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REPRESENTAÇÕES SOCIAIS DE ENFERMEIROS DA ATENÇÃO PRIMÁRIA
À SAÚDE SOBRE CUIDADO DE ENFERMAGEM NO PÓS-PARTO*

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SOCIAL REPRESENTATIONS OF PRIMARY HEALTH CARE NURSES ABOUT NURSING CARE IN THE POSTPARTUM PERIOD*

Sibele Lima da Costa Dantas¹, Dafne Paiva Rodrigues², Ana Virgínia de Melo Fialho², Eryjosy Marculino Guerreiro Barbosa³, Ana Maria Martins Pereira¹, Nayara Sousa de Mesquita¹

ABSTRACT: Objective: to gain insight on the social representations of primary health care nurses about nursing care in the postpartum period. **Method:** Qualitative study based on the Theory of Social Representations, conducted from September to October 2015, with 31 nurses of the Family Health Strategy of the city of Mossoró, Rio Grande do Norte, Brazil, through semi-structured interviews. Data were analyzed with the aid of ALCESTE software, which conducts lexical analysis of text data. **Results:** It was found that the care provided by nurses prioritizes childcare appointments (care to the newborn) to the detriment of postpartum appointments. **Conclusion:** Nurses should develop integral postpartum care, which goes beyond the implementation of technical procedures, involving qualified listening and care to the biopsychosocial needs of postpartum women. **KEYWORDS:** Women's health; Postpartum period; Nursing care; Family Health Strategy; Social Psychology

REPRESENTAÇÕES SOCIAIS DE ENFERMEIROS DA ATENÇÃO PRIMÁRIA À SAÚDE SOBRE CUIDADO DE ENFERMAGEM NO PÓS-PARTO

RESUMO: Objetivo: apreender as representações sociais de enfermeiros da Atenção Primária à Saúde sobre o cuidado de enfermagem no pós-parto. **Método:** estudo qualitativo, norteado pela Teoria das Representações Sociais, desenvolvido de setembro a outubro de 2015, com 31 enfermeiros da Estratégia Saúde da Família do município de Mossoró, Rio Grande do Norte, Brasil, por meio de entrevista semiestruturada. Os dados foram analisados com o auxílio do *software* ALCESTE, que realiza análise lexical de dados textuais. **Resultados:** verificou-se que os enfermeiros ancoram o cuidado de enfermagem no puerpério como cuidados desenvolvidos ao recém-nascido, priorizando a consulta de puericultura em detrimento da puerperal. **Conclusão:** é necessário que os enfermeiros desenvolvam o cuidado de enfermagem no pós-parto de forma integral, direcionado para além dos procedimentos técnicos, por meio de escuta qualificada e atenção às necessidades biopsicossociais da puérpera.

DESCRIPTORES: Saúde da mulher; Período pós-parto; Cuidados de enfermagem; Estratégia Saúde da Família; Psicologia social.

REPRESENTACIONES SOCIALES DE ENFERMEROS DE ATENCIÓN PRIMARIA DE SALUD SOBRE ATENCIÓN DE ENFERMERÍA EN POSPARTO

RESUMEN: Objetivo: Comprender las representaciones sociales de enfermero de Atención Primaria de Salud sobre la atención de enfermería en el posparto. Método: Estudio cualitativo, orientado por la Teoría de las Representaciones Sociales, desarrollado de setiembre a octubre de 2015 con 31 enfermeros de la Estrategia Salud de la Familia del municipio de Mossoró, Rio Grande do Norte, Brasil, aplicándose entrevista semiestructurada. Datos analizados con ayuda del *software* ALCESTE, que efectúa un análisis lexical de los datos textuales. Resultados: Se verificó que los enfermeros enfocan la atención de enfermería durante el puerperio como cuidados brindados al recién nacido, priorizando la consulta de puericultura por sobre la puerperal. Conclusión: Es necesario que los enfermeros efectúen la atención de enfermería durante el posparto de manera integral, orientado más allá de los procedimientos técnicos, a través de una escucha calificada y atención de las necesidades biopsicosociales de la puérpera.

DESCRIPTORES: Salud de la Mujer; Periodo Posparto; Atención de Enfermería; Estrategia de Salud Familiar; Psicología Social.

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● INTRODUCTION

The puerperium is generally defined as the 6- to 8-week postpartum period from the delivery of the placenta to the involution and return of the reproductive organs to their nonpregnant state. The puerperium is a period for new learning, consolidation of the family unit and emotional bonds, but which may also pose risks and requires qualified assistance, with the purpose of improving health conditions, in order to avoid obstetric complications.⁽¹⁻²⁾

It is known that prenatal and childbirth care has received more public investments than postpartum care despite the well-known care needs during this period. Postpartum health outcomes in developed or developing countries reveal the lack of systematic recognition that postpartum care is essential and should be provided on an ongoing basis after pregnancy and childbirth⁽³⁾.

According to the World Health Organization (WHO) all women should receive high quality health care throughout their pregnancy, delivery and postnatal period⁽⁴⁾. Therefore, the WHO recommends that health systems invest in primary health care (PHC) as a modality of care potentially able to improve health indicators of the population⁽⁵⁾.

In view of the above mentioned, and in order to reorganize the Brazilian health care model, the Ministry of Health (MS) implemented the Family Health Strategy (ESF), which, in turn, introduced the Family Health Program (PSF), in 1994. Ever since that time the PSF has been considered the main PHC organizational strategy in Brazil⁽⁶⁾. The strategy proposes to strengthen actions for the prevention of diseases, recover and promote the population's health, including women's health during the pregnancy-puerperium cycle, providing a service that meets the demands inherent to this period.

In this context of learning and adaptations, postpartum nursing care is essential to help women overcome the difficulties inherent to this period without complications.

Home visits by community health agents should occur within a week from the discharge of the newborn, and a postpartum control visit should occur within 42 days after the end of the pregnancy. The return of the woman and the newborn to the health service should be stimulated since prenatal care, in the maternity, and by the community health agents during the home visit⁽⁷⁾.

Postpartum nursing consultations are an excellent opportunity for women to clarify their doubts about self-care and care for their babies, contributing to the promotion of the health of mothers, newborns and their families⁽⁸⁾.

Therefore, the following question emerged: What are the social representations of nurses of the Family Health Strategy about postpartum nursing care?

The present study was based on the Theory of Social Representations to understand and characterize postpartum care based on the meanings, knowledge and perceptions socially constructed by nurses and then infer relevant considerations on the object of the study.

As social representations bring the researcher's universe closer to the universe of meanings constructed in the social relations of the subjects, health care studies based on this theoretical approach, in order to disclose a given phenomenon⁽⁹⁾.

Thus, the present study aimed to gain insight on the social representations of nurses from primary health care about postpartum care.

● METHOD

Qualitative study based on Serge Moscovici's Theory of Social Representations (TSR)⁽¹⁰⁾, based on data collected in September-October 2015, from 31 nurses of the Family Health Strategy of the city of Mossoró, Rio Grande do Norte, Brazil.

Nurses who provided care to women's health and have been working at the Primary Health Care Unit (UAPS) for more than 6 months were selected to participate in the study, because it is assumed that these professionals have already become familiar with the area and have developed ties with the local population. Professionals who were on vacation or maternity leave were excluded from the study.

The interviews with the nurses were conducted on an individual basis, at the health unit during work hours. A tool was used to identify the social, professional and academic profile of the participants, followed by a semi-structured interview guide based on the following guiding questions: 1. In your opinion, what is nursing care in the postpartum period? 2. How is this follow up? 3. How do the others perceive nursing care in the postpartum period, in your opinion?

The data obtained from the participants was entered into a spreadsheet in Microsoft Excel 2010 and analyzed with descriptive statistics to present the characteristics of the study population. The material resulting from the semi-structured interviews was submitted to lexical analysis, using the Alceste software (*Analyse Lexicale par Contexte d'un Ensemble de Segments de Texte*), version 2012, based on hierarchical descending classification analysis, which allows a lexicographic analysis of the texts. The lexical classes provided are characterized by their vocabulary and text segments that share this vocabulary⁽¹¹⁻¹³⁾.

Each interview was considered an initial context unit (ICU), and therefore, the ICU set formed the *corpus* of analysis processed by the Alceste textual analysis software. The referred software sorted the material into Elementary Context Units (ECU), which are small interview segments. The word classes were formed according to the distribution of vocabulary in these units.

Thus, the words of the classes of one given ECU are similar and differ from the words in classes of other ECUs. The statistical significance of the words in the classes is represented by the value of "Phi", indicating that the higher the value, the more relevant the word in the constructed class.

In order to preserve the anonymity of the participants, their statements were identified with letter "E" followed by the chronological sequence of the interviews. The present study complied with the parameters of Resolution 466/12 (14), of the National Health Council of the Ministry of Health on research with human beings. The study was submitted to the evaluation of the Research Ethics Committee of Universidade Potiguar (CEP/UnP) and began after the approval of its project under protocol no. 1.054.847 of June 5, 2015, and the authorization of the Municipal Department of Health.

● RESULTS

As to the social, professional and academic profile of the 31 nurses who participated in the interview, 27 (87.1%) were female, 13 (41.9%) were aged 36-44 years old, 21 (67.7%) were married, 23 (74.2%) had children, 13 (41.9%) had 6 to 10 years of experience in PHC; 17 (54.8%) had another employment and 29 (93.5%) had specialization, but only 13 (41.9%) had specialization in the Family Health area.

Analysis of the *corpus* by Alceste software resulted in 31 ICUs (initial context units), and from the 251 analyzable words and 267 ECUs (elementary context units) classified (representing 71% of material use), four classes were generated and presented in the Dendrogram of Descendant Hierarchical Classification (DHC, Figure 1).

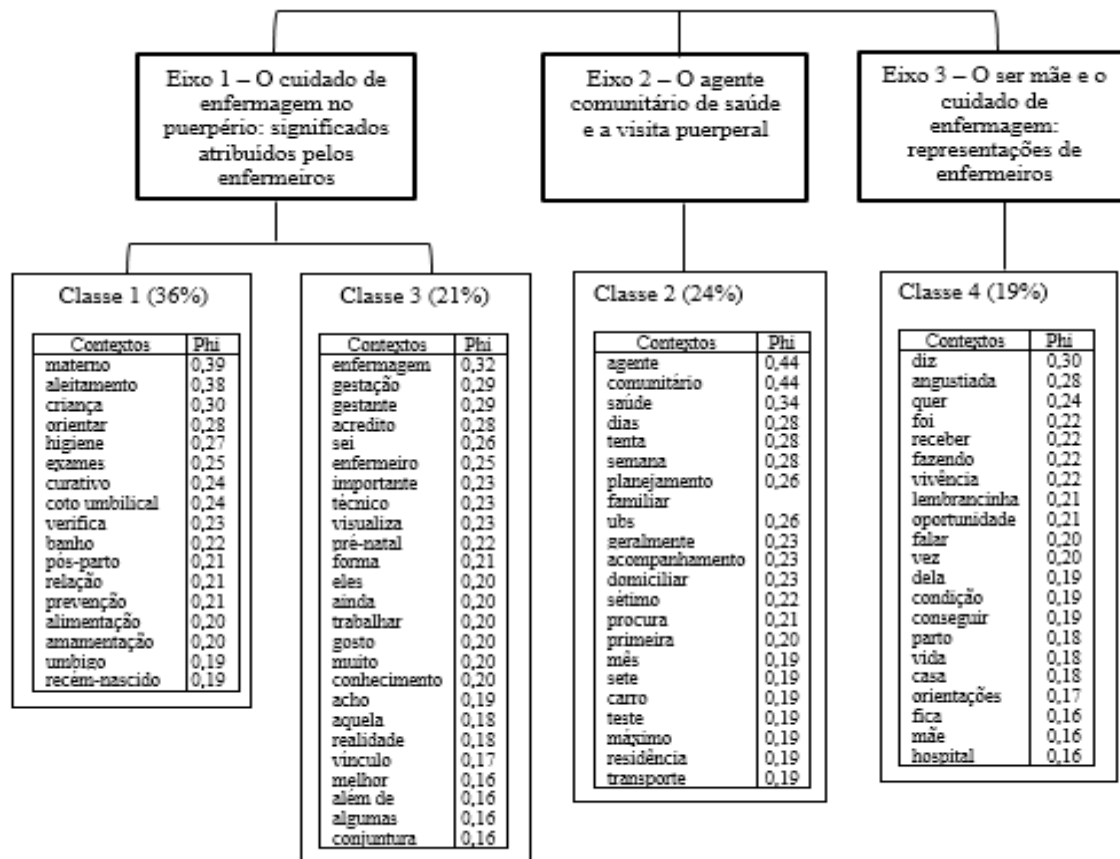


Figure 1 - Social representations of nursing care in the postpartum period. Mossoró, RN, Brazil, 2015

Class 1 (36% of ECUs) is composed of the words maternal, breastfeeding, child, hygiene, dressing and umbilical stump, and is associated to class 3 (21% of ECUs), consisting of nursing, gestation, nurse, important, pre-natal, knowledge and bond. The most significant words of Class 2 (24% of ECUs) are agent, community, health, monitoring, home, seventh and transportation. In turn, class 4 (19% of UCE) is formed by distressed, experience, souvenir, opportunity and guidance.

The excerpts from the ECUs that characterize class 1 describe how nurses perceive nursing care in the postpartum period, with emphasis to care for the newborn:

This is about integral care, the first care provided to the newborn to find out his/her conditions. It is necessary to examine the newborn as a whole, the body, the umbilical scar, check if the umbilical stump has fallen, if the baby is getting enough to eat, if latch-on is effective (E25)

In the postpartum period we are more involved with the children, the newborns than the mothers [...]. (E30)

The ECUs of class 3 show that, for the nurses, the continuum of nursing care during the postpartum period is a consequence of the bond established between nurses and patients (mothers) during prenatal consultations:

If we monitor a pregnant woman throughout the prenatal care, nine consultations, six consultations, we end up knowing this woman pretty well, and it is easier to identify a disorder in the postpartum

Therefore, it is important to ensure the continuum of care that started in the prenatal period. the nurse must be familiar with the reality of these women... getting closer is different from establishing a bond... we establish a bond with the postpartum women (E31)

Analysis of the ECUs and the semantic context of this class demonstrated that the nurses understand that teamwork is essential to guarantee comprehensive and humanized care to the postpartum women. However, in their comments on the dynamics of work in the health care team, the participants were a little pessimistic because of the difficulties faced in their interactions with the other members of the multidisciplinary health team, which results in care fragmentation.

Nursing care is extremely important, since nursing professionals are very close to these women, in contact with them every day... not only the nurses, but the entire nursing team. (E8)

Such care is fragmented, mostly because the ideal health care team is a multidisciplinary team formed by different professionals who have different perceptions of the postpartum women... and this multidisciplinary team does not exist. So, somehow nursing care is fragmented. (E8)

The excerpts of the ECUs from class 2 show that the nurses perceive the puerperium as a critical period and recognize the need for a home visit as during the first week after childbirth. However, due to the unavailability of transportation of the health care team, this postpartum visit is made by community health agents (ACS). These professionals advise the postpartum women to report to the health units for the postpartum consultations.

When I am unable to make the home visit, I ask a community health agent to refer this woman, and then she comes to the Basic Health Unit [...]. (E16)

Also, when it is not possible to make a home visit or schedule an appointment because some postpartum women move to relatives' houses when they leave the maternity ward - nurses try to talk with these women about postpartum care when they come to the PHC unit.

We make the home visits, and when this is not possible, we talk to the women on the day of the heel prick test, because we run the test on Wednesdays morning [E20]

The ECUs in class 4 show that the nurses who assisted women in the postpartum period both in primary care and in the maternity were more capable to perceive these women in their integrality than during the postpartum consultations:

So you expect the mother to be happy, breastfeeding their babies and doing everything they were told during the prenatal period, but then we realize that her delivery was complicated, that she went through a lot in that hospital environment. ...] (E4)

[...] when the woman has a previous negative experience, with difficulty, we have to intervene, so it is important to analyze each situation, each scenario. (E1)

Another relevant aspect in this class was the nursing care influenced by the personal experience of nurses who have already experienced pregnancy:

[...] sometimes when I talk to a postpartum woman who claims she does not produce enough milk for her baby, I understand it because when I was pregnant I did not produce enough milk either, and I took everything that was suggested, everything the doctors told me to take, I did research on the issue, but I had not enough milk, so my postpartum period was not good and I had postpartum depression. (E13)

● DISCUSSION

Analysis of the lexical contents mentioned by the nurses, as well as the words that obtained a greater association with class 1 revealed that nursing care in the postpartum period is anchored in care to the newborns rather than to the mothers. There is a predominance of contents related to childcare appointments over postpartum appointments, which may occasionally result in neglect with the needs of these mothers in the pregnancy-puerperium cycle. Even the greater concern with breast care to ensure effective breastfeeding reflects the priority concern with the healthy development of the newborns.

A greater bond is built between mother and child during sustained breastfeeding, and the woman feels that she is fulfilling her role as woman and mother. Disruption of this bond, whatever the reason, may have a negative impact ⁽¹⁵⁾. Thus, the care provided by health professionals to postpartum women should go beyond the physiological aspects of the breast and breastfeeding itself, in an attempt to know the meanings of the act of breastfeeding for postpartum women and the representation built on breastfeeding, based on personal, social and cultural aspects.

Still on axis 1, "Nursing care in the postpartum period: meanings assigned by nurses", in class 3, the contents presented may provide a justification for the greater focus of nursing care in the postpartum period on the newborn. Nurses report that the follow-up of women since prenatal care makes it easier for them to identify any changes that may occur during the postpartum period, highlighting the importance of health professional-user bond. In this way, the newborn would be something "unfamiliar." In this context, anchoring, a process that generates social representations, is conceived, with the purpose of transforming something strange into something familiar, ordinary ⁽¹⁰⁾.

In class 3 it can also be seen that nurses are aware of the importance of teamwork in the delivery of integral care to postpartum women, despite its organizational complexity. Therefore, nursing care during the postpartum period should always be targeted to the mother-baby binomial, and nursing professionals should ask the women if they have any doubts or complaints during the appointments, in order to deliver integral care to them.

Since the delivery of integral care is one of the doctrinal principles of Brazil's Unified Health System (SUS), teamwork is one of the main pillars for the achievement of integral care in health services. Thus, an integral approach to the mother-child binomial in the postpartum period can be facilitated by the sum of views of the different professionals that form the Family Health team, favoring an interdisciplinary action ⁽¹⁶⁾.

Through the interdisciplinary action, health professionals from different areas interact to intervene in the reality in which they are inserted, contributing to a broad and resolute approach to care ⁽¹⁷⁾.

In the lexical contexts and analyzable words of class 2, which belongs to axis 2, "The community health agent and the postpartum visit", it was found that, although the nurses stressed the importance of home visits to postpartum women in the first week after delivery, such visits have only been made by community health agents, due to the lack of transportation for health teams.

Most maternal and neonatal complications occur in the first week after birth, so it is recommended that mothers and babies have their first postnatal checkups within that period. During these appointments, nurses should give advice to the mothers on several issues, using active listening skills to ensure appropriate care to these women in the postpartum period ⁽¹⁸⁾. During the scheduled visits in the health facility the woman and her baby can be checked for their health conditions. It is also an opportunity to ensure the establishment of breastfeeding, and address other issues such as return of menstrual period, resuming sexual activity, etc. ⁽⁷⁾.

Postpartum nursing consultations should be systematic. This will ensure an effective follow-up of the mother and her baby and also to favor the establishment of a bond between the mother and her family and the health care service that will facilitate the satisfaction of the user's needs. ⁽¹⁹⁾

Class 4, in axis 3 "Being a mother and nursing care: representations of nurses", shows a re-signification of nursing care in the postpartum period: the nurses reported their follow-up women during prenatal care and at the time of delivery, as a result of the bonds established during primary care and in the health facility. There is another reconstruction of social representations from the perspective of nurses, in which nursing care is anchored in the puerperium based on their personal experiences, their consensual universe.

The consensual universe, also called common sense, constructs social representations based on daily social contradictions and interrelates itself with the reified universe, characterized by scientific knowledge, objectivity and methodological rigor, giving shape to our reality ⁽¹⁰⁾.

In the postpartum period, a woman needs support to overcome her fears and insecurities, and she may face emotional and physical limitations that prevent her from providing proper care to her child⁽²⁰⁾. Many women feel distressed, helpless, and sometimes even unprepared for motherhood. Therefore, nursing care should be focused on addressing all the needs of postpartum women.

One limitation of this study concerns its low geographic coverage and the small size of the sample, which prevents the findings from being extrapolated. Further studies with larger samples and covering other demographic regions are therefore suggested.

● CONCLUSION

According to the representations of the nurses who participated in this study, postpartum nursing care is primarily targeted to the newborns. As for the mothers, they usually receive general guidance on motherhood, with a focus on breastfeeding.

The community health agent plays an important role in communicating the return of postpartum women to their homes after discharge from the maternity where they will receive follow up care.

Experiences of motherhood of nurses generated a social re-signification of the importance of nursing care developed in the postpartum period. The knowledge obtained in the reified universe is transferred to the consensual world, and is adapted to the specific uses of this practical world.

Nurses must be prepared to develop integral care in the postnatal period, which goes beyond the concern with technical procedures, using qualified listening as a care tool and taking into consideration the biopsychosocial needs of postpartum women.

Thus, this study can be useful for nurses in primary health care, generating new knowledge and providing a new perspective on care to women in the pregnancy-puerperium cycle, more specifically in the postpartum period. It is hoped that the findings of the present study will stimulate debate on postpartum nursing care, promoting positive changes in nurses' practice to ensure a high quality of care to postpartum women.

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