



INTEGRATIVE LITERATURE REVIEW ARTICLE

NURSING DIAGNOSTICS RELATED TO JOINT HOUSING

DIAGNÓSTICOS DE ENFERMAGEM RELACIONADOS AO ALOJAMENTO CONJUNTO DIAGNÓSTICOS DE ENFERMERÍA RELACIONADOS CON EL ALOJAMIENTO CONJUNTO

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ABSTRACT

Objective: to identify the Nursing Diagnostics that are published in the literature related to the joint housing. **Method:** it is a bibliographic, descriptive, integrative review type study, with search in the databases: LILACS, MEDLINE and SciELO Virtual Library. The descriptors "Puerperium", "Nursing Diagnosis" and "Nursing Process" associated with the Boolean marker AND were used. The following were established as inclusion criteria: original studies, published in full, from 2010 to 2020 and in Portuguese, English and Spanish. The data was analyzed in a descriptive manner. **Results:** The sample consisted of three articles that presented the following Nursing Diagnostics related to the joint accommodation, using the NANDA-I taxonomy II: effective breastfeeding; ineffective breastfeeding; risk of infection; risk of imbalance in body temperature and impaired comfort. **Conclusion:** it is pointed out that this study made it possible to identify the most common Nursing Diagnostics in the joint accommodation, contributing to the strengthening of the Nursing Process.

Descriptors: Puerperium; Nursing Diagnosis; Nursing Process; Joint Housing; Nursing Assessment; Anamnesis.

RESUMO

Objetivo: identificar os Diagnósticos de Enfermagem que estão publicados na literatura relacionados ao alojamento conjunto. **Método:** trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa, com busca nas bases de dados: LILACS, MEDLINE e na Biblioteca Virtual SciELO. Utilizaram-se os descritores "Puerpério", "Diagnóstico de Enfermagem" e "Processo de Enfermagem" associados pelo marcador *booleano* AND. Estabeleceram-se como critérios de inclusão: estudos originais, publicados na íntegra, no período de 2010 a 2020 e nos idiomas português, inglês e espanhol. Analisaram-se os dados de forma descritiva. **Resultados:** constituiu-se a amostra por três artigos que apresentaram os seguintes Diagnósticos de Enfermagem relacionados ao alojamento conjunto, utilizando-se a taxonomia II da NANDA-I: amamentação eficaz; amamentação ineficaz; risco de infecção; risco de desequilíbrio na temperatura corporal e conforto prejudicado.

Conclusão: aponta-se que este estudo possibilitou identificar os Diagnósticos de Enfermagem mais comuns no alojamento conjunto, contribuindo para o fortalecimento do Processo de Enfermagem.


Descritores: Puerpério; Diagnóstico de Enfermagem; Processo de Enfermagem; Alojamento Conjunto; Avaliação em Enfermagem; Anamnese.


RESUMEN

Objetivo: identificar los Diagnósticos de Enfermería publicados en la literatura relacionados con el alojamiento conjunto. **Método:** se trata de un estudio bibliográfico, descriptivo, tipo revisión integradora, con búsqueda en las bases de datos: LILACS, MEDLINE y Biblioteca Virtual SciELO. Se utilizaron los descriptores "Puerperio", "Diagnóstico de Enfermería" y "Proceso de Enfermería" asociados al marcador *booleano AND*. Fueron establecidos como criterios de inclusión: estudios originales, publicados íntegramente, de 2010 a 2020 y en portugués, inglés y español. Los datos se analizaron de forma descriptiva. **Resultados:** la muestra estuvo compuesta por tres artículos que presentaron los siguientes Diagnósticos de Enfermería relacionados con el alojamiento conjunto, utilizando la taxonomía NANDA-I II: lactancia materna efectiva; lactancia materna ineficaz; riesgo de infección; riesgo de desequilibrio en la temperatura corporal y deterioro del confort. **Conclusión:** se señala que este estudio permitió identificar los Diagnósticos de Enfermería más comunes en el alojamiento conjunto, contribuyendo al fortalecimiento del Proceso de Enfermería. **Descriptores:** Puerperio; Diagnóstico de Enfermería; Proceso de Enfermería; Alojamento Conjunto; Evaluación en Enfermería; Anamnesis.

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INTRODUCTION

It is known that the Nursing Care Systemization (NCS) is the strategic work method for the organization, planning and execution of actions carried out by the Nursing team during the period of assistance to the individual in health services. Thus, it is verified that the NCS subsidizes nursing assistance actions and contributes to the promotion, prevention, recovery and rehabilitation of the individual, family and community health. It is verified that its application in health institutions guarantees that the planning of care, the evaluation of adopted conducts and the continuity of care among the teams occur.¹⁻²

The organization is necessary both in direct patient care and in the sector or clinic where the nurse works, therefore, COFEN Resolution 358, 2009, advocates the role of the NCS in the organization of professional work in terms of method, personnel and instrument, making it possible to organize the NP, because it involves the sizing of personnel, work schedules, distribution of tasks and how to organize the protocols of the sector, manuals, standards and routines. Therefore, the term NCS covers administrative, welfare, teaching and research aspects in Nursing.³

It is also evaluated that the NCS facilitates critical reasoning by establishing the sequence of the following steps of care: investigation (anamnesis and physical examination); NDs; planning of expected results; implementation of nursing care and evaluation of nursing care.¹

Therefore, it is observed that ND is a classification that contributes to the identification of needs and priorities in health of the individual, family and community, offering the best care and contributing to the qualification and humanization of assistance from a systemic and holistic viewpoint, enabling an integral care. It is important to emphasize that it is from the identification of the NDs that the Nursing prescription is performed. This is a private action of the nurse and can be done through classification systems that favor the scientific language and the development of research. Some classification systems are identified that favor the standardization of language, facilitating the development of research and the teaching-learning process and the promotion of scientific care. The following classification systems stand out: NANDA International Taxonomy II, the Nursing Intervention Classification (NIC), the Nursing Outcomes Classification (NOC), the OMAHA system (classification for community health), the Clinical Care Classification System (CCC) and the International Classification for Nursing Practice (ICNP®), which was developed with the unification of Nursing Vocabularies.⁴

A model of care that stimulates contact and joint permanence of the mother and the newborn (RN) was created soon after birth. It is understood that this model favors the provision of care for the woman and her child, guidelines for self-care and the encouragement of breastfeeding, in

addition to stimulating the affective relationship in the mother-child and family members binomial and contributing to the reduction of rates of hospital infection.⁵

Therefore, it is considered relevant the integrative revision of the NDs in the joint accommodation. It is understood from scientific, critical and reflective thinking that the nurse can use the research in his clinical practice through the elaboration of more effective care plans directed to the biopsychosocial needs of the mother-child binomial. It is suggested that the use of the NCS will organize the assistance offered, avoiding possible complications in the immediate postpartum period.

OBJECTIVE

To identify the Nursing Diagnostics that are published in the literature related to the joint housing.

METHOD

It is a bibliographic, descriptive, integrative review type study, whose guiding question was: "What is the scientific production published about the NDs in the joint housing sector? It was followed by the phases: 1) identification of the theme and selection of the research question; 2) establishment of inclusion and exclusion criteria; 3) identification of pre-selected and selected studies; 4) characterization of selected studies; 5) analysis and interpretation of results and 6) presentation of the review.

Data collection took place in February 2020 in the LILACS, MEDLINE and SciELO Virtual Library databases. For the selection of studies, the Health Sciences Descriptors (DeCS) "Puerperium", "Nursing Diagnosis" and "Nursing Process" were used, as well as the corresponding Medical Subject Headings (MeSH), "Postpartum Period", "Nursing Diagnosis" and "Nursing Process". It is added that the use of the Boolean operator AND allowed an advanced search with descriptors.

The criteria for inclusion were established as original studies, published in full, from 2010 to 2020 and in Portuguese, English and Spanish. Monographs, theses and dissertations, repeated publications, manuals, summaries of proceedings and literature reviews were excluded.

A total of 465 articles were identified in the selected databases. Three publications were included after the application of the eligibility criteria. Figure 1 shows the flowchart of the selection process of the articles.

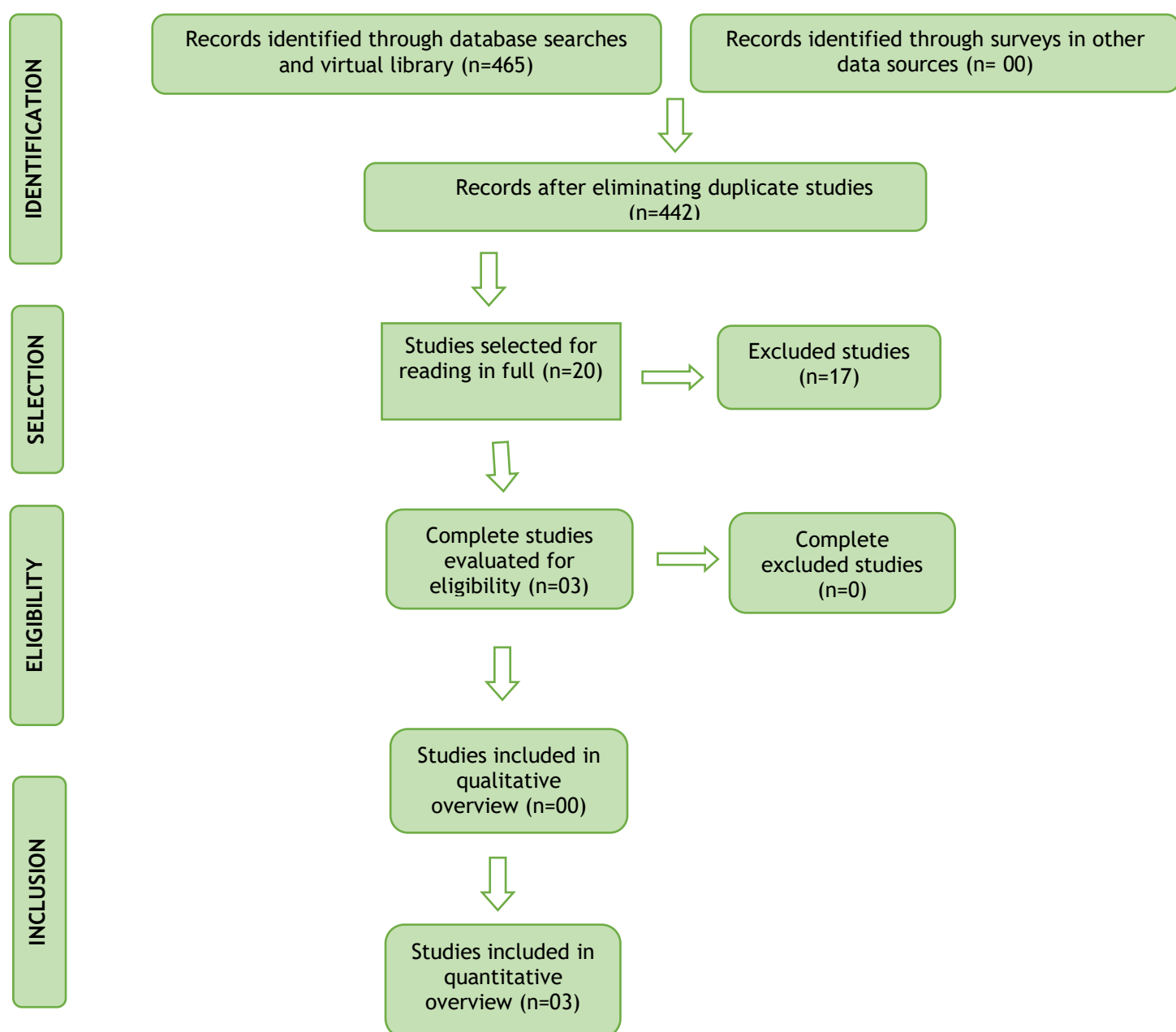


Figure 1: Flowchart of study selection adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009). Rio Doce (PE), Brazil, 2018.

RESULTS

A total of 465 publications were found in the investigation, of which 274 articles resulted from the crossing of the descriptors "Puerperium" AND "Nursing Diagnosis", eliminating 251 after the reading of the title or because they were repeated, leaving 23 articles, which were submitted to the reading of the abstracts. Eleven were discarded for not considering the objective of the study or for not meeting the inclusion criteria, leaving 12 studies for full reading. It should be noted that only two articles responded to the objective.

It should be noted that 191 publications were the product of the crossing between the descriptors "Puerperium" AND "Nursing Process". A total of 170 were eliminated in the analysis of the title or because they were repeated. It is informed that of the 21 articles submitted to the abstract evaluation, eight were selected to be read in full. It was observed, after this stage, that

only one responded to the objective of the study. Therefore, this integrative review was composed by three articles, characterized in figure 2.

TITLE	YEAR	OBJECTIVES	RESULTS
Identification of Nursing diagnoses in a tertiary hospital's joint maternity housing. ⁶	2017	List the main Nursing diagnoses identified in the consultation of puerperals in the joint accommodation of Santa Lucinda, in Sorocaba Maternity Hospital, São Paulo.	Risk of infection: 100% Anxiety: 96.6% Disposition for improved family processes: 95.0%. Arrangement for improved paternity or maternity 93.3% Improved breastfeeding arrangement: 83.3%. Damaged tissue integrity: 65.0%. Risk of bleeding: 56.7% Impaired sleep pattern: 56.7% Risk of constipation: 40.0% Risk of falls: 35.0% Hindered walking: 35.0% Impaired urinary elimination: 31.6%. Tension in the role of caregiver: 28.3%. Fear: 26.7% Risk of paternity or maternity impairment: 16.6%. Ineffective breastfeeding: 13.3%. Constipation: 11.6%. Risk of bond impairment: 5.0%. Dysfunctional family processes: 5.0%. Interrupted breastfeeding: 3.3% Hindered comfort: 1.7%

Breastfeeding related Nursing Diagnostics: An Integrative Review. ⁷	2018	To identify, in the scientific literature, the Nursing diagnoses that are directly related to breastfeeding, as well as to list the most used in this practice.	Among the studies analyzed, it was observed that the NDs most addressed in the studies were: Effective breastfeeding: 36.3% Ineffective breastfeeding: 81.8% Interrupted breastfeeding: 18.1% Risk for ineffective breastfeeding: 27.2%
Factors associated with maintaining exclusive breastfeeding in the late postpartum period. ⁸	2020	To identify the factors associated with maintaining exclusive breastfeeding and to verify the justification for the introduction of other liquids in the late postpartum period of mothers and children attended by breastfeeding consultants.	The study included 150 mothers and children for follow-up up to 30 days after delivery. The total of losses during the follow-up resulted in 29, being ten to 15 days and 19 to 30. At the end of the follow-up, 52.5% of the subjects were in EBF and 13 children had been weaned, three before the first 15 days. The reasons for weaning mentioned by the mothers were low milk production (46.2%), difficulty in breastfeeding technique (38.4%) and breast refusal (15.4%).

Figure 2. Distribution of the articles included in the sample according to title, year of publication, objective and results. Caruaru (PE), Brazil, 2020.

DISCUSSION

The analysis of the type of research performed in each article shows that one consisted of a descriptive and clinical study, another of an integrative review with a quantitative approach and the third a prospective cohort not compared. It is verified that the first study was carried out at Santa Lucinda Maternity Hospital, in Sorocaba, São Paulo, the second was carried out through databases, being LILACS, CINAHL, SCOPUS, MEDLINE and SciELO Virtual Library, and the third, at the Clinical Hospital of Porto Alegre in the State of Rio Grande do Sul.

In all articles, the NANDA Taxonomy II classification system was chosen to categorize the ND, but only one article presented interventions and results also using the NIC and NOC.

It is understood that NANDA is an example of a taxonomy that has developed terminology to describe important judgments that nurses make when caring for individuals, families, groups and

communities. It is pointed out that such judgments - or diagnoses - are the basis for the selection of nursing outcomes and interventions, so the diagnoses suggested at NANDA correspond to interventions found at NIC, and in order to evaluate the effectiveness and better understand the physical and emotional responses of the users or establish the results to be achieved, the system of outcomes proposed at NOC is used.⁴

In this sense, it is evaluated that it does not matter the number of needs affected in the individual assisted by Nursing, highlighting the importance of planning their assistance. It is understood, among the articles selected for this study, that the first approached the main NDs identified in the consultation of puerperals in joint accommodation and investigated the NDs referring to the comfort needs of a puerperal in joint accommodation. It is pointed out that the second sought to identify, in the scientific literature, the NDs that relate directly to breastfeeding and made an evaluation of the breastfeeding of the NB and the breasts of the genitor. It is pointed out that the third identified the factors associated with the maintenance of exclusive breastfeeding.

It is therefore clear from this review that effective and ineffective breastfeeding ND has stood out in the evaluation of breastfeeding and NB.

It is known that the taxonomy of NANDA International (NANDA-I) presents three diagnoses regarding the breastfeeding process: effective breastfeeding; ineffective breastfeeding and interrupted breastfeeding. It is specified that these NDs belong to Domain 7 - Papers and Relationships and to Class 3 - Paper Performance. Each ND is composed by a title (diagnostic statement), definition, Defining Characteristics (DC) and related factors or risk factors.⁴

It is thus considered that effective breastfeeding diagnosis is present when the mother-child binomial demonstrates adequate proficiency and satisfaction with the breastfeeding process. Ineffective breastfeeding is defined as a dissatisfaction or difficulty that the mother, baby or child experiences with the breastfeeding process. Interrupted breastfeeding is defined as a break in the continuity of the breastfeeding process as a result of the inability or inconvenience of placing the child at the breast to breastfeed⁹

It is pointed out that DCs are observable or communicable signs and symptoms that represent the presence of a diagnosis and are of special interest as the clues necessary for the affirmation of the diagnosis.³ The following are listed as the most commonly found DCs: "child is satisfied after breastfeeding" and "appropriate weight standard".

The second most frequent ND was ineffective breastfeeding, mainly related to maternal anxiety and knowledge deficit, highlighting the DCs "child exhibits agitation" and "child cries when put to

the breast". It is pointed out that interrupted breastfeeding was present when there was a discontinuity in the breastfeeding process, mainly associated with prematurity and characterized by the separation of mother and child.

Breastfeeding care is presented as one of the main functions performed by professionals who care for mothers and their children in joint accommodation, as the encouragement and guidance provided by Nursing for the maintenance of breastfeeding in the first hours of life until hospital discharge are important. It is thus evaluated that the use of breastfeeding ND based on previous knowledge constitutes an important working tool that will lead the nurse to the best reflection, decision and action in the care of the binomial in question.⁹⁻¹⁰

The ND risk of infection and risk of imbalance of body temperature are referred to the evaluation of the NB in the joint housing. It is considered common in the NB that heat losses are higher than production, especially among pre-term low birth weight NB, however exposure to warm environments (inappropriate clothing for room temperature, phototherapy treatment, radiant heat cradles, etc.) predisposes to increased body temperature, regardless of the NB's prematurity.¹⁰

It is noted that early detection of thermal imbalance depends on the nurse's knowledge and good clinical indicators because measurement equipment can also be faulty, so it cannot depend only on the value of the temperature itself. Nursing actions should also be performed based on the phenomena identified in the clinical evaluation.¹¹

It is characterized the clinical evaluation of the temperature referring to the diagnosis of ineffective thermoregulation in NB by tachypnea and warm skin. These are more useful to infer the initial stages of diagnosis, as they had higher sensitivity values than the measurement of body temperature above and below the normal parameters.¹¹

It is verified that the infant's body reaction differs when the thermal variation is provoked by the environment and when it derives from infectious conditions. It is observed, in the presence of infection that the body of the NB reacts, increasing the central temperature before the skin, because the bacteria or endotoxins raise the adjustment point of the hypothalamic center, causing the vasoconstriction to try to conserve the heat, leading to the drop of temperature in the extremities of the child. In this sense, it should be noted that the rectal temperature will be warmer than the skin temperature.¹²

On the other hand, in the infant, hyperthermia caused by exposure to an overheated environment causes the NB to gain heat through convection. It is described, first, that there will be an increase in the skin temperature, then the central temperature, followed by vasodilatation and cardiac and respiratory overloads. It is perceived, by having the limited capacity to sweat, that the

infant may become irritated and agitated or assume an extended, flaccid position, to increase the heat transfer to the environment from the skin.¹²

It is verified, in relation to the ND risk of infection, that the article under study understands that there is an inadequate acquired immunity in the NB. It is understood that neonatal infections represent a major problem that depends on measures that apply to the pregnant woman, to the hospital environment, to the care team and to the NB itself.

It is known that neonatal sepsis is a bacterial infection that remains as one of the most important causes of morbidity and mortality in premature and very low birth weight neonates, a result of immaturity of the immune system, as well as vulnerability to intrauterine infections and during birth. It is pointed out that the fetus and the newborn can be colonized by microorganisms through contamination in the birth canal route with the flora of the maternal genital tract or by the transplacental route.¹³⁻⁴

It is observed that bacterial vaginosis is a very present infection during pregnancy that can lead to prematurity, premature rupture of the membranes, low birth weight and Apgar score less than seven. It is understood, as a consequence of premature delivery and premature rupture of membranes, that there is an increased risk for neonatal infection.¹⁵

However, it should be noted that the NB that receives skin to skin contact and breastfeeding in the first hours of life acquires about 250 components, such as immunoglobulins, anti-inflammatory agents and elements that are immunological stimulants, which act in the defense of the NB. It is known that it is through breast milk that the infant will have contact, for the first time, with antibodies that protect the intestinal mucosa against viruses and bacteria, which help in the process of maturation and development of the epithelium and cause a considerable increase in production of enzymes that make digestion.⁹⁻¹⁰

It is pointed out, since breast milk is rich in immunoglobulins, antimicrobial peptides and other bioactive molecules, including trophic factors and immunomodulatory and anti-inflammatory substances, that the commonly avoided infections are: diarrhoea; pneumonia; bronchitis; influenza; urinary tract infections; otitis and infection in the intestinal tract, constituting a strategy for the reduction of post-neonatal mortality from infections.⁹

It is defined, according to the Ordinance n° 2.068, of October 21st, 2016, that the joint lodging is the place where the woman and the healthy NB, soon after the birth, remain together, full time, until the discharge, allowing the integral attention to the woman's health and to the NB by the health service. The following eligibility criteria are considered for mother and child to be referred to joint housing: stable puerperals with no contraindications to stay with the NB; clinically stable

NB, with good vitality, suction capacity and thermal control; babies with weight greater than or equal to 1800 grams and gestational age greater than or equal to 34 weeks; NBs in treatment for syphilis or neonatal sepsis.^{5,16}

It is evaluated, considering the peculiarity of this moment in the life of the newborn and of the puerperal, that it is up to the Nursing to assume these cares in an individualized way. It is pointed out that the Resolutions nº 524/2016 and nº 516/2016 of the COFEN take responsibility and value the specialty of Obstetric Nursing in this context. It is understood, according to these resolutions, that it is up to the obstetric nurse to welcome the woman and her relatives, to evaluate the maternal and child health and to offer the Nursing consultation from the prenatal to the puerperium.¹⁶⁻⁷

Added to this is the diagnosis of impaired comfort, characterized by anxiety and fear, accompanied by signs and symptoms such as tachycardia and feelings of fear, tension and restlessness, which may occur in the puerperal period due to major psychological, biological, social and family changes. It is emphasized that these anxieties can be relieved through interventions such as relaxation, qualified listening, guidance and practical demonstration of care and adjustments of the new routine. These are simple and effective techniques in the treatment and control of stress and anxiety.¹⁸

Pros and cons are identified in the practice of joint accommodation in hospital after birth. The impact that this experience has on children is exemplified as a concern with joint housing. It is noted, that although joint housing has many benefits, that one challenge mothers face in the postpartum period is to balance the needs of their NBs and to rest adequately.¹⁹⁻²⁰

It is understood, in this way, that the health professional needs to approach the woman in her entirety, considering her life history, her feelings, her family, the environment in which she lives and if she has a social and emotional support network, establishing a close relationship and valuing the uniqueness of each person, context and situation, from prenatal to puerperium. Thus, the sensitivity of the professional to perceive what happens to each pregnant woman becomes fundamental.¹⁸

It is therefore argued that ND is an essential tool for identifying the needs of the binomial in joint housing and that, from it, the nurse can offer the best care and contribute to the qualification and humanization of assistance based on a systemic and holistic vision.¹

CONCLUSION

It is concluded that this study made it possible to identify the NDs that are published in the literature related to the mother-child binomial in the joint housing and emphasized the importance

of the nurse adopting the NCS in his professional practice through the implementation of more effective care plans directed to the biopsychosocial needs of these patients.

Further studies on the subject are needed so that other NDs can be identified, using, for example, the globally recognized IPNC® terminology and other taxonomies besides NANDA-I, which may include the mother-son-father-accompanion trinomial. It is believed that the scarcity of articles found in this review reveals a lack of interest by professionals on an important subject, since ND helps identify the needs of the binomial addressed and facilitates listing the priority actions that will give more security in the implementation of NP.

CONTRIBUTIONS

All authors also contributed in the conception, analysis and interpretation of the research, in the writing and critical review with intellectual contribution, and, in the approval of the final version.

CONFLICTS OF INTEREST

Nothing to declare.

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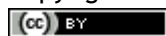
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