



ORIGINAL ARTICLE

THE APPYROACHES OF CONTRACEPTIVE METHODS BY NURSES FROM THE FAMILY HEALTH STRATEG PROGRAM FOR LACTATING WOMEN

ABORDAGEM DOS MÉTODOS CONTRACEPTIVOS PELOS ENFERMEIROS DAS ESTRATÉGIAS DE SAÚDE DA FAMÍLIA ÀS LACTANTES

EL ENFOQUE DE LOS MÉTODOS ANTICONCEPTIVOS POR LAS ENFERMERAS DE LAS ESTRATEGIAS DE SALUD DE LA FAMILIA PARA LAS MUJERES LACTANTES

Nayara Francisca Cabral de Sousa¹, Rafaella Nunes Lucena², Raquel Bezerra dos Santos³, Weslla Karla Albuquerque de Paula⁴

ABSTRACT

Objective: to analyze the development of educational activities promoted by professional nurses for lactating women, during family planning, as part of the Family Health Strategy (FHS) program in the urban areas of Caruaru Municipality, Pernambuco, Brazil. **Method:** descriptive and exploratory quantitative field research and non-probabilistic convenience sampling. The sample was composed of 27 nurses. The data were collected from a questionnaire including 19 objective questions after written informed consent was obtained (protocol 576/09, registered under the Ethics Committee in Research from the Associação Caruaruense de Ensino Superior). **Results:** during the analysis, it was noted that most of the nurses (88.5%) had promoted educational activities regarding family planning and declared the need for related periodic professional training. The use of condoms was mentioned as the most appropriate method during lactation and also for lactating multiparous women. **Conclusion:** the FHS program does not involve educational activities focusing on family planning, missing an opportunity to expound on contraceptive methods. This study verified that education is given by most of the nurses who guide lactating women toward correct contraceptive methods that do not pose risks to breastfeeding. **Descriptors:** contraception; puerperium; breastfeeding; family planning.

RESUMO

Objetivo: analisar o desenvolvimento de atividades educativas às lactantes realizadas pelos enfermeiros (as) durante o planejamento familiar nas Estratégias de Saúde da Família (ESF) da zona urbana do município de Caruaru. **Método:** pesquisa de campo de abordagem descritiva e exploratória, de natureza quantitativa, não probabilística por conveniência. A amostra foi composta por 27 enfermeiros. O instrumento de coleta de dados foi composto por 19 perguntas objetivas, preenchidas pelos participantes após assinatura do termo de consentimento livre e esclarecido, sob protocolo 576/09 do Comitê de Ética em Pesquisa da Faculdade ASCES. **Resultados:** durante a análise observou-se que a maioria (88,5%) das entrevistadas realizava atividades educativas sobre planejamento familiar e sentiam necessidade de capacitação periódica relacionada ao tema. O preservativo foi indicado pelos participantes como método mais adequado ao período da lactação, e também para multiparas lactantes. **Conclusão:** conclui-se que algumas ESF não realizam atividade educativa voltadas para o planejamento familiar, restringindo esse momento apenas como oportunidade para entrega de métodos contraceptivos, o que não é a realidade da maioria delas. Verificou-se que ações educativas são realizadas pela maioria dos enfermeiros, que orientam os corretos métodos contraceptivos às lactantes sem oferecer risco no processo da amamentação. **Descritores:** anticoncepção; puerpério; amamentação; planejamento familiar.

RESUMEN

Objetivo: analizar el desarrollo de las actividades educativas realizadas por los enfermeros para la enfermería (as) para la planificación familiar en la Estrategia Salud de la Familia (ESF) en el área urbana del municipio de Caruaru. **Método:** un estudio de campo del enfoque descriptivo y exploratorio, cuantitativo. La muestra estuvo conformada por 27 enfermeras y se caracteriza por ser no aleatoria. El instrumento de recolección de datos se compone de 19 preguntas objetivas completado por los participantes después de la explicación del estudio y la firma de un consentimiento informado, protocolo 576/09 del Comité de Ética en Investigación de la Facultad de ascetismo. **Resultados:** a partir del análisis de los cuestionarios, se observó que la mayoría (88,5%) de los encuestados la realización de actividades educativas sobre planificación familiar y percibe la necesidad de formación relacionados con el tema de cada seis meses. Los condones fueron mencionados por los participantes como el más adecuado para el período de lactancia, y para las madres multiparas. **Conclusión:** a través del estudio podemos concluir que las actividades educativas se llevan a cabo por las enfermeras en enfermería de la ESF, de la zona urbana del municipio de Caruaru-PE, se centró en la planificación familiar y métodos anticonceptivos más recomendados por profesionales para que la audiencia no interfiere con el proceso de amamantamiento, demostrando que las enfermeras están llevando a cabo intervenciones educativas para segundo anticonceptivos recomendados por el Ministerio de Salud. **Descriptores:** la anticoncepción; puerperio; la lactancia maternal; planificación familiar.

¹Bachelor in Nursing, Student of the Associação Caruaruense de Ensino Superior (ASCES). Caruaru (PE), Brazil. E-mail: nayarafcsousa@gmail.com;
²Bachelor in Nursing, Student of the ASCES. Caruaru (PE), Brazil. E-mail: rafaella.lucena@gmail.com; ³Nurse, Graduate from Universidade de Pernambuco, UPE; Specialist in women's health and Resident at Hospital Barão de Lucena. Professor for the Bachelor in Nursing course at ASCES. Caruaru (PE), Brazil. E-mail: raquelbezerra@yahoo.com.br; ⁴Nurse, Graduate from the Federal Universidade de Pernambuco (UFPE). Specialist in Public Health at Universidade de Pernambuco (UPE), in Neonatology at Universidade de Santo Amaro UNISA, and in Child Health as a Resident and Master at Instituto de Medicina Integral Professor Fernando Figueira IMIP. Professor for the Bachelor in Nursing course at ASCES. Caruaru (PE), Brazil. E-mail: weslla19@hotmail.com

INTRODUCTION

The Family Health Strategy (FHS) program consists of a set of integrated and organized actions in a defined territory, with the aim of promoting the health of the population by identifying the most prevalent problems in a given region. The FHS program is a new way of providing healthcare by focusing on the entire family and not just sick people; the aim is to try to perceive all the factors that may interfere with the health/disease process.¹ Given the fact that it is important to innovate and create new alternatives to promote health, there is a need to incorporate new perspectives into the skills of professionals within this context. Good training in terms of health education could facilitate adaptation to this new social scenario.²

The educational practices required to improve overall health can be developed in several fields. Primary care has a privileged context for developing such practices because one of its pillars is the utilization of complex but easy-to-use technology for solving the most frequent and relevant issues faced, such as those related to family planning, which are included in the list of priorities of the National Health System (NHS).³⁻⁵

Family planning requires educational and preventive actions to ensure equal access to information, means, methods, and techniques for regulating fecundity.⁶ These activities involve the use of technical and scientific knowledge that should be distributed in order to inform the population about all available methods in the given circumstances and about the free exercise of sexuality.⁷

Education provided by nurses focusing on contraception for lactating women should indicate the most appropriate contraceptive methods that can be used during breastfeeding, while considering the sociocultural status of the family.⁸ A professional involved in such education must encourage breastfeeding because of its many benefits, including increasing the interval between pregnancies, causing oxytocin release into circulation thus reducing stress and mood swings, promoting uterine involution, and preventing anemia by decreasing postpartum bleeding.⁹⁻¹⁰ Contraception can be classified as either natural, barrier, hormonal, or mechanical.⁴

The most appropriate contraceptive methods for lactating women are hormone-free methods such as the use of intrauterine devices (IUDs), barrier methods, and the

lactational amenorrhea method (LAM). LAM involves the indication of an amenorrheic condition by the woman maintaining regular breastfeeding throughout the day and night, without providing any food supplements and/or liquids to the child during the first 6 months after childbirth; this method has an efficiency of up to 98% in most cases. However, since most women find it difficult to implement this method, the most appropriate alternative would be breastfeeding in association with another contraceptive method that does not interfere with the quality or quantity of maternal milk.¹¹

The interest in performing this study emerged from the clinical experience of the authors. It was noted that the contraceptive assistance provided to lactating women through the FHS program was very limited in terms of the resources and training available to the nurses. This was associated with non-compliance with the contraceptive method and was also responsible for the premature discontinuation of breastfeeding. In light of this problem, the present study aimed to analyze the development of educational programs for lactating women, conducted by nurses during family planning as part of the FHS program in the urban areas of Caruaru Municipality, Pernambuco, Brazil.

METHOD

This is a descriptive, exploratory, and quantitative study. The sampling was non-probabilistic by convenience, and the sample consisted of 27 nurses working in the FHS program in the urban center of Caruaru Municipality, Pernambuco. Twenty-six nurses completed questionnaires; only 1 nurse did not because she was on maternity leave at the time of data collection. Nurses were excluded if they were already working in a rural FHS program or other primary care units.

The questionnaire used for data collection consisted of 19 objective questions, which were answered by recruited nurses after they had received a complete explanation about this study and had freely signed a clear consent form. The questionnaire included questions about the criteria used by professionals for educational guidance on contraceptive methods presented to lactating women, according to the social and demographical context in which the research was conducted. The questionnaire was validated by prior testing applied to 3 nurses who worked in units of the FHS program in Caruaru Municipality; subsequently, amendments were made to the questions. For

data analysis, the responses in all questionnaires were initially reviewed. Next, a database was created in Microsoft Excel (version 2007) to construct graphs and tables.

The ethical considerations recommended in 196/96 resolution proposed by the National Commission on Ethics in Human Research (CEHR) were fully respected. This study was approved by the Research Ethics Committee of the Associação Caruaruense de Ensino Superior

(protocol 576/09).

RESULTS

Out of all interviewed nurses involved in the FHS program in the urban areas of Caruaru, 88.5% carried out educational activities on family planning.

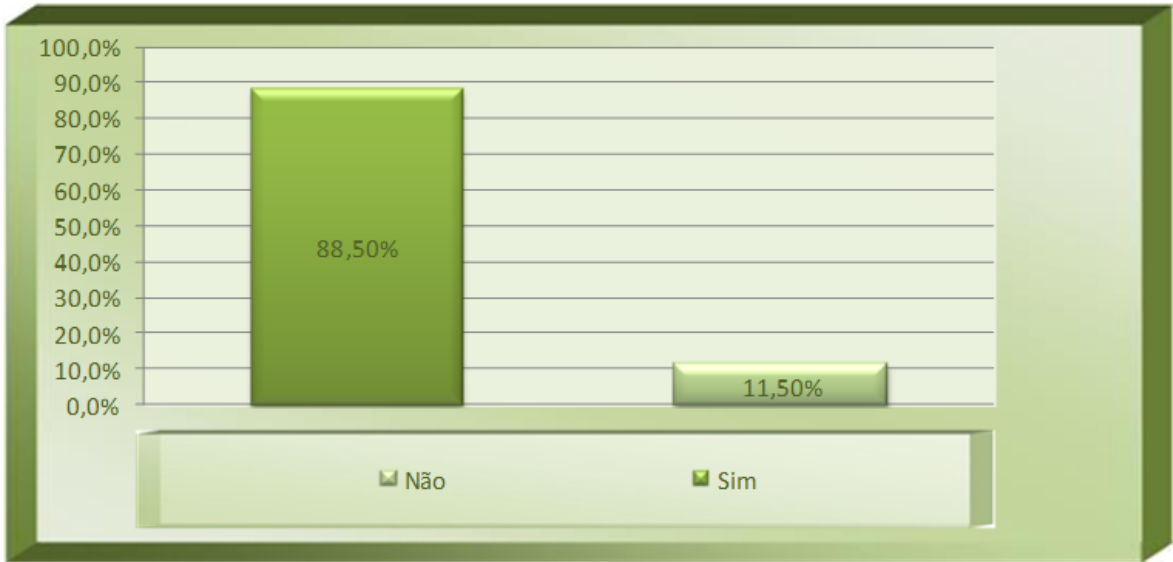


Figure 1. Educational activities on family planning carried out by nurses involved in the FHS program in the urban areas of Caruaru, in April-May 2010.

According to the results presented in Table 1, condoms are the preferred contraceptive during lactation, followed by the use of

progestin and LAM. IUDs and the rhythm method were not recommended by the participants.

Table 1. Contraception methods for lactating women, recommended by nurses from the FHS program in the urban areas of Caruaru, in April-May 2010.

Contraceptive method	n	%
Condoms	16	61.5
Progestin	07	26.9
LAM	03	11.6
Total	26	100

The interviewed nurses reported that the most frequently discussed topic during post-partum visits was the initiation and choice of a contraceptive method (65.4% cases), followed by factors related to breastfeeding or newborn feeding (11.5% cases), and the prevention of sexually transmitted infections (STIs) and cervical cancer (11.6% cases). However, some interviewed nurses (11.5%) did not report what was most frequently

discussed during the first post-partum consultation.

Table 2 presents the interviewed nurses' opinions regarding the need for training in family planning. The majority of the interviewed nurses (53.8%) thought that it would be necessary to conduct such training every 6 months.

Table 2. Opinions of nurses from the FHS program in the urban areas of Caruaru regarding the need for training in family planning, in April-May 2010.

Frequency	n	%
Monthly	09	34.6
Biannual	14	53.8
Annual	03	11.6
Total	26	100

Table 3. Most suitable contraceptive methods for multiparous and lactating women, according to nurses from the FHS program in urban areas in Caruaru Municipality. Data collected from April to May 2010.

Contraceptive method	n	%
Condom	15	57.7
Tubal ligation	13	50.0
IUDs	06	23.1
Combination	06	23.1
Intramuscular contraceptive	04	15.4
Progestin	01	3.8
LAM	00	0,0
Rhythm	00	0,0

*n: the individual numbers do not add up to the total sample size, owing to the choice of more than one contraceptive method.

Most (57.7%) of the nurses recommended condoms for multiparous and lactating women, while progestin was recommended by only 3.8% of the nurses.

DISCUSSION

The puerperium is the period after childbirth in which involuntary manifestations of the pre-pregnancy stage occur. This period can be divided into 3 parts: immediate, from 1-10 days after childbirth; late, 11-45 days; and remote, after 45 days.¹²⁻⁴ Women need to adapt to physical and emotional changes in the postpartum period. In addition, nurses must understand these changes to make accurate evaluations and decisions based on technical, scientific, and humanistic ideals, with the aim of helping women adapt to their new maternal role.¹¹

Practicing professional nurses should be involved in nursing consultations and offer assistance to pregnant, parturient, and puerperal women.¹⁵ Puerperal consultation seeks to promote the health of women after childbirth and during breastfeeding, in addition to the health of newborns, through the exchange of information and experiences and through the clarification of doubts or insecurities that may arise during this period.¹⁶ Health education should be provided within this context to reduce morbidity and mortality rates while seeking to prevent disease and improve the quality of life of the woman and her newborn.¹⁷⁻⁸

The nurse responsible for primary care has the opportunity to be closer to the individual, family, and community. This enables educational intervention by professionals, with a view to promoting autonomy, self-care, and responsibility in the context of health/disease care. There is always a need for healthcare professionals to seek greater interaction with the population. Thus, nurses can guide and help women to have complete autonomy when making decisions about contraception and their sexual habits.⁵⁻¹⁹

Family planning is considered a basic human right and consists of actions to control fertility. Educational activities related to family planning inform the population about their reproductive rights and provide information about the available methods.²⁰ To satisfy this goal and meet the expectations of the community, family planning services should be easily accessible in order to promote autonomy and decentralize the delivery of this information.²¹

Our results show that 11.5% nurses from the FHS program in the urban areas of Caruaru are unaware of the family planning-related educational activities directed toward the population. This unprofessional attitude contradicts the nurses' role in providing contraceptive assistance. Nurses must act in an integrated manner to promote educational activities and clinical counseling.²⁰

There are divergent views regarding the most suitable contraceptive method for lactating women. Some authors argue that progestagens (administered orally, subcutaneously, or intravenously) are the most appropriate contraceptive after the initiation of breastfeeding because they provide adequate contraceptive security without altering the composition of breast milk.^{22, 23} On the other hand, other authors propose that non-hormonal methods are best because they do not have any effects on breastfeeding and the homeostatic system; these authors suggest that isolated progestagens are most appropriate in situations where condoms are inadequate or inaccessible, or when the user does not use them appropriately.¹¹⁻²⁰

Exclusive breastfeeding increases the inter-gestational interval because it prevents a new natural pregnancy until menstruation resumes; thus, the use of other contraceptive methods can be delayed during the first few months after childbirth. Thus, breastfeeding is an important measure of preventive health in family planning, as evidenced by its benefits to maternal health; it reduces the incidence

of breast and ovarian cancer, osteoporosis, and rheumatoid arthritis and aids an earlier return to pre-pregnancy weight. Furthermore, breastfeeding strengthens the mother-child bond by positively influencing the child's health and psychological and physiological development, including development of the oral musculature, and providing immunological and nutritional support to the child.^{9, 10, 24}

Our present study shows that nurses offer different alternatives as secondary contraceptive methods for lactating women, when considering their parity. It was observed that for primiparous and lactating women, the most suitable contraceptives were condoms, followed by progestagens. For mothers with more than 2 children, the use of condoms and sterilization were the first and second choices, respectively. Family planning is a way of controlling fertility. However, when considering multiparous women, tubal ligation is a more effective method.²⁵

Special caution is necessary when recommending tubal ligation, since many women who undergo this procedure subsequently express regret.²⁶ IUDs are contraindicated for multiparous women, since the rate of IUD expulsion is greater in these women.²⁷ Combined methods are not recommended for postpartum women because these methods may cause changes in the quantity and quality of milk; furthermore, combination estrogen-progestagen therapy increases the risk of venous and arterial thrombosis.¹¹

Our present research shows that there is no incentive to use IUDs, independent of parity. This contributes to the lack of adherence to this method, since every health center aiming to develop appropriate family planning activities should have a system for promoting actions necessary for good adherence.²⁸

In order for health education to have a meaningful impact, professionals must be trained properly. The basis for the training and technical qualification of human resources to promote reproductive healthcare is competent family planning.⁶ Long-term education stimulates the thoughts and actions of nurses, thus facilitating their personal and professional growth, while improving the work environment of the organization.²⁹

Long-term education can be conceptualized as something that increases an individual's ability to perform his/her work to improve the health-related choices of the population. Such education advances knowledge and brings to

light viable solutions for health problems faced daily.^{2,30} Therefore, nurses should be prepared to deal with different situations—especially those faced by lactating women—and should be able to identify and provide informed solutions; promote breastfeeding by indicating the most appropriate method of contraception for each woman; ensure a clear, objective, and continuous flow of information; and provide better human care.³⁰

CONCLUSION

The present study shows that family planning-related educational activities directed toward lactating women are in fact a part of the FHS program in the urban areas of Caruaru. In this context, health education serves as a means to encourage healthy lifestyles because it considers the factors associated with breastfeeding and the health of the lactating woman, her partner, and her child as key components of family planning.

The contraceptive methods recommended by nurses are consistent with the recommendations of the Brazilian Health Ministry; they are interesting because they do not alter the quantity or quality of breast milk.

In all circumstances of questioning, condoms were always the contraceptive of choice, owing to their dual protection; this shows that the concerns of health professionals are not restricted to unwanted pregnancies but also to the health of the couple in terms of the prevention and control of STIs.

In the FHS program that did not include educational activities, the planning policy was restricted to contraceptive delivery without considering the opinions and expectations of the couple. At this point, there is a deficit in the assistance of professional nurses in these programs, considering that health education—an important aspect of primary care—is no longer practiced. It is necessary that professionals are qualified and motivated so that their behaviors and habits are modified after the implementation of educational activities in the community.

REFERENCES

1. Rosa WAG, Labate RC. Programa de Saúde da Família: a construção de um novo modelo de assistência. *Rev Latino-am Enfermagem*. 2005;13(6):1027-34.
2. Saupe R, Cutolo LRA, Sandri JVA. Construção de descritores para o processo de

educação permanente em atenção básica. *Trab Educ Saúde*. 2008;5(3):433-52.

3. Albuquerque PC, Stotz EM. Educação popular na atenção básica à saúde no município: em busca da integralidade. *Interface - Comunic Saúde Educ*. 2004;8(15):259-74.

4. Ministério da Saúde (Brasil). Direitos sexuais, direitos reprodutivos e métodos anticoncepcionais. Brasília: Ministério da Saúde, 2006.

5. Costa AM, Guilhem D, Silver LD. Planejamento familiar: a autonomia das mulheres sob a questão. *Rev Bras Saúde Matern Infant*. 2006;6(1):75-84.

6. Brasil. Lei 9.263, de janeiro de 1996: regula o § 7º do art. 226 da Constituição Federal, que trata do planejamento familiar, estabelece penalidades e dá outras providências [acesso em jun 25]. Brasília (DF); 1996. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l9263.htm.

7. Osis MJD, Duarte GA, Crespo ER, Espejo X, Pádua KS. Escolha de métodos contraceptivos entre usuárias de um serviço público de saúde. *Cad Saúde Pública*. 2004;20(6):1586-1594.

8. Duong DV, Lee AH, Binns CW. Contraception within six-month postpartum in rural Vietnam: implications on family planning and maternity services. *Eur J Contracept Reprod Health Care*. 2005;10(2):111-8.

9. Antunes LS, Antunes LAA, Corvino MPF, Maia LC. Amamentação natural como fonte de prevenção em saúde. *Ciênc Saúde Coletiva*. 2008;13(1):103-9.

10. Rea MF. Os benefícios da amamentação para a saúde da mulher. *Jornal de Pediatria*. 2004;80(5):142-6.

11. Vieira CS, Brito MB, Yazlle MEHD. Contracepção no puerpério. *Rev Bras Ginecol Obstet*. 2008;30(9):470-9.

12. Rezende J. *Obstetrícia*. 10a ed. Rio de Janeiro: Guanabara Koogan; 2005.

13. Vieira F, Salge AKM, Bachion MM, Munari DB. Diagnósticos de enfermagem da NANDA no período pós-parto imediato e tardio. *Esc Anna Nery Rev Enferm*. 2010;14(1):83-9.

14. Catafesta F, Martins M, Zagonel IPS, Venturi KK. A amamentação na transição puerperal: o desvelamento pelo método de pesquisa cuidado. *Esc Anna Nery Rev Enferm*. 2009;13(3):609-16.

15. Brasil. Lei 7.498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da Enfermagem e dá outras providências [acesso em jun 25]. Brasília (DF); 1986. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l7498.htm.

16. Ravelli APX. Consulta puerperal de enfermagem: uma realidade na cidade de Ponta Grossa, Paraná, Brasil. *Rev Gaúcha Enferm*. 2008;29(1):54-9.

17. Almeida MS, Silva IA. Necessidades de mulheres no puerpério imediato em uma maternidade pública de Salvador, Bahia, Brasil. *Rev Esc Enferm USP*. 2008;42(2):347-54.

18. Prado MRMC, Silveira CLP. Atenção primária à saúde da mulher: um enfoque educativo-preventivo no combate ao câncer de colo de útero. *Rev Enferm UFPE on line*. 2010;4(3):1417-25.

19. Cardoso AS, Nascimento MC. Comunicação no Programa de Saúde da Família: o agente de saúde como elo integrador entre a equipe e a comunidade. *Ciênc Saúde Coletiva*. 2010;15(1):1509-20.

20. Ministério da Saúde (Brasil). Secretaria de Políticas de Saúde. Área técnica de Saúde da Mulher. Assistência em Planejamento Familiar: Manual Técnico. 4a ed. Brasília: Ministério da Saúde, 2002.

21. Moura ERF, Silva RM, Galvão MTG. Dinâmica do atendimento em planejamento familiar no Programa de Saúde da Família no Brasil. *Cad Saúde Pública*. 2007;23(4):961-70.

22. Lanhoso A. Contracepção em situações particulares. *Rev Port Clin Geral* [periódico na internet]. 2005;21:[aproximadamente 6 p.]. Disponível em: <http://www.apmcg.pt/files/54/documentos/2007052818122288698.pdf>

23. Monteiro AA. Novos métodos contraceptivos. *Rev Port Clin Geral* [periódico na internet]. 2005 [acesso em 2010 ago 05];21:[aproximadamente 8 p.] Disponível em: <http://www.apmcg.pt/files/54/documentos/20070528181044870236.pdf>

24. Cecatti JG, Araújo AS, Osis MJ, Santos LC, Faúndes A. Introdução da lactação e amenorréia como método contraceptivo (LAM) em um programa de planejamento familiar pós-parto: repercussões sobre a saúde das crianças. *Rev Bras Saude Mater Infant*. 2004;4(2):159-69.

25. Prates CS. Autonomia nas experiências de anticoncepção em múltiparas pobres

Sousa NFC de, Lucena RN, Santos RB dos et al.

The appyroaches of contraceptive methods...

(Dissertação). Porto Alegre: Universidade Federal do Rio Grande do Sul, Escola de Enfermagem; 2007.

26. Fernandes MAS, Bedone AJ, Leme LCPL, Yamada EM. Laqueadura intraparto e de intervalo. Rev. Assoc Med Bras. 2006;52(5):323-7.

27. Bonilla RF, Aguilar ZME, Cázares MML, Hernández OME, Luna RMA. Factors for expulsion of intrauterine device Tcu 380A applied immediately postpartum and after a delayed period. Rev Med Inst Mex Seguro Soc. 2005;43(1):5-10.

28. Poli MEH. A anticoncepção como instrumento do planejamento familiar e da saúde. Scientia Medica. 2006;16(4):168-71.

29. Ricaldoni CAC, Sena RR. Educação permanente: uma ferramenta para pensar e agir no trabalho de enfermagem. Rev Latino-am Enfermagem [periódico na internet]. 2006 nov-dez [acesso em 2010 set 04];14(6):[aproximadamente 7 p.]. Disponível em:

http://www.scielo.br/pdf/rlae/v14n6/pt_v14n6a02.pdf

30. Amestoy SC, Milbrath VM, Cestari ME, Thofehm MB. Educação permanente e sua inserção no trabalho da enfermagem. Cienc Cuid Saúde. 2008;7(1):83-8.

Sources of funding: No

Conflict of interest: No

Date of first submission: 2011/08/12

Last received: 2012/01/09

Accepted: 2012/01/10

Publishing: 2012/02/01

Corresponding Address

Raquel Bezerra dos Santos

Faculdade ASCES

Av. Portugal, 584, Bairro Universitário

CEP: 55016-400 — Caruaru (PE), Brazil