TAKING CARE OF THE PUÉRPERA AFTER HOSPITAL DISCHARGE: A LITERATURE REVIEW

CUIDADO À PUÉRPERA PÓS-ALTA HOSPITALAR: UMA REVISÃO DA LITERATURA

ATENÇÃO EM EL PUÉRPERO DESPUÉS DEL ALTA HOSPITALAR: UNA REVISIÓN BIBLIOGRÁFICA

Maria Helena Soares da Nóbrega Mazzo¹, Rosineide Santana de Brito², Nilba Lima de Souza², Aurelice Pires Gama³

ABSTRACT

Objective: to analyze the assistance provided to the woman in the puerperal period outside the hospital environment. Method: it is a descriptive study, of the type of literature review, in which studies performed in Brazil were consulted, all of them indexed in the electronic databases Medline, LILACS and SciELO. The following research question was elaborated: how is being provided the assistance to puerperal woman after hospital discharge? The analysis of the selected material was so that the synthesis of data was performed descriptively. Results: we observed that, although the classical literature shows that the authors are concerned about the consequences of the puerperium, most of them are still focusing issues related to the newborn, breastfeeding and family planning. Conclusion: given this reality, it is clear that puerperal cares still seem to be centered in maternal hospitalization time, without regarding actions for the health promotion after hospital discharge. Descriptors: Postpartum Period, Home Care, Obstetrical Nursing.

RESUMO

Objetivo: analisar a assistência à mulher no período puerperal fora do âmbito hospitalar. Método: estudo descritivo e exploratório, do tipo revisão de literatura, no qual foram consultadas publicações realizadas no Brasil e indexadas nas bases de dados Medline, LILACS e SciELO. A seguinte questão de pesquisa foi formulada: como se dá a assistência à mulher no puerpério após a alta hospitalar? A análise do material selecionado ocorreu de maneira que a síntese dos dados foi realizada de forma descriptiva. Resultados: observou-se que, apesar de a literatura clássica mostrar que os autores estão preocupados com as consequências do puerpério, a maioria delas ainda se preocupa com aspectos relacionados ao recém-nascido, atendimento materno e planejamento familiar. Conclusão: diante disto, percebe-se que os cuidados puerperais parecem ainda estar centrados no tempo de hospitalização materna, sem contemplar ações de promoção à saúde após a alta hospitalar. Descritores: Período Pós-parto; Assistência Domiciliar; Enfermagem Obstétrica.

RESUMEN

Objetivo: Analizar la asistencia a las mujeres en el puerperio fuera del hospital. Método: estudio descriptivo y exploratorio con revisión bibliográfica en el cual se consultaron las publicaciones producidas en Brasil e indexadas en las bases de datos electrónicas Medline, LILACS y SciELO. Fue formulada la siguiente pregunta para la investigación: ¿Cómo ocurre la asistencia a la mujer durante el puerpério después del alta hospitalaria? El análisis del material seleccionado se realizó de modo que la síntesis de datos se hiciese de forma descriptiva. De ese modo se pudo observar, contar, describir y clasificar las informaciones para evidenciar el material literario que compuso la base de este estudio. Resultados: se observó que aunque la bibliografía clásica muestra que los autores están preocupados con las consecuencias del puerpério, la mayoría de ellos aun se preocupa con aspectos relacionados al recién nacido, a la lactancia materna y a la planificación familiar. Conclusión: se percibió que los cuidados durante el puerpério parecen aun estar centralizados en el tiempo de hospitalización materna, sin considerar acciones de promoción de la salud después del alta hospitalaria. Descriptores: Período posparto; Asistencia Domiciliar; Enfermería Obstétrica.

¹Professor of the Nursing Department in the Center of Health Sciences from Universidade Federal do Rio Grande do Norte (UFRN), Master in Nursing for Public Health. Doutorate’s Student by the Post-Graduate Program in Nursing from UFRN. Natal (RN), Brazil. E-mail: helenanazario@gmail.com; ²Professor of the Nursing Department in the Center of Health Sciences from Universidade Federal do Rio Grande do Norte(UFRN) and of the Nursing Post-Graduate Course from UFRN. P.h.D in Nursing. Natal (RN), Brazil. E-mail: rosinide@ufrnet.br; ³Professor of the Nursing Department in the Center of Health Sciences from Universidade Federal do Rio Grande do Norte(UFRN). P.h.D. in Health Sciences from Centro de Ciências da Saúde - CCS/UFRN. Natal (RN), Brazil. E-mail: nilba@ufrnet.br; ⁴Professor of the Nursing Department in the Center of Health Sciences from Universidade Federal do Rio Grande do Norte(UFRN), Master in Collective Health Doutorate’s Student by the Post-Graduate Program in Nursing of DINTER - UFSC/UFRN. Natal (RN), Brazil. E-mail: aurelicep@yahoo.com.br.

English/Portuguese
J Nurs UFPE on line. 2012 Nov;6(11):2823-9

2823
INTRODUCTION

The woman in her life cycle goes through different phases that mark distinct moments of her life. Among the steps of significant changes in her body, she has the reproductive cycle, in which it should be highlighted the puerperium as a period of six weeks, starting after childbirth and the expulsion of the placenta. It is considered a phase of risk that requires a skilled assistance based on the improvement of health conditions. Moreover, woman is liable to complications which, when not identified or not being taken the appropriate actions regarding them, tend to result in morbidity and mortality from preventable causes.

Based on this, it is necessary the development of assistential activities in view of giving conditions to the puerperal woman and her family to care her own and her infant and, consequently, they can contribute to the intra-family balance in this new situation. For this purpose, it is necessary that the professionals who working with women, in the context of reproduction, adopt attitudes aimed at disease prevention, promotion and recovery of her health state.

Highlighting the puerperium, the care provided to women during this period, in most cases, limit her permanence in the hospital environment and, when she returns to her home, she face herself with the reality of a minimum assistance provided by the public health system, which offers only a home visit in the early days of puerperium. However, it is understood that the puerperal woman, as mother and companion, experiences overlapping roles, which imposes requirements inherent to her health state coupled with socio-economic situation which she is inserted into. So, this reality submits the puerperal woman to an assistance that does not guarantee attendance to her actual accuracies, leaving her so vulnerable to risks from the puerperal pregnancy status.

Due to the recognition of the peculiarities of woman in this period, the Brazilian Ministry of Health in the ambit of public policy has been worried with the female population and has been implemented programs that subsidize actions of health workers, with a view to provide quality care for this population group. However, it is observed that with regard to the puerperium, full assistance to the woman and her family members is still something to be effected.

To provide such kind of assistance to the puerperal woman, it is necessary that the professional understands the specificities of this stage of life of feminine being and be able to meet or even minimize her physical, social and emotional needs.

However, the actions aimed to the puerperal woman are, primarily, geared for counseling on the family planning, care of the newborn and breastfeeding. Thus, issues concerning woman are neglected, making clear that her role in reproduction context was completed with the childbirth, and, thus, she is placed in the background.

Given these observations, it arouse the need to perform in an integrative mode, a review the scientific literature on the care provided to woman in the puerperium period, when she returns to her family life, from the following question: how is being provided the assistance to puerperal woman after hospital discharge?

Through this questioning, we had as purpose to perform a literature review of an integrative way, with studies which deal with the care of puerperal woman after hospital discharge, aiming to analyze the assistance to women in the puerperium period outside the hospital environment and, in order to contribute to woman's health care by providing subsidies and support for the planning and execution of actions aimed at puerperal woman and her family. Therefore, the present study is regarding to a bibliographic investigation about the assistance (care) of puerperal women in the context of primary health care.

METHOD

It is an integrative review of the scientific literature, which itself consists of a methodical academic investigation, in which data about a problem are gathered, evaluated and synthesized for that the conclusions about the most effective practices can be elaborated.1

Through the purpose of labor, studies performed in Brazil were consulted, which were indexed in the electronic databases Medline, LILACS and SciELO, from MeSH descriptors which are: puerperium period, home care and nursing. In this process, we defined as inclusion criteria qualitative primary studies that enable the discussion on assistance to the puerperal woman after hospital discharge, published from the creation of the Program for Integral Assistance for Women Health - Programa de Assistência
Integral à Saúde da Mulher (PAISM), i.e., from 1984 to 2011. The other researched sources were books, dissertations, theses and documents of the Brazilian Ministry of Health. We established as an exclusion criterion the absence of summary (abstract), the unavailability of getting the full text and inadequacy to the object of study, even given the same descriptors of our research.

After obtaining the list with the total of references (55), it was held their selection, with the exclusion of those researches which lacked abstract (26). So, after reading the selected abstracts and reaffirming their relevance to the current study, we sought the complete texts. Thus, 11 research papers and 04 documents from the Brazilian Ministry of Health were part of the study, which addressed policy attention to woman’s health.

Upon completion of this step, all the material was read, paying attention to their essence in accordance with the object of study, analyzed and interpreted. The analysis of the selected studies occurred so that the summary of the data extracted from the surveyed documents was performed in a descriptive way. Thus, one can observe, count, describe and classify the data, in order to highlight the literary material that formed the basis of this study.

**RESULTS**

The central ideas found in studies were grouped based on their similarity. From this process the following categories were originated: assistance to puerperal woman after hospital discharge and public policies for woman’s health.

- **The assistance to the puerperal woman after hospital discharge**

  The puerperium is the period in which the woman's self-confidence is in crisis. Becoming a mother is a ritual of transition and involves a reorganization of all the roles which comprise the woman's self-concept. In the meantime, several feelings are mixed over the days, among them, euphoria, fear, relief and anxiety. Study conducted with women who were in the puerperium period showed that the mothers experienced feelings of emptiness, strangeness and vulnerability, and many of them reached the limit of their capabilities. The puerperal woman, when reintegrates herself into the house functions, is vulnerable both physically and psychologically, needing help of family members and from professionals of the health field; because the care provided to her should be continued at home and not ended after the birth of her son.²

  The literature highlights the importance of puerperium as an event of great importance in the life cycle of the feminine being. However, the hospital discharge of the puerperal woman occurs between 24 and 48 hours and, often, there is no counter-reference in the Brazilian public health system, which ensures that she and her son return to same service on which they were attended.¹

  One investigation with mothers in the Brazilian state of Ceará showed that dissatisfaction with care was declared by the interviewees, when they reported to the guidance received during pregnancy on the puerperal care. Thus, the obtained results showed the need for a greater emphasis on guidance and attention given to women during the prenatal period. Moreover, the educational practice made possible by home visits to mothers was revealed as an important action. In face of that, it must be really effective in health institutions, so that a support network, for making the mother competent for the performance of her motherhood, be implemented.⁴

  Thus, women tend to feel stronger and assistance in the postpartum period would not only sum up in a routine consultation. In this sense, a study with primiparous teenagers shows that they try to overcome their fears and difficulties to provide care to the child, seeking help from family members, it leads them to feel helped, supported and safe in the environment which welcomes them.⁵

  Faced with so many experienced vulnerabilities, woman who is in puerperal pregnancy status needs attention from professionals of health field, whereas the maternal care must be continued after the childbirth. Actions must, also, encompass the biological, physical and emotional aspects, since those who work along with the puerperal woman may help her for choosing defensive and adaptive mechanisms to overcome possible crises from the puerperium period.⁶

  Generally, this period requires from the professionals who assist the woman, a prenatal and/or puerperal attention qualified and humanized by means of incorporation of cozy behaviors and without unnecessary interventions; of easy access to quality health services, with actions that integrate all levels of care: promotion, prevention and care for the puerperal woman and the newborn, from
the outpatient attendance to the hospital care.\textsuperscript{7}

The same care policies to pregnancy and childbirth establish the continuity of care to the puerperal woman and the newborn. But, in reality, puerperal consultations have shown low frequency in basic health units, according to a study conducted on evaluation of the Program for Humanization of Prenatal and Birth - \textit{Programa de Humanização no Pré-natal e Nascimento} (PHPN) in a period of two years. As evaluation performed during the years 2001 and 2002, of women registered in SISPRENATAL, who had six prenatal consultations, only 6.47% and 9.43%, attended the postpartum consultation, respectively.\textsuperscript{8}

Following the recommendations by the Brazilian Ministry of Health, the puerperal woman should have a decent hosting and inherent to her health condition; this includes present her and call her by name, attending with respect and kindness. During the consultation, listen to what the woman has to say, including possible complaints, prompting her to ask questions; inform about the steps of the consultation and answer her questions. Besides the anamnesis, clinical and gynaecological assessment, the conducts with respect to the family planning, hygiene, nutrition, physical activity, cares to the newborn, breastfeeding and women's rights must also be considered.\textsuperscript{7}

With respect to the pregnancy and puerperal period, despite scientific advances in obstetrics, it still constitutes itself in a maternal risk with repercussion for the whole family. That is why, the high occurrences of morbidity and mortality maternal make that this period is experienced with expectations, anxieties and emotional changes. Furthermore, the low frequency of puerperal consultations and ineffective assistance during the puerperium period contribute to complications which can lead the puerperal woman to her death.

In the ambit of puerperal cares, the working of professionals with regard to meet the needs of woman was identified in a recent study. Of the surveyed sample - 96.8% - said they did home visits to puerperal women. However, the activities relevant to the nurse summed up in the guidelines on cares to the newborn and family planning.\textsuperscript{9}

The puerperal cares have like aim to evaluate the health of woman and the newborn, and also the return to the pre-pregnancy conditions. In addition, it seeks to encourage and support breastfeeding; evaluate the interaction between mother and newborn; identify risk situations or intercurrences; complement or develop actions not performed in the prenatal time; and still advises on family planning and basic cares with the newborn.\textsuperscript{7}

In this sense, the study developed with puerperal women revealed devaluation of womanhood and self-care, according to the focus of attention to the care of the newborn. Thus, it is desirable mitigating the full and resigned responsibility of the woman by the caring of the infant; it is accumulated with the housework and the activities of the public sphere.\textsuperscript{10}

Thus, it is clear that the puerperal cares are still focused on the maternal hospitalization time. So, the actions for promoting woman’s health are no longer covered after her return to home.

\textbf{Public policies for woman’s health}

In terms of public policy, attention to woman’s health, in Brazil, was focused on concerning with maternal and child group who, even, always remained like the most emphasized by these policies, which were intended to act on the bodies of women-mothers, so that to ensure that the bodies of children were tailored to the needs of the social reproduction.\textsuperscript{11}

During the 1970s, there was a lack of a public policy addressed to the assistance of the woman and the child. Starting from this issue, the Brazilian government through the “maternal and child group”, came to intervene by using many programs like a government's response to the sanitary problems recognized as priorities at that time, assuming, therefore, an explicit position directed to woman’s health.\textsuperscript{11}

In an attempt to correct social inequalities of that period, it emerged in Brazil the II National Development Plan - \textit{Plano Nacional de Desenvolvimento} (PND-II). This plan outlined goals to improve the education, housing, health and income redistribution of the Brazilian population. The crisis that was featured in the health sector, due to high rates of morbidity and mortality and high cost of health care, which led the government to the launch of the National Program of Maternal and Child Health (PSMI), being that this group also was prioritized in the V Health National Conference which occurred in the year of 1975.\textsuperscript{12}

The PSMI emerged during the military regime, in order to assist the pregnant woman...
and her child in its first year of life, in an attempt to promote the expansion of covering and rising of the health level of this group. It also aimed at the improvement of the productivity standards of health units, the development of actions to empower human resources, as well as initiate a process of planning, control and evaluation articulated between the federal, state and municipal spheres.12

The government policy envisaged by PSMI was restricted to pregnancy and puerperal cycle and its main feature was the verticality, there was a disconnection between their proposals, actions and strategies. This fragmentation reflected the lack of integration of health actions, reinforcing the specializations of medicine. In this context, the women was exposed to the difficulty of access to the care, a fact that turned them away of the project of full assistance, compromising the outcomes of the impact on their health.11

In this walk, in 1978, it was performed the Alma-Ata World Conference and the IV Brazilian National Conference on Health, which kept the priorities of extension programs of covering; of simplified technologies and qualification of human resources. They also included technical documents about family planning.13

Other initiatives were developed by government bodies as in 1984, the Brazilian Ministry of Health concerned with the rates of maternal and neonatal mortality, launched the Program of Integral Assistance to Women’s Health - Programa de Assistência Integral à Saúde da Mulher (PAISM), under the strong influence of the sanitary movement of that time and formulation Unified Health System - Sistema Único de Saúde (SUS), with the proposal of decentralization, hierarchization, regionalization and equity of attention to the woman’s health.11

Thus, the program sought to implement health actions which could reduce the female morbidity and mortality in Brazil, specifically, those ones from preventable and avoidable causes; enlarge, qualify and humanize the integral attention (care) of woman’s health in the SUS and promote the improvement of living conditions of this contingent of the population, by means of the warranty of the human rights.11

In the scenario of the discussions on attention to the health care, in 1998 it arouses the Family Health Program - Programa de Saúde da Família (PSF) as a structuring axis of a model of care and reorganization of the assistential practice, having as support the dynamic of the needs of the family nucleus, trying to break the model in effect in that time, which was ruled by “assistentialism”, “curativism”, in medicalization and hospitalization.14

However, with respect to the attention to pregnant woman and her family, new needs were identified, with a view to improving prenatal assistance. From this perspective, according to Decree nº 569/2000 of the Ministry of Health - Ministério da Saúde (MS), it was established in the country the Program for Humanization of Prenatal and Birth - Programa de Humanização no Pré-natal e Nascimento (PHPN), which aimed to increase access to prenatal care at all levels of assistance, in order to promote improvements in covering and in quality of the consultations. The PHPN represented significant advances, by inserting in its proposal, educational and care actions to the pregnant women and their partners, both in pregnancy as at the time of childbirth and even in the postpartum period.15

So, for assisting the woman with quality, in her pregnancy and puerperium, requires to consider the different aspects, such as: accessibility of pregnant women to basic health unit, quality of health care, with regard to the material resources, training of professionals who work along with the female population, laboratory support and reference and counter-reference services. Besides remain on alert status for preventing pathologies own of the pregnancy period, diagnose and treat pre-existing conditions and / or the intercurrences of the pregnancy state, identify and monitor a high-risk pregnancy, as well as qualify the assistance to the childbirth and the puerperium period, as essential factors for reducing maternal morbidity and mortality and neonatal too.15

In Brazil, the maternal mortality by direct causes decreased by 56% from 1990 to 2007, while that mortality by indirect causes increased by 33%, from 1990 to 2000, and remained stable from 2000 to 2007. Regarding the procedures recommended by the MS to ensure a humanized attention, the data show that 35% of pregnant women who performed natural childbirth, in the private system, had the presence of a companion during the childbirth moment, while for users of SUS this percentage was less than 10%.16

Regarding policies of humanization of childbirth in Brazil, in April 2005, was enacted the Law nº 11.108, giving to the parturients
the right to the presence of a companion during birth labor time, delivery and the immediate postpartum. Nevertheless, the presence of this companion in the obstetric center, although has its positive effects for women, causes adverse reactions from the health professionals. Because, while some ones support them and are receptive, other ones such participation is seen as expendable.

In a broader view, the Brazilian woman has been living, in recent decades, advancing in issues related to its condition and its citizenship, but despite these advances that are restricted basically to the reproductive health field, there is still so much to do regarding the social imposition in face of the responsibilities from the motherhood. As a provider of life, she experiences pregnancy, childbirth, parturition, puerperium and breastfeeding. These phases are associated with triple working time, the housework, which generates feelings of anxiety, insecurity, fear and risk to her health.

CONCLUSION

The programs of attention to the woman’s health and her child have not been able to present a result which impacts this reality, because the rates of maternal morbidity and mortality, as well as the perinatal are still reasons for concerning for the authorities.

Whereas the motherhood is not only a biological and reproductive event, but also an emotional and social phenomenon, in this study, it was found that assistance to the woman, in the postpartum period, still does not occur satisfactorily in different healthcare segments. This conception leads to the understanding that within the ESF there are gaps concerning health actions addressed to puerperal woman, which need to be filled, preventing that the intercurrences and other complications in the postpartum period acquire proportions capable of endangering the woman’s life, causing suffering and troubles for her and her family.

Given this reality, the health professionals are challenged to develop their actions so that the puerperal women are assisted and have guaranteed their rights to the principles and guidelines recommended by the SUS, which are based on universality, integrity, equity, in participation of the community and in decentralization.

In the assistance provided to women in the postpartum period should be taken into consideration the uniqueness of the experience of this time, in view, the particular situations of life, remembering that women strive to seek their own adjustment in this new role. Thus, all this vulnerability should make them more likely to receive help.

More broadly, the postpartum period involves mediate and immediate risk which reveal the likelihood of damage to maternal and/or child health. So, it should be required a skilled assistance, minimizing of difficulties which are encountered by puerperal women. These difficulties, often, when not cause health harms, they cause insecurity, fear, doubts and uncertainties.

With the performance of this study, we believe that a greater understanding was established about the problems which involve the postpartum period of women. Furthermore, the analyzed works bring subsidies to arise reflections on the planning of nursing actions with regard to improvement of the quality of care provided to the puerperal woman after hospital discharge.

REFERENCES


Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/12/28
Last received: 2012/10/21
Accepted: 2012/10/22
Publishing: 2012/11/01

Corresponding Address
Maria Helena Soares da Nóbrega Mazzo
Departamento de Enfermagem – Campus Universitário
Av. Senador Salgado Filho, s/n – Lagoa Nova
CEP: 59072-970 – Natal (RN), Brazil