



## EXPERIENCES OF WOMAN'S CARE: THE REPORT OF PUERPERAL WOMEN VIVÊNCIAS DE CUIDADO DA MULHER: A VOZ DAS PUÉRPERAS

### EXPERIENCIAS DE CUIDADO DE LA MUJER: LA VOZ DE MUJERES DESPUÉS DEL PARTO

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#### ABSTRACT

**Objective:** to know the way in which women have experienced their care in the puerperal period. **Method:** this is a descriptive and exploratory study, with qualitative approach, conducted in the first half of 2008, in a hospital from the South Region of Brazil, with ten puerperal women after their hospital discharges. The data production was performed by means of semi-structured interviews with the use of a structured form. Data were analyzed through Thematic Analysis. The research project was approved by the Research Ethics Committee, under the Protocol nº 63/2008. **Results:** from the analysis of the interviews, two categories have emerged: 1) "Being cared in the puerperium"; and 2) "The self-care in the puerperium". **Conclusion:** this study has highlighted the relevant family's role in the care of the puerperal woman, by consolidating it as a care unit, in which women learn and consolidate their maternal role and in which fathers are inserted, thereby assuming the fatherhood and the care actions of puerperal women and children. **Descriptors:** Woman's Health; Puerperal Period; Nursing.

#### RESUMO

**Objetivo:** conhecer como a mulher vem vivenciando o seu cuidado no puerpério. **Método:** estudo descritivo e exploratório de abordagem qualitativa, realizado no primeiro semestre de 2008, em um hospital do Sul no Brasil, com dez puérperas egressas. A produção dos dados foi realizada por meio de entrevistas semiestruturadas com emprego de um formulário estruturado. Os dados foram analisados pela Análise Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o Protocolo nº 63/2008. **Resultados:** a partir das análises das entrevistas, emergiram duas categorias: 1) "Sendo cuidada no puerpério"; e 2) "O cuidado de si no puerpério". **Conclusão:** o estudo evidenciou o importante papel da família no cuidado à puérpera, consolidando-a como unidade de cuidado, na qual as mulheres aprendem e efetivam o seu papel materno e na qual os pais se inserem, assumindo a paternidade e o cuidado à puérpera e à criança. A puérpera vem sendo cuidada pelos membros de sua família, com destaque ao papel assumido por seu companheiro. **Descritores:** Saúde da Mulher; Período Pós-Parto; Cuidados de Enfermagem.

#### RESUMEN

**Objetivo:** comprender cómo la mujer ha experimentado su cuidado durante el puerperio. **Método:** Estudio descriptivo, exploratorio, con enfoque cualitativo, desarrollada en el primer semestre de 2008, en un hospital en el Sur de Brasil, con diez mujeres que han dado a luz recientemente y recibieron alta hospitalar. La de producción de datos se llevó a cabo a través de entrevistas semi-estructuradas con el empleo de un formulario estructurado. Los datos fueron analizados mediante Análisis Temático. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, según el Protocolo nº 63/2008. **Resultados:** a partir del análisis de las entrevistas, surgieron dos categorías: 1) "Ser cuidado durante el puerpério"; y 2) "El autocuidado durante el puerpério". **Conclusión:** este estudio evidenció el importante papel de la familia en el cuidado de la de la mujer que ha dado a luz recientemente, consolidándola como una unidad de cuidado, en la que las mujeres aprenden y aplican su papel de madres y en la que los padres caigan son insertados, asumiendo la paternidad y el cuidado de las mujeres después del parto y del niño. La madre viene siendo tratada por los miembros de su familia, poniendo énfasis en el papel assumido por su compañero. **Descritores:** Salud de la Mujer; Puerperio; Enfermería.

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## INTRODUCTION

Puerperium is the period starting after childbirth, which is marked by transformations with the purpose of restoring the woman's body to the pre-pregnancy condition.<sup>1</sup> The changes of body and hormonal nature in the puerperal period are felt by women in the physical plan and also in the psychosocial scope. That is why they might emphasize dissatisfaction with their self-images and concerns in relation to perineal recovery. Accordingly, the knowledge of the experiences of these women becomes essential for conducting health promotion interventions in a way consistent with their demands.<sup>2</sup>

In working with women in the puerperal period, during nursing consultations performed after childbirth, when women return to the doctor's office, it was found that many of them were physically exhausted, depressed, by reporting histories of requirements from their husbands and family members regarding the quantity and quality of care that they provided for their newborn children.<sup>3,4</sup>

Usually, the puerperal period is associated with decreased biological, psychological, marital and family well-being. Often, it implies the redefinition of the couple's life, which seeks to adapt to this new condition. In the first days of puerperium, women experience a transitional period in which they become vulnerable to any kind of problem, with their emotions being affected and demonstrating the necessity of being accepted and respected.<sup>3,4</sup>

They showed low self-esteem, with their self-images affected by the changes that affected their bodies during pregnancy, childbirth and puerperal period, by manifesting difficulties in restoring their libido and experience of their sexuality, which possibly contributed to the fact that they dealt with this period in solitary manner. Accordingly, they were more valued as mothers and nursing mothers, but in a poor way as women.

It should be highlighted that their care necessities require the implementation of strategies, with a view to making the nursing consultation a space of humanization and effective care to the woman's health in this period of life. In a study about the empowerment of puerperal women, in order to answer their questions, before the multiple biopsychosocial changes occurred in the puerperal period, it is emphasized the necessity of working in a perspective that

allows us to offer women a comprehensive and humanized care.<sup>5</sup>

The nursing professional plays a key role in puerperal consultations, by identifying fears, doubts and difficulties of women in relation to family planning and sexuality, care procedures for their bodies in the puerperal period and for the newborns, and it can provide them with solutions before their demands. Thus, the follow-up of the nursing professional during the puerperal period has proved to be relevant during the mothers' experiences.<sup>4</sup>

Thus, one should verify that the experience of puerperium takes place in a complex way, since it imposes biopsychosocial changes to women, which are attributed to new meanings that might interfere in their adjustment to motherhood, thereby involving these women in a reorganization of their several roles. In this period, their care is neglected, because the interests are more targeted to the babies and there is the expectation that women assume the role of mothers immediately and without difficulties.<sup>1</sup>

It should be considered that the care to women in this period with safety and dignity is a fundamental commitment of the nursing professionals who care for them.<sup>1</sup> Under this perspective, the care actions guided by the nursing professional might become more effective if this worker comprehend the multiple singularities of the woman, her maternal, wife and female being, as well as her desires, difficulties, relationship with family, self-image, feelings and way of living.

In this sense, the question that has guided this study is: how have women been experienced their care in the puerperal period? From this question, we aim at understanding the way in which women have experienced their care in the puerperal period. The study will enable reflection on the experiences of women in the puerperal period and their care requirements in this period and a higher qualification of the nursing care, thereby helping us to operate in a more effective and efficient manner with these women.

## METHOD

The present study was extracted from the dissertation << Experiences of care for women: the voice of mothers >> presented to the Post-Graduation Program in Nursing from the Nursing School at the Federal University of Rio Grande/FURG, Rio Grande-RS, Brazil, 2008. This is a descriptive and exploratory research, with qualitative approach. A descriptive and exploratory research addresses the description of

the investigated phenomenon, thereby enabling to know the experienced problems and deepen their study in the limits of a specific reality.<sup>6</sup>The qualitative approach considers, as a source of study, the viewpoint of individuals who experience a certain phenomenon and its meanings.<sup>6</sup>

It was developed in the first half of 2008, in a doctor's office in the central outpatient unit of the maternity of a public hospital from the South Region of Brazil. It is a large hospital and is milestone in high-risk pregnancies. Ten puerperal women were included in this study. Regarding the criteria for selecting participants, the following conditions were observed: being a puerperal woman and participate in the nursing consultation of puerperium in the above mentioned hospital between 30 to 40 days of puerperium.

The data production was performed by means of single semi-structured interviews with each participant. They were asked about their experiences and necessities of care in the puerperal period. The interviews were scheduled with each puerperal woman and, subsequently, recorded and transcribed for analysis.

The obtained data were analyzed by means of Thematic Analysis.<sup>7</sup> This technique is performed in three stages: pre-analysis, material exploration and treatment of obtained results and interpretation. In the pre-analysis, the literal transcription of interviews and the elaboration of the registration units are conducted. During the phase of material exploitation, the data were coded and grouped by similarities and differences, thereby generating categories. In the phase of treatment of obtained results, the most significant speeches were selected, which were discussed from scholars of the theme.

The ethical tenets of researches involving human beings, according to the Resolution 466/12, were followed.<sup>8</sup>The research project was approved by the Ethics Committee from the Federal University of Rio Grande, by receiving a favorable opinion, under the Protocol nº 63/2008. All participants signed the Free and Informed Consent Form (FICF) in two copies, since a copy was distributed to each participant. They were identified through the letter P, followed by the number of the interview, as a way of ensuring anonymity.

## RESULTS

The data have unveiled two categories: "Being cared in the puerperium" and "The self-care in the puerperium".

### ◆ Being cared in the puerperium

From the reports, it was possible to realize that, after childbirth, the family strives to help the puerperal woman in the care procedures for the baby, and the main caregivers are: companion, mother-in-law, mother, aunt, sisters and brothers.

*My mother also involves herself with her granddaughter when she comes and does everything, [...] and I often stay just breastfeeding. (P1)*

*My mother lives with me since she got widowed; she already helped me in household duties and now helps me to take care of my son. I feel calm because she is with me. (P10)*

It was also possible to observe that the husband has been more present and participatory, thereby strengthening the bond between the couple.

*My husband also participates in the baby's care, changes diapers, is a bit clumsy, but wants to learn and that's good. He encourages me to breastfeed, I think that this make us closer to each other. (P2)*

*He's really a good companion! When is at work, calls me every time to check if I'm well. Before going out for work, he prepares dinner. (P3)*

The care actions of family in relation to the puerperal woman are objectified when it offers her a time available for the self-care, by worrying about her care, favoring her bond with the baby and trying not to leave her alone. The presence of a family member taking care of the baby allows the puerperal woman to feel more relaxed, supported and trustful, thereby enhancing the family relationships.

*I wait my mother-in-law to arrive for taking a bath. When she takes the two children to nursery, I sleep a little. (P4)*

*My parents are very dedicated grandparents, every day they come to my house to bring me things to eat, my mother cooks pretty well and cares about what I eat daily. (P9)*

The fact that family members assume the role previously played by puerperal women in the care of home, of other children and of the newborn, can make her emotionally weakened.

*My mother-in-law prepares lunch and organizes the house. I feel bad because she is doing my tasks. I feel uncomfortable. (P5)*

*Sometimes, I feel that my mother assumes everything for me, even my mother's role. I think she does not believe that I am able to take good care of my son and I feel bad in relation to it. (P8)*

The family shares and cares about the care of the puerperal woman, by striving and establishing strategies for the daily construction of the growth and development of its members as a whole.

#### ◆ The self-care in the puerperium

The puerperal woman also strives to care of herself, and her concerns in relation to feeding should be highlighted. Dietary restrictions and recommendations, as cultural habits and as a way of keeping herself healthy and able to breastfeed and meeting the demands of caring of herself and of the baby, were quite present in the statements.

*Now, I cannot undergo a diet, because I'm breastfeeding and I need to eat much food. (P3)*

*I eat much chicken soup, because people say that this type of flesh is mild and helps in recovering from the childbirth. (P6)*

Another concern of the puerperal woman is related to rest and leisure, since, she often presents overburden of care towards the baby, the home, her other children and her companion, which might make her feel exhausted.

*I have had rest, as far as possible, I don't take heavy things. I'm still resting. I feel exhausted! (P6)*

*I watch television, listen to radio. I go out to walk with the baby; I see different people and it has distracted me enough. Because there are days I feel very tense and anguished. (P4)*

In the puerperal period, the woman is experiencing a transitional period, which is characterized by biological and emotional changes. The alterations occurred in pregnancy, childbirth and puerperium cause relevant changes in the woman's body and its bodily image, with possible damages to her self-esteem, as an apparent price to be paid before the maternity.

*When I look at the mirror, I feel weird, bloated, I know that it is transitory, but I feel ashamed of my husband, I know it's bullshit because he told me that woman is not only body and that now I'm a mother. (P7)*

*I keep taking care of my appearance, I'll color my hair again and cut it, I'll leave do my nails done. (P3)*

of the child and the mother, through the satisfaction of their necessities, thereby favoring their recovery and avoiding their wear and overburden. The pregnancy is a process that involves women, family members and society. The family is involved in the childbirth process, by seeking to empower the woman and influencing her positively so that this experiences the childbirth of her baby with lesser trauma, greater peace of mind and more pleasure.<sup>6</sup>

Historically, women are caregiver beings, but need to be cared in some periods of their lives, as also evidenced by means of the puerperal women at stake.<sup>1</sup>After childbirth, the family is expanded and relatives outside the household come to help the couple in its necessities. In this sense, puerperal women, when cared and served, also are taught to take care of babies according to standards, values and cultural practices commonly established in their families of origin. Traditionally, the practice of care actions was essentially related to the female figure, which perpetuates its social role as a caregiver.<sup>1</sup> Nonetheless, in this study, the father also seems to assume a relevant role in the care of the puerperal woman and of the newborn, which denotes a movement of rupture and changing in the profile of the contemporary man, thereby pointing to relevant gender changes.

The care from the companion to the woman takes place through the act of being together, of support, by providing her rest and leisure, conducting care actions to home and to children, listening to her, encouraging her to the breastfeeding, seeking to minimize her fears and anguishes in the puerperal process and assuming a central role in this process.<sup>10</sup> In the modern society, the fatherhood invokes a new man, a new father, which indicates that the family relationship experienced in the current days has qualitatively changed the meaning of being a father. Accordingly, the new father visits the traditional father, thereby giving a broader sense for the fatherhood.<sup>11</sup>

The puerperal period is a stage of changes in the life of men and women, in which both need to mutually help each other. It is a period of deep intrapersonal and interpersonal changes, which leaves women vulnerable and it is common the occurrence of varied emotions and emotional instability before the new responsibilities.<sup>12</sup>

The woman tends to become more sensitive or even unsure, and might have a dependent behavior, thereby requiring care actions and protection and, generally, accepting the care

## DISCUSSION

The family care to puerperal women, as seen in this study, contributes to the comfort

that is offered to her, because of her fragility, despite the possible discomfort that this dependence of care actions from others might cause to her.<sup>13</sup> It is possible that this malaise might be associated with the family figure that assumes the care that was originally assigned to her.

By receiving family support, the woman learns to care of the baby and simultaneously learns to care of herself, thereby becoming a provider of more effective care actions. During pregnancy and puerperium, the woman often is subjected to certain dietary rules based on diversified knowledge, generally coming from the family culture, and these rules are intrinsically linked to the way in which they feed and make their food choices.

Study about the NANDA nursing diagnoses in the immediate and late puerperal periods showed that 72,5% of the surveyed mothers had imbalanced nutrition, below the level of the body requirements, predominantly related to the cultural factor, followed by psychological and economic factors. In the puerperium, the maternal nutrition was modified as a result of advice given by family members, particularly women who have already experienced this period. These people led to the adoption of inappropriate behaviors, such as the restriction of some foods.<sup>14</sup>

It is common the experience of beliefs and taboos among puerperal women during the "rest period". Thus, women, as evidenced in this study, change their dietary habits, mainly due to the breastfeeding, since according to cultural beliefs, some foods can provoke colic in babies or change the taste of the milk; furthermore, women have been responsible for the life conservation, whether in the pregnancy or in the breastfeeding process.<sup>15</sup>

The necessity for sleep and the rest are greater in this period, and they should be recommended for puerperal women and their caregivers. Therefore, there is the necessity of contextualizing aspects of women's daily lives, becoming aware of the social structure that they have to solve practical issues of life and recognizing that the overburden of responsibilities assumed by them in the puerperium has a very large price, and might overlap their forces.<sup>16</sup>

It is recommended for the puerperal women to limit their daily activities to the care of themselves and of the newborns. After childbirth, exhaustion and relaxation are common occurrences, especially if there was a long period without proper hydration and/or feeding, added to the efforts of the expulsion period, and there might be a sleepiness that

lasts several days, which demonstrates the increased necessity of the female body for rest.<sup>17-18</sup>

Unlike this study in which women reported providing some time for leisure activities, such as a respiratory resource for the tension and stress accumulated during this period, many puerperal women practically have only hours of sleep to recover from fatigue. Forms of leisure are presented as alternatives to relieving the wear imposed by the demands of the puerperal period, as a way ensure its experience with quality.<sup>19</sup>

The bodily transformations that occur during pregnancy and puerperium change the bodily image of the woman and require its adaptation.<sup>19</sup> Even if they occur for a limited period, it is common to see women demonstrating their dissatisfaction with their bodies, and their self-esteem, self-images, sexuality and relationships with the partners are affected.<sup>20</sup>

Then, it was found that the body in the puerperium seems to acquire other meanings for women, such as, for example, the fact of living targeted to maternal functions now, even though it is deprived of female forms. The woman starts to prioritize the things related to the baby, to the detriment of care with herself and her body. In this sense, there seems to be a temporal conformism with regard to her new body image, as if the fact of having a child could fulfill a necessity of the woman to become unmitigated. Nevertheless, the woman's self-esteem might be strengthened before the maternal role, thereby encouraging the puerperal woman to care of herself and performing actions to ensure the health and beauty of the body as a form of self-preservation, which makes her feel good, attractive, feminine and valued. Thus, in the puerperal period, the woman requires skilled nursing care that are grounded on her physical and emotional comfort, on the prevention of complications and on educational actions that might provide her with tools for the care of herself and of the infant.<sup>20</sup>

## CONCLUSION

This study has highlighted the relevant family's role in the care of the puerperal woman, by consolidating it as a care unit, in which women learn and consolidate their maternal role and in which fathers are inserted, thereby assuming the fatherhood and the care actions of puerperal women and children. Puerperal women are being treated by their family members, with emphasis for the role assumed by their partners.

The actions targeted to the care of mothers seem converging to enable women to properly care of children by ensuring their proper growth and development. Accordingly, the puerperal period is presented as a period in which the woman stands out in the perpetuation of life, family and society, because the child socially represents the capacity for renewal and family continuity.

Both family care towards puerperal women and the care of themselves played by them are strongly influenced by the traditions and culture of their environment. Hence, this statement deserves to be recognized by the nursing professional in the offered spaces of care. The puerperal women manifest the necessity of being heard and recognized, of sharing their experiences and practices in relation to the act of caring, thereby contributing to new knowledge that will enrich the nursing practice and providing an exchange of care actions that might contribute to enhance the care practiced, whether by women, by families and by partners.

Nursing consultation in the puerperal period is presented as a relevant space for women clear their doubts, learn how to care and be cared, for being a rich and propitious opportunity for the teaching-learning process of mothers. During nursing consultation, the nursing professional, as a health educator, presents itself as co-responsible for the construction of the autonomy of puerperal women, and might help these subjects to make choices and assume the promotion of their own health. After childbirth, nursing consultations might help women to realize their importance, which contributes to improve their self-esteem and their performance in the puerperal period in satisfactory manner.

To understand the experiences of women in the puerperal period might enable the interpretation of their care necessities, thereby making the nursing consultation a privileged space to enhance the health care of women in general. Thus, this period is regarded as special and should not be limited to just a consultation, but being expanded to the number of consultations that the patient and the nursing professional deem necessary for that the puerperal woman might experience this stage in a mild and balanced manner.

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Submission: 2013/08/18

Accepted: 2013/11/16

Publishing: 2014/04/01

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