

## Care and Comfort in the Puerperium of Girls/Women: A Scoping Review

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### Abstract

**Objective:** To identify the main comfort needs of adolescent puerperae. **Methodology:** A Scoping Review was conducted, following the guidelines and steps of the Joanna Briggs Institute: (1) identification of the review's question; (2) search for studies; (3) study selection; (4) data extraction; (5) interpretation, summarization, and dissemination of results. The PRISMA-ScR was used to report the results. **Results:** The initial search yielded 219 studies in the databases, of which 107 were excluded due to duplication. After applying the exclusion and inclusion criteria and further reading of titles and abstracts, an additional 96 studies were excluded, with 16 left for full-text reading. Of these, one study did not meet the eligibility criteria as it was a clinical trial protocol registration. Four studies were excluded as the sample consisted only of women over 18 years old. Thus, 11 articles were selected for full-text reading and further analysis. Among these, seven studies had a sample that included both adolescent and adult women. The other four studies focused on the adolescent population but did not fully address the research question. Therefore, after exhaustive readings of the manuscripts, the researchers observed that there were no investigative data that addressed the guiding question of the research and decided to exclude all 16 studies, resulting in an empty review. **Conclusion:** Studies that address the role of nurses in identifying comfort needs during the puerperium of adolescents are required, given the lack of published research on the subject.

**Keywords:** Postpartum Period, Adolescent Health, Maternal Mortality, Patient Comfort, Nursing; Women's Health, Digital Health.

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## INTRODUCTION

The mortality of women during the pregnancy- puerperal period is a global public health concern, especially in developing countries. Adolescents are at higher risk of complications and death related to pregnancy. Babies born to mothers under the age of 20 are 50% more likely to die during the perinatal period than those born to mothers aged between 20 and 29 [1-2].

The postpartum period represents a critical time for women, newborns, and families, during which maternal and neonatal morbidity and mortality are high, with over 30% of maternal deaths occurring during this phase. As such, it is imperative to invest in opportunities that promote maternal well-being and provide support for new born care [3].

Maternal age emerges as a relevant factor in the context of health care, demanding greater attention, guidance, education, and support for adolescent puerperae in their new role [4-5]. Attention during the puerperium often limits itself to neonatal care, thus

neglecting the comprehensive postpartum care of women [6-7].

In this scenario, the care provided by nurses contributes to the implementation of actions that meet the needs of women and their families, aiming to promote a positive experience in the postnatal period [8, 9].

Given this understanding, nursing theories are utilized in the field of care practice as a scientific possibility for identifying problems and implementing solutions in the face of the issues presented by puerperal women and their families [10-12]. The theory of comfort was developed by Nurse Katherine Kolcaba. Comfort was defined as the state in which the needs for relief, ease, and transcendence are strengthened within four contexts of the human experience: physical, psychospiritual, sociocultural, and environmental [13].

No reviews focusing on this particular field of investigation were found in the consulted literature, affirming the necessity for further research on nursing care to promote comfort in adolescent puerperae [14].

Scoping reviews have gained prominence globally in the last decade as they enable the identification of knowledge gaps, evaluation of literature, clarification of concepts, and investigation of research conduct. Thus, reviewing the literature is indeed relevant as the findings can provide an overview of the presented theme [15-17].

Based on the published protocol [14], the aim of this scoping review was to identify the primary comfort needs in nursing care for girls/women during the puerperium.

## METHODOLOGY

This scoping review followed the Joanna Briggs Institute (JBI) guidelines and had its protocol registered in the Open Science Framework <https://osf.io/cdhye/> (Peters *et al.*, 2020). The review process involved the following steps: (1) identification of the research question; (2) search for studies; (3) study selection; (4) data extraction; and (5) interpretation, summary, and

dissemination of results. The Preferred Reporting Items for Systematic Reviews and Meta- Analyses extension for Scoping Reviews (PRISMA-ScR) checklist was used to guide and report the essential items of this review [18].

The PCC (Population, Concept, and Context) mnemonic strategy was used to formulate the research question, with P: Girls/Women (10-19 years old) experiencing postpartum; C: nurse care and comfort needs; C: environments where healthcare is provided. Thus, the defined research question was: "What are the main comfort needs in the care provided by nurses to girls/women during puerperium?", which guided the search and selection in the PubMed, LILACS, CINAHL, BDNF, SCIELO, Embase, Web of Science, Scopus, and Cochrane databases in April 2023. The search strategy combined descriptors and keywords related to the terms "comfort; postpartum; adolescents and nursing care", which were linked by the Boolean operators AND and OR. Search strategies adapted to each database were developed according to Chart 1.

**Chart 1: Search strategies for the Scoping Review, according to each scientific database.**

Scientific Database	Search Strategies
Pubmed/MEDLINE	((("Patient Comfort"[Mesh] OR "Patient Comfort" OR Comfort*) AND ("Postpartum Period" OR "Postpartum" OR "P Period"[Mesh] OR "Postpartum Puerperium" OR "Postnatal Care"[Mesh] OR "Postnatal Care" OR "Postpartum Care" OR "Postpartum Program" OR "Postpartum Programs") AND ("Adolescent"[Mesh] OR "Adolescent" OR Adolescen* OR Teen* OR Youth*)) AND ("Nursing Care"[Mesh] OR "Nursing Care" OR "Nursing Cares"))
Embase (Elsevier)	((("Patient Comfort" OR Comfort*) AND ("Postpartum Period" OR "Postpartum" OR "Puerperium" OR "Postnatal Care" OR "Postpartum Care" OR "Postpartum Program" OR "Postpartum Programs") AND ("Adolescent" OR Adolescen* OR Teen* OR Youth*))
CINAHL (EBSCO)	((("Patient Comfort" OR Comfort*) AND ("Postpartum Period" OR "Postpartum" OR "Puerperium" OR "Postnatal Care" OR "Postpartum Care" OR "Postpartum Program" OR "Postpartum Programs") AND ("Adolescent" OR Adolescen* OR Teen* OR Youth*))
Cochrane Library	((("Patient Comfort" OR Comfort*) AND ("Postpartum Period" OR "Postpartum" OR "Puerperium" OR "Postnatal Care" OR "Postpartum Care" OR "Postpartum Program" OR "Postpartum Programs") AND ("Adolescent" OR Adolescen* OR Teen* OR Youth*))
Scopus (Elsevier)	((("Patient Comfort" OR Comfort*) AND ("Postpartum Period" OR "Postpartum" OR "Puerperium" OR "Postnatal Care" OR "Postpartum Care" OR "Postpartum Program" OR "Postpartum Programs") AND ("Adolescent" OR Adolescen* OR Teen* OR Youth*))
Web of Science	((("Patient Comfort" OR Comfort*) AND ("Postpartum Period" OR "Postpartum" OR "Puerperium" OR "Postnatal Care" OR "Postpartum Care" OR "Postpartum Program" OR "Postpartum Programs") AND ("Adolescent" OR Adolescen* OR Teen* OR Youth*))
LILACS/BDNF	((("Conforto do Paciente" OR "Conforto" OR Confortáve* OR "Comodidad del Paciente" OR "Comodidad" OR Cómodo* OR Cómoda* OR "Patient Comfort" OR Comfort*) AND ("Período Pós-Parto" OR "Puerpério" OR "Período Pós-Natal" OR Puerpera* OR "Cuidado Pós-Natal" OR "Periodo Posparto" OR "Periodo de Posparto" OR "Periodo de Postparto" OR "Periodo Postparto" OR "Atención Posnatal" OR "Asistencia Posnatal" OR "Asistencia Postnatal" OR "Atención Post Natal" OR "Atención Postnatal" OR "Cuidados Posnatales" OR "Cuidados Postnatales" OR "Postpartum Period" OR "Postpartum" OR "Puerperium" OR "Postnatal Care" OR "Postpartum Care" OR "Postpartum Program" OR "Postpartum Programs") AND ("Adolescente" OR "Jovem" OR Joven* OR "Adolescent" OR Adolescen* OR Teen* OR Youth*))
SciELO	((("Conforto do Paciente" OR "Conforto" OR Confortáve* OR "Comodidad del Paciente" OR "Comodidad" OR Cómodo* OR Cómoda* OR "Patient Comfort" OR Comfort*) AND ("Período Pós-Parto" OR "Puerpério" OR "Período Pós-Natal" OR Puerpera* OR "Cuidado Pós-Natal" OR "Periodo Posparto" OR "Periodo de Posparto" OR "Periodo de Postparto" OR "Periodo Postparto" OR "Atención Posnatal" OR "Asistencia Posnatal" OR "Asistencia Postnatal" OR "Atención Post Natal" OR "Atención Postnatal" OR "Cuidados Posnatales" OR "Cuidados Postnatales" OR "Postpartum Period" OR "Postpartum" OR "Puerperium" OR "Postnatal Care" OR "Postpartum Care" OR "Postpartum Program" OR "Postpartum Programs") AND ("Adolescente" OR "Jovem" OR Joven* OR "Adolescent" OR Adolescen* OR Teen* OR Youth*))

Source: designed by the author.

The inclusion criteria were as follows: publications in English, Spanish, or Portuguese, without

a time frame, encompassing various research designs, and focusing on puerperal girls/women between 10 and

19 years of age. The following were excluded: books or book chapters, theses or dissertations, editorials, and study protocols. Additionally, research that excluded the adolescent population and/or was not related to postpartum care provided by nurses was excluded.

References were managed using the EndNote Web bibliographic reference management software, with duplicate items removed. The studies were then exported to the Rayyan website [19], where two reviewers independently conducted screening. Following a review of the titles and abstracts, works that did not meet the

eligibility criteria were excluded. Any conflicts between the two reviewers were resolved by a third reviewer. The studies selected in the initial screening stage were read in full by both reviewers. Additionally, a reverse or cross-search was conducted using the Research Rabbit platform to identify any relevant studies that were not captured by the initial search strategy. The degree of agreement among the researchers was 93.24%, as confirmed by the application of Cohen's Kappa coefficient [20]. The summary of the study selection process is illustrated in the PRISMA flowchart (Figure 1).

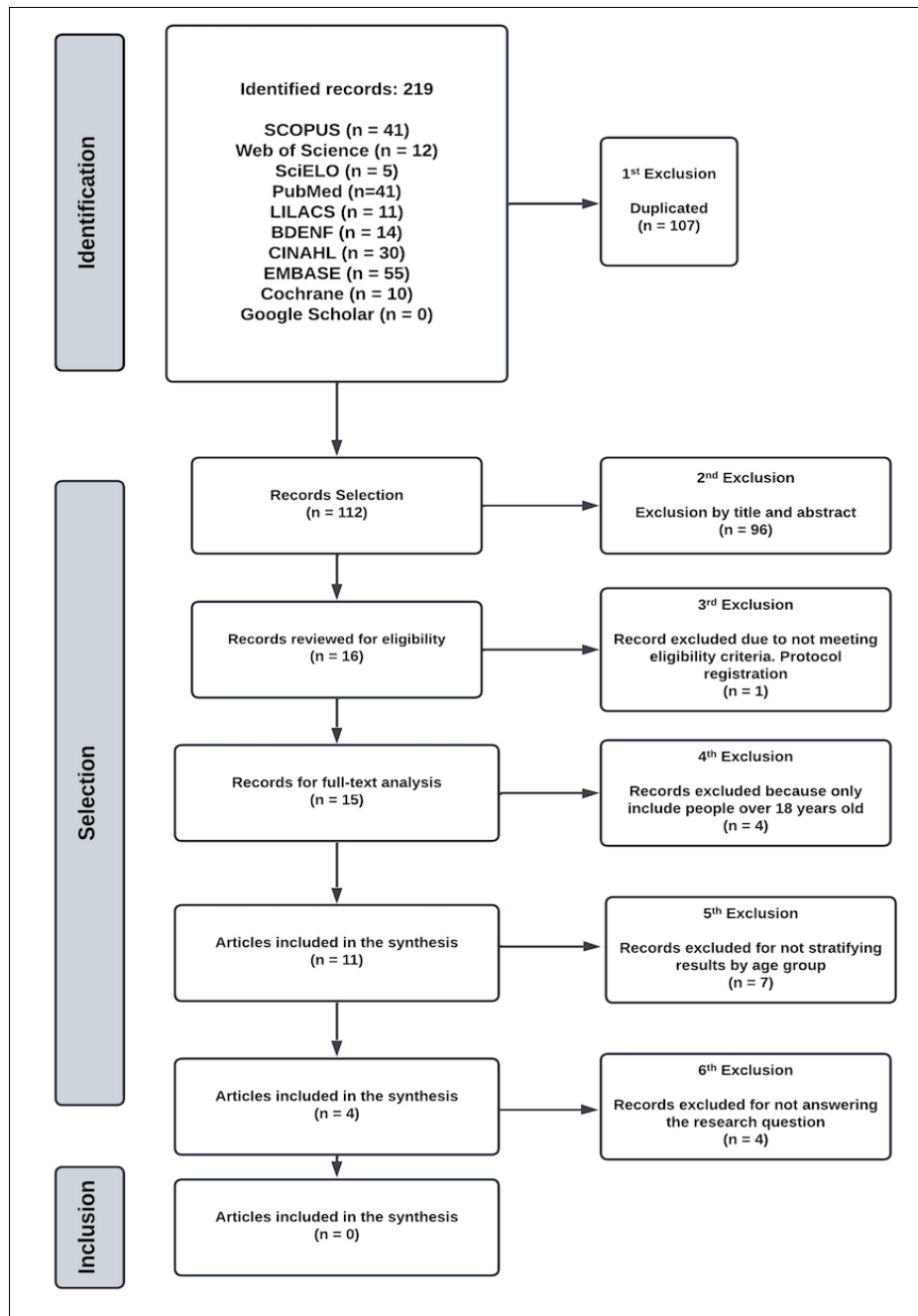


Figure 1: PRISMA flowchart of study selection

Data extraction was guided by a Microsoft Excel table, pre-defined with the following data:

author/year of publication, location, approach and type of research, article objective, study population/sample

size, instruments used, and results. The data were presented in charts and tables, accompanied by a narrative summary.

## RESULTS

The initial search yielded 219 studies in the databases, of which 107 were excluded during the initial analysis due to duplication. In the second analysis, after applying the exclusion and inclusion criteria and reading of titles and abstracts, an additional 96 studies were excluded, with 16 left for full-text reading. Of these, one study did not meet the eligibility criteria as it was a clinical trial protocol registration. Four studies were excluded as the sample consisted only of women over 18 years of age.

Thus, 11 articles were selected for full-text reading and further analysis. Among these, seven studies comprised a sample that included both adolescent and adult women. The other four studies focused on the

adolescent population but did not fully address the research question. Therefore, after exhaustive readings of the manuscripts, the researchers observed that there were no investigative data that addressed the guiding question of the research and decided to exclude all 16 studies, resulting in an empty review.

Considering that empty reviews should summarize the studies that were excluded and can provide relevant insights [21-22], this manuscript presents Chart 2, summarizing the main characteristics of the 15 studies excluded in the final full-text screening.

Empty reviews are valuable as they identify gaps in knowledge that need to be addressed in future research. It is suggested that many authors do not submit this type of review for peer review due to the difficulty in publishing them [23-25]. However, empty reviews summarize the studies that approached the research question and thus present relevant observations and knowledge gaps [26-28].

**Chart 2: Summary of the main characteristics of the 15 studies excluded in the final full-text screening.**

REFERENCE	LOCATION/ YEAR	APPROACH - STUDY TYPE	OBJECTIVE	POPULATION (SAMPLE SIZE)
Winkelstein <i>et al.</i> ,	USA/1987	Quantitative - Intervention (quasi- experimental)	To investigate the relationship between two different types of postpartum care (rooming-in with the infant and not rooming-in) as to: the instructions on baby care received by adolescent mothers, the adolescent mother's perception of her baby, the adolescent mother's comfort with baby care skills, and the satisfaction of the adolescent mother with nursing care.	Women aged 12-19 (n = 64)
Drew <i>et al.</i> ,	United Kingdom/1989	Quantitative - Descriptive	To identify the characteristics of obstetric care that are most important for mothers' satisfaction with childbirth, as well as compare the ratings of these characteristics by mothers, midwives, and obstetricians. The study also discusses the potential use of a questionnaire based on these results to evaluate obstetric care in different contexts.	Women aged 16-45 (n = 183)
Collins <i>et al.</i> ,	USA/1994	Qualitative - Descriptive	To compare the definitions of comfort held by substance users and non-users in the postpartum period.	Women aged 14-34 (n = 36)
Porto <i>et al.</i> ,	Brazil/2002	Qualitative - Descriptive	To understand the perceptions of adolescent mothers about motherhood at this stage of life; to understand adolescents' perception of the health care provided by the hospital team; and to understand the adolescent mother's preference for care during the maternity period.	Women aged 13-19 (n = 11)
Janssen <i>et al.</i> ,	Canada/2006	Quantitative - Correlational/E xplanatory	To describe the development and preliminary psychometric evaluation of an instrument to measure satisfaction with care in childbirth before hospital discharge. The instrument was designed for healthy English-speaking women giving birth in a hospital.	Women aged 15-43 (n = 431)
Dahlen <i>et al.</i> ,	Australia/2007	Quantitative - Intervention (RCT)	To determine the effects of applying warm compresses to the perineum on perineal trauma during the late second stage of labor; to assess the level of maternal comfort during the late second	Women aged 16-37 (n = 717)

			stage of labor with the application of warm compresses to the perineum.	
Behruzi <i>et al.</i> ,	Canada/2011	Mixed - Descriptive	To explore the organizational and cultural factors that act as barriers or facilitators in the provision of humanized obstetric care in a highly specialized hospital affiliated with a university in the province of Quebec, Canada.	Women aged 15-46 (n = 173)
Takács <i>et al.</i> ,	Czech Republic/2015	Quantitative - Correlational/Explanatory	To identify the psychosocial factors affecting women's evaluations of care provided in maternity hospitals in the Czech Republic, using the following criteria: satisfaction with care during childbirth and postpartum, willingness to return to the same hospital, and willingness to recommend the hospital to others.	Women aged 16-43 (n = 762)
Oliveira <i>et al.</i> ,	Brazil/2017	Qualitative - Descriptive	To analyze the experiences of comfort and discomfort of women during labor and delivery.	Women aged 18-41 (n = 40)
Silva <i>et al.</i> ,	Brazil/2018	Quantitative - Descriptive/Explanatory	To describe the Systematization of Nursing Care for parturients admitted to the obstetric center for cesarean delivery and the puerperium.	Women aged 18-47 (n = 152)
Benedett, Ferraz e Silva	Brazil/2018	Qualitative - Descriptive	To understand the strategies that nursing mothers use to find comfort during breastfeeding.	Women over 18 years (n = 24)
Fatmawati <i>et al.</i> ,	Indonesia/2018	Quantitative - Correlational/Descriptive	To identify the correlation between the psychosocial condition of adolescent women in the postpartum period and mother-baby bonding.	Women aged 14-17 (n = 103)
Gökşine e Ayaz-Alkaya	Turkey/2020	Quantitative - Intervention (quasi-experimental)	To evaluate the effect of progressive muscle relaxation (PMR) on the risk of postpartum depression and overall levels of comfort in primiparous women.	Women over 18 years (n = 35)
Chandra <i>et al.</i> ,	India/2020	Mixed - Correlational/Explanatory	To investigate the extent to which modern medical services are sought and used, and traditional health practices are followed by young Tharu women during pregnancy, childbirth, and the postnatal period to stay healthy.	Women aged 15-49 (n = 104)
Feltran <i>et al.</i> ,	Brazil/2022	Qualitative - Descriptive	To understand the perceptions of adolescent mothers regarding the expectations and experiences of teenage pregnancy.	Women aged 15-20 (n = 17)

Source: designed by the author

## DISCUSSION

Despite not limiting the year of publication and utilizing a broad combination of descriptors and keywords in health databases, this study revealed a scarcity of academic literature on the topic, highlighting a gap that warrants further exploration in the field.

The studies selected for full-text reading (15) were published between 1987 and 2022, originating from nine countries. Most of the publications were from Brazil (5), followed by the USA (2) and Canada (2). Additionally, the UK, Australia, Czech Republic, Turkey, India, and Indonesia each contributed one publication. Since the 21st century, there has been an increase in publications on adolescents, with a preponderance in the year 2018 (20%) and 2020 (13.33%). Regarding research location, the majority of the selected works were from the Americas (60%), followed by Asia (20%), Europe (13.33%), and Oceania (6.67%).

Out of the 15 studies examined, the focus was on exploring the intricacies of motherhood and its implications, specifically delving into vulnerabilities in healthcare and social support. Among these, only four studies exclusively addressed motherhood in the context of adolescence. The remaining studies discussed various aspects of motherhood without specifically stratifying the participants' age, yet they contributed to the broader discussions relevant to the research question proposed in this study.

In Chart 2, the studies are organized by reference, country of origin and year of publication, approach and study type, objectives, and study population/sample.

Regarding the study approach, eight (53.33%) were quantitative, five (33.33%) were qualitative, and two were mixed (13.34%). As for the design, nine studies (60%) were descriptive, four (26.67%) were correlational/explanatory, and two (13.33%) were quasi-experimental.

The most frequently addressed theme by the studies (53.33%) was puerperium health care. Of these, four (26.67%) investigated women's perceptions of care, comfort, the relationship between mothers' psychosocial issues and bonding with the baby, and how adolescents cope with the changes in their lives during the puerperium. Another four (26.67%) sought to understand the nursing care for preventing postpartum depression or factors that influence women's satisfaction in the postpartum period. The others, although addressing important issues about women's care and comfort and the nursing care provided, did not specifically focus on puerperium, encompassing it within the broader context of the pregnancy-postpartum period.

The sample sizes of the 15 studies ranged from 11 to 762 participants.

For the sake of clarity, the discussion was organized into three sections based on the phases of study eligibility: studies with an adult population (over 18 years old), mixed studies (including all ages), and studies with adolescents.

### Studies with an Adult Population

Among the articles selected for full-text reading, four studies encompassed a population over 18 years old. Generally, these studies did not specifically emphasize nursing care for women during the puerperium. The central themes explored within these studies included the experiences of comfort and discomfort during childbirth, the Systematization of Nursing Care for parturient and puerperal women, comfort strategies during breastfeeding, and the use of the progressive muscle relaxation technique to reduce postpartum depression and enhance overall comfort in women after an episiotomy.

In terms of the perception of care and comfort of adult women who experienced labor and childbirth, a Brazilian study conducted in three maternity hospitals in the Northeast states that these women's experiences of comfort are related to the presence of a companion, pain relief, the humanization of care and a sense of security [29]. Experiences of discomfort are related to lack of information about the childbirth process, lack of privacy, fear of obstetric violence, and lack of emotional support. This study was based on Katharine Kolcaba's Theory of Comfort [29].

Corroborating with the work of Oliveria *et al.*, [29], the study from Turkey considered that despite the growth of humanization of childbirth, many women still face situations that generate discomfort during labor and childbirth [30]. Although the focus of the study was to assess an intervention to prevent postpartum depression, the authors indicated that humane care that respects the woman's choices and ensures the safety and well being of the mother and baby is fundamental [30].

The evaluation of the quality of care provided by the nursing team in the obstetric center revealed the safety and effectiveness of the Systematization of Nursing Care for holistic care of parturient and puerperal women. Conducted in the Northeast of Brazil, the study identified that nursing diagnoses falling within the domains of Safety and Protection, Coping and Stress Tolerance, and Comfort enabled nursing interventions to better address the needs of women [31].

Another Brazilian study used Kolcaba's theoretical framework to evaluate breastfeeding and the strategies of nursing mothers to achieve comfort. Women express uncomfortable physical sensations such as pain due to nipple injuries, fatigue, and sleep deprivation, as well as dissatisfactions of various kinds during breastfeeding practice. However, through the breastfeeding learning process, lactating women adapt to the new routine and learn and develop strategies to minimize discomfort and overcome obstacles and difficulties [32].

Despite these studies addressing the dimensions of care and comfort for women in the pregnancy-puerperium cycle and observing nursing team intervention strategies to ensure humane and quality care, their data were restricted to adult women (over 18 years old), which is why these studies were omitted from the review.

### Studies with Adults and Adolescents

Seven studies did not impose any age limitations, encompassing women between the ages of 12 and 49. The topics covered in these studies were diverse, including the humanization of childbirth (2), satisfaction with childbirth and motherhood (2), postpartum experiences among substance users (1), the utilization of a scale to measure obstetric care (1), and the use of warm compresses on the perineum (1). Notably, the works discussing the puerperium did not specifically focus on the care provided by nurses.

In the late 1980s, a study conducted in the United Kingdom identified the ten most critical factors contributing to the satisfaction of mothers with the care provided by the multiprofessional team during childbirth. These factors included: being treated with kindness and understanding, trust in the team, involvement in decisions about care, effective communication with the team, receiving clear information about the labor and birth process, privacy, safety, having adequate time for rest and recovery after birth, receiving assistance with breastfeeding, and the perception of the team's availability [33].

Regarding attitudes and practices for humanizing childbirth, the study from Quebec notes that health professionals report a lack of time, resources, and proper training to implement humanized actions in specialized services. The interviewed women (n=173)

reported experiencing a lack of information and inadequate communication with health professionals during the childbirth process. Furthermore, they mentioned the existence of a widespread belief that childbirth should be medicalized and controlled [34].

Along these lines, another study investigated maternal satisfaction with care in maternity hospitals in the Czech Republic. The sample consisted of 762 parturients. Maternal satisfaction can be influenced by various factors, including the warm, non-formal, and supportive approach of caregivers, the sufficient and well-timed provision of information and explanations, the availability of caregivers, and the physical environment. They highlighted the importance of effective communication, as parturients tend to assume a more passive stance during labor and rely more on healthcare professionals for guidance and decision-making [35].

Furthermore, concerning the satisfaction of both parturients and puerperal women with the care provided by the healthcare team, a Canadian study proposed the use of a comfort scale (COMFORTS) for evaluating the provided obstetric care. The instrument enables the assessment of childbirth care before hospital discharge, demonstrating high reliability and validity (Cronbach's alpha = 0.95), with six subscales determined through factor analysis. These subscales are as follows: confidence in newborn care, postpartum nursing care, provision of choice, physical environment, respect for privacy, and nursing care during labor [36].

In a rooming-in unit in South Carolina/USA, the results of a qualitative work found that women who use substances during the postpartum period have different definitions of comfort compared to those who do not. Women who use substances described comfort as a feeling of relief from physical and emotional pain, while non-substance-using women reported comfort as a feeling of security and emotional support. Furthermore, women who use substances reported having less social and emotional support during the postpartum period compared to those who do not. The authors confirm the need to investigate how comfort interventions can be incorporated into nursing practices and care protocols and explore how substance use during the puerperium affects the health and well-being of women and their children [37].

An Australian randomized clinical trial (RCT) addressed the impact of using warm compresses on the perineum as a care and comfort strategy during the childbirth and postpartum period. This practice proved effective in reducing pain experienced during labor and on the first and second day postpartum, decreasing urinary incontinence, and reducing severe perineal trauma. The authors suggest that this simple and inexpensive practice should be incorporated into care during the second stage of labor [38].

In India, women in rural areas tend to combine traditional and modern health practices during pregnancy, childbirth, and the postpartum period. Notably, they opt for modern health services for childbirth and traditional practices for prenatal and postnatal care. The authors recommend the promotion of modern health services and revitalization of traditional maternal health practices by training traditional midwives and native healers in the community, aiming to enhance women's maternal health [39].

A significant portion of the studies pertaining to this stage primarily focus on issues related to childbirth and delivery. While some observations regarding the puerperium are present, they are limited to topics such as the experiences of substance users during this period and interventions aimed at preventing postpartum depression. Notably, the Comfort Measurement Instrument (COMFORTS) highlights the significance of postpartum care as an area that warrants evaluation. However, there is no explicit approach that considers the inherent aspects experienced during the postpartum period and the essential care required. Additionally, the studies did not stratify the sample by age group, nor did they provide observations that specifically consider the unique aspects of adolescence.

### Studies with Adolescents

The four studies reviewed in the final analysis, addressing adolescent mothers specifically, hold as central theme: the care provided to adolescent puerperal women roomed-in with their child and the relationship between psychosocial condition and mother-baby bond in adolescents, while the other two qualitative studies present the perceptions of adolescents experiencing motherhood.

Specifically addressing the concerns of adolescent mothers, Winkelstein; Verna; Baltimore [40], investigated the association between two distinct postpartum care systems for adolescent mothers. These systems were categorized based on whether rooming-in was implemented or not. The study evaluated four aspects, including (a) instructions on infant care received by adolescent mothers, (b) adolescent mothers' perception of their infants, (c) the comfort level of adolescent mothers regarding infant care skills, and (d) the satisfaction of adolescent mothers with nursing care.

The work consisted of a quasi-experimental study with two groups of 32 puerperal adolescent who were interviewed at 2 days and 4 weeks postpartum using six measurement instruments (Postpartum Teaching Survey, Broussard's Neonatal Perception Inventory I and II, Broussard's Discomfort Scale, Comfort Scale, and the Nursing Care Satisfaction Questionnaire).

Compared to adolescents who were not roomed-in, adolescent mothers who had this experience were taught more about umbilical cord care. Mothers

roomed-in with their babies perceived that their infants cried less and were more satisfied with nursing care [40]. This study examines the perception of adolescent mothers regarding nursing care, albeit with a focus solely on the immediate puerperium. It does not propose care and comfort strategies for the nursing team to employ in order to enhance puerperal satisfaction.

The work by Porto & Luz [41], qualitatively evaluated puerperium in adolescence, observing adolescents' perceptions regarding motherhood and the care provided by the healthcare team. The study was conducted with adolescent puerperae aged 11 to 19 years in a rooming-in unit. The participants emphasized the importance of a humane and sensitive approach by healthcare professionals during the pre- and postpartum hospitalization period.

While there is no specific emphasis on nursing care, its importance was highlighted in several reports by the participants. The postpartum period is less discussed since the study's focus was on childbirth, motherhood in adolescence, and the care provided by the multiprofessional team. Fatmawati, Rachmawati, and Budiati's [42], manuscript investigated the correlation between psychosocial conditions and mother-baby bond in adolescent puerperae aged 14 to 19 years within 1 to 12 weeks postpartum. The findings revealed that adolescent mothers with psychosocial issues are at a higher risk of insufficient mother-baby bonding. Although the manuscript did not provide specific observations on the care provided by healthcare professionals, it affirmed that maternity nurses play an essential role in educating adolescent mothers and support the expansion of obstetric nursing services for better psychosocial assessments of adolescent mothers during the pregnancy-puerperal cycle.

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