



DIAGNOSES, RESULTS, AND NURSING INTERVENTIONS IN C-SECTIONS
DIAGNÓSTICOS, RESULTADOS E INTERVENÇÕES DE ENFERMAGEM NO PARTO CESÁREO
DIAGNÓSTICOS, RESULTADOS E INTERVENCIONES DE ENFERMERÍA EN EL PARTO POR CESÁREA

Myria Ribeiro da Silva¹, Dejeane de Oliveira Silva², Nayara Mary Andrade Teles Monteiro³, Ricardo Matos Santana⁴, Sheila Santos Rocha⁵, Talita Hevilyn Ramos da Cruz Almeida⁶

ABSTRACT

Objective: to describe the Systematization of Nursing Care of parturients admitted to the obstetric center for cesarean and puerperium delivery. **Method:** this is a quantitative, descriptive, exploratory study of 152 clients in a hospital. Anamnesis and clinical examination were performed for data collection, and the results are presented in the form of tables. **Results:** it is observed that the most prevalent diagnoses belong to the domains Security and Protection, Confrontation and Tolerance to Stress and Comfort. **Conclusion:** the needs of women admitted are highlighted, providing the theoretical and scientific subsidy through the association of Nursing classifications. The relevance of Nursing systematization as a safe scientific method for holistic and more effective care is evidenced in this study. **Descriptors:** Nursing; Obstetrics; Assistance; Parurition; Pregnant Women; Classification.

RESUMO

Objetivo: descrever a Sistematização da Assistência de Enfermagem das parturientes admitidas no centro obstétrico para o parto cesáreo e o puerpério. **Método:** trata-se de um estudo quantitativo, descritivo, exploratório, realizado com 152 clientes em um hospital. Realizaram-se, para a coleta de dados, a anamnese e o exame clínico, e os resultados apresentam-se em forma de tabelas. **Resultados:** observa-se que os diagnósticos mais predominantes pertencem aos domínios Segurança e Proteção, Enfrentamento e Tolerância ao Estresse e Conforto. **Conclusão:** destacam-se as necessidades das mulheres admitidas, proporcionando o subsídio teórico e científico por meio da associação das classificações de Enfermagem. Evidencia-se, neste estudo, a relevância da sistematização da Enfermagem como um método científico seguro para uma assistência holística e mais eficaz. **Descritores:** Enfermagem; Obstetrícia; Assistência; Parto; Gestantes; Classificação.

RESUMEN

Objetivo: describir la Sistematización de la Asistencia de Enfermería de las parturientas admitidas en el centro obstétrico para el parto por cesárea y el puerperio. **Método:** se trata de un estudio cuantitativo, descriptivo, exploratorio, realizado con 152 clientes en un hospital. Se realizaron, para la recolección de datos, la anamnesis y el examen clínico, y los resultados se presentan en forma de tablas. **Resultados:** se observa que los diagnósticos más predominantes pertenecen a los campos Seguridad y Protección, Enfrentamiento y Tolerancia al estrés y Confort. **Conclusión:** se destacan las necesidades de las mujeres admitidas, proporcionando el subsidio teórico y científico por medio de la asociación de las clasificaciones de Enfermería. Se evidencia, en este estudio, la relevancia de la sistematización de la Enfermería como un método científico seguro para una asistencia holística y más eficaz. **Descriptor:** Enfermería; Obstetricia; Asistencia; Parto; Mujeres Embarazadas; Clasificación.

^{1,4}PhDs, State University of Santa Cruz / UESC. Ilhéus (BA), Brazil. E-mail: myriarib@uol.com.br ORCID iD: <https://orcid.org/0000-0003-2600-6577>; E-mail: ricmas2@gmail.com ORCID iD: <http://orcid.org/0000-0001-5425-1639>; ²Master (doctorate student), State University of Santa Cruz / UESC. Ilhéus (BA), Brazil. E-mail: dejeanebarros@yahoo.com.br ORCID iD: <https://orcid.org/0000-0002-1798-3758>; ³Master, State University of Santa Cruz/UESC. Ilhéus (BA), Brazil. E-mail: nmatmonteiro@uesc.br ORCID iD: <https://orcid.org/0000-0003-0160-962X>; ^{5,6}Nurses, State University of Santa Cruz/UESC. Ilhéus (BA), Brazil. E-mail: sheilarocha7@gmail.com ORCID iD: <https://orcid.org/0000-0003-0239-6929>; E-mail: talitahevilyn@gmail.com ORCID iD: <https://orcid.org/0000-0001-9775-0788>

INTRODUCTION

Pregnancy is understood as a remarkable moment in which emotions, feelings and expectations are experienced that can influence, positively or negatively, the process of parturition. It should be clarified the forms of birth, as well as their advantages, indications and implications, so as to favor the autonomy to decide the type of delivery.¹ It is shown that the birth through the surgical process has been the choice of many pregnant women, despite the numerous campaigns in favor of natural and vaginal delivery.²

It is considered, in this context, that nurses play a key role in the life of women during the pregnancy state, during and after birth. Therefore, the knowledge and application of Systematization of Nursing Care (SNC) should be prioritized in the daily work process of this professional.³

It is necessary, in order to carry out the SNC, the application of the Nursing Process, which consists of a scientific method that guides the actions and identifies the main needs of the individual, from which the interventions are traced to achieve a certain result. The Federal Nursing Council, SNC, was regulated in Brazil by Resolution Num. 358/2009, designating as a duty the implementation of this system in all public and private institutions.³⁻⁴

Nursing Outcomes Classification (NOC) and Nursing Interventions Classification (NIC) are defined as the standardized languages that emerged from the need of the American Nursing Association and the relevance of achieving scientificity of the profession.⁵⁻⁷

It is possible to identify, through the Nursing diagnosis, the health needs of the individual, enabling the professional exercise and valuing Nursing as a science. It is pointed out that the NANDA, NOC and NIC classifications are methodologies used to facilitate the systematization process. Through the use of NANDA, the diagnoses are identified through the defining characteristics and the clinical presentation presented by the individual. The NOC is related to the expected results and a list of indicators that can be measured to achieve the desired health goal is understood. A list of intervention options based on the patient's clinic and the identified Nursing diagnosis is presented with the NIC.⁵⁻⁷

It was questioned, given the relevance and necessity of the implementation of SNC and the use of international classifications in the practice of nurses for the qualification of care: what are the diagnoses, results and

Nursing interventions prevalent in cesarean and puerperium?

The aim of this research is to contribute to the expansion and standardization of language in relation to the problems found in the obstetric center, particularly in the cesarean section and in the puerperium, since the Nursing process is performed by nurses and academicians in a mechanistic and disbonded. It is important to understand the installation of SNC with patients admitted to cesarean and puerperium delivery, in order to reduce complications and risks for the mother and the child⁸ and to discuss some of the needs experienced by the woman during this phase of life, using the NANDA, NOC and NIC Nursing classifications.

OBJECTIVE

- To describe the Systematization of Nursing Care of parturients admitted to the obstetric center for cesarean section and puerperium.

METHOD

This is a descriptive and exploratory study, with a quantitative approach, performed at a hospital in the southern region of Bahia, Brazil. As inclusion criteria, women above 18 years of age admitted to cesarean delivery and, as exclusion criteria, those who underwent curettage and normal delivery procedures were chosen as inclusion criteria. Data was collected from September 2013 to February 2015. A total of 152 patients were approached in this study.

Anamnesis and clinical examination were performed for the collection of data. The medical records were obtained as a secondary source, in which historical, evolution and Nursing notes were analyzed to extract information about Nursing actions provided, the development of the health condition, questions regarding socio-demographic data, background diseases, as well as laboratory data.

The data was processed using the Epi Info software, version 7. The information was later analyzed in the Statistical Package for Social Science (SPSS), version 20.0, in order to obtain the absolute and relative frequencies of the diagnoses, the results and Nursing interventions, with the aim of achieving a profile of the Nursing Process. The titles of the diagnoses, the results and the interventions / activities formulated for more than 50% of the study participants were considered. The titles of nursing diagnoses were presented, according to NANDA-I9

domains, in order to favor the identification of care areas.

The study was approved by the Ethics Committee in Research of the State University of Santa Cruz, opinion no. 436807/2013. Participants were informed about the purpose of the study, the confidentiality and the possibility of interrupting their participation

without any kind of harm. After the acceptance of the participants, the Free and Informed Consent Form was signed.

RESULTS

152 patients admitted for cesarean section and in the puerperium were considered in this study.

Table 1. Types of procedures performed at the obstetric center. Itabuna (BA), Brazil, 2015.

Type of procedure	n=152	%
Curettage	575	24.27%
Normal birth	889	37.53%
C-section	905	38.20%
TOTAL	2369	100.00

Table 2 shows the number of cesarean deliveries in relation to the age group, with a prevalence of cesarean sections performed in

women between 28 and 37 years of age, with a median of 36.

Table 2. Number of cesarean deliveries by age group performed at the obstetric center. Itabuna (BA), Brazil, 2015.

	Age Group	Median	Total
Age	18-27	24	374 (47)
	28-37	36	434 (77)
	38-47	44	97 (28)
Total			905 (152)

Table 3. Defining characteristics and related factors of Nursing diagnoses of the domains Security and Protection, Confrontation and Tolerance to Stress and Comfort. Itabuna (BA), Brazil, 2015.

Nursing Diagnoses	n=152	%
Risk of infection Risk factors: inadequate primary defenses (change in skin integrity); invasive procedures.		100
Fear Defining characteristics: Feeling of fear; increased tension. Cognitive features: decreased problem-solving ability. Physiological characteristics: Increased SBP; pallor; increased sweating. Related factors: lack of familiarity with the site; separation of the support system.		100
Impaired Comfort Defining characteristics: anxiety; fear; inability to relax; change in sleep pattern; feeling of discomfort. Related factors: treatment regimen; insufficient privacy.		100
Accute Pain Definitive characteristics: changes in the physiological parameter (changes in blood pressure, changes in heart and respiratory rate); facial expression of pain (dull appearance, dull eyes, fixed or scattered movement, grimace); narrow focus (reduced interaction with people and the environment); self-report of pain intensity using standardized pain scale; self report of pain characteristic using standardized pain instrument. Related factors: biological lesion agent (infection); physical injury agent (cut, surgical procedure).		100

Table 3 shows the defining characteristics, related factors and / or risk of Nursing diagnoses, belonging to the areas of Safety and Protection, Confrontation and Tolerance to Stress and Comfort, respectively, according to NANDA-I Taxonomy II.

In addition to the diagnoses presented in the table, others were identified at a lower frequency: the provision for improved breastfeeding (80%); intolerance to activities (60%); ineffective health control (40%); ineffective impulse control (40%) and risk-

prone health behavior (40%). The expected Nursing results are presented in the table below, with emphasis on those belonging to the areas I - Functional Health, II - Physiological Health, III - Psychosocial Health

and IV - Health Knowledge and Behaviors, all with a percentage of 100%, except for the item control of nausea and vomiting (90%).

The main expected results of the assistance provided are shown in Table 4.

Table 4. Nursing results of cesarean and puerperium delivery clients. Itabuna (BA), Brazil, 2015.

Results in Nursing	n=152	%
Domain I - Functional Health		
State of the fetus: Pre-delivery: Mother		100
State of the fetus: Intrapartum: Mother		100
Domain II - Physiological Health		
Establishment of Breastfeeding: Mother		100
Peripheral Tissue Perfusion		100
Nutritional status		100
Domain III - Psychosocial Health		
Parent-Baby Link		100
Domain IV - Knowledge in Health and Behaviors		
Knowledge: Maternal postpartum health		100
Knowledge: Sexual functioning in pregnancy and postpartum		100
Knowledge: labor and delivery		100
Knowledge: Health promotion		100
Knowledge: Breastfeeding		100
Maternal Health postpartum behavior		100
Control of Nausea and Vomiting		90

Nursing interventions based on NIC were listed in order to better attend to the diagnoses and results. The following interventions were highlighted: pain control; exercise therapy (ambulation); control of nausea; control of vomiting; nutritional monitoring; care with the incision site; administration of medications; respiratory monitoring; post-anesthetic care; reduction of bleeding (postpartum uterus); reduction of anxiety; improvement of coping; Health education; improvement of health education; sexual counseling; orientation to parents; monitoring of vital signs; identification of risks; infection control; birth; cesarean delivery care; postpartum care; breastfeeding assistance; lactation counseling; electronic monitoring of the fetus during delivery; electronic monitoring of the fetus in the prepartum and the promotion of bond and orientation regarding the health system.

DISCUSSION

It was observed that the procedure with the highest prevalence was cesarean delivery (38.20%) overlapping with normal delivery (37.53%). In a survey conducted in 2014, in Aracaju, Sergipe, the high percentage of cesarean deliveries, around 40.5%. In both studies, there is a discrepancy between the

number of births performed and what is predicted⁸. It should be noted that although the difference in quantitative terms does not seem so significant, the disproportion becomes relevant when considering the Cesarean delivery rate (number of deliveries in relation to the total number of deliveries in the same period) established by the World Organization Health Organization (WHO) in 15%.⁸⁻⁹ It is emphasized that the cesarean section, when indicated, is essential for the health of the mother-fetus binomial; however, when performed indiscriminately, it poses a risk for both and may lead to serious complications.

In order to standardize the language among health professionals, especially nurses, the NANDA International, which collaborates with the continuity and improvement of the quality of care in an integral way.⁵ NANDA defines the Nursing Risk Infection diagnosis as "the risk of being invaded by pathogenic organisms".⁵ The diagnosis in this study was 100%. In a broader concept, postpartum infection can be understood as an infectious process, considering not only the surgical incision, but also uterine infections, breast and respiratory complications, thrombophlebitis and urinary infections. It is pointed out that both

complications are responsible for the high incidence of maternal mortality.¹⁰⁻¹

It was demonstrated in the study that, in 1605 cesarean incisions, 5% infected, with cesarean delivery being a risk factor for the development of infections.¹⁰ It is indicated the insertion of antibiotic prophylaxis as essential to prevent puerperal infections, and its absence results in approximately 30% of cases of infection after emergency cesarean section and 7% after elective cesarean sections.¹⁰ It was verified, in this study, that the diagnosis of Nursing Acute pain occurred in 100% of the cases. It is related to pain after cesarean delivery, mainly to tissue damage, caused by the cut performed in the procedure, in addition to the action of inflammatory agents and possible associated and installed infections that produce acute postoperative pain.¹²⁻³

It is observed that the pregnant women understand the cesarean section as a resource to avoid the pain of childbirth, however, the experience of pain is present both in the occurrence of cesarean delivery and vaginal delivery. It is added that the cesarean section entails limitations that interfere in the daily life of the puerperae in the immediate postpartum, since the patients need to move more to perform the self-care, the care with the newborn and breastfeeding.¹³ Daily activities are difficult because of the discomfort caused by pain, such as sitting, lifting, walking and performing intimate hygiene, impairing the contact between mother and child. Cesarean delivery is considered as an invasive procedure, and can be classified as medium to large surgery and requires postoperative care, above all, for the relief of pain.¹³

Another Nursing diagnosis was selected: the Impaired Comfort, with a frequency of 100%. Childbirth is portrayed as a special and singular moment in the life of the woman, and her protagonism must be in evidence in the process of birth. It should be noted that, during cesarean delivery, this role is inhibited, with techniques and procedures standing out. Due to the environment where the childbirth and puerperium occur, directly associated with pain and restriction of movement, a picture of tension, anxiety and discomfort.¹³⁻⁴ The relevance of the concept of comfort was highlighted in a study conducted in 2014 in Fortaleza, Ceará, and comfort was studied as one of the main nursing diagnoses identified. In this study, it is reported that increased comfort strengthened the woman for self-care and the search for her own quality of life and health.¹³

It is demonstrated in other studies^{1,13} that the care given to the newborn by the mother and the contemplation of the needs of the child satisfactorily generate maternal stress that, when associated with the limitations caused by the cesarean section, makes the situation difficult. It is pointed out that the work of Nursing is fundamental to favor maternal comfort, identify the needs of mothers and make the environment conducive and welcoming, ensuring relief and safety. It was recorded that the diagnosis Medo had a predominance of 100%. In one study,⁹ it is elucidated that the process of parturition can trigger feelings in the woman that can influence from the choice of the type of delivery to her behavior towards motherhood. It is emphasized in the research that fear is characterized by feelings of threat, danger or anguish that may result from the lack of knowledge about motherhood and the changes that occur from this process, as well as situations in which the mother can feel alone.⁹

Fear is associated, at pre-delivery, with pain, which may influence the patient's behavior during delivery. Fear is potentiated in the puerperium because, in addition to the presence of pain, the woman is in adaptation to psychosocial changes, concerned with her state of health and the care of the child, which generates an anxiety characterized by agitation and perspiration.¹⁴

It is necessary to trace, once these diagnoses are identified, strategies and interventions to achieve the proposed goal. Nursing Results based on the NOC were identified. It is firstly pointed out the Knowledge: labor and expulsion, defined as the knowledge that the pregnant woman or puerpera has regarding this result of Nursing, which should be evaluated. It is expected to receive sufficient support and information so that it acquires moderate knowledge. It is noteworthy, in the study, that, when receiving guidance regarding labor and delivery, parturients feel more self-confident in order to better cope with the situation.¹⁵

Another item is the "Fetus status: preterm delivery - mother" and "fetal status: intrapartum - mother", two results listed due to their importance, mainly for fetal health. It is important for nurses to be aware of changes in the expected pattern. It is necessary to evaluate the fetus, through fetal monitoring, to detect its current state of health and intervene in the way of birth or in other aspects.¹⁶

It is emphasized that the woman needs to know the changes that will happen in her body

and the changes of behavior in the postpartum cesarean section. The results are: Knowledge: postpartum maternal health and Postpartum Maternal Health Behavior. It should be understood that pregnant women and puerperal women do not always reach the unit with the desired level of knowledge, nor the expected behaviors in the immediate puerperal period.¹⁷⁻⁸

The importance of skilled prenatal care, offering guidance and support for childbirth and the puerperium, is strengthened through studies, so that the puerpera presents desirable behaviors that guarantee the well-being of the mother and child, applying all the knowledge acquired.^{9,19-20} Women are provided, in this context, through ethical and quality care, the appropriate conditions for the practice of self-care and the care of the other.

Attention for the deviation of the normal variation in the result Tissue Perfusion: peripheral. It is noted that during the delivery and puerperium, the woman is subject to physiological and post-anesthetic changes. Attention is paid to capillary filling and temperature of the extremities, radial pulse force and blood pressure, which must be constantly evaluated by the nurse and the team. It is considered the possible presence of peripheral edema, numbness, tingling and pallor in the puerperal period, symptoms that can vary from a slight alteration, to more serious occurrences, indicative of an inadequate perfusion or other complications.²¹ The results of Nausea and Vomiting Control for cesarean delivery were evidenced, being a result of the postoperative effects, mainly from the administration of anesthesia.²² This item is reflected in the diagnosis of impaired comfort, contributing to the adoption of measures that ensure the improvement of the patient's health status, in order to promote the satisfaction of the woman.

It is important to highlight the importance of nutritional intake, food and hydration, as they promote breastfeeding, function in the intestinal function and contribute to the healing of the surgical incision.^{19,21} It should be ensured the result Parente-Baby Bond because in the cesarean delivery, this can be hampered by factors such as the type of birth, the post-anesthetic effects, pain, potential risks, among others.¹³⁻⁴

In view of the diagnoses and the results identified, nursing interventions are required. It is suggested, therefore, based on the NIC, some proposals related to Nursing.

It is important to intervene in the control of pain, since the diagnosis of acute pain had

an occurrence of 100% and was present in other studies.²³⁻⁴ It is possible to contribute to the improvement of the comfort state of the woman with the decrease of the tension in the role of caregiver, the improvement in the process of breastfeeding and the bond with the baby. It is pointed out that, in many cases, the administration of drugs is necessary to contribute to the relief of pain. For this intervention, activities such as following the five principles of drug administration, checking prescription before administering it, monitoring possible allergies, interactions and contraindications, therapeutic and adverse effects, toxicity and drug interactions, documenting administration of the medication and the patient's reactions.^{13,23-4}

In relation to the cesarean delivery, it is a surgical procedure, care for the infection control, being essential an adequate washing of hands by the health professionals, patient and visits, the preparation of the area, as indicated for procedures surgery, change intravenous accesses, perform dressings, according to the guidelines of the Center for Disease Control and Prevention, promote adequate nutrition and guide the patient and the family regarding the signs of infection.²⁵ The importance of care with the incision site is noted, it is necessary to examine the site, observe the characteristics of any drainage, clean the surrounding area with the appropriate cleaning solution, change the dressing at appropriate intervals, monitor the signs and symptoms of infection and teach the patient, as well as her family, about the ways of care of the incision. It is noted that these interventions act directly in the diagnosis of Nursing Risk of Infection, contributing to maternal health.^{10-1,23,25}

Attention is paid to the relevance of considering newborn care activities, such as clamping the umbilical cord in a timely manner, checking the Apgar score in the first minute, examining the placenta, membranes and cord, estimating postpartum blood loss and document all events. It is said that these actions are reinforced in a study that emphasizes the importance of good practices at the time of delivery and birth.²³

In this study, a large number of cesareans were demonstrated; In this way, by highlighting care in cesarean delivery, activities should be focused not only on the delivery itself, but also on clarifying and guiding the pregnant women, in the initiative that the choice of the delivery should be made of conscious way. Activities such as determining the patient's perception and preparation for childbirth, explaining the

reason for the unplanned cesarean section, informing about the procedure and the sensations that will be experienced, and encouraging the participation of the father during childbirth. It was also stressed the need to inform about the baby and about the course of the procedure, give the mother an opportunity to see or hold him and examine the condition of the surgical incision. It is necessary to discuss the feelings of the patient and of people close to her about cesarean birth. It is observed that these interventions act, directly or indirectly, in some nursing diagnoses, such as fear and risk-prone health behavior, generating implications for the results Knowledge: labor and expulsion and Knowledge and Behavior of Maternal Health Post -Room.^{23,25}

Postpartum care is related to surgical wound treatment, nutritional control, infection and pain, general and specific guidelines, and NB care. It is suggested, as well as post-anesthetic care, that the activities are directed to the control of vital signs, the return of activities and physiological functions and the treatment of common signs in the postanesthetic period. The mother-child relationship provides better comfort, health care and favorable conditions for both, through the direct relation of Nursing interventions, from the moment of preconception to the birth and immediate puerperium.^{11,23}

Bleeding is considered a normal risk for normal delivery and cesarean delivery, requiring intervention so that there are no complications. It becomes essential for reduction of bleeding: postpartum uterus - a review of obstetric history and birth records; administration of medications to contain bleeding; evaluation of lochia; monitoring of vital signs and level of maternal awareness. It is considered that, at the moment these measures are implemented, the risk of bleeding and shock decreases, there is action on postoperative pain, promoting the maintenance of peripheral tissue perfusion, and once again reinforcing the behavior maternal health, allowing the mother to perform better care for her child.²³

Breastfeeding counseling and breastfeeding counseling, through the necessary interventions, can achieve the Knowledge and Establishment of Breastfeeding outcomes, influencing the diagnosis of Ineffective Breastfeeding and Interrupted Breastfeeding, further enhancing the provision for Improved Breastfeeding. The reduction of anxiety and the improvement of the coping of activities, according to NIC, which promote good results

on the Diagnosis of Stress Overload, Fear and Stress of the role of the caregiver and Low Situational Self-esteem are followed. It is observed that exercise therapy - ambulation aids in the diagnosis of intolerance to the activity. It is argued that the control of nausea and vomiting contributes to the respective result of Nausea and Vomiting Control, and nutritional monitoring for the result of Nutritional Status, promoting the comfort of the puerperas who are in recovery process.^{13,23}

Emphasis is placed on the importance of monitoring vital signs and risks for Nursing and, for this purpose, the activities relevant to interventions such as vital signs monitoring and risk identification stand out. In this way, they attend to the diagnoses such as Risk of Infection and Shock, Bleeding, Risk-Behavioral Health Behavior and Risk of Violence Directed to Others, reflecting in results such as Peripheral Tissue Perfusion and Knowledge - health promotion. It is evaluated that the interventions of Electronic Monitoring of the Fetus - prepartum and during the delivery allow to reach the results of State Fetus: intrapartum - mother and Fetus State: prepartum - mother. It is stated that the activities of promotion of bond act in the diagnoses: Risk of Childbearing Ineffective; Ineffective Parenting Process; Risk of Mother-Fetish Binomial Disturbance; Fear and Ineffective Breastfeeding, collaborating for the result of Parent-Baby Link, Knowledge and Behavior Maternal Health Postpartum, in addition to having the results of Knowledge and Establishment of Breastfeeding with reinforcement for the creation of bond. The result of Sexual Functioning in Pregnancy and Postpartum is associated with a result obtained from Sexual Counseling, as well as Respiratory Monitoring with the diagnosis of Ineffective Respiratory Pattern.²³

It is observed that the nurse has many functions in the obstetrical center, with a focus on cesarean delivery, however, in order to fulfill these functions, it is necessary to have a different look at the woman in labor, perceiving their needs, so to intervene properly. It is necessary to understand the woman in its entirety, to attend to her needs, to provide comfort, security and qualified listening, enhancing the protagonism and the autonomy of the patient²³. It is noticed that the overload of administrative activities, associated with inadequate design, can make Nursing care mechanistic and, often, centered on medical prescriptions. It is known that humanized and qualified practices require time and dedication, and the aforementioned

factors make it difficult to implement the SNC, which is reflected in a precarious care provided.^{11,23}

As for the study limitations, the research presents the NANDA, NOC and NIC classifications and points out the relevance of the SNC in Nursing care and management, that this is not an absolute reality experienced in the institution researched since, although the because it covers only one institution, it was possible to evidence results that contribute to an integral Nursing practice, as well as to developments that raise the reach of the SNC in the services for the qualification of the care provided.

CONCLUSION

The needs of women admitted to the obstetric center for Cesarean delivery and puerperium were identified, providing the subsidy by associating the three Nursing classifications for qualified and systematized care and increasing scientific knowledge in the obstetric area. The importance of reducing the rates of cesarean delivery due to the risks and the possible complications that this procedure can offer when performed without indication.

It is evaluated that nurses play a fundamental role in this process and must be sensitive and able to receive adequate care and humanized care. Factors such as the lack of knowledge about SNC are pointed out, which may hamper the systematization of actions and the continuity of care, since the strategies used and nursing care are oriented and reorganized according to the unique needs of each person assisted in an ethical, human and quality way.

It is indicated that the standardization of a common language between nurses and the team facilitates the identification of problems through diagnoses, implying efficient actions. It is possible to perceive this deficiency in the academic environment and in the professional environment, emphasizing the importance of nurses taking a critical and reflective look in all the situations in which care is produced, appropriating their autonomy and improving the quality of service.

In this study, the importance of carrying out studies with the subject matter was examined, considering the gaps found, since the topic does not end in this research, since related studies can provide care to parturients and puerperas in a qualified and humanized, in the promotion of an integral, systematized assistance and that it potentiates the subjects involved in the co-participation of the care.

REFERENCES

1. Silva CMS, Dantas JC, Souza FMLC, Silva RAR, Lopes TRG, Carvalho JBL. Feelings experienced by postpartum women in achieving the first bath of the newborn in rooming. *Mundo Saúde* [Internet]. 2015 [cited 2017 Apr 25];39(3):279-86. Available from: http://www.saocamilo-sp.br/pdf/mundo_saude/155571/A02.pdf.
2. Domingues RMSM, Dias MAB, Nakamura-Pereira M, Torres JA, d'Orsi E, Pereira APE, et al. Process of decision-making regarding the mode of birth in Brazil: from the initial preference of women to the final mode of birth. *Cad Saúde Pública*. 2014;30 (Suppl 1):101-16. Doi: <http://dx.doi.org/10.1590/0102-311X00105113>
3. Almeida OSC, Gama ER, Bahiana PM. Humanization of childbirth: the role of nurses. *REC*. 2015;4(1):79-90. Doi: <http://dx.doi.org/10.17267/2317-3378rec.v4i1.456>
4. Conselho Federal de Enfermagem. Resolução nº 359 de 15 de outubro de 2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem e dá outras providências [Internet]. Brasília: COFEN; 2009 [cited 2016 May 30]. Available from: http://www.cofen.gov.br/resoluco-cofen-3582009_4384.html
5. Jesen R, Cruz D ALM, Gomes Jr LC, Lopes MH. Attributing fuzzy values to nursing diagnoses and their elements: the specialists' opinion. *Int J Nurs Knowl*. 2013 Oct Apr; 24(3):134-41. Doi: [10.1111/j.2047-3095.2013.01242.x](https://doi.org/10.1111/j.2047-3095.2013.01242.x)
6. Moorhead S, Johnson M, Michel J, De Barros A, Apalategui UM. Diagnostic specific outcomes and nursing effectiveness research. *Int J Nurs Terminol Classif*. 2004 Apr/June; 15(2): 49-57. PMID: 15453019
7. Cruz CW, Bomfim D, Gaidzinski RR, Fugulin FM, Laus AM. The use of Nursing Interventions Classification (NIC) in identifying the workload of nursing: an integrative review. *Int J Nurs Knowl*. 2014 Oct; 25(3):154-60. Doi: [10.1111/2047-3095.12031](https://doi.org/10.1111/2047-3095.12031)
8. Inagaki ADM, Silva JC, Santos MS, Santos LV, Abud ACF, Cruz VC. (2014). Cesarean: prevalence, indications, and newborn outcomes. *J Nurs UFPE on line*. 2014 Dec;8(12):4278 84. Doi: [10.5205/reuol.6825-58796-1-SM.0812201412](https://doi.org/10.5205/reuol.6825-58796-1-SM.0812201412)

9. Pimentel TA, Oliveira-Filho EC. Factors that influence the choice by surgical delivery: a literature review. *Universitas Ciências da Saúde*. 2016 July/Dec;14(2):187-99. Doi: [10.5102/ucs.v14i2.4186](https://doi.org/10.5102/ucs.v14i2.4186)
10. Lima DM, Wall ML, Hey A, Falcade AC, Chaves AC, Souza MAR. Risk factors for infection in the surgical puerperium. *Cogitare enferm* [Internet]. 2014 Oct/Dec [cited 2018 June 15]; 19(4):675-81. Available from: <http://www.saude.ufpr.br/portal/revistacogitare/wp-content/uploads/sites/28/2016/10/35170-145113-1-PB.pdf>
11. Cavalcante MF, Feitosa VC, Soares FF, Araújo DC. Characterization of puerperal infections in a public maternity hospital of Teresina in 2013. *Rev Epidemiol Control Infec*. 2015; 5(1):47-51. Doi: <https://dx.doi.org/10.17058/reci.v5i1.5471>
12. Burti JS, Cruz JPS, Silva AC, Moreira IL. Assistance in immediate puerperium: the role of physiotherapy. *Rev Fac Ciênc Méd Sorocaba* [Internet]. 2016 [cited 2017 Apr 28];18(4):193-8. Available from: <https://revistas.pucsp.br/index.php/RFCMS/article/view/25440/pdf>
13. Barbosa EMG, Oliveira FDM, Guedes MVC, Monteiro ARM, Rodrigues DP, Silva LF, Fialho AVM. Nursing care for one puerpera based on the theory of comfort. *REME rev min enferm*. 2014 Oct/Dec; 18(4):845-9. Doi: <http://www.dx.doi.org/10.5935/1415-2762.20140062>
14. Melo AS, Santos AG, Nery IS, Santos SEG, Santiago AKC. Nursing diagnoses in women's health: parturients in the first phase of labor birth. *J Nurs UFPE on line*. 2014;8(6):1467-73. Doi: [10.5205/reuol.5876-50610-1-SM.0806201403](https://doi.org/10.5205/reuol.5876-50610-1-SM.0806201403)
15. Frigo J, Ferreira DG, Ascari RA, Marin SM, Adamy EK, Busnello G. Nursing assistance and the woman's perspective in labor and birth. *Cogitare enferm* [Internet]. 2013 Oct/Dec [cited 2018 June 15]; 18(4):761-6. Available from: <http://www.redalyc.org/pdf/4836/483649282020.pdf>
16. Araújo KRS, Silva ECS, Ribeiro JF, Morais TV, Oliveira ACM, Sepúlveda BA. Determining factors for the operative birth in public maternity de Teresina- PI. *Rev Eletrônica Gestão Saúde*. 2016; 7(1):148-58. Doi: <https://dx.doi.org/10.18673/gs.v7i1.22072>
17. Guerreiro EM, Rodrigues DP, Queiroz ABA, Ferreira MA. Health education in pregnancy and postpartum: meanings attributed by puerperal women. *Rev Bras Enferm*. 2014 ; 67(1): 13-21. Doi:
18. Moraes HMPL, Ribeiro JF, Araújo KRS, Almeida BF. Lifting the profile of obstetric mothers assisted in a maternity public: a nursing study. *Rev Eletrônica Gestão Saúde* [Internet]. 2015 [cited 2018 July 15]; 6(2):1613-22. Available from: <http://periodicos.unb.br/index.php/rgs/articledownload/22489/16086>
19. Tesser CD, Knobel R, Andrezzo HFA, Diniz SG. Obstetric violence and quaternary prevention: what it is and what to do. *Rev Bras Med Fam Comunidade* [Internet]. 2015 [cited 2018 July 28]; 10(35): 1-12. Available from: <https://www.rbmf.org.br/rbmfc/article/view/1013/716>
20. Rodrigues AP, Padoin SMM, Guido LA, Lopes LFD. Pre-natal and puerperium factors that interfere on self-efficacy in breastfeeding. *Esc Anna Nery Rev Enferm*. 2014 Apr/June; 18(2):257-61. Doi: <https://dx.doi.org/10.5935/1414-8145.20140037>.
21. Oliveira JFB, Quirino GS, Rodrigues DP. Puerperas' perception concerning the care provided by the health team in postpartum. *Rev RENE*. 2012; 13(1):74-84. Doi: <https://dx.doi.org/10.15253/rev%20rene.v13i1.3772>
22. Dalila V, Pereira H, Moreno, Martinho C, Santos C, Abelha FJ. Postoperative nausea and vomiting: validation of the portuguese version of the postoperative nausea and vomiting intensity score. *Bras J Anesthesiol*. 2013 July/Aug;63(4):340-6. Doi: [10.1016/j.bjan.2012.07.004](https://doi.org/10.1016/j.bjan.2012.07.004)
23. Medeiros AL, Santos SR, Cabral RWL, Silva JPG, Nascimento NM. Assessing nursing diagnoses and interventions in labour and high-risk pregnancies. *Rev Gaúcha Enferm*. 2016 Sept; 37(3): e55316. Doi: <https://dx.doi.org/10.1590/1983-1447.2016.03.55316>
24. Ribeiro SG. Qualidade de vida relacionada à saúde em mulheres no puerpério imediato: Uma análise partir de diferentes tipos de parto [thesis]. Fortaleza: Universidade Federal do Ceará; 2016 [cited 2018 June 18]. Available from: http://www.repositorio.ufc.br/bitstream/riufc/15380/1/2016_tese_sgribeiro.pdf
25. Passos AV, Bastos ILG, Silva JAS, Santos RA. Infecção hospitalar no centro cirúrgico: Principais agentes causadores, fatores de riscos e medidas de prevenção. *Rev Madre Ciência Saúde* 2016; 1(1). Available from:

<https://grupomadretereza.com.br/revista/index.php/saude/article/download/14/18>

Submission: 2018/07/26

Accepted: 2018/11/01

Publishing: 2018/12/01

Corresponding Address

Myria Ribeiro da Silva
Endereço-Avenida Manuel Souza Chaves, 2622,
Ap. 1003, torre I
Bairro São Caetano
CEP: 45607300 -- Itabuna(BA), Brazil