DOI: 10.18471/rbe.v35.41929 Original Article

KNOWLEDGE AND EXPERIENCES OF PREGNANT WOMEN ABOUT PUERPERAL SELF-CARE AND NEWBORN CARE THROUGH EDUCATIONAL PRACTICES

SABERES E EXPERIÊNCIAS DE GESTANTES SOBRE AUTOCUIDADO PUERPERAL E CUIDADO DO/A RECÉM-NASCIDO/A MEDIANTE PRÁTICAS EDUCATIVAS

CONOCIMIENTOS Y EXPERIENCIAS DE LAS MUJERES EMBARAZADAS SOBRE EL AUTOCUIDADO PUERPERAL Y EL CUIDADO DEL RECIÉN NACIDO A TRAVÉS DE PRÁCTICAS EDUCATIVAS

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How to cite this article: Mota JF, Almeida MS, Magalhães GC, Souza VC, Silva JMQ, Anjos KF. Knowledge and experiences of pregnant women about puerperal self-care and newborn care through educational practices. Rev baiana enferm. 2021;35:e41929.

Objective: to analyze the knowledge and experiences of pregnant women about puerperal self-care and newborn care through educational practices. Method: qualitative study with 16 pregnant women who attended prenatal care in a public maternity hospital in Salvador, Bahia. A semi-structured interview guide and health educational practices were applied in data collection. Content analysis was used in the thematic modality. Results: three categories emerged: self-care in the postpartum period: relevant and indispensable; newborn and breastfeeding: learning the best care; and educational practices during pregnancy: the expected result. The need and relevance of educational practices since pregnancy were evidenced; however, the newborn care was valued in relation to the woman's self-care, and may influence the (self-)care of those involved. Final Considerations: the educational practices performed during prenatal care offered subsidies for women's empowerment and autonomy when returning home; however, when performed, they distanced themselves from female self-care, as they tended to value only the newborn care.

Descriptors: Pregnant Women. Prenatal Care. Health Education. Knowledge. Postpartum Period.

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Objetivo: analisar saberes e experiências de gestantes sobre o autocuidado puerperal e cuidado do/a recém-nascido/a mediante práticas educativas. Método: estudo qualitativo, com 16 gestantes que frequentavam o pré-natal em maternidade pública de Salvador, Bahia. Aplicou-se, na coleta de dados, roteiro de entrevista semiestruturado e práticas educativas em saúde. Utilizou-se análise de conteúdo na modalidade temática. Resultados: emergiram três categorias: autocuidado no período pós-parto: relevante e indispensável; neonato e amamentação: aprender para melhor cuidar; e práticas educativas na gestação: o resultado esperado. Evidenciou-se necessidade e relevância das práticas educativas desde a gestação, contudo valorizou-se o cuidado do/a recém-nascido/a em relação ao autocuidado da mulher, podendo influenciar no (auto)cuidado das envolvidas. Considerações finais: as práticas educativas realizadas durante o pré-natal ofertaram subsídios para o empoderamento e a autonomia das mulheres ao retornarem ao domicílio, contudo, quando realizadas, distanciavam-se do autocuidado feminino, pois tendiam a valorizar apenas os cuidados destinados ao/a recém-nascido.

Descritores: Gestantes. Cuidado Pré-Natal. Educação em Saúde. Conhecimento. Período Pós-Parto.

Objetivo: analizar los conocimientos y experiencias de las mujeres embarazadas sobre el autocuidado puerperal y el cuidado de los recién nacidos a través de prácticas educativas. Método: estudio cualitativo con 16 mujeres embarazadas que frecuentaron la atención prenatal en un hospital público de maternidad en Salvador, Bahía. En la recogida de datos, se aplicó una guía de entrevista semiestructurado y prácticas educativas en salud. El análisis de contenido se utilizó en la modalidad temática. Resultados: surgieron tres categorías: autocuidado en el período posparto: relevante e indispensable; neonato y la lactancia materna: aprender a cuidar mejor; y prácticas educativas durante el embarazo: el resultado esperado. Se evidenciaron la necesidad y la relevancia de las prácticas educativas desde el embarazo, sin embargo, se valorizó el cuidado del recién nacido en relación con el autocuidado de la mujer, y puede influir en el (auto)cuidado de las involucradas. Consideraciones finales: las prácticas educativas realizadas durante el cuidado prenatal ofrecían subsidios para el empoderamiento y la autonomía de las mujeres al regresar a casa, sin embargo, cuando se realizaban, se distanciaban del autocuidado que de la mujer, ya que tendían a valorar únicamente el cuidado destinado al recién nacido.

Descriptores: Mujeres Embarazadas. Atención Prenatal. Educación en Salud. Conocimiento. Período Posparto.

Introduction

Among the care actions performed during pregnancy is the prenatal follow-up. According to the Ministry of Health, this is the propitious time for promoting comprehensive care for pregnant women, which goes beyond biological aspects and includes the use of dynamic educational strategies that stimulate the active participation of women in the construction of knowledge in themes related to the pregnancy-puerperal cycle[1].

Thus, the quality of prenatal care is not restricted to quantitative aspects, such as the number of consultations or the early onset of prenatal care. Strategies with a holistic and problem-solving approach should be incorporated, seeking to enable women to experience their reproductive cycle positively, with less risk of complications in the puerperium and greater success in breastfeeding[2].

As an educator, nurses assume an important responsibility in health care when developing their educational actions based on individuality, integrality, self-care and female empowerment. In the case of pregnant women, they should enable them to make autonomous decisions and improve their quality of life (QOL)[3].

By stimulating women to self-care, the nurse contributes to their independence from health demands, encouraging them to become co-responsible for their own care. However, for this to be possible, this professional needs to exercise qualified listening in an open and horizontal manner. It is necessary to provide a space of mutual learning, in which there is no absolute truth, but rather relative, which can be questioned, complemented or overcome by other knowledge[4].

In this sense, public policies and programs reinforce educational activity, which are necessary tools for promoting women's health. Although its guarantee is the female right, there is the paradox that women, even with active attendance in

prenatal care and healthy pregnancy, achieve puerperium with no knowledge and insecurity to self-care and to provide adequate care to the newborn (NB)[5].

Among the health educational strategies are the educational workshops, which, by allowing women to share feelings and experiences, can minimize the gaps of the public health service and contribute to reinforce the feeling of safety, well-being and tranquility in relation to the demands that arise in the pregnancy-puerperal cycle[6]. This perspective includes the dialogical educational model, which is based on the construction of symmetrical relationships between the professional and the learner, on the women's needs and the formation of their autonomy, aiming to overcome authoritarianism and care fragmentation[4]. Oriented and informed women will certainly have more security, confidence and less anxiety to their self-care and childcare when returning home after hospital discharge.

Thus, the preparation of pregnant women, supported by educational activities during prenatal care, is fundamental for developing healthy puerperium, identifying early warning signs and minimizing vulnerabilities, indispensable aspects for health promotion and reduction of maternal and neonatal morbidity and mortality rates.

This study aims to grasp the knowledge and experience of pregnant women about puerperal self-care and newborn care acquired throughout their lives. The research question was: What are the knowledge and experiences of pregnant women, participants in educational practice, about puerperal self-care and newborn care? Thus, the objective was to analyze the knowledge and experiences of pregnant women about puerperal self-care and newborn care through educational practices.

Method

Qualitative study, which sought, based on the development of health educational practices with 16 pregnant women, to analyze their knowledge, experiences, beliefs and attitudes directed to self-care in the puerperium and to the NB care, not restricted to the knowledge acquired in prenatal care, but also the one resulting from their previous personal and social experiences. The themes selected for educational practices considered those related to the puerperal period. This was carried out in a public maternity hospital in Salvador, Bahia, Brazil, a teaching-care unit of obstetrics, neonatology and perinatal health linked to the Universidade Federal da Bahia (UFBA).

Data collection occurred in August 2019, at *Casa da Gestante, Bebê e Puérpera* (CGBP), which is a residence attached to the maternity, similar to the home environment, which embraces and cares for pregnant women, puerperal women and NBs with greater vulnerability, with a view to reducing maternal and perinatal morbidity and mortality. The unit carries out educational practices regularly, previously scheduled.

The inclusion criteria adopted were: being pregnant and matriculated in prenatal care (usual risk and high risk) of the maternity hospital and presenting preserved cognitive conditions. The exclusion criterion was being underage. The pregnant women who attended the CGBP on the two days selected for the study were invited to participate. There was no refusal or withdrawal.

The semi-structured interviews occurred, at first, in a reserved place, with sociodemographic information, obstetric data and guiding open questions in relation to their previous knowledge acquired in the current prenatal care or through previous experiences on postpartum care, NB care and breastfeeding. Subsequently, two educational practices were performed in the living room of the CGBP, lasting approximately two hours each. These two activities were performed by the researcher, the advisor and a trained nursing student. The interviews and educational practices were recorded using an audio recorder and later transcribed.

The adoption of educational practices as a data collection strategy allows researchers to become part of the group, besides facilitating the understanding of their reality in favor

of the collective construction of knowledge. This dialogical educational model, as a methodological strategy based on problematizing education, stimulates critical and reflective sense, autonomy and co-responsibility for health. In parallel to these advantages, learning capacity, by intrinsically relating to the student's curiosity, with dynamics and games, it can produce more satisfactory and effective results[4].

Thus, it was sought to meet the educational needs of pregnant women, after questioning, explanations, guidance and discussion about the subjects that interested them, so that their previous knowledge and experiences led the activity, with no need for a rigorous guide established for the dialogues.

The educational practices began with a dynamic of presentation. Its objective was to approach and develop bonds between the participants. Objects that symbolized maternal self-care and NB care were placed in a "surprise box", to be withdrawn by the pregnant women, one at a time. The intention was to make the environment conducive to exchanging knowledge and experiences between them reciprocally. The participants were accommodated in a circle to facilitate this interaction. At the end of the activity, they designed and/or wrote, on paper, the knowledge constructed by the group, with a view to reinforcing learning and answering possible doubts. Then, with one word, they individually evaluated the meaning of the activity.

The data emerged from these practices were analyzed using the content analysis technique[7], thematic modality, based on the three chronological cores: pre-analysis, in which a floating reading was performed; exploitation of material, which consisted of evaluating convergent statements, grouping them, with a view to performing inferences and interpretations; and data processing, inference and interpretation, when the synthesis and selection of results were performed[7]. In the next stage, the three empirical categories that emerged from the data were extracted, namely: self-care in the postpartum period: relevant and indispensable; newborn and breastfeeding: learning the best care; and educational practices during pregnancy: the expected result.

The study was submitted to review and analysis of the Research Ethics Committee (REC) of the maternity hospital where the research was developed, and approved under Opinion n. 3.471.324 and Certificate of Presentation of Ethical Appreciation n. 15832819.9.0000.531. After clarification of the study, the participants signed and received a copy of the Informed Consent Form (ICF). As a way to maintain the anonymity and privacy of the participants, the acronyms INT = Interview and EP = Educational Practice followed by a sequential cardinal number designated according to the order of the interviews were used.

Results and Discussion

Regarding the 16 pregnant women participating in the study, the mean age ranged from 21 to 39 years; 12 self-reported as black and 4, as brown; 9 had complete high school, 4 complete higher education and 3 had incomplete higher education; 11 were married or in a consensual union; 1 declared not to work outside the home; and family income ranged from 700.00 BRL to 4,000.00 BRL. Regarding obstetric data: 5 were primiparous, 11 had experiences of previous pregnancies and deliveries, and 10 attended 6 or more prenatal consultations.

Category 1 – Self-care in the postpartum period: relevant and indispensable

The pregnant women, when asked about the knowledge and preparation for self-care in the puerperium built throughout their lives, expressed unawareness. They also demonstrated the existence of an information/guidance gap in prenatal care. These data are in line with the case stated in a study[8] that health professionals neglect this phase, as opposed to the overvaluation given to childbirth and NB care[8]. Thus, regarding the knowledge:

> *There was no information in prenatal care on how the postpartum is going to be.* (INT14).

> *Not yet. I have many doubts, but I am also afraid. Because we always feel afraid at the first time.* (INT3).

> *I have not gotten to that stage here yet. Only in relation to childbirth, but not to the postpartum. Not yet.* (INT12).

The puerperium, also known as "guard" or "quarantine", begins after delivery, specifically after the expulsion of the placenta, and ends when local and general changes return to the pre-pregnancy state, accompanied by the return of reproductive function[9]. This period has a greater possibility of clinical complications, such as anemias, hemorrhages and infections. In addition, it is influenced by psychosocial issues related to the relationship with the child, interpersonal relationships, changes in family arrangements, sexuality and self-esteem. These aspects justify the complexity of this period[10].

Similarly to the results of this study, a study[11] conducted with 50 puerperal women in Argentina was the consequence of the deficiency of the teaching of puerperal self-care in health services. The authors warn that this important public health problem is intrinsically related to the increase in maternal morbidity and mortality, which resumes the need to identify, in this population, the aspects of self-care, as well as mitigating and aggravating factors.

Regarding the issue of personal hygiene, some pregnant women demonstrated knowledge, however, the perpetuation of taboos about the first bath after delivery was visible. The washing of the head in the puerperium, although they considered an important hygienic care, was still permeated by the feeling of fear, as stated:

> *I was not aware that when we have normal childbirth, we cannot take a shower and wash our heads soon after, only I do not have anyone to guide me.* (EP1).

> *I do not know if this would be recommended, but I do not think I see the need to wash my hair.* (INT12).

> *People are always saying: you cannot wash your hair! But I washed it and had no problem! Then I even brushed, used the relaxer and had no problem.* (EP2).

In this sense, a study[12] conducted with puerperal women in Rio Grande (RS) found that the argument for this cultural norm preserves the myth of "risk of mental impairment" and even death caused by the inversion of blood flow, recommending the time space of seven to 20 days without washing the hair. Therefore, it is advisable to problematize this practice, still in the gestational period, in order to clarify and encourage this and other adequate hygienic care for better maintenance of maternal health in the postpartum period.

Women's health needs in the puerperal period should be intrinsically related to their environmental and sociocultural contexts, and their interrelationships as well. In this sense, this understanding is fundamental in the nurse's work, so that he/she can understand the health and disease process that will have repercussions on the definition and implementation of actions for health promotion[13].

Thus, cultural factors exert a strong influence on eating habits during the puerperium. In this study, maternal self-care primarily aimed at the well-being of NB, so that the restriction to certain foods was aimed to prevent colic and gases, and increase milk production. Moreover, it is still the idea that the intake of foods considered lactogenic, such as corn, results in higher milk production and that the intake of citrus fruits causes reflux in the child:

> *I think we have to eat fruit, that sort of thing, because the things we eat are going to pass on to the baby through milk. The baby might get sick, that sort of thing.* (INT1).

> *Besides having things that are not good, because the milk takes them to the baby, who feels sick. We breastfeed, and the baby gets full of gas.* (EP8).

> *I thought the corn increased the milk production!* (EP5).

> *It was reflux, and I was also feeding wrong. I was drinking citrus stuff we are not allowed to.* (EP11).

With similar results, a study[14] reveals that the orientations received by puerperal women regarding their feeding aimed at the success of breastfeeding (BF) and emphasized the benefits of adequate feeding for neonatal health, without considering maternal benefits[14]. Similarly, another study conducted with 30 women in São Paulo also shows that mothers associated citrus intake with harm to neonates[15].

Nevertheless, it is emphasized that the deprivation of certain important nutrients can harm women and the child's development.

As a rule, the physiological puerperium does not require special or restrictive diets, however it should be encouraged the intake of healthy foods, in an individualized way, which promote an adequate intestinal functioning, in addition to a good water intake[9].

Regarding a habit commonly encouraged by women, we highlight the "guard" that, in this study, covered from relative rest in relation to domestic activities to prolonged sexual abstinence as an act of respect for "quarantine":

> *I think we cannot do many things, like picking up heavy things, making too much effort, too much exercise, because it is recent and might get complicated.* (INT10).

> *I think lying down, picking up heavy things, sexual intercourse. If it was normal, two months; cesarean section is three.* (INT11).

> *Several things are prohibited* [...] *The woman must be careful with her guard.* (INT14).

There are reports of cultural traditions that have persisted for many generations, with the purpose of recovering or "closing the body" after childbirth, in order to achieve a good adaptation to the new routine and, thus, assist in the recovery of the uterus, as well as avoid hemorrhages[12]. With regard to sexual restriction, this is due to psychological factors, cultural conceptions and hormonal factors, such as increased prolactin, which lead to decreased libido, vaginal lubrication and sexual desire. It is recommended that the return to sexual activity must be started gradually and evolve through the couple's trust, mutual respect and well-being[9].

Another physiological phenomenon mentioned refers to the women's unfamiliarity related to vaginal blood loss after delivery, as well as the warning signs for certain complications that imply the immediate return to motherhood. In this study, there was a desire to approach this occurrence in educational practices since pregnancy:

> *I learned of the postpartum bleeding you talked about, which starts dark and ends light. I was not aware of it.* (EP7).

> *I also learned that you talked about the bleeding, that I was unaware that we could feel pain, have a bad discharge, that we should seek* [...] *the unit, that this would be a warning sign. That was very important.* (EP1).

It is worth mentioning that puerperal infections are among the main causes of maternal mortality, but most of them can be avoided by teaching self-care about adequate hygiene and by early recognition and treatment of signs of infection[16]. In this sense, it is crucial to know the characteristics of the lochia, its appearance and odor, because such changes may require early care in order to avoid complications[12].

As a reinforcement, an educational intervention carried out with 40 puerperal women in Peru demonstrated its importance to increase the knowledge of puerperal self-care, since preventive educational measures can enable reduction of hospital readmission and maternal self-sufficiency to make safe decisions regarding their health and minimization of their vulnerability[17].

Category 2 – Newborn and breastfeeding: learning the best care

Among the neonatal care, there stands out the adequate cleaning of the umbilical stump, which should occur at each diaper change and after the bath of the NB with 70% alcohol solution, antiseptic suitable for infection prevention. Lack of hygiene or inadequate hygiene can cause infection and endanger the newborn's life[18]. In this research, the women demonstrated knowing the adequate care of the umbilical stump, regarding the product used and the correct technique, but needed clarification regarding manipulation and periodicity:

> *As far as I know, just wash and dry, and the only product is 70% alcohol solution* [...] *let it fall naturally, it does not require the use of ointments, creams, nor covering it.* (EP14).

> *Surely the baby feels pain* [...] *if you bathe 3 times a day, you will have to do the cleaning 3 times a day. If you bathe once a day, you are cleaning it once a day.* (EP9).

Different results were found in a study conducted with puerperal women in Fortaleza, in which 60% of them stated that there was a need for stump cover with dressings or bands and 54% were unaware of the adequate products for hygiene[19]. Thus, the information conveyed

by the nurse should be complete and with harmonic language to maternal understanding.

Regarding diaper change, although they reported adequate knowledge regarding the correct frequency and hygiene of the genitalia, doubts still persisted regarding this care, such as the use of baby wipe, ointments, talc, corn starch, among others:

> *I have doubts about the ointments I use. Some people use corn starch, cannot use talc, baby wipe, whether it is to use or just warm water? I have many doubts.* (EP14).

> *Knowing the exchange schedule, because you are not leaving a child with the same diaper from morning to late night* [...] *Here, from top to bottom, from this region of the belly down* [...] *she can catch an infection and you do not know why the baby is crying.* (EP9).

Similarly, a study conducted with puerperal women showed that they had mastery over the material for hygiene and diaper change, but expressed doubts about the hygiene of the intimate region of female children[19].

In this conjuncture, when problematized about the correct positioning of the newborn in the crib, among the pregnant women, they still expressed doubts and insecurity to mention what would be appropriate or not:

> *I have always placed* [lied] *my baby laterally. Some mothers place* [lie] *their babies like this.* (EP10).

> *Some mothers lie their babies on the stomach.* (EP13).

> *The doctors say it is right to put your daughter on her back. I do not know if it is right or wrong. I want to learn here.* (EP9).

A study with primiparous women demonstrated similar results, when revealing the mothers' unawareness regarding the child's posture to sleep[20]. On the other hand, another study[21] demonstrated that the mothers intended to put the NB to sleep in a supine position. Therefore, it is important to guide and inform, still in the prenatal care, on the dorsal position as a beneficial practice, which reduces death among infants, especially because it is a practical and low-cost measure[21].

Concerning breastfeeding, the construction of this knowledge took place during the educational practices performed in the maternity hospital, on days previously arranged, with emphasis on the following aspects: breast care; importance of exclusive breastfeeding (EBF); proper positioning and latching on and harm of the breastfeeding confounders. These practices are highly positive to reinforce the need for these activities during prenatal care and to facilitate and enhance the breastfeeding process, as noted below:

> *Yep! Here in the group of pregnant women, they teach and we learn, that we cannot give the bottle; we have to breastfeed until 6 months, so that the child can be strong, healthy, intelligent and also the care of the breast areola. Give the child the breast not to latch on wrongly.* (INT13).

> *In the course of the pregnant woman, in the pregnant woman's house, also in the consultation, I received guidance* [...] *about confusion of nipples, that using pacifier is not cool, the bottle is also not cool* [...] *it was a very complete course for me. To this day I have not forgotten.* (INT14).

> *Yes, the obstetric nurse told me not to pass soap, to sunbathe, this daily care.* (INT2).

In the study conducted with nursing mothers from a maternity hospital in Rondônia, after an educational intervention on EBF, there was an increase in self-efficacy in breastfeeding and in the frequency of EBF. Thus, the relevance of teaching the benefits of this practice and the risks of early weaning, as well as the correct management of breastfeeding since pregnancy, is reiterated, in order to increase maternal skills and self-confidence[22].

In the case of breastfeeding management, one of the major problems reported by women, resulting from previous experiences, referred to the child inadequately latching on, which caused nipple fissures, intense pain and increased stress. Therefore, the unawareness of the proper management of lactation can lead to the early introduction of other foods, besides causing suffering, as reported below:

> *I have suffered a lot to breastfeed. My breast is all hurt, so hurt* [...] *I gave my daughter porridge. She just kept crying! I think that, besides not having a good nipple, I was also unable to breastfeed.* (EP1).

> *I suffered when I was trying to breastfeed* [...] *the boys cried and so did I. And I was like, take this boy off my breast, take hum for God's sake! My husband cried on the other side, and I got more nervous* [...] *I think the lack of knowledge, which I did not have, of how the baby should latch on* [...] (EP2).

> *Because fissured or not, I gave, the milk was dripping, my nipple seemed it was going to loosen. The blood came like this, oh, from both breasts.* (EP7).

Despite the evidence that breastfeeding positively influence the reduction of infant morbidity and mortality, early weaning is an important public health problem in Brazil, since only 41% of children under six months benefit from EBF, thus the median duration is 1.8 months. These statistical data allow reflecting on the interference of biopsychosocial factors in the breastfeeding process, even in the presence of adequate knowledge. However, false beliefs related to breast milk, the supposed need for nipple protrusion, the naturalization of breastfeeding pain, among others, secondary to inadequate guidance, negatively influence the act of breastfeeding[23].

Properly positioning for the child to latch on is crucial for efficient breast emptying, as well as for preventing breast trauma. On the other hand, the incorrect technique may lead to decreased milk production and child weight gain below expected. In addition, it is essential to clarify that flat or inverted nipples make breastfeeding difficult, but do not preclude breastfeeding, as the child should access the areola[24].

It is known that maternal insecurity and unpreparedness still predominate in providing adequate childcare and experiencing breastfeeding. These are caused, in some cases, by the lack and/or deficit of professional guidance during prenatal care or even at discharge from the maternity hospital[9]. In view of the results of this study, comprehensive educational actions should be developed during pregnancy, as it is the right of the future mother to know how the appropriate care of her newborn will occur, in order to mitigate neonatal complications.

Category 3 – Educational practices during pregnancy: the expected result

In this study, it became evident that the dialogical perspective provides greater interaction among pregnant women, helps grasping the learning and understanding issues that are often not discussed during prenatal care, either by the lack of knowledge of the theme by the pregnant woman, or by the structural organization of the services, according to the reports:

> *The pregnant women's wheel helped me a lot. Many* [...] *many doubts I had, but had no way to ask. I guess I did not know how to make the right question*. (EP8).

> *Because sometimes we go to the consultation and we end up skipping some question. There are so many things. So I think it is very important here for us to know and learn*. (EP2).

> *In prenatal care, only basic doubts are answered: basic examination, listening to the baby's heart, the belly is measured, that is it*. (EP5).

The group approach also provides support for women's empowerment, concerning their self-care and childcare, contributing to stimulating their autonomy and facilitating the understanding of their responsibility as a mother:

> *When we make the layette, we are not that prepared. In fact, I like it a lot, because it is an empowerment for women, because when we are well equipped, everything gets much easier*. (EP14).

> *So that was really good. I learned new things, which I will take to myself; I will take it to my daughter when she has a child; for my grandchildren*. (EP9).

> *I learned how to massage the breasts, breastfeed, store milk*. (EP11).

Similarly, a study conducted with pregnant women in Sobral (CE) found that conducting health education activities, from a problematizing perspective, through educational workshops, stimulated the exposure of fears and longings during pregnancy. Moreover, they are potential for the emancipation of pregnant women[6].

In this context, experiencing participatory strategies of health education provides the strengthening of bonding and trust between pregnant women and professionals, as well as recognition and satisfaction regarding the care provided, which proves to be a beneficial practice for both and an important strategy of humanization of health care:

> *And today we are having this opportunity. I had none of that! Now, we should clap for them, thank you, thank you very much*. (EP9).

> *They were super crucial! They were everything for me! I felt welcomed and super informed in everything I asked and all the information they gave me without even asking*. (EP14).

> *This is very important. This knowledge I am absorbing here from who is already a mother* [...] *something I have never had.* (EP16).

It is important to highlight that, in the exchange of experiences lived by women with peculiar interests, the orientations are easily shared by the group, when compared to simple professional orientation, because the previous knowledge of women is valued and the paradigm of traditional and authoritarian education is broken[8].

Moreover, educational practices, during pregnancy, allowed recognizing gender issues that permeate child and puerperium health care, since there was encouragement of conscious parenthood as coping with gender inequality, as well as valuing and fostering the perpetuation of educational groups:

> *I have suggested the fathers' participation in at least one [educational practice] to see the importance* [...] *because the husband, he has to participate; he has to know that he is also responsible.* (EP11).

> *As pregnant women, we should not let this type of group die, and it should be valued. Because back there, there were pregnant women and professionals who fought for it; today it is happening. Do not shut up!* (EP12).

Historically, all health actions aimed at the puerperal pregnancy cycle were directed to the female public. However, the male involvement is fundamental to improve the mother's biopsychosocial well-being, with reflects in the NB care. Prenatal care, therefore, is a propitious time to problematize gender issues and encourage the father to participate in the moment of birth, to clamp the umbilical cord, to put the NB in skin-to-skin contact, to encourage breastfeeding and to divide the NB care with the mother[25].

Thus, it is appropriate to emphasize the relevance of the propagation of new approaches to health education during pregnancy, which contemplate care in the puerperium in its most diverse aspects, in order to stimulate women's autonomy, placing them as protagonists in decisions involving their health, in order to make them feel welcomed and valued[8].

The limitations of this study refer to the fact that the investigation is restricted to pregnant women, excluding partners and family members from data analysis, and that it occurred in only one maternity hospital. Furthermore, there is no identification of the gestational age of each pregnant woman, since they could have other opportune moments to acquire knowledge about their self-care and the NB care throughout pregnancy. Therefore, new studies involving pregnant women, partners, family members, as well as health professionals, should be carried out to broaden and enrich discussions on the subject. Among the potentialities, we highlight the understanding of gaps in health services and the creation of appropriate and effective educational tools.

Final Consideration:

This study describes the knowledge and experiences of pregnant women during their participation in dialogical educational practices, through strategies of problematization of behaviors and attitudes peculiar to the puerperal period. In this context, although women were allowed to develop autonomy when returning to their home, educational activities during prenatal care, when performed, distanced themselves from female self-care, because they tended to value the NB care, without considering the need for women's self-care. Thus, the scarcity of guidelines, added to the complexity of biopsychosocial phenomena involving the puerperium, can influence decision-making.

There is the perpetuation of taboos and myths concerning the puerperium, such as the prohibition of washing the woman's head; association of citrus intake with reflux in NB and corn intake with increased milk production; the need for nipple protrusion for suction and pain trivialization in breastfeeding. Although doubts remained regarding the woman's self-care and childcare, the dynamics developed in the activities contributed to the reflection and socialization of knowledge and practices.

It was possible to grasp some experiences associated with the failure of breastfeeding that could be related to the lack of guidance, on the part of health professionals, since the gestational

period, added to stereotypes resulting from expectations of society. The unawareness of breastfeeding management contributes to early weaning, besides causing physical and psychological trauma in women.

Providing pregnant women with participation in educational groups with participatory methodology is positive, because they offer numerous benefits, such as the exchange of experiences and the construction of knowledge in harmony with the daily life of the group. Furthermore, the (re)construction of knowledge with professional support, such as nurses, can positively influence the experience of breastfeeding, by facilitating adaptation, mitigating doubts, difficulties and fear.

The singularities envisioned by the pregnant women reveal a universe rich in possibilities to understand the gaps and the repercussion of educational actions during pregnancy, as well as to reflect on the nurse's performance as an educator. The findings of the study contribute to the expansion of scientific knowledge in the area, in addition to providing greater visibility to the importance of health educational practices, focusing on the women's needs. Thus, it contributes to the construction of knowledge that reflects on their protagonism and autonomy during the puerperium.

Given the need to minimize gaps related to the devaluation of the puerperium, there is need to conduct further studies on this important period subsequent to childbirth, in order to provide professional improvement, especially of the nurse. Moreover, they might stimulate the construction and analysis of differentiated educational tools, which serve categorically as support for developing puerperal self-care and NB care that result in more confidence, safety and tranquility on the part of the mother and family members.

Collaborations:

1 – conception, design, analysis and interpretation of data: Jessica Fonseca Mota, Mariza Silva Almeida, Gessica Cerqueira Magalhães and Venícia Conceição Souza;

2 – writing of the article and relevant critical review of the intellectual content: Jessica Fonseca Mota, Mariza Silva Almeida, Joise Magarão Queiroz Silva and Karla Ferraz dos Anjos;

3 – final approval of the version to be published: Jessica Fonseca Mota, Mariza Silva Almeida, Joise Magarão Queiroz Silva and Karla Ferraz dos Anjos.

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Received: October 2, 2020

Approved: January 12, 2021

Published: February 9, 2021