

Puerperal nursing care at home: an experience report

Cuidado de enfermagem puerperal no domicílio: um relato de experiência

Atención de enfermería puerperal en domicilio: un reporte de experiencia

RESUMO

Objetivo: Relatar a experiência do cuidado de enfermagem durante visita domiciliar puerperal. Método: Trata-se de um relato de experiência. Foram realizadas três visitas domiciliares à uma puérpera por discentes e docentes de uma Universidade Federal da Zona da Mata Mineira e por um Agente Comunitário de Saúde. Utilizou-se o Processo de Enfermagem e para determinação dos diagnósticos e intervenções foi utilizado o CIPESC. Resultados: Foi realizada três visitas à puérpera, elencando diagnósticos e intervenções a serem realizadas. Na primeira e segunda visita, observou-se dificuldades para amamentação. Já na terceira, constatou-se a manutenção da amamentação correta e satisfação da usuária com o auxílio neste processo. Conclusão: Constatou-se a importância da visita domiciliar às puérperas como fonte de cuidado integral e propiciador de experiências positivas em um período tão desafiador. Além disso, destaca-se a importância do enfermeiro como promulgador do cuidado e do Agente Comunitário de Saúde como potencializador de visitas domiciliares.

DESCRIPTORIOS: Enfermagem; Visita Domiciliar; Aleitamento Materno; Recém-Nascido; Autocuidado.

ABSTRACT

Objective: To report the experience of nursing care during postpartum home visits. Method: This is an experience report. Three home visits were carried out to a postpartum woman by students and teachers from a Federal University of Zona da Mata Mineira and by a Community Health Agent. The Nursing Process was used and the CIPESC was used to determine diagnoses and interventions. Results: Three visits were made to the postpartum woman, listing diagnoses and interventions to be carried out. On the first and second visit, breastfeeding difficulties were observed. In the third, it was verified that correct breastfeeding was maintained and the user was satisfied with the assistance in this process. Conclusion: The importance of home visits to postpartum women as a source of comprehensive care and a provider of positive experiences in such a challenging period was noted. Furthermore, the importance of the nurse as an enactor of care and the Community Health Agent as an enabler of home visits stands out.

DESCRIPTORS: Nursing; Home visit; Breastfeeding; Newborn; Self-care.

RESUMEN

Objetivo: Relatar la experiencia de los cuidados de enfermería durante una visita domiciliar puerperal. Método: Se trata de un relato de experiencia. Fueron realizadas tres visitas domiciliarias a una puérpera por estudiantes y profesores de una Universidad Federal de la Zona da Mata Mineira y por un Agente Comunitario de Salud. Se utilizó el Proceso de Enfermería y el ICFCC para determinar diagnósticos e intervenciones. Resultados: Se realizaron tres visitas a la puérpera, listando diagnósticos e intervenciones a realizar. En la primera y segunda visita se observaron dificultades en la lactancia. En la tercera visita, la lactancia se mantuvo correctamente y la usuaria se mostró satisfecha con el apoyo prestado. Conclusión: Se reconoció la importancia de las visitas domiciliarias a las puérperas como fuente de atención integral y fuente de experiencias positivas en un periodo tan difícil. Además, se destacó la importancia de las enfermeras como promotoras de los cuidados y de los Agentes Comunitarios de Salud como potencializadores de las visitas domiciliarias.

DESCRIPTORIOS: Enfermería; Visita domiciliar; Lactancia materna; Recién nacido; Autocuidado.

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- ID Beatriz Santana Caçador**
Enfermeira. Professora Adjunta do Departamento de Medicina e Enfermagem da Universidade Federal de Viçosa.
Doutora em Enfermagem.
ORCID: 0000-0003-4463-3611
- ID Laylla Veridiana Castória Silva**
Enfermeira. Mestre em Doenças Infecciosas na Universidade Federal do Espírito Santo. Especialista em Saúde da Família.
ORCID: 0000-0002-6488-3485
- ID Ana Luiza Machado Dias**
Estudante de Enfermagem na Universidade Federal de Viçosa.
ORCID: 0000-0003-0230-8255
- ID Júnia Gabriela Monteiro Campos**
Estudante de Enfermagem na Universidade Federal de Viçosa.
ORCID: 0009-0002-6038-1557
- ID Arlete Maria dos Reis Assis Maurilio**
Enfermeira. Agente Comunitária de Saúde na Prefeitura Municipal de Viçosa- MG.
ORCID: 0009-0006-7389-0309
- ID Maiza Aparecida Belo**
Enfermeira na Prefeitura Municipal de Viçosa- MG.
ORCID: 0000-0001-6127-6797
- ID Elizabete Cristina do Carmo**
Agente Comunitária de Saúde na Prefeitura Municipal de Viçosa- MG.
ORCID: 0000-0001-6127-1425

INTRODUCTION

According to the World Health Organization (WHO), the puerperium is characterized as the immediate period between the birth of the baby and 42 days after birth, and may extend beyond this time.¹ At this stage, profound biological, psychological and social transformations can occur in women, making them more susceptible to health problems that increase the chance of maternal morbidity and mortality.²

Therefore, home visits by health professionals during the postpartum period, preferably within 10 days after birth, are characterized as a fundamental strategy for caring for and maintaining the health of the mother and newborn.³ However, as pointed out in the work carried out by Corrêa et al. (2017) the postpartum period has reduced visibility compared to the other phases of the pregnancy cycle and as presented by Baratieri et al. (2022) less than 53% of women received a postpartum consultation.

Faced with the demands of the newborn and adapting to the new routine, many women end up forgetting or not being able to prioritize self-care, leaving the Basic Health Team (ESF) to actively search for postpartum women and offer reception and care. Furthermore, during the postpartum period it is common for many doubts to arise about caring for the newborn, in addition to difficulties related to breastfeeding, depression, fear and family insecurity.⁵

In this way, the Community Health Agent (CHA) acts as a fundamental professional for access to this postpartum woman, as she is a link and creator of bonds. The nurse, on the other hand, is one of the professionals who meets the demands required at this stage, enabling assistance.⁵

The nurse's role in postpartum home visits is essential to provide care centered on basic human needs, in order to enhance the positive aspects observed and minimize potential harm. The nurse's work tool is care and all its complexity, meeting individual needs, without disregarding collective aspects that surround them.⁶

Person- and family-centered care considers the health process of illness beyond the biological dimension, recognizing the relevance of interpersonal relationships as determinants of this process, providing a broader perspective that values the uniqueness of each individual and their conception of health in the care process.⁶

Thus, the objective of the study was to report the experience of nursing care during a postpartum home visit.

METHOD

This is a descriptive study, of the experience report type, developed through home visits, carried out by students and teachers participating in the Integrated Practices V discipline, from the 5th period of the Nursing course at a Federal University in Zona da Mata Mineira.

Three consecutive face-to-face visits were carried out in 2023, lasting approximately two hours each, by students and professors of the Nursing course and an CHA, to a postpartum woman and her

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Beatriz S. Caçador, Laylla V.C. Silva, Ana L.M. Dias, Júnia G.M. Campos, Arlete M.R.A. Maurilio, Maiza A. Belo, Elizabete C. do Carmo
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newborn. Furthermore, their monitoring was maintained remotely, through telenursing and also through mediated contact from the CHA.

The nursing process was used, in addition to the nursing diagnosis and intervention planning according to the International Classification of Nursing Practices in Public Health (CIPESC®). It should be noted that CIPESC® is an instrument that was developed based on the recognition of the need for diagnoses in line with the reality of PHC. Thus, it constitutes a tool for standardizing language in Public Health, defining diagnoses, interventions, stimulating autonomy and co-responsibility in the care process, in addition to being considered an instrument for training and qualifying nurses to work in assistance based on Public Health.⁷

RESULTS

In the first home visit to the postpartum woman and the newborn, 11 days after birth, the students and teachers encouraged her to tell about her story, about the pregnancy, their family, problems that could perhaps worry them, to conduct the first part of the care in a humane and comprehensive manner, thus generating a greater rapprochement between the one who cares and the one who is cared for.

During this visit, a deficiency in self-care was observed due to the postpartum woman's inadequate food intake, as well as feelings of guilt for not feeling like she was taking care of her child satisfactorily. Furthermore, the postpartum woman presented significant emotional lability, as she believed that the breast milk was not supporting the baby and was feeling a lot of pain during breastfeeding. Therefore, she believed that the baby was hungry and needed supplementary formula. It was also found that she had a fragile support network, spending most of the day alone.

With this, priority diagnoses were established, such as inadequate breastfeeding, breast engorgement and inadequate self-care, based on basic psychobiological human needs and the diagnosis of loneliness

based on basic psychosocial human needs.

As an intervention, the care plan was established as guidance on the management of engorgement, survey of a potential support network, clarification of doubts raised by the user about foods permitted during breastfeeding, beliefs about caring for newborns, colic, risk of wrapping too much, safe positioning during sleep, strategies to be able to eat better, positive reinforcement about the quality of care provided, clarification about exergestation, in addition to the importance of allowing the father to take care of the baby to strengthen the bond. After the end of the consultation, it was perceived that the user was more confident in relation to her role as a mother.

To clarify these issues in a more comprehensive way, table 1 depicts a summary of the Nursing Process carried out during the home visit.

On the second visit, it was found that the postpartum woman was more willing, with improved self-care. Furthermore, engorgement remained in the left breast and

the postpartum woman reported rejection of that breast by the baby.

In view of the demands observed, the breasts were expressed with the aid of an electric pump carried by the team, observation of the newborn's body positioning during breastfeeding and adjustment of the latch. The postpartum woman was also advised on alternating the newborn's positioning during breastfeeding, wearing a bra with wide straps, sunbathing her breasts, as well as strategies to provide her with more comfort during this process.

When the guidelines and interventions were completed, it was noticed that breastfeeding, previously rejected by the newborn, began to occur satisfactorily, with reduced discomfort during breastfeeding and greater satisfaction for the mother. The postpartum woman also reported satisfaction for breastfeeding without feeling pain and happiness for being able to continue this act. Thus, table 2 highlights the Nursing Process during the second home visit.

After the second consultation, the user

Chart 1. Nursing Process during puerperal home visit, Viçosa, Minas Gerais, 2023

1 ST VISIT			
HISTORY AND PHYSICAL EXAMINATION	NURSING DIAGNOSIS	PLANNING AND INTERVENTION	ASSESSMENT
Deficiency in self-care; Inadequate food intake of the postpartum woman; Feelings of guilt and insecurity about motherhood; Emotional lability; Belief that milk is not supporting the newborn.	Inadequate breastfeeding; Breast engorgement; Loneliness; Inadequate self-care.	Stimulated the patient's self-esteem; Taught breast order; Guidance on the importance of emotional support and support network; Guidelines on exergestation.	Greater security for the postpartum woman to carry out her mothering; Scheduled a new consultation to follow up on breastfeeding.

Source: Authors' data, 2023.

was also advised on the warning signs and symptoms related to breast complications and the places available to seek care and remote monitoring was agreed upon until the next visit.

Thus, two months after the interventions carried out, a new in-person home visit was carried out. Therefore, we observed the maintenance of exclusive breastfeeding, the improvement in self-care and the mother's security in relation to the care of her baby, the adequate development of the baby, the well-established bond between mother and child, in addition to reports of user satisfaction with performance and gratitude for having helped in this process.

It is also noteworthy that as home visits took place, the user began to understand the home as a possibility of a care space, therefore, encouraged to dialogue, develop trust, bonding, feeling free to exchange and dialogue. In this way, she began to participate in the production of care, with doubts, questions and learning. The domestic space also became a space for caring for oneself and others.

DISCUSSION

The reported experience allowed us to reflect on the potential of home visits in the comprehensive and unique care of postpartum women. In this sense, Souza et al. (2022) highlights that the practice of visiting alone is not sufficient to reach dialogic and reveal needs. It is through valuing interactions in meetings, understanding the user as the protagonist of care, dialogue, reciprocity, compassion and the creation of a bond that care occurs.

For Feuerwerker, Bertussi and Merhy (2016), care implies encounters. Thus, the home space, which promotes greater security, comfort and autonomy for women, can be a meeting place, thus allowing the production of care. Furthermore, this place allows women to express themselves freely, sharing their lives, their anxieties and happiness, recognizing the prominent place each one has in generating and caring for another life.⁸

With this, the nurse, in his position as

Chart 2. Nursing Process during puerperal home visit

2 ND VISIT			
HISTORY AND PHYSICAL EXAMINATION	NURSING DIAGNOSIS	PLANNING AND INTERVENTION	ASSESSMENT
Breast engorgement; NB rejecting breastfeeding on the left breast;	Breast engorgement.	Relief milking; Orientações sobre os sinais e sintomas de intercorrências mamárias e quando buscar ajuda profissional; Orientar manutenção do aleitamento, reduzindo o intervalo das mamadas; Orientar uso correto de sutiã.	Melhora do autocuidado; Amamentação estabelecida durante após ajuste; Acompanhamento remoto da amamentação até próxima visita domiciliar.
Source: Authors' data, 2023			

promulgator of comprehensive and holistic care, when entering the woman's home, becomes a conduit of knowledge, assistance, support and reference for nursing care aimed at the user's needs. In this sense, through the Nursing Process (NP) - a methodological instrument for promoting systematized care actions - the nurse verifies problems, needs, implements actions and evaluates the results.¹⁰

The Nursing Process consists of steps, including obtaining information about the family and the subject; Nursing Diagnosis; planning, establishing priorities and goals; Nursing Intervention; Nursing Assessment. This process is dynamic and assists in professional practice for the systematic performance of Nursing actions.¹⁰

In this work, important issues surrounding breastfeeding were highlighted. It is known that breastfeeding in the first years of life plays an essential role in the child's development, in preventing common childhood infections and in establishing emotional bonds between mother and child. However, breastfeeding is not instinctive and can be challenging, especially in the first days of the baby's life and in primipa-

rous women, corroborating in some cases the occurrence of early weaning, if there is no family support, information and adequate interventions.¹¹

In fact, according to Feitosa et al. (2020), the difficulties in breastfeeding and breast complications are enormous, factors that contribute to early weaning, in addition to other physical, pathological and emotional conditions. Among the difficulties encountered in breastfeeding, breast engorgement and nipple injuries were the most highlighted in a study by Morais et al. (2020). Still, according to Morais et al. (2020), the belief that mothers report weak or insufficient milk is a cultural factor, a myth, as the elements contained in breast milk are sufficient to nourish the child.

Furthermore, emotional symptoms stand out, such as guilt, loneliness, anxiety, lack of energy and sadness, which can manifest themselves in postpartum women. For Pereira et al. (2023), women report guilt for wanting to be cared for in a period when they are entirely focused on caring for the newborn, in addition to the need for a support network and to ask for help and to be heard.

Considering the countless demands of the postpartum period, the work of the PHC team is extremely important to guarantee humanized care and evidence-based information for women and their families. The home visit serves as a facilitator of care, as it brings the team closer to the reality experienced by each family, as it occurs in the locus of daily life, making it possible to collect information and observe details essential to care.⁵

It is important to highlight the role of the community health agent as a mediator of the care process between the team and the community. As it constitutes an important link and bond with people in its territory, it is the person who identifies health needs and maintains the longitudinality of care.¹⁵

Thus, quality, humanized care that pays attention to the subjectivity of each woman becomes essential for promoting quality of life and maternal health. It is up to

nursing, through home visits and the NP, to provide care, resolve doubts, understand the physical and psychosocial needs of women in the postpartum period, minimize discomfort and avoid injuries, in such a challenging and lonely period¹⁴.

CONCLUSION

It was observed, in the reported experience, that home visits during the postpartum period are a powerful care tool, helping to manage the most frequent health demands during this period of adaptation. The nurse, in this sense, has a primary role, since his work tool is expanded care, based on human needs, considering the individual's relationship with himself, the environment and the community, in order to strengthen the mother's self-care in relation to herself, her baby and the necessary support network at this delicate and challenging time.

It is important for nurses to prioritize the puerperal visit within the scope of family health, given that the object of care practices specific to this context are health needs for which the nursing process has effective and resolving interventions. Participating in the process of rebirth of families through the arrival of a baby affects generations by promoting safe care based on scientific evidence, in addition to giving visibility to the power of nurses' professional practice.

Furthermore, the experience of the on-site care process by nursing students enabled the development of skills and abilities necessary for comprehensive training in the profession, enabling the integration of knowledge of collective health and women's health in a comprehensive vision.

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