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Assistance to puerperal women in primary care in three health regions of the state of Paraná

Assistência à puérpera na atenção primária em três regionais de saúde do estado do Paraná

Atención a la puérpera en atención primaria en tres regiones de salud del estado de Paraná

Abstract

Objective: to analyze puerperal care in primary health care and verify the factors associated with the performance of puerperal consultation, in the first postpartum week, in three health regions of the state of Paraná. **Methods:** cross-sectional, descriptive study with a quantitative approach, with 687 puerperal women in public maternity hospitals. Descriptive analysis was performed, applying the chi-square test, followed by the adjusted residue test to verify the associations between variables. **Results:** it was found that 56.9% (391) women underwent puerperal consultation in the first week, with significant differences among the regions for not performing the puerperal review, whose reasons were: non-scheduling of consultations, difficult access and lack of guidance. **Conclusions:** the performance of the puerperal review in the three health regions is low and does not include comprehensive care. It is recommended to qualify puerperal care in primary care, as well as the insertion of nurses as the main actor in the health care of puerperal women.

Keywords: Primary health care; Postpartum period; Women's health.

Resumo

Objetivo: analisar a assistência puerperal na atenção primária à saúde e verificar os fatores associados à realização da consulta puerperal, na primeira semana pós-parto, em três regionais de saúde do estado do Paraná. **Métodos:** estudo transversal, descritivo, de abordagem quantitativa, com 687 puérperas em maternidades públicas. Foi realizada análise descritiva, aplicação do teste qui-quadrado, seguido do teste de resíduos ajustados para verificação das associações entre variáveis. **Resultados:** constatou-se que 56,9% (391) mulheres realizaram consulta puerperal na primeira semana, com diferenças significativas entre as regionais para a não realização da revisão puerperal, cujos motivos foram: não agendamento de consultas, difícil acesso e falta de orientação. **Conclusões:** a realização da revisão puerperal nas três regionais de saúde é baixa e não contempla a integralidade da assistência. Recomenda-se qualificar a assistência puerperal na atenção primária, bem como a inserção do enfermeiro como ator principal na assistência à saúde da puérpera.

Descritores: Atenção primária à saúde; Período pós-parto; Saúde da mulher.

Resumen

Objetivo: Evaluar la atención puerperal en la atención primaria de salud y verificar los factores asociados a la realización de consultas puerperales en la primera semana de puerperio, en tres regiones de salud del estado de Paraná (Brasil). **Métodos:** estudio descriptivo transversal con enfoque cuantitativo, realizado con 687 madres en maternidades públicas. Se realizaron análisis descriptivo, aplicación de la prueba de chi-cuadrado, seguida de la prueba de residuos ajustados para verificar las asociaciones entre variables. **Resultados:** se encontró que el 56,9% (391) de las mujeres tuvieron consulta puerperal en la primera semana, con diferencias significativas entre regiones por no realizar revisión puerperal cuyos motivos fueron: no programar consultas, difícil acceso y falta de orientación. **Conclusiones:** la realización de la revisión puerperal en las tres regiones de salud es baja y no contempla la integralidad de la asistencia. Se recomienda cualificar la atención puerperal en la atención primaria, así como la inserción del enfermero como sujeto principal en la atención a la salud de la puérpera.

Descriptores: Atención primaria de salud; Periodo posparto; Salud de la mujer.

Bruna Emilia Mareco de Almeida[1]
0000-0003-3333-7307

Maria Aparecida Baggio[1]
0000-0001-6901-461X

Ana Paula Contiero[2]
0000-0002-7251-6423

Simone Daniela Bif-Canonico[2]
0000-0002-8182-6538

Rosangela Aparecida Pimenta Ferrari[3]
0000-0003-0157-7461

[1]State University of West Paraná, Cascavel, PR, Brazil.

[2]State University of West Paraná, Foz do Iguaçu, PR, Brazil.

[3]State University of Londrina, Londrina, PR, Brazil.

Corresponding author:
Maria Aparecida Baggio
Email: mariabaggio@yahoo.com.br

INTRODUCTION

For women's health care, in primary health care (PHC), from reproductive planning, through prenatal care and until the end of the puerperal period, the provision of continuous, singular, multidimensional, vigilant and systematized care of the mother-child dyad and the family is required. However, the assistance does not always seem to be of quality and the completeness of women's health considered[1].

The quality of care offered in PHC during the pregnancy-puerperal period, combined with women's access to the care environment and the organizational and management structure of prenatal and postnatal care, is directly linked to the reduction of maternal and child morbidity and mortality, especially for low-income women, who most need public services[2].

It should be noted that maternal morbidity and mortality has a higher rate of occurrence in the immediate puerperium, which corresponds to the period from the first to the tenth day after delivery, and monitoring the woman's health during this period is essential. Above all, maternal mortality occurs mostly due to preventable causes. Among them, direct obstetric causes predominate, with hypertension, hemorrhages and infections being the main causes[3,4].

The World Health Organization (WHO) recommends that the maternal mortality ratio (MMR) remain below 20/100,000 live births (LB). In the state of Paraná, from 2011 to 2017, the MMR went from 52/100,000 LB to 31.9/100,000 LB. In the following years, it increased again, reaching 38.4/100,000 LB in 2018; 42.4/100,000 LB in 2019; and, with the advent of the covid-19 pandemic, it increased even more, reaching 52/100,000 LB in 2020; jumping to 118.9/100,000 LB in 2021; and declining to 60.9/100,000 LB in 2022[4].

To reduce the maternal mortality rate in Brazil, maternal and child health programs were developed nationally by the Ministry of Health, such as Rede Cegonha (Stork Network)[5], and regionally, such as Rede Mãe Paranaense (Paraná Mother Network)(RMP)[4], in the state of Paraná. These programs guide health actions from reproductive planning to the follow-up of the puerperal woman and the child, and the puerperal consultation should occur, according to the RMP, on the fifth day of the child's life or in the first week after delivery, with the objective of reducing maternal and child morbidity and mortality[5-6].

Upon the woman's return to PHC for the puerperal consultation, in the first week, it is up to the health professional to identify early problems or diseases specific to this period through a complete physical examination and obstetric evaluation, listening carefully to the complaints, doubts and individual and unique weaknesses of each woman, evaluating her adaptation to the puerperium, considering her as a multidimensional being and initiating reproductive planning, in addition to other actions inherent to the period[1,5].

This consultation can positively impact women's health in the present and future. However, it appears that the prevalence of puerperal consultation in Brazil is low, and multiparous women with lower income and education are the ones who least return to PHC for puerperal consultation[7,8]. It is a condition that reveals partial and disjointed puerperal care, being a challenge in the health care of women users of the public health system[9].

The performance of the home visit, linked to the puerperal consultation, in the first postpartum week is recommended to detect complications early, as well as to institute timely treatment, in addition to promoting counseling and reception. On this occasion, it is essential that the professionals have a broad view of the mother-child dyad, as well as directing care to the family, evaluating the social environment and characteristics of the home visit to identify factors that can lead to maternal illness, recognizing their needs for social and/or clinical assistance[10]. It should be noted that the home visit by the community health agent (CHA) favors the adherence of women to puerperal consultations[7].

Given the above, it is important to know how health services are organized to perform puerperal care. In this sense, it is proposed to carry out this research, which seeks to answer the following guiding question: how has care been provided to puerperal women in primary health care? To answer this question, the study aimed to analyze puerperal care in PHC and verify the factors associated with the performance of puerperal consultation in the first postpartum week in three health regions of the state of Paraná. It is hypothesized that, after the implementation of RMP, puerperal consultations take place in the first weeks after delivery, contemplating the completeness of care as recommended.

METHODS

Cross-sectional, descriptive study with a quantitative approach, carried out in three health regions in the state of Paraná, Brazil, namely: Foz do Iguaçu (9th); Cascavel (10th) and Londrina (17th). Together, these regions are composed of 54 municipalities belonging to the West, North and Northwest regions of the state, with an estimated population of 1,786,796 inhabitants. The administrative structure of Health in Paraná is divided into four macro-regions (East, West, North and Northwest), which, in turn, are subdivided into 22 Health Regions whose administrative headquarters are located in hub cities of the state[11].

This study was carried out in two stages, with the participation of 687 puerperal women who delivered in hospital institutions and public maternity hospitals belonging to the regions. In the first stage, the puerperal women were approached at the hospital 24 hours after delivery. In the second stage, they were contacted at home six months after delivery.

Postpartum women with gestational age equal to or greater than 37 weeks and who live in an urban area within the regions were included. The sample was of the non-probabilistic type, for convenience and with women assisted in reference maternity hospitals for delivery in the Rede Mãe Paranaense of the three aforementioned Regions, with care provided by the Unified Health System (SUS).

The sample calculation of the population studied in each maternity hospital, of each Health Region, was carried out based on the number of deliveries that occurred in 2016, according to the data obtained in the Live Birth Information System (SINASC), using the following formula: N size (number of elements) of the population; n size (number of elements) of the sample; n^0 a first approximation for the sample size; E0 tolerable sampling error of 5%, with a significance level of 95%[12], which resulted in a sample of 687 puerperal women, 278 representatives of the 9th RS, 182 representatives of the 10th RS and 227 representatives of the 17th RS.

As this is a segment study, since the puerperal women would be contacted six months after the first contact, and losses could occur throughout the investigation period due to change of address or telephone number and withdrawal of participation in the research by the women, an increase of 10% was defined as a safety margin to meet the sample number, and 1,270 puerperal women were initially approached in the maternity hospitals.

Data collection took place in the second half of 2017 and the first half of 2018. In the first stage, the collection was carried out in a hospital unit, while the second occurred in the three HRs through home visits to the participants of the first stage, through an instrument composed of objective questions. The instrument was built by the authors with expertise in maternal and child health and was applied after a pilot test, carried out by nursing students. Master students from public educational institutions, previously trained by teachers in the area of maternal and child health, made the collection.

For this study, the following variables were selected: age, race, marital status, number of children, education, occupation, family income, performance of puerperal review, professional who performed the review, place of performance, reasons for not performing it, clinical

examination of the breasts, uterine palpation, lochia inspection, evaluation of the surgical incision, verification of vital signs, guidance regarding: contraception, sleep and rest, water intake and prescription of vitamin supplementation.

The data were tabulated in Microsoft Excel® spreadsheets in order to evaluate the puerperal care performed in three HR, with double typing and validation. Descriptive analysis was performed with the calculation of absolute and relative frequency and, subsequently, the sociodemographic variables and the puerperal review were evaluated using the chi-square test for independence, followed by the adjusted residual test whenever the data showed a statistical difference among the regions ($p<0.05$). The analyses were performed in the XLSTat software version 2017, assuming a significance level of 5% ($\alpha=0.05$).

The study is part of a multicenter project entitled "Paranaense Mother Network from the user's perspective: the care of women in prenatal care, delivery, puerperium and children", which has a favorable opinion from the Human Research Ethics Committee of the State University of Londrina, under CAAE: 67574517.1.1001.5231, and followed the regulations of Resolution number 466/2012 of the National Health Council (NHC) at all stages. The participants agreed to participate by signing, in two copies, the Informed Consent Form.

RESULTS

The majority of the women in the study, 71.6% (492), were between 20 and 34 years old; 59.0% (406) were white; 89.9% (618) had a relationship with a partner; 42.3% (291) had only one child; 67.2% (462) studied nine years or more; 54.3% (373) had an unpaid occupation; and 38.1% (262) had a family income of one to two minimum wages. Only 56.9% (391) of women underwent puerperal review in the first week postpartum. No statistical association was found between the performance of the puerperal consultation and the sociodemographic variables of women (Table 1). The performance of the puerperal review differed significantly between the health regions, being more frequent in the 10th region. The medical professional was the one who most performed puerperal consultations in all health regions compared to the nursing professional, and this difference was significant (Table 2).

As for the place where the consultations were held, the most cited in all regions was the Basic Health Unit (BHU), with a low frequency of home visits. The reasons for not performing the puerperal review also differed significantly between the regions, with the main causes of non-performance being: the non-scheduling of the consultation, in the 9th region; the difficult access to the consultation, in the 10th region; and other reasons, in the 17th region.

Table 1 – Sociodemographic variables of women associated with the performance of the puerperal review in the first week after delivery in three health regions of Paraná, Brazil, 2017-2018. (n=687).

Variable	Categories	Performed review	Performed review	p-value*
		Yes	No	
Age	<19 years	55(14.0%)	58(19.5%)	0.2073
	20 to 34 years	289(73.9%)	203(68.5%)	
	>35 years	47(12.0%)	35(11.8%)	
	Not Informed	1(0.2%)	0	
Race	White	230(58.8%)	176(59.4%)	0.7805
	Brown/black	151(38.6%)	110(37.1%)	
	Other/no registration	9 (2.3%)	10(3.3%)	

(Continue)

Variable	Categories	Performed review	Performed review	p-value*
		Yes	No	
Marital status	With a partner	356(91.0%)	262(88.5%)	0.2737
	Without a partner	35(8.9%)	34(11.4%)	
Number of children	One	155(39.6%)	136(45.9%)	0.1062
	Two	126(32.2%)	92(31.0%)	
	Three	69(17.6%)	36(12.1%)	
	Four or more	41(10.9%)	30(10.1%)	
	Not Informed	0	2(0.6%)	
Education	<8 years	123(31.4%)	101(34.1%)	0.3842
	9 years or more	268(68.5%)	194(65.5%)	
	Not Informed	0	1(0.34%)	
Occupation	Paid	181(46.2%)	128(43.2%)	0.3931
	Unpaid	206(52.6%)	167(56.4%)	
	Not Informed	4(1.0%)	1(0.3%)	
Family income	<1 minimum wage	39(9.9%)	24(8.1%)	0.5785
	1 to 2 mw	145(37.0%)	117(39.5%)	
	2 to 3 mw	93(23.7%)	71(23.9%)	
	> 3 mw	81(20.7%)	67(22.6%)	
	Not Informed	33(8.4%)	17(5.7%)	

*p<0.05 chi-square test

Source: Research data

Table 2 – Performing the puerperal review in the first week after delivery in three health regions in the State of Paraná, Brazil, 2017-2018. (n=687)

Variable	Categories	9th Region	10th Region	17th Region	p-value
Performed Puerperal review	Yes	141(50.7%)	150(82.4%)	100(43.3%)	<0.0001*
	No	137(49.2%)	32(17.5%)	127(55.9%)	
Professional who carried out the reviewn=391	Physician	124 (87.9%)	143 (95.3%)	65(65%)	<0.0001*
	Nurse	16(11.3%)	3(2%)	28(28%)	
	Nursing resident	0	1(0.6%)	2(2%)	
	Other	0	0	1(1%)	
	Not Informed	1(0.71%)	3(2%)	4(4%)	
Place (n=391)	BHU	130(92.2%)	144(96%)	69(69%)	<0.0001*
	Home	1(0.7%)	2(1.3%)	7(7%)	
	Hospital - Private	2(1.4%)	1(0.6%)	1(1%)	
	Other	8(5.67%)	2(1.33%)	20(20%)	
	Not Informed	0	1(0.67%)	3(3%)	
Reasons for non-performance (N = 296)	No schedule	40(29.2%)	2(6.2%)	9(7.0%)	<0.0001*
	Scheduled out of time	10(7.3%)	3(9.3%)	3(2.3%)	
	Difficult access to consultation	29(21.1%)	11(34.3%)	30(23.4%)	
	She was not instructed	31(22.6%)	6(18.7%)	29(22.6%)	
	Other reasons	26(18.9%)	7(21.8%)	33(25.9%)	
	She was unable to tell	1(0.73%)	3(9.3%)	23(17.9%)	

*p<0.05 chi-square test

Source: Research data

The assistance provided during the puerperal review is shown in Table 3. Statistical significance was found in the performance of uterine palpation, guidance on contraception, guidance on sleep/rest and fluid intake. It can be seen that the other care parameters were not satisfactorily performed in all health regions. The examination of the breasts was performed in only 46.0% (180) of the puerperal women; palpation of the uterus, in 43.2% (169); evaluation of the lochia, in 30.6% (120); verification of vital signs, in 50.8% (199); and prescription of contraception, for 56.7% (222) of the women.

Table 3 – Assistance provided in the first postpartum week during the puerperal review in three health regions in the State of Paraná, Brazil, 2017-2018 (n=391)

Variable	Categories	9th region	10th region	17th region	p-value
Clinical breast examination	Yes	57(40.4%)	75(50%)	48(48%)	0.063
	No	84(59.5%)	75(50%)	50(50%)	
	Not informed	0	0	2(2%)	
Uterine palpation	Yes	46(32.6%)	69(46%)	54(54%)	0.0011*
	No	95(67.3%)	81(55.4%)	44(44%)	
	Not informed	0	0	2(2%)	
Evaluation and inspection of lochia	Yes	36(25.5%)	53(35.3%)	31(31%)	0.0568
	No	105(74.4%)	97(64.6%)	67(67%)	
	Not informed	0	0	2(2%)	
Evaluation and inspection of the surgical incision	Yes	70(49.6%)	74(49.3%)	45(45%)	0.1831
	No	71(50.3%)	76(50.6%)	53(53%)	
	Not informed	0	0	2(2%)	
Vital signs check	Yes	63(44.68%)	90(60%)	46(46%)	0.0086
	No	78(55.32%)	60(40%)	52(52%)	
	Not informed	0	0	2(2%)	
Guidance on contraception	Yes	97(68.79%)	104(69.33%)	58(58%)	0.0599
	No	44(31.21%)	46(30.67%)	40(40%)	
	Not informed	0	0	2(2%)	
Guidance on sleep/rest	Yes	49(34.7%)	75(50%)	23(23%)	<0.0001*
	No	92(65.2%)	75(50%)	75(75%)	
	Not informed	0	0	2(2%)	
Guidance on fluid intake	Yes	67(47.5%)	65(43.3%)	30(30%)	0.0038
	No	74(52.4%)	85(56.6%)	67(67%)	
	Not informed	0	0	3(3%)	
Vitamin supplementation prescription	Yes	59(41.8%)	80(53.3%)	49(49%)	0.0728
	No	82(58.1%)	67(44.6%)	48(48%)	
	Not informed	0	3(2%)	3(3%)	
Contraception prescription	Yes	111(78.7%)	122(81.3%)	89(89%)	0.136
	No	30(21.2%)	26(17.3%)	10(10%)	

*p<0.05 chi-square test

Source: Research data

DISCUSSION

The study demonstrated that more than half of the women underwent puerperal review in the first week postpartum. Although the puerperal review is not happening as recommended, this finding is higher than that found in the national mean, which showed only 11.7% of puerperal consultations in different regions of Brazil[9]. However, a study carried out in the state of Rio Grande do Sul indicates that 75.2% of women underwent puerperal review[8].

The puerperal consultation should be approached with the pregnant woman still in prenatal care and, later, in the maternity hospital, in which the nursing and medical teams should guide about the importance of the puerperal review. The aim is to prevent obstetric complications and continuing the guidance and management previously initiated and aiming at reducing maternal mortality[4].

No associations were found between the performance of the puerperal consultation and the sociodemographic variables of the women, with a higher frequency of white, primiparous women with nine years or more of schooling, with a partner and family income of one to two minimum wages. Some studies point to the association of variables such as low education and low income for not performing a puerperal review[8,9]. An integrative review pointed out that, in developing countries, low education and low socioeconomic level are factors that contribute to non-follow-up in the puerperal period[13].

Differences among the regions were found for the causes of the non-performance of the puerperal review, highlighting the non-scheduling of consultations, the difficult access to the consultation, the lack of guidance and, still, other reasons, corroborating a study carried out in Campo Grande, MS, where the main reasons for the non-attendance of women to puerperal consultations are the non-scheduling or scheduling after the recommended period, the lack of guidance regarding the puerperium and the difficulty in accessing the care unit[14].

The assistance provided by the health professional in the postpartum period is important in clarifying doubts of the puerperal woman, in promoting physical and mental comfort, in preventing risks and injuries and in actions aimed at empowerment, self-care and reproductive planning, respecting ethical and legal aspects[15].

The puerperal consultations in the three health regions of this research were carried out in greater numbers by the medical professional, and more than 84.9% of the consultations were identified as carried out by this professional. The puerperal consultation performed in the PHC can be performed by both nurses and the physicians. On the other hand, the research carried out in the countryside of Rio Grande do Sul showed that most of the consultations carried out in the PHC had nurses as the main actors. Even when the physician performs the puerperal consultation, nurses are who provide the assistance to solve the doubts of the users. Therefore, nurses can be inserted more effectively in the performance of puerperal consultations, ensuring quality care and, consequently, a reduction in maternal mortality rates[16].

Among the care provided by the PHC health team, the home visit is included, which aims at the interaction of the health team with the community and with each individual, considering his particularities, respecting his social environment and identifying his health conditions and needs. In the puerperal visit, it is up to the health professional to provide care to the puerperal woman in her individuality, as a woman and mother, considering her in her multidimensionality[10].

The present study showed a low rate of home visits (about 2%). Although the importance of this service is clear, it is not happening effectively in the regions analyzed in this study. This fact differs from the research in which 42.1% of women received home visits in the state of Rio Grande do Sul[17].

The RMP recommends that the mother-infant binomial receive the home visit in the first week after hospital discharge, preferably on the fifth day of life, establishing the first contact for the return of the puerperal woman and the newborn to PHC. Home visits can be carried out by both

community health agents (CHA) and nurses[4] and have the potential to increase women's adherence to puerperal consultations [7].

The care in the puerperium, although theoretically focused on the mother-infant binomial, in practice recommends the newborn. Therefore, the data obtained in puerperal consultations are superimposed on those of childcare. This fact can be proven when it is verified that puerperal women are not evaluated as they should regarding breast examination, uterine palpation and physiological lochia. Also, when evaluating the breasts of puerperal women, the focus is on effective breastfeeding and the health of the newborn[18].

The study demonstrated that, in the three HRs, more than 50% of the patients did not have their breasts evaluated, as well as uterine involution. In addition, more than 70% were not evaluated for physiological lochia, which highlights the need for qualification of puerperal care. On the other hand, a study showed that 75% of the volunteer puerperal women had their breasts examined and 25% received routine examinations [19].

It was identified that more than 50% of the puerperal women participating in this study were not evaluated for surgical incision. Surgical incision is a procedure that can result in infection for the woman, which requires the use of medications to treat, in addition to hygiene care and local cleaning. Therefore, the examination of the surgical incision is indispensable to check for resulting infection, which should be treated[20].

Another important factor to be addressed in the puerperal consultation is the method of contraception, that is, reproductive planning. In this regard, the study in question showed that 66% of the women interviewed were instructed about contraceptive methods and 82% had their contraceptive prescribed. This condition corroborates a study that shows that puerperal women showed interest in starting any contraceptive method as soon as the first consultation, at the beginning of the puerperium[21].

On the other hand, other research showed that the satisfaction of women in relation to family planning or contraceptive method is insufficient, that they make incorrect use of medication, that there is resistance by the husband regarding the barrier method, among other situations. They are reflections of the lack of information and absence in the puerperal consultation itself [22].

The newborn spends some of the mother's energy and, to prevent it from generating fatigue and mood swings, guidance is needed for the mother to rest. In view of the emotional instability and the adaptation to the care of the child in the puerperal period, it is essential that nurses, during the consultation, inform the importance of the mother to rest, because the difficulties in breastfeeding, as well as trauma in the breast, sometimes come from the psychological state of the mother, such as anxiety and maternal suffering, due to the lack of guidance on the incorrect handling of the breast[20]. It should be noted that the results indicate that more than half of the puerperal women in the study did not receive this guidance.

Thus, it is of paramount importance that the health professionals guide the mothers with all caution and attention, creating a bond so that they feel comfortable in performing the breastfeeding procedure. With the appropriate information, mothers will be able to perform the necessary methods of caring for their children without fear [20].

It is recommended that the vital signs of the puerperal women be the first item to be evaluated during consultations, due to its potential to identify some signs of aggravation such as fever, which is a sign of puerperal infections, among others[4]. However, this puerperal consultation action deserves attention in all the HRs studied.

It is important to ingest fluids and nutrients during pregnancy and after the birth of the child, considering that breast milk is composed of 87% water. In the case of a breastfeeding mother, her nutritional needs are high, as infants are more vulnerable to water imbalance. Therefore, she should drink a lot of water to ensure her body functions properly[23].

As a limitation of the study, we point out the period of time elapsed between data collection

and puerperal care in the first postpartum week, which may incur some memory lapse on the part of the participants. Studies that analyze the assistance to women throughout the puerperium are recommended and that it is carried out as soon as the puerperium ends so as not to affect the forgetfulness bias over the course of events.

CONCLUSION

It was found that postpartum puerperal consultations have not happened in the first week for most puerperal women, as recommended by the RMP and, when they do, they occur in a fragmented way, not contemplating comprehensive health care, since it is identified the absence of satisfactory evaluation of vital signs, breasts, uterus, lochia and surgical incision, fundamental for puerperal care. In addition, health guidelines on contraception, sleep, rest and fluid intake were precarious, demonstrating a weakness in actions to promote and prevent the health of the puerperal women.

The care provided to the puerperal women diverged between the health regions. Such differences may be related to the particularities of each location, the way services are organized and the capacity to cover primary care in each municipality.

The need for a greater role of nurses in PHC to perform puerperal consultations in the first postpartum week is indicated; since these professionals have worked less frequently in the performance of these consultations and have the potential and qualification to provide care to the puerperal women.

It is necessary to advance in the implementation of the RMP, in order to remedy the weaknesses identified in women's health care in the puerperium and to qualify health care, contemplating comprehensive care and aiming to reduce maternal morbidity and mortality in the State.

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