

# Chapter 111

## Guidance received by puerperal women on contraceptive methods



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### **ABSTRACT**

**Objective:** To identify which orientations puerperal women receive about contraceptive methods and which professionals are involved. **Method:** Descriptive, exploratory, quantitative research, conducted through interviews with 30 adult puerperal women, hospitalized in the Rooming-in (AC) of the Department of Obstetrics and Gynecology (DOGI) of the Central Hospital of Santa Casa de Misericórdia de São Paulo (HCSCMSP), from 05 to 30/10/2021. **Results:** When questioning the puerperal women about

the specific indication for the use of some contraceptive method in this period, 24 puerperal women (80%) answered that they only indicated the use of the IUD, 4 (14%) were not instructed to use any method specifically, 1 (3%) the Implanon and 1 (3%) IUD and/or minipill. Taking into account the method that the puerperal women would choose during this period, 11 (37%) said they intended to put the IUD, 8 (27%) did not know how to inform, 6 (20%) would use the minipill, 3 (10%) the Implanon, 1 (3%) would use barrier methods such as condoms and 1 (3%) did not intend to use any contraceptive. The professionals involved in these orientations, according to the puerperal women, were: only doctors (64%), followed by nurses and doctors (13%), only nurses (10%), no health professionals (10%), and social workers (3%). The puerperal women stated that they received guidance from the nurse, only in the prenatal period. **Conclusions:** The copper IUD is the method most offered by health professionals and also the most chosen among women in the puerperium, in this service. Guidance on contraceptive methods is usually provided by medical professionals at various times during the puerperal pregnancy cycle and by the nurse only during prenatal consultations.

**Keywords:** Nursing, Puerperium, Contraceptive Methods, Health Education.

## 1 INTRODUCTION

The fertility rate of women has been gradually decreasing in recent years, perhaps due to their insertion in the labor market, increased schooling, and the expansion of public policies both in the area of health and medicalization including the increased use of contraceptive methods has demonstrated this effect. The total that was estimated for 2018 was 1.77 children per woman and in 2060, the average number of children per woman is expected to reduce to the value of 1.66 1.2.

Given these data, one of the factors that can be related to the decrease in the fertility rate is the use of contraceptive methods and, focusing only on women who are in the postpartum period, there are doubts whether they receive guidance on methods that can be used in this period and how the fact of receiving such information or not, will impact your health and the health of the child.

The puerperium is the period that begins after childbirth and its end is variable, it is related to changes in the anatomy and physiology of the woman's body, in addition, psychosocial changes may occur related to the practice of motherhood, sexuality, self-esteem, physical changes and how personal and family life will be reorganized, all occurring simultaneously 3.

The ideal interpartal interval according to the World Health Organization and the Ministry of Health should be at least two years, and if not respected it can have consequences. In the puerperium it is not necessary to wait for the return of menstruation before the beginning of the use of a contraceptive method, because the return of ovulation is variable, so with the return of fertility, health education actions and guidance to the puerperal woman or the couple should be promoted 3,4,5.

Thus, the family planning program has as one of its objectives to guide and clarify contraceptives according to their efficacy, form of use, and possible adverse effects, taking into account the clinical and gynecological antecedents, emphasizing the importance of returning for follow-up after choosing the contraceptive method. The care of women in the puerperium is paramount for maternal and infant health and should always include the partner, and the family, regardless of the way it is structured 3,6

In both medical and nursing consultations, several methods can be offered to women, such as barrier methods, intrauterine devices, hormonal contraception, and surgical methods. The health professional should not only indicate or prescribe a specific method but rather give the option of choice for the woman to verify which contraceptive is best suited to each situation and for this, it is taken into account the fact that the woman is breastfeeding or not and the time elapsed after delivery 3,4,5,6.

In the ApiceOn project (Improvement and Innovation in Care and Teaching in Obstetrics and Neonatology) of the Ministry of Health in partnership with some institutions, one of the objectives is to strengthen sexual and reproductive health actions with the offer of contraceptive methods in the postpartum period in teaching hospitals, university hospitals and/or that act as an auxiliary teaching unit, within the scope of the Stork Network 7,8.

Thus, the Stork Network was launched in 2011 by the federal government to improve the quality of care for women during pregnancy, childbirth, postpartum, and the monitoring of the child until the first two years of life. From reproductive planning, confirmation of pregnancy, prenatal care, and childbirth to puerperium 9.

The objectives of the Stork Network are to reduce maternal and neonatal mortality rates and guarantee women's sexual and reproductive rights. They are usually accompanied by qualified professionals so that they feel safe to make their choices regarding childbirth, avoiding unnecessary cesarean sections. In

addition, reproductive planning is performed, where definitive surgeries, vasectomy, and tubal ligation are made available by the Unified Health System and free distribution of some contraceptive methods 9.

Given the facts presented, there was an interest in identifying whether the puerperal women received guidance on contraceptive methods, which were, and which professionals were involved in this process.

## **2 MIS WHOLE**

This work is a descriptive, exploratory, and prospective study. According to Gil (2017), descriptive research has as its primary objective the description of the characteristics of a certain population or phenomenon and exploratory research provides greater familiarity with the problem, to make it more explicit or to construct hypotheses 10.

Data collection was performed at the Rooming-in (AC) of the Department of Obstetrics and Gynecology (DOGI) of the Central Hospital of Santa Casa de Misericórdia de São Paulo (HCSCMSP).

The convenience sample consisted of 30 postpartum women hospitalized in the Rooming-in of the Central Hospital of Santa Casa de Misericórdia de São Paulo, over 18 years of age, from October 5 to 30, 2021, who agreed to participate in the research and who signed the Free and Informed Consent Form (ICF) and who was on the first day of puerperium, the others were excluded. The research project was approved by the Scientific Committee of the Nursing Course of the School of Medical Sciences of Santa Casa de São Paulo, by the Department of Obstetrics and Gynecology of the Brotherhood of the Santa Casa de Misericórdia de São Paulo, and by the Ethics Committee in Research on Human Beings of the Brotherhood of the Santa Casa de Misericórdia de São Paulo CAAE: 51011521.0.0000.5479.

Data were collected through a form with closed questions prepared by the student and her advisor, addressing identification data of the puerperal woman, pre-existing and current pathologies, life habits, obstetric history, data from the last pregnancy, and delivery, the guidance received on contraceptive methods and professionals involved. The collection period lasted a maximum of 30 minutes for each participant. The data were distributed in the Microsoft Office Excel program, to be analyzed and tabulated.

## **3 RESULTS**

Of the 30 postpartum women interviewed, it was observed that 27% were in the age group of 26 to 30 years, almost equitable with the other age groups. 70% had completed high school, 43% were on their second day of hospitalization and 34% were on the first. Given the pre-existing and current pathologies, 22 postpartum women (70%) had none and 8 (30%) reported at least one pathology. Among the 8 (100%) postpartum women who reported some type of pathology, only 4 (50%) undergo some type of treatment, 2 (25%) for Diabetes Mellitus, with insulin therapy, 1 (12.5%) for thrombosis and 1 (12.5%) for hypothyroidism, but 26 postpartum women did not undergo any kind of treatment. Taking into account the vices of the interviewees, 2 (6.5%) reported using cigarettes and alcohol, 2 (6.5%) only alcohol, 3 (10%) only cigarettes, and 23 (77%) did not declare any addiction.

Regarding the history and obstetric history of puerperal women, 80% had up to three pregnancies, and in a smaller percentage those with four or more pregnancies. As for parity, 34% gave birth once and another 34% for the second time, with the quantitative data being equal for the number of living children. Regarding abortions, the majority (70%) never lost a pregnancy and only 8 postpartum women (27%) reported a gestational loss.

Asked if the pregnancy was planned, half (50%) of the puerperal women answered yes and the other half reported negatively, but when asked about the desire for pregnancy, this rate rose to 87% even though it was not planned. Observing the gestational age, it was verified that 13 (43%) had the delivery at 39 weeks and others with a lower percentage, and all, the 30 puerperal women (100%), claim to have undergone prenatal care.

Considering the moments in which the puerperal women received guidance on contraceptive methods indicated for the postpartum and breastfeeding period, the following moments were taken into account: before pregnancy/prenatal care, delivery room/during the immediate postpartum, rooming-in ward or if she did not receive information at any time (Figure 1).

Figure 1. Frequency of guidance received by puerperal women on contraceptive methods. St. Paul, 2021.

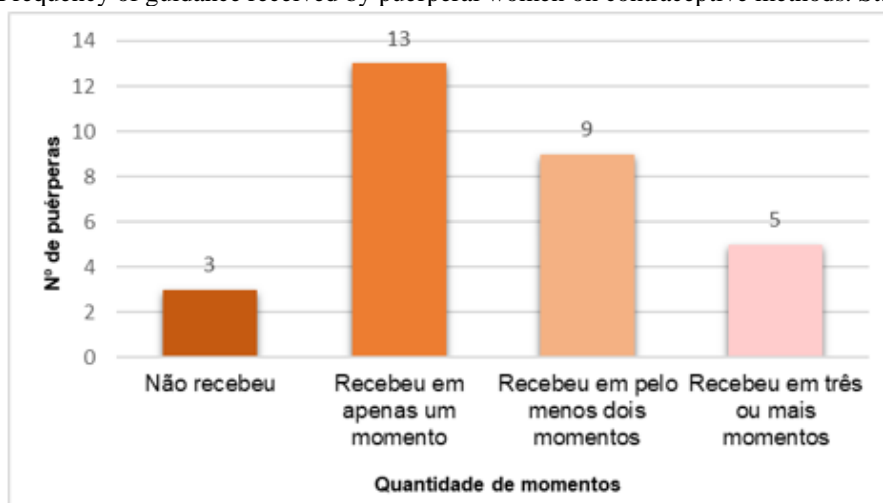
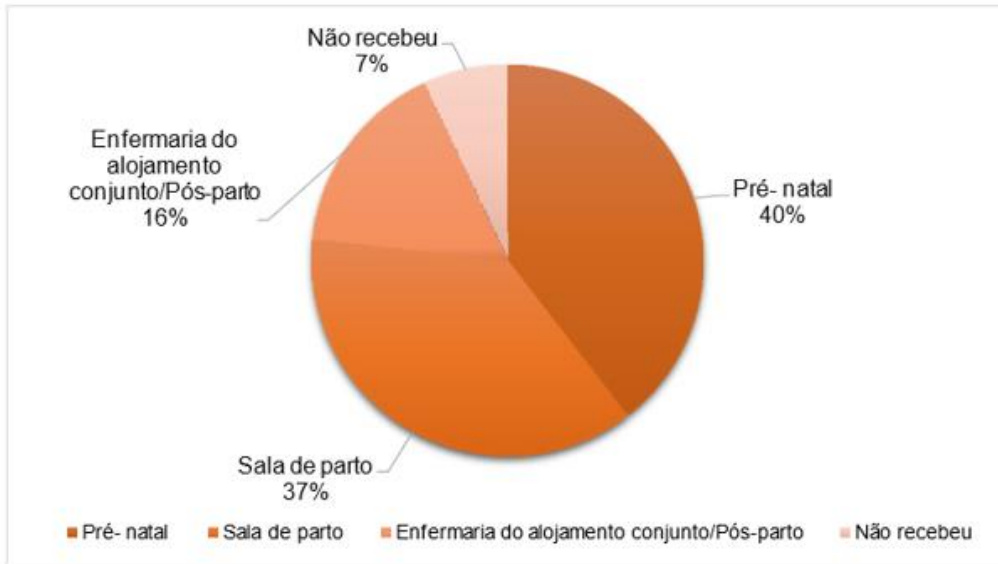


Figure 1 shows that 13 (43%) received in only one moment, 9 (30%) in two moments, 5 (17%) in three or more moments, and 3 (10%) did not receive guidance at any time.

Keeping in mind that, each woman could answer more than one alternative, that is, she received guidance on contraceptive methods in more than one moment:

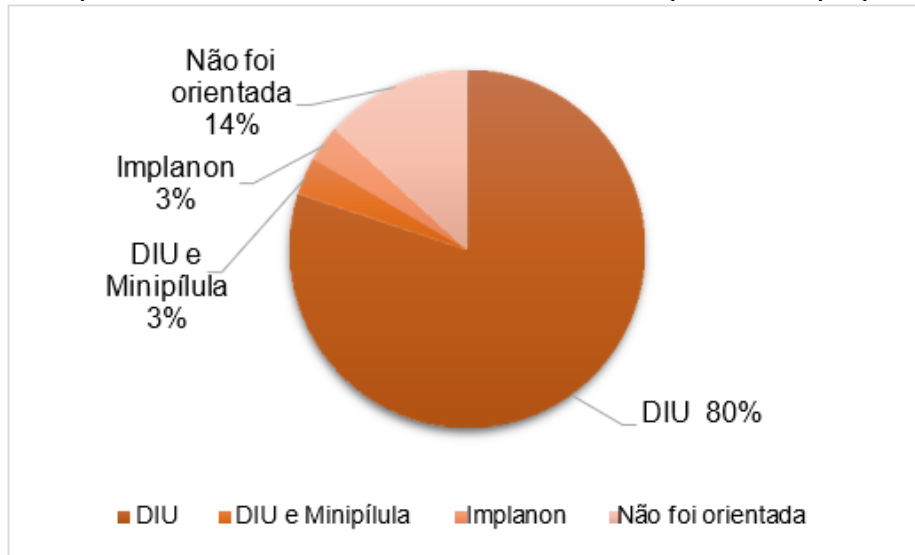
Figure 2. At which the puerperal women received guidance on contraceptive methods. Sao Paulo, 2021



According to Figure 2, 17 (40%), postpartum women reported having received guidance during prenatal care, 16 (37%) in the delivery room, 7 (16%) in the rooming-in ward during the postpartum period, and 3 (7%) at no time.

Giving importance to the moment in which the women received the orientations, among them, it was asked if there were indications for the use of any contraceptive method for the puerperium period, specifically. As shown in the figure below:

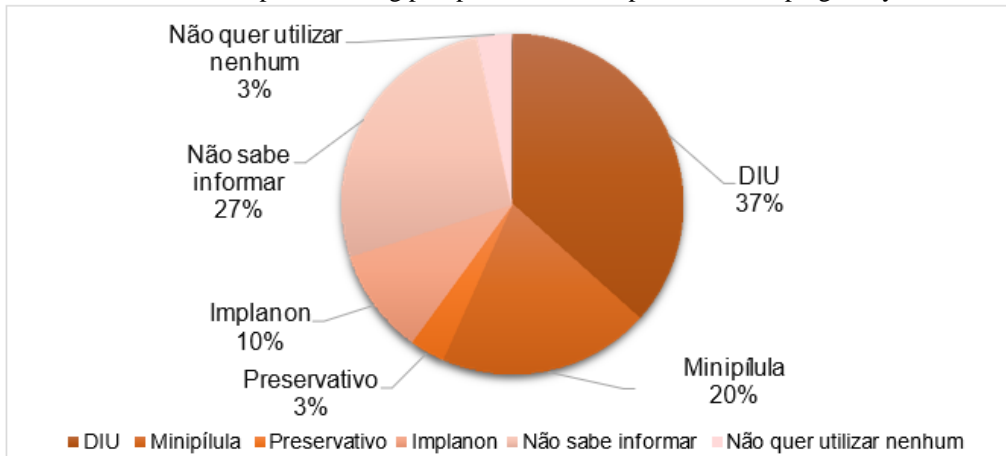
Figure 3. Puerperal women who were instructed to use some contraceptive method postpartum, 2021.



Among the responses according to Figure 3, 24 (80%) postpartum women reconsider the IUD, 4 (14%) were not instructed to use any method, specifically, 1 (3%) Implanon and 1 (3%) IUD and mini-pill.

Asked which method the puerperal women would choose during this period:

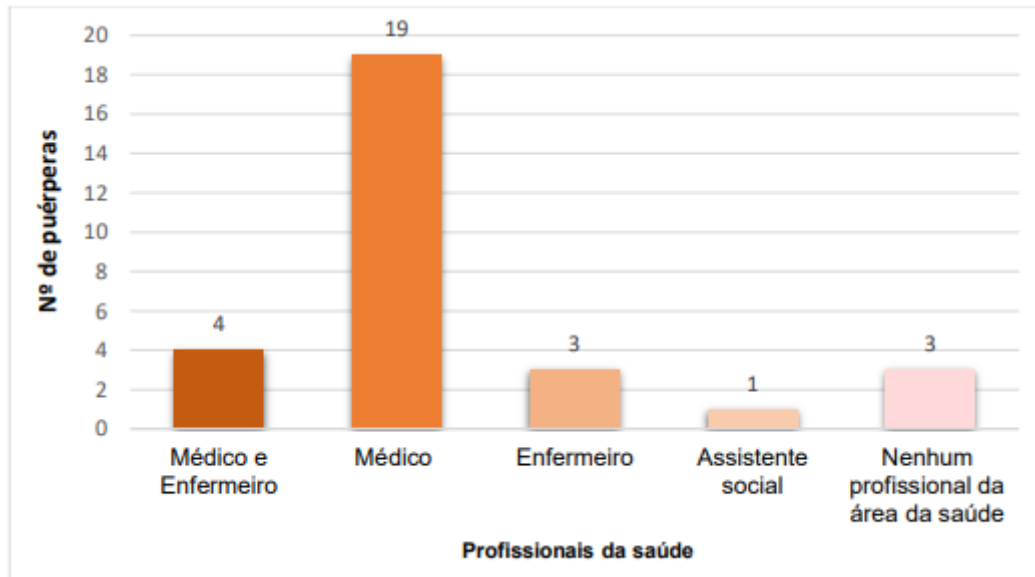
Figure 4. Choice of contraceptives among puerperal women to prevent a new pregnancy. St. Paul, 2021.



Because of Figure 4, 11 (37%) said they intended to place the IUD, 8 (27%) did not know how to inform, 6 (20%) would use the minipill, 3 (10%) use Implanon, 1 (3%) barrier methods (condom), and 1 (3%) did not intend to use any contraceptive method. Among the 11 (37%) puerperal women who declared their preference for the insertion of the IUD as a contraceptive method for the postpartum and breastfeeding period, only 4 (36%) inserted the IUD Irmandade da Santa Casa de Misericórdia de São Paulo.

Through all the answers, the professional involved in these orientations, second the postpartum women interviewed:

Figure 5. Professional who guided puerperal women in their contraceptive choice. St. Paul, 2021.



According to Figure 5, 19 (64%) only physicians, 4 (13%) nurses and physicians, 3 (10%) only nurses, 3 (10%) no health professionals, and 1 (3%) social worker. The puerperal women state that they received guidance from the nurse (a), only during prenatal care.



## 4 DISCUSSION

Given the fact that 5 (16.5%) of 30 women are smokers, there is a higher risk of having vascular problems, such as stroke, deep vein thrombosis, and acute myocardial infarction when there is an association of tobacco with the use of combined hormonal contraceptives, due to significant changes in the coagulation system. Therefore, for women smokers and those aged 35 years or older, it is not recommended to use combined hormonal contraceptives, whether oral or injectable. Thus, the recommended options for postpartum smokers are quarterly injectable contraceptives, which contain only progestogens, mini-pills, the copper IUD and the methods of 3,11.

In the same way that the association of smoking with combined hormonal contraceptives is a risk, Diabetes Mellitus and Arterial Hypertension also increase the risk for cardiovascular diseases 11.

Health education should occur during the prenatal and postpartum periods, causing an exchange of knowledge and experiences between health professionals and pregnant women, regardless of whether it is the first pregnancy or not. Family planning actions include the right to access contraceptive methods, health education, ensuring adequate information, for each case individually, and providing convenient decisions for each puerperal woman or couple. In the puerperium, the use of a contraceptive method should occur until the third or fourth week after delivery, in puerperal women who do not breastfeed or when breastfeeding is mixed. In the case of exclusive breastfeeding, contraception maybe later, from the sixth week postpartum 12,13.

In a study conducted in Ribeirão Preto (SP), the authors concluded that regarding reproductive health in the puerperal period, puerperal women often end up exposing themselves to the risk of a new pregnancy due to the lack of information, quality, and access to health services. In a study conducted in Mexico, it says that puerperal women who receive counseling during prenatal family planning were more likely to use a contraceptive in the postpartum period than those who did not receive any type of counseling 12.

Thus, the first puerperal consultation should occur between 7 and 10 days and the second between 30 and 42 days after delivery. Causing the consultation to be extended is a risk because many women do not return for care, causing a possible deficit of orientations. If the health professional does not reinforce the guidelines on the use of contraceptive methods, in this return puerperal women are usually interested in the vaccination care of the newborn, especially 12.

Although the IUD is available in the Unified Health System (SUS) and is offered at the Brotherhood of Santa Casa de Misericórdia de São Paulo, research indicates that there may be reasons for low adherence as a contraceptive method in the immediate postpartum, among them may be the insufficient and discontinuous supply of the method, the use of excessive and unnecessary criteria for the availability of the IUD, lack of qualified professionals to insert the device, lack of knowledge of health professionals about the method, lack of knowledge of puerperal women and their partners about the mechanism of action, safety, and efficacy of the method. The literature also shows that women may not opt for the use of the IUD

for fear of moving the device through their body, pain at the time of insertion, the possibility of increased risk of ectopic pregnancy and infections, and that its effectiveness is lower than that of the pill, for example, 14.

Given this, the IUD ends up suffering stigmas among women, pointing out thoughts as a possibility of causing infertility or cancer, which is not indicated for young or nulliparous women. Doubts and fears that could be resolved only if adequate information was offered during the moments of orientations such as prenatal care, delivery room, and roomroom/postpartum could bring the motivation to use it. Increasing the supply of the IUD has several benefits, such as reducing the occurrence of unintentional pregnancies during the puerperium, because it is a very effective reversible method 14.

In addition to the IUD, other contraceptive methods for the puerperium period were recommended and chosen, such as the mini-pill, which can be maintained for up to six months when exclusively breastfed and Implanon which demonstrates efficacy and practicality, is a long-lasting method, rapid return to fertility after its removal and can be inserted after six weeks of delivery. Both are contraceptive methods with progestogen alone that can be used during breastfeeding, without affecting the development and growth of the newborn 13.

Another method chosen by the puerperal women was the condom, a barrier method, with excellent indication when well used. Only some guidelines should be performed for the puerperal woman who chose to use this method, due to the vaginal epithelium being atrophic with decreased lubrication in the puerperium, it is recommended to use lubricants associated with the condom. It is worth mentioning that the effectiveness of this method depends on its correct use. In the use of male condoms, in addition to recommending the use of lubricants, the use of spermicides can be associated. As for the female condom, it needs to be placed before any genital contact, similar to moments outside the puerperium 13.

The nurse was mentioned only seven times by the interviewees, demonstrating a failure in nursing care. The nurse has an essential capacity and role in the care of the puerperal woman and the newborn, however, according to the data presented, the educational actions aimed at family planning, concerning the orientations regarding the contraceptive methods that can be used in the puerperium period, are little performed by nursing, especially about hospital care (Parreira et al, 2010).

It is possible to observe the lack of nursing orientations when the subject is contraception in the puerperium. Considering that 3 (10%) did not receive guidance at any time and from any health professional and 8 (27%) of the puerperal women did not know which methods they would like to use during this period.

## **5 CONCLUSION**

After interviewing 30 postpartum women hospitalized in rooming-in, it was possible to conclude that the age range was 80% for up to 35 years, more than half had completed high school (70%) and most (77%) were up to the second day of hospitalization. Most (73%) did not present any pathology and about habits/addictions reported smoking (17%) and alcoholism (13%). When asked about the number of



pregnancies, 80% reported up to three. Half of the pregnancies (50%) were planned, 87% desired and all (100%) underwent prenatal care.

Considering the moments in which they received guidance on contraceptive methods indicated for the postpartum and breastfeeding period, the puerperal women reported having received guidance during prenatal care (40%). The IUD was the most cited contraceptive method (80%) to be used in the puerperium period. Because of this, the IUD is one of the methods that women want to use in this period (37%), the health professionals most involved in the orientations of contraceptive methods were the doctors (64%), and the nurse makes orientations, however, they are more linked to the moment of prenatal care.

Thus, nurses have the skills to develop educational actions addressing contraceptive methods involving pregnant and postpartum women, taking into account their age, level of education, pathologies, and addictions. Only in this way will it be possible to develop strategies that meet the needs holistically and individually. Unfortunately, as presented, nursing has not exercised its educational role, especially when we take into account hospital care. The puerperal women leave high with doubts, and this scenario could be reversed.

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