

SELF CARE NEEDS POSTPARTUM FROM GROUPS OF POSTPARTUM WOMEN AND CAREGIVERS

NECESSIDADES DE AUTOCUIDADO NO PERÍODO PÓS-PARTO IDENTIFICADAS EM GRUPOS DE PUÉRPERAS E ACOMPANHANTES

LAS NECESIDADES DE AUTOCUIDADO EN EL PERÍODO POSTPARTO IDENTIFICADOS EN GRUPOS DE MUJERES Y ACOMPANHANTES

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ABSTRACT

Objective: To identify self-care needs postpartum from groups of postpartum women and caregivers. **Methods:** Descriptive and exploratory study, through a focal group. Participants were 36 women, 30 postpartum women and six companions. An inductive question was used (What are the main needs for self-care of women in the postpartum period?), from which emerged the needs of women's self-care in the postpartum, which were grouped by similarity of content: hygiene, care of the stitches, hair care and skin nutrition, care of the breasts, benefits of breastfeeding for women, return of sexual activity, planning family, indication and return of physical activity, weight loss, belt use, home, home activities, attending at puerperal medical appointments, mental health and family support. **Conclusions:** It was possible to know the real demands of postpartum women from the identification of their self-care needs and expectations.

Descriptors: Self care; Nursing Theory; Postpartum period; Women; Nursing.

RESUMO

Objetivo: Identificar as necessidades de autocuidado no pós-parto em grupos de puérperas e acompanhantes. **Métodos:** Estudo descritivo e exploratório, por meio de grupo focal. Participaram 36 mulheres, sendo 30 puérperas e seis acompanhantes. Utilizou-se uma pergunta indutora (Quais as principais necessidades de autocuidado da mulher no período pós-parto?), da qual emergiram as necessidades de autocuidado no período pós-parto, que foram agrupadas por similaridade de conteúdo: higiene, cuidado com os pontos, cuidados do cabelo e pele, nutrição, cuidado com as mamas, benefícios da amamentação para a mulher, retorno da atividade sexual, planejamento familiar, indicação e retorno da atividade física,

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perda de peso, uso de cinta, repouso, atividades do lar, comparecimento às consultas puerperais, saúde mental e apoio familiar. **Conclusões:** Possibilitou-se conhecer as reais demandas das puérperas a partir da identificação de suas necessidades de autocuidado e expectativas.

Descritores: Autocuidado; Teoria de Enfermagem; Período pós-parto; Mulheres; Enfermagem.

RESUMEN

Objetivo: Identificar las necesidades de autocuidado en el postparto desde grupos de mujeres y cuidadores. **Métodos:** Estudio descriptivo y exploratorio, por medio de un grupo focal. Participaron 36 mujeres, siendo 30 puérperas y seis compañeros. Se utilizó una pregunta inductora (¿Cuáles son las principales necesidades de autocuidado de la mujer en el período post-parto?), de la cual emergieron las necesidades de autocuidado en el período postparto, que fueron agrupadas por similitud de contenido: higiene, cuidado con los puntos, el cabello y el cuidado de la piel, la nutrición, el cuidado de los pechos, los beneficios de la lactancia materna para las mujeres, el retorno de la actividad sexual, la planificación familiar, la indicación y el retorno de la actividad física, la pérdida de peso, el uso de correa, descanso, actividades en el hogar, asistiendo a citas médicas puerperales, salud mental y apoyo familiar. **Conclusiones:** Permitió conocer las demandas reales de puérperas desde la identificación de sus necesidades de autocuidado y las expectativas.

Descriptor: Autocuidado; Teoría de Enfermería; Período de Postparto; Mujeres; Enfermería.

INTRODUCTION

The postpartum period is highlighted as a phase of great biopsychosocial changes in women's lives experiencing motherhood. It is characterized by the greatest need of care and protection, given that many of the changes involve both the mother and the baby's health issues.¹⁻² Aspects related to self-care, newborn care, access to health services and women's satisfaction with the care received, are important assumptions to be met in order to provide the satisfactory course of this phase.²

In this context, it is emphasized the importance of nursing care provided in a trust and empathy relationship, in which

the puerperal women feel contemplated on their needs. Such care will allow the nurse, through his/her clinical judgment, set goals and propose significant interventions to this context of new experiences and meanings in woman's life.³

To scientifically support the care, the nurse has a wide range of theories, which guide the practice and assist in identifying customer needs, improving their health and well-being.⁴ Moreover, they should contribute to the subjects to take their role as co-participant in this process, reinforcing self-care.

Self-care is a technique used to empower the individual to take care of him/herself. Thus, as an active subject of

the process, it is possible to modify attitudes and take on new behaviors. In this sense, it acts as a changing agent to maintain health and prevent complications.⁵ Searching the care for yourself, body and mind, improving lifestyle, know and control the risk factors that lead to diseases and take steps to prevent them.⁶

In this context, one can highlight the Self-Care Theory, by Dorothea Orem, classified as wide-ranging and belonging to the category of needs/problems, seeking to fill or correct them.⁷ One of its assumptions is that all human beings have potential to develop their intellectual and practical skills, besides the essential motivation for self-care, and features itself based on important concepts, namely:⁷

1) *Self-care*: It is the performance or practice of activities that individuals perform in their behalf to maintain life, health and well-being. When self-care is done effectively, it helps maintain the structural integrity and human functioning, contributing to its development;⁷

2) *self-care action and basic conditioning factors*: It is the human ability or power to engage yourself in self-care. To do so, the individual is affected by basic conditioning factors, such as age, gender, development, health, socio-cultural orientation, health care system (ie, diagnostic and treatment modalities), family system, living

standards (for example, regular engagement in activities), environmental standard and suitability and availability of resources;⁷

3) *Therapeutic Demand of selfcare*: It is the totality of self-care actions to be performed to fill known self-care requirements, from valid methods and sets of operations and actions related.⁷

Another important concept of the theory relates to 'self-care requirements', which are divided into universal (common to all human beings), development (needed for growth and development) and health deviation (associated with health deficits). The requirements for universal self-care are: maintaining adequate intake of air, water and food; provision of care associated with the elimination processes and the excrements; maintaining the balance between activity and rest and between loneliness and social interaction; prevention of dangers to human life, operation and human welfare; fostering of the functioning and development of the human being within social groups, according to the potential, the limitations known and the desire to be normal.⁷

The self-care development requirements are both the specialized expressions of universal self-care, which were individualized by development processes, and the new ones, which are derived from a condition or associated with

some event (eg adaptation to body modifications). Self-care in health disorders is required for illness or injury conditions or can result from medical measures required to diagnose or fix certain condition.⁷

In postpartum context, considering maternal needs evidenced mainly by self-care development requirements, one of the main actions to be taken by nurses can be focused on educational activities. By teaching self-care, the nurse is able to provide healthier conditions and greater autonomy to women.⁹

Health education is of paramount role in the self-care of mothers by encouraging habits and health behaviors through an informational horizontalized and shared support.¹⁰ Currently, various educational technologies have emerged as tools that facilitate healthy behaviors and better targeted under the therapeutic relationship. In addition, the nurse takes into account the life story of every woman, respecting the common knowledge, combining it to his/her scientifically-based praxis.¹¹

Therefore, it is important for nurses to clarify doubts and guide women in self-care actions that can and should be exercised during the postpartum period and, to do so, it is essential that this professional has theoretical approach to

develop targeted assistance towards the real needs of mothers.

Based on the above, this study aimed to identify the self-care needs in the post-partum in groups of mothers and caregivers for the development of an educational technology focused on the self-care of this clientele.

METHODS

This is an excerpt of the thesis "Construção e validação de uma tecnologia educativa sobre o autocuidado de mulheres no pós-parto" ("Development and validation of an educational technology on women's self-care in the postpartum period"), which includes Phase 1 (Systematic content) of the booklet construction process proposed by Reberte, Hoga and Gomes.¹² For the construction of the material, it was systematized its content through the development of an integrative review by the authors¹³, which was guided by the following question: with the following guiding question: What educational technologies have been developed or used by nurses to the (self)care of women in the postpartum period? Data complementation was performed using groups of mothers and caregivers.

The review followed the steps proposed by Mendes, Silveira and Galvão¹⁴, namely: 1) issue identification

and hypothesis selection or research question; 2) criteria establishment for inclusion and exclusion of studies/sampling or literature search; 3) definition of the information to be extracted from selected studies/categorization of studies; 4) evaluation of the studies included in the integrative review; 5) Interpretation of results; and 6) presentation of the review/synthesis of knowledge.

Data were collected in July 2014 on the following database: *Cumulative Index to Nursing & Allied Health Literature* (CINAHL), SCOPUS, PubMed, Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on the Health Sciences (LILACS) and Cochrane. Descriptors available in *Medical Subject Headings* (MeSH) and Boolean operators were used: *postpartum period* AND *educational technology* AND *nursing* AND *self care*. Some databases have their own descriptors, which were added to the search: *technology* and *education* (CINAHL®); *technology* (LILACS); *technology assessments* (Cochrane).

Articles were included published from January 2004 to July 2014; fully available in Portuguese, English, Spanish or French; duplications, integrative and systematic reviews, theses and dissertations were excluded. After applying

the criteria, the sample consisted of 24 items.

Based on the review conducted by the authors, it was possible to select the initial content to be addressed in the educational booklet on self-care of women during the postpartum period. The major themes were: hygiene, maternal nutrition, mother iron supplementation, breast care, return to sexual activity, family planning, appointment and return of physical activity, weight loss, rest, relaxation, mental health, woman's rights, woman's vaccine in postpartum, postpartum attendance at puerperal appointments and maternal adaptation to the period.¹³

In addition to complete the data from the review, the content to support the construction of the booklet was also identified by descriptive and exploratory study, through focus group with mothers and caregivers.

These data were collected in February and March 2015, in meetings conducted by the researcher in rooming units of a university hospital in Fortaleza-CE. Participants were 36 women, being 30 puerperal ones, and six caregivers accompanying six mothers (women who already have experienced maternity), divided into nine groups of three to five women each.

To conduct the focus group, we used the inductive question: What are the main self-

care needs of women in the postpartum period? From this question, the participants voiced their demands and the researchers grouped them by similarity of content. This group technique allowed us to verify their real needs and possible changes (suppressions and additions) in the selection of the booklet content.

Initially, participants were invited to express their doubts and educational needs of self-care in the postpartum period. Then, doubts were settled, as far as possible, and the participants were asked if there was some issue they would like to be addressed. At the end of the meeting, the participants evaluated the main contents covered.

The meetings were recorded and transcribed literally. Then, the needs/speeches that emerged were analyzed and grouped by similarity of content, proceeding to their discussion based on the literature concerning the issue and using them to direct the preparation of the booklet topics and their main contents.

The study was approved by the Ethics Committee of the State University of Ceará (Opinion No. 939 661 and CAEE: 38826214.9.0000.5534) following the ethical and legal requirements of Resolution No. 466/2012 which deals with the research with human beings.¹⁵ Women testified their participation in the study by signing the Informed Consent Form (ICF)

provided in two copies: one for the participant and the other for the researcher.

RESULTS

Of the study participants, eighteen experienced vaginal delivery and twelve, the caesarean one. Of the total of mothers, seven were primiparous women and were aged between 13 and 40 years old. 26 of them were with their children in the rooming-in unit. Among the infants who were not with the mothers, there were two children in the neonatal ICU, one in medium-risk nursery and a child died a few hours after birth.

From the groups, the following topics appeared for discussion on women's self-care in the postpartum: hygiene, maternal nutrition, breast care, return to sexual activity, family planning, appointment and return of physical activity, weight loss, rest, mental health and attendance at postpartum visits. These were common to those found in the integrative review.

The corresponding speeches are as follows: *I think the hygiene, avoid infecting the stitches, cleaning [...] Go to the gynecologist, to know when it is possible to return having sex with the husband [...] We have to see if we can do again all the activities we did before pregnancy, go to the gym [...] maintain the shape we had before becoming pregnant. I think walking does not hurt, when you take them to sunbathe. A good nutrition, proper nutrition (Recording 1). The woman of*

my prenatal said that after I go home, they will go there to see how mother and baby are [...] Talk about breastfeeding [...] hygiene, mainly because of the stitches not to infect [...] Walking a little bit, not straining (Recording 2). Rest, about self care, hygiene, good food, playing sports [...] Keeping fit after cesarean because you will have the instruction, which exercise you can do [...] Be careful not to get pregnant again soon, if you plan [...] Working woman's mind [...] you have to walk a little, preventing diabetes (Recording 3). Be more care because of infection, recover well, use liquid soap to prevent bacteria, exchange absorbent underwear [...] care in general, food, exercise [...] Food instruction, the belly back to normal, back to normal activity [...] How long after we can exercise [...] What foods can we eat (Record 5). How many months of recovery (Record 6). Food, the importance of the breast (Recording 8). With health, care with hygiene, nipple not to get hurt [...] Good food (Recording 9).

Some points were added to the booklet: be careful with the stitches, hair and skin care, household activities, belt use, benefits of breastfeeding for women and family support. The products I will be able to use, those I cannot use, for the skin and hair care (Recording 1). About the stitches, how to, clean the right product for bathing, if any specific liquid soap, if no one burns [...] Whether the stitches fall, how they fall, how I will know if they fell or broke, if everything is okay [...] not break the stitches (Recording 2). Do not make much strength to not break the stitches, if inflammation, what now? (Recording 3). Use a a strap, yes or no? (Recording 5). If the person can bend, I will be alone with the baby, if I can sweep home. I can wear the strap or not, not too tight (Record 6). I think husband's help is always

good, there are husbands who do not give much attention. Physically the person must take care of herself, because there are people who have no self-esteem after having baby, neglects herself, it is no reason because there are women who do not take care after she has the baby, then work the self-esteem of the women, all of this contributes to a normal life [...] I think that with the same attention, will not have the same time, but as much as possible, be aware of your body, sometimes gives up her husband and her companion has to give self-esteem for her. Because there are women who do not take care of themselves, lives with high belly, it's not because we have kids, it is not the same body as before, but because there are women that after having son, does not use strap [...] You have to use strap, take care of stretch marks, moisturizing to lighten, relieve, heal faster [...] take care of the belly, body, sometimes the woman forgets herself a little (Recording 7). Mostly of all, care for the stitches (Recording 8). I think I wanted to know mainly about the care of the stitches (recording 9).

The baby care, for not directly address the self-care of the women, was not inserted in the booklet, however, breastfeeding was briefly addressed by being highlighted by women: How breastfeeding, an issue of the baby's health, make sure everything is okay with the baby's exams. The navel, wash it righth [...] Food, the first few hours after birth, care (Record 4). If the baby does not want to breastfeed or if I do not want to breastfeed more, I can stop it or it is not good for the baby? If the baby cannot feel satisfied, can I pump breast milk and give it to him? Store it in glass? Because I work (Record 6). Wash hands every time taking

the baby, for her not to get bacteria (Recording 9).

The themes found in the integrative review that were not present in the discussion groups were inserted in the booklet for believing that they are also relevant, although women do not address: the mother iron supplementation, relaxation, women's rights, women's vaccines in the postpartum and maternal adjustment in the period.

Thus, the contents of the material was systematized: "Postpartum: what is it"; "Hygiene is critical" ("products for hair and skin" and "stitches care"); "Proper food"; "Care of breasts and breastfeeding" ("Advantages of breastfeeding for women"); "When the couple can have intercourse again?" ("Family planning" and "Always attend to consultations"); "Rest" ("Housekeeping"); "Physical exercises and weight loss" ("Weight loss and belly" and "strap use"); "Take care of the mind" ("You need to relax"); "Vitamins and vaccines" ("See if you have taken all vaccines"); "Women's rights"; and "Family Help".

DISCUSSION

As for the characteristic of puerperal mothers groups, it is highlighted they were quite heterogeneous due to the nature of their training, which through accessibility. The wards had women with

obstetric profiles and various ages, as well as companions with different degrees of kinship, as mothers, sisters and mothers-in-law. Such characteristic has given wealth and dynamism in the interactions among the participants by allowing the sharing of different experiences and realities among them.

The postpartum period is considered a phase of biosociocultural modifications that are very often not understood by the woman, which requires greater attention from professionals, family and support networks involved in their care.¹⁶ Care with body image and the mind, so much evidenced by the women in this study, as well as by the literature, highlights the importance of self-care during the postpartum for self-esteem and women's well-being, as well as to avoid possible psychoaffective disorders, such as postpartum depression.¹¹

During this period it is common for women to feel emotionally vulnerable facing insecurity, anxiety and doubts that permeate both the care for the newborn, as the necessary family adjustments and the selfcare.¹⁷ There is need for social reorganization and adapting to a new role. The woman has a sudden increase of responsibility by becoming a provider of care for a helpless person, being possible to suffer sleep deprivation, social isolation and stress. In addition, it is necessary

restructuring of sexuality, body image and female identity. Because of this, it is necessary that care during this period involves not only the biological dimension, but also includes the psychological, affective and social dimension of the woman.¹¹

In consensual universe of puerperal mothers and companions of the study, the postpartum period is perceived as a time when it is essential to take great care, attention and rest, to ensure recovery and prevent possible complications. Some expressions, such as not to make great effort, rest and not catch weight are considered essential for the restoration of women's health. This is also seen in another study¹¹, in which the puerperal mothers anchor the postpartum (*resguardo* in popular Portuguese) in the dimension of care and caution, since they symbolize this period as a time of dangers and weaknesses, in which it is necessary to follow certain restrictions to avoid bad consequences.

In this context of attention to puerperal mothers, nursing practices have emerged through the encouragement and guidance on self-care of puerperal women. It is considered that self-care is free and autonomous choice of tools that will promote attention, as well as action of the individual upon him/herself to maintain a quality of life in a responsible way. It

means adopting measures of disease prevention and controlling risk factors, seek healthy lifestyles and improve the style of life.¹⁸

The fact of being a woman, in the family and anthropological perspective, shows the importance and responsibility of postpartum women for the care. Through the history of human civilization, women are made responsible for the promotion of care, in order to contribute to the continuity of life. In addition, the woman would be responsible for both the self-care and the care of family members that, in the case of the puerperal mothers, are represented by the newborn and the spouse.¹⁶

It is noticed that when the woman does not have the family support to help her in the postpartum period, as evidenced in one of the speeches, their responsibilities and duties increase significantly, since she must provide care at home, the husband, the newcomer child and care to herself, burdening the woman and causing her not to be engaged in her care. When puerperal women cannot count on the continued help of a family member, her self-care is in the background, since the context in which she lives and her duties do not allow her to be able to take care of herself.¹¹

In the postpartum period, the care received and self-care are surrounded by

influences, beliefs and practices, which are passed from generation to generation. Such influences come from the reports of successes and failures occurred in postpartum of women of the family, featuring stories and experiences that very often arouse so much confidence, that end up being perceived as absolute truths and thus are followed without question. Many can be the sources that influence the preparation of women for proper self-care in this period, among them one can mention the health team, the media, advices of mothers, grandparents and lay friends.¹⁶⁻¹⁷

Orem identifies the five help methods as following: acting or doing to someone else; guiding and orienting; provide physical and psychological support; provide and maintain a supportive environment for personal development; teach. The fully compensatory system is represented by the situation where the individual is socially dependent on others to continue his/her existence and well-being. The partially compensatory nursing system is represented by the situation in which both nurses and patient play care measures. Supporting-education system one is able to play, or can and should learn to play the measures required for self-care, externally or internally oriented, but can do it with no assistance.⁷

Nursing should then act according to the real needs presented by these women, developing an assistance plan that allows the puerperal woman a good adaptation to this phase, enabling her with tools not only to provide care for the child, but especially to perform her self-care, in order to obtain the knowledge and the necessary security during this period.¹¹ Scientific knowledge must reach women through clear guidelines and vocabulary available to reinforce health education; the imposition of conducts must be avoided giving way to knowledge negotiation and sharing.¹⁷

To achieve this, it is also up to nursing develop health education actions that are not mere transfer of information, but that is characterized more as a practice articulated to the expectations and demands of puerperal mothers. Only in this way, the educational activities will be effective and consistent with the needs met. A good guidance, properly contextualized with the care and based on a trust relationship between nurse- puerperal women may reflect not only in the quality of the feelings manifested by the woman, but also culminate in a healthy adaptation of postpartum women to their maternal role.¹¹

Care in the postpartum should be known not only by professionals, but mostly by the woman and her family and

social environment. In the context of nursing, based on philosophical and theoretical bases that make up care, it is evident in the theory of Orem, which states that self-care is an act of individuals, conditioned by cultural beliefs, customs and habits of the family and society, the possibility of identifying the knowledge and education that every woman has to guide her actions and avoid complications during postpartum.¹⁹

Thus, the individual should have sufficient self-care practice to meet his/her own needs. However, in situations where the demand is for the care and the individual is not able to maintain autonomy to do so, either partially or completely, nurses are responsible for assisting in the development of this practice. Thus, it is important that women are aware of the requirements of self-care at this point, as well as their own self-care failures to determine if they need help from the nurses.¹⁷

These professionals should act as facilitators, in the motivation for the desirable behavioral changes, and support the development or strengthening of skills for self-care. Therefore, the educational process for self-care activities must be continuous and updated according to the needs of the target public.²⁰

CONCLUSION

The development of this research made possible a theoretical approach to development assistance directed to the real demands of the puerperal mothers from the identification of self-care needs and expectations of the participants themselves. The resource allowed the sharing of knowledge and promoted the active contribution in developing the content of the material.

In general, the requirements primarily involved rest, be careful with sutures, proper nutrition and hygiene, which are related to the care of the body, so as to ensure the recovery of women in this period of life and to avoid possible complications in the postpartum period.

It is intended that the knowledge generated in the study would serve as an important device to be used by services that provide assistance to women, resulting in a better quality of monitoring to puerperal mothers.

As a limitation of this study it is clear that, although some criteria for the selection of participants were defined, as well as the search location, one cannot generalize its findings. Thus, it is suggested that this issue should be investigated in other areas in order to identify other possible demands of puerperal mothers, contributing to a better quality of nursing care.

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