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Factors related to women's health in puerperium and repercussions on child health

Fatores relacionados à saúde da mulher no puerpério e repercussões na saúde da criança
Factores relacionados a la salud de la mujer en el puerperio y los efectos en la salud del niño

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ABSTRACT

Objective: To present a reflection about the influence of some factors related to the women's health in the puerperium and its effects on child health. **Methods:** Theoretical and reflexive study, based on literature and on authors' perception, aiming to discuss attention to mother and child health in the puerperium. **Results:** The study emphasized aspects related to the topics: The inseparability of care to the mother and child in the puerperium; Challenges of breastfeeding; The importance of family planning; Mother and child morbidity and mortality. We highlight these aspects as especially relevant during the postpartum period, from the perspective of health promotion and quality of life of the woman-mother, family, newborn, children and family. **Conclusion:** As children are more vulnerable, they are most benefited by a context of healthy family life.

Keywords: Postpartum Period; Women's Health; Child Health; Mother and Child Health.

RESUMO

Objetivo: Apresentar uma reflexão acerca de alguns fatores relacionados à saúde da mulher no período puerperal e suas repercussões sobre a saúde da criança. **Métodos:** Estudo teórico-reflexivo, baseado na literatura e na percepção das autoras, buscando discutir a atenção à saúde materno-infantil no puerpério. **Resultados:** O estudo ressaltou aspectos referentes aos temas: A indissociabilidade do cuidado à mãe e à criança no puerpério; Desafios do aleitamento materno; Importância do planejamento familiar e Morbimortalidade materna e infantil. Destacamos esses como aspectos, especialmente, relevantes durante o puerpério, na perspectiva de promoção da saúde e qualidade de vida da mulher-mãe, casal, recém-nascido, filhos e família. **Conclusão:** As crianças como seres mais vulneráveis, são elas as mais beneficiadas por um contexto saudável de vida em família.

Palavras-chave: Período Pós-Parto; Saúde da Mulher; Saúde da Criança; Saúde Materno-Infantil.

RESUMEN

Objetivo: Presentar una reflexión sobre la influencia de factores relacionados a la salud de la mujer en el puerperio y su impacto en la salud del niño. **Métodos:** Estudio teórico y reflexivo, basado en la literatura y en la percepción de las autoras, buscando discutir la atención a la salud materno-infantil en el puerperio. **Resultados:** Se resaltaron aspectos relacionados con los temas: La inseparabilidad de la atención a la madre y al niño en el puerperio; Desafíos de la lactancia materna; Importancia de la planificación familiar; y Morbimortalidad materna e infantil. Estos aspectos son especialmente relevantes en el período del puerperio, en la perspectiva de promoción de la salud y calidad de vida de la mujer-madre, pareja, recién-nacido, hijos y familia. **Conclusión:** Los niños, seres más vulnerables, son los más beneficiados por un contexto saludable de vida en familia.

Palabras-clave: Periodo de Posparto; Salud de la Mujer; Salud del Niño; Salud Materno-infantil.

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INTRODUCTION

Often practitioners regard the pregnancy and childbirth cycle in a non-integrated manner. It is rare to receive assistance from the same institution during all this period of time and, in general, the mechanisms of reference and counter-reference are nonexistent or ineffective.

The postpartum period, which lasts 6 to 8 weeks after delivery, can be didactically divided into three periods: immediate (the 1st to the 10th day), late (the 11th to the 45th day) and remote (from the 45th day on)¹. During the puerperium, internal and external changes occur, configuring it as a period fraught with psychic transformations, in which women continue in need of care and proteção².

Thus, during the postpartum period, women need to be fully supported by a comprehensive vision that considers both sociocultural and family contexts. Health professionals should be alert and available to perceive and meet the real needs presented by each woman, by qualifying the care offered¹.

In 1984, within the Integrated Assistance Program for the Health of Women (IAPHW), the proposal to address the woman as a subject of care was inserted and it should be seen and assisted in its uniqueness, not only focusing on biological aspects, but also considering its other dimensions (social, economic, historical, political and cultural)³.

Since then, the postpartum period came to be included as a period that deserves special attention from health services. It is highlighted that quality and humanized puerperal attention is essential for maternal and neonatal health. And for that, a comprehensive look at the health-disease process is necessary, valuing the intersubjective aspects involved in attention, establishing new bases for the relationship between the subjects involved in the production of health, and the construction of a culture of respect to human rights².

In relation to national policies concerning women and children, it is observed that it was from the creation of IAPHW, that the postpartum period was included to assist primary care. Currently, with the institution of Stork Network, a strategy that seeks to organize and structure the network of care to the mother and child health in Brazil, the need for a humane and efficient care in the puerperium was reaffirmed⁴.

Assistance in the postpartum period as an action on behalf of children should provide tools and support to women so they can take care of themselves and of the child in a qualified way. Therefore, the actions of health professionals must be permeated by sensitive listening and valuing the uniqueness of women's demands, influenced by social expectations concerning the actions of motherhood⁵.

The postpartum period is especially timely for the care aimed to the mother, the child and the family. Therefore, any weakness that affects one of these three target groups, poses a threat to child health, since the role of mothers is critical in relation to the child care, and the child development is directly influenced by the

conditions of the families in which they live. We also note that the adverse effects of a maternal death for the newborn and the other children as well as the family as a whole are undeniable, considering the important roles that women play in the family institution.

We believe that several factors related to women's health in the postpartum period impact on the child health. In this context, quality care during the postpartum period is critical to the defense and guarantee of the human rights of women and children.

Currently there are few articles that focus on studying aspects related to women's health in the postpartum period and its influence on child health. Thus, this study aims to reflect on some factors related to women's health in this period and its effects on the child health.

METHODS

It is theoretical and reflective study, based on literature and on the perception of the authors, seeking to discuss the health care provided in the puerperal period, in the perspective of the effect of the attention provided to women's health on child health.

The theoretical framework on maternal and child health was used, through sources such as publications of the Health Ministry and journal articles available in SciELO virtual library, using the following keywords: postpartum period, women's health, child health and maternal and child health. Sources published in the period from 2008 to 2012 were used.

The bibliographical study aims to put the researcher in touch with what has been published in relation to the proposed theme, providing the examination of a given subject under a new focus⁶.

The study pointed out aspects concerning the following topics: the inseparability of care to the mother and child in the postpartum period; challenges of breastfeeding; the importance of family planning; Maternal and infant morbidity and mortality.

THE INSEPARABILITY OF CARE TO THE MOTHER AND CHILD IN THE PUERPERIUM

Health care during the postpartum period is a timely and necessary moment to assist the child since its birth. It covers actions for health promotion, prevention, early detection and recovery of health deterioration. This is also the ideal moment for the early identification of children in order to monitor their growth and development in the Basic Health Unit (BHU) or the Family Health Unit (FHU).

To enable early care to the newborn and postpartum women in Brazil, the Ministry of Health proposes actions that make up the "First Week of Whole Health"⁷. On this basis, we can observe the recognition of the importance of actions to promote child health in the postpartum period as well as to prevent diseases, injuries and infant deaths. This fact restates the need for increased attention to the postpartum period, which is an especially opportune time for the performance of healthcare professionals present, since the actions are simultaneously aimed to two vulnerable

clienteles that play important roles in the family and society during this period - the woman and the child.

Besides the identification of signs and symptoms that indicate health risks for mothers and their children, it is also a period to identify adversities to which the family is exposed, highlighting the socioeconomic difficulties that often endanger the health conditions reached by means of proper care during pregnancy and childbirth, which are significantly present among families of a developing country such as Brazil. This enhanced professional performance, which extends beyond biological factors, is favored by the possibility of conducting home visits, which is an important proposal in terms of healthcare work for all members of the Family Health Team.

If these professionals, who are closer to the families, do not identify the socioeconomic obstacles that threaten the health and welfare of women and children, possibly others will not identify them. As the health care professional does not reach the resolution of all of the health-disease process constraints in his performance, then he should act in the interdisciplinary and intersectoral areas.

We highlight the potential of partnership with professionals such as social workers, psychologists, nutritionists, educators, lawyers, among others. Currently intersectorality is recognized as fundamental to a performance in resolute health strategy, considering the dialogue with both healthcare teams and professionals from other government sectors such as non-governmental agencies.

The interdisciplinary and intersectoral partnerships presenting satisfactory results have been cited in the construction of primary care to mother and child in the context of the Family Health Strategy (FHS), highlighting the dialogue with professionals of the Support Nuclei Family Health (NASF), with teams from the social area and education and with the Public Prosecutor and the Pastoral healthcare for children.

These partnerships can be considered potential, given the breadth of social organizations aimed at these clienteles, particularly the Pastoral healthcare for children. It is noteworthy that breastfeeding (BF) is one of the priorities of this Pastoral healthcare for children and it is also one of the current public policies in favor of children. At the expense of so much information and campaigns for current breastfeeding this is still a challenge in Brazil.

Thus, it is essential to emphasize that the socioeconomic adversities and difficulties faced by the family, especially the mother, constitute important barriers. Therefore, a mother who is unable to feed properly, can produce quality milk, but in insufficient quantity. On the other hand, a mother who has many worries can have problems producing and releasing her milk. A satisfactory breastfeeding requires feeding, hydration, tranquility, wellness, patience and bonding between mother and son.

Over 30 years in Brazil, actions for the promotion, protection and support to BF has been developed, seeking an increase in breastfeeding rates in the country. In 2008, it established the Brazilian Breastfeeding Network, a relevant strategy for the promotion, protection and support of breastfeeding in the context of

primary care⁸. Thus, in view of the importance of breastfeeding for the child health, we stress that the professionals working in the primary care, who maintain closer contact and bond with the mothers and families, have a key role in raising awareness, encouragement and support to this practice.

BREASTFEEDING CHALLENGES

The Ministry of Health recommends exclusive BF for six months and as a food supplement up to two years or more. However, despite all the campaigns and Public Policies in favor of this practice, its rates in Brazil remain far below the expected⁷.

Even in the face of information about breastfeeding, provided by the media, of the prenatal care, courses for pregnant women, posters and leaflets available in health services, the nursing mothers need guidance, support and assistance of a qualified professional during the postpartum period.

This is when the main complications, such as insufficient or excess milk, engorgement and fissures, among others, appear. Furthermore, this is when the nursing mother is faced with difficulties of various origins, such as the process of adaptation to the new family member, who can wake up at night and cry several times a day, often impeding tasks of caring for the house and for the other children are conducted. We may consider as aggravating factors the various advices that the mothers receive, such as from the mother, the mother in law and neighbors, each offering a different opinion or recommendation, generating confusion and anxiety in nursing mother.

The environment where the nursing mother is located strongly influences breastfeeding. Therefore, the opinion and encouragement from people who are close to the mother are paramount to the success of BF. Despite the relevance of the support offered, many partners and family members do not know how to assist mothers with this practice⁷.

Many aspects also generate fatigue and wear in postpartum women, making it difficult to confront the common complications in the early BF. Therefore, we believe that health professionals should appreciate the presence of the partner and family in consultations and group activities, including the responsibility of care for the restoration of postpartum women and breastfeeding support.

It is noted that among the patients treated by the Unified Health System (UHS), low education level and family income tend to prevail, since this is a developing country with great social inequality. This reality makes it even more important to support postpartum as an opportune time to discuss fundamental guidelines for the child health, mother and family, in which case the latter has a greater chance of being gathered towards a common goal, which is to receive and care for the newborn.

The nurse is considered the main professional to assist in the postpartum period, and he has been an important ally in promoting and defending BF, through the guidance and support for women during pregnancy and childbirth. Despite the relevance of guidelines during the prenatal period, often

professional activity is indispensable in the puerperium⁹. Therefore; we point the importance of postpartum care for breastfeeding success.

When delivery occurs uneventfully, the permanence of postpartum women in the maternity hospital lasts a few days, making it essential, therefore, the role of primary care in the care of both mother and child⁹. In this context, we emphasize the importance of family health, which is a reorientation strategy of primary care to provide support, according to its principles, for promoting the woman and child health.

The potential performance of traditional UBS teams in puerperium tends to be limited regarding the role of family health teams, especially in the absence of home visits as a working tool and actions of the Community Health Agents (CHA) in a period in which the puerperal woman is often fragile and without professional monitoring, requiring support to enable it to adapt and take on the mother role in her entirety¹⁰.

The work process used by FHS allows these queries to be performed in the home of the postpartum women, which is their natural and family environment. This fact allows a better understanding in terms of the hardships that they are experiencing, considering the biopsychosocial aspects, with a view to promoting the health of women, children and families, considering that, when the mother and the family are well, they are better able to care for the children, so that they achieve these higher levels of health and well-being.

The nurse should be responsible for making these visits and directing CHA to do the same, overseeing the action. One factor that has hindered this proposal is the lack of communication between the maternity hospital and the FHS units. We believe that many municipalities have not systematized this communication. The Fragmentation between health services in Brazil represents one of the main critical points of the Health System.

This assistance is potentially favorable to the maintenance of breastfeeding, as well as to the promotion of other important determinants of maternal and child health, and family planning, including the introduction of lactation and amenorrhea as a contraceptive method in a program of family postpartum planning, which can have beneficial effects on the women health and their children.

THE IMPORTANCE OF FAMILY PLANNING

Family planning is very important in the postpartum period, from guidance to the provision, for the health service, for the appropriate method and selected by the client.

The measures of family planning in the postpartum period represent a fundamental strategy for maternal and child health by preventing an unplanned pregnancy and its consequences¹¹. Enabling the experience of sexuality without the burden of an unwanted pregnancy is a right to health with the great potential of improving the quality of life of the family and the conditions for growth and development of their children.

An interval smaller than two years between births comprises a risk factor for pregnancy, hence a birth interval equal or higher than this period is beneficial to maternal and child health. This range is important for the woman to recover in all biopsychosocial senses so that she may be prepared to experience the cycle pregnancy-partum-postpartum and so that she and her family are ready to receive and care for a new child, without harming attention and care for the first child, at the best moment, according to their decision and planning.

The benefits of breastfeeding for the mother and the child are indisputable and exclusive breastfeeding in amenorrheic women is an effective contraceptive method¹¹. Thus, because of the benefits to the health of women and children arising from breastfeeding and family planning, we point out that such measures should be supported and strengthened.

The low income is an important factor in the context of infant morbidity and mortality. In Brazil the highest infant mortality rates are among the lowest income families⁷. Moreover, families with poor social conditions tend to have more children in smaller intervals between pregnancies, increasing the demand for resources and reducing consumption possibilities and levels of family welfare, health and quality of life, in which case children are the most vulnerable ones to the morbid conditions of this context.

Thus, adequate postpartum contraception for the prevention of maternal and child morbidity is recommended¹¹. When women or couples plan pregnancy, they tend to have more harmonious relationships and greater availability and interest in child care, better adhering to the guidelines provided by health professionals, adopting healthy lifestyle habits and especially protecting the child health, taking into view that a healthy family environment fosters child growth and development.

We must emphasize the importance of ensuring the woman and/or couples access to information regarding all existing and available contraceptive methods, so that they have knowledge about the characteristics, efficacy, indications and contraindications, as well as the advantages and disadvantages of each method. Therefore, the woman and/or couples will have autonomy to exercise their right to choose, according to the profile, the uniqueness and needs of each individual¹².

An important limitation of the public health system is the lack of supply or irregular availability of contraceptive methods, including a minimum range to suit the individual needs of women and couples, as well as the difficulty of access to places for consultations with gynecologists, mainly when there is no coverage by family health teams, or when these do not work effectively in women health care, directing much of the clientele to medical specialists. Given these shortcomings, the impact of educational activities is significantly lower, as in the case of lectures and workshops on family planning that are usually performed in the course of the pregnant woman and in other individual and collective activities undertaken by health teams.

Still in this context, we emphasize that sexuality plays an important role in the life of women and in the bonds of marriage. A study

showed that the mothers considered the return to sexual activity as an important factor for their physical and emotional welfare. It is necessary that health professionals seek to know and understand the experience of sexuality in the singularity of postpartum¹³.

Aspects that influence the affective-sexual relationship of the couple are also important and must be addressed by health professionals during pregnancy and childbirth, considering that the emotional bond between the couple tends to be extended to the child, strengthening the ties within the family, essential for the proper development of the child condition.

MATERNAL CHILD MORBIDITY AND MORTALITY

Maternal and neonatal morbidity and mortality are characterized as a social problem of significant magnitude in Brazil. Aware of this fact and considering that improving maternal health and reducing child mortality are among eight of the Millennium Development Goals¹⁴, the Ministry of Health adopted a series of measures for the quality of care during pregnancy and childbirth. In this sense, one of the strategies is the creation and strengthening of Mother and Child Mortality Committees at the national, regional, state and municipal spheres¹⁵.

Despite the fact that infant mortality has been significantly reduced in recent years, it is necessary to stress that still exist considerable differences in mortality rates between social classes and regions of Brazil. The improvement of maternal health also appears as a major challenge for the Brazilian health system, since many deaths could be prevented by means of a quality prenatal, delivery, postpartum care.

In defense of the lives of women and children, it is important to consider that still there is a large proportion of deaths due to the causes considered preventable. One should also point out that almost 70% of deaths in the first year of life are concentrated in the neonatal period⁷, demonstrating the fragility of the health care network during the pregnancy and puerperal period.

The postpartum period is a moment of weakness for the mother, child and family, and it requires a close and committed look from health professionals, since the immediate postpartum period in the hospital until the late puerperium, especially for the primary health care.

We emphasize the important role of the family healthcare teams after hospital discharge, as well as the importance of communication between the services of different levels of care, which are also co-responsible for the continuity of care in a timely manner, from the fluid communication between professionals and services, as well as access to information generated and recorded at each point of health care.

The vigilant care of the professionals aimed to the mother and child in the postpartum period, both in hospital and in the home environments after discharge, and in the context of primary health care, is essential to reduce maternal and infant mortality, as well as the consequences of this on the quality of life of mothers, children and families.

A study published in 2009, conducted by the World Health Organization (WHO), United Nations Fund for Children (UNICEF), United Nations Population Fund (UNFPA) and the World Bank estimated that in 2005, approximately 536,000 women died in the world, victims of complications related to pregnancy and childbirth, and, predominantly, these deaths occurred in developing countries¹⁵.

In the Americas, this disparity is clear, since Canada and the United States have maternal mortality ratios lower than eleven (11) deaths per 100,000 live births, while Bolivia, Peru and Haiti reach more than two hundred (200) deaths. The vast majority of these deaths could be prevented, and the policies and actions of health are very important to change this reality¹⁵.

In Brazil, the five leading causes of maternal death are: hypertension; hemorrhage; puerperal infections; circulatory system diseases complicated by pregnancy, childbirth and postpartum; as well as abortion. One should also point out that maternal deaths caused by direct obstetric causes account for approximately two thirds of these deaths, which denotes low quality care provided to these women¹⁵. This is a significant fact that deserves attention from managers and health professionals.

In this context, there is a need to reassess the membership of health professionals and managers to the current public health policies, as well as systematization of practices in municipalities, so that recommendations of bodies such as the Ministry of Health and State Health Departments may be met, in order to protect mother, child and family.

In 2010, the Infant Mortality Rate (IMR) in Brazil was 16 per thousand live births. On the other hand the Maternal Mortality Ratio (MMR) was 68.2 per hundred thousand live births¹⁶. Despite the continued decrease, these numbers found in Brazil are still alarming, as they are a violation of human rights of women and children¹⁴ and are a challenge for health professionals and services, as well as to the society as a whole¹⁵.

Many deaths of mothers and children can be avoided with a continuous, quality and timely service in the puerperium, and it must be performed either by professionals in the hospital, or by the secondary health care and primary health care services.

It is important not only to provide direct care to the mother and son, but also the communication between the professionals of these services through professional initiative or the municipal systematization of reference and counter reference framework. Not only the morbid determinants that are directly related to postpartum can be avoided through health actions directed to this period, but also those associated with pregnancy and childbirth, which are often manifested in the puerperal period, requiring early identification and enabling the necessary conduct.

It is necessary to know the true reality of the causes of maternal and infant morbidity and mortality, aiming to emphasize and facilitate the actions of priority health at any stage of pregnancy, childbirth and child development. We emphasize the lack of statistical data related to morbidity and mortality of mothers and their babies influenced, directly or indirectly, by constraints present in the postpartum period. There are few studies related

to this theme and the public policies and researches are more focused on pregnancy and childbirth.

All the care designed for mothers is essential so that the children have guaranteed their right to be raised by healthy women and grow and develop in the presence of those who are so important in their lives.

Thus, at the time of the puerperal monitoring, mothers and babies should be evaluated and assisted in the perspective of comprehensive care, with a view to their individual aspects, as well as those aspects involving the mother and the child, also considering the family and social context.

FINAL CONSIDERATIONS

The postpartum period is a moment of fragility, and it requires a commitment to the evaluation and care provided during this period to the mother, the child and the family on the part of healthcare professionals. In this study, we highlight the inseparability of the care provided to the mother and child, breastfeeding, family planning and maternal and child morbidity and mortality as especially relevant aspects, worthy of care in the puerperium, from the perspective of wholeness, health promotion and quality of life.

When the health interventions performed in the puerperium are addressed to women, children and families, they end up promoting health and welfare to the child, since the presence of the mother is crucial for the child, as well as living with parents who are well related and also a healthy family environment. Thus, the determinants of the health-disease process, which are common in this period, as well as health actions or lack thereof, impact directly and indirectly on child health. As children are more vulnerable, they are the most benefited in terms of a healthy family life context.

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