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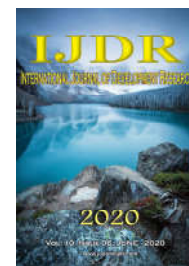
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## PUERPERAL EXPERIENCE DURING HOSPITALIZATION IN THE JOINT ACCOMMODATION SYSTEM IN A PUBLIC HOSPITAL IN RECIFE-PE

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### ABSTRACT

**Introduction:** The puerperium is the period of the pregnancy-puerperal cycle in which local and systemic changes, imprinted by pregnancy in the woman's body, return to the pre-pregnancy state. This study aimed to understand how women experience the puerperium during hospitalization in the Joint Accommodation system of a Public Hospital in Recife. It was a descriptive exploratory research, of a qualitative type, as it best adapts to the questions of our study. The women's reports presented content of the experiences and brought questions of hospitalization needs to solve health problems, reporting the difficulties experienced away from home during hospitalization. There were also reports of indignation about invasion of privacy and the poor quality of articles that protect natural modesty. Despite this, there was a feeling of change and learning that the puerperal women had during the period of hospitalization, the reports of their experiences full of tiredness, as they transitioned from a puerperal condition to the companions of their hospitalized children. We concluded that the puerperal women had good experiences, were well assisted and had their doubts clarified in the hospital experience during internment in the joint accommodation of the public hospital in Recife.

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### INTRODUCTION

The period after childbirth, also known as the postpartum period, is the time when local and systemic changes caused in the woman's body by pregnancy and childbirth return to the pre-pregnancy state. It is classified into immediate postpartum (1st to 10th day), late (11th to 45th day) and remote, which goes beyond 45 days. During pregnancy, several physiological adaptations occur and postural changes can contribute to pelvic anteversion accompanied or not by lumbar hyperlordosis. This, associated with uterine growth and stretching of the white line, can interfere with the biomechanics of the rectus abdominis muscles (AFONSO, 2016). The puerperal period is marked by profound and definitive changes in the woman's life, and this period is often neglected by health professionals in terms of women's health care.

Most of the time it is the newborn that receives all the attention, its care is carried out properly while the woman is considered an important and integral part in the care of the baby. She almost always forgets that the woman experienced a phase of profound changes that interfere with her life. The beginning of adaptation to motherhood gives rise to feelings of incapacity in the mother, confusion in the face of new demands. These changes are called transition, that is, the transition from one condition or state to another (FREITAS, 2001). Rooming-in (AC) is a hospital system in which the healthy newborn remains with the mother shortly after birth, 24 hours a day, until discharge. Such a structure allows all assistance care to be provided to the mother and child binomial. Some of the advantages of the AC are: to favor breastfeeding on demand and its maintenance for a long time, to strengthen the bond between mother and child and to provide conditions for the nursing team to provide guidance to the puerperal woman through practical demonstrations of indispensable care to the newborn (NEME, 2005).

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If the puerperal woman is satisfied with the assistance, the formation of the bond between professional and client may be more effective. In this way, the objectives of the CA can be achieved, for the benefit of the mother and the baby (FAUNDES, 2010)

## MATERIALS AND METHODS

The type of study chosen was exploratory descriptive, qualitative, as it best adapts to the study's questions, proposed by Minayo (2010). The research was carried out in the Joint Housing of a Public Hospital in Recife-Pe. The research was carried out with a total of 23 women, all of whom were puerperal and were hospitalized in the Joint Housing sector of this hospital, with their respective newborns. One of the procedures performed in the research was verbal communication (interview) and participant observation. The interviewer encouraged and guided the subject's participation in a cautious and safe way, in the focus intended for study-women in the puerperal period. The interviews were conducted individually in the rooming-in sector of the public hospital in Recife-PE. The following guiding questions were worked on:

- (woman's name), how is your life in that place (Joint Accommodation) after you had your baby and arrived here in the joint accommodation?
- (woman's name), what changed in your life after you had your baby and arrived here in the joint accommodation?
- (woman's name), how have you been feeling, what has been going on in your mind since you arrived here in the room?

The verbal data from the speeches of the women subject to the study were recorded and later transcribed in full. As inclusion criteria, we opted for Puérperas admitted to the Joint Accommodation of a public hospital in Recife-PE and Puérperas who were with their newborns in the Joint Accommodation. As exclusion criteria we had the Puérpera who were not hospitalized in the Joint Accommodation and the Puérperas who were hospitalized in the Joint Accommodation, but that their newborn was in another sector.

The speech categorization process was processed, from which the following themes emerged:

Theme 1 - far from home ... for days and months: in the search for institutionalized assistance;

Theme 2- Women's feelings (puerperal) about the joint accommodation sector;

In order to preserve the identity of each postpartum woman interviewed, she was named with flower names. They are: Flower, Rose, Daisy, Jasmine, Carnation, Alpinea, Amarilis, Anthurium, Celósia, Glass of Milk, Silver Rain, Cherry, Chrysanthemum, Dendron, Eremurus, Esporinha, Státicia

## RESULTS AND SPEECHES

Theme 1: Away from home for days and months: in the search for institutionalized assistance. The women interviewed when they spoke about their experiences brought up the issue of hospitalization needs to solve health problems. In their speeches, they referred to the time they spent in the hospital, as

having been full of tiredness, with prolonged hospital stay, moving from puerperal status (needing care) to the condition of accompanying their sons and daughters. (needing care) for the condition of accompanying their sons and daughters hospitalized, and finally having to wait for someone else's decision.

"Since last month, it will be a month" (Flor)

"On the 10th of that month" (Rosa)

"Day 8, two days here" (Margarida)

It was possible to identify in the participants' statements the reasons for hospitalization. They verbalized situations such as "bag burst" ... it was seven months old "infection", "high pressure". It is noticed that such reasons are linked to obstetric issues, which seem not to have been possible to have been resolved in the municipality where they live. Let's see this in the following lines:

"..... my blood pressure was very high and the doctor from there sent me here" (Rosa)

"..... my blood pressure was very high and the doctor there thought it was risky to stay with me there, because it was going to put my life and the baby's life at risk, so he thought it was better that I came to Recife" (Margarida)

"..... my purse burst and I was seven months old, then they sent me here to hold the baby" (Flower)

But it seems here in Flor's speech that there was a certain "decision-making power" given to the baby by this puerperal woman.

"... but he didn't want to wait" (Flower)

It is seen in this speech that Flor referred to the conceptus using the expression "he" to have decided not to wait any longer but to have chosen to be born before the physiological period. In these statements, we identified that the condition of living this period away from home seems to have been very difficult for the puerperal women. Some of them verbalize this experience with suffering, being mitigated by good nursing care and other categories such as medicine and speech therapy. Observe the jasmine speech:

"... at the obstetric center I didn't like it very much, but here it is much better, because the nursing girls are good with me and there is also a speech therapist who helped me to breastfeed, because he didn't want to breastfeed and now he breastfeeds well, he taught me some tricks that made him suck" (Jasmine).

We observe in this speech that Jasmim goes through two situations in short moments of hospitalization, that of anguish in a certain sector ("... in the obstetric center I didn't like it very much ...") and that of relief and happiness ("...but here it is much better, because the nursing girls are good to me and there is also the speech therapist who helped me to breastfeed my baby ...."). We also identified, on the part of some puerperal women, that the condition of being far from home started from their need to be treated (infection, high blood pressure) and that this condition changed - their stay in the Hospital. Let's see:

"... I am waiting for the result of his exam, which is missing, but it is painful because I miss my daughter so much and I stay out of the house (she starts to cry)" (Flor).

".... they had an infection and stayed to take antibiotics" (Margarida).

According to Neme (2005), the puerperal woman, after being taken on a stretcher from the obstetric center, to the ward of the Joint Housing Unit, must be admitted to the unit, be examined and evaluated clinically in the three shifts, daily by health professionals. Health professionals will record medical records, clinical evolution, results of laboratory tests and imaging, make prescriptions and the assistance process will then be put into action. And all of this should be routinely carried out while the puerperal woman remains in the unit.

We emphasize that it is described in Brazil (2013), that the area destined to each mother / child binomial, must contain: bed, bedside table, cradle, chair and clean material and for each infirmary, a washbasin with a container with a lid is required. collection of used clothing. However, although it had not been the object of study, to verify aspects of the physical structure and materials, furniture, of the Joint Accommodation, but for the reasons of the women during the interview, having addressed such aspects, during the data collection, we see that the space before the The reform was very small and after the reform it follows the standardization of the Ministry of Health. Let's see Amarillis' speech:

".... there is a cot, there is a closet to store things, there was only a sheet missing because there are many patients, right? Then I used mine ..."  
"(Amarillis).

"... I only have to complain about the heat, but it's because the weather is really hot, right? ..."  
"(Amarillis).

Glass of milk expressed that what makes her feel a certain joy is to notice her son's recovery. Said Glass of Milk:

"... that he is recovering there is making me more happy ..." (Glass of Milk)

Theme 2: Women's feelings (postpartum) about the Accommodation sector The feeling that is an affective state that includes the action of feeling immediately preceded to a mental representation linked to knowledge by the lived experience.

In this theme, women verbalize their feelings During the experience in the Joint Accommodation sector, with contents (speeches and gestures) that varied from gratitude to angry feelings that made reference to the Joint Accommodation sector. Let's see:

".... she (the nurse) was very good to me, she helped me bathe him (the baby) because I had surgery and I can't move yet and my mother is afraid to bathe the boy, (laughs), then she (the nurse) gave ... (expression of joy)" (Alpineia).

In his speech, Alpineia shows joy and gratitude for the nurse's work, I say this because at the time of the interview, during the

participant observation and specifically in the speech, Alpineia expressed a gentle tone and facial expression of joy.

"... I don't even know what's happening in the world, I've been here for a week and without television it's bad, right? Then we don't know things ..."(expression of indigestion).

(Anthurium). Anthurium, shows in his speech a feeling of indigence and at the same time of desire, the desire to have a television in the sector to be updated with external news

"... Affection Maria, it's good here, the nurses, the doctors, but the night is bad because of the heat and I didn't know I could bring a fan ..." (expression of indignation). (Chrysanthemum). In this speech Crisantemo expresses indignation for the communication speech regarding the fan, something that would solve his complaint that is the heat in the night. In some environments, they do not seem to guarantee the privacy of the puerperal women participating in the study. Some puerperas even expressed experiencing the feeling of fear of the invasion of privacy as:

"... the people are all watching when I breastfeed and I'm afraid that a man will pass ..." (Dendron).

Dendron refers to male companions chosen by some puerperal women and as Alas are jointly staying more than one in wards and have no fixed divisions between beds, there is the risk of the companion of the other patient seeing her breast. In his speech, he reveals that there is a male presence in a sector that does not have the structural conditions to receive male companions, as they end up invading the privacy of others, removing the objective of the sector, which is to unite the woman to the child giving a more affective bond. In view of such aspects inherent to this theme, during the interview we sought to apprehend the interviewees a denomination in front of their speeches about Joint Accommodation. Let's see: "Now you got me, but I think the mothers' address, or the women's address, because it's like a home, there are people who come here and leave tomorrow, but there are people who come here and stay because of the babies who are so in the ICU" (Estácia).

"I would name my AP, because each one has its own story (laughs)" (Estrelícia). "I know I didn't see it, let me see it, my room (laughs) I'm good at choosing a name (and more laughs)" (Flor de Cenoura). "I think my second home, as it is like our second home" (Flox).

During these speeches, we observed expressions in several senses and sometimes even opposites among the interviewees, some expressed a calm tone of voice and a facial expression of happiness, while another showed revolt and a facial expression of denial. Let's see:

"I would call it Chaos (laughs) I don't know, or

three Marias because there are three women here just talking (bad words) (laughs), and at that moment the woman takes the twins to suck and is just a chatter" (Gardenia).

When analyzing these statements, we noticed that there were mild expressions such as: "Mothers' addresses, women's addresses, my AP", as well as incisive expressions such as:

“Chaos”. We understand that nurses need to strengthen the actions of responsibility towards these women, in order to ensure their privacy, as referred to in the Nursing code of ethics described in article 24 of relations with people, families and the community that describes respect in the exercise of the profession, the rules related to the preservation of the environment and to report to the competent bodies the forms of pollution and deterioration that compromise health and health, and also in the booklet of the rights of SUS users in the second and third principles describing that every citizen has the right quality care and that every citizen has the right to humanized care without any discrimination

### Final considerations

The study confirmed that, from the point of view of the women interviewed, the puerperium was a time of changes that happened after childbirth and admission to the rooming-in sector. It was observed that at the beginning of the hospitalization, the needs were focused on the health of the puerperal women and then this condition changed, leaving the hospitalization no longer for them but for their children. The mothers reported being satisfied with a pleasant environment that offers them a little comfort and privacy, in line with a humanized environment. Understanding the experience of puerperal women in the rooming-in sector is essential in order to build comprehensive health care for these clients, encompassing the individual as a whole. We observed reports of improvements as well as things that still need improvement.

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