v. 2, n. 41, 2022

International Journal of Health Science

ANALYSIS OF WOMEN'S EXPERIENCES IN THE POSTPARTUM: THE MAIN COACHES AND BARRIERS

Mariana de Souza Castro
https://orcid.org/0000-0001-9308-4079

Isabella Candida Vargas
https://orcid.org/0000-0003-0055-7936

Vitória Oliveira Abreu de Sá
https://orcid.org/0000-0002-7521-5917

Juliana Fagundes Pacheco
https://orcid.org/0000-0002-4110-846X

Samantha Ferreira da Costa Moreira
https://orcid.org/0000-0001-5144-2595

Abstract: Prenatal care is the primary care offered to women, so that they have a healthy development in the pregnancy-puerperal cycle, considering maternal-fetal well-being and the birth of a healthy child. This work aims to analyze the influence of prenatal care in the postpartum period, highlighting the main adversities that the puerperal woman may face. For this, an online search was carried out in the Virtual Health Library (BVS), using the health descriptors (DeCS): prenatal care, postpartum period and pregnancy. Texts in Portuguese, English and Spanish were included (articles) available in full between the years 2009 and 2019, which have as main theme: prenatal care, postpartum period, pregnancy, postnatal care and childbirth; and articles that deviated from the topic and outside the desired time range were excluded. In order to substantiate the relevance of humanized care in the pregnancy-puerperal cycle and elucidate the influence of prenatal care in the prevention of possible confrontations in the postpartum period, from basic guidelines to psychological and emotional support. As well as unraveling the importance of the partner in the puerperium.
Keywords: Prenatal care, postpartum period and gestation.

INTRODUCTION

On June 1, 2000, the Ministry of Health (MS) issued Ordinance No. 569, instituting, within the scope of the Unified Health System (SUS), the Program for Humanization in Prenatal and Birth (PHPN), which provides pregnant women with and to the newborn access and quality care in the pregnancy-puerperal cycle [3]. Through this, the humanization of care has become essential for the improvement of prenatal care, with reception being paramount.

Prenatal care is one of the stages of women's health care. According to the MS, it is the primary care offered to have a healthy development during pregnancy, childbirth and puerperium. Through this, the pregnant woman is oriented on the physiological changes of the pregnancy period, regarding breastfeeding, vaccination schedule and other information. Acts in the detection and prevention of diseases in pregnancy. The woman is assisted in the areas: social, psychological and medical [10].

Ideally, according to the MS, prenatal care must begin before conception, in family planning. However, usually the first consultation occurs when a pregnancy is suspected. The other consultations are held monthly until the 34th week of pregnancy, from the 34th to the 36th week they must be fortnightly and between 36 weeks until delivery they must be weekly. It is done this way so that the health professional follows the changes of pregnancy[10].

It is essential that the woman feels welcomed so that she creates trust in the health team. The ideal reception is individualized and humanized. Pregnant women, in some countries, complain of little or no consideration of emotional and reproductive needs, especially in the puerperium; a period of physical and emotional overload, of mood swings, uncertainty and insecurity. The professional must be able to provide the best care, as many pregnancies are unplanned and unwanted[6,10]. Emphasizing the real importance of implementing PHPN, because, in addition to humanizing the, Brazil aims to reduce maternal, perinatal and neonatal morbidity and mortality rates[3].

In addition to PHPN, the MS launched on June 24, 2011, Ordinance No. 1,459, instituting, within the scope of the SUS, the Rede Cegonha, a strategy composed of actions to reduce maternal and child mortality, which include tests performed on the baby such as: newborn and hearing screening; red reflex

and little heart test; vaccination check; support and guidance on breastfeeding, among others. The implementation of this program aimed to form a link between the binomial and health professionals, working from family planning, confirmation of pregnancy to the first 2 years of the child's life[20].

It is worth mentioning that assistance to women is not limited to pregnancy and childbirth, extending to the puerperium, which usually begins 2 hours after the delivery of the placenta and does not have an established end. It is a period in which the body returns to the pre-pregnancy state and presents variations between each woman, being considered up to 6 or 8 weeks postpartum. In this phase of adaptations, the puerperal woman must undergo a consultation within 42 days postpartum[4].

Finally, it is necessary to study the main difficulties that a woman may face in the puerperium. This study aimed to present questions related to the experiences of women in the postpartum period, elucidating the influence of prenatal care in this period, from family and partner acceptance to breastfeeding guidance, as well as addressing issues of emotional origin.

METHODOLOGY

This is a literature review, with a systematic approach.

To survey the articles, online searches were carried out in the VHL. The criteria for the articles were: texts in Portuguese, English and Spanish; articles between 2009-2019; descriptors – prenatal care, postpartum period, pregnancy, postnatal care and delivery.

Initially, 360 articles were found, and exploratory readings were carried out of the abstracts and titles that contained the aforementioned descriptors. Of these, 141 were excluded for escaping the topic and 135 excluded because they were not fully available for free. 84 articles were then selected. After reading the 84 articles, it was found that 62 did not fit the desired theme. For the research, 22 articles were used.

RESULTS AND DISCUSSION

Pregnancy is part of a woman's substantial cycle and is a milestone in her psychological development. This transition in the role of woman to mother tends to generate concerns and expectations. To avoid frustrations, it is essential that the postpartum woman has access to humanized prenatal care11,18. It is noticed that prenatal care values more the correct follow-up of the number of consultations and exams performed than the dialogue itself. Especially during the puerperium, women seek professionals who listen to them and solve their doubts, but they encounter difficulties in this regard. After childbirth, the woman's body undergoes changes and having an attentive professional is essential in quality care. Organic changes are accompanied, in the puerperium, by psycho-emotional changes and women lack emotional support[6].

One of the great challenges in the puerperium is the fact that the woman shares the scenario with the new family member, so there is a clash between the care program for the pregnancy-puerperal cycle and the care program for the child. The woman goes from being a pregnant protagonist to a supporting puerperal woman and her expectations must be considered1,11,13. As it is a time for adaptations, mothers are expected to express doubts, which are often unresolved. With the attention focused on the care of the newborn, questions such as weight gain, physical discomfort, emotions, contraceptive methods and fears of sexual intercourse after childbirth end up being put aside. Postpartum women may experience discomfort due to the attention focused on the baby, remaining in a

state of emotional vulnerability due to a lack or inadequate assistance[6].

In the postpartum period, women deal with uncertainties, fears and anxieties, especially primiparous women8. This mix of feelings can harm the care of the baby, harm the formation of the mother-child bond, which begins in the pregnancy period, goes through the puerperal period and lasts for a lifetime[11]. When there are barriers in the formation of this link, it remains impaired, quality care can provide a good relationship between the binomial, eliminating fears and insecurities[22]. Although the importance of care in the puerperium is recognized, the puerperal consultation continues with low levels of adherence in primary care. One explanation would be the dissatisfaction of postpartum women with care, which is often focused on the baby and not the mother[6].

It is known that a good relationship between parents and children helps in better cognitive and socio-emotional development19. Therefore, in the pregnancy-puerperal cycle, the presence of the partner becomes essential, which has the role of providing physical and emotional support. When the partner is inserted from the beginning of prenatal care, the woman tends to refer benefits in labor and puerperium, reducing fears and anxieties, reducing the incidence of postpartum depression. In addition, the involvement of partners promotes better adherence of women, increased consultations in postnatal care, increased duration of exclusive breastfeeding and greater acceptance of contraceptive methods in the postpartum period. Finally, the support and presence of the partner in maternal care improves communication between the couple, strengthens their integration, the father-mother-child bond, favoring a good development childish [7,19,5].

With the arrival of the baby, there is a reorganization of the family dynamics and the puerperal woman ends up overloaded, leaving self-care aside. This overload can be a set of stressors, which can contribute to a depressive condition or depressive mental disorders that influence the binomial relationship. So, it becomes clear how essential the support network is, whether it is made up of family members, friends, partners or health professionals[11,16]. Therefore, it is extremely important to identify pre- and postnatal depressive conditions early, to prevent possible damage to the mother-child relationship.

Excessive weight gain and the appearance of stretch marks are feared during pregnancy. The puerperal women can report dissatisfaction and guilt about the body, comparing it before pregnancy and after childbirth. This incoherent view of the body can lead the puerperal woman to feel depressed, being another barrier to face11. It is observed that excessive weight gain during pregnancy is worrisome because it generates risks for the woman to develop obesity and chronic diseases, which can promote complications21. Breastfeeding may be difficult, as obese women have a reduced prolactin response to sucking in the first postpartum week. The importance of providing adequate support and guidance is reinforced, as this difficulty in breastfeeding can harm exclusive breastfeeding, which provides benefits for the baby and the mother, in the short and long term. For puerperal women, the benefits are to reduce postpartum weight retention, favor the relationship between the binomial, increase the interval between pregnancies, contribute to uterine involution, reduce the risk of eventual bleeding, ovarian cancer and breast cancer[17].

The role of breastfeeding is indisputable, but there are several challenges for its maintenance, such as breast complications related to lactation (nipple fissure, puerperal

mastitis, breast abscess), which negatively contribute to breastfeeding[17]. Some nipple traumas can be avoided with the guidance of the correct breastfeeding technique, as they can be the result of incorrect positioning and attachment of the baby[2]. The pain of contractions during the postpartum uterine involution process can be considered a barrier to breastfeeding, hence the importance of quality care in an attempt to minimize breastfeeding abandonment. It is worth mentioning that the presence and support of the breastfeeding partner contribute to its success[9].

Regarding puerperal care, it can be seen that it needs improvements, that adapt to the needs of the puerperal woman, covering her biopsychosocial expectations. Health professionals must consider that each woman is unique, with different experiences and expectations and must be addressed in an integral and humane way[12,15]. Prioritizing maternal-fetal well-being, the birth of a healthy baby, with subsequent insertion of the child into a good relationship of coexistence[14]. Regarding weight retention in the puerperium, there is a need for the emergence and use of initiatives to prevent obesity from the preconception period, as well as measures to help control gestational weight gain[21].

COLLABORATORS

Castro MS, Vargas IC, Sá VOA de, Pacheco JF and Moreira SFC actively participated in the design of the project, reading the articles, interpreting the data, writing the work, reviewing and formatting the final version.

REFERENCES

1. Almeida CAL de, Tanaka OY. Perspectiva das mulheres na avaliação do Programa de Humanização do Pré-Natal e Nascimento. Revista de Saúde Pública [Internet]. 2009 Feb [cited 2020 Nov 25];43(1):98–104. Available from: https://scielosp.org/article/rsp/2009.v43n1/98-104/

2. Aparecida KRM da, Chaves LC, Filipini R, Fernandes IC. **Percepção das mães em relação ao aleitamento materno no período do pós-parto.** ABCS Health Sciences [Internet]. 2014 [cited 2020 Nov 25]; 39(3):146–52. Available from: https://www.portalnepas.org.br/abcshs/article/download/648/647

3. BRASIL.**Ministério da Saúde** [Internet]. Saude.gov.br. 2020 [cited 2020 Nov 25]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2000/prt0569_01_06_2000_rep.html

4. BRASIL. Ministério da Saúde. **Secretaria de Atenção à Saúde. Departamento de Atenção Básica, Atenção ao pré-natal de baixo risco.** Brasília, DF, 2012 [cited 2020 Nov 25]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf

5. Carvalho SS, Barbosa SDOR, Carvalho LF de, Freitas AMC, Silva CDS e, Matos DO de, et al. **Inserção do acompanhante no processo gravídico-puerperal.** Rev Enferm UFPE online [Internet]. 2019 [cited 2020 Nov 25]; 13:e243214. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/243214/34143

6. Corrêa MSM, Feliciano KVDO, Pedrosa EN, Souza AI de. **Acolhimento no cuidado à saúde da mulher no puerpério.** Cadernos de Saúde Pública [Internet]. 2017 [cited 2020 Nov 26];33(3). Available from: https://scielosp.org/article/csp/2017.v33n3/e00136215/

7. Daniele MAS, Ganaba R, Sarrassat S, Cousens S, Rossier C, Drabo S, et al. **Involving male partners in maternity care in burkina faso: A randomized controlled trial.** Bull World Health Organ [Internet]. 2018 Jun [cited 2020 Nov 25]; 96(7):450–61. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6022615/pdf/BLT.17.206466.pdf

8. Díaz SJ, Catalán MD, Fernández MMM, Granados GG. **La comunicación y la satisfacción de las primíparas en un servicio público de salud.** Gaceta Sanitaria [Internet]. 2011 Dez [cited 2020 Nov 26]; 25(6): 483-489. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-91112011000600008&lng=es

9. Dodou HD, Rodrigues DP, Guerreiro EM, Guedes MVC, Lago PN do, Mesquita NS de. **A contribuição do acompanhante para a humanização do parto e nascimento: percepções de puérperas.** Escola Anna Nery [Internet]. 2014 Abr/Jun [cited 2020 Nov 30]; 18(2):262-269. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452014000200262&lng=en.

10. FEBRASGO. **Manual de Assistência Pré-natal.** 2. ed. São Paulo, 2014. Available from:https://www.febrasgo.org.br/images/arquivos/manuais/Manuais_Novos/Manual_Pre_natal_25SET.pdf

11. Fernandes DR, Ferreira NV do, Pereira BA, Cláudia A, Terças P, Aparecida T, et al. **Percepção de gestantes e puérperas primíparas sobre maternidade.** Rev enferm UFPE on line [Internet]. 2017 Jul [cited 2020 Nov 26];11(7):2663. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/23438/19137

12. Gonçalves CDS; Cesar JA; Marmitt LP; Gonçalves CV. **Frequência e fatores associados à não realização da consulta puerperal em um estudo de coorte.** Rev Bras Saúde Mater Infant [Internet]. 2019 Jan/Mar [cited 2020 Nov 25]; 19(1):63–70. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&amp%0Apid=S1519-38292019000100063

13. Grylka BS, Van TE, Gross MM. **Cultural differences in postnatal quality of life among German-speaking women - a prospective survey in two countries.** BMC Pregnancy Childbirth [Internet]. 2014 [cited 2020 Nov 25]; 14(1):1–12. Available from: https://bmcpregnancychildbirth.biomedcentral.com/track/pdf/10.1186/1471-2393-14-277.pdf

14. Landerdahl MC, Ressel LB, Martins FB, Cabral FB, Gonçalves MDO. **A percepção de mulheres sobre atenção pré-natal em uma Unidade Básica de Saúde.** Esc. Anna Nery [Internet]. 2007 Mar [cited 2020 Dec 01];11(1):105-111. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452007000100015&lng=en

15. Líbera BD, Saunders C, Santos MMADS, Rimes KA, Brito FRDSDS, Baião MR. **Avaliação da assistência pré-natal na perspectiva de puérperas e profissionais de saúde.** Ciênc. Saúde coletiva [Internet]. 2011 Dez [citado 2020 Nov 27]; 16(12): 4855-4864. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232011001300034&lng=pt

16. Melo SB de, Jordão RRR, Guimarães FJ, Perrelli JGAl, Cantilino A, Sougey EB. **Sintomas depressivos em puérperas atendidas em Unidades de Saúde da Família.** Rev. Bras. Saude Mater. Infant. [Internet]. 2018 Jan/Mar [cited 2020 Nov 27]; 18(1):163-169. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1519-38292018000100163&lng=pt

17. Nóbrega, CS. **Descrição do acompanhamento das puérperas e seus recém-nascidos em relação à amamentação pós-alta no retorno ambulatorial.** Monografia em Português | Coleciona SUS, Sec. Munic. Saúde SP, CACHOEIRINHA-Producao, Sec. Munic. Saúde SP.(2016) [cited 2020 Nov 25]. Available from: https://docs.bvsalud.org/biblioref/2019/05/994944/tcr-cristiane-nobrega.pdf

18. Ognibeni LCR. **Avaliação da assistência pré-natal, com ênfase nos processos de orientação às mulheres: o ponto de vista das puerpéras** [dissertacao]. Universidade do Estado do Rio de Janeiro; 2009. Available from: http://www.bdtd.uerj.br/tde_arquivos/44/TDE-2013-06-21T163404Z-3406/Publico/Luciana%20Ognibeni-dissertacao.pdf

19. Redshaw M, Henderson J. **Fathers' engagement in pregnancy and childbirth: evidence from a national survey.** BMC Pregnancy Childbirth [Internet]. 2013 Mar [cited 2020 Nov 25]; 13(70):1–15. Available from: http://www.biomedcentral.com/1471-2393/13/70

20. Rodrigues WFG, Tavares JS, Santos MCS dos, Silva VRF da. **Atenção ao pré-natal de baixo risco: caderno de atenção básica.** Revista de Enfermagem UFPE online [Internet]. 2017 Set [cited 2020 Nov 25]. 11(Supl. 9):3694-7. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/234504/27716

21. Sagedal LR, Sanda B, Øverby NC, Bere E, Torstveit MK, Lohne-Seiler H, et al. **The effect of prenatal lifestyle intervention on weight retention 12 months postpartum: results of the Norwegian Fit for Delivery randomised controlled trial.** BJOG An International Journal of Obstetrics & Gynaecology [Internet]. 2016 Jan [cited 2020 Nov 25]; 124(1):121-122. Available from: https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.13863

22. Tichelman E, Westerneng M, Witteveen AB, Van BAL, Van DHHE, De JA, et al. **Correlates of prenatal and postnatal mother-to-infant bonding quality: A systematic review.** PLoS One [Internet]. 2019 Set [cited 2020 Nov 25]; 14(9):1–15. Available from: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0222998&type=printable