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CRITICAL RECENSION: AFTER BIRTH, HELP HIM GROW! TRAINING POSTPARTUM WOMEN AND FAMILIES

RECENSÃO CRÍTICA: DEPOIS DO NASCIMENTO, AJUDÁ-LO A CRESCER! CAPACITAR PUÉRPERAS E FAMILIAS

RECENSIÓN CRÍTICA: DESPUÉS DE NACER, ¡AYÚDALE A CRECER! ENTRENANDO A LAS PUÉRPERAS Y A LAS FAMILIAS

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The World Health Organization states that the mission of nursing in society is to help individuals, families, and groups determine and achieve their physical, mental, and social potential and to realize it within the challenging context of the environment in which they live and work[1]. Although it is true that, after undergraduate nursing education, work environments evolve according to societal needs and resources. This has made specialization within nursing necessary professional development and quality care. The qualifications for specialized nursing work are similar to those of a nurse responsible for general care nursing, in accordance with Directive 77/452/EEC[2].

Specialization in nursing leads to improvement in patient, family and community care and generates strong organization and interprofessional cooperation between different health professionals. Each nursing specialty has a specific focus of practice. Intentional teamwork among professional nurses is critical and promises to minimize feelings of intrusion and rivalry while enhancing patient care.

The figure of both the community health nurse and the obstetrics and gynecology nurse (midwife) should be highlighted. Both specialties share specific competencies in their training programs. The community nurse has the mission of facilitating and resolving problems related to care needs of a community, with special relevance in certain population groups such as children, adolescents, people with chronic diseases, and the elderly. For this reason, the mission of the family and community nurse is centered on professional participation in the health care of individuals, families and the community throughout the life cycle and on the different aspects of health promotion, disease prevention, recovery and rehabilitation in their environmental and socio-cultural context[3].

Even within their official training program (BOE No. 157, 2010), specifically in point 5.5, it is stated that these community health professionals will be trained in sexual, reproductive and gender health care. This enables them to promote health during pregnancy, childbirth and postpartum in the family and community environment. It should be noted that, in this program, family and community health nurses collaborate jointly with the health team in certain aspects of women's health[4].

On the other hand, with regard to the field of obstetrics and gynecology nursing specialists (midwives), the European Directive 2005/36 EEC, on the recognition of professional qualifications, determines that midwives are entitled to diagnose, supervise and assist in pregnancy, childbirth, postpartum and normal newborn care. They do this by appropriate technical and clinical means. At the government level, the functions of this specialist are set out in the Official State Bulletin (BOE No. 129, 2009), which concludes that a midwife is: "a health professional who, with a responsible scientific attitude and using the cli-

nical and technological means appropriate to the development of science at each moment, provides integral attention to the sexual, reproductive and maternal health of women, in its preventive, promotional and health care and recovery facets, also including attention to the mother and normal puerperium and attention to the healthy newborn child, up to the 28th day of life, including among its tasks the establishment of the different risks and the recognition of complications." Likewise, this training program covers competencies, skills and attitudes to be acquired by these professionals who focus on the care of women, families and newborn. With respect to the postpartum period, it includes general and specific competencies, as well as important activities to be developed (table 1)[5].

Table 1 – Obstetric-Gynecological Nursing functions by training program: puerperium.

Specific Competencies	Performance criteria
To assist and supervise the development of the mother and the newborn during the postpartum period.	To perform home care for mother and newborn. To assess the physical and psychosocial state of the mother. To carry out the necessary tests for the supervision of the puerperium.
	To detect risk factors and health problems in the mother and refer, if necessary. To value the degree of knowledge of the woman for the self-care in the puerperium.
	To advise the mother on the care of the newborn and to promote mother-child bonding.
	To promote breastfeeding. To advise and support breastfeeding.
	To promote family and couple participation in the postpartum and upbringing period.

Source: Author interpretation of the Formative Program of the Obstetric-Gynecological Nursing Speciality (Matron). Official State Bulletin, no. 129. Section III, Pp 44707.

Therefore, it is important to point out that the midwife's scope of practice includes both Primary Care (PA), which includes health centers, family and home, and Specialized Care (SA), which includes care in the hospital and associated technology. It is clear that the training of the midwife enables her to carry out her own work in the field of women's health, and to offer care in a very direct way within the woman's own home. Thus is made possible a personalized and continuous interaction over time, greatly favoring the professional and personal relationship of the midwife, woman, couple and children.

Few events in life are so full of intense emotions as the birth of a child. The classic definition of the puerperium includes the period from the end of labor to 40 days after birth[6]. It is important to emphasize that, in addition to the great number of physiological changes that occur in the postpartum period, that the mother, her partner and family are frequently overwhelmed by a series of psychosocial, physiological and psychological changes. With respect to psychological adaptation, midwives promote adaptation and the creation of affective ties with the newborn[7,8]. In the postnatal period, support for breastfeeding begins early in the delivery room. During postnatal care, the midwife is the health professional who has the most specific training in both postnatal and breastfeeding support. Therefore, it is the midwife who must verify the state of health of the woman and her newborn, promote mother-newborn interaction, and provide family planning and breastfeeding support[9].

It should be noted that maternal education is provided from the first prenatal visit. This visit includes explanations of the benefits of prenatal care[4,6]. This support continues through a formalized, defined, descriptive program oriented towards achieving exclusive breastfeeding following birth. This support is carried out individually and in groups during the maternal education sessions and even in specific workshops for this purpose. The care is individualized to meet specific needs and provides positive and effective support for pregnant women[7]. It is important to note that the recommendations issued by the WHO and the United Nations Children's Fund (UNICEF) with respect to breastfeeding consist of promoting it exclusively during the first six months of life, and continuation of breastfeeding until two years of age[11,12]. Prenatal care and education about breastfeeding has implicit health strategies that promote maternal and newborn health beginning early in pregnancy, combining the efforts of the midwife with the health team[13].

It is important to note how the affiliated societies of the International Federation of Gynecologists and Obstetricians (FIGO) adopted a code of ethics which promotes three professional responsibilities based on human ethical principles that aim to improve women's sexual and reproductive health. These include professional competence, where it is evident that women have the right to receive health care that meets criteria of excellence

and a right to professional and respectful behaviors of health professionals, including the renunciation of interventions that violate human rights. The competence that encompasses women's autonomy and confidentiality includes respect for their values and participation in the provision of health services. Responsibility towards the community is pointed out as the last competence since health professionals, specifically medical specialists and nurses trained in the care of women throughout their life cycle, are involved in public education, the expansion of access to appropriate health and the defense of women's rights in terms of their sexual and reproductive health[14].

It can be concluded that nursing specialties are in continuous change. Each specialty is welcome and contributes a unique piece of the health care of the person, family and community. The nurse specialist in obstetrics and gynecology is prepared to give comprehensive education and care appropriate to the demands and needs of women's health across a variety of social-health environments. This professional is prepared to work within and to adapt to changes within healthcare systems and to make decisions within this professional role as a specialist nurse. Through collaboration with other healthcare professionals, nurse specialists contribute to improving the quality of care for the population.

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