

Nursing Care During the Visit to the Puerperal Woman in Primary Health Care: Integrative Review

Cuidados de Enfermagem Durante a Visita a Puérpera na Atenção Primária à Saúde: Revisão Integrativa

Atención de Enfermería Durante La Visita a la Mujer Puerperal en Atención Primaria de Salud: Revisión Integradora

RESUMO

Objetivo: Evidenciar os cuidados de enfermagem que garantem a segurança da puérpera durante a visita domiciliar na Atenção Primária à Saúde. **Método:** Trata-se de uma revisão integrativa, realizada em cinco bases de dados (LILACS, MEDLINE, SCIELO, PubMed e Web of Science), utilizando os descritores “período pós-parto”, “cuidados de enfermagem” e “atenção primária à saúde”. Foram incluídos estudos publicados entre 2019 e 2024. **Resultados:** Foram identificados sete estudos que demonstram que a visita puerperal realizada pelo enfermeiro é fundamental para monitorar a saúde da mãe e do recém-nascido, fortalecer o vínculo com a equipe de saúde, promover o aleitamento materno e prevenir complicações físicas e emocionais. **Conclusão:** A visita domiciliar qualificada contribui significativamente para a segurança do binômio mãe-bebê. Entretanto, ainda há fragilidades na abordagem da saúde mental da puérpera e na estrutura dos serviços, apontando para a necessidade de práticas mais abrangentes e humanizadas.

DESCRIPTORIOS: Cuidados de enfermagem; Enfermagem; Enfermagem de atenção primária.

ABSTRACT

Objective: To highlight the nursing care that ensures the safety of postpartum women during home visits in Primary Health Care. **Method:** This is an integrative review, carried out in five databases (LILACS, MEDLINE, SCIELO, PubMed and Web of Science), using the descriptors “postpartum period”, “nursing care” and “primary health care”. Studies published between 2019 and 2024 were included. **Results:** Seven studies were identified that demonstrate that postpartum visits performed by nurses are essential to monitor the health of the mother and newborn, strengthen the bond with the health team, promote breastfeeding and prevent physical and emotional complications. **Conclusion:** Qualified home visits contribute significantly to the safety of the mother-baby binomial. However, there are still weaknesses in the approach to the mental health of postpartum women and in the structure of services, indicating the need for more comprehensive and humanized practices.

DESCRIPTORS: Nursing care; Nursing; Primary care nursing.

RESUMEN

Objetivo: Destacar los cuidados de enfermería que garantizan la seguridad de la puérpera durante las visitas domiciliarias en Atención Primaria de Salud. **Método:** Se trata de una revisión integradora, realizada en cinco bases de datos (LILACS, MEDLINE, SCIELO, PubMed y Web of Science), utilizando los descriptores “período posparto”, “atención de enfermería” y “atención primaria de salud”. Se incluyeron estudios publicados entre 2019 y 2024. **Resultados:** Se identificaron siete estudios que demuestran que la visita postparto realizada por la enfermera es fundamental para monitorear la salud de la madre y del recién nacido, fortalecer el vínculo con el equipo de salud, promover la lactancia materna y prevenir complicaciones físicas y emocionales. **Conclusión:** Las visitas domiciliarias calificadas contribuyen significativamente a la seguridad del binomio madre-bebê. Sin embargo, aún existen debilidades en el abordaje de la salud mental de la mujer posparto y en la estructura de los servicios, lo que apunta a la necesidad de prácticas más integrales y humanizadas.

DESCRIPTORIOS: Atención de enfermería; Enfermería; Enfermería de atención primaria.

Integrative Review

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INTRODUCTION

The puerperium is characterized by being the period that begins immediately after childbirth and extends until the woman's body returns to its pre-pregnancy state.¹ This period is marked by adjustments that involve physiological adaptations (at a metabolic, biochemical, hormonal and anatomical level) and psychosocial adaptations (variations in feelings, being a mother, changes in routine, marital, family and social relationships).²

In this sense, authors³ consider home visits to be essential in the care of postpartum women and newborns, as they contribute to reducing maternal and child morbidity and mortality, increasing the bond between the unit and the family, and reducing the risk of postpartum complications.

It is recommended that the home visit be carried out by the nursing professional in the first week after the baby and mother are discharged from the hospital, to establish all necessary care.³

The purpose of visiting the puerperal woman and the newborn is to

provide comprehensive care, assess the health of both, support and guide breastfeeding, assess family interactions, identify possible risks and manage them in the best possible way.⁴

Considering the importance of nursing consultation in the puerperal period, it is necessary for the nurse to use scientific evidence for the quality of care provided to the mother and newborn.⁵

Thus, the following question emerged: What nursing care is needed to ensure patient safety during the postpartum visit in Primary Health Care?

Therefore, it is believed that by identifying scientific productions that affirm the importance of improving organized, systemic and humanized care in the postpartum consultation, it provides theoretical and practical support to qualify maternal and child health care, especially in the postpartum period, and helps to overcome the difficulties of this process.

In view of these considerations, the objective of this study is to highlight nursing care for patient safety during the postpartum visit in Primary Health Care.

METHOD

This is an integrative literature review that aims to aggregate information in a systematic and orderly manner on a specific delimited topic, providing broad scientific knowledge of the evidence from clinical practice.⁶ The study followed six steps, distributed as follows: 1) Identification of the theme and selection of the guiding question; 2) Search in databases and establishment of inclusion and exclusion criteria; 3) Critical analysis of pre-selected or selected studies; 4) Evaluation of included studies; 5) Analysis and interpretation of results; and, 6) Presentation of the synthesis of knowledge.⁷

The research question arose through the following inquiry: "What are the nursing care measures during the postpartum visit in the PHC?" To structure the guiding question, the PICo strategy was used, which is a way to help develop the research method (Santos et al, 2007).⁸ In this sense, it is called (P) the problem or patient that was "Women in the postpartum period", (I) as the main intervention that addressed "Nursing care", (C) Context "Primary Health Care (PHC)". (O) expected results "Safety in the care provided to the puerperal woman".

The survey of studies took place in May and June 2024, in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Scientific Electronic Library Online (SCIELO) and National Library of Medicine (PubMed); and Web of Science. The search in these databases took place through the journal portal of the Coordination for the Improvement of Higher Education Personnel (CAPES) from the academic community (CAFe), made available by the Federal University of Ceará (UFC). The Health Sciences Descriptors (DeCS) and Medical Subject Headings (MESH) were used, in which all were grouped using the Boolean operator AND. Using as a search strategy: Postpartum period AND Nursing care AND Primary health care. Crossing between descriptors was carried out.

To compose the sample of this study, articles were included according to the following criteria: articles published in the last five years between (2019 and 2024), scientific articles that contained the selected descriptors in the title or abstract (original articles, national literature; international literature, works available online in full and free form). Other types of publications such as theses, dissertations, monographs, reviews, editorials, books, book chapters, government publications and newsletters were excluded. The selected articles were evaluated and read in full, and the articles that met the inclusion criteria were selected. To record this selection, an evaluation matrix of our own elaboration was used containing: database, journal/qualis, year of publication and level of evidence, followed by: authors, title, place of publication, objective, study design and main results.

To establish the level of evidence of the studies, the following classification was adopted⁹: (I) systematic reviews or meta-analyses; (II) randomized clinical trials; (III) non-randomized clinical trials; (IV) studies involving cohort and case-control studies; (V) systematic review of studies that used qualitative methodology or

descriptive studies; (VI) single study of a qualitative or descriptive nature; and (VII) materials that present the opinion of experts.

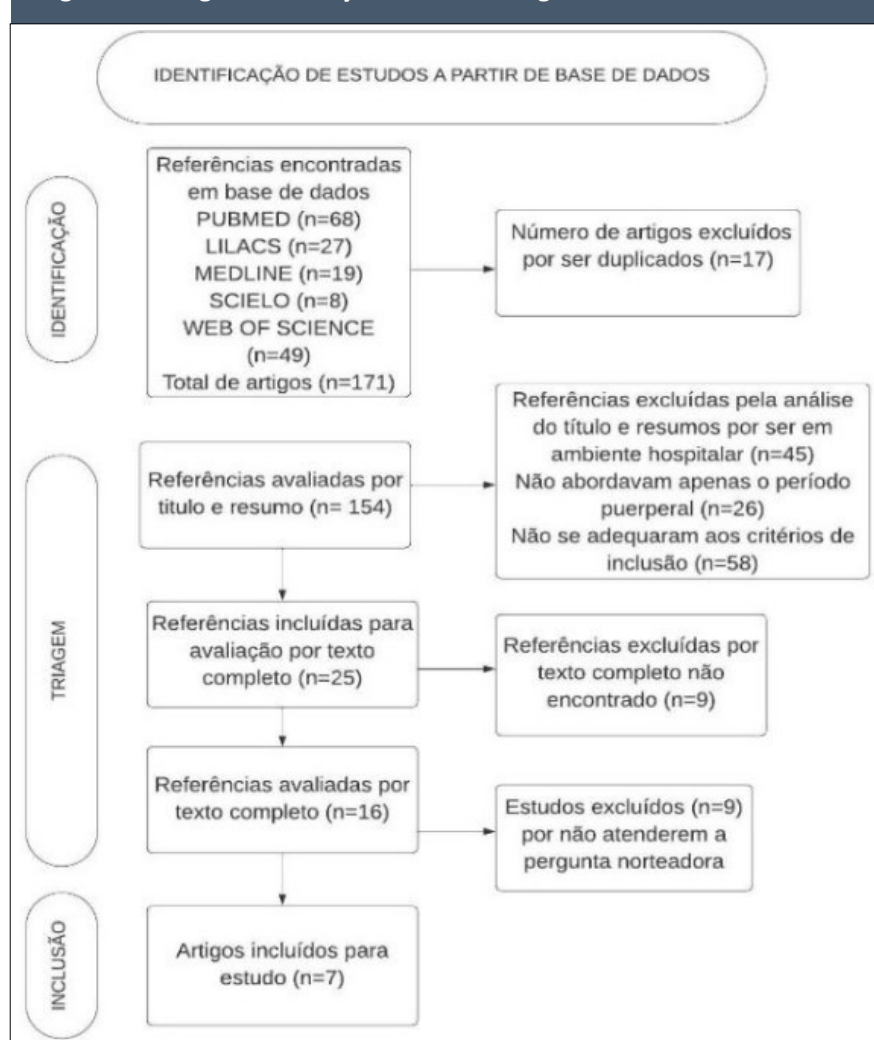
It is important to note that the technical recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were followed to structure the article selection process (Figure 1).

RESULTS

To define the study, pre-established steps were taken in the process of selection, inclusion and exclusion of the pro-

ductions. Initially, 171 articles were found in the databases, using the descriptors employed, and which were published in the last five years. Of these 171 articles, 17 were duplicates. The titles and abstracts of 154 articles were read, and productions that did not meet the inclusion criteria, articles that did not address only the puerperal period and articles that dealt with the hospital environment were excluded. Next, 16 articles were read in full and, after analysis, 9 articles were excluded because they did not answer the guiding question. In the end, 7 studies that met the research objective were included.

Figura 1 - Fluxograma de seleção dos estudos, segundo o PRISMA. Brasil, 2025.



Source: Adapted by the authors (2025).

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Based on the application of the criteria established for this review, 7 articles were selected to compose the present study. Among the selected articles, it can be observed that among the databases the highest prevalence was LILACS (n=3), followed by SCIELO (n=1), MEDLINE (n=1), WEB OF SCIENCE (n=1) and PubMed (n=1).

The journals vary with Qualis between A1 and B2, being A1 (n=2), A2 (n=1), B1 (n=2), B2 (n=2). Following by year of current publication among the last 5 years. Being: (n=3) publications in the year 2019, (n=1) in the year 2020, (n=1) in the year 2021, (n=1) in the year 2023 and (n=1) in the year 2024. And level of evidence (N6) in all arti-

cles selected for the study, in which it can be identified that nursing has studies with a prevalence of studies with a qualitative or descriptive character. Table 1 shows the characterization of the articles according to database, journal/qualis, year of publication and level of evidence.

Table 1 - Characterization of articles according to database, journal/qualis, year of publication and level of evidence, Sobral - Ceará, 2024

| Nº | Database | Journal/Qualis | Year of publication | Nível de evidência |
|----|----------------|------------------------------------|---------------------|--------------------|
| A1 | LILACS | Revista Baiana de Saúde Pública/B2 | 2019 | N6 |
| A2 | LILACS | Revista Eletrônica Acervo Saúde/B1 | 2019 | N6 |
| A3 | SCIELO | Rev Esc Enferm USP/A2 | 2021 | N6 |
| A4 | WEB OF SCIENCE | Rev Rene/B1 | 2020 | N6 |
| A5 | PUBMED | Birth: Issues in Perinatal Care/A1 | 2024 | N6 |
| A6 | MEDLINE | J. nurs. Health/ A1 | 2019 | N6 |
| A7 | LILACS | Espac. Saude/B2 | 2023 | N6 |

Fonte Elaborado pela autora.

Table 2 shows that the selected articles have titles relevant to the research question. Followed by place of publication (n=6) were published in Brazil, with (n=1) published in the United

States, bringing clear objectives, contemplating nursing care in the puerperal period in primary care. The most used methodological approach among the studies was qualitative, of the articles analyzed; data collection occurred

mainly through semi-structured interviews, in addition to participant observation, in addition to documentary analysis.

Table 2 - Characterization of articles according to authors, title, place of publication, objective, study design and main results. Sobral- Ceará, 2025.

| Nº | Authors and title of the article | Country of publication | Objective | Study outline | Main results |
|----|-------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A1 | Atuação do enfermeiro na visita domiciliar puerperal: Perspectivas sobre o papel profissional ¹⁰ | Brazil | This study aims to analyze the role of the nurse in the puerperal home visit. | Qualitative, descriptive exploratory. | Based on the results found, it is considered that the home is a powerful space for expanding the role of the nurse in obstetric care, however, the performance should be guided from the perspective of the user and her family. |
| A2 | Conhecimento da puérpera sobre amamentação na Atenção Básica ¹¹ | Brazil | To assess the knowledge of the puerperal woman about the importance of breastfeeding in Primary Care. | Cross-sectional with qualitative approach. | The postpartum women identified the benefits of breastfeeding in preventing diseases and for the child's development, in addition to difficulties related to the breasts, which characterized the main difficulty with the breastfeeding technique among the interviewees. Some postpartum women reported not having received information on the subject during prenatal and postpartum care. |
| A3 | The nursing process in postpartum consultations at Primary Health Care Units ¹² | Brazil | To identify the stages of the Nursing Process and comprehensive care for the puerperal woman. | Document analysis | After analyzing the medical records, there were a total of 341. Of these, 100% presented History; 62.2%, Nursing Diagnosis; 5.3%, Planning; 99.1%, Implementation; and 50.1%, Evaluation. Regarding the sequence of stages, 47.5% of the medical records presented three stages. In the incorporation of the principle of comprehensiveness, the biological approach was more frequent. |

| | | | | | |
|----|----------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A4 | Managing nursing care to puerperae and newborns in primary healthcare ¹³ | Brazil | Understand the meaning of nursing care management for postpartum women and newborns in Primary Health Care. | Qualitative, observational, descriptive. | Promoting nursing care management in Primary Health Care, highlights the leadership of nurses in the face of challenges in the care setting, inducing actions and interactions to guarantee autonomy and quality of care, in addition to maternal/paternal empowerment. |
| A5 | Postpartum care for parent-infant dyads: A community midwifery model ¹⁴ | USA | To present community obstetric postpartum care in the United States as a model consistent with World Health Organization guidelines. | Qualitative | Six key elements of the community nurse model of postpartum care have been described: (1) multiple visits, including home visits; typically five to eight over six weeks postpartum; (2) care for the parent-infant dyad; (3) continuity of personalized care; (4) relationship-centered care; (5) planning and preparation for the postpartum period; and (6) a focus on postpartum rest. |
| A6 | Visitas domiciliares puerperais: promoção da saúde do binômio mãe-filho ¹⁵ | Brazil | Identify the main experiences, needs and doubts of postpartum women in a municipality in the interior of Ceará. | Qualitative | Four categories were listed: impressions of postpartum women about childbirth and doubts about the events in their bodies in the postpartum period; Care for newborns; Interaction between mother and newborn; Family planning |
| A7 | Promoção da saúde no puerpério: avaliação da assistência na Atenção Primária ¹⁶ . | Brazil | To evaluate the health care actions developed by Primary Health Care (PHC) professionals for postpartum women | Qualitative | It was observed that physical examinations were not performed during consultations, that exclusive attention was given to newborns, that there were no guidelines on warning signs and common problems, and that the first postpartum consultation was held late. |

Source: Prepared by the authors.

Among the results, it is noted that the puerperal consultation through home visits carried out by nurses guarantees safety and quality in the care provided to puerperal women and newborns, bringing the nursing process as an important tool for care (Ferreira et al., 2019).^{12-14,16,17} In addition to providing support to these women and families, in caring for their mental health, their body and changes during this period, and in breastfeeding (Table 2).^{11,15}

DISCUSSION

The studies included in this review made it possible to elucidate, based on scientific evidence, two topics for discussion: Home visits by nurses in PHC as a fundamental strategy for the safety and quality of care during the puerperium and Nursing care during the puerperal visit: Support for puerperal women.

Home visits by nurses in PHC as a fundamental strategy for the safety and quality of care during the puerperium

The postpartum visit is a crucial el-

ement in postpartum care, providing an opportunity to monitor the health of the mother and baby after hospital discharge. It is an important health technology used by nurses to promote improvements in the care of mothers and their children, which must be guaranteed by optimizing communication processes between professionals and postpartum women, with the aim of facilitating the mitigation of problems.^{14,17}

It is observed that the environment conducive to the puerperal visit is built by the nurse during prenatal care, since he is one of the professionals who accompanies the woman during the pregnancy process and intensifies, during this period, a relationship of trust and bond with her, which reverberates after childbirth.¹⁷ In this regard, the puerperal home visit is considered one of the most effective tools within the health system, used to provide quality care for the health of the family in general, with the aim, above all, of reducing indicators of maternal and neonatal morbidity and mortality.⁴

The postpartum period is a time when women take on new roles in soci-

ety and, in order to provide comprehensive care, it is essential that the health professional meets their needs in order to guarantee safety in the care of the postpartum woman, as it requires an integrated approach, centered on the patient, the newborn and their support network.^{12,13}

During the visit to the puerperal woman, it is up to the nurse to provide guidance on breastfeeding, to assess the risks of infections such as mastitis, hemorrhages, surgical site infections, in addition to the care directed at the newborn, such as assessing signs of risk, guidance on hygiene of the umbilical stump, jaundice, the focused attention of the nurse, can prevent complications in the puerperal period.^{10,16}

Therefore, the need for nursing professionals to recognize their skills in home nursing care for women in the postpartum period is reinforced, in addition to recognizing the community in which they work, identifying the factors that minimize and enhance their care.

There are still several weaknesses in home care during the postpartum period. The main one is the lack of knowledge of professionals regarding the prac-

tices used in the family environment, which is one of the obstacles that nurses must face. In addition, it is considered that care has been implemented with difficulties on the part of professionals, due to their training as well as the structure that is offered for their work, such as the lack of adequate transportation, which makes it difficult to carry out care in a timely manner¹⁶ in addition to the lack of knowledge and application of the Nursing Process (NP), an important tool that reflects the nurse's commitment to the user under their care in promoting adequate care that meets the health needs of users, the family and the community.¹⁸

It turns out that nursing care during postpartum consultations has been significantly restricted to care related to the newborn or to the physical aspects of the woman that, directly or indirectly, have an impact on the care provided to the baby. In addition to being quick and unplanned consultations, this rushed approach can result in a superficial assessment of the needs of the puerperal woman and the newborn, limiting the effectiveness of care and the identification of possible health problems. From this perspective, authors¹⁹ point out that the activities carried out by nurses are mainly linked to dressing wounds, assessing surgical scars and providing guidance on vaccinations for babies, among other activities.

In this sense, it is necessary to implement and consolidate a new perspective and redirection of the practice of postpartum visits, in a structured manner that guarantees the safety of both mother and child. In order to provide increasingly effective home care to women experiencing the postpartum period, with a view to their well-being and minimizing vulnerability to morbidity and even maternal mortality.

Nursing care during the postpartum visit: support for postpartum women

Nursing care during the postpartum

visit is essential to provide support to the postpartum woman (mother who has just given birth) during the postpartum period. This phase is crucial for the mother's recovery and for establishing a bond with the newborn.^{15,16}

The postpartum visit is characterized as a support for postpartum care, promoting the encouragement of breastfeeding, contributing to the healthy development of the child and strengthening the bond between mother and baby.¹¹

Nursing plays a crucial role in providing emotional support to postpartum women, often being the first point of contact for mothers after childbirth.²⁰

The puerperium is a time of fragility, requiring health professionals to be committed to the assessment and care provided to the mother, child and family during this period.²

Nursing not only takes care of the postpartum woman's physical health, but is also fundamental to her emotional and psychological well-being.²⁰ However, care aimed at the mental health of the puerperal woman is still left aside during the puerperal visit, with priority being given to support for breastfeeding and carrying out the physical examination.²¹

Authors highlight that emotional symptoms, such as guilt, loneliness, anxiety, lack of energy and sadness can manifest in postpartum women.² Which corroborates the studies of other authors²² which also highlights that many women go through this period without a support network, partner or family, which can harm the mental health of postpartum women and may even lead to postpartum depression.

Given the numerous demands of the postpartum period, the work of the PHC team is of utmost importance to ensure humanized care and evidence-based information for women and their families. Home visits facilitate care, as they bring the team closer to the reality experienced by each family, since they occur in the locus of daily life, mak-

ing it possible to collect information and observe details essential to care.²³

Nurses play an essential role in supporting postpartum women, since their main work tool is extended care. This care is based on human needs and takes into account the individual's relationship with themselves, the environment and the community.¹⁶ The aim is to promote the strengthening of the mother's self-care, both in relation to herself and the baby, in addition to encouraging the construction of an essential support network during this delicate and challenging period. Being seen with the reference professional in the PHC responsible for carrying out the puerperal visit and supporting and identifying the main needs of the mother and child.

CONCLUSION

This study achieved its objective by highlighting nursing care for postpartum women in Primary Health Care, highlighting home visits as a fundamental strategy for the safety and well-being of the mother-baby binomial. This practice enables early identification of physical complications, encouragement of breastfeeding, guidance on newborn care, and strengthening of the bond with the family support network. Even so, it was observed that there was a need to broaden the professionals' view of psychosocial and mental health aspects of postpartum women, which are often neglected in home visits.

In addition, weaknesses were identified in the structure of services and in the qualification of care practices, which may compromise the effectiveness of the care provided. Difficulty in accessing certain publications also limited the number of studies analyzed. In view of this, investment in continuing education and future research that considers a comprehensive and humanized approach is recommended, contributing to the improvement of care during the postpartum period.

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