



RESEARCH ARTICLE

OPEN ACCESS

HEALTH EDUCATION IN THE POSTPARTUM PERIOD: PROPOSAL FOR IMPLEMENTATION OF THE NURSING DISCHARGE PLAN

***Márcia Teles de Oliveira Gouveia, Livia Carvalho Pereira, Inez Sampaio Nery, Ivanilda Sepulveda Gomes, Flávia Dayana Ribeiro da Silveira and Herla Maria Furtado Jorge**

Universidade Federal do Piauí, Teresina, Piauí, Brazil

ARTICLE INFO

Article History:

Received 05th July, 2019
Received in revised form
17th August, 2019
Accepted 03rd September, 2019
Published online 16th October, 2019

Key Words:

Health Education,
Postpartum period,
Obstetric Nursing, Nursing.

*Corresponding author:

Márcia Teles de Oliveira Gouveia

ABSTRACT

The objective of the study was to establish a nursing discharge plan with guidelines for postpartum women with post-discharge care for their health and that of the baby. It is an intervention project carried out in four stages, with maternity nurses, in the period of October, 2015. The first stage was mobilization, the second was the holding of conversation, the third step was the implementation of the discharge to all postpartum women who were discharged for fifteen days and the fourth assessment. After collection of the medical records in which the second copy of the discharge form was attached, corrections were made and the final model was submitted to management for appreciation and possible implementation in the service. The present study is feasible to be implemented in the institution in question and can be replicated in the other maternity hospitals of the Network. This innovation can contribute to managers and health professionals by providing subsidies for improvements in the discharge process, and for qualified and humanized nursing care.

Copyright © 2019, Márcia Teles de Oliveira Gouveia et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Márcia Teles de Oliveira Gouveia, Livia Carvalho Pereira, et al. 2019. "Health education in the postpartum period: proposal for implementation of the nursing discharge plan", *International Journal of Development Research*, 09, (10), 30322-30324.

INTRODUCTION

The educational practice or the action of Health Education is understood as a practice developed with social groups from fields of knowledge that make up the interdisciplinary areas of health and education. nursing has in this practice one of its main guiding axes that is materialized in the various spaces where nursing actions are carried out in general and especially in the field of Public Health (Acioli, 2008). The association of care with educational practices is the logic of sharing practices and knowledge in a horizontal relationship where nursing plays the role of caregiver and educator dividing their knowledge and aggregating popular knowledge and doing, thus avoiding authoritarian postures. In this sense, nursing care in obstetrics then becomes humanized, as it considers cultural practices in, opening a space for the construction of knowledge from educational practices (Progianti, 2012). Health education in the pregnancy-puerperal cycle gives primary health care users a prominent role, as they are the center of the educational process, making it possible to infer the existence of representations in this group.

The form of expression of mothers in the educational process provides guidance on health education throughout the cycle⁽¹⁾. The puerperium is a complex period due to the interweaving of biological, psychological, behavioral, socio-cultural, economic and gender issues. Moreover, it is in the postpartum period that the demands of motherhood are exacerbated, which leads to important changes in the lifestyle of women and the family. All of these aspects, individually or overlapping, result in different situations of vulnerability for women in this (Cabral, 2010). From this context derives the importance of an educational approach in the puerperal period. In Brazil, the strong influence of popular-empirical knowledge, beliefs, cultural and religious values on the aspects of the puerperium is evident. This fact demonstrates that scientific knowledge should be taken to women simply, respecting their individuality in a clear, human manner without judgment or disapproval, giving them the opportunity to express their knowledge and visualize possibilities for attitude change in a healthy and healthy environment. Safe (Matozinhos, 2011). Nursing, together with puerperal women, should prioritize clear and objective communications, aiming at their psychosocial well-being, thus providing not only necessary

care to the mother and child, but also providing accurate information during the postpartum period to minimize fears and promote a healthy environment for the adaptation of this new phase of life (Zagoneli, 2008). One of the ways to ensure that all guidelines are clearly understood is to implement a discharge plan with all necessary care for the postpartum woman. A discharge planning roadmap consisting of teaching activities, information needed to maintain health, and services available in the community can be used to facilitate the transition from mother and baby to home (Colli, 2016). A facilitating strategy to ensure that all self-care guidelines are clearly understood by the patient during the transition process to home is the elaboration of a discharge plan, respecting the obstetric particularity of each pregnant woman, postpartum and / or binomial mother and child, with clear and objective information, providing continuity of care after hospital discharge (Colli, 2016). Although considered a complex aspect of care and part of the nursing Process, it has not been prioritized among the activities that are under the responsibility of nurses. Discharge planning requires the availability of different health resources (human, material, financial and physical) and innovation. Innovation is understood as the development of an idea or invention converted into some useful application that can be incorporated into products, services or processes (Suzuki, 2011 and Cieto, 2014). This study aims to propose the implementation of a nursing discharge plan with guidelines for postpartum women about post-discharge care with their health and the newborn.

MATERIALS AND METHODS

This is an intervention study report for the implementation of a nursing discharge plan in a municipal maternity hospital in Teresina-PI. Held in October and November 2015, we used as an instrument a nursing discharge plan, prepared by the researchers in conjunction with the nursing assistants of the referred maternity ward. Eleven nurses working in the maternity ward at different working hours participated in the study. The intervention project was built in a participatory way with the actors involved with the problem. A workshop was held using the pedagogical technique of conversation wheel. The intervention plan was carried out in four stages: mobilization stage; the second stage was the presentation of the intervention proposal, its objectives and the instrument to be implemented, the third stage, implementation of the proposed nursing discharge plan, carried out for 15 days, for all postpartum women at the time of hospital discharge, and fourth stage, collection of medical records of mothers who were discharged during the fifteen days of implementation of the discharge plan. This research obeyed all the necessary ethical precepts and did not use primary data for its elaboration.

RESULTS

The nursing Discharge Plan instrument, which was elaborated and used as a mirror, was the medical prescription made available on the network, with the intention of facilitating the mothers' approach with the new instrument. To establish which guidelines would be listed, the most used in the service routine were listed, and the ones that needed more emphasis at the time of hospital discharge were found. In the plan, the orientations were arranged in checklist form, depending on the

type of delivery, with specific orientations and general orientations to the mothers with care to themselves and the newborn, as well as services available at the unit. The instrument is printed in two copies, allowing one way to be delivered to the postpartum woman and the second one, being attached to the medical record. The intervention steps were performed successfully. In the first moment, the board and nurses who make up the maternity scale were invited to participate in a conversation round in which the objectives of the intervention project were presented. In this conversation, five nurses (45.4%) of the eleven on the scale were present, as well as the nursing manager. It was not possible the presence of the director of the institution. Regarding the use of the discharge plan, after surveying the medical records of mothers who were discharged on the days of implantation of the form, it was possible to observe that all discharge mothers received the first copy of the discharge plan, which can be proven by duplicate attached to the medical record. The observed result demonstrated that the project is feasible to be implemented, since all the mothers were contemplated with the orientations, both verbally and in writing.

Regarding the nursing prescriptions contained in the form, it was observed that all the orientations already arranged on the form were marked, with change only regarding the specific orientations depending on the type of delivery, vaginal or cesarean. In the space for the addition of guidelines that were not included in the form, no nursing prescription was observed. During the implementation of the present study, a neonatal screening project was initiated at the institution, with the provision of a new service, the eye test. The offer of this new service required reformulation of the discharge plan form, as this form reinforces the orientation of which services are offered by the motherhood for the mother-baby binomial. In addition, the form was reformulated, with appropriate spelling changes and provision of guidelines in order to facilitate understanding by mothers. After the days of implementation of the discharge instrument, and evaluation of the results, the discharge plan was reformulated with the appropriate changes and made available for appreciation by the team, which was proposed as effective implementation by the service.

DISCUSSION

Health education actions can be defined as a process that aims to enable individuals or groups to contribute to the improvement of the population's living and health conditions, as well as to stimulate critical reflection on the causes of their problems as well as the actions necessary for their resolution (Maciel, 2009). Nursing presents in the educational action one of its main guiding axes in the various spaces of its practice. The professional nurse is qualified and trained to take care of the user and his family, taking into account the curative, preventive and educational needs of health care. It is an important tool for clinical nursing care for women in the pregnancy-puerperal cycle. It was observed in the study that less than 50% of professionals were present at the project presentation. The low adherence of professionals in this activity generated concern, because for the project to be actually implemented, it is essential that the nurses of that unit share the vision of how important to improve the quality of service will be the implementation of a project as such. We highlight the relevance of the adherence of all professionals in the planning and improvement of the work process activities so that changes do not happen in individual aspects, but

institutionally. Permanent Health Education favors the participation of the worker in the discussion, in decision making, characterizing the participative management based on the decentralization of decisions and the approach of all members of the work team (Medeiros, 2010). The successful implementation of the discharge plan regarding the quantitative aspect allows us to positively evaluate the use of the instrument in the present study, as some studies indicate several factors that make it difficult for nurses to adhere to this activity, namely overwork, lack of knowledge of the need to participate in planning, communication failures within the nursing team, difficulties in communicating with other professionals and attending meetings of the multiprofessional team are pointed, among others, as impediments to the effective participation of nurses in the process of preparing the patient for high (Suzuki, 2011). The use of checklists for the elaboration of the discharge plan was considered a positive point to meet the study proposal in view of being a material resource that is easy to handle and applicable to the teaching for the discharge, as it ensures the expected steps for a practice within a certain situation to be covered and still favoring the quick registration of activities carried out in the discharge process (Cieto, 2014). Studies point to the use of checklist as an innovation in the discharge process, as well as a useful tool for nurses in teaching for discharge. As it is a resource that favors the standardization of information that must be transmitted before discharge, besides formalizing the teaching expected for this period, it is widely used (Higby, 2009). However, it is noteworthy that sometimes the pre-established instruments may not include the care that the nurse needed, after their nursing assessment.

Conclusion

The nursing discharge plan proposed in this study can be understood as a resource and an innovation that will favor the discharge process, since it increases the quality and efficiency of services and, consequently, bring benefits to the mother-baby binomial. The Stork Network, with all its precepts, supports an improvement in obstetric and neonatal care, and the discharge planning previously exposed can be understood as a device that provides humanized and individualized nursing care, improving care and subsidizing care. safe. The readiness and safety of postpartum women for discharge should be the result of planning that deliberately prepares them for this purpose, and indicators should be evaluated that the nurse should be able to investigate and record in order to document the care provided and for data to be provided. rescued and reassessed, with the objective of favoring humanized assistance.

It is important to highlight that this project is feasible to be implemented in this institution and can be replicated in other maternity hospitals of the Network, presents low cost, and the Network has graphic and printing service, is able to provide the printout to all maternity hospitals. municipalities, and this is the main goal of the study. This innovation for discharge presented here can help managers and health professionals to provide input for improvements in the discharge process and for qualified and humanized care.

REFERENCES

- Acioli S. A prática educativa como expressão do cuidado em Saúde Pública. *Rev bras enferm* 2008; 61(1): 117-21.
- Cabral FB, Oliveira DLLC. Vulnerabilidade de puérperas na visão de Equipes de Saúde da Família: ênfase em aspectos geracionais e adolescência. *Rev Esc Enferm USP* 2010; 44(2):368-75
- Cieto BB, Garbui DC, Camargo VB, Napoleão AA. Recursos e inovações de enfermagem para a alta: revisão integrativa. *Rev Min Enferm*; 8(3):752-757,2014.
- Colli M, Zani AV. Validação de um plano de alta de enfermagem para gestantes e puérperas de alto risco. *REME - Rev Min Enferm*. 20:e934, 2016. Disponível em: <http://pesquisa.bvsalud.org/portal/resource/pt/lil-789402DOI: 10.5935/1415-2762.20160004>
- Higby C, Pye K. Improving discharge from the paediatric oncology unit. *Pediatric Nurs*; 21(4):30-2, 2009.
- Maciel MED. Educação em saúde: conceitos e propósitos. *Cogitare Enferm* 14(4):773-6, 2009.
- Matozinhos FP, Albuquerque JP, Caetano LC. Aplicação e avaliação da orientação de alta às puérperas do alojamento conjunto de uma instituição pública de saúde de Belo Horizonte. *Rev. Min. Enferm.*;15(3): 372-377, jul./set., 2011
- Medeiros AC, et al. Gestão participativa na educação permanente em saúde: olhar das enfermeiras. *Rev. bras. Enferm*. 2010; 63 (1): 38-42. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672010000100007
- Progianti JM, Costa RF. Práticas educativas desenvolvidas por enfermeiras: repercussões sobre vivências de mulheres na gestação e no parto. *Rev Bras Enferm*. 2012 Mar-Abr;65(2):257-63.
- Suzuki VF, Carmona EV, Lima MHM. Planejamento da alta hospitalar do paciente diabético: construção de uma proposta. *Rev Esc Enferm USP* 45(2): 527-532, 2011.
- Zagoneli IPS. et al. O cuidado humano diante da transição ao papel materno: vivências no puerpério. *Rev Eletr Enferm*; 5(2):24-32, 2008. Disponível em: <http://www.fen.ufg.br/revista>.
