

## GIVE BIRTH AND BE BORN IN NEW TIMES: CARE PROVIDED IN THE PUERPERIUM BY THE HANAMI TEAM

PARIR E NASCER NUM NOVO TEMPO: O CUIDADO UTILIZADO NO PUERPÉRIO PELA EQUIPE HANAMI

DAR A LUZ Y NACER EN UN NUEVO TIEMPO: CUIDADOS DEL EQUIPO HANAMI DURANTE EL POSPARTO

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### ABSTRACT

The aim of this study is to analyze the perception of couples on the process of care provided by the Hanami Team during the puerperal period of planned home births. This is a convergent-assistance and qualitative research conducted with 30 couples. Data were collected during participative observation and through semi-structured interviews. The analysis included the process steps of apprehension, synthesis, theorization and transference, based in the Theory of Diversity and Universality of Cultural Care and Models of Attention to Childbirth. The results revealed a central category – perceptions of couples assisted by the Hanami Team on the process of care in the puerperal period – and three subcategories. Thus, it was concluded that couples want to welcome the newborn when they arrive to the new world, participating in all the care provided because they acknowledge the importance of this for the formation of family bonding. The couple realizes and values the cultural competence of the obstetric nurse in the care of breastfeeding and participation in the rituals of care with the placenta. The care practices in the postpartum period find support in cultural constructs and in holistic care.

**Keywords:** Home Childbirth; Midwifery; Obstetric Nursing; Nursing Care; Cultural Factors; Culture; Maternal and Child Health.

### RESUMO

O objetivo deste estudo é analisar a percepção do casal sobre o processo de cuidar da Equipe Hanami no parto domiciliar planejado no puerpério. Trata-se de uma pesquisa convergente-assistencial, qualitativa, realizada com 30 casais. Os dados foram coletados durante a observação participante e a entrevista semiestruturada. A análise compreendeu as etapas do processo de apreensão, síntese, teorização e transferência, embasadas na Teoria da Diversidade e Universalidade do Cuidado Cultural e nos Modelos de Atenção ao Parto. Dos resultados emergiram: uma categoria central – as percepções dos casais assistidos pela Equipe Hanami sobre o processo de cuidar no puerpério – e três subcategorias. Com isso, concluiu-se que os casais querem acolher o recém-nascido na chegada ao novo mundo, participando de todo cuidado prestado por saberem da importância para formação do vínculo afetivo familiar. O casal percebe e valoriza a competência cultural da enfermeira obstetra nos cuidados com a amamentação e participação nos rituais de cuidado com a placenta. As práticas de cuidados no puerpério se respaldam em construções culturais e no cuidado holístico.

**Palavras-chave:** Parto Domiciliar; Tocologia; Enfermagem Obstétrica; Cuidados de Enfermagem; Fatores Culturais; Cultura; Saúde Materno-Infantil.

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## RESUMEN

*El objetivo de este estudio fue analizar la percepción de la pareja sobre el proceso de cuidados del Equipo Hanami en el posparto del parto domiciliario planificado. Se trata de una investigación convergente asistencial realizada con 30 parejas. Los datos fueron recogidos durante la observación participante y la entrevista semiestructurada. El análisis incluyó las etapas del proceso de aprehensión, síntesis, teorización y transferencia en base a la Teoría de la Diversidad y Universalidad de los Cuidados Culturales y en los modelos de Atención al Parto. De los resultados surgieron una categoría central: la percepción de las parejas asistidas por el Equipo Hanami en el proceso de atención durante el posparto y otras tres subcategorías. Por lo tanto, a la vista de los resultados, se concluye que las parejas quieren acoger al recién nacido al llegar al nuevo mundo, participando en todos los cuidados brindados pues conocen su importancia para el vínculo afectivo familiar. La pareja reconoce y valora la competencia cultural de la enfermera obstetra en la lactancia materna y la participación en los rituales de cuidados con la placenta. Las prácticas de cuidados en el posparto están respaldadas en construcciones culturales y en el cuidado holístico.*

**Palabras clave:** Parto Domiciliario; Tocología; Enfermería Obstétrica; Atención de Enfermería; Factores Culturales; Cultura; Salud Materno-Infantil.

## INTRODUCTION

The current technocratic biomedical model considers obstetric care the target of rationality of biomedical values and of the authoritarian structure of health professionals, changing the delivery and the care of the woman and the newborn of their families, moving them away from their knowledge, experiences and practices related to the process and delivery and birth. The cultural diversity that includes the birth process can be hampered by the interventionist and technocratic model of care, since this makes everyone equal.<sup>1</sup>

Changes in care and the medicalization of the birth process contribute to this view. Currently, there is a countercultural and counter-hegemonic movement of rescuing the roots of the human being. This seeks a humanistic attention that connects the mind and body against interventions and enhances the ability of the human being, also in the holistic sense of connecting mind, body and spirit.<sup>2</sup>

In this view (perspective) is the puerperal period, which is a complex moment, surrounded by intense transformations and influenced by cultural issues, a moment that is often forgotten by the health team, leaving the couple abandoned. The Ministry of Health proposes a puerperal consultation on the seventh day and another on the 30th day after delivery. It is observed that the demands of most of women are not met, because these opportunities are occasional moments that try to cover all complexities surrounding the postpartum period. Moreover, it is perceived a lack of consent of the user to this proposal, because of the given approach, centered on the biomedical model without contemplating beliefs and strong cultural values in this period, fragmented, as it does not continuously follow the difficulties and achievements of the couple.<sup>3,4</sup>

In recent evaluations of the Ministry of Health the lack of coverage of this period has been evident, leaving a gap in the assistance, in the monitoring of the birth process.<sup>4</sup>

The proposal of care of the Hanami Team for the puerperal period consists of consultations on the 1st, 3rd, 4th, 7th and 10th days postpartum, with possibility of returning to the couple's home

when needed. The return on the 15th happens, for example, when the baby cries too much and parents do not know what to do; in case intense physiological jaundice; when the baby has bad grip and for that reason the baby does not breastfeed properly, causing mammary fissure; in the case of engorgement and need of milking; when on the 10th day the newborn has not reached proper birth weight, among other reasons. A consultation between the 20th and the 30th day is also done when the woman in labor is referred to the hospital or when there was home birth and she has signals of marked emotional lability that need prophylactic accompaniment to postpartum depression. When necessary, the woman is referred to treatment with psychologists or psychiatrists.<sup>5</sup>

In these puerperal consultations by the Hanami Team, besides all clinical care given to the mother and the child, health education issues are worked involving the couple and their family because the family needs to understand why care is made, avoiding, thus, culture shocks. The team participates in rituals of care with the placenta, aiding to dye the placenta, care with the placenta, when the couple has a "lotus birth" (the one where the newborn keeps attached to its placenta until the cord falls). The team seeks to meet the needs of the couple in that period in a individualized manner.<sup>5</sup>

The Hanami Team moves between the humanized and the holistic models in the care process, depending on the needs of each couple. The principles of active participation of the couple and their families are used in the puerperal period, but considering the couple/NB the focus of the attention. The use of interventions is restricted. Care is individualized, taking into account the unity of body, mind and spirit, in which there is an energy field in constant interaction, that is, the couple and the obstetric nurses interact energetically.<sup>6</sup>

To support the process of caring provided by the Hanami Team in the postpartum, the Theory of Diversity and Universality of Cultural Care and Models of Attention to Childbirth were used. These allowed the identification of beliefs, values, meanings, rituals of care and lifestyles, knowing the culture of the couple in the postpartum, in search of a consistent practice

of cultural care, sensible to cultural security for the couple and professional cultural competence.<sup>6-8</sup>

While seeking to understand and identify the need for cultural care of couples, beliefs, values, meanings and rituals that are common among couples and others that are different between couples were found. Therefore, the universality and diversity of culture of couples is respected by the Hanami Team, making this approach a differential in the care provided by the obstetric nurses.<sup>5</sup>

All women have the right to decent and respectful care. Information on the care is suggested, as well as its risks and alternative benefits and they have the right to make decisions and to formulate their wishes. The quality of care is a right of every client and, on the other hand, is a duty of health professionals. The puerperal period is a time of extreme importance in the life of a woman is a rite of passage that must be positively experienced. Obstetric nurses can take prime position in relation to care for women who experience the puerperal period, as they can incorporate all the science to implement a respectful care, considering women's rights to a safe and pleasurable maternity.<sup>9</sup>

To assess the quality of service, it is necessary to respect the rights of users, their needs, paying attention to their perceptions on the care provided and, from there, provide a care that is consistent with their demands.<sup>10</sup>

The Hanami Team: "The Flower of Life - Planned Home Birth" serves in the process of gestation, delivery/birth and postpartum in Great Florianópolis, with focus on the needs of couples and their families, taking as its premise the respect to their beliefs and cultural values. In this perspective, this study is linked to a macroproject entitled "Give birth and be born in new times: the meaning, to the couple, of the planned home birth assisted by obstetric nurses". In this portion, the aim of this study is to analyze the perception that couples have on the process of care provided by the Hanami Team during the puerperal period in planned home births.

## METHOD

Qualitative study using the method of Convergent-Care Research (CCR), whose purpose is to discover characteristics, patterns and meanings of the phenomenon under study. There is a concern with the realities and not with quantifiable issues.<sup>11</sup>

The beginning of the CCR occurred from contacts with the Hanami Team, or with obstetric nursing members of the team in the city of Florianópolis. The CCR was performed throughout the service provided by Hanami Team at home. This means immediately in the postpartum, or shortly after birth, and in consultations of the 1st, 3rd, 4th, 7th and 10th days, with flexibility to return to the couple's home when there was need. The interview was conducted in late or remote puerperium, according to each couple.

The domicile of couples was the location and context of the study. The study included 30 couples who had home birth with the Hanami Team during the period from October 2011 to November 2012, in Great Florianópolis. Five couples were excluded because they were sent to hospital during labor. The outcome of these referrals were three caesarean sections and two normal deliveries after induction and all were accompanied by a nurse of the Hanami Team in the institution.

The number of couples included in the study was determined by saturation of data, that is, when the data began to be repeated and when the objectives proposed in the study were met.

Data collection was obtained from participative observation, while carrying out the CCR and through semi-structured interviews with the couples in the late or remote puerperal period. Data were recorded using formal organization of information with the records in diary notes (DN), which are the records of what happened every day, in observation notes (ON), theoretical notes (TN), methodological notes (MN), in notes of care (NC) and interview notes (IN). Anonymity came from using codenames of flowers for each couple.

The reflection of data was achieved, wherever possible, concurrently with collection, based on the Theory of Diversity and Universality of Cultural Care and Models of Attention to Childbirth, responding to the objectives of the study.<sup>6-8</sup>

Analysis and interpretation of data were carried out according to four steps: apprehension, synthesis, theorization and transference.<sup>11</sup>

The apprehension correlates with data collection and initial analysis of the information recorded such as diary notes and coding of information, adapting keywords or key themes that mark the core issues. These procedures were then grouped by similarity of ideal, giving rise to categories. The synthesis satisfies the synthetization and discussion of information after thorough reading. Theorizing is the interpretation and analysis of data based on a theoretical framework. The transference is the period of attributing significance to the findings, contextualizing them in similar situations, without the ambition to generalizations, but of socialization of unique results, justifying adjustments that may be made in other realities.

The research project was approved by the Ethics Committee on Research with Human Beings of the Federal University of Santa Catarina, under Opinion n°: 1199, adopting the guidelines of the Resolution n° 196/96 of the National Health Council. Couples received guidance about the study and after being informed, they signed the Informed Consent form.<sup>12</sup>

## RESULTS

The theoretical framework was marked in the data analysis. In this sense, a central category called "Perceptions of cou-

ples assisted by the Hanami Team on the process of care in the puerperal period” was obtained. As a result, there were three subcategories, presented below.

## CATEGORY 1 – PERCEPTIONS OF COUPLES ASSISTED BY THE HANAMI TEAM ON THE PROCESS OF CARE IN THE PUERPRAL PERIOD

This category concerns: the way the newborn is welcomed on arrival at the new world that favors early family bonding; the support provided by the Hanami Team in overcoming difficulties and frustrations related to problems arising in the perineum due to childbirth, involving sexuality of the couple and there is “cultural competence” to deal with a post-partum haemorrhage; breastfeeding, which is a focus of care in the postpartum period, which requires that the nurse-midwifery provide support, care and attention to the difficulties with breastfeeding, so that care may be culturally congruent and the couple develop “cultural security”; the participation of nurses in the rituals of care with the placenta, which shows the exchange of knowledge between couple and nurses, and helps in the development of professional “cultural competence” and strengthens the formation of emotional bonds between nurses and couples.

### 1<sup>ST</sup> SUBCATEGORY – WELCOMING THE NEWBORN TO THE NEW WORLD

In the home context, couples want to participate in all care given to the newborn. They want even that the first evaluation a few hours after birth be next to the mother or on her lap, because during pregnancy they seek information on the importance of the bond that happens early in life. For them, this is the culturally congruent, respectful and sensible care that generates “cultural security”. Therefore, the nurse of the Hanami Team must use professional “cultural competence” in order to meet the cultural needs of the couple.

When the child is born with the care of the Hanami Team, the baby goes straight to the mother’s lap. Even if there is need for any intervention, this is accomplished in that skin to skin contact. There is no hurry to cut the umbilical cord, or to exclude the mother and family of the newborn. On the contrary, this contact is encouraged to be long, the umbilical cord is only cut after the placenta is completely out, by conceiving that this is the time chosen by the child to be physically separated from his mother and at the same time to enable the establishment of family bonding.

The care provided by the Hanami Team shortly after birth goes from the humanized and the holistic model, but the holistic model is prevalent because, in the home, the early family bonding is the focus, with encouragement of autonomy and the main role of the couple, with the goal of achieving cultural security.

*[...] and the best post-partum care is given to the baby, which is treated with extreme delicacy and sensitivity, with smooth movements and words of welcoming and we share everything. In a maternity ward we would not see any of that (DAHLIA couple).*

The respectful and sensible care was the manner of providing unique care to the couple/newborn, assisted under the humanistic/holistic view, consistent with their world view.<sup>1</sup>

Cultural security of the couple is related to environmental control, the main role of the couple, the security with the bodily integrity, privacy, freedom of expression of feelings that respect physical, holistic-ecological, emotional, spiritual, cultural and instinctual dimensions and the view of responsibility of the couple on the health and disease process in the postpartum period, as well as respect for reproductive and sexual rights. It is bound also to professionals and to the care as a whole that is reflected in the future life.<sup>1,13</sup>

The humanized philosophy of labor and birth has as an essential part welcoming the newborn (NB), softening the impact of the difference between the intra and extra-uterine world. The use of diffuse light in the delivery room, silence, warm and quiet atmosphere, soft music and immediate body contact between the mother and the NB are recommended. This should be placed on the mother’s womb soon after birth, being caressed by her and only after a few minutes, have the umbilical cord cut.<sup>14</sup>

In this sense, this is the professional culture of the Hanami Team, but it is open in the sense that couples have the power to maintain, negotiate and repattern our culture, since the major premise of the team is respect the culture of the couple.

Couples, in general, sought to know good care practices in books, *websites*, participating in the “Course of Preparation for Conscious Maternity and Childbirth” offered by the Hanami Team, among others. So, the couple made a reflection on the care they want to adopt. This process strengthens the bond between the couple and the staff who provide the sensible care and with cultural security.

*[...] the affection with which my daughter and I were treated, the security that they passed when guided me on the care of her and breastfeeding was very good and important (MOSS ROSE couple).*

In home care, the couple is the main figure of the care and nursing must adapt to the reality and customs of their family routine.<sup>15</sup> The Hanami Team has this thought as a philosophical premise. Therefore, care in the puerperal period is planned with the couple during the prenatal care. The nurse who goes to the queries acts as facilitator of care because the couple is not un-

familiar with the care, but they need to exercise it in practice with the NB. As the care for the newborn is already decided during the prenatal, there is no need to accommodate or re-pattern such care. For this, the nurse uses cultural competence to value what was agreed.

The PRIMULA couple perceives thoroughly the care provided to both the NB and the mother by the nurse of the Hanami Team. These precautions are discussed during the prenatal. For this reason, there is no cultural shock, but appreciation of post-partum care and consequent empowerment of the couple to look after the child.

*On the first day, a nurse came home, helped us in giving Japanese humanized bath, checked if the baby had yellow skin, weighed the baby, checked how we were taking care of the stump, how we exchanged and cleaned it, and if the baby was sucking right. The nurse gave many guidelines about sunbathing, vaccines, visit of the pediatrician, ear and guthrie's Test. She made an overall assessment. With me was no different, she was always evaluating all aspects of food, sleep, rest, care of the hygiene of the perineum, sunbathing in the breasts. Such care gives us much security. They are always available in case of doubts and need for care at home. It was very good (PRIMULA couple).*

## 2<sup>ND</sup> SUBCATEGORY – SUPPORT, SUPPORT AND ATTENTION IN DIFFICULTIES WITH BREASTFEEDING

The FUCHSIA couple perceived the support offered by the Hanami Team in breastfeeding, demonstrating cultural security by the happiness in maintaining breastfeeding.

*It was great the support given, she (NB) is feeding well today, she's gaining weight (FUCHSIA couple).*

The Hanami Team is anchored also in government premises for the promotion, maintenance, support and assistance to maternal breastfeeding. Currently, the Stork Network was created by the federal government in 2011 in order to ensure to women and child safe, humanized and qualified care, in the family reproductive planning, prenatal, delivery and postpartum, besides monitoring the growth and development of the child from birth until the age of two years.<sup>16</sup>

Breastfeeding in the planned home birth is valued by couples and breast milk is considered the only appropriate for the child, in physical and relational terms. Exclusive breastfeeding is a cause strongly defended, with ecological extract and strengthening the anti-consumerist attitude.<sup>1</sup>

The SUNFLOWER couple realized that the support offered by the Hanami Team was a care with cultural compe-

tence regarding breastfeeding because it was very important in preventing initial problems, such as cracking, and overcoming difficulties when the NB, even nursing with good grip, was not getting the ideal weight. The staff speaks very often about maternal nutrition and newborn weight gain, what are cramps and when they happen and about the need to stimulate the NB so that the feeding time increases. The result of the monitoring was that the child gained weight and there was maternal accommodation in relation to postpartum feeding, besides the happiness of breastfeeding successfully.

*This time I had no difficulty to breastfeed, allowing the proximity between me and my daughter. The team also instructed me about the ideal way to breastfeed SUNFLOWER (NB), which at first was not gaining weight as expected, but then it was a beauty, she gained weight. We are breastfeeding activists. You can not give up because of any difficulty, it's necessary to trust nature and have support (SUNFLOWER Couple).*

In the case of FIELD FLOWER couple, the support for breastfeeding was given by performing milking and by teaching the mother how to do it. It was a process that required dedication of both parties, because the production of breast milk was great, the breast too. The important thing was that the difficulties were overcome together, couples and professionals, with cultural competence and strengthening of cultural security of the FIELD FLOWER. For this reason, breastfeeding was "calm" despite the difficulty met.

*I say that, yes, breastfeeding but was a birth process, and the delivery was a delight! [...] Because I suffered a lot in the early days with lumpy breasts and you gave me full support, coming home, giving me support, aid and milking me, with the largest care for my breastfeeding be peaceful and successful! (FIELD FLOWER couple).*

Early breastfeeding difficulties can also occur in the home postpartum, even when the woman is preparing herself during prenatal, sunbathing the breasts and gaining knowledge on the grip of the newborn, as well as positions for breastfeeding. The difficulties can be correlated to the time of learning to live in family, the mother and the father getting to know the child. Anxiety about this moment of adaptation is visible when difficulties are present. One has to have a lot of patience, provide support and closely monitor this process. Couples who have undergone difficulties were prioritized in the care and as a result the difficulties were transposed. This is a differential in the care provided by the Hanami Team, not giving up to help the woman/couple to achieve the goals previously set.

Cultural competence of obstetric nurses of the Hanami Team is recognized and valued by couples, as this is a differen-

tial in the care in relation to the support provided in a hospital birth because when difficulties arise, women are at home alone without professional support.<sup>17</sup>

The perception that the CALLA LILY couple has regarding the use of the Japanese technique for milking the breast is that this was critical to the success in breastfeeding. Japanese milking is a technique that uses hot compresses to milk removal, and the direction of this removal is from the base of the breast toward the nipple. It is used when there is breast engorgement. This technique was brought by the nurses of the team who were in Japan in the course of Humanized Care in Childbirth and Maternity Homes in Japan, subsidized by the Japan International Cooperation Agency (JICA).<sup>18</sup>

*At first a little difficult, but surely, the support of the team was essential for breastfeeding to succeed. It was necessary to use Japanese milking and this helped a lot! (CALLA LILY Couple).*

### 3<sup>RD</sup> SUBCATEGORY – THE PARTICIPATION OF NURSES IN THE RITUALS OF CARE WITH THE PLACENTA

In the perception of the LAVENDER couple, the Hanami Team respects the rituals of care and also participates in them without discrimination and judging, as in the case of color-dye the placenta, because this helps to prepare it. The Hanami Team developed cultural competence, having the humility to learn from couples and search to equip themselves with knowledge of the different types of rituals, so that the care provided could be culturally congruent with the wishes of the couple. Participation in the rituals planned by the couple allows the strengthening of bonds and closer emotional bonds between the couple and the nurses of the Hanami Team.

*It is a team of nurses very open to the new and they live the processes with us, without discrimination. They helped us to prepare the dye of the placenta and then preparing it to freeze. So we could later plant a tree, with the soil mixed in the placenta (LAVENDER couple).*

The Hanami Team has philosophical principles that are grounded respect for cultural diversity and universality of couples.<sup>6-7,18</sup> In this sense, the team seeks to incorporate them into their practice. The appreciation of the rituals of care with the placenta is one of them, because over the years, with the knowledge that the team has acquired from couples, it was possible to understand that the placenta, these rituals, is an organ full of birth power, it is something ethereal in the sense of being sublime, pure, lofty, heavenly. Then we realized that by incorporating such care rituals is in congruence with the holistic paradigm.<sup>3,6</sup>

The ORCHID couple noticed and appreciated the assistance of obstetric nurses of the Hanami Team in the care with lotus birth. Nurses already had cultural competence, because they have knowledge and experience with lotus birth, which facilitated congruent cultural care and strengthened the cultural security of the couple.

In the case of lotus birth, which is the maintenance of the NB in its placenta until the fall of the umbilical cord, the father provides the herbs and coarse salt and the nurse helps to put them on the placenta and to close it, making a “small package” of the placenta which sometimes even turns up to be a pillow for the baby.

*We planned lotus birth and they have helped us from preparation until the monitoring of the cord fall (ORCHID couple).*

In lotus birth, the powers of the placenta, especially the benefits of extra reinforcements to newborn health, are evident. The separation between the NB and its placenta is considered “natural”. The baby and the placenta are held together until separation occurs naturally without divisions, that is, there is no cut of energy between the placenta and the NB, since the fall of the cord occurs naturally in its base.<sup>1</sup>

## FINAL CONSIDERATIONS

Perceptions of couples on the process of care in the puerperal period reveal that the care provided was respectful and sensible towards the health of the mother and of the child after delivery. The perineal trauma may cause disappointment, because the idealized was an intact perineum, as it interferes in the sexuality of the couple.

The nurse-midwife of the Hanami Team is culturally competent before difficult situations. In the postpartum, supportive and incentivating care for breastfeeding is very important for successful breastfeeding. The nurse participates in the rituals of care with the placenta, which are meaningful for couples and this participation is valued and recognized by them.

The Hanami Team respects the culture of the couples, the aspects that strengthen the beliefs and do not harm the child and the mother, re-patterning those who hurt the good practices. For this to happen, the Hanami Team uses its cultural competence.

Care practices in the puerperal period are grounded in cultural constructions and holistic care, bringing an important contribution to the practice of care in the Hanami Team, by enabling the respect for diversity, broadening the view of world and increasing the proximity with the couple, which favors its cultural security.

Welcoming the newborn on his arrival to the world is a differential of the care provided by Hanami Team, fostering cul-

tural security to the couple. Couples participate in all care provided to the newborn and they want the baby to be close to or in the mother's lap, because during pregnancy, the couple seeks information on the importance of early bonding that occurs in the beginning of life. For them, this is a culturally congruent, respectful and sensible care.

The care provided by the Hanami Team at times moves between the humanized and the holistic model, but the holistic model is predominant in the case of the newborn. This, at birth, goes quickly to the maternal lap. Who cuts the umbilical cord is the father, what only happens after placental delivery, with the ultimate goal of enabling the establishment of family bonding, being this a cultural congruent care.

The participation of nurses in the rituals of care with the placenta, planned by the couple, is perceived as free of discrimination and judgment, besides allowing the exchange of knowledge. The bonding between the couple and the nurses become narrow.

Finally, it is recommended to carry out further studies to assess the satisfaction with the process of care in the puerperal period and its implications in the various socio-cultural contexts, considering the peculiarities of different locations and characteristics of the assistance.

## REFERENCES

1. Feyer ISS, Monticelli M, Boehs AE, Santos EKA. Rituais de cuidado realizados pelas famílias na preparação para a vivência do parto domiciliar planejado. *Rev Bras Enferm*. 2013[cited 2014 Jan 14]; 66(6):879-86. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-71672013000600011&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672013000600011&lng=en). DOI: <http://dx.doi.org/10.1590/S0034-71672013000600011>.
2. Prata JA, Progianti JM, David HSL. A reestruturação produtiva na área da saúde e da enfermagem obstétrica. *Texto Contexto Enferm*. 2014[cited 2014 Jan 14]; 23(4):1123-9. Available from: [http://www.scielo.br/pdf/tce/v23n4/pt\\_0104-0707-tce-23-04-01123.pdf](http://www.scielo.br/pdf/tce/v23n4/pt_0104-0707-tce-23-04-01123.pdf) DOI: <http://dx.doi.org/10.1590/0104-07072014002040013>
3. Andrade RD, Santos JS, Maia MAC, Mello DF. Fatores relacionados à saúde da mulher no puerpério e repercussões na saúde da criança. *Esc Anna Nery Rev Enferm*. 2015[cited 2014 Jan 14]; 19(1):181-6. Available from: <http://www.scielo.br/pdf/ean/v19n1/1414-8145-ean-19-01-0181.pdf>
4. Ministério da Saúde (BR). Avaliação nacional do programa de humanização do pré-natal e nascimento. Brasília: MS; 2002. [cited 2014 Jan 14]. Available from: <http://bvsm.sau.gov.br/bvs/publicacoes/parto.pdf>
5. Koettker JG, Brüggemann OM, Duff RM. Partos domiciliares planejados assistidos por enfermeiras obstetras: transferências maternas e neonatais. *Rev Esc Enferm USP*. 2013[cited 2014 Jan 14]; 47(1):15-21. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342013000100002&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342013000100002&lng=en). DOI: <http://dx.doi.org/10.1590/S0080-62342013000100002>
6. Davis-Floyd R. The technocratic, humanistic, and holistic paradigms of childbirth. *Int J Gynaecol Obstet*. 2001[cited 2014 Jan 14]; 75(1):S5-S23. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11742639>
7. Leininger M. *Transcultural nursing: concepts, theories and practices*. New York: Wiley & Sons; 1978.
8. Leininger M. *Culture care diversity and universality: a theory of nursing*. New York: National League for Nursing Press; 1991.
9. Muñoz LA, Sanchez X, Arcos E, Vollrath A, Bonatti C. Vivenciando a maternidade em contextos de vulnerabilidade social: uma abordagem compreensiva da fenomenologia social. *Rev Latino-Am Enferm*. 2013[cited 2014 Jan 14]; 21(4):[07 telas]. Available from: [http://www.scielo.br/pdf/rlae/v21n4/pt\\_0104-1169-rlae-21-04-0913.pdf](http://www.scielo.br/pdf/rlae/v21n4/pt_0104-1169-rlae-21-04-0913.pdf)
10. Lichand CC, Okagawa FS, Campos CEK, Berretta TG, D'Innocenzo M. Métodos de avaliação de qualidade na assistência à saúde da mulher no Brasil: revisão integrativa da literatura. *Saúde Coletiva*. 2012[cited 2014 Jan 14]; 9(57):82-8. Available from: <http://www.redalyc.org/pdf/842/84223419004.pdf>
11. Trentini M, Paim L. *Pesquisa convergente-assistencial: um desenho que une o fazer e o pensar na prática assistencial em saúde-enfermagem*. Florianópolis: Insular; 2014.
12. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução 466/12, de 12 de dezembro de 2012. Diretrizes e normas regulamentadoras sobre pesquisa envolvendo seres humanos. Brasília: CNS; 2012.
13. Gomes ARM. Assistência de enfermagem obstétrica na humanização do parto normal. *Rev Recien*. 2014[cited 2014 Jan 14]; 4(11):23-7. Available from: <http://www.recien.com.br/online/index.php/Recien/article/view/73/137>
14. Malheiros PA, Alves VH, Rangel TSA, Vargens OMC. Parto e nascimento: saberes e práticas humanizadas. *Texto Contexto Enferm*. 2012[cited 2014 Jan 14]; 21(2):329-37. Available from: <http://www.scielo.br/pdf/tce/v21n2/a10v21n2>
15. Tabaczenski EMV. *O papel do enfermeiro na visita domiciliar no período puerperal [monografia]*. Cascavel (PR): Programa de Pós-Graduação em Enfermagem da Universidade Candido Mendes; 2009. 53 p.
16. Ministério da Saúde (BR). Portal da Saúde. Rede Cegonha. Diretrizes Gerais e Operacionais da Rede Cegonha. Brasília: MS; 2013.
17. Feyer ISS, Silva J, Koettker JG, Calvette MF, Burigo RA, Colloço VS. *O florescer da vida: parto domiciliar planejado. Orientações para gestação, parto e pós-parto*. Florianópolis: Lagoa; 2009.
18. Leininger M. Teoria do cuidado transcultural: diversidade e universalidade. In: 1º Simpósio Brasileiro de Teorias de Enfermagem. Anais. Florianópolis: UFSC; 1985. p. 255-70.