


ORIGINAL ARTICLE

THE NURSE'S ROLE IN THE PREGNANCY-PUERPERAL CYCLE: POSTPARTUM WOMEN'S PERCEPTION IN THE LIGHT OF PEPLAU'S THEORY

HIGHLIGHTS

1. Humanizing nursing care in the pregnancy-puerperium cycle.
2. The applicability of Peplau's theory in nursing care.
3. Health education is an important tool in nursing care.
4. Autonomy of the parturient for active participation in the care received.

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ABSTRACT

Objective: to analyze postpartum women's perceptions of the role of nurses in the pregnancy-puerperal cycle in light of Peplau's theory. **Method:** a descriptive study with a qualitative approach, using Peplau's Theory as its theoretical-methodological framework. Data was collected at a Normal Birth Center in Ceará - Brazil, from March to May 2021. A semi-structured interview was conducted with 30 postpartum women. The analysis took place according to the phases of the theory: orientation, identification, exploration, and resolution. **Results:** the information provided by nurses was not satisfactorily understood and women's autonomy during labor was restricted. Resources such as birth plans and pregnancy groups were not effectively explored. The postpartum women were predominantly satisfied with the resolution of their care. **Conclusion:** The importance of applying Peplau's theory to nursing care in the puerperal pregnancy cycle was highlighted to promote women's autonomy in the therapeutic process.

KEYWORDS: Nursing Theory; Maternal Health; Pregnancy; Post Partum Period; Nursing Care.

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INTRODUCTION

The pregnancy-puerperium period is full of physiological, psychological, and social changes. These can arouse fear, anxiety, and insecurity, which requires qualified care that considers women to be the protagonists of all health-related actions, through respect for their individuality and active participation in decisions regarding their care¹.

This period requires care that includes qualified listening and guidance that allows women to understand the changes that will occur in their bodies, enabling them to make informed choices about the care that will be provided².

Nursing professionals play a key role in promoting care that meets these demands, as they can provide cooperative care centered on an educational process that makes it possible to welcome and listen to woman³.

From this perspective, nursing care in the pregnancy-puerperium cycle can be carried out in the light of the Interpersonal Relations Theory, developed by Hildegard Peplau. According to the theory, the interactions between individuals provide learning and personal growth for nurses and patients during the therapeutic process, in which both work to make care resolute⁴.

To this end, interpersonal nursing care should be carried out through four phases: orientation, identification, exploration, and resolution. Each phase is characterized by the roles of the nurse and/or patient, to resolve the difficulties encountered and the needs arising from the therapeutic process, to jointly develop the appropriate solutions⁴.

The first phase is orientation which is the beginning of the interpersonal relationship, in which the nurse guides the user so that she can understand her health condition, enabling the educational aspect of the relationship. The second phase is identification, where the user begins to develop the ability to deal with her problem beneficially and the nurse allows her to express herself, offering her all the necessary assistance. The third phase is exploration and consists of deepening the user's therapeutic relationship with the nurse so that she can make full use of the services available for her recovery. The resolution phase is the last in the interpersonal process. It is assumed that the patient's needs have already been met through cooperative efforts, and the link in the therapeutic relationship is dissolved⁴.

Nursing care based on this theory is centered on the development of an interpersonal relationship, in a process of cooperation between nurse and patient, to achieve the goals of the care provided⁴.

The correlation between this theory and nursing care for women in the pregnancy-puerperal cycle can be seen since to offer humanized care during this period, a person-centered approach and interpersonal relationships are essential, intending to build a bond between the professional and the woman being cared for⁵.

Studies aimed at identifying the quality of care provided by health professionals, based on the perception of postpartum women, have been presented in the scientific literature¹. However, there is also a need to explore the subjective aspects involved in providing effective obstetric care, through an investigation centered on building interpersonal relationships between nurses and patients⁵.

In this sense, to find out about the reality of health care for women experiencing the pregnancy-puerperal cycle, considering the applicability of the Theory of Interpersonal Relationships in nursing care, the following question was raised: what is the perception of

postpartum women about the role of nurses in the pregnancy-puerperium cycle in the light of Peplau's Theory?

This research is relevant because it looks at the results obtained from the primary source of postpartum women's perception of nursing care. In this way, they will be able to add their experiences to a better understanding of the quality of care offered.

This study sought to analyze nursing care from a theoretical perspective since nursing theories can act as a reference for outlining the care path⁶. This information allows us to identify how nursing care is taking place and can provide theoretical support so that nursing professionals can make adjustments that promote the quality of the care offered.

This study aimed to analyze postpartum women's perceptions of the role of nurses in the pregnancy-puerperal cycle considering Peplau's theory.

METHOD

This is a descriptive study with a qualitative approach, which uses the Interpersonal Relations Theory as its theoretical and methodological framework. This is based on the proposal to adapt and improve the therapeutic process between nurse and patient, allowing both to grow and develop interpersonally⁴.

The Interpersonal Relations Theory points to the need to follow a certain therapeutic pattern, through four phases, at the center of which is the relationship between the nurse and the patient, based on scientific principles and the acquisition of roles, namely: (1) orientation, (2) identification, (3) exploration and (4) resolution⁴.

The first phase, orientation, is the beginning of the interpersonal relationship and occurs when the patient/family perceives the need for help. Both the nurse and the patient play an equally important role in the interpersonal interaction. In this phase, there is the whole educational aspect of the relationship⁴.

The second phase, identification, is when the nurse allows the patient to express their feelings, offering them all the assistance they need. At the end of this phase, the patient begins to deal with the problem, creating an attitude of optimism⁴.

In the third phase, exploration, the patient begins to feel an integral part of the care environment. The nurse needs to provide a non-threatening atmosphere and use communication appropriately, to help the patient explore all the paths to health⁴.

The resolution phase is the last in the interpersonal process. It is assumed that the patient's needs have already been met through the cooperative efforts of the nurse and the patient, and the link in the therapeutic relationship is then dissolved⁴.

To guide the construction of this study, we followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁷. The setting for the study was a Normal Birth Centre located in a regional hospital in a municipality in the interior of the state of Ceará, which was a reference for obstetric care for the municipalities in the 18th decentralized health area. It is a unit designed to provide qualified care for normal-risk births, belonging to a hospital establishment⁸.

The population consisted of 30 puerperal women who met the inclusion criteria: age 18 or over, in the immediate puerperium, admitted to the Normal Birth Center. Those who were not in favorable clinical and/or emotional conditions to answer the data collection instrument, those who were in the post-abortion period, or who had been discharged from the hospital at the time of data collection were excluded, totaling two postpartum women who were excluded because they reported being in unfavorable emotional conditions at the time of data collection. The participants were selected by convenience, considering the postpartum women who were hospitalized, and were recruited by face-to-face invitation.

The data was collected between March and May 2021 by the main researcher, who was a student in the tenth semester of the Undergraduate Nursing Course at the Universidade Regional do Cariri. She received prior training from the other researchers, who were teaching nurses, to carry out the study.

Data was collected through a semi-structured interview, guided by a script of closed questions about sociodemographic data and reproductive and obstetric history, and open questions that provided information about the interpersonal relationships experienced by women in the pregnancy-puerperal cycle during the care received by nurses and their perception of the therapeutic process. The following questions were asked: What information did you receive about pregnancy, childbirth, and the puerperium during prenatal care? Was a birth plan drawn up? Did you take part in a group of pregnant women during prenatal care? What guidance did you receive on positions that favor normal childbirth? Were you able to choose which position you would be in at the time of delivery? Are you satisfied with the care you received from prenatal care to the immediate puerperium, or would you change anything?

The interviews took place in the patient's ward, with the presence of a companion allowed, and lasted an average of 30 minutes. The audios of the interviews were recorded and transcribed in full, and no feedback was given to the participants afterward due to the difficulty of contacting them after they had been discharged from the hospital. There was no need to repeat the interviews. Data collection was completed according to the criterion of theoretical saturation when the content obtained became repetitive and did not add any new information to the study⁹.

A pre-test of the data collection instrument was carried out in the study setting with seven postpartum women who were not included as participants, identifying that there was no need for adjustments.

The data was analyzed according to the phases proposed by the Interpersonal Relations Theory and the content of the statements was organized into analytical categories, according to the theoretical framework adopted. Thus, they were correlated to the phases of nursing care determined by the nurse-patient relationship, based on the principles of Peplau's theory: (1) orientation, (2) identification, (3) exploration, and (4) resolution¹⁰.

The interviewees' speeches were identified by flower names, preserving their anonymity. Approval was obtained from the Research Ethics Committee of the Regional University of Cariri, under report number 4.573.365.

RESULTS

Of the 30 postpartum women interviewed, 14 were aged between 18 and 24, 16 lived in urban areas, 17 reported having completed high school, 14 had a family income of less than one minimum wage and 13 were in a stable union.

As for the reproductive and obstetric profile of the participants, 16 had not planned their pregnancy, 23 had a normal-risk pregnancy, 11 were primiparous, and 11 were in their second pregnancy. About the history of abortions, 21 had not had a previous abortion, and about the history of deliveries, 28 had previously undergone cesarean delivery.

Concerning the coverage of prenatal care and the number of visits, 25 started prenatal care at up to 12 weeks gestation and 26 had six or more visits.

The analysis of the reports on postpartum women's perceptions of the care they received during the pregnancy-puerperium cycle resulted in the following four categories, based on the four phases related to the Theory of Interpersonal Relationships.

Category I: Guidance phase: quality of guidance provided by nurses during pregnancy and puerperal care

This category shows how the puerperal woman's relationship with the nursing professional was about guidance and clarification of doubts about pregnancy, childbirth, and the postpartum period, verifying the quality of the information provided. The unanimous response was that there were no doubts, as exemplified by the following statements:

No, all the questions I had were answered (Lírio).

No, the nurse who accompanied me was very good. (Azaleia)

No, I asked all my questions, right? (Tulipa)

Despite the reports of having no doubts, when asked about the advice they received during prenatal care, the information was limited to the physiological aspects of pregnancy and the performance of technical procedures, as evidenced by the reports:

I was still going to have an appointment. I think she was still going to give me advice at this last appointment. Before, it had just been to listen to my heart and check my blood pressure. I think she was still going to give me advice at that last appointment, but there wasn't time (Orquídea).

They didn't say anything, just more tests [...]. (Tulipa)

Some of the comments showed that although guidance on childbirth and the puerperium was given during prenatal care when it was mentioned, the postpartum women reported that it was superficial at times.

[...] of childbirth, she explained when she was going into labor, what the pain would be like during the postpartum period, breastfeeding, the importance of breastfeeding, exclusivity until six months of age [...]. (Lótus)

I already had three children, right? They asked, but then I think they thought no, you already know what it's like [...]. (Dália)

He said I could have a normal one, but it would depend, wouldn't it? If I dilated, I'd have everything I needed to have a normal birth, or if not, I'd go for a cesarean section, right? (Peônia)

When asked if they had received any advice after giving birth, some of the postpartum women said they had not received any advice at the time of the interview, while others said they had received advice on breastfeeding.

[...] Breastfeeding on both breasts every three hours and burping. (Magnólia)

Only about breastfeeding every three hours and how to breastfeed. (Begônia)

About how to breastfeed, the time, and that's it. (Cravo)

As for guidance on how to make labor go smoothly, the most frequent recommendations were to encourage breathing, walking, Swiss ball exercises, massages, and baths.

[...] getting on the ball, walking here, exercising [...]. (Crisântemo)

The exercises were the guidelines, right? The most comfortable positions, whether it was lying down on the ball, walking, you know? The baths too [...]. (Frésia)

Standing on that ball, squatting, walking, and bathing. (Cravo)

I did exercises on the ball to increase the contractions. To reduce the pain, they gave me a massage and told me to breathe deeply. (Orquídea)

Some of the postpartum women reported having received too much guidance, saying they couldn't remember everything that had been said, demonstrating that providing too much information in a short period didn't result in a good understanding.

They did, but there was so much [...]. (Zínia)

[...] I said that you must suckle and put it on to stimulate it. It was so much, and that I couldn't get up until after six o'clock. (Dália)

What they told me was just for me [...]. I don't remember anymore. It was about breastfeeding and two other things. (Onze-horas "Eleven-hours")

Category II: Identification phase: the nurse-patient relationship during childbirth care

This category mentioned the practices carried out by nursing professionals to encourage women's active participation during childbirth care. It was identified that there was some deprivation of the woman's autonomy, restricting her freedom during labor, and practices that constituted obstetric violence.

[...] I told her to stay here in this position [lying down], to push, not to scream, that I was screaming a lot, and that was that. (Antúrio)

[...] not to scream, because that would hinder the baby's birth. (Lótus)

[...] he told me not to cry, that if I screamed and if I cried, it would only make it more difficult. (Begônia)

Concerning the expulsive period of labor, the women were instructed to stay confined to bed and in the supine position.

[...] For the baby to be born, it was the obstetric nurse, he put me in the traditional position, lying down, right? (Frésia)

They arrived with the position that I believe is their usual position, which was to lie down, then they put those things to support our feet, there's an iron bar here in front in case we want to push [...]. (Lótus)

[...] They were there teaching us how to lie down. To lie down with your legs sort of raised, right? (Jasmin)

Category III: Exploration phase: resources used by nurses to deepen the therapeutic relationship during care in the pregnancy-puerperal cycle

In this category, the puerperal women's experiences of the quality of the communication tools used by nurses were reported. It identified how the therapeutic relationship between the nursing professional and the puerperal woman deepened during care and the services used by the nurse to promote women's health, to check whether the woman took full advantage of all the resources available for her care.

It was found that there were challenges faced by the interviewees. One of the questions referred to participation in health education groups for pregnant women, and there was a predominance of reports that they had not explored this resource during their current pregnancy.

No, but the last time I took part. I thought it was nice since it was my first child, I thought I should know something, right? [...]. (Sálvia)

Not in this one, but in my last pregnancy I took part. (Lotus)

No. Not in this one, nor previous ones. (Begônia)

The postpartum women were also asked if a birth plan had been drawn up during their pregnancy. It was clear from their statements that this feature was not part of the routine of prenatal consultations, demonstrating that the nurses did not use all the communication tools available to the women they saw, weakening the phase of deepening the therapeutic relationship between nurse and patient.

No. I always opted to have a normal birth, and then she said to just wait. Not this plan, no. (Antúrio)

No. Nothing like that was said. (Lótus)

No. It was just planned to be normal. (Copo de leite "Glass of milk")

Category IV: Resolution phase: postpartum women's view of the care provided by nurses to meet their needs

This category refers to the postpartum women's satisfaction with the nursing care they received from prenatal care to the immediate puerperium. The majority reported that they were satisfied and would not change anything about the care they received.

I liked it a lot. These women here are angels. At the PSF too. I wouldn't change a thing." (Orquídea)

I'm very satisfied, I have nothing to complain about. You can't take the pain away, can you? So no, I wouldn't change it. (Gardênia)

I'm very satisfied, the team is to be congratulated. I have nothing to complain about, neither when I did my prenatal care with the doctor, nor with the team here at the hospital. (Bromélia)

The speeches presented showed that, for these postpartum women, the resolution phase was effectively attended to, as their health needs were met and they were satisfied with the care they received. In this sense, they demonstrated that they were able to dissolve the link in the therapeutic relationship with the nurse.

However, some of the participants pointed out factors that caused them to be dissatisfied with the care they received. It was clear from their statements that their needs were not met, demonstrating the inadequacy of care in ensuring pregnant women's access to prenatal appointments and in the treatment given by professionals in interpersonal relationships during labor.

I didn't like prenatal care because I went to tell her I was pregnant, I went to start prenatal care two months later, and I wasn't seeing her, because she, the nurse, was on vacation, so I kept waiting. (Hibisco)

I was completely satisfied during prenatal care, but here [the Normal Birth Center] was excellent yesterday, but at night the nurses who arrived weren't so good. I'd change the way some of them were treated. (Copo de leite "Glass of milk")

DISCUSSION

Qualified nursing care during the pregnancy-puerperal cycle requires that, right from the start of pregnancy, women receive guidance that prepares them to experience this phase more calmly. This guidance can be given individually during prenatal consultations, as well as through educational activities in groups of pregnant women¹¹.

However, this study found that the information provided during the pregnancy-puerperal cycle was not always satisfactory, directly impacting the quality of care offered.

Effective guidance combined with qualified listening favors the creation of bonds and interpersonal relationships and contributes to promoting pregnant women's adherence to prenatal consultations. However, there are still deficient educational activities, which use a non-participatory approach, hindering maternal autonomy³.

In a study carried out with postpartum women admitted to a municipal maternity hospital in the West Zone of Rio de Janeiro, most participants did not receive any information about

childbirth, and when they did, it only focused on signs that indicated the start of labor, which did not contribute to women's active participation during the parturition process¹², which is compatible with what was found in this study.

The results of this study showed that the postpartum women received a lot of guidance in a short space of time, which interfered with their understanding of the information. Thus, the fact that the guidance was given excessively and cumulatively may have hindered assimilation. The key to efficient education is active communication, in other words, providing information through accessible dialog, considering the demands of each individual¹³.

According to Peplau, it is in the orientation phase that the nursing professional will provide the patient with information about their health-disease process and will have opportunities to establish a bond, encourage patient collaboration, and ensure effective care¹⁴. In this way, this study highlighted the need for nurses to improve the quality of the guidance provided to women during pregnancy and puerperal care.

Thus, by correlating these findings with the assumptions of the phases referred to in the Theory of Interpersonal Relationships, health education should have been one of the main activities addressed by nurses, more clearly and objectively, so that the woman would be able to absorb all the information received⁶.

Concerning nursing care during labor, this study found that not all postpartum women received guidance aimed at promoting an effective progression of labor, because while some were instructed according to the recommendations of the Ministry of Health (MoH) about the constant stimulation of movement and the use of non-pharmacological methods for pain relief, others had their freedom of movement restricted, carrying out proscribed practices that deprived women of their autonomy¹⁵.

Encouraging women to play a leading role during labor is recommended, as these activities make them more collaborative during care and allow them to make informed choices¹⁶.

According to Peplau, this practice is associated with the identification phase, in which the patient begins to experience feeling able to deal with their state of health and actively participates in the care they receive⁵.

However, the results of this study showed that nursing care was not consistent with promoting women's autonomy, as freedom of movement during the expulsive period of labor became limited, since only the lithotomic position was encouraged, and there was also reprimand for women to verbalize the pain they were feeling.

Scientific evidence recommends encouraging upright positions during the expulsive period, as they cause less discomfort and pain during labor and reduce the rates of vaginal or perineal trauma¹⁶. In addition, the MOH discourages the supine position and recommends that the parturient herself should be able to choose what makes her most comfortable, including the squatting, lateral, or four-legged positions¹⁷.

For the identification phase to take place satisfactorily for the postpartum women in this study, it would be necessary to establish a relationship of trust between the nurse and the patient so that they could face childbirth as a positive experience. However, for this to happen, respect for the woman's singularities needs to become the guide for the interpersonal relationship⁵.

It is up to the nurse to accompany the woman during labor and uniquely understand her emotions, as the intensity of the pain felt during this process varies greatly, and it is necessary to consider that they are fragile and sensitized by the pain, which can lead to possible imbalances and stress if there is no adequate reception¹⁸.

Thus, during labor care, any reprimand for the woman's behavior discourages her from exercising her autonomy. The nursing team must provide a favorable environment that allows for good experiences during childbirth, valuing the words, expressions, and wishes of the parturient woman¹⁹.

This study also found that there was no incentive to explore all the resources available to promote care in the pregnancy-puerperal period, referring to the exploration phase of Peplau's theory. The main obstacles to not effectively attending to this phase were: not holding pregnancy groups, not drawing up a birth plan during pregnancy and restricting women's freedom during the expulsion period of labor.

Pregnancy groups during prenatal care are an important complement to consultations and a space for pregnant women to share experiences, as well as an opportunity to provide guidance. Educational activities with pregnant women need to be valued because, although it is a light and low-cost technology, it helps to better prepare women to experience the pregnancy-puerperal period with less risk of complications¹⁹.

It is also necessary to adequately prepare pregnant women for childbirth during prenatal care. The scientific literature shows that the implementation of a birth plan promotes greater autonomy for women, enabling them to understand more about the essential care required for childbirth to occur physiologically¹⁶.

The positive effects achieved using the birth plan are in line with the conduct recommended by the World Health Organization (WHO) to promote good practices in labor and birth care²⁰. However, it was observed that this resource should have been explored during the nurses' assistance to the women taking part in this study.

These facts show that the women interviewed did not make full use of the care offered. When the exploration phase is followed effectively, the patient becomes able to act more autonomously making it possible for them to use all the resources offered by the health service. Therefore, it is essential that during this phase nurses continue to make progress in building a bond with the patient, with qualified listening and establishing new care goals¹⁴.

Nevertheless, many professionals do not associate attitudes that deepen the relationship with the patient with care and fail to explore all aspects of communication in the relational process and to make this moment an opportunity to make care more humanized⁵.

Thus, the fact that women's autonomy was limited during labor may be related to the fragility of the in-depth therapeutic relationship that took place during the exploration phase of nursing care, because if these women had been properly guided by nurses during educational activities, individually and/or in groups of pregnant women, and if they had drawn up a birth plan, they would have been more aware of their role as protagonists in labor and could have prevented care practices that violated their rights.

Concerning postpartum women's satisfaction with the nursing care they received, it was noted that this was not unanimously achieved, given the reports of complaints about reception. In this sense, while there were reports from postpartum women that showed that they were able to dissolve the link in the therapeutic relationship with the nurse, there were also statements that pointed to dissatisfaction with the care received, showing that the care needs were not met.

According to the phases of the nurse-patient interpersonal relationship, this moment represents the resolution phase, which can end with the solution or not of the problem identified, followed by the gradual disengagement of the patient from the therapeutic process. In this phase, the individual's autonomy may be strengthened to achieve

independence in terms of self-care, and the nurse will continue to be available to help the patient get their needs met¹⁴.

Thus, satisfactory care is understood as care that is developed with respect and attention, in which active listening and welcoming are essential at all stages of care, enabling dialogues that allow the identification of the real needs that exist for an autonomous pregnancy and childbirth²².

Analyzing the results of this study from the point of view of Peplau's concepts, we found that progress is still needed in terms of the quality of care provided by nurses to women in the pregnancy-puerperal cycle since the stages of building interpersonal relationships were not followed to the full to promote the satisfaction of women's needs during the therapeutic process by nurses.

This study had its limitations since the data collection did not include the professionals involved in the care and was only carried out with women in the immediate puerperium, so their view of the care they received, later, was not assessed.

FINAL CONSIDERATION

The data obtained from the interviews made it possible to correlate nursing care with the four phases of the Interpersonal Relations Theory, considering the experience of postpartum women during the care they received.

It was identified that the information provided by the nurse was not satisfactorily understood by the postpartum women, that women's autonomy was restricted during labor, and that important resources such as birth plans and pregnancy groups were not effectively explored during care. However, the postpartum women felt predominantly satisfied with the nursing care they received and reported that their needs had been met.

Thus, the results found contributed to identifying the importance of providing guidance capable of enabling women to recognize qualified care and have the autonomy to actively participate in the care they receive.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Lima KS de O, Bezerra TB, Pinto AGA, Quirino G da S, Sampaio LRL, Cruz R de SBLC**. Drafting the work or revising it critically for important intellectual content - **Lima KS de O, Bezerra TB, Pinto AGA, Quirino G da S, Sampaio LRL, Cruz R de SBLC**. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Lima KS de O, Bezerra TB, Pinto AGA, Quirino G da S, Sampaio LRL, Cruz R de SBLC**. All authors approved the final version of the text.

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