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Care for both mother and child immediately after childbirth: a descriptive study

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ABSTRACT

Aim: To understand the perceptions of users about the care provided to them and their newborns immediately after childbirth. **Method:** This is a descriptive study in which a qualitative approach was used, involving 20 postpartum women admitted to a secondary level Public Hospital of Fortaleza. Semi-structured interviews were carried out and were analyzed by means of Bardin's content analysis technique. **Results:** Three categories were highlighted: Care provided to newborns; care (or lack of care) provided to postpartum women; and structural failures of the maternity hospital. **Discussion:** Postpartum care was primarily focused on guidance on breastfeeding, without considering other demands of women, such as: the need for greater attention by the health team; more humane behavior of some health professionals; and guidance on self-care. **Conclusion:** Postpartum care is still limited and it requires greater attention and commitment from health professionals, as well as adjustments in the structural and organizational conditions of the maternity hospital so that it may provide decent and humane care.

Descriptors: Postpartum Period; Rooming-in Care; Delivery of Health care.

INTRODUCTION

The postpartum period is the stage of pregnancy and childbirth in which the changes in women's bodies, caused by pregnancy and childbirth, return to their pre-pregnancy state. It starts immediately after delivery through the expulsion of the placenta and its end is unpredictable in so far as the woman relates to the process of breastfeeding⁽¹⁾. In the early days after childbirth women experience a mixture of feelings ranging from euphoria for the birth of the child to fear and insecurity regarding the care that they should provide for their babies⁽²⁾.

At this stage, the puerperal woman goes through numerous changes and presents particular needs, requiring qualified and humanized care by the health team, consisting of nurses, practical nurses, obstetricians and pediatricians, to watch out for the demands of mother and child, valuing active listening and considering the specifics of each case during hospitalization in the infirmary⁽³⁾.

In this context, the health care team emerges as the basis for the prevention of complications, through physical, emotional and informational social support, the latter reinforcing guidelines that provide a woman with the necessary conditions to care for herself and her child.

The search for humanized care for women within maternity hospitals, especially regarding the postpartum period, was facilitated by the adoption of the rooming system (RS), in which the mother is encouraged to begin the process of breastfeeding and to establish an affective mother-child bond in the first hour after birth and to stay with the low risk newborn until their hospital discharge^(3,4). Working from this humanizing perspective, the postpartum care should fully understand

women, considering their specificities and valuing the subjective aspects (autonomy, protagonism and corresponsibility) involved in health care⁽⁵⁾.

Focusing on the scenario of the RS, nursing and other health professionals can and should contribute to the implementation of this system to add to their practice a humane and skilled care for both mother and child, and so through guidance and direct assistance to enable the prevention of possible complications and their early treatment, health education, autonomy and self-care⁽⁶⁾.

In this context, in 2000 the Ministry of Health established the Program for Humanization of Prenatal and Birth, aiming to improve access, coverage and quality of prenatal care and support during the delivery and postpartum period. Despite the creation of this program and other policies aimed at improving care for women during pregnancy and the puerperium cycle, it seems the biomedical model of care is still prevailing^(5,7).

Furthermore, the research developed at the beginning of the current decade on this subject, has shown concern about the aspects related to the objective and subjective issues surrounding the experience of postpartum women in this period, in addition to some studies that demonstrate the poor coverage and lack of assistance leading to poor quality and distance nursing on the part of the official health agencies⁽³⁾.

Therefore, it becomes increasingly evident that there is the need for studies related to health care for both mother and child during the postpartum period, which may guide changes in attention to women's health services and professional care practices. In this context, the following question arose from this study: How can care to postpartum women and their newborns be consolidated by the health care team in the RS?

Given the above from the perceptions of users about the care received in the immediate puerperium, the relevance of this study is consolidated, since it will be possible to offer elements for the design of new approaches to the care of mother and newborn during the postpartum period.

Considering this perspective, the present study aimed to understand the perception of postpartum women in a public hospital regarding the care offered to them and to their newborns by the health team during hospitalization in the rooming system.

METHOD

This is a descriptive study, in which a qualitative approach was used. The study setting was a secondary level public hospital, which is at the forefront of maternal and neonatal care, and develops programs and projects that seek to promote the humanization of obstetric care in the city of Fortaleza, Ceará state. The sample consisted of 20 postpartum women, taking into account the recurrence of the information obtained by theoretical saturation. The eligibility criteria were: age equal to or greater than 18 years, completion of normal delivery in the obstetric ward of that institution, and hospitalization in the joint quarters of the unit. The exclusion criteria were: postpartum women with mental disorders or cognitive deficits.

The information acquisition occurred from May to June 2012 through recorded semi-structured interviews, which included questions related to the care provided to pregnant women and their newborns by health professionals. Interviews were conducted in a private room of the joint quarters unit, away from the nursing station, the profes-

sionals and other postpartum women in order to promote greater privacy to participants. The study was initiated after approval of the institution and was approved by the Research Ethics Committee, Ceará State University (UECE - Opinion Number 26941/2012, approved in May 2012). The ethical-legal aspects recommended by Resolution 196/96 of the National Health Council⁽⁸⁾ have been observed; the mothers agreed to participate and agreed with the recording of the interviews by signing the consent form. Fictitious names were assigned to study participants to ensure anonymity.

Data were analyzed using Bardin's technique of content analysis⁽⁹⁾ and was composed of three steps: Pre-analysis, material exploration and processing, and interpretation of results. The pre-analysis consisted of exhaustive reading of the transcribed interviews, which were analyzed according to the study objective. Participants were coded for the examination of testimonials, which consisted of cutting the record units and context of the statements of participants, and the aggregation of data into the categories that emerged. Three categories were identified in this study: care in terms of the newborn; (lack of) care in terms of postpartum women; and structural failure of the maternity hospital. The interpretation and discussion of the data were based on scientific literature relevant to the topic.

RESULTS

According to the testimonies of women and the repetition of the themes that emerged from the content of their responses, three categories were identified. These categories are described below.

Care for the Newborn

In relation to the care in terms of the newborn, the responses showed that the importance of breastfeeding, the correct way for the baby to hold the breast and the positioning of the newborn were configured as guidelines communicated by the health professionals of the RS, which may be perceived in the following statements:

“During the first six months all I gave him was breast milk only. No need for water or juice.” (Olivia)

“They help me to breastfeed him, by teaching me how to do it because it is my first baby [...] Breastfeeding the baby until six months of age is better because you don’t need to give him anything else; not even water, just the breast.” (Carla)

“As for breastfeeding, they guided me to grab the nipple [...] to hold it so the breast wouldn’t hold the breath of the baby. They told me to breastfeed him from time to time, you know, whenever he wants it.” (Fabiana)

“Regarding the baby, they told me not to put him with me to sleep, while breastfeeding him. Then they taught me that he has to take the whole breast areola so he won’t hurt me [...].” (Renata)

“The most important thing I have to do about the baby is to take care of the breast; I need to hold her more carefully; I have to put the entire nipple in her mouth so it wouldn’t

get sore and breastfeed her every 3 hours.” (Tatiana)

“Before breastfeeding I have to wash my hands [...] He told me to pull her body firmly and place her mouth on the nipple, but if she doesn’t open her mouth, I have to open it a little bit and press my breast so she can take it.” (Viviane)

It is perceived that the health care team has mainly included guidance in terms of the appropriate period of exclusive breastfeeding, and care that would promote this practice, which reinforces the interest and clarity of professionals regarding the importance of breastfeeding for both mother and newborn.

As for the appropriate positioning of the baby after the meal and the risk of choking the baby, only two postpartum women received the following guidelines:

“The doctor told me not to turn her upside down, because she could choke on the cloth.” (Denise)

“It was pretty much him [the nurse] who gave me medical pediatric guidance; who told me that I had to put her in a side position in the crib to let the drool run out.” (Olívia)

The (lack of) care for the postpartum women

By means of some testimonials, it was possible to demonstrate the dissatisfaction of the mothers regarding the assistance of the health team in the joint quarters; this was related to the lack of interest and attention of professionals in terms of their needs, which led them to feelings of neglect and abandon-

ment, compared to the service provided in the delivery room which happened in a more differentiated way:

“Here in the rooming I don’t think the service is like it was there [delivery room], [...] it is much more comfortable, people are nice too, but here there are some people that I don’t know if they are well informed or not, people that you perceive they have good will to help, you know? Because there [delivery room] it is different; you have all the attention; they treat you nicely [...]” (Denise)

“Lack of attention. The patient asks something, and they don’t answer nicely.” (Fabiana)

“Here [joint quarters], I just had a little setback, you know? Because when we come from the delivery room to this room, we still come with the intravenous drip, and we are still bleeding and everything, and we stay on the stretcher... I arrived at night and had to try to do my hygiene. Just to take the drip out I had to find someone and ask to do it. Then that was it! After I got here I felt forgotten, you know?” (Bruna)

“What displeases me is to get here (rooming) and see how long it takes for them to change the sheets.” (Tatiana)

In addition to expressing their dissatisfaction with the care provided by the staff, two of the above interviewees also suggested improvements to this aspect:

“The suggestion that I have for you is this: We need attention! We come to rooming and it is as important as the delivery room, because we are here still bleeding, we are weak [vulnerable], still in need of care because the sheets are dirty for too long and we cannot change it. We need attention from a professional who notices this and knows that we come from the delivery room still bleeding badly and usually get dirty really fast; then it is important that we have clean sheets, because in the first hours we are very weak.” (Bruna)

“[...] When we ask something, they have to answer it nicely, because they don’t do it, you know?” (Fabiana)

Despite the fact that the postpartum women were not asked about the care they received from the professionals in the delivery room, some participants reported being targeted in relation to personal hygiene and attention to the child’s immunization schedule, confirming the differentiated approach in the delivery room compared to the RS.

“[...] The assistants and the doctor talked to me about hygiene, what I have to do; how I have to take care of my hygiene, because I was sutured, and he told me that I have to control my child’s vaccination correctly.” (Bruna)

“I received no orientation; I just got it there [in the delivery room]. When labor finished, the nurse told me how I should do the hygiene, because I have a few stitches. All the orientation I got came from there.” (Denise)

Some reports have highlighted the lack of guidelines in the postpartum period on the part of the professionals in the RS concerning more specific care that should be provided to puerperal women. Moreover, despite the fact that some statements have inferred the absence of guidelines in the sector, professionals' concern over breastfeeding practices was highlighted.

"[...] They didn't say anything about taking care of the baby and me. I did everything because I already knew how to do it." (Gabriela)

"[...] I received no orientation yet." (Sílvia)

"[...]I didn't receive any guidance here; I just got it there [in the delivery room]." (Denise)

"They would come to see if everything was clean and if I was breastfeeding him. Direct guidance, I don't think so, but I imagine they are watching us. If anyone has any difficulty they ask." (Larissa)

"I received help to breastfeed because I had difficulty, because it was not attaching to the nipple. They would come, help me, but would give no guidance." (Patricia)

"No, not after I got here [joint quarters], because they've been taking care of us, taking care of the child, wiping his navel, checking on us... As for guidance, they say that after we are discharged they will tell us

how we do it at home. But they came here to see if I was breastfeeding him correctly, if he was getting the nipple in the right way." (Bruna)

One of the emphasized guidelines in the SR referred to the practice of breastfeeding and breast care: mothers were instructed to perform milking to facilitate the milk flow, as well as sunbathing to avoid cracks. This is evidenced in the statements below, which reinforce the fact that the attention on the part of the healthcare team is more focused on aspects related to breastfeeding:

"I had little milk and could not even put it in a cup. Then she came and told me to do a massage." (Marília)

"They explained and taught how breastfeeding should be. I even thought I had no milk, so they explained it to me; I did the massage until the milk started to come. I did the massage like this on the breast, [...] moving around it." (Helena)

"And when I went home I should sunbathe her [the baby] and my breasts." (Tatiana)

"[...] do a massage, bathe it with soap to avoid drying out and getting sore." (Renata)

Other reports showed that specific information, such as precautions related to ambulation, appropriate behavior in the confinement, postpartum rest for 30 days and use of condoms to prevent pregnancy, were passed on to the women.

"[...] I could not get up fast. First I had to sit and then walk. I could not move much because I felt dizzy." (Natália)

"Before going to the bathroom I should sit in bed for some time, so I wouldn't get up at once." (Erica)

"They guided me to not gain weight. And also, during the recovery period, thirty days at home, I should take care of myself and use a condom to avoid getting pregnant while breastfeeding." (Carla)

Structural failure of motherhood

The lack of adequate physical infrastructure, ventilation, cleaning and materials is considered to be the biggest problem reported by the women during hospital care.

"Here, the room is too small for three beds; it's too tight so it gets too hot. There should be more fans too." (Olivia)

"The room is too hot, so it becomes uncomfortable. We realize that this is almost everyone's complaint, you know? [...] I think the bathrooms could be a little better, because we have to stay here and take care of ourselves. We need a better quality of assistance." (Denise)

"[...] Can you see how it is packed? Lots of beds! There should be no more than four beds here and the fans are filthy..." (Gabriela)

"It's necessary for a lot of hygiene here. There are no towels and stuff like that." (Sylvia)

"There is no cleanliness. It should be clean; sometimes the bathroom is too dirty!" (Renata)

Despite highlighting the flaws in the structure of the maternity hospital, these mothers contributed with suggestions to improve the quality of care provided. Among the suggestions are: increased physical structure of the institution, increasing the number of beds and bathrooms and improvement in ventilation and cleanliness of the wards.

"They should put more fans [...] it should be more airy." (Natália)

"I think the problem is bigger here in the wards. I think the space is also a problem. The management of the hospital and the government should also have a project for increasing hospital size because most deliveries are happening here. You can see how tight it is, right? There are many women with their babies. Sometimes one woman goes out and two or three arrive; and there is only one bed, which means that there is no place for the other women. It happens because of the lack of space. Besides that, it is really hot there and babies cry a lot because of the heat." (Carla)

"In the case here, I would suggest [...] for the area of the beds. [...] for the bathrooms; I think these places could be a little better [...]" (Denise)

DISCUSSION

Motherhood involves the transition of the role of woman to mother. Therefore, the woman must adapt herself both physically and emotionally to the changes of pregnancy and childbirth. In this context, the healthcare team should understand these adaptations and perform an evaluation efficiently in order to assist her in adopting this new role⁽¹⁰⁾.

During the transition to maternal parenting, nurses are the professionals who get more involved with these women, contributing to the adoption of the maternal role. Therefore, their interventions should be geared to the empowerment of women so they may be prepared for looking after the child, the development of the consciousness and responsiveness of the mother's interaction with the child, and the promotion of maternal-infant attachment⁽¹¹⁾.

In the RS scenario, the closer contact between mother and child strengthens the emotional ties, allowing the woman to constantly observe and care for the newborn and know him better. In this context, the nursing staff can promote maternal training through practical demonstrations of essential care to both mother and child⁽³⁾.

This study showed that, in terms of newborn care, the health team prioritized information related to breastfeeding, focusing on the importance of exclusive breastfeeding until six months and guidelines on how to breastfeed (the way the baby holds the breast and its position during breastfeeding), which contributes to the prevention of complications such as mastitis and engorgement that can negatively impact on the breastfeeding event.

Breastfeeding is essential for promoting and protecting the health of women and

children, since human milk is considered ideal food in the first months of the baby's life due to its nutritional and anti-infective properties as well as the psychosocial benefits for mother and child⁽¹²⁾.

Proper guidance and support to the mother on the part of the health care team at the beginning of breastfeeding are crucial to avoid problems and ensure the success of the breastfeeding process. They are lightweight technologies, unsophisticated, easy to perform in clinical practice, and that can contribute to the establishment and maintenance of this practice^(1, 13).

In this study it was also possible to identify some women's dissatisfaction in terms of the care received in the joint lodging, due to a lack of interest and attention to their needs on the part of the healthcare team, besides the lack of guidance on the care that the mothers should take of themselves and their newborns, focusing on breastfeeding guidelines. Despite the fact that newborns require very specific care, it was observed in this study that important orientations, such as hygiene, bathing, psychomotor stimulation and others have been neglected to postpartum women, which may reflect negatively on the care performed by the mother in the late puerperium.

It was clear from the testimonies of the postpartum women that the joint lodging as a space for orientation and preparation for the mother to take care of herself and her baby, displayed weaknesses when it came to the transfer of some guidance, both quantitatively and qualitatively. This resulted in too much information being transmitted to the mothers during the hospitalization period which they had problems absorbing.

This confirms the fact that professionals have acted under a biologist and fragmented vision, often neglecting educational

activities both at individual level and collectively⁽¹⁴⁾.

The responses of the participants also suggested the low value of the dialogue, the weakness of the link between the professional and postpartum women, as well as the ineffective assistance of some particular demands.

In a study of nursing care in the postpartum period, it was noted that the enhancement of listening skills and dialogue in interpersonal relationships with the nursing staff were indispensable factors for the satisfaction⁽¹⁴⁾ of the users. Aspects such as: respect, listening, attention and meeting the minimum requirements by the health staff were reported as essential for the quality of care⁽³⁾.

The lack of guidance from health professionals to women in the postpartum period is something that should be reversed in the humanization perspective⁽⁴⁾. This requires reflection on the work of professionals in this period, since the presence of essential knowledge could provide support for the puerperal women to cope with this phase of life in a more confident way⁽¹⁵⁾.

Health education should then be constituted as a potentiating strategy of nursing care in pregnancy and childbirth, and it is capable of promoting the adoption of important and beneficial measures in terms of maternal and child health⁽¹⁶⁾.

It is relevant to highlight the important role of nurses in the care provided to women in the postpartum period, by means of a comprehensive, qualified and humanized assistance, focused on the needs of women, and providing the necessary support in the process of reorganization in the face of changes arising from motherhood⁽¹⁷⁾.

The monitoring of women in the postpartum period requires daily physical examina-

tion in order to assess and identify possible abnormalities, physiological and behavioral adaptations that occur in the puerperium, prepare women to take care of themselves and their newborns and detect possible complications, generating comfort and safety^(3,4).

It is also noted in this study that some information, being very important, was passed on in a timely manner, such as the caution that mothers should have when getting out of bed, postpartum rest and condom use. However, there was no emphasis on the importance of early ambulation.

Patients should be advised to ambulate early after delivery, observing their health, so that adequate uterine involution occurs, promoting the descent of lochia, and improving the functioning of the bladder and intestines and also blood circulation, preventing thrombosis.

Although the joint quarters are places aimed at facilitating the formation of a bond between mother and child, and to equip women for taking care of themselves and also their child, it is clear that professionals often develop fragmented and low quality actions, predominately authoritarian attitudes and assistance which underestimate the needs of women⁽⁴⁾.

Therefore, care geared to women in the joint lodging requires an expanded understanding about their life context, the moment of transition experienced, and their expressed needs, as well as their particularity as a unique being capable of making their own choices in a conscious and responsible way. This involves establishing unique relationships with the strengthening of the commitment and humanization of care⁽⁶⁾.

In the humanized care model, women are considered the subject of all actions related to their health, by sharing decisions

between them and the health professionals, especially nurses. It is understood that these professionals have an important role in the re-establishment of women's rights to participate in decisions and issues arising during pregnancy and childbirth^(14,16).

Therefore, there is an urgent need for changes in the care practices and methods to bring to light, not only technical procedures improvement, but humanitarian values and initiatives involving new attitudes in accepting women as individuals with singular needs, desires and emotions⁽¹⁸⁾.

The testimonies also brought to life structural and organizational problems of the institution - factors that interfere with the quality of service perceived by the women.

Structural difficulties, lack of materials in terms of quantity and quality to provide adequate care, as well as the unpredictability of these resources and equipment, hamper the health care action planning, put users in an embarrassing situation and generate dissatisfaction for everyone. The access points and reception are essential for health care; however, the problems constantly experienced by health services, such as small physical areas, inadequate and insufficient supplies and equipment needed for care, and insufficient and, sometimes, unprepared human resources, lead to precarious and dehumanized care⁽¹⁹⁾.

The humanization of health care is a current and growing demand in the context of care for women during pregnancy and childbirth. For the Ministry of Health this humanization also includes hospital ambience, which embraces the physical, social and professional spaces as well as the relationships, which should be welcoming, human and decisive. Moreover, the space should provide comfort and individuality to individuals, involving

the color, smell, sound and lighting, covering user, professional and community needs. This should facilitate the production of care and recovery of those who use this space^(3,20).

CONCLUSION

Despite the maternity hospital used as the location of this study being viewed as an example of good maternal and child care that develops programs and projects that seek to promote the humanization of childbirth, it is apparent that it did not exert great influence in the assistance promoted to immediate puerperium. This is due to the low importance given by many health professionals to the emerging demands of the puerperium, especially those relating to female subjectivity, which changes with the arrival of a child, and is dictated according to the socio-cultural and emotional context of each woman. This study brings contributions to the field of women's health and scientific research in nursing, in that it demonstrates the need for significant changes in postpartum care, and in the structure and organization of public maternity hospitals.

Given the results of this study, we recommend changes in the care promoted to lactating women and their children in the joint lodging, providing greater attention on the part of the healthcare team for the specifics of these women, more humane behavior of some professionals, and further guidance as to the care postpartum women should take of themselves and their child.

In addition, not only is a change in attitude of those who provide care to these women necessary, but also an adaptation of the maternity hospital in search of offering good structural and organizational conditions

for dignified and humane care. For this to become possible a hospital management that is committed to the quality of the care provided is needed, in which case government support through planning that considers maternal health as a central issue that needs attention, resources and investment becomes essential.

REFERENCES

1. Strapassom MR, Nedel MNB. Puerpério imediato: desvendando o significado da maternidade. *Rev Gaúcha Enferm.* 2010; 31(3):521-528.
2. Lima-Lara A, Fernandes R. Quality of life in the mediate puerperium: a quantitative study. *Online Braz J Nursing* [serial on the Internet]. 2010 June 17 [Cited 2013 January 8]; 9(1). Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/2815>.
3. Moura MAV, Costa GRM, Teixeira CS. Momentos de verdade da assistência de enfermagem à puérpera: um enfoque na qualidade. *Rev enferm UERJ.* 2010; 18(3): 429-34.
4. Almeida MS, Silva IA. Necessidades de mulheres no puerpério imediato em uma maternidade pública de Salvador, Bahia, Brasil. *Rev esc enferm USP.* 2008; 42(2): 347-54.
5. Ministério da Saúde. Pré-Natal e Puerpério: atenção humanizada e qualificada. Manual Técnico. Brasília (DF); 2006.
6. Pimpão FD, Kerber NC, Francioni FF, Rangel RF, Lunardi Filho WD. O cuidado de enfermagem no alojamento conjunto: uma revisão integrativa. *Cogitare Enferm.* 2012; 17(2): 562-7.
7. Ministério da Saúde. Parto, aborto e puerpério. Assistência humanizada à mulher. Brasília (DF); 2001.
8. Ministério da Saúde, Conselho Nacional de Saúde. Resolução 196, de 10 de outubro de 1996: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF); 1996.
9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2010.
10. Catafesta F, Zagonel IPS, Martins M, Venturi K. A amamentação na transição puerperal: o desvelamento pelo método de pesquisa cuidado. *Esc Anna Nery.* 2009; 13(3): 609-16.
11. Graça LCC, Figueiredo MCB, Carreira MTC. Contributos da intervenção de enfermagem de cuidados de saúde primários para a transição para a maternidade. *Rev Esc Ref.* [periódico na internet]. 2011; [citado 2012 nov 15]; 4(3): 27-35. Disponível em: http://www.scielo.gpeari.mctes.pt/scielo.php?pid=S087402832011000200003&script=sci_arttext
12. Andrade MP, Oliveira MIV, Bezerra Filho JG, Bezerra MGA, Almeida LS, Veras MAC. Desmame precoce: vivência entre mães atendidas em Unidade Básica de Saúde em Fortaleza-Ceará. *Rev. Rene.* 2009; 10(1): 104-13.
13. Fonseca-Machado MO, Haas VJ, Stefanello J, Nakano AMS, Gomes-Sponholz F. Aleitamento materno: conhecimento e prática. *Rev esc enferm. USP* [periódico na internet]. 2012; [citado 2013 jan 06]; 46(4): 809-15. Disponível em: <http://www.scielo.br/pdf/reeusp/v46n4/04.pdf>.
14. Costa GD, Cotta RMM, Reis JR, Siqueira-Batista R, Gomes AP, Franceschini, SCC. Avaliação do cuidado à saúde da gestante no contexto do Programa Saúde da Família. *Ciênc e Saúde Colet.* 2009; 14(1): 1347-57.
15. Vieira F, Bachion MM, Salge AKM, Munari DB. Diagnósticos de enfermagem da NANDA no período pós-parto imediato e tardio. *Esc. Anna Nery* [periódico na internet]. 2010; [citado 2013 jan 06]; 14(1): 83-9. Disponível em: <http://www.scielo.br/pdf/ean/v14n1/v14n1a13.pdf>.
16. Busanello J, Lunardi Filho WD, Kerber NPC, Lunardi VL, Santos SS. Participação da mulher no processo decisório no ciclo gravídico-puerperal: revisão integrativa do cuidado de enfermagem. *Rev Gaúcha Enferm.* 2011; 32(4): 807-14.
17. Progianti JM, Mouta RJO. A enfermeira obstétrica: agente estratégico na Implantação de práticas do modelo humanizado em maternidades. *Rev. enferm. UERJ.* 2009; 17(2): 165-9.
18. Parada CMGL, Tonete VLP. O cuidado em saúde no ciclo gravídico-puerperal sob a perspectiva

de usuárias de serviços públicos. *Interface*. 2008; 12(24): 35-46.

19. Andrade LM, Martins EC, Caetano JA, Soares E, Beserra EP. Atendimento humanizado nos serviços de emergência hospitalar na percepção do acompanhante. *Rev. Eletr. Enf. [periódico na internet]*. 2009; [citado 2012 nov 15]; 11(1): 151-7. Disponível em: http://www.fen.ufg.br/fen_revista/v11/n1/v11n1a19.htm
20. Brasil. Ministério da Saúde. *HumanizaSUS*. Brasília: Ambiência; 2004.

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