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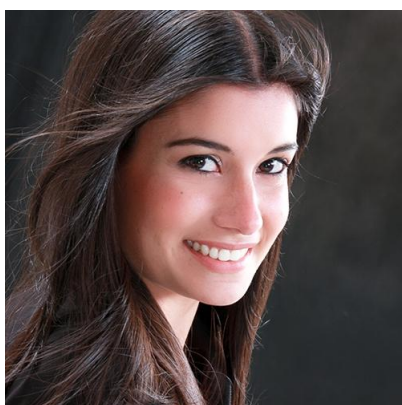
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Postpartum primipara at home and associated nursing care: Grounded Theory

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ABSTRACT

Aim: Interpret how postpartum primipara experience nursing care in a home environment. **Method:** Qualitative research that used data-based theory methods in the homes of 16 postpartum primipara. The data collection took place from January to July 2011, through the use of semi-structured interviews and observation. The analysis was done using substantive and theoretical coding. **Result:** It was clear that the central category was "Acting as a mother for the first time", when the participants experimented with performing the mother's role. **Discussion:** Many proceedings performed by the participants with regard to their babies, their self-evaluation as mothers and the aspects related to motherhood were observed. **Conclusion:** We highlight the importance of the attention the nurses paid to the primipara. It is suggested that topics related to the subjectivity of motherhood should be taught during the undergraduate nursing course, as well as increasing the nurses' awareness of the change of life experienced by the puerperal mother.

Keywords: Postpartum Period; Parity; Home Nursing; Qualitative Research; Nursing

INTRODUCTION

Motherhood can provoke intense modification in a woman's life. Consequently, it is important to understand the experience of becoming a mother, especially a primipara, or in other words, first time mothers. The primipara may need further instruction regarding the maternal abilities needed to cope with basic events, as they may feel insecure based on their own conflicts and lack of experience, especially with regard to the tasks related to baby care⁽¹⁾.

Therefore, the primipara is usually not ready to deal with and adapt herself to motherhood, to the routine and to the demands that this new role requires⁽¹⁾. We highlight the role of the nurse, the professional who supports the puerperal woman in terms of adapting herself to the new role of mother, offering instructions and guidance with regard to the execution of motherhood.

On the other hand, regarding the literature on the topic, it can be seen that in the last three decades, the majority of the studies referring to the health of the mothers are related to breastfeeding, childcare, educational concerns and the characteristics and importance of the home environment. However, in the beginning of this decade, some researchers have focused on investigating the objective and subjective aspects that involve the mother's practice⁽²⁾.

In this sense, to better understand the life and experience of puerperal primipara, it was considered necessary to examine the home environment into which they and their families are inserted, in that this context encompasses the particularities and the dynamics of each family. It also involves the factors that influence the lives of these people, such as income, beliefs, habits, values, knowledge and practices that guide their actions⁽³⁾.

Then, to understand that maternity is a moment of profound transformation in the life of a woman due to the emergence of new responsibilities and different challenges – and even more in the life of a puerperal primipara who deals with the new emotions and

caregiving for the first time – we aimed to interpret how the puerperal primipara copes with the caregiving tasks in her home environment.

METHOD

This article is part of a Masters dissertation entitled "Experiences of healthcare by puerperal primipara in a home environment: the nursing perspective, that aimed not only to interpret how the puerperal primipara experiences the healthcare provided in her home environment, but also the construction of a theoretical model that could explain the facts.

This research was conducted using a qualitative approach that used data based theory as a method. It attempts to develop a theory that can add or bring new information to the area of the phenomenon studied⁽⁴⁾. Using this method, the data collection is based on theoretical sampling. This means that the participants are selected in a number of sample groups. The number of participants and groups is defined by the collection process itself until data saturation is achieved⁽⁴⁾.

The research was undertaken at the home of 16 puerperal primipara who were part of the three sample groups: the first was composed of six women in immediate puerperium (1st to the 10th day after labor); the second group, by six women in late puerperium (11th to the 42nd day after labor) and the third, by four women in remote puerperium (after the 43rd day after labor).

The inclusion criteria for participants were: she had to be a puerperal primipara, irrespective of the type of labor; have had a low-risk pregnancy according to a pre-natal classification; have a minimum age of 18 years or above; have returned home with the baby; be living in the Metropolitan Area of Curitiba; have voluntarily accepted to take part in the research and then have signed the Free and Clear Consent Agreement.

The exclusion criteria were: to have been be a puerperal multipara; have had a high-risk pregnancy according to classification during pre-natal consultation; have been under the

age of 18; not have returned home with the baby; not be a resident of the Metropolitan Area of Curitiba; not have accepted to participate in this study.

For data collection, which happened from January to June 2011, we used a semi-structured interview, accompanied by structured, non-participant, individual observations. Some of the initial questions were: "How is to be a mother for the first time?"; "How is your day?"; "Which proceedings do you perform every day?" and "How has it been performing these proceedings as part of your routine?".

The analysis of data was developed through two steps, the first was called substantive codification – subdivided in open and selective codification –, and the second was called theoretical codification^(5,6,7).

Similar coding was grouped in elements. These elements were then transformed into subcategories which were then reunited in new categories, and the connection between these components were established according to the theoretical code "Interactive Family", which led to the theoretical model. Two participants who were part of the third sample group validated this constructed model.

This study followed the ethics standards stated by Resolution 196/96 of the Brazilian National Health Council and it was also approved by the Ethics in Research Committee of the Sector of Health Sciences of the Parana Federal University, under registration number CEP/SD 1010.135.10.09 and CAEE 0060.0.085.091-10. It was also favorably received by the Ethics Committee of the Curitiba Municipal Department of Health.

RESULTS

From the collection and the analysis of the data, a phenomenon was noted that we refer to as the "experience of healthcare by the puerperal primipara at home", which is when the participants deal with the home environment and the role of mothers for the first time, and also, their interaction with family and friends. Adding to that, these women need to take care of themselves (or fail to do so). All these facts are then placed in three

categories: "performing the role of mother for the first time" (central category), "interacting with family and friends" and "taking care of oneself".

From these three categories, nine subcategories and another 28 elements emerged. This article considers only the central category, the components of which can be observed in Table 1.

TABLE 1 – Subcategories and elements of central category "Performing the role of mother for the first time". Curitiba, Brazil, 2011.		
CATEGORY	SUBCATEGORY	ELEMENT
Performing the role of mother for the first time	Taking care of the baby	Breastfeeding for the first time
		Performing tasks related to showering, changing diapers and clothes, umbilical stump, crying and abdominal discomfort
		Citing the guidance provided by the health professionals
		Building a bond with the baby and protecting him
	Self-evaluating her development as mother	Feeling unsure
		Acquiring information and abilities
		Feeling sure and prepared
	Reflecting about motherhood	Understanding the personal, physical, behavioral and routine changes
		Considering the positive aspects
		Observing the negative aspects
		Dealing with the home environment
		Planning the future

In the central category "Performing the role of mother for the first time", it was observed that the puerperal woman performs many different actions while taking care of the baby, self-evaluating her role as a mother and reflecting on many aspects that involve the experience of motherhood.

The subcategory **"Taking care of the baby"** covered the actions related to breastfeeding, bathing, changing diapers and clothes, dealing with the umbilical stump, crying and abdominal pain, and moreover, considering some professional health contributions to performing such tasks. This subcategory also included the bond between the mother and the baby, and how she tries to protect the newborn after the link is consolidated.

In the element "Breastfeeding for the first time", the puerperal woman is worried about feeding the child, checking if the child is hungry, laying down the baby properly after breastfeeding – either facing up, sideways or with an elevated torso – to allow the baby to eructate.

Oh, when breastfeeding [...] worrying about the way I should lay the baby down, facing up, and I laid her down a little above her little pillow, so she was a little inclined, facing up. I also try to make her burp. (Puerperal 1)

On the other hand, the great number of the participants found it difficult to breastfeed, especially with regard to the best positioning of the baby, the development of cracked nipples and breast engorgement, as well as pain and suffering. Confronting such difficulties, the puerperal women tried to solve them in the following ways: sunbathing, using a mixture of mother's milk and cow's milk for the baby, using ointment on the nipples, finding a better position for the baby, not showering with hot water, milking the breasts and stimulating the production of breast milk even more and, in some cases, the complete depletion of the breasts.

The event "Performing healthcare related to showering, changing diapers and clothes, dealing with the umbilical stump, crying and abdominal discomfort" revealed that the tasks done by the puerperal women included checking the ears and avoiding draughts in the room. To change diapers, mothers tended to do it frequently, and use the best brand possible. In the case of clothing, there was also a concern about the need to constantly change dirty clothes. While the baby still had the umbilical stump, some healthcare proceedings were undertaken, such as sterilizing the area with a 70% alcohol solution,

using an ointment prescribed by the doctor and avoiding washing the abdominal area while bathing.

[...] I am careful when changing diapers too, to not have a long interval between them, because my baby can get a rash or something. [...] I also shower my baby [...] the majority of these basic care tasks. With the umbilical stump, in every change of diapers I clean with 70% alcohol and use a new gauze, very well cleaned. (Puerperal 1)

In terms of everyday practice, the participants started to recognise the different cries and the different reasons that make babies cry, such as the heat, wet diapers, abdominal discomfort, and so on. They tried to calm the babies down using different techniques, such as cuddling, breastfeeding, changing diapers or giving them pacifiers.

To help them in such healthcare tasks, the puerperal women reported guidance given to them by the nursing professionals and the doctors of the maternity unit or clinic. Such guidance referred to the relief of abdominal discomfort, how to shower, how to perform intimate hygiene and how to treat rashes, how to breastfeed, the danger of touching the fontanel, cleaning up the umbilical stump, and how to provide a tranquil sleep, as seen in the element "Being able to express the guidelines provided by the health professionals".

Oh, to make him burp, right? What else? His little ears, too! They [health professionals] told me that I cannot let any water get into the ears while bathing, right? The fontanel, to not any other child touch it [...] they have told me back in the hospital that I have to make the baby get it right [mouth to the nipple for breastfeeding] [...] and the belly button. I am very careful, cleaning with the alcohol solution they gave me. (Puerperal 4)

Based on such suggestions, some puerperal women considered this guidance fundamentally important and also pointed to the significance of the reliability of the professional in terms of continuing to follow the guidance. On the other hand, some women mentioned the need for more support from the professionals, especially with regard to breastfeeding, explaining that they go can encounter some problems because there is no orientation about this element of motherhood.

In the last element of the subcategory "Building a bond with the baby and protecting him", the puerperal women referred to the connection that is being built between the mother and the child, the feelings involved, how the baby reacts to her presence and the interaction established between them through conversations, smiles, game time, cuddling, lullabies, and others.

I sing to him [the baby], just humming. I do that all the time [...] I talk with him, always playing with him. Yes, those are the things I do with him.
(Puerperal 5)

Besides that, in the same element, there is the necessity to protect the baby. In addition, the participants mentioned some nursing proceedings, such as vaccinating, properly wrapping or keeping the environment such as to avoid drastic changes of temperature, checking for any alterations in the body of the baby and constant surveillance, which means not leaving the child unattended.

In the subcategory "**Self-evaluating her development as mother**", while taking care of the baby, the puerperal woman generates a self-evaluation based on her role as mother for the first time. Initially there is a feeling of insecurity, but as she discovers abilities and develops her knowledge, she starts to feel better prepared, and consequently, sure enough to deal with the majority of the situations she encounters.

On the initial postpartum days, as part of the element "Feeling unsure", one puerperal woman noted the rise of some difficulties, such as doubts and fears of being unable to perform baby care, mentioning that these troubles are due to the fact she is having her first baby. The main concerns are connected to showering, changing diapers, umbilical stump proceedings and identifying the reasons for crying. Facing such difficulties, the participants felt worried and nervous about the new experience.

I had a little difficulty, like, in the beginning, when she [the baby] cried a lot and I don't know why. I was exhausted and I was unable, unable to deal with the situation [...] (Puerperal 16)

In order to cope with these difficulties, the participants acquired information and know-how with regard to taking care of their babies as explained in the element "Acquiring information and abilities".

Baby care was learned through practice, by instinct or through family and health professionals' direct support. They women started to learn about their children and their actions and reactions in a certain situation, thus acquiring more information and knowledge. The learning moments which were mentioned included the moment to change diapers and its importance, vaccination, the reasons for abdominal discomfort, crying, the benefits of breastfeeding, the reasons for nipple cracking, and others.

Then, on Thursday, the baby has to go to the doctor, right? Then there he's going to have his first vaccine, the BCG shot. He already got a shot at the hospital, against hepatitis, but from now on I'll have to keep track of the others, because vaccinations are something very important for the child, in order to avoid serious diseases. For me, the shots are very important. (Puerperal 5)

Then, after some time, the participants affirmed that they felt prepared, according to the element "Feeling sure and prepared", by which they reported feeling better about themselves after conquering some of the initial difficulties, and considered it easy to take care of the baby.

[...] I feel safer now and I think my baby care is complete. (Puerperal 7)

In addition, according to the previous declaration, after they feel safer with regard to performing the baby care tasks, the puerperal women also consider it complete, or in other words, at this moment they felt that they could answer all the needs and demands of the babies, once they acquired the abilities and the necessary knowledge to do so.

The last subcategory "**Reflecting about motherhood**" contemplated the thoughts the participants in this study had about motherhood, mentioning the changes they have faced, the positive and negative aspects of the experience, the worries they have at home, and a certain preoccupation about the future.

In the element "Understanding the personal, physical, behavioral and routine changes" the main transformations in the life of the participants are present in personal, physical, behavioral and/or routine areas. The personal transformations are mentioned as the participants feeling they have become better women, and are more careful, more sensible and calmer because of their recent motherhood. They also reported they felt they became more mature, and had a thinking about the reasons of life and felt they became better people.

Physical changes were also mentioned, such as discomfort and pain due to the episiorrhaphy procedure or to the surgical scar, especially in the first few days, and also tiredness. Those participants who were more than forty days postpartum revealed behavioral changes, in that they stopped certain activities, mostly because their relatives suggested it. These activities included not washing their hair, not going out in cold weather, not having sexual intercourse and not doing any physical activity that would subsequently lead to soreness.

As I am on a diet, I am not carrying heavy things; I am not cooking, not opening the fridge. My sister tells me I have to be careful; I can be on a chilling place. I haven't washed my hair yet, and not being able to do that is like [...] if you didn't wash your hair on the first day at the hospital, you can't do that later, right? (Puerperal 10)

Based on the transformations in routine, the participants reported modifications as a result of the arrival of the babies, or even the fact they didn't have an established routine during the period of adaptation. On the other hand, the birth of a baby brought many people, relatives and friends, to the home of the puerperal woman to see the newborn, and then it was observed that some of the participants spent more time indoors, at home, which reduced their leisure time.

From all these transformations, the puerperal women analyzed the maternity experience in terms of the positive and negative aspects. The positive side of the experience was in the element "Considering the positive aspects", in which "being a mother" is described as

a good, positive, marvelous, pleasurable experience that allows woman the acquisition of information as mentioned previously. The positive feelings mentioned were tranquility, motivation, joy and happiness. Another positive aspect was breastfeeding. It was considered as a remarkable feature in that it was joyful, exciting and pleasing.

Being a mother is wonderful so far. I think it will be really, really good. If I had known before, I would already have had a baby. It's been really good, I am very happy. It is so good! There is nothing negative about it. (Puerperal 13)

The negative side of maternity is part of the element "Visualizing the negative aspects" in which difficulties such as tiredness and physical discomfort, especially nipple cracking and the episiorrhaphy procedure, were listed. The negative feelings were anxiety, preoccupation and stress. Some participants considered breastfeeding a bad experience, mainly because of nipple cracking. We would highlight that, apart from this, the majority of the reports were of positive experiences over negative ones.

See... The physical aspect [of maternity] is hard because [...] I am very tired; I've only been able to sleep a little. Besides that, I had too many stitches [episiorrhaphy procedure] because the baby was too big, with a weight of four kilos two hundred thirty grams [or 9.5 pounds]. So these two things are a little complicated for me, because I am tired and in pain [...] because of the stitches it was difficult to sit, to stand up; it was bothering me, you know. (Puerperal 3)

Besides that, the puerperal women reported that they also needed to take care of their homes, and in the element "Dealing with the home environment" the participants of this study that lived only with their partner, mentioned some need to worry about hygiene, cleanliness and the organization of the home environment, including cleaning and tidying up, washing the dishes and clothes, ironing, taking care of pets and cooking.

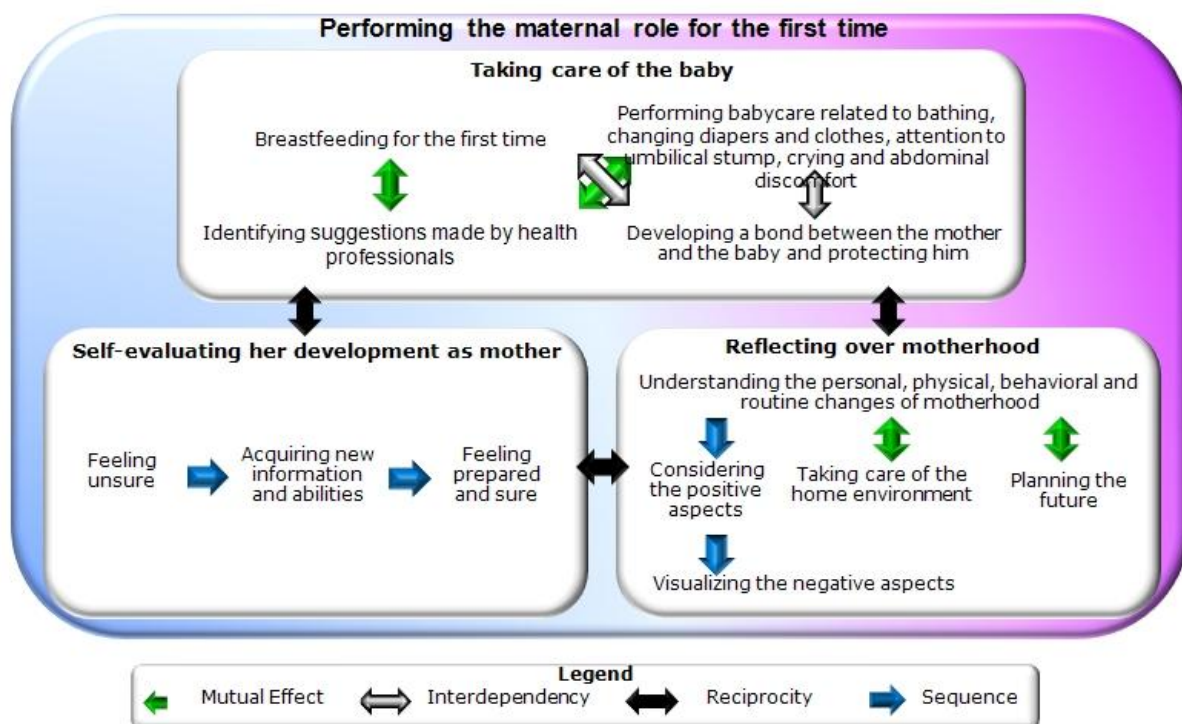
Here at home I wash the dishes, sometimes I cook. I also tidy the rooms, wash my son's clothes, and do all I can do [...] I feed the dogs, clean their stuff. (Puerperal 11)

Furthermore, from the moment that they become mothers, the women start to worry about their future, their family's, but most importantly, their baby's future, as seen in the element "Planning the future". The puerperal woman worry about some aspects regarding the future and revealed plans for how to improve or raise their income, and want to offer the best for their baby, especially in education.

I want to give him [baby] the best I can... I have to. I'll give him what I couldn't get for myself. [...] And if I can, I'll put him in private childcare [...] giving him all the best I can give [...] I think about him, like, all the time... I am very concerned about his future. (Puerperal 14)

Besides that, from the data analysis, it was seen that the categories, subcategories and elements of this study are interconnected in terms of the theoretical code "Interactive Family". The interconnections between the concepts can be observed in Diagram 1.

DIAGRAM 1 – Interconnections between the components of the central category "Performing the role of mother for the first time". Curitiba, Brazil, 2011.



In the central category "Performing the role of mother for the first time" it was observed that the three subcategories "Taking care of the baby", "Self-evaluating her

development as mother" and "Reflecting on motherhood" correlate in reciprocity, as each interferes with and is interfered with by others.

The elements "Breastfeeding for the first time", "Performing tasks related to showering, changing diapers and clothes, umbilical stump, crying and abdominal discomfort", "Repeating the guidance from health professionals" and "Building a bond with the baby and protecting him" that are part of the subcategory "Taking care of the baby", indicate mutual effect relationships when one provokes an effect or transformation in the other, and of interdependency, when one depends on the other.

For breastfeeding and other aspects of baby care, the activities of puerperal women can be based on the guidance provided by health professionals and, in some cases, this guidance generates correct baby care proceedings. It is then that the mutual effect occurs. When breastfeeding and baby caring, a bond is created between the mother and the baby, and this bond is only generated when the mother performs such tasks, indicating interdependency.

There is also a relationship in terms of the sequence among the elements of the subcategory "Self-evaluating her development as mother", that are "Feeling unsure", "Acquiring information and abilities" and "Feeling sure and prepared", as they occur in sequential order. The days following the postpartum, the puerperal woman mentions a certain uneasiness with regard to baby care, but ends up acquiring information and know-how to take care of the baby, and later, feels sufficiently sure and well-prepared.

Ultimately, according to the elements "Understanding the personal, physical, behavioral and routine changes", "Considering the positive aspects", "Visualizing the negative aspects", "Dealing with home environment" and "Planning the future", which are the components of the subcategory "Reflecting about motherhood", relationships involving sequence and mutual effect can also be observed.

After understanding the personal, physical, behavioral and routine transformations that are being experienced, the puerperal woman visualizes the positive, and later, the negative aspects of motherhood. The participants take care of their homes according to the experienced changes in life, and these transformations determine what can or cannot be done at home, which reveals the mutual effect. At the same time, the future is

planned according to these life changes, because this planning is based in her new role in society, the role of a mother, and this relationship also comes from a mutual effect.

DISCUSSION

The category "Performing the role of mother for the first time" shed some light on the tasks performed by the participants with their babies, their self-evaluation as mothers for the first time, and the reflection about the different aspects that involve motherhood. This was also found in the related literature.

The subcategory "Taking care of the baby", called attention to baby care regarding breastfeeding. However, as observed in this study and in the pertinent literature, one of the main difficulties found by the puerperal women was related to maternal breastfeeding, namely the position of the baby, which was considered to be difficult by some, and in many women there was the development of cracked nipples^(8,1).

Besides breastfeeding, other baby care tasks which were done were aimed at the biological needs of the child, such as bathing, changing diapers, attention to the umbilical stump, calming the baby down when he cries, and understanding the reasons for crying⁽⁹⁾. There was a convergence of the data found in this study and that found in the related literature. To perform such baby care tasks, the guidance provided by health professionals was mentioned in some studies. They referred to the matters of changing diapers, bathing, paying attention to the umbilical stump, and breastfeeding⁽⁹⁾, which were also observed in our data.

However, such guidelines need to be developed and should not be limited to the transmission of information. In practice, such guidelines should include shared practice, the exchange of knowledge, and a focus on the active participation of puerperal women, taking into consideration their needs, beliefs, representations and life stories⁽¹⁰⁾. Regarding breastfeeding, it is necessary that this topic is approached in a different fashion, by developing a social network of puerperal women, given that they can contribute to the success of this important practice⁽¹¹⁾.

Apart from that, while performing the baby care tasks, it was observed, through the data, that there was the development of a bond between mother and child. This fact is also reported by other authors as, from the moment the woman adapts herself to her new condition as mother, the initial difficulties are gone and the bond is established, based on love and complicity with the child, throughout the days that follow the postpartum^(9,12).

In terms of the baby care tasks, the puerperal women undertook a self-evaluation, and the subcategory "Self-evaluating her development as a mother" showed, as has been the case with other authors, the uncertainty of the first days of postpartum. The inexperience and the lack of specific knowledge limited their development and generated fears of being unable to handle by herself the complete baby care^(1,8,12), and gave rise to doubts and difficulties.

The most important difficulties found with regard to baby care in the literature are similar to those reported by the participants: bathing, attention to the umbilical stump and identifying the reasons for crying^(1,8,9,12). These difficulties generated feelings of preoccupation, impotency, frustration, guilt and incompetence, especially among primipara⁽¹²⁾.

To overcome such obstacles and the negative feelings that emerged, the mothers gathered new information and developed new abilities, as observed in the data and in the literature. This occurs through a learning process that happens daily with the new member of the family, through a trial-and-error approach^(9,12).

Therefore, the results showed that overcoming the difficulties and fears made the puerperal woman even more confident and less doubtful, as she realized she was able and even motivated to provide the baby care by herself. It is in a gradual way that the puerperal woman constructs her own concept of being a mother, assuming the responsibilities, and then comes to feel better and increasingly confident in her maternal role⁽⁹⁾.

In terms of baby care practice and her self-evaluation as a mother, the participant puerperal woman also reflected on the different aspects of motherhood. With regard to

the subcategory "Reflecting about motherhood", also mentioned by other authors, the participants describe personal, physical, behavioral and routine changes.

As it was also observed in the results, that some authors see that maternity brought about some changes in the life of the puerperal mother, not only physically, but also psychologically and socially, especially in terms of the fact that to be a mother means to have a new role in society⁽¹⁾.

Another similar question raised by this study and other pieces of research is that motherhood encourages maturity and responsibility on the part of the woman, leading to higher sensibility and patience in dealing with problems and listening to others⁽¹⁾.

In terms of transformations in routine, according to the results presented in this paper and the ones found in the literature, the puerperal women go through changes in their everyday routine as a worker, a wife, and now, as a mother. Besides housework, they add to their list of chores the tasks related to baby care, and spend most of their time at home, especially in those days following the postpartum^(1,13). Then, the rhythm of the puerperal woman becomes the rhythm of the baby. However, she then acquires the rhythm of the baby, which can lead to a troubled routine for the mother⁽¹³⁾.

Facing such transformations, the positive aspects and feelings that are associated with maternity described in the literature are happiness, joy, satisfaction, emotion, contentment, well-being, love, care, admiration for the baby, a pleasuring and filling sensation, an idealization, "a dream come true"^(9,14).

The negative feelings and aspects reported were those of anxiety, sadness, sleep deprivation, physical and emotional tiredness, the presence of pain and discomfort, especially on the days following postpartum due to episiotomy, the caesarean surgical wound and the uterine contractions stimulated by breastfeeding^(9,15). We must mention that both the positive and negative feelings and aspects mentioned in the literature are similar to those reported by the puerperal women involved in this study.

Another matter which was evaluated both positively and negatively was breastfeeding. In the literature, it was observed that puerperal women affirmed that this experience was a cherished moment, but that they also had some difficulties related to baby jitters, the

lactation process and mammary engorgement, among others⁽¹⁵⁾. Similar findings were observed in this study.

Besides the difficulties found, the primipara puerperal women need to deal with housework as they are also housewives. They often give up their sleep time in order to be able to maintain their home in an acceptable condition⁽¹³⁾.

To conclude, as they are mothers now, the participants affirmed that they worried more about their future, that of their family, and especially that of their babies. In the literature it was also observed that there was some preoccupation on the part of puerperal women, with the future and in raising and educating a child⁽¹⁾. The matter of education was mentioned by the participants as one of their main concerns regarding the future of their children.

CONCLUSION

This study clarified the experiences of baby care by the primipara puerperal women within their home environment, detailing the maternal tasks performed for the first time. The participants took care of their babies, mentioned some suggestions made by the health professionals, and developed a bond between them and the babies. On the first days following postpartum, some doubts and difficulties emerged, but aiming to overcome such limitations, they acquired knowledge and abilities through practice, instinct or guidance from relatives and health professionals, and later, developed self-confidence.

The puerperal women also perceived the transformations in their lives, such as personal, physical, behavioral and routine ones. Maternity and breastfeeding were evaluated mostly as positive events, and other baby care tasks done at home were also mentioned. Finally, there was a preoccupation on the part of the puerperal woman with her child regarding the future, as well as the future of her family.

We also call attention to the importance to the role of health professionals for primipara puerperal women, especially the nurse's role, who while updating professional practice and developing the educational aspects, can and should aid the puerperal woman to adapt to, and face, the new phase of her life.

The importance of the nurse is emphasized when providing homecare assistance during the postpartum period. It is observed that during this period, some new situations can emerge, and with them, doubts about different aspects such as baby care. However, the assistance provided by the professional cannot involve only the biological aspects of the puerperal child. They should consider especially the subjective aspect of this phase due to the change in the perspective with regard to the role in society that the puerperal woman experiences, her feelings towards becoming a mother, the personal and behavioral transformations, among others.

In general, it was observed that professionals inform the puerperal women about the baby care proceedings, but in some aspects it has its flaws. To be more specific, it is important to mention the necessity for more information about breastfeeding before the postpartum moment, preferably during the pre-natal consultations. After this, during postpartum, it should be reinforced in order to anticipate complications, as some participants of this study developed some nipple cracks or breast engorgement, and mentioned, among many aspects, the lack of professional help with regard to this aspect. Therefore, in order to provide support the nursing professionals and to encourage them to work in a different fashion with primipara puerperal women, some changes must take place, as for example, during Women's Health Studies as part of their university education. We suggest that nursing students learn topics related to the subjectivity of motherhood, such as the change of role in society experienced by the puerperal woman, the main difficulties that can arise during the first days in postpartum, and how to avoid them.

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