



Care for postpartum woman in a hospital context: Contributions from a focus group

Olinda Maria Salgado Pires Touça ¹  0000-0001-5514-4675
Salomé Sobral Sousa ¹  0000-0002-1316-1394
José Filipe Dos Santos Costa ¹  0000-0002-8496-715X
Lino André Sousa Cardoso da Silva ¹  000-0002-1768-2103
Énio Adérito Robeiro Bessa ¹  0009-0004-3380-4029
Leonilde Maria da Silva Pereira ¹  0009-0008-3306-7654
Paula da Incarnação Meirinhos Lopes ¹  0000-0002-2150-051X
Renata Adelaide Lopes dos Santos ¹  000-0003-2404-334X
Nuno Amaro Monteiro Vieira Abreu ¹  0000-0002-0418-6135
Rosário Caetano Pereira ¹  0000-0002-0418-6135

¹ Centro Hospitalar e Universitário do Porto – Unidade Local de Saúde Santo António

ARTICLE INFO

Received 26 May 2025

Accepted 5 July 2025

Keywords:

postpartum period
nurse midwife
nursing records
hospital

Corresponding Author:

Olinda Maria Salgado Pires Touça;
Porto Hospital and University Center
– Santo António Local Health Unit;
u30768@chporto.min-saude.pt

DOI: 10.62741/ahrj.v2i3.52

ABSTRACT

Introduction: The puerperal period is a demanding phase, associated with intense biological, psychological and social transformations for women, requiring new adaptations to return to their pre-pregnancy condition.

Objectives: To define guidelines for the standardization of nursing care for the puerperal woman and to develop a clinical pathway to support clinical decision-making and documentation by the nurse midwife in postpartum care.

Methodology: Qualitative, exploratory and descriptive study using focus groups as a data collection technique, with an intentional sample of fifteen nurse midwives. The data was collected and organized, subjected to content analysis and grouped into categories.

Results: One category emerged from the analysis of the data: "Promotion of women's wellbeing", with the subcategories: "care practices in women's self-care", "women's health surveillance practices and preparation for hospital leave" and "breastfeeding". The data collected was agreed upon by 87% of the nurse midwives.

Conclusion: The nurse midwives have a fundamental role to play in implementing interventions that are appropriate to women's care needs, while also maximizing health outcomes. The use of a flowchart allows information to be systematized and facilitates the care process and the standardization of nursing records.

INFORMAÇÃO DO ARTIGO

Recebido 26 maio 2026

Aceite 5 julho 2025

Palavras-Chave:

período pós-parto
enfermeiro especialista em enferma-
gem de saúde materna e obstétrica
percursos clínicos
registos de enfermagem
hospital

Autor correspondente:

Olinda Maria Salgado Pires Touça;
Centro Hospital e Universitário do
Porto – Unid. Local de Sto António;
u30768@chporto.min-saude.pt

DOI: 10.62741/ahrj.v2i3.34

RESUMO

Introdução: O período puerperal é uma fase exigente, associada a intensas transformações biológicas, psicológicas e sociais para as mulheres, exigindo novas adaptações para retornar à sua condição pré-gravidez.

Objetivos: Definir orientações para a padronização dos cuidados de enfermagem à mulher puerperal e desenvolver um percurso clínico para apoiar a tomada de decisões clínicas e a documentação pela enfermeira parteira nos cuidados pós-parto.

Metodologia: Estudo qualitativo, exploratório e descritivo utilizando grupos focais como técnica de recolha de dados, com uma amostra intencional de quinze enfermeiras parteiras. Os dados foram recolhidos e organizados, submetidos a análise de conteúdo e agrupados em categorias.

Resultados: Uma categoria emergiu da análise dos dados: «Promoção do bem-estar das mulheres», com as subcategorias: «práticas de cuidados na autocuidado das mulheres», «práticas de vigilância da saúde das mulheres e preparação para a alta hospitalar» e «amamentação». Os dados recolhidos foram aprovados por 87% dos enfermeiros especialistas em enfermagem de saúde maternal e obstétrica.

Conclusão: Os enfermeiros especialistas em enfermagem de saúde maternal e obstétrica têm um papel fundamental a desempenhar na implementação de intervenções adequadas às necessidades de cuidados das mulheres, ao mesmo tempo que maximizam os resultados de saúde. O uso de um fluxograma permite sistematizar as informações e facilita o processo de cuidados e a padronização dos registos de enfermagem.

Introduction

The birth of a child is one of the most significant moments in the life of a woman and her family. More than a biological event, it represents the fulfilment of a cycle full of expectations, emotions and transformations. During pregnancy, feelings such as joy, anxiety and uncertainty arise as a result of the complexity of this unique experience. With every pregnancy come challenges and lessons to be learnt, making childbirth an event with a profound impact on the lives of the mother, the baby and everyone around them.¹

Attentive to maternal and neonatal needs, health systems seek to develop strategies so that each birth is supported by appropriate, culturally sensitive care.² In 2022, the World Health Organization (WHO) launched global guidelines with the aim of improving the health of mothers and newborns in the postpartum period, highlighting the need to support women's physical and mental health. The guidelines also call for investment in motivated and qualified health professionals.³ In keeping with these guidelines, the National Health Plan - 2030 emphasizes the continued need for investment in maternal and child healthcare in Portugal.⁴ Among these measures are the promotion of health literacy, encouraging a healthy

lifestyle, controlling risk factors and ensuring access to quality sexual, reproductive, maternal and child health care.³

The gross birth rate in Portugal has shown a stabilizing trend, registering a gross percentage of births in 8.0% in 2022, 8.1% in 2023 and 7.9% in 2024.⁵ The stabilization comes after years of decline in the birth rate, influenced by factors such as an ageing population, economic uncertainty and changes in family patterns. This data suggests that Portugal continues to face demographic challenges, reinforcing the need for policies to support natality and parenthood, better working conditions for families and easier access to maternal and child healthcare.

The puerperium, a natural stage in a woman's life cycle, corresponds to six weeks after giving birth. During this period, women experience a regression of the anatomical and physiological changes caused by pregnancy, in addition to the physical transformations, emotional and social challenges are experienced, which will influence future reproductive decisions.⁶ According to the Colégio da Especialidade de Enfermagem de Saúde Materna e Obstétrica (Speciality College of Midwifery and Obstetric Nursing - SCMON) of the Portuguese Nursing Council, this is a favorable time for caring for the mother, newborn and family. In accordance with this preposition the nurse midwife (NM) plays a fundamental role in puerperium services, particularly in pathological puerperium

services.⁶ Nurse midwives differ essentially in their level of training and scope of practice. They undergo specific post-graduate training that gives them advanced skills in the area of maternal health, from pregnancy to the postpartum period, including sexual and reproductive health, which gives them autonomy in providing specialized care.

The focus of the NM intervention includes promoting the puerperal woman's autonomy in her self-care and in caring for the newborn, monitoring and preventing possible complications and promoting breastfeeding. Close monitoring encourages informed decision-making, clarification of doubts and the strengthening of the parental nucleus.^{6,7} By ensuring a more peaceful and positive postpartum period, NM contributes to increasing women's confidence in motherhood.

Clinical pathways in the context of maternal health are a resource for guaranteeing the quality and safety of the care provided. Structured based on of scientific guidelines and a multidisciplinary approach, these pathways aim to standardize and optimize the care provided during the puerperium, facilitating the family's adaptation to new dynamics and strengthening the bond between mother and baby.⁸

For nursing, the importance of standardized documentation in maternal health has led to the development of a clinical approach to support decision-making and documentation by the NM in the care of postpartum women. This study therefore aims to answer the following question: How are NM organizing care for postpartum women in a hospital setting?

Methodology

This study was based on a qualitative, exploratory and descriptive methodology using focus groups as a data collection technique, with a purposive sample.⁹ Fifteen NM from a maternal and child hospital unit in northern Portugal took part. The participants were selected intentionally, taking as an inclusion criterion: NM providing care in different contexts of the hospital, so that their experience would provide different perspectives on the subject. The participants were informed in advance of the objectives, dynamics and duration of the focus groups.

A semi-structured interview script was drawn up with open and closed questions, based on the focuses set out in the International Classification of Nursing Practice¹⁰ and the recommendations of the SCMON Board.¹¹

The session took place in October 2023 and lasted around 90 minutes. The moderator led the discussion, ensuring that everyone present took part in it. The rapporteur, also a member of the research team, noted down the participants' observations. After the focus group, the experts had the opportunity to validate the clinical pathway items using a form, seeking consensus.

Subsequently, the data was analyzed and grouped into categories, defined a priori, inspired by the SCMON recommendations¹¹ and taking into account the principles of

Bardin's content analysis.¹² The research team collaborated in the discussion and structuring of the categories in the form of a clinical approach. This approach was organized into diagnoses and interventions, with a view to its application in all the contexts of the hospital unit where the study took place. Although care for the newborn up to 28 days is also considered in the NM's competences, this clinical pathway only covers care for the puerperal woman, responding to the study's objective.

To carry out this study, all the formal and ethical procedures inherent to the research process were taken into account, and confidentiality was respected by anonymizing the data. To ensure the quality of the research, the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used as a reference.¹³ This work was carried out as part of the activities of the hospital's Nursing Specialties Working Group and approved by the Ethics Committee (N/ REF^a 2023. 186(155-DEFI/147-CE).

Results

The study involved fifteen NM nurses, fourteen female and one male, aged between 36 and 55. All the participants had more than 10 years' professional experience, specialized in maternal and obstetric health and worked in a hospital unit in the north of the country.

Categories and subcategories emerged from the content analysis, as shown in table 1.

Table 1. Focus group content analysis corpus.

Category	Subcategory
Post-natal care and preparing to return home	Surgical wound/ wound complications
	Laceration
	Blood loss/ hemorrhage
	Urinary retention
	Pain/ strategies for pain relief
	Gering up
Breastfeeding encouragement	Planned parenthood
	Breastfeeding
	Lactation
	Engorgement of the breast/ fissure (nipple)

The category 'postpartum care and preparation for returning home' grouped together all the observations relating to the essential areas of attention for this phase of a woman's life. Participants primarily identified blood loss or possible hemorrhage, stating that 'It's very important to monitor uterine involution and the characteristics of lochia, as this can lead to many complications...' (P8), '...as is the case with hemorrhages in scenarios of uterine atony' (P3), '...we also have to monitor the risk of late hemorrhage and even bladder laceration...' (P4). The participants also emphasized the care of the surgical wound and the need to avoid associated complications '...we have to talk about hygiene care and care of the perineum because' (P9), 'it is important to reinforce the need to maintain perineal hygiene after each trip to the toilet and to change the sanitary towel frequently' (P2). They also stressed the need to 'monitor the surgical wound from the caesarean section (P6), "there are complications to the surgical wound that can and should be monitored at this time" (P10), such as 'possible signs of infection of the surgical wound, pain, whether the dressing is serous, whether there is oedema or hardening (P8). They also emphasized the importance of '...monitoring pain... women can experience high levels of pain and for various reasons...' (P6), '...they can have pain...from contractions in the postpartum period...from the surgical wound...from the episiotomy...' (P7), '...some are really limited by pain and therefore stay still longer...it's important to reinforce pain relief strategies...relaxation, massage, bathing...' (P13). Participants also pointed out that '...epidural analgesia in itself relieves pain, but it also has consequences... they often describe paresthesia and loss of sensation which do not favor the lifting process and sometimes falls can even occur' (P1). Still in the context of lifting, the participants emphasize that 'the sooner they get up the better...' (P8) "...early lifting has benefits for preventing complications such as urinary retention" (P5), "urinary retention happens very often, sometimes requiring the woman to be re-lifted, and we know all the complications that can arise from this" (P7).

Another aspect they highlighted was family planning '...there are many fears about resuming sexual activity, so we mustn't forget to work on this issue...' (P15), 'the recommendations say that women should wait four to six weeks after giving birth to resume sexual activity' (P12), 'yes, but sometimes more time may be needed, the couple has to maintain open communication during this period of adaptation' (P14), 'and we also have to remember the recommendation to maintain an interval between pregnancies of at least 24 months for the sake of the woman's health and that of the future child' (P7).

The last category identified was 'promotion of breastfeeding', which emerged from the following reports: 'the first feed is decisive for the start of the process... it's always an uncertainty for the woman... it's important that she doesn't give up at the first difficulty' (P3), '... there's a lot of promotion of the benefits of breastfeeding for the baby, but we also need to focus on the woman herself' (P11). '...nowadays women are already well informed about the benefits of breastfeeding, for example, the issue of breast cancer prevention...' (P15). 'We mustn't forget lactation issues either, in the case of women who choose not to breastfeed or because they can't...' (P8), 'We have to address areas such as milk extraction and conservation...' (P3), '...we have to train her to be able to manage everything...looking after the equipment, conserving the milk, sanitizing and so on...' (P1). The participants also highlighted breast engorgement and nipple cracks, which emerged from reports such as: '...right after giving birth it's important to talk about breast engorgement...and even the risk of nipple cracks...we know that bad initial grips can jeopardize the whole process...' (P9), '...women need to be taught about breast self-monitoring as early as possible' (P1), '...and also talk about strategies for managing these complications...' (P4), 'cold water compresses, massaging the breasts, milk extraction, etc.' (P7).

To make the decision-making process more accessible and clinically useful, the whole process has been systematized into a clinical pathway shown in Figures 1 and 2.

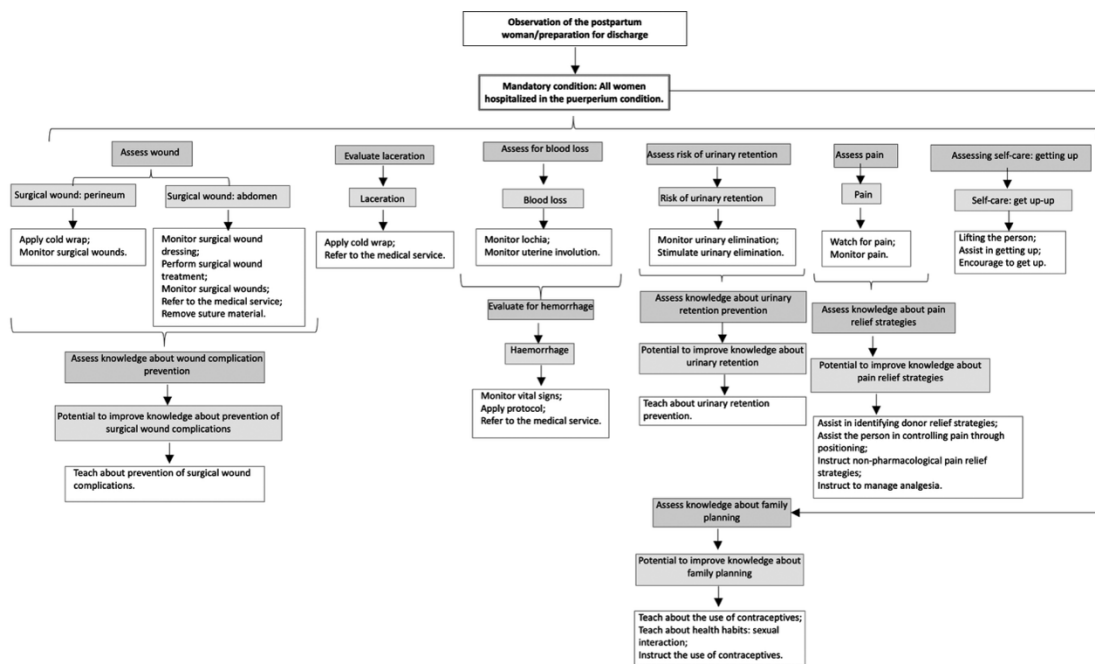


Figure 1. Clinical pathway.

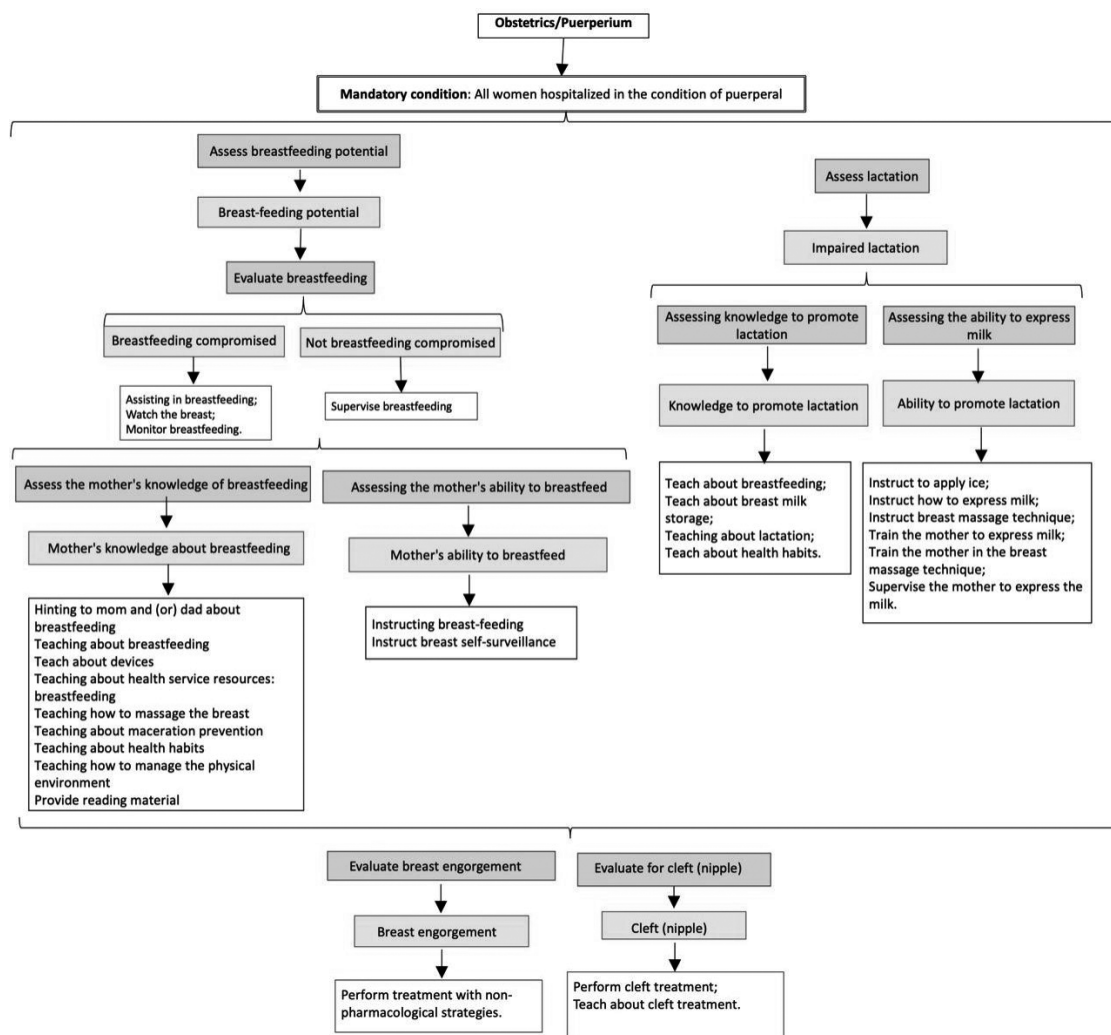


Figure 2. Clinical pathway – continuation.

Discussion

The aim of this study was to develop a clinical pathway to support clinical decision-making and documentation for the NM in postpartum care.

The puerperium begins after childbirth and lasts about six weeks, during which time the woman's body adapts to return to its pre-pregnancy state.¹⁴ These include physiological and psychosocial changes, which are felt intensely and uniquely by each woman,¹⁵ and nursing care should take an integrated and individualized approach in order to promote a woman's successful transition to motherhood.¹⁶ Therefore, considering postpartum care as a preventive measure is crucial to avoiding complications. The NM should act as a facilitator of this process, as they are the most present health professional, which makes the puerperal woman more receptive to their care.¹⁷

The SCMON table highlights the following as NM interventions in the context of monitoring women during the puerperium: observation of the puerperal woman, guidance on self-care/preparation for discharge and promotion of breastfeeding.¹¹ This is in line with the results obtained in this study. Due to its short duration, hospitalization in the puerperium service brings together the need for the NM team to keep a close eye on and monitor the woman under their care, as well as training her in self-care.

One of the great challenges in obstetrics with an impact on reducing maternal morbidity and mortality is the accurate assessment of blood loss, the identification of risk factors and the timely recognition of postpartum haemorrhage.¹⁸ Another concern centers on proper surgical wound care, which is fundamental to ensuring good healing, preventing infections and significantly improving a woman's postpartum recovery,¹⁹ minimizing the need to use emergency procedures and the risk of readmission.²⁰

The prevalence of pain is significant in the puerperal period and may be related to the type of delivery or anesthetic technique.²¹ The intensity of pain and its poor control affects a woman's recovery and self-care, so in addition to managing analgesia, the NM should focus their intervention on the use of non-pharmacological pain relief strategies such as massage, relaxation techniques, physical methods such as heat and cold, among others, which significantly reduce abdominal and pelvic pain.²²

Urinary retention is a potential complication of epidural analgesia. Although early removal of the urinary catheter may be associated with a 5 per cent increased risk of urinary retention, it is also effective in reducing the risk of infection and length of hospital stay.²³

In the postpartum period, the process of getting up and walking early should begin as soon as the woman's clinical situation allows, as it not only prevents complications associated with immobility, but also promotes self-care. A

comparative study involving women who underwent caesarean section or vaginal delivery concluded that vaginal delivery is associated with a greater number of steps in the postpartum period and better functional recovery.²⁴

The birth of a child does indeed have a significant impact on a woman's life, compromising interpersonal relationships, sexuality and self-esteem. A longitudinal study involving around 400 women concluded that pregnancy and childbirth significantly reduce female sexual activity, reflecting changes in sexual desire,²⁵ arousal, lubrication, orgasm and satisfaction. Teaching about family planning is a competence of the NM in the postpartum period, and its implementation is recommended. It is the NM's duty to inform about the widest possible range of contraceptive methods before discharge from the maternity hospital.²⁶ This is also one of the concerns for women after the birth of a child, with the WHO recommending an interval of 24 months between pregnancies. During breastfeeding, the couple can opt for any non-hormonal method (condom or intrauterine device) or hormonal method with progesterone. In the case of non-breastfeeding women at risk of venous thromboembolism, estrogen contraception in the puerperium is not recommended.²⁷

This study also highlights 'promoting breastfeeding' as a category. The WHO actively recommends it as the best source of nutrition for babies and young children, reducing the neonatal mortality rate by 22 per cent, reinforcing the bond between mother and child and strengthening the baby's health.⁴ The need to encourage breastfeeding has been highlighted by the active role of nurses, particularly the NM, in providing educational moments that facilitate breastfeeding and favor the process of raising awareness about breast care. In this context, the areas of knowledge and training stand out.¹¹ Continuous and effective care and education promote women's success in continuing to breastfeed, but breastfeeding is not always possible and lactation is a viable option.²⁸ Incorrect breastfeeding, lack of self-care and postpartum depression, among others, are identified as the main problems that can make breastfeeding impossible.²⁹ Early weaning is a recurring challenge, even in the face of recommendations to promote exclusive breastfeeding. Among the most common complications are breast engorgement, characterized by congestion and excessive milk retention, which can interrupt both production and reabsorption. In addition, cracking of the nipple, caused by rupture of the epithelial tissue due to inadequate sucking by the newborn, further aggravates the situation and increases the pain associated with breastfeeding.³⁰

Obstetric care is a complex area of healthcare and the clinical pathway in obstetric care reflects a continuous effort to improve the quality and safety of healthcare for the woman/couple, resulting in significant health outcomes.³¹ Studies show that the use of clinical pathways in the area of

maternal health contributes to shorter hospital stays, lower costs associated with hospitalization compared to conventional care.³²

Conclusion

Midwifery care for the puerperal woman in a hospital setting is essential to ensure a safe and peaceful recovery in the postpartum period, while promoting the woman's physical, emotional and psychological well-being. The postpartum period is marked by profound physical and emotional changes, which is why it is crucial to emphasize the importance of NM in responding to the puerperal woman's physical and psychosocial needs, through active and qualified listening, continuous support and the promotion of autonomy, while respecting the specificities of each woman and context. This study sought to find out how NM organize care for women in the postpartum period in a hospital setting, identifying two categories: 'Postpartum care and preparation for returning home' and 'Breastfeeding encouragement'.

In this context, the construction and validation of a clinical pathway provides guidance for midwifery practice and standardizes the documentation of care provided, guiding the NM decision-making process. These recommendations range from reducing common complications to reducing maternal mortality, as well as promoting greater satisfaction, improving the puerperal woman's experience and involving the family in the care process. Clinical pathways allow for continuous adjustments in the provision of midwifery care, contributing to a safer, more humanized and efficient postpartum period.

One of the limitations of this study was the fact that it did not include care for newborn babies, but other studies will be carried out with the potential to be published in this area. It is considered pertinent to carry out further studies in this area, and the results of this research possibly do not represent the totality of opinions of all NM, and further research in other hospital institutions is recommended.

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