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Original article

Perceptions and experiences of primary health care nurses regarding in consultations

Percepções e vivências de enfermeiros da atenção primária à saúde acerca da consulta puerperal

Percepciones y experiencias de los enfermeros de atención primaria de salud acerca de la consulta puerperal

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Abstract

Objective: to understand the perceptions and experiences of primary health care nurses regarding postpartum consultations. **Method:** this qualitative research involved 28 nurses from 21 units. Data were collected through semi-structured interviews, and analysis was based on Bardin's content analysis method. **Results:** the study identified gaps in undergraduate training, a lack of updates, and insufficient health education. Care for the mother-baby dyad primarily focused on newborns and exhibited low adherence from mothers, as they predominantly return for childcare consultations. **Conclusion:** although primary health care nurses recognize the importance of postpartum consultations, significant gaps remain. It is concluded that active listening, relationship strengthening, and educational initiatives should be foundational elements of postpartum consultations, contributing to the reduction of health problems and the promotion of overall women's health.

Descriptors: Primary Health Care; Postpartum Period; Women's Health; Nursing; Qualitative Research

Resumo

Objetivo: conhecer a percepção e as vivências de enfermeiros da atenção primária à saúde acerca da consulta puerperal. **Método:** pesquisa qualitativa realizada com 28 enfermeiros de 21 unidades. A coleta de dados deu-se mediante uma entrevista semiestruturada, e a análise de dados fundamentou-se no conteúdo de Bardin. **Resultados:** percebe-se que existem falhas na formação durante a graduação, falta de atualizações e carência da realização de educação em saúde. O cuidado ao binômio mãe-bebê mostrou-se voltado prioritariamente para os neonatos e com baixa adesão das mulheres, pois essas retornam sobretudo para a consulta de puericultura. **Conclusão:** os enfermeiros da Atenção Primária à Saúde, embora reconheçam a relevância da consulta puerperal, ainda persistem lacunas. Conclui-se que a escuta ativa, o fortalecimento do

vínculo e as ações educativas devem ser pilares da consulta puerperal, contribuindo para a redução de agravos e para a promoção da saúde integral da mulher.
Descritores: Atenção Primária à Saúde; Período Pós-parto; Saúde da Mulher; Enfermagem; Pesquisa Qualitativa

Resumen

Objetivo: conocer la percepción y las experiencias de los enfermeros de atención primaria de salud sobre la consulta puerperal. **Método:** se realizó una investigación cualitativa con 28 enfermeros de 21 unidades. La recolección de datos se realizó mediante una entrevista semiestructurada, y el análisis de datos se basó en el contenido de Bardin. **Resultados:** se perciben fallas en la formación durante la graduación, falta de actualizaciones y carencia de la realización de educación en salud. El cuidado al binomio madre-bebé mostró estar principalmente orientado hacia los neonatos y con baja adhesión de las mujeres, ya que estas regresan sobre todo para la consulta de puericultura. **Conclusión:** los enfermeros de Atención Primaria de Salud, aunque reconocen la relevancia de la consulta puerperal, aún presentan lagunas. Se concluye que la escucha activa, el fortalecimiento del vínculo y las acciones educativas deben ser pilares de la consulta puerperal, contribuyendo a la reducción de problemas y a la promoción de la salud integral de la mujer.
Descriptores: Atención Primaria de Salud; Período Posparto; Salud de la Mujer; Enfermería; Investigación Cualitativa

Introduction

Pregnancy is considered a biologically determined transitional period, which can lead to temporary emotional instability due to changes in a woman's social role and identity. Additionally, various interpersonal and intrapsychic adaptations occur. This phase extends into the postpartum period, which also involves physiological changes, as well as changes in routine and family relationships.[1]

The term "postpartum" comes from the Latin *puer* and *parere*, meaning "child" and "to give birth," respectively. From an organic perspective, it extends from the birth of a child with the expulsion of the placenta to the restoration of the reproductive system to its non-pregnant physiological state.[2] The puerperium is characterized as a period of six to eight weeks following delivery and can be didactically divided into three periods: immediate, immediately after the expulsion of the placenta (days 1 to 10), late (days 11 to 45), and remote (day 45 onwards). Nevertheless, this period does not have a fixed duration, as it depends on the individual maternal organism.[3]

During the postpartum period, women, newborns (NB), and families must adjust to healthy lifestyles and address potential complications that may pose specific risks to maternal morbidity and mortality.[4]

According to the 10th International Statistical Classification of Diseases and Related Health Problems, maternal death is defined as the death of a woman during pregnancy or within 42 days of its termination, regardless of the duration or location of the pregnancy, provided it is due to causes related to or aggravated by the pregnancy or its management, but not resulting from accidental or incidental causes. In Brazil, 3030 and 1370 maternal deaths were reported to the Mortality Information System in 2021 and 2022, respectively. In Rio Grande do Sul, 113 maternal deaths were recorded in 2021, and 46 in 2022.[5]

Postpartum consultations within primary health care (PHC), as part of the comprehensive care provided by the Unified Health System (SUS), represent an opportunity to promote health and prevent problems in NBs and women, thereby reducing morbidity and mortality rates in Brazil.[6] After hospital discharge, care should continue under the responsibility of the Family Health Strategy (FHS) through postpartum home visits, consultations, childcare, and family planning and reproductive health services, in which nurses play a crucial role in organizing transitional human care, assisting women and their families in adapting to this life stage.[7]

Primary health care is the primary setting for the care and monitoring of women during this period, offering a range of interventions based on light technologies that facilitate the early detection of physical, psycho-emotional, and social changes, which can impact the reduction of maternal morbidity and mortality.[8]

The postpartum period, even when regularly supported by health professionals, tends to focus predominantly on the care of the NB, often relegating the needs of the new mother to the background. The support offered by the healthcare team is essential, particularly the guidance provided by nursing professionals, which is vital for preventing health issues in both children and women. Moreover, home visits help bridge the gap between the postpartum woman's lived experience and the healthcare service accountable for her care.[7]

The significance of quality nursing care for women during the postpartum period justifies this study. There is a clear need for enhanced care for this population, as, in most cases, attention is directed more towards the NB than the mother.

Therefore, this study aimed to contribute to academic understanding of the importance of postpartum consultations and the role of nurses, as well as to help qualify professionals working in maternal and child health, to prevent future complications and better comprehend this approach.

In addition to the aforementioned reasons, the Sustainable Development Goals established by the United Nations, alongside partners in Brazil, aim to promote sustainable development by 2030. Among the 17 goals, Goal 3, focused on "Health and Well-being," is particularly relevant in the context of this study. This goal aims to reduce the global maternal mortality ratio (Goal 3.1), eliminate preventable deaths in NBs and children under five (Goal 3.2), and ensure universal access to health services, including family planning, information, and education (Goal 3.7).[9]

Furthermore, the Brazilian Ministry of Health's National Research Priorities Agenda, which aims to bolster investment in health studies and technological advancements of interest to the SUS, aligns with this research under axis 9, related to "Health Programs and Policies," and axis 10, concerned with "Women's Health."[10]

We believe that recognizing the primary needs of women during the postpartum period can lead to the provision of systematic, humane, and comprehensive care, benefiting both mother and child, such as through the early identification and treatment of conditions specific to the postpartum cycle.[11]

In light of these considerations, postpartum consultations were selected as the subject of study, culminating in the following research question: What are the perceptions and experiences of PHC nurses regarding postpartum consultations? Therefore, the aim of this study is to understand the perceptions and experiences of PHC nurses concerning postpartum consultations.

Method

This research involved a field study with a qualitative, descriptive, and exploratory approach. The qualitative approach allows for an understanding of human behavior based on experience, as well as the meaning attributed to it by the individuals who experience it.[12]

Exploratory research begins with a phenomenon of interest; however, rather than merely describing this phenomenon, exploratory researchers examine the nature of the phenomenon, its manifestations, and other related factors. The purpose of descriptive studies is to observe, describe, and document aspects of a situation.[13]

The study was conducted in 21 PHC units in a municipality in Rio Grande do Sul, where postpartum nursing consultations are provided. According to data from the Municipal Health Secretariat in 2021, the PHC structure in the municipality consists of 18 Basic Health Units and 21 FHS, distributed across 34 physical structures. These services are divided into eight different regions, namely: Central Urban Region, Central West Region, North Region, Northeast Region, East Region, West Region, South Region, and Central East Region.

Twenty-eight nurses part of the PHC team in this municipality in Rio Grande do Sul were recruited. The number of professionals exceeds the number of units as some units have more than one team and, consequently, more than one nurse. The inclusion criterion for participants was that they had to have been working in the service for at least six months, ensuring they had been able to develop continuous work in the units, including performing postpartum nursing consultations. The exclusion criteria targeted professionals who were on vacation or on leave during the data collection period.

The number of participants was determined by the criterion of data saturation, which considered the quantity and intensity of the phenomena addressed in the study, with the aim to meet the proposed objectives. Consequently, a representative and comprehensive sample was ensured, capable of providing an in-depth understanding of the phenomenon in question.[14]

Data collection occurred between April and June 2024, in person and through semi-structured interviews. This approach provides flexibility in conducting interviews, allowing for in-depth exploration of topics of interest while maintaining a predefined structure to ensure consistency in obtaining information. Additionally, semi-structured interviews provide an appropriate environment for the authentic expression of participants' perceptions and experiences, facilitating a comprehensive and contextualized understanding of the phenomenon under study.

Nurses were invited to participate in the research via email, in accordance with selection criteria. After the professionals accepted, their contact details were requested to schedule the day and time for the interviews. Participants were informed about the study's objectives and methodology, and after reading and signing the free and informed consent form, data collection commenced. The interviews were conducted in a room at the units themselves, which was made available with prior authorization from the service managers, safeguarding the privacy and autonomy of the participants.

Data collection was conducted by the study researchers, both female, with no prior relationship with the participants and possessing experience in qualitative data collection. During the meeting, the data collection process was recorded in audio format with the prior authorization of the participants. Subsequently, the material was transcribed and submitted to a discursive textual analysis, resulting in the identification of thematic categories.

To ensure the anonymity of the participants, the statements were identified in the text using the letter "N" (Nurse), followed by a number indicating the order of the interviews: N1, N2, N3, ... N28. All participants were duly informed that the data obtained would be used exclusively for scientific purposes and could be disclosed and published in scientific events and journals without compromising their personal identity.

The study was conducted according to the criteria established in the Consolidated Criteria for Reporting Qualitative Research checklist, aiming to improve the quality of the research. This instrument covers 32 items distributed across three domains: characterization and qualification of the research team, study design, and analysis of results.[15]

The analysis of the interviews was based on the content analysis approach proposed by Bardin, which involves a set of systematic procedures applied to the discourses. This method allows for the exploration of meanings beyond the explicit content and comprises three phases: pre-analysis, exploration of the material, and interpretation of the results.[16]

In the initial pre-analysis stage, the data from the recordings were transcribed by the study researchers and a Scientific Initiation scholarship holder affiliated with the matrix project, using Microsoft Word 2019. This process constituted the research *corpus*.

During this stage, a preliminary reading of the interviews took place, allowing researchers to form initial impressions. Subsequently, a thorough reading and organization of the statements were conducted, simultaneously with a review and theoretical deepening of the content addressed.

In the second stage, the units of record were identified. These units consisted of phrases or words that recur and have similar meanings. They were grouped based on their similarities for analysis in the third stage of treatment and interpretation. In the third stage, 'interpretation of results,' thematic categories were established, and the particularities of the recording units were gathered, allowing for the formulation of inferences and interpretations aligned with the research objectives.[16]

This study originated from the master's dissertation entitled "Puerperal consultation in primary health care: action research with nurses" and approved by the institution's research ethics committee (CAAE no. 77986924.1.0000.5346).

Results

Twenty-eight nurses from 21 PHC units participated in this research, divided into 14 FHSs and seven primary care teams. Among these participants, 26 were female, and 2 were male, with ages ranging from 30 to 60 years. Their training spanned 1–35 years, and their length of service in the units ranged varied by 1–10 years.

After analyzing the interviews, two categories emerged: "Postpartum consultation: the nurse's perspective in practice" and "Strengths and weaknesses in postpartum care."

Postpartum consultation: the nurse's perspective in practice

In this category, we explored nurses' perspectives and experiences during postpartum consultations.

> *Given our involvement in prenatal care, we are already concerned with postpartum consultations. We explain to the woman that the postpartum consultation occurs after the birth of the child and is not just to review the type of delivery but to assess her psychological state, her relationship with the baby, and the family structure. (N19)*

> *This consultation allows us to address the very subjective issues a woman faces, from postpartum depression to difficulties she encounters and clinical concerns. (N11)*

> *It's about caring for the new mother during a delicate period. She is completely devoted to the newborn yet faces a challenging time of adaptation with numerous bodily changes. (N20)*

> *It's about assessing the woman's overall condition, both mentally and physically, her current situation with the baby, her relationship and bond, and the support network available to her. (N6)*

In the postpartum period, women face new challenges in caring for themselves and their babies. They require the support of trained professionals to assist and guide them through their questions, fears, and anxieties.

> *[Our approach] is very much linked to welcoming women who have already been receiving prenatal care with us here. We know that the bond is lost a little when the baby is born and then it ends, there are many that we end up losing the bond a little. We try to talk about the need for her to be cared for in the last prenatal consultations. (N2)*

> *I've noticed that, nowadays, we have more and more high-risk prenatal cases. These mothers usually have or have had gestational diabetes, hypertension, so we need to assess these mothers' postpartum to see how their overall health is. (N4)*

> *I believe that as soon as the woman has had her baby, we provide her guidance and information, which is why I say we always think about the child, breastfeeding, whether she is able to breastfeed and how she is feeling, and mental health issues. (N14)*

Primary care teams play an important role in delivering holistic and horizontal care, which enhances the quality of care given to pregnant women and new mothers. This directly impacts improved morbidity and mortality indicators for this population.

During the interviews, we noted statements from nurses who do not conduct postpartum nursing consultations in their units, as these are performed by doctors. When they do participate, it occurs 30 days post-delivery and focuses only on the baby, not the mother-baby pair.

> *The second consultation is actually for the baby, so it would no longer be for her. But, as usual, I ask about her too, but the focus is more on the baby. (N13)*

Additionally, nurses have perceptions regarding postpartum consultations:

> *In our clinic, we don't have much training. But when professionals seek additional knowledge, as was my case, by self-training and updating, I [end up] gaining the authority to conduct postpartum consultations. (N22)*

> *I think that sometimes we don't give it as much importance as it deserves, because it's a very important consultation where we look at the whole issue of the mother, but everyone focuses only on the baby and forgets about the mothers, and I think that everyone is a little guilty of this, both professionals and family members at home. (N5)*

> *As health professionals, I think our role is to empower people to make decisions. We don't impose anything; she will make the decision. The more I improve this educational process, the more likely she is to make good decisions. (N17)*

Health education initiatives are crucial, as they play a significant role in delivering high-quality care by enhancing the autonomy of postpartum women and ensuring the well-being of NBs.

Strengths and weaknesses in postpartum care

In this section, based on the testimonials of interviewed nurses, we evaluate the potentialities and challenges faced in monitoring postpartum women. The most frequently mentioned strengths include:

> *It's easier because they end up coming because of the baby. (N4)*

> *It's easier when the pregnant woman has already had her prenatal care with us, because then we already know her, we know more or less what to expect, who will help her if she is not getting help. It's something we try to emphasize a lot during prenatal care: this postpartum support network. (N16)*

> *The advantages, I think, are when the pregnant woman has already attended prenatal consultations. So, when we already have a stronger bond with her, she has more confidence in our work. (N21)*

The weaknesses reported include:

> *[Regarding the] challenges, I think the biggest one is that they are very focused on the child, they end up not focusing so much on themselves. (N4)*

> *One of the difficulties I notice is that she is very concerned about the baby. Sometimes we give her guidance on how to take care of herself, but it has little effect because she is more concerned about the baby. (N28)*

> *I also think we need to be a little more trained, more prepared to care for the postpartum period, because we see a lot of updates, a lot of prenatal courses, and the postpartum period, which is part of it, goes unnoticed, and it's just as important. (N12)*
>
> *In my academic training, I think we had very little time with women's health. I ended up experiencing a little more because I did my final project focused on pregnant women in primary care. But in undergraduate school, it was very little. (N22)*
>
> *What makes it difficult or is a weakness is when the pregnant woman is lost. She is already lost since the prenatal period, or when she is a very vulnerable pregnant woman or has some difficulty understanding. (N15)*

The quality of support received by women throughout pregnancy is considered essential for encouraging postpartum women to return to healthcare services. Establishing bonds is viewed as a crucial strategy in supporting women and ensuring their continued participation in postpartum consultations.

> *Ease [sic], I think it's a matter of when we have a bond with them. The fact that I'm from the area also makes it easier. I have a health agent who helps me actively search if necessary. I know where that woman lives, I know the conditions of her home; that makes it easier. (N17)*
>
> *I think ease is about bonding, about seeing that this idea of trust has been built since the prenatal period. (N25)*
> *I've worked in a facility that did not have a dedicated room to see patients, and sometimes a woman arrives, you are able to see her, but you don't have the space. (N10)*
>
> *Sometimes we can't get a car to make home visits when we want to, and neither can the professionals. We would need more professionals so we could go out and do things. (N26)*

The professionals' statements clearly indicate that the principal strength lies in the bond established with women and their families during prenatal care. The challenges, however, include insufficient in-depth training on the subject, ongoing training, home visits, inadequate infrastructure at healthcare facilities, and cultural barriers, among other factors.

Discussion

The postpartum consultation comprises healthcare strategies for women and NBs and should occur within the first week following delivery. This care is included

among the health actions performed by qualified professionals from the FHS and primary care teams.[17] The purpose of the postpartum nursing consultation is to ensure continuous care that addresses the real health needs during the postpartum period, constituting a key strategy to reduce maternal morbidity and mortality by providing timely health interventions. It is also during this period that the professional has the opportunity to maintain the bond with women, thereby enhancing the quality of services provided.[18]

Prenatal consultations should also encourage new mothers to attend postpartum consultations. All postpartum women, upon leaving the maternity ward, should be assisted by a qualified healthcare team and receive appropriate guidance on self-care and NB care. This support contributes to the health of both mother and child by facilitating early identification of and response to risks and complications, if present.[17]

Continuity of care is one of the principles that must be guaranteed to pregnant women throughout the pregnancy and postpartum cycle. PHC and specialized outpatient care teams should operate cohesively, "speaking the same language" concerning the management criteria recommended by clinical guidelines and agreed-upon protocols, with efficient channels of communication and mutual support for the shared management of pregnant women's care.[19]

The Brazilian Ministry of Health's flowchart for maternal and child health mandates a home visit to postpartum women within 48 hours after discharge or within the first 24 hours if risk factors are present at birth. Concerning the postpartum consultation, it is stipulated that it should occur within the first week, with actions for the NB scheduled on the fifth day. Continuity of care, or the second consultation, is to be conducted between the 30th and 40th day, emphasizing childcare and reproductive health.[19]

During the postpartum nursing consultation, both the mother and NB are assessed, beginning with welcoming the family and listening to the woman's experiences, feelings, and questions, with the aim of identifying potential depression and physical and social vulnerabilities.[20]

Questions are posed regarding the delivery, any complications that may have arisen, the examination of the pregnant woman's card, verification of medications

administered in the maternity ward, and the arrangement of possible referrals. In the case of vaginal delivery with lacerations or episiotomies, questions are posed about local pain and signs of infection, and the postpartum woman is advised in accordance with her clinical condition. In cases of cesarean section, the surgical wound is assessed for signs of inflammation, and stitches may be removed if healing is satisfactory after the seventh day, as directed by the obstetrician. Symptoms such as increased lochia, fever, pain during urination, and other signs and symptoms are addressed.[20]

Nursing care must focus on comprehensive care, grounded in the sociocultural context of each patient, encompassing both popular knowledge and their beliefs and self-care practices. Often, popular knowledge does not harm the health of women and NBs and can be integrated with scientific knowledge. Nevertheless, the postpartum woman should not refrain from visiting the health unit, as professionals can observe her self-care methods, provide health education, dialogue with her, promote qualified self-care for both mother and child, and encourage healthy practices.[17]

Postpartum home visits are essential as they allow nurses to establish connections with patients and understand the context in which women live, including the surrounding community. Additionally, it is crucial to observe financial, social, and psychological conditions, encompassing biopsychosocial well-being, which enhances the care provided to both the woman and her child, fostering autonomy and empowerment. Conducting these visits in the woman's home provides comfort and enables the care team to observe maternal care practices for the baby, thus facilitating health education, building relationships with family members, and primarily focusing on the mother-NB dyad.[17]

The postpartum consultation is vital for both the NB and the postpartum woman, as it provides continuity of care from prenatal visits through delivery and postpartum, offering a longitudinal perspective, particularly in cases of complications, and supporting the entire pregnancy-to-postpartum process. However, sometimes care for the mother-NB dyad is directed only towards the NB, revealing negligence in postpartum care and fragmentation in home visit services. Furthermore, there is often a lack of transportation for healthcare professionals to reach postpartum patients' homes, leading to discontinuity since these patients may not return for postpartum consultations.[18-21]

The literature indicates several factors contributing to low adherence to postpartum consultations, including: inadequacies in nurse training, which result in fragmented and ineffectively prepared consultations that can harm both mother and NB's health; insufficient infrastructure and human resources; lack of standardized care; and limited operating hours that can reduce professional assistance and create a gap between service and residence. Additionally, there is poor communication between municipal management and the FHS, as evidenced by insufficient training for professionals about postpartum consultations.[18-21]

Postpartum consultations can prevent numerous complications, such as breastfeeding difficulties and postpartum depression. In developing countries, like Brazil, consultations are often inadequate, as they are infrequent and overly focused on the child, neglecting the emotions and needs of women, who are viewed primarily in their maternal roles.[17]

Developing countries experience the highest rates of maternal and infant mortality, underscoring the low frequency of postpartum consultations and home visits, and the suboptimal adherence or care quality. This situation can lead to severe harm, including fatalities, because the immediate and late postpartum periods are crucial for maternal and child health throughout the perinatal process.[17]

The findings indicate the need to strengthen PHC in Brazil to improve care for women. Adhering to postpartum consultations is a multifactorial challenge involving team training, continuity of community health worker services, bonds between women and referral units, and issues of inequality and access difficulties.[22]

Enhancing team qualifications might address postpartum care gaps and thereby improve women's health. Promoting or implementing actions to re-engage absent patients could attract more women to utilize these services. Moreover, shared responsibility among primary care professionals is crucial for meeting the health needs of postpartum women.[22]

A limitation of the study is the difficulty in accessing certain nursing professionals; out of the 39 units with nurses invited to participate in this research, only 21 units accepted.

This study aimed to make several contributions, such as suggesting new research on this topic and encouraging a critical view from professionals and management, thereby broadening the reflection on care practices for this population.

Conclusion

This study facilitated an understanding of the perceptions and experiences of primary health care nurses regarding postpartum consultations. Although the nurses recognized the importance of such consultations, gaps remain in terms of academic training, professional qualifications, and the structure of services. Care practices were sometimes fragmented and primarily focused on the newborn, resulting in low adherence by women to follow-ups specifically addressing their postpartum needs.

Furthermore, we observed that educational actions, which are essential for enhancing women's self-care and autonomy during this period, are undervalued or insufficiently developed. As a result, our findings underscore the need for strategies that advance the continuing education of professionals, reorganization of health services to guarantee continuity and comprehensiveness of care, and the development of technologies that enhance care, consequently broadening the perspective to the mother-baby dyad and its unique characteristics in the postpartum period.

In conclusion, active listening, the strengthening of bonds, and implementing educational actions must be considered fundamental pillars of postpartum consultations, as these measures can contribute to reducing health problems and promote comprehensive health for women.

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