



OBSTETRIC PROFILE AND COMPLICATIONS OF PUERPERAS ASSISTED IN HOME VISITS

PERFIL OBSTÉTRICO E INTERCORRÊNCIAS DE PUÉRPERAS ASSISTIDAS EM VISITA DOMICILIÁRIA

PERFIL OBSTETRICO E INTERCURRENCIAS DE PUÉRPERAS EN VISITA DOMICILIARIA

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Descriptive exploratory study with quantitative approach that aimed to trace the obstetric profile and identify the major problems/complications faced by women assisted by the Extension Project "Home Visit in Immediate Postpartum", of the School of Nursing, Universidade Federal do Rio Grande. Semi-structured interviews were conducted with 72 puerperas, and data collected was submitted to descriptive analysis. The women were aged between 14 and 44 years, 41.6% were primigravidas, 34.7% had undergone at least one cesarean section and 13.8% reported one or more abortions. As for complications during pregnancy, anemia and hypertension were the most common; in delivery and postpartum, most reported no complications. Home visit is important to clarify doubts, detect possible abnormalities, conduct orientations, and assist in mother-baby bond.

Descriptors: Nursing; Postpartum Period; Home Visit.

Estudo exploratório descritivo, de abordagem quantitativa, com o objetivo de traçar o perfil obstétrico e identificar as principais problemáticas/intercorrências enfrentadas pelas mulheres assistidas no Projeto de Extensão "Visita Domiciliária em Puerpério Imediato", da Escola de Enfermagem, da Universidade Federal do Rio Grande. Foram realizadas entrevistas semiestruturadas a 72 puérperas e análise descritiva dos dados obtidos. As puérperas tinham entre 14 e 44 anos, 41,6% tiveram uma gestação, 34,7% realizaram no mínimo uma cesariana e 13,8% relataram um ou mais episódios de abortamento. Quanto às intercorrências na gestação, despontou anemia e hipertensão; no parto e puerpério imediato, a maior parte não relatou intercorrências. A visita domiciliária é importante para esclarecer dúvidas, detectar possíveis anormalidades, realizar orientações e auxiliar no vínculo mãe/bebê.

Descritores: Enfermagem; Período Pós-parto; Visita Domiciliar.

Estudio exploratorio, descriptivo, cuantitativo, con objetivo de trazar el perfil obstétrico e identificar los principales problemas/complicaciones que enfrentan las mujeres atendidas en el Proyecto de Extensión "Atención domiciliaria en puerperio inmediato", de la Escuela de Enfermería, de la Universidad Federal de Río Grande. Se realizaron entrevistas semiestructuradas a 72 madres y análisis descriptivo de los datos obtenidos. Las puérperas tenían entre 14 y 44 años, 41,6% tuvieron un embarazo, 34,7% realizaron al menos una cesárea y 13,8% informaron uno o más episodios de aborto. En cuanto a las complicaciones durante el embarazo, la anemia e hipertensión fueron las más informadas; en el parto y postparto, la mayoría no tuvo ninguna complicación. La visita domiciliaria es importante para aclarar dudas, detectar posibles anomalías, llevar a cabo las directrices y ayudar en la relación madre/bebé.

Descritores: Enfermería; Período de Postparto; Visita Domiciliaria.

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INTRODUCTION

The pregnancy-puerperium cycle consists of steps that, for involving changes and adaptations, become peculiar to the woman and family. Among these steps we highlight the puerperium, which, despite being a period of physiological occurrences, may be characterized as a stage of possible complications. These, when not identified or taken appropriate measures, tend to result in maternal and perinatal morbidity and mortality from preventable causes⁽¹⁾.

The Home Visit (HV) can be thought of as an excellent form of immediate postpartum care, seeking to clarify doubts, the reality of puerperas, how the family ties take place, and how the care for the mother and the baby is performed. The postpartum assessment at home makes the mother feels more comfortable to express her feelings and thereby the professional can provide a more effective assistance. The Ministry of Health recommends that the healthcare team should be available to identify the need of each woman to be heard with proper attention⁽²⁾.

Attention to the needs of the woman and newborn in the immediate postpartum period and in the first weeks after delivery is essential for maternal and newborn health. Home visit is recommended between seven to ten days after discharge. If the newborn has been classified as "risk", the visit should take place in the first three days after discharge⁽³⁾.

In order to provide such assistance, was established in Rio Grande-RS, Brazil, the Home Visit in Immediate Postpartum Project, an extension project developed by the Program Viver Mulher, School of Nursing, Universidade Federal do Rio Grande (FURG), aiming to provide care to puerperas who gave birth at the University Hospital of that city.

During the home visit, there was the participation of undergraduate nursing students who shared information and experiences with the puerperas, which has proven to be extremely important, since most

puerperas feel insecure when it comes to postpartum care, which contraceptive methods that can be used during breastfeeding and baby care, thus requiring guidelines and assistance in this period of life⁽⁴⁾.

Therefore, we identified the need to know the profile of women from Rio Grande assisted through this project, in order to develop care plans and establish assistance routines and protocols for the action developed. This study was structured having as research guiding question: What is the obstetric profile of puerperas assisted in Nursing Home Visits?

Seeking to achieve the answers to the research question, we established the following objectives: trace the obstetric profile of women assisted in the Home Visit in Immediate Postpartum Project, and identify the main issues and complications that affect these users throughout the pregnancy-puerperium cycle.

METHOD

This is an exploratory-descriptive research with quantitative approach. This study used secondary data, since it was developed through a database cutout of the research entitled "Evaluation of home care provided to puerperas through the Home Visit in Immediate Postpartum Project", developed at the School of Nursing, FURG. The study was carried out in the municipality of Rio Grande-RS, Brazil. The local Unified Health System has 32 Basic Health Units (BHU) – of which 19 have Family Health Teams –, two general hospitals, one cardiology and one psychiatric hospital.

The Home Visit in Immediate Postpartum Project from the School of Nursing, FURG, is targeted to women who give birth at the University Hospital Dr. Miguel Riet Corrêa Jr. From April 2008 to June 2011, there were 72 women assisted by the project, which is the number that composed the study sample. Home visits were scheduled weekly, on Mondays, for women who were discharged from hospital, and performed seven days after

discharge. During the term, the visits were conducted by nursing students from FURG, studying the Nursing Care in Women's Health discipline, and during extracurricular period, they were conducted by nursing students, with extension scholarship, that had already taken that discipline.

The database was built using the records obtained through the home visits to puerperas assisted by the abovementioned project, which were questioned about their and their child's health condition, postpartum complications, concerns, and return to activities of daily living and work. For this study, we extracted the obstetric characterization data and complications reported.

The records were stored in the Viver Mulher Research Group, in order to preserve the confidentiality of information obtained. For tabulation, data were entered into Microsoft Excel® 2007 spreadsheets and submitted to descriptive analysis. Data obtained were

discussed according to the existing scientific literature on the subject.

The study followed the ethical precepts, with the signing of the Free and Informed Consent Form, according to the Code of Ethics for Nursing Professionals and to Resolution No. 196/96. The study was approved by the Health Ethics Committee – CEPAS/FURG under protocol No. 17/2011.

RESULTS

The data obtained from the home visits conducted with the puerperas are described in tables. Initially, we present the data concerning the age group of women (Table 1).

Table 1 - Distribution of women according to age. Rio Grande, RS, Brazil, 2011, n=72.

Age (years)	n	%
14-19	14	19.4
20-24	15	20.8
25-29	25	34.7
30-34	11	15.2
35-39	5	6.9
40-44	2	2.7
Total	72	100.0

The obstetric profile of women is described as follows, and addresses data regarding pregnancies, delivery type and frequency of abortion (Table 2).

Table 2 - Obstetric profile of puerperas. Rio Grande, RS, Brazil, 2011, n=72.

Variables	n	%
Pregnancies		
1	30	41.6
2	18	25.0
3	7	9.7
4	9	12.5
5 or more	4	5.5
Did not inform	4	5.5
Total	72	100.0
Natural Childbirth		
0	25	34.7
1	24	33.3
2	10	13.8
3 or more	11	15.3
Did not inform	2	2.7
Total	72	100.0
Cesarean Section		
0	30	41.6
1	25	34.7
2	7	9.7
3 or more	6	8.3
Did not inform	4	5.5
Total	72	100.0
Abortion		
0	56	77.7
1 or more	10	13.8
Did not inform	6	8.3
Total	72	100.0

In order to know the major complications experienced by puerperas, below we present the data regarding pregnancy, delivery and the immediate postpartum period (Table 3).

Table 3 - Complications in pregnancy, delivery and postpartum. Rio Grande, RS, Brazil, 2011, n=72.

Complications	n	%
Pregnancy		
Without complications	31	43
Anemia	20	27.7
Hypertension	14	19.4
Other	4	5.5
Urinary tract infection	2	2.7
Did not inform	6	8.3
Childbirth		
Without complications	50	69.4
Breech delivery	3	4.1
Premature labor	3	4.1
Hemorrhage	3	4.1
Prolonged labor	3	4.1
Other	8	11.1
Did not inform	4	5.5
Immediate postpartum		
Without complications	52	72.2
Intense pain	7	9.7
Headache	3	4.1
Infected stitches	3	4.1
Other	4	5.6
Did not inform	3	4.2
Total	218*	

* The total number exceeds the number of interviewees because some women presented changes in the three gestational periods.

DISCUSSION

The age of the women in the study ranged from 14 and 44 years, with the vast majority aged from 25 to 29 years (34.7%). However, it was noticeable the reasonable amount of adolescents (19.4%).

One study⁽⁵⁾ conducted with secondary data collected from the database of DATASUS/Health Information/Vital Statistics, obtained data that corroborate this study as regards to age. Currently, with the entrance of women into the labor market, gaining their independence, the contraceptive methods and the access to information, women choose planning pregnancy so they can provide the baby a proper living with financial security and stability.

Another study⁽⁶⁾ that analyzed the epidemiologic profile of puerperas aged from 12 to 42 years, assisted in a rooming unit, detected the adherence of more than 50% of women to prenatal care and immediate postpartum programs, including the acceptance of Home Visit as a form of health promotion.

Teenage pregnancy is considered a high risk pregnancy due to the effects on the mother and newborn, besides causing social and biological problems such as: leaving school and work, leading to a decrease in household budgeting and economic dependency; risks arising from failure to perform a quality pre-natal care, for lack of qualified services or concealment of pregnancy by the adolescents; family conflicts due to non-acceptance from family and partner; social discrimination and distancing from their living groups, which interfere with the emotional stability of teenage girls⁽⁷⁾. The occurrence of infant morbidity and mortality is high in least developed countries, but especially among the children of teen mothers. This, allied to the socio-economic situation and lack of support in monitoring the pregnancy, leads to misinformation among adolescents, which do not receive proper guidance regarding the adequate maternal nutrition, the

importance of breastfeeding and childhood immunization, causing injury to children, representing a public health impact, besides the limitation on personal, social and professional development of pregnant women⁽⁸⁾.

According to the Informatics Department of the Unified Health System (DATASUS)⁽⁹⁾, in 2008, in the State of Rio Grande do Sul, there were 22,424 births to adolescents aged from 15 to 19 years. Thus, we verify the early onset of motherhood in the female population of this municipality.

The obstetric profile reveals a reasonable number of women with only one pregnancy (41.6%). Similar data was found in a survey conducted in the municipality of Serra, Espírito Santo state, where it was found that most of the women studied were primigravidas⁽¹⁰⁾.

Brazilian demographic data show that the decreasing birth rate, the increased education of women, their entrance into the labor market, and the longer life expectancy of the population result in changes in family organization. Among them, we highlight the decreasing number of children, one child per woman, and the increased number of childless couples among the middle classes⁽¹¹⁾.

The percentage of women who never performed cesarean section (41.6%) was higher than those who underwent this surgical procedure at least once (34.7%). One indicator that evaluates the quality of obstetric care is the cesarean rate. Brazil has one of the highest rates of caesarean section in the world, being the subject of great debate and criticism⁽¹²⁾. The country is far from achieving the rates of 10-15% of cesarean sections, established by the World Health Organization as the maximum ideal for this type of delivery, varying widely among the regions, especially when comparing the care provided by the Unified Health System (SUS) with the private care⁽¹³⁾.

According to the Ministry of Health, cesarean section already represents 43% of deliveries in Brazil in the public and private services, in SUS cesareans account for 26%⁽¹⁴⁾. The increased frequency of cesarean section does not represent an increase in the benefits for the mother and newborn. The risk of maternal death, according to the type of delivery, reveals greater maternal morbidity and mortality among women submitted to cesarean sections, due to puerperal infections, accidents and anesthetic complications⁽¹⁵⁾. The Ministry of Health, aware of the increase of cesarean sections in the country, launched in 2008 the "Campaign encouraging normal delivery".

Regarding the number of abortions, more than 10% of women have already had one or more. Abortion involves moral and religious aspects, being the subject of strong social sanction. This condition implies difficulties of women reporting it, particularly in illegal situations like in Brazil. There are difficulties in collecting this type of information, since until now the estimates of abortion in Brazil are based on indirect techniques⁽¹⁶⁾.

It was found that most puerperas did not present any problem during pregnancy, reaching a total of 43%. In that respect, it may be related to adherence to the recommendations made by health teams and to appropriate prenatal care, promoting care of themselves and their baby.

Among the puerperas who had some kind of complication during pregnancy, anemia was the most frequent (27.7%), followed by systemic arterial hypertension (19.4%). Regarding the complications presented, it was verified that some of these puerperas had a late pregnancy monitoring, which shows that they could have been avoided if the adherence/information process to health services were more feasible.

Similar findings described in studies⁽¹⁷⁻¹⁸⁾ show that anemia is the most frequent complication in pregnancy. Anemia during pregnancy stands out, not only by its incidence rate, but also for the deleterious

effects resulting from low hemoglobin count, negatively affecting both the mother and the fetus, with special reference to low birth weight and premature labor⁽¹⁹⁾. In contrast, other studies⁽¹⁰⁻²⁰⁾ show that in addition to hypertension, urinary tract infection is the most frequent clinical complication.

Regarding the complications presented during labor, most puerperas did not present any (69.4%), which suggests the development of an aware and careful work in obstetric centers, possibly causing any problems to be quickly detected, this way they can take the appropriate treatment in order to overcome complications. Among the most frequently mentioned complications, all with a rate of 4.1%, we highlight hemorrhage, breech delivery, premature labor and prolonged labor, as can be seen in Table 3.

As regards to immediate postpartum complications, most had none (72.2%), which can show the development of an adequate work of the nursing staff in the health promotion of women and children, through the achievement of home visits, directed to women and their families to appropriate care and prevention of puerperal complications.

Pain was the most common problem reported by women (9.7%), without specifying its type and location at the time of the interview, which does not allow directing the discussion. The occurrence of pain in the postpartum period due to physiological changes or complications, whether they are the most diverse, such as surgical incisions for caesarean section, lacerations or episiotomies in normal childbirth, or even problems related to breastfeeding, such as engorgement, are normally found⁽²¹⁾.

The attention to women in the immediate postpartum period and in the first weeks after delivery is essential for maternal health. Nursing care need to be developed in order to provide comprehensive care and collaborate effectively to the promotion of women's health and their family's⁽²²⁾. It is understood that this

kind of attention is entirely possible to be performed through postpartum home visits.

FINAL CONSIDERATIONS

Through this study, we were able to identify that most of the puerperas assisted were primiparous and did not present any complications related to pregnancy, delivery and postpartum. A small number of women had some kind of change or complication during pregnancy, especially anemia and systemic arterial hypertension.

Nursing accompanies the woman throughout the pregnancy-puerperium cycle, providing assistance from pre-conception, during pregnancy, delivery, and in the postpartum period, thus having an important role in women's health. Therefore, we conclude that despite the prevalence of postpartum women without complications, Home Visit is very important to clarify doubts, detect possible abnormalities, conduct orientations, and assist in strengthening the bond between mother and child. Home Visit fills the gaps that remain when there is no adequate explanation during prenatal consultations and hospitalization, which reinforces the importance of its achievement.

Furthermore, the home assistance provided improves the relationship between professional and puerperas/family, provides greater freedom to express their problems and difficulties, and the professional has more time than in the health unit. And also, for having the participation of nursing students, the visit contributes to the training of professionals with a more humanized care, because when they have contact with the cultural context in which families are inserted, students learn to value women in their entirety, considering their life story and feelings.

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