



The puerperal woman's perception of the care received by her support network

La percepción de la puérpera sobre los cuidados recibidos por su red de apoyo

A percepção da puérpera sobre os cuidados recebidos pela sua rede de apoio

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Abstract

The aim was to identify the woman's perception of the care received by her support network during the puerperium. Exploratory research with a quantitative approach carried out in a Basic Health Unit in the city of São José. After applying the inclusion and exclusion criteria, the final sample consisted of 16 postpartum women. Data were collected in October 2020, through a structured Google Forms questionnaire sent via email, and analyzed using simple descriptive statistics. Most participants had great adherence to prenatal consultations, where many claimed to have received guidance prior to changes in the pregnancy-puerperal cycle. The support network is recognized since the period of hospitalization, where the partner was prevalent. The research made it possible to identify that each woman has a unique perception based on their experience, just as the partner is usually the base of the support network, followed by the parents. It was also identified that the care received is hardly linked to the woman, but that she often feels satisfied with the help. It is also noted the importance of professional and continued care during this period, being the role of the health team to guide women about physiological and emotional changes, their duties and rights.

Descriptors: Postpartum Period; Comprehensive Assistance to Women's Health; Social Support; Support Network; Care.

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Resumén

El objetivo fue identificar la percepción de la mujer sobre los cuidados recibidos por su red de apoyo durante el puerperio. Investigación exploratoria con abordaje cuantitativo realizada en una Unidad Básica de Salud de la ciudad de São José. Luego de aplicar los criterios de inclusión y exclusión, la muestra final estuvo conformada por 16 puérperas. Los datos se recopilaron en octubre de 2020, a través de un cuestionario estructurado de Google Forms enviado por correo electrónico, y se analizaron utilizando estadísticas descriptivas simples. La mayoría de las participantes tuvo una gran adherencia a las consultas prenatales, donde muchas afirmaron haber recibido orientación previa a los cambios en el ciclo embarazo-puerperal. La red de apoyo es reconocida desde el período de hospitalización, donde predominaba el compañero. La investigación permitió identificar que cada mujer tiene una percepción única basada en su experiencia, así como el compañero suele ser la base de la red de apoyo, seguida de los padres. También se identificó que la atención recibida apenas tiene relación directa con la mujer, pero que muchas veces se siente satisfecha con la ayuda. También se destaca la importancia de la atención profesional y continua durante este período, siendo el papel del equipo de salud el de orientar a las mujeres sobre los cambios fisiológicos y emocionales, sus deberes y derechos.

Descriptor: Período Posparto; Asistencia Integral a la Salud de la Mujer; Apoyo Social; Red de Soporte; Precaución.

Resumo

Objetivou-se identificar a percepção da mulher sobre os cuidados recebidos pela sua rede de apoio durante o puerpério. Pesquisa exploratória de abordagem quantitativa realizada em Unidade Básica de Saúde no município de São José. Após aplicação dos critérios de inclusão e exclusão a amostra final foi constituída por 16 puérperas. Os dados foram coletados em outubro de 2020, por meio de um questionário estruturado do Google Formulários encaminhado via e-mail, sendo analisados por meio de estatística descritiva simples. A maioria das participantes teve grande aderência nas consultas pré-natais, onde muitas alegaram ter recebido orientações prévias às mudanças do ciclo gravídico-puerperal. Reconhece-se a rede de apoio desde o período de internação, onde o companheiro foi prevalência. A pesquisa possibilitou identificar que cada mulher tem percepção única baseada em sua vivência, assim como o companheiro geralmente é a base da rede de apoio, seguido dos pais. Identificou-se também que os cuidados recebidos dificilmente são ligados diretamente à mulher, mas que a mesma, muitas vezes, sente-se satisfeita com o auxílio. Nota-se também a importância do cuidado profissional e continuado durante esse período, sendo papel da equipe de saúde orientar as mulheres sobre as mudanças fisiológicas e emocionais, seus deveres e direitos.

Descritores: Período Pós-Parto; Assistência Integral à Saúde da Mulher; Apoio Social; Rede de Apoio; Cuidado.

Introduction

The puerperium is the post-pregnancy period that involves several changes in the woman's body and her recovery time can occur differently, considering the individuality of each being. In addition to physiological changes, emotional and social changes occur that involve the woman and her family and require attention from health services and the environment in which she is inserted¹.

The family goes through the adaptation process with the arrival of the new member and with other children, if any. In addition, home care tasks must be continued, which is most often the woman's responsibility. It is during this situation that the puerperal woman may face several difficulties and limitations, depending not only on factors related to her and her engagement in the puerperal period².

Upon becoming a mother, the woman sees herself in front of a role in which she demands greater availability and attention to the care required by the newborn, resulting in extreme physical and psychological exhaustion, coupled with loss of sleep, irritability, and housework. It is understood that, among the most noticeable difficulties during the puerperal period are those related to the

emotional state and problems related to depression or baby blues, absence of a partner/spouse, financial deficit, cleaning and disinfection of the umbilical stump, lack of confidence to bathing, choosing the newborn's clothing, with greater focus on difficulties with breastfeeding and complications due to lack of knowledge, in most cases, about the correct grip and position, and the fear of not producing enough milk to nourish the newborn^{3,4}.

In addition to the conflicts mentioned above, guarding is still often dominated by norms and rules that were based on experiences of success and failure, which ended up being characterized as absolute truths. They are culturally learned, passed from generation to generation, and followed with a view to the well-being of the puerperal woman. Among some beliefs, the following stand out: prohibition of washing the head; absolute rest when it comes to household chores, sexual activity, and home restriction; and food restriction. This posture does not always come from the puerperal woman herself, since there are numerous influences, she can receive during this period⁵.

The support network of postpartum women goes far beyond professional care, it is based on the social



environment of each woman and encompasses her family and friends. This support received plays an important role in facing the adversities of the puerperal period, as it has the power to influence and interfere in various matters. These influences/interferences can also generate inappropriate practices, which will certainly occur in the home environment, where there is no professional presence. Therefore, the importance of knowledge and professional guidance is emphasized, dealing with the subject in advance^{5,6}.

The nurse has its role introduced throughout the puerperal period by following the puerperal woman about her anxieties and complications experienced by her and by all who closely follow this phase full of news and discoveries. Therefore, it is through actions focused on the promotion of health education that it will be possible to minimize future problems and eliminate pertinent doubts, reinforcing guidelines given during prenatal care, assisting in techniques, and providing information necessary for the process of comprehensive care about the binomial and about women, through nursing consultations⁷.

As part of the guidelines given to the puerperal woman, it is essential to inform her about the care to be taken with herself as well, with a holistic look towards the health of the woman and not just the newborn, providing her with a quality and pleasurable puerperium for both. Orientations are given regarding feeding, sleep, and rest, for both the mother and the newborn, observation of the loquation, how to promote a peaceful environment for breastfeeding and reinforce the link between the binomial, care with episiorrhaphy and/or surgical incision, family planning, return to sexual activity, attachment and correct position during breastfeeding, how to proceed in case of fissures and/or mastitis, among other questions reported by the mother⁸.

Over the years, Brazil has been expanding and offering programs through health systems that provide greater assistance and support to postpartum women, such as the Comprehensive Assistance Program for Women's Health (PAISM), the Prenatal Humanization Program and Birth (PHPN), National Policy for Comprehensive Care for Women's Health (PNAISM), the Rede Cegonha, which recommends monitoring the mother and child in primary care with home visits in the first week after delivery, guidance and provision of contraceptive methods and the prevention and treatment of Sexually Transmitted Infections, such as AIDS and hepatitis⁹.

From the performance of actions and projects organized by these programs, the quality of life of women, regardless of the stage they are in, is guaranteed and exercised due to the public policies of low, medium and high complexity of the Unified Health System, ensuring their rights and duties, and providing guidance to the doubts of women, mothers and postpartum women⁹.

Finally, it is considered that the puerperium is a period of intense biopsychosocial changes that requires different care and is influenced by the different people who

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Schwantes NOG, Rogério RS, Lourenço LFL, Souza WGA, Valcarengi RV share this moment with the mother and the newborn, whether they are health professionals, relatives or friends. Thus, this research has as a guiding question: What is the perception of women about the care received by their support network during the puerperium?

What motivated us to choose this topic was due to the study of women's health during the four years of college. It was through these that we could notice that in practice the puerperal woman does not receive the necessary attention, as the theory says. When a woman becomes a mother, the public's eyes turn to the newborn, she is little noticed about everything that permeates/afflicts her in this new phase of her life. We wonder who would be looking at this newborn mother and what she thinks about it. So, we decided to give them a voice!

Thus, the objective was to identify the woman's perception of the care received by her support network during the puerperium.

Methodology

Exploratory research, with a quantitative approach, with the main objective of building hypotheses through interviews with people who had practical experiences with the researched problem, centered on objectivity and based on direct data, allowing comparisons of the real problems presented¹⁰.

The research was developed at a Basic Health Unit (UBS) in the city of São José, located in the Fazenda Santo Antônio neighborhood. It is located in an easily accessible location, where there are schools, kindergartens, religious temples and local businesses nearby, as well as an outdoor square and gym next to the UBS, available to the community for social interaction. Within the unit, the Family Health Teams work in health education groups (hypertensive, diabetic, elderly, pregnant women, adolescents, obese), promote physical activities, family planning, monitoring and child growth, low-risk prenatal care, cervical and breast cancer preventative, in addition to immunizations and other prevention and health promotion actions. Therefore, low-complexity services, follow-up and preventive measures are available in relation to the well-being and quality of life of the local population.

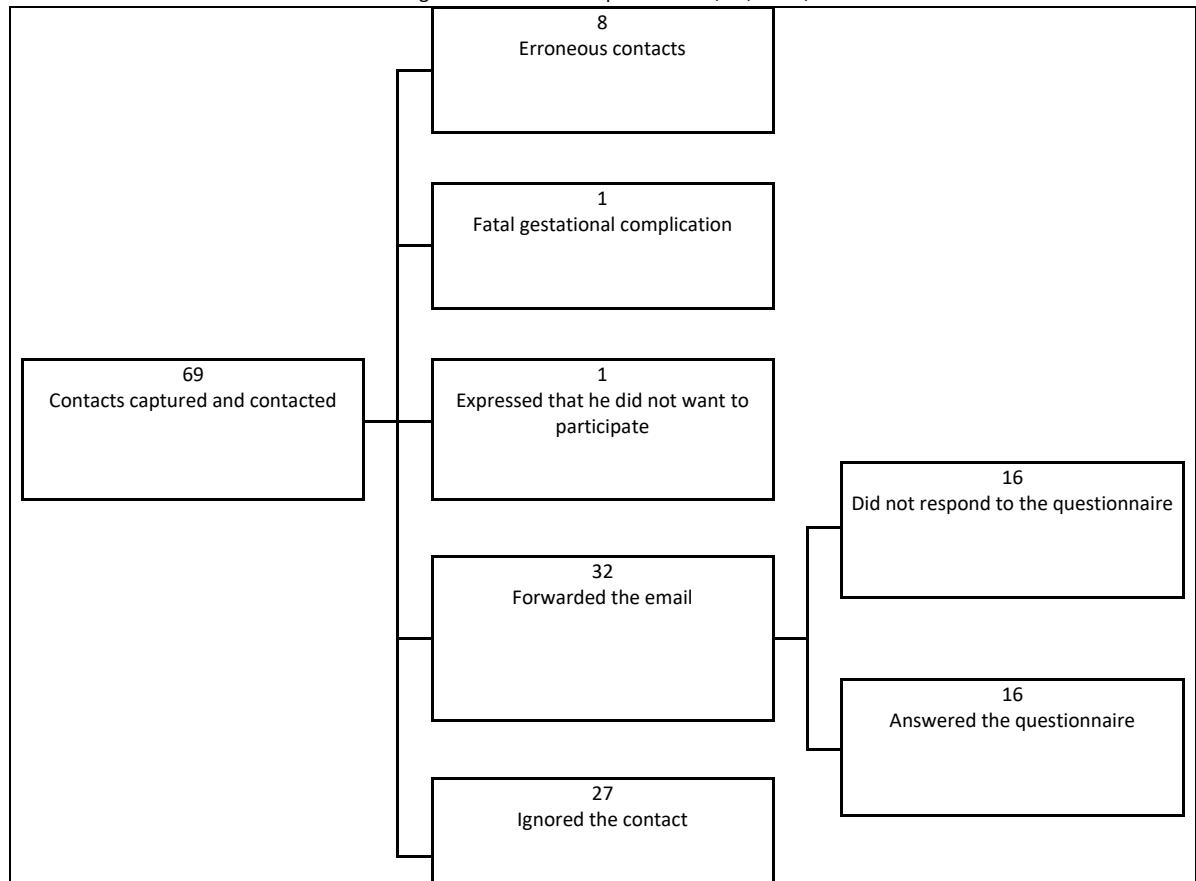
The participants who made up this research were postpartum women assisted in the coverage area of the UBS in question, with delivery from February 2019 to February 2020.

The established inclusion criteria are mothers over 18 years of age; having performed prenatal care by SUS in the area covered by UBS Fazenda Santo Antônio; and having delivered from February 2019 to February 2020.

As exclusion criteria: mothers who lost the newborn, mothers who report health complications during pregnancy.

The sample was unintentional, being obtained after identifying eligible mothers and applying the inclusion and exclusion criteria. Thus, a final sample of sixteen mothers was obtained, as detailed in the flowchart below:

Flowchart 1. Detailing of the research sample. São José, SC, Brazil, 2020



Data collection was carried out in the period of October 2020 through a structured questionnaire to obtain the data, sent by e-mail with an access link via Google Forms.

Due to the current scenario in combating SARS-CoV-2, the method chosen to obtain data occurred online. Thus, the interviewed mothers and the researchers were not put at risk or put at risk other people in their lives. It is, therefore, the most efficient and safe way to carry out this research, considering the vast contagion and high mortality rate resulting from the COVID-19 virus.

The researchers carried out a survey of UBS records, identifying 69 postpartum women eligible for the study. Subsequently, the researchers contacted the participants by telephone to certify the inclusion and exclusion criteria, to clarify doubts and explain the Informed Consent Form.

After being interested in participating, the researchers sent an invitation letter to the participants' e-mail, explaining the research objectives and how their participation would occur. In this e-mail, in addition to the access link to the questionnaire, the Informed Consent Form (FICF) signed by the researchers followed, so that the participant could file it.

The questionnaire was prepared by the researchers with questions that could identify their social and personal conditions as a postpartum woman, about the care received during their immediate, late and/or remote puerperal period (care for the newborn, with housework and/or with herself),

identification of her support network and the period of time in which she obtained it, identification of the difficulties and experiences experienced during her puerperium, the postpartum woman's view of the Basic Health Unit as her support network, and solutions to problems or difficulties during the puerperium due to the support network.

Data analysis was performed using simple descriptive statistics.

The project was submitted to the Research Ethics Committee, fully respecting the requirements of Resolution No. 466 of December 12, 2012, which regulates research involving human beings¹¹. The project was sent to the Municipal Health Department of the city of São José - SC, and data collection with postpartum women at UBS Fazenda Santo Antônio was authorized. After this consent, the research project was submitted to the Ethics Committee for Research with Human Beings of Universidade Paulista (UNIP) through the inclusion of the project in Plataforma Brasil, being approved by the opinion nº 4.333.713.

Before starting the research, the virtual FICF was inserted in the questionnaire, containing clarifications about the research and request for authorization of the use of data, as well as the FICF signed by all researchers for the participant, as an attachment. can file the document.

Results

The 16 postpartum women participating in the survey have an average age of 30 years. Of them, 62.5% were

None	6,2%
Total	100%

married, 18.7% single and 18.7% lived in a stable relationship. Regarding the number of children, 50% have only one child, 37.5% have two children and 12.5% three. During the puerperium, only 12.5% of women claimed to live only with their other children, the other 87.5% claimed to live with their partner, as follows: 28.5% of them lived alone with the aforementioned; 35.7% with him and other children; and 35.7% with him and other people, who may also be mother, father, mother-in-law, father-in-law.

About the pregnancy, childbirth and puerperium in question, most women (81.2%) claimed to have had more than seven prenatal consultations, while 12.5% claimed to have had four to six consultations and 6.2% claimed to have had not having done any. The type of vaginal delivery was also registered as the majority with 75%, against 25% of cesarean delivery.

Regarding guidance regarding physiological and psychosocial changes during pregnancy and the puerperium, 81.2% said they had received: 53.8% by a UBS professional, 38.4% by a family member or friend and 7.6% by a professional from the private network. The other 18.1% said they had not been guided, and that: 33.3% said it was relevant during the puerperal period and 66.6% said it made no difference.

In addition, 56.2% of the participants knew about motherhood prior to childbirth and considered this fact relevant, but 43.7% did not know it, and of these: 71.4% would have liked to know and 28.5% claimed not to have done it. difference.

The deliveries of the participants took place between February 2019 and February 2020, of which 56.2% of the infants were born with a gestational age greater than 39 weeks, 37.5% between 37 and 39 weeks and 6.2% between 34 and 36 weeks.

During the hospitalization period, the diversity of companions was low, given the predominance of choosing a partner in 93.7% of cases, including: 60% the partner was the only one and 40% was linked with other people, such as a mother, father, mother-in-law, and father-in-law. Only 6.2% of companions were the mother and other undescribed people.

Regarding hospital discharge after hospitalization, 62.5% of women were released until the second day and 37.5% between the third and fifth day. After discharge, most reported that they went to their own home.

When asked about the puerperium and health services, only 6.2% of the mothers claimed that they received a home visit as recommended by the Ministry of Health, against 93.7% who did not receive it. Despite this, it is observed that public health services were well sought after, with an emphasis on the Basic Health Unit, as shown in the table below:

Table 1. Search for public health services. São José, SC, Brazil, 2020

Health Services	Adhesion
Basic health Unit	43,7%
Maternity and Basic Health Unit	25%
Maternity, Basic Health Unit and Emergency Care Unit	18,7%
Emergency care unit	6,2%

However, there was a great diversity of responses regarding puerperal consultations. Regarding the first consultation, 37.5% had it until the seventh day after delivery, another 37.5% until the fifteenth day and 25% did not have the same. Regarding the second appointment, 43.7% had not had it, 18.7% had had it until the thirtieth day and 37.5% had had it until the forty-fifth day.

Of the puerperal women who had a postpartum consultation, 100% stated that they had received guidance regarding breastfeeding and care for the newborn. Only 41.6% claimed to have been instructed about physiological changes and sexual activities. About psychosocial changes, only 25% reported receiving some information.

Regarding the support network and care received during the puerperium period, again the partner was predominant, but this time, in relation to the one chosen as the support network by 81.2% of the women.

Only 6.2% registered that any of the people in the support network were hired, with monthly expenses of more than one minimum wage. The other 93.7% stated that no hiring was necessary.

Regarding the time of support, the majority (53.2%) claimed to have been for more than five months, with this, 25% reported having been from three to four months and 18.7% for less than one month. For a better analysis of the care received, they were divided into three classes described in the three subsequent tables, namely: "Care received related to the puerperal woman"; "Care received related to the newborn"; "Care received related to other children".

Regarding the puerperal woman, there is a predominance of help with household chores and minimal support related to care with dressings.

Table 2. Care received related to the postpartum woman. São José, SC, Brazil, 2020

Care	Adhesion
Carrying out household tasks	93,75%
Help with food	62,5%
Assistance with body hygiene	43,75%
Assistance with basic needs	43,75%
Assistance with changing clothes	31,25%
Bandage care	25%

It is also observed that the newborn can be the focus of care in the support network since adherence to almost all care options is remarkable.

Table 3. Care received related to the newborn. São José, SC, Brazil, 2020

Care	Adhesion
Observe and/or entertain	68,75%
Change diapers	68,75%
Bathing	62,5%
Make sleep	62,5%
Umbilical stump care	50%
Feed	12,5%

Finally, related to other children, it is noted that



adherence to all care is relatively low compared to postpartum women and newborns, but that it still occurs with some frequency.

Table 4. Care received related to other children. São José, SC, Brazil, 2020

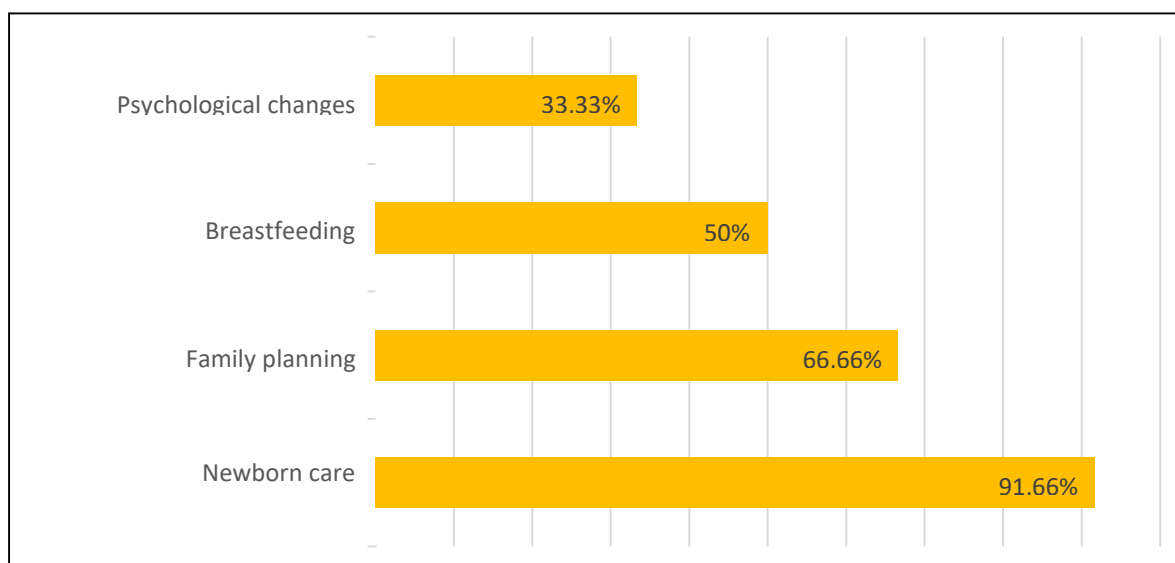
Care	Adhesion
Feed	43,75%
Help with the bath	31,25%
Take and pick up from school/nursery	31,25%
Observe and/or entertain	31,25%
Assistance with school activities	18,75%
None	6,25%

These women were asked if there was any difficulty during the puerperium that their support network was unable to help, although 87.5% answered no, 12.5% reported some discomfort during this period.

“Breastfeeding, lack of pediatrician and gynecologist” (P10).

“My son had umbilical hernia [...] I was very lost, when I saw it I ran to the health unit and I was very poorly attended [...] it made me even more nervous [...]” (P11).

Graph 1. Guidance received by the Basic Health Unit. São José, SC, Brazil, 2020



Finally, among the main professionals from whom they received these guidelines, the physician stands out with 68.7% and the nurse with 62.5%. The nursing technician received 25% adherence and the community health agent 12.5%.

Discussion

The Ministry of Health indicates a minimum of six prenatal consultations, which must be interspersed between a doctor and a nurse for low-risk pregnancies in public health services. It was observed in this research great adherence in relation to the number of prenatal consultations performed. According to a study¹², this may be related to the pregnancy planning and/or the woman's

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They also answered which support received by the support network they considered the most important, where there is great variety in the perception of each woman.

“They helped me during the contractions, best team at the regional hospital” (P1).

“Guidance for breastfeeding” (P7).

“Baby care so I can do my thing” (P15).

“Postpartum help. The patience they have to talk and help us understand more about some subjects [...] gives even more security to speak openly” (P16).

Most puerperal women (75%) also included the Basic Health Unit as their support network, but 25% did not consider it. Those who considered said they received the guidelines described in the chart below with the following adherence:

satisfaction when discovering the pregnancy, which also interferes with the early start of obstetric follow-up.

It is expected that during the prenatal period, relationships are established between pregnant women and professionals, regardless of whether they are from the public or private network. The guidelines passed on during this period require good reception and communication, captivating the woman for continued care. It is in this monitoring that physiological, cultural, and social issues should be addressed in the pregnancy-puerperal cycle, with the intention of offering quality of life and good health care. The results of this study were positive when dealing with guidelines during pregnancy and, according to research¹³, this can help build a healthy maternal foundation.

It is also indicated, by the Ministry of Health, that the UBS be linked to hospitals/maternity hospitals, with the role of public health professionals being to guide the pregnant woman to know the place in advance and seek it in cases of obstetric emergencies and/or labor. It is observed that in this research this factor was divided, as well as in a study carried out between 2011 and 2012. In it, 43% of women were not connected, the explanation is that this can be due to the low articulation between health services. health, lagged prenatal care, childbirth and puerperium^{14,15}.

The proportion of vaginal delivery and birth with a gestational age greater than thirty-nine weeks was large. In a survey conducted between 2013 and 2014 through the Information System on Live Births, it is stated that this may be related to the link of women to the Unified Health System, since adherence by cesarean delivery in private services, even before the thirtieth eighth week of pregnancy is high¹⁶.

Regarding hospitalization, in the case of the companion, a study carried out at the University Hospital of Florianópolis between 2008 and 2009 reaffirms the woman's right to choose her preferred companion from admission to discharge. This same study confirmed the variability from days to discharge, as it claims that it varies according to the needs of each patient. It is during this period that guidelines regarding the newborn and the puerperal woman are passed on and doubts can be resolved. The women participating in the study stated that they felt safer at the time of discharge due to the period they remained hospitalized, and that this also encouraged the care of the companion towards the newborn¹⁷.

As in the present research, it is possible to observe that, according to other researchers, most home visits do not happen. Nurses who worked in one of the seven Health Centers selected for a particular study in Florianópolis, when asked about the lack of commitment to the visits, reported that work overload, unavailability of time, lack of human resources and lack of transportation from the city hall for locomotion contribute to the non-performance of the home visit¹⁸.

As shown, the search of postpartum women for care in UBS is superior to other health establishments. Much of this preference is because the UBS is closer and more present in the entire pregnancy process of women, creating a bond between the patient and the professional, thus making this the place where they feel more welcomed and safer due to the care and information received since prenatal care¹⁹.

In similar studies, this same search can be seen, however, problems such as the delay in scheduling prenatal consultations made it difficult to continue the follow-up. Adherence to attendance and the search for the UBS happens too much because the woman feels confident in returning to the unit to follow up the procedures and assistance with the newborn, due to the concern and desire to be aware of the changes, evolutions, and complications with it, as seen in other research^{19,20}.

It is noted that the guidelines regarding direct care to the newborn and breastfeeding are carried out

successfully. However, guidelines on self-care and physiological and psychological changes for women were minimal and scarce. In a research carried out at the Araçatuba - SP maternity hospital with women who stayed in Rooming-in, essential guidelines were given, such as care with the umbilical stump, sunbathing, bathing, and intimate hygiene of the newborn, in addition to care with the breasts in case of complications and correct attachment and position²¹.

Regarding postpartum sexual activities, it was observed, in view of a study in another maternity hospital, that women receive information and teachings from mothers and friends who have already been pregnant and deal directly with their partners about their limitations²².

It is concluded, therefore, that the guidelines given by the nursing team have a greater focus on the newborn, allowing the woman to feel in the background and/or remain in doubt about the return of her body to the pre-pregnancy state and her sex life, causing feelings of insecurity and guilt due to the vulnerability in which she finds herself, and then, enabling her to search for other means to receive assistance and support²¹.

As primary support in their puerperal period, women elected their partner on a large scale. As reported in other studies, the partner takes the lead in household chores so that the woman has more peace of mind in breastfeeding and being with the newborn, or else, stay with the newborn so that the mother has moments of self-care and rest. The support network continues with the family and friends, who often welcome the puerperal woman into their home and help in the puerperal process, allowing her to be exempt from household chores and can focus on forming the bond between the binomial²³.

According to other surveys, everyone cited as a support network is shown to contribute directly to breastfeeding, in a way. The health professional with guidance and removal of doubts, and the family nucleus by promoting a safe and serene environment for the act of breastfeeding²⁴.

The time of assistance received in this research by the support network of the puerperal woman indicated a high rate for more than five months and a low rate for less than a month. On the other hand, in a similar research, the report of most postpartum women showed that the first month postpartum is the most difficult and requires the presence of someone close, due to inexperience and nervousness²³.

As previously mentioned, the care offered to the puerperal woman was less prominent when compared to the newborn. Regarding support for emotional problems, hormonal and physical changes, anxiety, insecurity in performing new tasks involving the care of the newborn, change in the quality of sleep and rest and mood, the nurse must pay attention to the reports and should provide guidance and clarification on each difficulty faced, both the puerperal woman and the family, to reinforce how common complications can also be with the woman during this period²⁵.

As the greatest difficulties faced by the puerperal

women, those who, during a fragile moment, received poor care from the health professional and the lack of essential services for the maintenance of health are highlighted. In addition, according to another study, the absence of physical examination and anamnesis of the puerperal woman may generate greater difficulties in the future²⁶.

The support that women considered most important are similar in other studies seen. According to them, the care offered to the newborn, the lack of concern with the support of the home, the qualified listening of the health professional, among others, had a considerable impact on their puerperium²⁷.

Most women also considered the Basic Health Unit as their support network, mainly because it is in front of the UBS that the woman finds herself in the entire gestational process. It is there that the most diverse orientations are made, and difficulties are solved. In view of the care provided by health professionals to the puerperal woman, the medical service prevails, while nursing care is in second place, even though the difference in prevalence between these services is small. On the other hand, the Community Health Agent, seen in last place, possibly occupies this position due to the insecurity and difficulty of women, as pregnant or postpartum women, in feeling free to vent or clarify doubts, this according to a survey carried out with a team of Family Health and coverage of women²⁶.

Final Considerations

The realization of this study made it possible to identify the woman's perception of the care received by her support network during the puerperium, as well as the identification of this support network and the main care received in the puerperal period. It was observed that, on the support offered to the puerperal woman, the focus is on the number of women who reported receiving much more help with household chores and with the care of the newborn, in contrast, support for other children it is less considerable.

It was also possible to clarify, given the results, that there were very few women who did not have difficulties resolved by their support network, as well as the variety of what support they considered most important, as this varies with the perception of each postpartum woman. Finally, the UBS was included by most as their support network, with the doctor and the nurse being the main professionals in the front line with these women.

The support network has an impact on the quality of women's puerperium. The puerperal woman, during this remarkable event in her life, often looks for someone she can trust and vent about her fears and anxieties and ask for help. It is within the support network that they have a pre-judgment-free reception whenever necessary to deal with delicate and intimate matters. The support coming from the partner, family and friends is essential so that the

environment in which the binomial is integrated is pleasant and conducive to a postpartum period without complications and stressors. The support coming from the health professional, who is also part of this network, is enlightening and safe, as it offers assistance based on scientific information, with humanized and individualized care, according to the reality of each woman and the environment in which she is inserted. Both members who make up the support network can support women according to their doubts and afflictions, each according to their knowledge and bond formed.

It is also known that the care offered to the binomial facilitates the puerperal period. It is through this care that the woman feels more comfortable to interact with the newborn and dedicate herself to the development of the role of mother. When taking care of herself, the woman feels remembered and cared for, whereas when the newborn is cared for, when care is offered or taught by someone, there is a feeling of security to reproduce the same care with more confidence. The woman still has care related to domestic tasks and the administration of the home, allowing her to direct her attention to herself and to the newborn.

It is observed that the perception of each woman about the post-pregnancy period varies according to their experience during it, which can be good or bad. It is up to the support network, in general, to be discerning and welcoming to form and/or maintain a bond so that care is comprehensive and continuous. It is noticed that postpartum women rely immensely on the support of people around them, and that these offer valuable care for the puerperal period. Finally, it is noteworthy that these women are dedicated to successfully developing their role as a mother, as well as their role as wife, housewife and professional.

It is also noted that actions recommended or recommended by the Ministry of Health aimed at women were not followed. The cause can occur for several reasons, but, independently of it, it is concluded that the Health System has a failure in women's health care, creating a gap in care. Just as people often turn their care, guidance, and attention to the newborn, allowing the woman not to receive the necessary care and guidance during this period.

It is believed that the puerperium is a highly flexible theme, as, as mentioned above, it varies according to each personal experience. Features such as: research location, public or private service, among others, may be relevant to the results obtained. Thus, it is recommended that more research be focused on the subject, so that the field of knowledge and understanding about it is wide.

Finally, it is believed that the referent research is relevant, both for health professionals and for family and friends who make up the support network for postpartum women, as it enables an empathetic look at the woman.

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