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Nursing intervention identification in rooming-in*

IDENTIFICAÇÃO DAS INTERVENÇÕES DE ENFERMAGEM NO SISTEMA DE ALOJAMENTO CONJUNTO

IDENTIFICACIÓN DE LAS INTERVENCIONES DE ENFERMERÍA EN SISTEMA DE ALOJAMIENTO CONJUNTO

Alda Valéria Neves Soares¹, Raquel Rapone Gaidzinski², Michelli Oliveira Vani Cirico³

ABSTRACT

Considering the need of parameters to know the workload existent in Rooming-in (RI), it is imperative to identify nursing activities in the mother-child binomial. The objectives of the study are: to identify nursing activities in the Rooming-In Unit of the HU-USP; to classify activities in nursing interventions according to the *Nursing Intervention Classification (NIC)*, and to validate the interventions. A survey of all activities was carried out by means of clinical records and direct observation of nursing assistance in all the shifts. The content of interventions was validated with the nurses of unit, by means of the workshop technique. It was identified 43 direct and indirect nursing interventions; activities associated and personal activities of the staff. The instrument built with the number of these interventions/activities will permit to, in further studies, correlate the time expended to perform these interventions/activities and thus to propose parameters to measure the need of nursing professionals in RI.

KEY WORDS

Rooming-in care.
Nursing care.
Workload.
Nursing staff, hospital.

RESUMO

Diante da escassez de parâmetros que possibilitem conhecer a carga de trabalho existente no Sistema de Alojamento Conjunto (SAC), torna-se necessário identificar as atividades de enfermagem na assistência ao binômio mãe-filho. O estudo teve como objetivos: identificar as atividades de enfermagem realizadas no Alojamento Conjunto do HU-USP; classificar as atividades em intervenções de enfermagem, segundo a *Nursing Intervention Classification (NIC)*, e validar as intervenções. O levantamento das atividades foi realizado por meio dos registros e da observação direta da assistência de enfermagem, em todos os turnos. O conteúdo das intervenções foi validado com as enfermeiras da unidade, por meio da técnica de oficina de trabalho. Identificaram-se 43 intervenções diretas e indiretas de enfermagem, atividades associadas e atividades pessoais da equipe. O instrumento construído com as intervenções/atividades possibilitará, em futuros estudos, correlacionar o tempo despendido na execução dessas intervenções e, assim, propor parâmetros no dimensionamento de profissionais de enfermagem necessários ao SAC.

DESCRIPTORES

Alojamento conjunto.
Cuidados de enfermagem.
Carga de trabalho.
Recursos humanos de enfermagem no hospital.

RESUMEN

Ante la falta de parámetros que possibilitem conocer la carga de trabajo existente en el Sistema de Alojamiento Conjunto (SAC), se vuelve necesario identificar las actividades de enfermería en la atención del binomio madre-hijo. El estudio tuvo como objetivos: identificar las actividades de enfermería efectuadas en la unidad Alojamiento Conjunto del HU-USP, clasificar las actividades en intervenciones de enfermería, de acuerdo con el *Nursing Intervention Classification NIC* y validar las intervenciones. El relevamiento de las actividades fue realizado a través de los registros y de la observación directa de la atención de enfermería en todos los turnos. El contenido de las atenciones fue validado con las enfermeras de la unidad, utilizándose la técnica de oficina de trabajo. Fueron identificadas 43 intervenciones directas e indirectas de enfermería, actividades asociadas y actividades personales del equipo. El instrumento construido con las intervenciones/actividades permitirá, en estudios futuros, correlacionar el tiempo consumido en la ejecución de tales intervenciones y así proponer parámetros para el dimensionamiento de profesionales de enfermería necesarios en el SAC.

DESCRIPTORES

Alojamiento conjunto.
Atención de enfermería.
Carga de trabajo.
Personal de enfermería en hospital.

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INTRODUCTION

In Brazil the healthcare model adopted to assist the mother-child binomial is the Rooming-In System (RIS) which according to the Ministry of the Health⁽¹⁾ is defined as a hospital system where a healthy baby soon after childbirth stays next to its mother 24 hours a day in the same hospital environment until both are discharged. This type of continuous stay allows parents to be given guidance to care for their child, stimulates breastfeeding and favors family binding, in addition to contributing to decrease hospital infection indexes.

The significant difference in a RIS is the role of care providers in situations when they remain available to help mothers take care of themselves⁽²⁾.

Women during the puerperium period feel accepted through the nursing actions that show attention to their needs. When a healthcare provider shows interest in patients' wellbeing, it leads to an effective interaction. On the other hand, if they are not assisted, they feel that as despise, lack of attention and humiliation.

Thus, unqualified assistance is perceived by women when there is lack of tenderness, of patience, physical distance and no regard for their complaints, which are attributes being studied by several authors⁽²⁻⁵⁾.

To assist women during this period in full healthcare providers should pay attention to their actual needs, focusing on the human relationship between healthcare provider and patient, but that would only be effective if there are qualitative and quantitative human resources adequate to provide such assistance.

The objective of the RIS is not to overload physical or emotionally those women. In this type of system women during the puerperium are stimulated to take care of themselves and to take care of their child, but that does not mean that women during this period has to, or even are responsible for taking over the care for their child and for themselves.

The main assistance approach of healthcare providers in this system is related to providing healthcare education and guidance so that women acquire confidence and tranquility to take over their role as mothers. This patient profile does not require sophisticated equipment or major procedures, which leads some administrators to classify this assistance as minimum nursing care. However, it demands from healthcare providers significant communication skills, availability, monitoring, assessment and an accepting stance which unarguably takes time and professional competence.

In this sense, the correct number of nursing personnel for this assistance model is relevant in order to ensure the proposal founding the RIS.

The number of nursing personnel is defined as a

systematic process to determine the number of healthcare providers and professional qualification required to providing

nursing care enough to guaranty the quality previously set for a group of patients/clients according to the organization's philosophy and structure and to the uniqueness of each service⁽⁶⁾.

This process

[...] depends on knowing the workload existing in the assistance units. The workload, on its turn, depends on the needs of assistance to be provided to patients and on the standard of care intended⁽⁷⁾.

In the Brazilian regulations there is the Administrative Rule n. 1016 of the Ministry of the Health of August 26th, 1993⁽¹⁾ which disposes on rules to implement the Rooming-In system and it recommends that the minimum number of human resources in the nursing team should be one nurse for 30 mother-child binomials and one assistant nurse for 8 binomials.

Considering the shortage of specific parameters able to determine the number of people for the RIS, this study proposes, in order to contribute to outlining an instrument able to quantify and qualify more reliably the nursing human resources required to providing nursing care to the mother-child binomial.

For those purposes we have to know the workload in the RIS by bearing in mind that said load is expressed in the quantity and type of nursing interventions/activities conducted by the nursing team and the time spent in making those interventions.

Therefore, identifying and validating nursing interventions/activities are the first step towards a more efficient planning of human resources and then, later, to plan the time to be spent in those interventions, which will allow knowing the workload in the RIS.

The study is a subproject of the research: Methods to calculate the number of healthcare providers: developing an application program subsidized by the CNPq inserted in the research line: Management of Human Resources in Healthcare and Nursing of the Post-Graduation Program in Nursing of the USP School of Nursing.

OBJECTIVES

- To identify the activities carried out by the nursing team;
- To classify those activities according to the *Nursing Intervention Classification*⁽⁸⁾;
- To validate the list of nursing activities/ interventions conducted at the RIS.

METHOD

This is a case-study, quantitative research whose object is to identify, classify and validate the activities conducted by the nursing team in the RIS.

The research was conducted in the Rooming-In unit of Hospital Universitário of University of São Paulo (HU-USP) whose priority is to provide full assistance to women and newly-born babies from childbirth to hospital discharge.

The unit has 47 beds for the mother-child binomials, the average number of patients assisted is 300 a month and occupation rate is about 80%. The minimum time patients remain in the unit is 48 hours after childbirth.

The nursing team is composed of a head nurse, 12 assisting nurses, 34 nursing technicians/ assistants, one material technician and two clerks.

This assistance environment enables adequate conditions for teaching and researching in the Obstetric and Neonatal Nursing area.

The subjects of the study were all nursing professionals working at the Rooming-In unit from June 15th to August 4th, 2007.

The project was approved by the Chamber of Research and the Committee of Ethics in Research of the HU-USP, protocol no. 0020.0.198.196-07.

The nursing professionals present during the period of the study were approached and asked whether they would like to participate in this investigative proposal and their consent was requested. The procedures followed the guidelines disposed in resolution no. 196/96 of the Brazilian Health Council⁽⁹⁾.

The research was conducted in four methodological phases, with different collection strategies and data analysis.

First phase: identifying nursing interventions/activities carried out to assist the mother-child binomial.

The data referring to the identification of the activities done by nursing professionals for the binomial were collected from the records of nursing assistance and from the medical charts of the mother and newborn baby from admission to discharge. The data were completed through direct observation of the assistance provided by nursing professionals in order to capture activities that are done, but not recorded.

The records of the activities were collected by the researcher and a student of the Nursing Graduation Course of the School of Nursing of University of Paulo who has a PIBIC-CNPq scholarship in Scientific Initiation, in a random, statistically determined sample of 68 medical charts from September 22nd, 2006 to May 10th, 2007.

That same undergraduate student observed the subjects directly after they had given their Free and Informed Consent.

To do that, a nurse and a nursing technician/assistant working in the morning, afternoon and night shifts were randomly chosen and were observed during their shifts

while they did their activities. Five collection days for each shift were set in order to include possible activities and how they were done by different professionals.

Eight assisting nurses, eleven nursing technicians/assistants were observed in six afternoon shifts and five night shifts. Due to the selection technique adopted, some professionals were observed more than once.

Second phase: classifying activities in a standardized language of nursing interventions.

The list of activities done by nursing professionals for the mother-child binomial was classified in nursing interventions according to the *Classification of Nursing Interventions (NIC)*⁽⁸⁾.

The *NIC*⁽⁸⁾ is a comprehensive, standardized classification of the interventions made by nurses; some positive aspects should be highlighted, such as: to be based on researches, to mirror clinical practice and current researches, to have a user-friendly organization structure, to speak in clear and clinically significant language and to be associated to the diagnoses of *NANDA I, North American Nursing Diagnosis Association-International*, diagnoses that have already been implemented in the RIS of the HU-USP, the field of this investigation, since 2004.

The *NIC*⁽⁸⁾ defines intervention as

any treatment based on clinical judgment and knowledge made by a nurse to increase the results to be obtained by patient/client,

and activity is defined as

specific behavior or actions taken by nurses to implement an intervention which helps patients/clients obtain the result expected. Nursing activities are located at the concrete level of an action. A number of activities are required to implement an intervention.

Every activity identified in the patients' medical charts and observed during the work shift of the nursing team was fitted in the most pertinent intervention through an analysis of the many possibilities by bearing in mind that in the *NIC*⁽⁸⁾ selecting a nursing intervention for a certain patient is part of a nurse's decision-making process and that the standardization of the Classification is in the titles and definitions of the interventions. However, the care provided is individualized through the activities. Thus, any changes or additions to the activities should be consistent with the definition of the intervention. Activities were grouped by the researchers during six meetings which lasted approximately four hours each until the completion of a list to be validated by the nurses.

The activities that had no correspondence in the taxonomy of the *NIC* were grouped in activities related to the nursing work and personal activities of nursing professionals.

Associated or additional nursing activities that could be done by other professionals, but are done by the nursing

team were taken into consideration. The activities classified as personal refer to the breaks required in the daily work to meet physiological needs and those of communication with nursing professionals.

Third phase: validation of the instrument of nursing interventions/activities

The instrument built in the previous phase was submitted to the analysis of the nurses working in the Rooming-In unit of the HU-USP to validate the contents as to properness, understanding and comprehension of the intervention/activities carried out by the nursing professionals.

The validity of the contents of an instrument is necessarily based on judgment and it represents the whole context of the contents⁽¹⁰⁾.

A subtype of content validity is the face validity where it is checked whether the instrument seems to measure the concept. It consists of an intuitive type of validation where one asks colleagues in the research to evaluate the contents and analyze whether the instrument mirrors what the researcher intends to measure⁽¹¹⁾.

To validate the contents of the instrument proposed according to the face validity the Workshop technique was used,

which is a process structured with groups, regardless the number of meetings, focused around a core question that the group proposes to prepare within a social context. In its application, the Workshop is not limited to a rational reflection; rather, it involves the subjects in full, their ways of thinking, feeling and acting⁽¹²⁾.

Authors⁽¹³⁾ have pointed out that this technique allows a horizontal relation between interviewer and interviewee once it favors a space of discussion and its objective is to recover existing knowledge, to allow the manifestation of feelings related to the experience lived, to ease inter-group expression and communication added to motivation to discuss contents.

The instrument was validated by the nurses who worked in the Rooming-In unit and the Workshop was structured in two meetings. The first meeting lasted two hours and a half and the second, two hours.

Seven nurses of the Rooming-In unit participated in the first workshop, and in the second, five. Two nurses of the group were taking their post-graduation degree; two, their master's degree and the other three were specialized in obstetrics.

For the group discussion a presentation on the research's objective was prepared, contents on the *N/C* (definition, possibilities of use, domains and classes) and each nurse received a copy of the instrument with a list of interventions/activities identified in the Rooming-In unit.

After the construction of the nursing interventions/activities instrument was explained, each intervention/activ-

ity was read and discussed. The following item was only read after the previous one had been agreed upon or an alteration had been consensually accepted.

The fourth phase was the measurement of the quantity and the time spent in the nursing interventions/activities related to the mother-child binomial, which will be approached hereinafter.

RESULTS

The data from the records collected from the 68 patients' medical charts reporting the nursing activities allowed us to assess 83 activities related to the care provided to mothers and newborn babies. Among them, nurses' specific activities, such as care planning and evaluation, in addition to the activities prescribed, which mirrored the activities done by the nursing team, such as: orientation, controls, procedures, activities involving help offered to patients both related to self-care and to the newborn baby and to the documentation referring to several records involving monitoring the baby's clinical and behavioral status.

Direct observation of the activities done by the nurses and nursing technicians/assistants allowed identifying indirect care provided to patients related to documenting the care; supply of materials and equipment; using computers and telephone sets; cleaning the patient's unit; teaching activities both to students as training activities and professional development; and personal activities, such as food, hydration and socialization, totaling 192 activities done by the nursing team.

The instrument containing domains, classes, interventions and activities resulting from this phase of the research was presented for validation to the nurses working in the Rooming-In unit.

The contents of the instrument with the list of direct, indirect, associated and personal interventions/activities were validated in the two workshops at the Rooming-In unit. Some modifications were made to the instrument referring to the wording of certain activities and the nurses also suggested that some activities should change interventions because they would fit in better in other intervention already proposed.

At the end of the discussion the group stated that the interventions proposed mirrored the workload of the nursing team of the Rooming-In System, and validated the list of interventions/activities by means of an individual judgment and collective consensus.

The classification validated by the nurses of the Rooming-In unit had, according to the *N/C* taxonomy: 6 domains, 17 classes, 43 interventions and 155 activities, which can be seen properly summarized in Tables 1 and 2.

Table 1 - Taxonomy of nursing interventions in the Rooming-In unit, from March 30th to April 4th, 2008, HU-USP - São Paulo - 2008

TAXONOMY OF NURSING INTERVENTIONS IN THE ROOMING-IN UNIT		
Domain	Class	Intervention
1. Physiological: Basic	A Control of Activity and Exercise	0180 ENERGY control
	B Elimination control	0430 INTESTINAL control
		0590 URINARY elimination control
		1876 Care with PROBES: urinary
	C Immobility control	0960 TRANSPORTATION
	D Nutritional support	1160 NUTRITIONAL monitoring
	E Promotion of physical comfort	1400 PAIN control
		1450 NAUSEA control
		6482 ENVIRONMENT control: comfort
	F Self-care facilitation	1750 Care with PERINEUM
2. Physiological: Complex	H Drug control	1800 Assistance to SELF-CARE
		2300 Ministering DRUGS
	K Respiratory control	3140 AIR WAYS control
	L Skin/ Wounds control	3440 Care with the place of the INCISION
		3590 Supervision of the SKIN
3. Behavioral	Q Improved communication	4920 LISTENING actively
	R Assistance to Facing the situation	5460 TOUCH
4. Safety	V Risk control	6480 ENVIRONMENT control
		6490 Preventing FALLS
		6530 IMMUNIZATION/ VACCINES control
		6540 INFECTION control
		6650 SUPERVISION
		6654 SUPERVISION: Safety
		6680 Monitoring VITAL SIGNS
5. Family	W Care to childbirth	1054 Assistance to BREASTFEEDING
		6870 Suspending BREASTFEEDING
		6880 Care to the NEWBORN CHILD
		6924 PHOTOTHERAPY: Newborn baby
		6930 POST-CHILDBIRTH care
	Z Care related to raising children	5568 Guidance to PARENTS: baby
		6710 Promoting BINDING
6. Healthcare System	Y Mediation with the Healthcare System	7370 DISCHARGE Plan
		7560 Facilitating VISITS
	a Control of the Healthcare System	7650 DELEGATION
		7680 Assistance to EXAMS
		7710 Support to the PHYSICIAN
		7726 PRECEPTOR: Student
		7830 Supervision of EMPLOYEES
		7840 Control of SUPPLIES
		7850 Development of EMPLOYEES
	b Control of Information	7920 DOCUMENTATION
		7960 Information exchange on healthcare
		8140 SHIFT changes

Table 2 - Domains, classes, interventions and activities done when providing care to the mother-child binomial at the Rooming-In unit, according to the NIC, from March 30th to April 4th, 2008, HU-USP - São Paulo - 2008

Domain 1 PHYSIOLOGICAL - BASIC Care to support physical operations		Domain 2 PHYSIOLOGICAL - COMPLEX Care to support homeostatic regulation
<p>Class A Control of activity and exercise</p> <p>0180 ENERGY control – Balancing the use of energy to handle or prevent fatigue and to optimize functions</p> <ul style="list-style-type: none"> - Monitoring rest pattern / woman's sleep - Observing woman's activities - Providing guidance about rest - Limiting visiting hours so the woman can rest - Requesting nutritional service - Observing how foods are tolerated - Promoting rest in bed - Taking the baby from the room for the woman to rest <p>Class B Elimination control</p> <p>0430 INTESTINAL control – Setting and maintaining a regular pattern of intestinal elimination</p> <ul style="list-style-type: none"> - Encouraging the women to walk soon - Stimulating the women to drink water - Stimulating the anus of the newborn baby - Massaging the newborn baby's abdomen - Observing the aspect and frequency of eliminations of the baby - Observing the baby's abdominal distention and that of the woman <p>0590 URINARY elimination control – Maintaining excellent urine elimination pattern</p> <ul style="list-style-type: none"> - Observing the aspect and frequency of eliminations of the baby and mother <p>1876 Care with PROBES: Urinary – controlling the patient with urinary draining device</p> <ul style="list-style-type: none"> - Emptying urinary draining collector - Fixing / Removing Vesicle Delay Probe (SVD) - Measuring and observing characteristics of the urinary debt - Observing the 1st spontaneous miccion after the probe has been removed <p>Class C Immobility Control</p> <p>0960 TRANSPORTATION – Moving the patient from one place to the other</p> <ul style="list-style-type: none"> - Transporting the mother/child binomial to another unit - Transferring the woman from a gurney/ wheelchair 	<p>Class D Nutritional Support</p> <p>1160 NUTRITIONAL monitoring – Collection and analysis of patients' data to prevent or minimize malnutrition</p> <ul style="list-style-type: none"> - Weighing the baby - Offering complementary milk formula or milk prescribed in a small cup <p>Class E Promoting physical comfort</p> <p>1400 PAIN control – Relieving or decreasing pain to a level of comfort acceptable by the patient</p> <ul style="list-style-type: none"> - Evaluating the intensity of the pain <p>1450 – NAUSEA control</p> <ul style="list-style-type: none"> - Observing the presence of nausea - Doing gastric lavage <p>6482 ENVIRONMENT control: Comfort – Manipulating the elements surrounding the patient to promote an adequate level of comfort</p> <ul style="list-style-type: none"> - Adjusting room temperature so it is more comfortable for the binomial (switching on heater) - Placing the stairs - Making pads to protect bone protuberances - Manipulating the lights (closing the windows) - Keeping the back of the woman's bed semi-elevated - Organizing / Changing the sheets in the cradle/ bed/ mattress protector - Giving or removing blankets - Offering a foot protector to the patient - Requesting services to the cleaning crew <p>1750 Care with the PERINIUM – Maintaining the integrity of the perineum's skin and relieving perineum discomfort</p> <ul style="list-style-type: none"> - Applying/ using ice bag/ warm water irrigator in the perineum - Guiding/ stimulating the use of an irrigator in the perineum <p>Class F Facilitating Self-Care</p> <p>1800 SELF-CARE assistance – Helping the patient carry out daily-life activities-</p> <ul style="list-style-type: none"> - Helping with the food - Placing and removing bedpan - Leading patient to aspersion bath - Stimulating oral hygiene - Offering diet/ snacks - Instructing about hygiene in the incision - Guiding/ helping with self-care - Providing personal items (soap, comb, toothpaste) - Refilling water bottles for patients 	<p>Class H Drug Control</p> <p>2300 Ministering DRUGS – Preparing, offering and evaluating efficacy of the drugs prescribed and not prescribed</p> <ul style="list-style-type: none"> - Maintaining/ removing access to the veins - Guidance about drugs - Preparing and ministering the drugs prescribed - Checking the doctor's prescription <p>Class K Respiratory Control</p> <p>3140 AIR WAYS control – Maintaining the permeability of the air ways</p> <ul style="list-style-type: none"> - Aspiring air ways of the newborn baby - Placing oxymeter to check O₂ saturation - Stimulating woman's expectoration - Installing humidified O₂ for the woman <p>Class L Skin/Wounds Control</p> <p>3440 Care in the site of the INCISION – Cleaning, monitoring and promoting cicatrization in the wound closed with sutures, staples or clips</p> <ul style="list-style-type: none"> - Observing the aspect of the incision / episeum / perineum - Bandaging <p>3590 SKIN supervision – Collecting and analyzing the patient's data to maintain skin and mucosa's integrity</p> <p>Observing the body skin of woman/ baby</p>

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Domain 3 BEHAVIORAL Care to support psycho-social operations and to facilitate changes in life style	Domain 4 SAFETY Care to support protection against injuries
<p>Class Q Improving Communication</p> <p><i>4920 Active LISTENING – Paying attention and adding sense to verbal and non-verbal messages of the patient</i></p> <ul style="list-style-type: none"> - Coming when patients call (bell) - Making oneself available to listen to the patients <p>Class R Assistance to Facing the Situation</p> <p><i>5460 TOUCH – Offering comfort and communication through intentional tactile contact</i></p> <ul style="list-style-type: none"> - Holding the baby - Involving the baby with sheet and blanket to make it feel comfortable and safe 	<p>Class V Risk Control</p> <p><i>6480 ENVIRONMENT control – Manipulating the environment surroundings of the patient to obtain therapeutic, sensorial and psychological benefits</i></p> <ul style="list-style-type: none"> - Placing the bell and frequently used objects close to the patient - Organizing the nursing ward and the rooms of the unit - Changing hamper <p><i>6490 FALL prevention – Setting special precautions for patients at risk of lesions resulting from falls</i></p> <ul style="list-style-type: none"> - Staying with the patient in her first aspersion bath after childbirth - Instructing the women about the risk of falls <p><i>6530 IMMUNIZATION/ VACCINATION control – Monitoring the status of immunization, easing access to immunization and providing immunization to prevent transmissible diseases</i></p> <ul style="list-style-type: none"> - Ministering vaccines - Checking / offering vaccination booklet - Controlling temperature of the refrigerator/ thermal box - Guaranteeing informed consent to minister vaccines - Informing about vaccination <p><i>6540 INFECTION control – Minimizing acquisition and transmission of infectious agents</i></p> <ul style="list-style-type: none"> - Sanitizing gurneys/ scales / bathroom counter/ cord clamp cutter (concurrent cleaning) - Providing plastic film to bathe the baby - Washing hands before and after each caring the activity rendered for patients - Checking nurses' final cleaning of nursing wards and rooms <p><i>6650 SUPERVISION – Intentional and continuous acquisition, interpretation and synthesis of the patients' data to make clinical decisions</i></p> <ul style="list-style-type: none"> - Physical exam and interview with the mother/baby - Interpreting exams' results - Reading data from the patient's medical chart <p><i>6654 SUPERVISION: Safety – Intentional and continuous collection and analysis of information on the patient and the environment to be used to promote and maintaining her safety</i></p> <ul style="list-style-type: none"> - Placing/ checking the woman and baby's identification bracelets - Visiting rooms/ nursing wards <p><i>6680 Monitoring VITAL SIGNS – Checking and analyzing cardiovascular, respiratory and body temperature data to find and prevent complications</i></p> <p>Checking mother/baby's vital signs</p>

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Domain 5 FAMILY Care to support the family	
Class W Care after childbirth <i>1054 BREASTFEEDING assistance – Preparing a new mother to breastfeed her baby</i> <ul style="list-style-type: none"> - Doing/ teaching/ helping exercises of nipple protrusion - Observing/ helping breastfeeding - Observing the breasts / presence of colostrum/ skin integrity in the nipples - Observing whether the newborn baby is weepy after breastfed - Observing suction of the mother's breasts/ baby's sucking capacity - Instructing about breastfeeding - Instructing about donating human milk and milk retrieving - Instructing about problems related to using artificial nipples - Collecting milk from the breasts <i>6870 LACTATION suppression – Facilitating the end of milk production and minimizing mammary ingurgitation after childbirth</i> <ul style="list-style-type: none"> - Instructing/ bandaging the breasts if breastfeeding is not possible <i>6880 Care provided to the NEWBORN BABY – Care to the newborn during the transition from the extra-womb life and the subsequent stabilization period</i> <ul style="list-style-type: none"> - Clipping nails - Placing the newborn in the warm cradle - Giving the 1st bath after the temperature has stabilized - Cleaning the umbilical stub - Combing the newborn's hair - Applying Kanakion - Dressing the newborn baby 	 <i>6924 PHOTOTHERAPY: Newborn – Using phototherapy to reduce bilirubine levels in newborn babies</i> <ul style="list-style-type: none"> - Making a sternum protector for the newborn - Maintaining/ correcting / changing eye protection - Observing dehydration signs - Offering water between breastfeeding sessions, if prescribed - Instructing the mother and the family about the phototherapy procedures and care - Preparing and assembling <i>Bilibercço</i>, <i>Bilispot</i> or phototherapy - Supervising the mother as to changing the newborn position - Checking irradiance of <i>Bilibercço</i> and <i>Bilispot</i> <i>6930 After-CHILDBIRTH care – Monitoring and controlling patients who have recently given birth</i> <ul style="list-style-type: none"> - Doing uterus expression - Introducing oneself to the mother - Instructing the mother about the hospital routines - Doing physical exams / history of admission Class Z Care related to Raising Children <i>5568 Guidance to PARENTS: baby – Guidance about raising the child and physical cares required during the baby's first year</i> <ul style="list-style-type: none"> - Following the bath given by the mother to the baby - Group orientation session - Helping/guiding/observing the mother taking care of the baby - Delivering the Born Alive Certificate (DNV) - Identifying women who have recently given birth for the orientation session - Offering orientation booklet <i>6710 Promoting BINDING – Facilitating the development of a relationship between parents and baby</i> <ul style="list-style-type: none"> - Accompanying fathers as far as the nursery and neonatal ICU - Telling parents to talk to their baby - Observing mother-child interaction
Domain 6 HEALTHCARE SYSTEM Care to support the effective use of the healthcare system	
Class Y Mediation with the Healthcare System <i>7370 DISCHARGE plan – Preparing for transferring a patient from one level of care to another inside the current healthcare institution or to a different place.</i> <ul style="list-style-type: none"> - Instructing the mother about discharge <i>7560 Facilitating VISITS – Promoting family and friends' visits able to benefit the patient</i> <ul style="list-style-type: none"> - Instructing visitors about the institution's routines / the status of the woman and newborn - Completing the visit authorization form Class A Healthcare System Control <i>7650 DELEGATION – Transferring the responsibility of providing care to the patients at the same time a commitment to the result is obtained</i> <ul style="list-style-type: none"> - Distributing daily assistance activities to the binomial among the nursing team - Scheduling times for the drugs prescribed <i>7680 Assistance in EXAMS – Offering assistance to patients and other healthcare providers in procedures or exams</i> <ul style="list-style-type: none"> - Scheduling appointments / Preparing tray/ collecting/keeping in the refrigerator PKU tests - Drawing blood samples / capillary glycemia of mother and newborn baby - Taking tests to the laboratory - Instructing the patient about taking samples for tests - Doing electrocardiogram 	 <i>7830 EMPLOYEES supervision – Facilitating high-quality care to be provided to patients by other individuals</i> <ul style="list-style-type: none"> - Helping employees to complete forms - Supervising and guiding employees - Revising chart/ Kardex® cards <i>7840 SUPPLY control – Guaranteeing purchase and maintenance of items adequate to patients care</i> <ul style="list-style-type: none"> - Requesting materials/ equipment/ drugs - Assessing stocks of materials/ equipment/ drugs - Putting away the equipment in the proper room - Refilling materials (diapers, cotton swabs, etc.) <i>7850 EMPLOYEES development – Developing, maintaining and monitoring employees' competence</i> <ul style="list-style-type: none"> - Offering training courses to employees - Communicating with the head of the department Class B Information Control <i>7920 DOCUMENTATION – Making notes in patients' clinical charts</i> <ul style="list-style-type: none"> - Recording the patient in forms - Recording the newborn baby in forms - Recording in the books of admission, laboratory

Continue...

... Continuation

Domain 6 HEALTHCARE SYSTEM Care to support the effective use of the healthcare system	
<p><i>7710 Support to PHYSICIAN – Collaborating with the doctors to offer quality care to patients</i></p> <ul style="list-style-type: none"> - Helping with procedures with mother and baby - Handing out forms and charts - Reporting changes in the binomial status - Guiding physicians about routines <p><i>7726 MENTOR: Student – Assisting and supporting students doing their training</i></p> <ul style="list-style-type: none"> - Guiding undergraduates/post graduates/doctors doing residency/attending doctors 	<p><i>7960 Exchange of information on HEALTHCARE – Providing information on patient care to other healthcare providers</i></p> <ul style="list-style-type: none"> - Checking nursing prescriptions to identify the care scheduled <p><i>8140 SHIFT changes – Exchanging essential information among nursing professionals when shifts change about the care being provided to patients</i></p> <ul style="list-style-type: none"> - Reading the form with notes about the shift change/unit's report/communications - Receiving and passing the shift

Personal activities (eating/ drinking, using the bathroom, reading magazines, using the Internet, making personal calls)
 Associated activities (final cleaning of the unit, using the computer)

DISCUSSION

The objective presentation of the activities/interventions of the nursing team shows the Rooming-In unit's assistance approach and objectives leading to another way of dimensioning human resources in this healthcare model.

The validated list of activities of the nursing team in the Rooming-In unit allowed us to verify that the team performs in educational aspects oriented towards the development of maternal skills for the purposes of giving a woman tools to take care of her child. There are also interventions involving the organization of the unit's physical structure, planning the care to be provided to patients and coordinating the nursing team focused on providing quality and humane care.

The *World Health Organization (WHO)* published in 1998 a guide for post-childbirth care for mothers and newborn babies. There it is written that post-childbirth care should respond to mother and baby's special needs. As to the woman, care should contain information/advice on: taking care of the baby, breastfeeding, self-care, hygiene, signs of possible problems in that period, sexual activity, contraception, among others, and related to the baby, the needs refer to a safe environment, adequate food, observation of body's signs, safe room temperature, and it mentions that the main objective of post-childbirth care should be setting and maintaining breastfeeding⁽¹⁴⁾.

Therefore, the interventions/activities found in this study validate the main objective of the care provided in a Rooming-In unit by encompassing educational actions, developing maternal skills and promoting more family integration.

The strengths of the Rooming-In unit are the orientations given to parents, when they have an opportunity, in addition to solving their doubts, to learn how to take care of their child properly⁽¹⁵⁾, an aspect contemplated in several interventions, such as: *Guidance to PARENTS: baby, Assistance in BREASTFEEDING, Promoting BINDING* and other direct interventions.

Some authors⁽¹⁶⁾ state that several researches point out the mother as a co-participant in the assistance because the system allows training her to take care of her child and breastfeeding, acknowledging her child's needs and fully satisfying them, thus becoming a healthcare multiplier agent within the family and the social and ecological environment. The contents are worked at the RIS of the HU-USP and are present in several interventions, mainly in the "Family" and "Behavioral" domains.

Direct cares to the mother and newborn baby are essential and valued by the team and they are represented in several interventions in the *Physiological - Basic, Physiological - Complex and Family* domains. Other interventions are related to safety and to the healthcare system, characterizing the hospital where the RIS has been implemented, in addition to interventions related to the management of the unit, indirect care, such as: *Documentation, Delegation, Employees Supervision*, among others.

The *NIC*⁽⁸⁾ has the following domains in its taxonomic structure: Physiologic - Basic, Physiologic - Complex, Behavioral, Safety, Family, Healthcare System and Community. In this study interventions belonging to the seven domains were identified. The Community domain did not come out in the records included in the forms of the mothers and newborn babies and, so, a future study could check whether or not this domain is approached in the activities in the RIS.

The list of interventions/activities, a prototype of an instrument to identify workload, will help measuring the time spent providing care to the mother/child binomial.

CONCLUSION

Nursing should be sensitive enough to detect and respect the needs of every binomial and family, not being limited to the hospital routines and, thus, able to individualize the care through nursing diagnostics and prescriptions prepared in an ethical and conscious way, and the activities assessed here are just the most prevailing.

This study is limited because other hospitals where there is a RIS may do some activities different from those found in the AC of the HU-USP, and others may be done just at the site where this study was conducted. So, the list of interventions/activities should be validated within different contexts.

However, the list of interventions/activities validated allows knowing a significant part of the interventions made in the RIS and, thus, it can contribute to outline an instrument able to quantify more reliably the workload of a nursing team.

Identifying and validating the contents of the list of interventions/activities were the first step to dimension the personnel in a RIS and, should this research be continued, it will allow future studies to correlate the interventions/activities listed in the instrument and to measure the time spent in doing them and, thus, to help nursing managers plan efficiently the number of care providers required to assisting the mother/child binomial.

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