preserve the original content and increase the accuracy of the data obtained by an audio recorder, transcribing them in full, analyzing and categorizing the data according to the Thematic Analysis.

Ethical precepts were respected regarding the conduct of research involving human beings according to Resolution 466 of December 12, 2012.⁹ The project was directed to the Research Ethics Committee approving it through the Certificate of Presentation for Ethical Appreciation (CAEE) number 76525417.4.0000.5316 and Opinion 2,313,518.

RESULTS

Emergiu-se, a partir da análise dos dados, a temática "Necessidades sentidas pelas mulheres no período puerperal", que se constitui pelas subcategorias "Puerpério imediato" e "Puerpério remoto", expondo-se as especificidades de cada período.

From the analysis of the data, the theme "Needs felt by women in the puerperal period" emerged, which is constituted by the subcategories "immediate puerperium" and "remote puerperium", exposing the specificities of each period.

Needs felt by women in the puerperal period

◆ Immediate puerperium

The immediate puerperium is the concretization of the maternity, which brings feelings of happiness, fulfillment and completeness to the woman.

I feel very happy, it was wonderful. I had wanted to get pregnant for a while. Now I'm done. (P5)

I feel happy, fulfilled, nothing is better than being a mother. (P8)

I am very happy, fulfilled. Even though having a child, the sensation is unique, it has nothing equal. (P9)

I feel fulfilled, I really enjoyed it. (P2)

Happy, complete. (P4)

Maternity is also described as a magical, thrilling, indescribable moment, unlike anything that has ever been experienced or imagined by these women because of the many discoveries they have experienced.

It is a very good thing. Something we did not know and now is happening, a new thing. (P1)

It was very exciting, full of new things, everything different. (P5)

For me, it was the best experience of my life, I can not even explain how I'm feeling, it's wonderful, it's magic. (P6)

For me, it's been a very special moment, I do not know what to say, it's wonderful. (P10)

Being a mom is the best thing in the world, we spend nine months wondering what it's going to be like, but you end up being surprised, nothing is as you imagine. (P7)

It's my second child and that's all different. The first was normal labor; this was a cesarean section. I found it more complicated to have a cesarean, but it worked out fine. (P2)

It is a period of great emotions, I cannot explain, it is very good. (P9)

In some ways, the immediate puerperium is experienced in a quiet way, such as prior knowledge about the type of delivery, allowing the woman to prepare to go through certain situations. It is provided by the experience of an earlier birth, familiarity with the events of that period.

Everything was under control. I was expecting from an early age, I knew it would be a Cesarean section, I was already preparing. (P2)

Since it is not the first, I think I already knew how it was going to be. (P4)

It's being good, everything all right in what I imagined, I prepared myself for that. (P8)

On the other hand, the immediate puerperium also involves experiencing fast changes in the body and routine that makes women feel the need support in dealing with pain, difficulties in breastfeeding and caring for the newborn, with tiredness and fear of responsibilities arising from motherhood.

Very difficult because I did not expect it would hurt so much. It is very sore. Even to

give the breast because it has to be lying down. (P2)

It is difficulty in suckling, sleeping. I have not slept right yet, I keep looking at her. (P5)

It was a bit difficult. Pain, difficulty in breastfeeding, difficulty sleeping. I'm very tired. (P4)

I needed help caring for him. He knew nothing, nor how to take care of him. (P6)

The first day was good and bad at the same time. Good because she is here with me and bad because of sleep and tiredness; My breasts hurt, it's hard to give. (P7)

My needs are many, I need help to sleep. I feel like sleeping, but I can only sleep when someone takes care of her. (P9)

I'm very scared. I stay looking at her and wonder what it's going to be like. I still do not know what I need, I think I can not imagine it yet. (P10)

It is revealed that to deal with the needs felt in the immediate puerperium, the women in this study had the support of the family and the nursing and health team, and they also used the internet and informational flyers.

So, new mother knows nothing. I researched a lot of things on the internet, flyers and even here at the hospital. (P1)

I have always been well attended by the doctor, the nurses all very attentive, they helped me in the handle to suckle, at all. (P2)

I had all kinds of support, from the family, the doctors, the nurses, everyone helped me. (P4)

I think I have all the support I need, my husband, my mother, the team here, everybody is around helping. (P5)

I think everyone helped me, otherwise I had not been able to start taking care of her. (P6)

I think I had support from everyone I needed, my mother, my sister, my husband, the hospital staff. (P7)

I had support from everyone, family, doctors, nurses, I think there was nothing missing. (P8)

I think I'm going to need a lot of support from the family, from the nurses, from everyone, because I do not know how to take care of her. I'll have to learn everything. (P10)

It is indicated the care offered by the Nursing and the health team by the women, as one of the main contributions to the feeling that their needs were met in the immediate puerperium.

There was nothing lacking for me, they are coming here all the time. (P3)

A wonderful service, I have nothing to complain about it. The other children I had

them in the private hospital and it was not so good, I was not so well attended. (P4)

I did not miss anything, they are always helping me. They are very helpful. (P5)

The staff is very good, everyone helped me, they had patience. It was very good the service. (P7)

The staff is very good, the service is 1000. (P9)

They assisted me very well, I have nothing to complain about it. The service was wonderful. (P10)

◆ Remote Puerperium

The women in the remote puerperium experienced feelings of happiness and well-being in a similar way to the immediate puerperium, describing themselves in wonder at motherhood.

I'm feeling well. It's all right. Happy. (P14)

Wonderful. Very good indeed. I did not think it would be so good. (P16)

It's being wonderful. I did not think it was so good. (P18)

It's very good. Being a mother is wonderful. I'm feeling well. (P20)

However, in the remote puerperium they reported changes in their routines in the time of waking, feeding, bathing and performing household activities. Thus, women feel the need to adapt to the new routine whose contours are dictated by the time and needs of the child, which can sometimes be tiring and require help.

My routine changed everything because before, I slept until ten o'clock, now, I do not. I have to wake up, change, but nothing that we do not adapt. Wash my hair even though I used to rinse unhurried now, I can only when my husband is at home to take care of him. (P12)

What really changed was the routine. It's hard to clean the house, he breastfeeds 24 hours. (P11)

At home with the baby, it changes a little. We get tired. Food changes, we only do things at the time she let us do it. (P14)

Everything has changed. The routine is all different to wake up, do things, eat, sleep. (P16)

I can not do things right, I have to wait for his dad to come get him. He wakes up twice a night to nurse. These things changed. (P17)

Everything changed. To sleep, to eat, to do things. Everything is more time consuming. Everything is only when he let us do it. (P18)

It changed a lot. I need help for just about everything. I need someone to look at her for me to do things, because I'm afraid to leave her alone in bed. Even to eat I hope my husband arrives to stay with her. (P19)

It changes everything after we are a mother, everything is different. In sleep, we wake up every hour to see how the baby is. We do things only when he is sleeping. We live in his time. (P20)

Besides to adapting to changes, the remote puerperium is a period of learning in which women feel the need to learn to know their child and to identify their demands. This process of learning involves tension and tiredness evidenced by the reports of fear and crying.

It's a time to learn. He cries and we know what the cry is, if it is pain, if it is hunger, if it is whining. You are being very good, rewarding. It is tiring, too. In the first week, he cried and I was crying with him because I did not know what it was. Maybe it was me who had done something wrong. (P15)

The other child I did not take care of him, so for me, it's being a new experience. I'm really scared when he chokes, these things. (P17)

Things are going well. Sometimes I'm afraid to be alone with her. You know, we have no practice and she's so tiny. (P19)

Some women point out the need to receive help from family and health professionals to be able to adapt to the new routine and learn to know their child and their needs.

My mother helps me a lot and the doctor, in my consultation also helped me, I asked a lot of questions, he explained to me what injection I could take. (P11)

At night, it's kind of complicated not to sleep, but the rest is quiet because I have my mother here; the godmother lives next door and my father-in-law lives on the other side. (P12)

I had support from my family and it was very good, anything I need, they help me. My husband helps me a lot too. (P16)

I need support to do my things at home, but my other children and my husband help me a lot. (P13)

We have no practice, but my mother is almost always here. (P19)

The woman is assisted specifically by the support of health professionals at the puerperal review consultation, clarifying doubts regarding breastfeeding and child care. The mother is also advised to take care of herself, for the screening of cervical cancer and family planning.

It was a ten-day consultation and the doctor told me to come back after six months for a pre-cancer test. She prescribed me a special contraceptive for breastfeeding. (P14)

I had two appointments, one with ten days and the other with 40 days, with the same

prenatal doctor. At first, I had more doubts, with many questions. The doctor explained everything, took away all my doubts. The second one was quieter. I was more used to take care of him. (P15)

I went to do a review after I had him. I took all my doubts. The nurse talked to me, explained things to me. (P17)

I made two appointments with the doctor from the post I did the prenatal. He asked me a lot of things and took my doubts on how to take care of the baby. (P18)

I made an appointment with 15 days, with the medical students of the health center. The same nurses of my prenatal. They talked about breastfeeding, taking care of the baby, giving me birth control pills that I can take while I'm breastfeeding, all these things. (P20)

However, in the remote puerperium, there are women who direct their attention only to the needs of the child and ignore their own. In this way, the child's growth and development are monitored through child-care consultations, but the puerperal review is not performed.

I did my whole prenatal at Santa Casa, but I did not consult after I had her. I only take her. (P16)

The need for the consultation of puerperal review by the women of the research is focused as a way to identify intercurrents such as infections and arterial hypertension, as well as to obtain information about family planning and the appropriate contraceptive method to be used during the breastfeeding period.

After I had him, I made an appointment. I felt a blaze inside. The doctor told me it was a bacterium that can give at times. He gave me an ointment and it healed. He also gave an injection to take every three months. That injection of one month I can not take it because it dries the milk. (P11)

I made an appointment with only 15 days when I went to take out the stitches. My pressure was high. They panicked. So I decided to change the medicine, I did not take the medicine of the health center anymore and I bought it at the pharmacy. The case was solved, two days and I had nothing else. (P12)

The participants explained that even with the puerperal review consultation, some doubts and fears can remain because they forgot to ask or because they feel insecure about themselves and their body in the remote puerperium. Therefore, it is pointed out the need for puerperal care to involve the follow-up of women by health professionals.

I did an appointment a month or so; the doctor has said a lot of things, but when you

come home you are afraid of not knowing how to do things. (P16)

We forget to ask a few things. We just remember when you get home. I think we should have more consultations after we give birth. (P19)

While some women need support, others say that the remote puerperium is a period of overcoming and empowerment in which they are seen to be able to take care of their children and dispense with the help of other people.

I'm enjoying. I'm surprised because I told my mother, "When Vitor is born, I go to your house every day, I'm afraid to take care of him alone." But I showered him on my own. I thought it would all be difficult. But in the hospital, they really help you, they teach you. The mother said that when he has colic, he is in pain, he has to touch the ear to see if it is in the ear; if he does not want to be breastfed, he has colic; the green poop [...] I get used to it. (P11)

It was our choice, my husband and I were alone with him and it worked. Although everyone thinks I would not handle it, it's going well. We prepared ourselves during the whole prenatal period so that this moment was ours. (P15)

It's being very good. The first decision I made was to take care of him alone, no mother, no mother-in-law, no-one, no-one. The first week was terrifying, they came all the time, they called, they wanted to be happy. But overall, it was good because I got ready for pregnancy, I was very prepared for it. (P16)

DISCUSSION

In the immediate puerperium, there is a tendency of women to take a positive attitude towards the changes experienced in the puerperium, since the changes occurred during this period generate feelings of happiness, joy and pleasure.¹⁰ It is a period with many adaptations not only corporal, but emotional, marked by the process of involution of the organism to the pre-gravidarum situation and by the beginning of the breastfeeding, besides many emotions, physical changes and alterations in the interpersonal and familiar relationships.¹¹

It is a moment full of feelings, news, changes of all forms and, at the same time that the woman feels happy and fulfilled, fears arise about the responsibilities brought about by motherhood.¹¹ They are transformed, from changes in maternity, life and family life for the better, with an emotional involvement that leads to greater care by the family with the mother/child binomial.¹⁰

The results of this study indicate the contribution of prenatal care with consultations focused on the needs of pregnant women and the preparation for the puerperium through information on how the delivery, the types of births and their rights. A research was carried out with puerperal women in a public maternity hospital in southern Brazil, pointing out that the number of women with doubts in the puerperium is directly related to the number and duration of prenatal visits.¹²

Due to the fact that prenatal consultations are quick and focused only on ergonomic factors, the lack of information by the pregnant women favors, which reveals a gap that needs to be explored by the health team and, in particular, by the nurse so at the time of delivery, women feel safe, confident and better prepared.

Through prenatal consultations, it is intended to welcome the woman from the beginning of her gestation until delivery and should be maintained after delivery, since they are not only to care for fetal development, but also, guide and prepare the woman for this important moment in which she finds herself. Care should be taken between basic and hospital care, which is still not very effective in Brazil, since, not infrequently, pregnant women go to maternities they do not know and have their delivery performed by professionals who, most of the time, they have never seen.¹¹

Nursing care in the puerperal period should be used as a basis not only for the prevention of complications, but also for the emotional and physical comforts of the mother-child binomial.¹¹ In this period, there is also the importance of the family as a care unit providing support for the empowerment of women in face of their new obligations to care for the new member.¹³

In the remote puerperium, the women feel the changes brought about by the arrival of the child with greater intensity. The roles and rules of family functioning are reformulated, and the mother of intense changes, both in personal and family life, in a different way, is an event likely to influence the balance that may be enjoyed by each member of the family.⁷

They are generally promoted by adapting to motherhood, feelings of unpreparedness and incapacity, leading them to seek support, both the family and the professional. The family should take care of the care of the mother and the baby, perceiving the knowledge gaps that need more information, stimulating self-esteem and learning in a

constructive and motivating way and avoiding the woman feeling unable to care for the child.³

It should be emphasized that learning to care for the newborn should begin during pregnancy, with prenatal consultations and groups of pregnant women, having their high point in the joint accommodation where the puerperal receives a flood of information in a short period of time. Care and guidance need to be followed with puerperal consultations, however, they are not always carried out bringing fears and insecurity to mothers.¹⁴

In the daily life of the health services, the focus of the assistance is directed to the gestational period. Also, while in prenatal care, women have the opportunity to perform various consultations, in the puerperium, only one or two appointments are offered, which are not sufficient to meet needs, to monitor and evaluate the interurrences of puerperal women and to minimize main problems such as early weaning; unplanned pregnancy in the puerperal period; depression; anemia; puerperal infection and hemorrhage; low coverage of vaccines and failure to perform Pap smears.¹⁵

On the other hand, it is common for women to only return to health services to keep up with the baby's growth and to update the baby's immunization schedule. The concern for the child's well-being prevails before any other priority, and the discontinuity of care often occurs, even when they recognize the puerperal consultation as preventing injuries and promoting their health.¹⁵

It is identified by the researchers that the preparation for the remote puerperium should begin even in the prenatal period, being intensified during the immediate puerperium so the woman is able to care for herself and the baby.¹² However, most often the bond that should be created during prenatal care, which causes women to be ashamed and even afraid to heal their doubts during consultations gets fragile.³

During this period, nurses need to be aware of the difficulties and needs of the women, providing time and space for them to express themselves, share their doubts and receive guidelines according to the specificities and particularities experienced.¹⁶⁻¹⁷ The development of a satisfactory adaptive response is possible, corroborating the sense of security for caring for oneself and for the child.¹⁷

CONCLUSION

Through the results, women feel different needs throughout the puerperal period, raising the attention of Nursing professionals to the specifics in the immediate and remote puerperium.

In the immediate puerperium, in the midst of all the magic the concreteness of motherhood permeates, there is the need for support for women to deal with innumerable discoveries such as changes in body and routine, pain, difficulties in breastfeeding and caring for the newborn, fatigue and fear of responsibilities arising from motherhood.

In this context, by the support of the family and the nursing and health professionals, the woman feels that her needs have been met in the immediate puerperium. For that, it is imperative that the professionals work, from the prenatal period, preparing the woman for the situations that will be experienced in labor and delivery, as well as looking at the emotional, physical comfort and the mother-child binomial in the immediate puerperium. It also demonstrates the potential for the immediate puerperium to be experienced in a healthy way, by working with the woman's family, in the sense of strengthening relationships and preparing the support network for the new care needs that will emerge with the arrival of the new member. The changes are felt by the woman, with greater intensity, in the remote puerperium, still amazed by motherhood, in her routines in the time of waking, feeding, bathing and doing household activities. Therefore, it is necessary to adapt to the new routine that can sometimes be perceived as tiring due to the contours dictated by the time and the needs of the child and also as a learning process in which there is a need to know the child and identify their demands.

In the face of such women's needs, both the family and the nursing and health professionals are asked to help, since they involve tension and fatigue evidenced in the reports of fear and crying caused by feelings of desperation and incapacity. In this sense, it is necessary to carry out the puerperal review consultation, which, together with the follow-up of puerperal women by health professionals is of great value, translating into a continent of support and empowerment of women, through guidelines on child care and breastfeeding, identification and organization of the family support network, stimulating self-esteem and self-care as well as identifying interurrences and clarifying doubts related to family planning and the

contraceptive method suitable for use during the breastfeeding period.

It should be emphasized that time relative to the immediate and remote puerperium should be considered when observing the needs felt by women, since until the tenth day, the maternal experience is limited and can influence the perception of the needs, while after 45 days, the experience provides a more accurate listing of felt needs.

This study is limited by being a local research whose data can not be generalized. Also, the findings of the study reveal the needs of women in the puerperium who did not experience any clinical complications or death of their child. However, it is necessary to pay attention to the findings, since the reports bring the importance of the care provided by the health team and also point out some gaps that can be improved in the care.

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