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THE INTERVENTION OF NURSE MIDWIVES IN THE PUERPERIUM: CASE REPORT

A INTERVENÇÃO DAS ENFERMEIRAS OBSTÉTRICAS NO PUERPÉRIO: RELATO DE CASO

LA INTERVENCIÓN DE LAS ENFERMERAS OBSTÉTRICAS EN EL PUERPERIO: INFORME DE UN CASO

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ABSTRACT

Introduction: The puerperium is a transitory phase, of social roles, of psychological and physiological changes to which the woman must be prepared. It is up to the nurse to carry out, in a reliable and practical way, the training of women for this phase.

Aim: To demonstrate a proposal for a nursing care plan that focuses on the promotion of a healthy postpartum period.

Methodology: Through the elaboration of a case study concerning a female user submitted to a cesarean section, who resorted to Primary Health Care, presenting support needs in returning home. Nancy Roper's theoretical model was used for data collection and the NANDA-I, NIC and NOC taxonomy was used to carry out the Nursing Care plan.

Results: Based on the initial assessment, four nursing diagnoses were identified.

Conclusions: Realizing the growing need for personalized care in this area, the role of obstetric nurses is essential in managing puerperal needs and promoting a healthy postpartum period.

Keywords: Infant, Newborn; Health Literacy; Postpartum Period; Nursing Care; Nurse Midwives.

RESUMO

Introdução: O puerpério apresenta-se como uma fase transitória, de papéis sociais, de alterações psicológicas e fisiológicas a que a mulher deve estar preparada. Cabe ao enfermeiro realizar, de forma fidedigna e prática a capacitação da mulher para esta fase.

Objetivo: Apresentar uma proposta de plano de cuidados de enfermagem que tenha como foco a promoção de um puerpério saudável.

Metodologia: Foi elaborado um relato de caso referente a uma utente do sexo feminino submetida a uma cesariana, que recorreu aos Cuidados de Saúde Primários, apresentando necessidades de apoio no regresso ao domicílio. Para a colheita de dados foi utilizado o Modelo teórico de Nancy Roper e para a realização do plano de Cuidados de Enfermagem foi utilizada a taxonomia NANDA-I, NIC e NOC.

Resultados: Com base na apreciação inicial foram identificados quatro diagnósticos de enfermagem.

Conclusão: Ao perceber a necessidade crescente de cuidados personalizados nesta área, o papel das enfermeiras obstétricas é essencial na gestão das necessidades puerperais na promoção do puerpério saudável.

Palavras-chave: Cuidados de Enfermagem; Enfermeiras Obstétricas; Letramento em Saúde; Período Pós-Parto; Recém-Nascido.

RESUMEN

Introducción: El puerperio se presenta como una fase transitoria, de roles sociales, de cambios psicológicos y fisiológicos para los cuales la mujer debe estar preparada. Corresponde al enfermero realizar, de forma fiable y práctica, la formación de las mujeres para esta fase.

Meta: Demostrar una propuesta de plan de cuidados de enfermería que se centre en la promoción de un puerperio saludable.

Metodología: Elaboración de un estudio de caso referente a una usuaria sometida a cesárea, que acudió a la Atención Primaria de Salud, presentando necesidades de apoyo en volver a casa. Se utilizó el modelo teórico de Nancy Roper para la recolección de datos y la taxonomía NANDA-I, NIC y NOC para la realización del plan de Cuidados de Enfermería.

Resultados: Con base en la valoración inicial, fueron identificados cuatro diagnósticos de enfermería.

Conclusiones: Al darse cuenta de la creciente necesidad de atención personalizada en esta área, el papel de las enfermeras obstétricas es esencial para gestacionar las necesidades puerperales y promover un período posparto saludable.

Descriptores: Alfabetización en Salud; Atención de Enfermería; Enfermeras Obstétricas; Periodo Posparto; Recién Nacido.

INTRODUCTION

Throughout the life cycle, the Human Being goes through several transition processes, namely the transition of family roles that occurs postpartum, in which the woman stops being a daughter and becomes a mother. During this period, which is characterized by physiological, psychological and social transformations, women need to be able to deal with the resulting changes⁽¹⁾.

Postpartum and upon returning home, women feel a greater need for support, whether in adjusting social roles, breastfeeding support, or just emotional support, which is why the role of Obstetric Nurses is crucial in optimizing of a healthy postpartum period, provides useful and practical information for the woman/couple's daily life, minimizing stress-increasing events⁽²⁾.

The exponential increase in accessible information about puerperal care can be observed in the literature, information that is sometimes not filtered and it is not in accordance with the available scientific evidence, in addition, the lack of knowledge of women/couples about the resources available in the community, as well as support groups that allow this stage to

be experienced in a more relaxed way, thus identifying the need for intervention by obstetric nurses as promoters of health literacy⁽³⁾. In this sense, we identified the organization of information according to the needs of each user as a gap in the literature, being the motto for preparing this case report.

Carrying out a case report allows them to deepen research knowledge through the acquisition of not only theoretical but also practical skills in scientific areas, being an added value in the association between theory and evidence-based practice, allowing the focus on a specific event, of theoretical relevance, during clinical practice through the provision of care⁽⁴⁾.

It should be noted that the terminology "Obstetric Nurses" is used, being a DeCS descriptor to refer to Specialist Nurses in Maternal Health and Obstetric Nursing, allowing for a simpler reading of the document.

This case report aims to present a proposal for a nursing care plan that focuses on promoting a healthy postpartum period, in which health literacy tools were provided to know how to deal with the needs inherent to this phase of the life cycle.

METHODOLOGY

This article describes a case report, of a descriptive and observational type that intends to present in a narrative form nursing diagnoses, interventions and results relating to a user, allowing scientific and educational development. This article aims to reflect on the nursing process in promoting health literacy and nursing care during the postpartum period.

An interview, observation and physical examination were carried out on a user who sought Primary Health Care. During it, the purpose of this study was clarified, as well as the guarantee of anonymity, rights and confidentiality in data collection, guaranteeing the six ethical principles of nursing research, namely beneficence, fidelity, justice, veracity, assessment of maleficence and confidentiality⁽⁵⁾. The user's informed consent was obtained, as established in these principles. However, in view of the publication of the study, the data were substantiated, anonymity was respected, complying with the principles established in the Declaration of Helsinki for studies involving human beings and we followed the recommendations contained in the Oviedo Convention to guarantee human dignity.

The theory of the Nursing Model Based on Activities of Daily Living by Roper, Logen and Tierney aims to promote self-satisfaction in activities of daily living, allowing the provision of individualized care to users, according to their needs⁽⁶⁾.

This article was prepared according to the Case Report (CARE) checklist of guidelines that helps organize data collection and article structure, allowing a better understanding of the case presented⁽⁷⁾.

The case report concerns a 35-year-old Caucasian user (who has recently given birth), who lives in a civil union relationship, has a degree and has become a mother for the second time. Obstetric index 2-0-0-2. The first birth was dystocic with the use of a suction cup, and a female baby was born. The second child was born by cesarean section. The patient had gestational diabetes as complications during the pregnancy, which resolved with metformin.

The user turned to health services in September to undergo an early diagnosis test for metabolic diseases in newborns (Guthrie test) and assess their weight, and subsequently carried out weekly check-ups of the baby's weight, until the assessment of the first month of life.

A home visit was carried out, with the aim of collecting data through interviews, observation and physical examination, allowing a detailed description of daily life activities, based on the Nursing Model described above, being referred to in a structured way in Chart 1⁷. This model allows the identification of problems and nursing diagnoses necessary to develop an appropriate care plan for each situation.

During the interview, a form was also applied with the aim of understanding which themes raised the most doubts and how these questions were resolved, namely whether digital media was used in the search for these answers and how the creation of a mobile application developed by healthcare professionals, namely obstetric nurses, could facilitate access to reliable information.

To carry out the care plan and develop diagnoses, the North American Nursing Diagnosis Association - International (NANDA-I) taxonomy was used, nursing interventions were identified using the Nursing Intention Classification (NIC) and the results and evaluation of the plan were carried out according to the Nursing Outcome Classification (NOC) language. It should be noted that when using this taxonomy, the language described in each of the diagnoses, interventions and results was maintained, meaning they are described in Brazilian Portuguese.

A flowchart was created, according to the CARE guidelines, to present the clinical case in a systematic way (Figure 1⁷). After data collection and initial assessment of the postpartum woman, four nursing diagnoses (ND) were established, ND (00262) Readiness for improved health literacy, given that the postpartum woman in her first contact with health services

after hospital discharge presented a set of doubts that were clarified, and that were related to health literacy and its increase; ND (00164) Improved readiness for paternity or motherhood, on the day of the interview for data collection, the postpartum woman said that one of her biggest difficulties was adapting routines and roles inherent to expanding the family, namely moving from a family of three for a family of four; ND (00198) Disturbance in sleep pattern, related to changes in daily routines and adaptation to the newborn, on the day of the interview he reported that he had difficulty falling asleep after breastfeeding, spending much of the night awake, so they were carried out teachings on health promotion and promoting restorative sleep and ND (00266) Risk of infection at the surgical site, associated with surgical suturing, therefore, during contact with the user, treatment was carried out on the surgical wound.

After evaluating the data presented, four nursing diagnoses were named. In order to facilitate reading and understanding, care plans and evaluation of expected results were prepared in the following charts: Chart 2^o, Chart 3^o, Chart 4^o and Chart 5^o. The evaluation of expected results was carried out in the nursing consultation, after the interview, during the assessment of the newborn's first month.

DISCUSSION

The user in the case report was approached during the nursing consultation to carry out an early diagnosis of metabolic diseases in the newborn. During this approach, it was possible to understand that there were already a set of doubts, related not only to postpartum care, but also to newborn care. It was agreed with the user to carry out a home visit a few days after returning home, to be able to investigate, more accurately and in their usual environment, which doubts really persisted and which topics raised the most fears, in this return.

In view of the initial assessment and the user's ADLs, and as presented in the tables described above (Chart 2^o; Chart 3^o; Chart 4^o and Chart 5^o), the NDs of readiness for improved health literacy, readiness for improved motherhood or fatherhood, disorder in sleep pattern and risk of infection at the surgical site, which were mostly resolved by carrying out the suggested interventions, allowing the mother to be trained in providing care to the newborn.

The puerperium is a period of great vulnerability in which the woman/couple has to attend to a set of needs of the new being, as described in a study⁽¹²⁾, the preparation of the woman with regard to the necessary care becomes preponderant, so carrying out interventions that

encourage health literacy allows the development of healthy attitudes when faced with new difficulties.

Given the results of the interventions carried out, it became clear that the activities carried out were, for the most part, successful, with the user being able to acquire knowledge related to postpartum maternal health, health behaviors and care for the newborn. It should be noted that some of the planned interventions require greater depth, particularly with regard to the stimulation of physical exercise and exercises to strengthen the pelvic floor, as well as activities related to rest and maternal well-being, which despite having been carried out teaching, require greater support to obtain the expected result. As described by the consulted author⁽¹³⁾, the need to maintain physical exercise and pelvic strengthening during this period becomes important for a faster recovery, not only on a physical but also mental level, however, women who did not routinely perform exercisers may have more resistance to creating these new habits.

Regarding the ND disposition for improved motherhood and fatherhood, the expected results were related to the development of parents in raising their children, family functioning and well-being. All interventions carried out were related to the family's adaptation to the new member, as new routines and adaptations were established in the family, having been identified by the user as a factor still to be worked on.

In one of the studies consulted⁽¹⁴⁾, it is explained that the family nucleus undergoes changes throughout the life cycle, especially when a set of new roles emerges that must be performed, making it necessary to prepare its members for the inherent changes. When carrying out an evaluation of the results obtained, it is understood that they were not achieved in their entirety, however the result was as expected, because as another author⁽¹⁵⁾ describes, adapting to new family routines is something that develops over time, and it can take months to create a new routine. Also, the newborn's routine undergoes changes throughout the life cycle, characterizing itself as an adaptive phase.

Recovering sleep is important for maintaining the performance of daily activities, especially in preventing the appearance of physical and psychological illnesses. It is known that throughout the postpartum period there are hormonal changes inherent to this process as well as changes in activities, of life, mainly in terms of sleep and rest patterns. Women experience a reduction in rest, and an increase in frustration and exhaustion, which can lead to the emergence of pathologies, namely postpartum depression, which is why it is important to carry out interventions and teaching on energy conservation and maintenance and optimization strategies. sleep and rest pattern⁽¹⁶⁾.

As shown in Chart 4⁷, there was an improvement in the user's sleep pattern, through the recommended strategies, some of which still require support, as the user is in the process of adapting to the newborn's eating routine (breastfeeding exclusive mother). Even so, it is considered that the results obtained were as expected, as the user was able to acquire new strategies for comfort and increased sleep quality.

The wound healing process is made up of a set of actions that are not only biological but also associated with preventing the appearance of microorganisms that trigger infectious processes⁽¹⁷⁾. During the treatment of the user in question, care was carried out on the user's surgical wound, which made it possible to prevent the appearance of infections and achieve the expected result, which would be the healing of the wound.

With regard to limitations found, the time to provide care is understood, since the results of some interventions proved to be below expectations, which is related to the time available to carry out this care, which sometimes lacked greater availability. However, it is clear that the care provided provides positive implications in practice, making it possible to understand the real needs of the women to whom care is provided, allowing the planning of the care provided, in an individualized way, centered on the woman and the family, allowing the increase women's health literacy as well as increasing their empowerment and satisfaction with their care.

When analyzing the results obtained in the care plan, it is clear that there is an inherent need for support in the postpartum period, mainly by Obstetric Nurses, allowing women to acquire and optimize their health knowledge, promoting the experience of a healthy postpartum period.

CONCLUSION

In this case report, the care plan and activities developed throughout the provision of care were described, where the need for support by Obstetric Nurses in obtaining the desired results was demonstrated.

The outlined objective was successfully achieved, as it was possible to understand the main doubts that women present upon arrival at home, when they no longer have immediate professional support, enabling them to increase their knowledge in the area of the postpartum period, routines family and newborn care.

The preparation of this report allowed the acquisition of research, clinical reasoning and care provision skills focused on the user's specific situation, providing a reflection on the importance of Obstetric Nurses in providing useful and reliable information that encourages the user to seek health care. health and behaviors that promote well-being in a safe way. It was also possible to understand, after applying a form on the use of mobile applications, the relevance of creating a reliable digital support network guided by Obstetric Nurses, which would provide the satisfaction of the needs inherent to the process of motherhood.

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All authors have read and agreed with the published version of the manuscript.

Ethical Issues

Informed consent was obtained in accordance with the premises of the Declaration of Helsinki and the Oviedo Convention on Research with Human Subjects. However, in view of the publication of the study, the data were substantiated, anonymity was respected, compliance with the principles established in the Declaration of Helsinki for studies involving human subjects and followed the recommendations contained in the Oviedo Convention to guarantee human dignity.

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Chart 1 – Assessment of Daily Living Activities.^{→κ}**Maintaining a safe environment**

The user has her own, adequate home, she lives in a building, and has clean and safe facilities. She complies with routine consultations and health surveillance for both her and her children, as well as the National Vaccination Plan. She stated, however, that during this pregnancy she did not participate in the Childbirth Preparation Sessions because she was already having a second child and did not feel the need.

Communication

User with no changes in communication pattern, both verbal and non-verbal. The user is currently adapting to the newborn's routines. She reports having more difficulty when it comes to adjusting routines and roles from a family of 3 to a family of 4 people.

Breathing

User with no changes in breathing pattern. Eupneic on room air, normotensive, normocardic and without associated pain complaints. No respiratory history.

Food

The user prepares meals for the family, eats independently, on a varied diet, and drinks around 1.5L of water daily. With regard to feeding the newborn, she is exclusively breastfeeding with a positive evolution in her weight.

Elimination

Without changes in her bladder pattern, she reports having several urinations throughout the day, in the toilet, and with apparently normal characteristics. Regarding the intestinal pattern, she presents daily bowel movements in the toilet. She does not report any complaints of constipation at the moment or discomfort. In relation to the newborn, the mother's doubts were related to the baby's bladder pattern, in which she thought the baby was not urinating enough. Teaching was carried out on this topic.

Personal hygiene and clothing

The user performs personal hygiene care in the bathroom independently, stating that after the surgery she had more difficulties, due to the fact that she had pain at the level of the surgical suture, at this point she has already found compensation strategies. The user dresses independently and in clothes appropriate to the season. She has flushed and hydrated skin and mucous membranes. Careful oral hygiene. She presents a cesarean section surgical suture, still with staples to be removed. Suture without inflammatory signs, remaining skin intact.

Body temperature control

Apyretics. She can recognize the sensation of cold and heat. The user states that since the surgery she has become colder, especially when undressing, which is why it was explained to her that the hormonal changes resulting from postpartum can lead to changes in temperature regulation.

Mobility

User with no changes in mobility. She walks on her own foot, without walking aids. Independent in this ADL.

Work and leisure

With regard to adapting to parental roles, she says that it has been the most complicated adaptation. A user whose profession is to be a sociocultural animator, is currently on maternity leave and will return to work in January. She says she likes going out for a walk, and that she did it again a few days before the interview, with great pleasure, but still with some associated tiredness.

Expression of Sexuality

The user lives in a civil partnership, currently she has two children, and she states that she has no complaints regarding sexuality. At the moment she is not taking contraceptives, teaching is being carried out on the prevention of new pregnancies. She had menarche at age 10; She always had a regular menstrual cycle and before becoming pregnant she attended family planning appointments. During her pregnancy she was followed in both private and public service.

Source: Daily Living Activities according to Roper, Logen and Tierney⁽⁸⁾.

Chart 1 - Assessment of Daily Living Activities. ←↵

Sleep

The user mentions some changes in their sleep pattern, namely the fact that the baby wakes up every 2 hours to feed, so she wakes up several times during sleep and then she has difficulty falling back asleep. The baby sleeps in a suitable crib, close to the parents' bed.

Death

It was not addressed due to not being interested in the current topic.

Source: Daily Living Activities according to Roper, Logen and Tierney⁽⁸⁾.



Figure 1 - Flowchart according to CaRe Case Report.⁵

Chart 2 – ND Care Plan: provision for improved health literacy.→↵↵

Diagnosis (NANDA-I):

(00262) Readiness for improved health literacy is defined as “a pattern of using and developing a set of skills and competencies (literacy, knowledge, motivation, culture and language) to find, understand, evaluate and use health concepts and information to daily decision-making, promoting and maintaining health, reducing health risks and improving the overall quality of life, which can be improved” [9].

Expected outcome (NOC):

(1818) Knowledge: Postpartum Maternal Health

“Achievement of understanding transmitted about maternal health in the period after the birth of the baby” [10].

(1819) Knowledge: Baby care

“Range of understanding conveyed about caring for a baby, from birth to first birthday” [10].

(1624) Postpartum Maternal Health Behavior

“Personal actions to promote a mother’s health in the period after the birth of the baby” [10].

Interventions (NIC)

[11]

(6930) Postpartum care

- To monitor emotional status;
- To encourage the mother to talk about her birth experience;
- To provide information on physiological changes during the postpartum period;
- To monitor symptoms of postpartum depression;
- To validate the ability to take care of yourself and the new baby;
- To discuss sexuality and contraceptive methods;
- To facilitate adaptation to parenthood;
- To instruct on healthy lifestyle habits, physical exercise and nutrition;
- To teach exercises for the pelvic muscles;
- To provide information about lactation;
- To inform about monitoring the health of mother and baby.

(5645) Increasing Health Literacy

- To use appropriate and easy-to-understand language;
- To provide essential information in writing;
- To demonstrate how to find ways to search for reliable, evidence-based information;
- To promote the use of secure sources of information;
- To understand which questions you are most looking for on the internet and how ESSMO can facilitate the answer to these questions.

Chart 2 – ND Care Plan: provision for improved health literacy.^{←↵↵}

Indicators [10]	Initial Score	Final Score	
(181809) Cesarean Section Care	3	5	The scale ranges from 1 (no knowledge) to 5 (extensive knowledge).
(181812) Strategies for balancing activity and rest	3	5	
(181816) Psychological Changes	4	5	
(181827) Strategies to promote bonding with her baby			
(181828) When to get assistance from a healthcare professional	4	5	
(181901) Normal characteristics of the baby	3	5	
(181914) Umbilical cord care	4	5	
(181922) Strategies for adjusting to the arrival of a baby into the family	3	5	
(162406) Maintenance of care with the surgical incision;	4	5	The scale ranges from 1 (not demonstrated) to 5 (consistently demonstrated).
(162409) Monitoring signs and symptoms of infection	4	5	
(162416) Obtaining health care when warning signs occur	4	5	
(162423) Participation in regular exercise	3	4	
(162424) Performing exercises for the pelvic muscles	2	3	
(162425) Balance between activity and rest	2	4	
(162426) Monitoring sleep patterns	3	4	
(162427) Using strategies to get the sleep she needs	3	4	
(162434) Participation in postpartum check-ups	4	5	

Chart 3 – ND Care Plan: Readiness for improved parenthood.^{κκ}

Diagnosis (NANDA-I)

(00164) Improved parenthood readiness

“Standard of providing an environment that favors the growth and development of children and that can be improved” [9].

Expected Result (NOC)

(2211) Parenting: Parental Development

“Actions of parents to provide their child with an environment of care and physical, emotional and social construction” [10].

(2602) Family functioning

“the family’s ability to meet the needs of its members during developmental transitions” [10].

(2601) Family well-being

“supportive environment, as characterized by family relationships and goals” [10].

Interventions (NIC)

[11]

(6820) Child Care

- To monitor the baby's weight and height;
- To provide teaching on newborn care;
- To clarify parents' doubts regarding care, especially doubts highlighted such as umbilical cord care, bladder and bowel patterns and routines with two children;
- To monitor safety conditions;
- To carry out teaching on child development and ways to promote it;
- To reinforce the need to include older siblings in baby care, increasing the bond between them;
- To encourage the family to maintain health surveillance;
- To clarify the National Vaccination Plan (PNV);
- To facilitate the family transition from one child to two.

Indicators

[10]

Initial
Score

Final
Score

(221130) Providing preventive health care

4

5

The scale ranges from 1 (not demonstrated) to 5 (consistently demonstrated).

(260123) Establishing a family routine

3

4

(260124) Maintaining family routine

3

4

(260117) Promoting Cohesion

4

5

Chart 4 - ND Care Plan: Disturbance in sleep pattern. ^{KKK}

Diagnosis (NANDA-I)

(00198) Disturbance in sleep pattern.

“Time-limited awakenings due to external factors” [9].

Expected Result (NOC)

(0003) Rest

“Amount and pattern of decreased activity for mental and physical rejuvenation” [10].

(0004) Sleep

“Natural periodic suspension of consciousness during which the body recovers” [10].

Interventions (NIC)

[11]

(1850) Improved sleep pattern

- To determine sleep pattern;
- To explain the importance of adequate sleep during this stage of life;
- To encourage the creation of a sleep routine;
- To provide teaching on activities to avoid before going to bed;
- To suggest taking short naps while the baby also sleeps.

Indicators [10]	Initial Score	Final Score	
(000301) Rest amount	2	4	The scale ranges from 1 (severely compromised) to 5 (not compromised).
(000302) Rest pattern	2	4	
(000401) Sleep hours	2	4	
(000403) Sleep pattern	2	4	
(000404) Sleep quality	2	4	
(000407) Sleep routine	2	4	
(000406) Interrupted sleep	2	4	The scale ranges from 1 (severe) to 5 (none).

Chart 5 – ND Care Plan: Risk of Surgical Site Infection.^{↵↵}

Diagnosis (NANDA-I)

(00266) Risk of infection at the surgical site

“Susceptibility to the invasion of pathogenic organisms at the surgical site that can compromise health” [9].

Expected Result (NOC)

(1102) Wound healing: First intention

“Achievement of cell and tissue regeneration after intentional closure” [10].

Interventions (NIC)

[11]

(3440) Surgical Incision Care

- To explain the procedure to the user;
- To inspect the suture and check for inflammatory signs (redness, pain, heat, exudate, edema, dehiscence) and the presence of infection;
- To record the appearance of the suture, if any exudate presents its characteristics;
- To clean the suture using aseptic technique;
- To remove staples;
- To provide teaching on suture care after staple removal, namely hydration and monitoring for signs of infection.

Indicators

[10]

(110214) Scar Formation

(110203) Serous Drainage

(110208) Erythema on the skin around the wound

(110215) Bruising the skin around the wound

(110209) Edema around the wound

Initial
Score

Final
Score

2

3

2

2

2

5

1

1

1

1

The scale ranges from 1 (none) to 5 (extensive).