



EXPERIENCES OF WOMEN SERVED BY THE MODEL OF INTEGRAL PERINATAL CARE BY NURSING, IN THE FRAMEWORK OF TRANSCULTURALITY

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ABSTRACT

INTRODUCTION: Cross-cultural nursing goes beyond knowledge and makes use of the knowledge of cultural nursing care to practice culturally congruent and responsible care. **METHODOLOGY:** phenomenological qualitative design by the process of data collection, the way of organizing them and the type of analysis that is used, is supported by the phenomenological approach that is characterized by focusing its attention on personal experience. **RESULTS:** The categories found in the speeches of the three women were four: Category 1: Skin-to-skin contact in this category, the participants describe the moment when the nursing professional places the newborn on his mother's chest immediately, and in that way generate immediate attachment complemented with exclusive breastfeeding. Both attachment and breastfeeding have gained great importance as it favors the affective bonds of the binomial, establishes a longer lasting relationship, improves the quality of breastfeeding and stimulates optimal health for the child. Category 2: Beliefs and customs regarding their culture, each culture requires a type of attention, since it varies according to the different meanings of caring, of the different types of practices and beliefs that they have on health and illness. Category 3: Spirituality. It is characterized by an inner harmony and feelings of satisfaction. Category 4: Accompaniment refers that all the women remembered with special vividness the words of encouragement that were given to them and the loving physical contact, when there was one. They stated that they clearly remembered these gestures because they had been crucial moments that gave them strength to continue. **CONCLUSIONS:** The way in which the nursing staff respects the varied cultural heritage of each family was recognized. Professional nursing care was responsible and congruent with their culture, linking health practice with anthropological knowledge; promoting the conjugation and interaction of the cultural diversity of the users with the nursing professionals, in a scientific and professional support and, avoiding at all times aggressing or forcing the process. **RECOMMENDATIONS:** Schedule childbirth care for women and families by providing information that a birth without technology is safe and feasible. Likewise, the entire health team must provide information related to the advantages of deliveries without technologies. **BIBLIOGRAPHIC REFERENCES:** Lagunés, Muñoz, O. E. (2015). Cuidado transcultural en la atención materno infantil. (Tesis de licenciatura). Universidad Veracruzana, Veracruz, Ver. Leininger, M. & Farland, M. (2002). Transcultural Nursing: Concepts, Theories, Research, and Practice, Madeleine Leininger: 2002, un análisis de sus fundamentos teóricos. Revista UNAM. Enfermería Universitaria, 4 (2), Pinto, F. (2007). Apego y lactancia natural. Revista chilena de pediatría, 78. doi: 10.4067/S0370-41062007000600008, Pelcastre, B., Santillana, M., De los Ángeles, J., Díaz, A., Ortega, D., & Villegas, N., (2005). Embarazo, parto y puerperio: creencias y prácticas de parteras en San Luis Potosí, México, 39 (4), Cabrera, M. (2001). Acompañamiento en el parto. Ponencia presentada en la Reunión de Matronas en el 5.º Congreso Mundial de Medicina Perinatal, Toledo, L. (2015). Percepción de la vivencia en la atención del parto en agua: Un acercamiento a la exploración cualitativa. (Tesis de licenciatura). Universidad Veracruzana, Veracruz, Ver., Zebadúa Carbonell, J. P. (2011). Cultura, identidades y transculturalidad. Apuntes sobre la construcción identitaria de las juventudes indígenas. IX (1), 36-47.

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INTRODUCTION

The experience of living a natural birth, under the humanized approach, with the Model of Integral Perinatal Nursing Care by its initials in Spanish (MAIPE).

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It must be considered that care is present in all cultures, but has different characteristics in each of them, with diverse ideas about health, which are transmitted from parents to children and, together with social interactions, influence the way in which the person perceives their health and faces the disease.

In the work of nursing is essential to understand, analyze and integrate interculturality, because it generates independence among other benefits in relation to medical personnel, because

the nurse can provide care during pregnancy, delivery and postpartum. Recognizing the ways in which different cultures cultivate health, care for it and the cure of diseases (Lagunes, 2015).

Spirituality has historically been associated with religion or the supernatural and involves religious language, however, religion is an element of spirituality. Spirituality is defined as those aspects of the individual's feelings, aspirations and needs, which are related to the efforts of the human being to find purpose and meaning to the experiences of life, inner plenitude, harmony and connection among themselves, with other people, the universe, whether in theistic, atheistic, non-theistic terms or any combination of these. In addition, it has been identified as a positive or negative mechanism to face the adversities of life (Morales, 2012).

The meaning of care for Leininger (2002), "is the essence and differentiating act of nursing" and defines it as "what allows to assist, sustain, enable and facilitate ways of helping people, based on culture, of a compassionate, respectful and appropriate way to improve their way of life or help them cope with illness, death or disability." She also states that: "care is a fundamental human need, caring is nursing, caring is the heart and soul of nursing, caring is power, caring is healing, and caring is the distinctive feature that makes nursing what it is or should be as a profession and discipline."

Cultural care is the values, beliefs and systematized ways of life that are learned and transmitted subjectively and objectively to help, facilitate and train other people or groups to conserve their well-being or health, improve their human condition or way of life or so that they know how to face an illness, physical or mental impediments or death itself.

Cross-cultural nursing goes beyond knowledge and makes use of the knowledge of cultural nursing care to practice culturally congruent and responsible care.

The specific action program for maternal and perinatal health raises the need to improve the quality of health services, their effectiveness, follow-up and accountability and to reduce the lags in health that affect the population [Centro Nacional de Excelencia Tecnológica en Salud (CENETEC, 2016)].

METHODOLOGY

This research has an approach to the qualitative phenomenological design by the data collection process, the way to organize them and the type of analysis that is used. In agreement with the object of study of experiences of women assisted by the model of integral perinatal nursing care within the framework of transculturality, it is supported by the phenomenological approach that is characterized by focusing its attention on personal experience, the perceptions that show for them the existence of the world, not as it thinks, but as they live it; thus, the lived world, the lived experience, constitute crucial elements of phenomenology.

During the method, a semi-structured interview was conducted with three women from the municipality of Teocelo, Veracruz who had experienced delivery in relation to the object of study, attended at the hospital of said municipality by the MAIPE. a pilot test was carried out with a total of 6 women; 3 belonging to ranches near the municipality of Teocelo, Veracruz and the other 3 residents of the municipality. With the results obtained from the pilot test, the questionnaire was adapted, it was

specified that the recorded data and audios would be used in a confidential manner.

A coding process of conceptual classification of the units covered by the same topic was carried out, which allowed consecutively grouping the data into categories, to establish meanings regarding different events and processes that people described during the interview.

For the analysis of the discourse, the previous recordings of the dialogues of the three women with the experience of having been attended by nursing professionals were taken.

The analysis of the data consisted of a process of reading, reflection, writing and rewriting, which allowed the researcher to transform the lived experience into a textual expression. The person who researches selects words or phrases that describe particularities of the experience studied. Can group those that are related or like each other and form groups that reveal the subjectivity of the people investigated. The phenomenological analysis of the data was carried out using a reductive methodology, with the help of discourse analysis and specifying, and with the search for possible meanings.

RESULTS

Categories

The categories found in the speeches of the three women were four: Skin-to-skin contact, beliefs and customs, spirituality and accompaniment

Category 1: Skin-to-skin contact

In this category, the participants describe the moment when the nursing professional places the newborn in the breast of his mother immediately, and in this way generate the immediate attachment complemented with exclusive breastfeeding. Both attachment and breastfeeding have gained great importance because it favors the affective bonds of the binomial, establishes a longer duration relationship, improves the quality of breastfeeding and stimulates optimal health for the child, as indicated by the Ministry of Health (2016) and CENETEC (2016).

In this context, the participant Maria answered the following question: With what words could you describe the feelings at the moment when the nurse laid her baby on her breast? - "It was the emotion that I did not know whether to cry or laugh when I saw it". Perla answered: it is satisfaction that everything had already happened that everything had already left ... When she was born and I saw her and everything was very calm ... He felt us there and we felt him too, that everything was fine, everything went well ... Much happiness because he was already another member of the family and well more than anything because everything had gone well and we were both very happy, his father no longer wanted to let him go and I did not want me to be burdened him (laughter) we were both very well, very close because of the baby. Mariela said: Well, happiness to see him born.

Today we know that there is a sensitive period, in which the first steps of attachment occur, which will be reinforced day by day in the successive days, to constitute the greatest affective bond that exists in humanity: the mother-child relationship, It is unique because it links him to his mother for life. It is because of this strong dependence that the mother provides the food and care of her son with such perseverance and

dedication, which explains the survival of our species in the last 200,000 years (Pinto, 2007).

Maria said: I gave him the breast six months so that it would give more strength to his body "... They were going to check the child to see how he was reacting with the time we had there, if he cried or to breastfeed, they told me how I had to give him so that he stimulated himself so that he would start to leave. Likewise, **Perla** mentioned: A nurse told me, breastfeed her once and colostrum and I do not know what (laugh) ... right now she has a year and three months and I still give her. **Mariela** said: Of what was the baby for good growth, not to get sick so much

Category 2: Beliefs and customs regarding their culture Each culture requires a type of attention, since it varies according to the different meanings of caring, of the different types of practices and beliefs that have on health and illness. Leininger simultaneously adopted three practical modalities in his theory; the theory is desired to finally discover the care, that is particular and that is universally with care and health and has a comparative focus to identify different or contrasted nursing care practices with specific care constructs. With the above modalities, culturally congruent, safe and responsible care decisions and actions that support well-being, health and satisfactory lifestyles for people can be arrived at (Raile, 2015; Rohrbach, 1998).

Based on her experience, Maria commented: *Eh, the vegetable ... Yes ... Mmm well I tell you it was the vegetable, they always told me that the carrot was so that it could be seen by the baby, so he could see well and that.* Perla contribute: *Eh then practically of everything, what is beans, egg, cheese, soup all that.* Mariela commented: *Vegetable ... fruit*

The conceptions and perceptions that revolve around pregnancy, childbirth and puerperium, which are established cultural patterns in the communities, are what regulate the conducts and behaviors of people. Breaking these rules can lead to illness and death. It is also of vital importance for health personnel to understand how people of different cultures think and feel (Mayca & Medina, 2006)

When a woman is pregnant she participates in a series of popular beliefs and carries out a variety of care and practices with the purpose of having a healthy gestation period and achieving an easy delivery. The beliefs and customs that are associated with pregnancy and childbirth have accumulated over time due, among many other reasons, as pointed out by Foster (1980) cited by Rodriguez, (2000).

In this sense, the interviewees refer about the respect on the part of the health professional, in relation to the beliefs and customs of their family and community; María points out: They do not prevent you from taking anything, Here the custom is that whenever they put a red thread on us when they know you are pregnant ... She says that for him people do not make eye when she is pregnant that always, Perla mentioned: We believe in the eclipses allowed me to wear my bracelets of black with red and a scapular, They never told me no or that I took it off or something, My mother-in-law that is the one that inculcates us in that, this, the eclipse if a woman is pregnant supposedly comes out the eclipse will kill your baby then this red is protective, red ... Based on her experience Mariela commented: The custom that now has one to put a ribbon to care for them ... Well, use the red ribbon does not walk much

when there are eclipses because it hurts the babies ... It is assumed that the moon does not eat it.

It is important to reconstruct events such as childbirth or pregnancy from the point of view of the people involved, since their internal logic reflects the cultural patterns that allow us to understand the meaning and importance they hold. The above, each culture interprets and gives meaning to its own existence and the world that surrounds it, thinking and organizing reality in a certain way (Pelcastre, Villegas, De Leon, Diaz, Ortega, Santillana & Mejía, 2005).

Maria: if there is something thrown on a rope or something, that you do not have to go over it on top of it, because the baby's cord will tangled, do not go to the buries, because children are born with a veil that affects them, The quarantine that they are told, that you can not get up at least just to go to the bathroom or the most essential thing and then they bathe you with hot herbs just as it can not give you the air that because if you do you swell one ... For the body, that because at the time of giving birth this is how they open up the bones that serve to turn them into like to close. Perla: Another belief that the moon does not put the moon through the cracks because it eats them, as well as that here they are very believers of those things ... They are forty days of care, it is the quarantine that they say, but you cannot do Absolutely nothing and cannot eat more than chicken soup or soup.

In all periods, the beliefs and practices that revolve around pregnancy and childbirth are influenced by cultural factors, with such a deep rootedness, which has been demonstrated by medical anthropology that it is easier to achieve changes in health practice than in beliefs and attitudes, not only on the gestation and the moment of delivery, but also on the etiology and control of the disease (Rodríguez, 2000).

Maria said: Here we are accustomed to put on baby girdle belt and that ... And there in the hospital nothing, so they leave ... They only put the gauze and diaper ... If I put it ... Then I changed it ... I had craved Grenache then my mother-in-law gave me water in a new jug, just as it was dirty from the dust that this water would take so that it would not harm me. Perla said: Many times moms do not have milk and then the mother-in-law or granny gives her the atoles so that you have milk, the nurse tells me not you do not try not to take them better but hold the baby and while he sucks more, more milk will go out if you take the atoles the only thing you are going to do is that you will get fat ... My mother-in-law of those atoles did not give me because she says that they are cold and that supposedly in the forty days you cannot consume anything cold.

Category 3: Spirituality

Spirituality is defined as those aspects of the individual's feelings, aspirations and needs, which are related to the efforts of the human being to find purpose and meaning to the experiences of life, inner plenitude, harmony and connection between himself, with another people, the universe, whether in theistic, atheistic, non-theistic terms or any combination of these (Pargament, 2007 cited by Morales, 2012).

Regarding the previous Maria expresses her experience: Well, it is to have faith in something that is like a support, one takes hold of it and has a faith that everything will turn out well. As always asking God, commending that everything goes well and that the main thing that the baby came to be healthy. I'm

catholic. Perla contributed: Spirituality because I really believe in God and, I like to pray ... I believe in God, but I am not one of the people who attend church. For me the spirit of God if it exists ... All the time was to ask God especially when he is about to be born ...

Religion is a system of beliefs and practices observed by a community, supported by rituals that recognize, worship and communicate, directed to the sacred, the transcendental, the divine, God (in Western culture); or the ultimate truth, reality or nirvana in the oriental culture (Koenig, 2008 cited by Morales, 2012), are manifestations within a cultural-historical context that influences the lives of people, so they may have non-traditional expressions or other autochthonous and healing practices that involve invisible spiritual forces that are outside the individual.

Perla expressed the following: The day I knew that the baby was going to be born that day I went to the early mass (laughter) bring a candle and ask God to make it all go well and as soon as they pass you to the hospital, ask God to do well. baby that if something goes wrong the baby before me, but more than anything I think it is reinforced when it is going to be childbirth ... Yes, because sometimes I do not know if it is destiny or what, but I feel that I ask things to God and they are made then like that one goes to the church and asks for one that everything goes well and everything goes well and thanks one to God. Mariela mentioned: Well it was quiet now if it was ... Yes ... catholic ... Going to see the virgin of Guadalupe asking her to help me when I was going to give birth ... I took it to thank the virgin of Guadalupe.

The category of spirituality is closely related to the statements of Watson (1989) in his theory, where he mentions that being transcends nature. The spiritual dimension refers to the essence, the inner self and the transcendence of being. Spiritual well-being is the affirmation of life in relation to God, to himself, and to others. It is the possibility of finding a meaning and a purpose to life. It is characterized by an inner harmony and feelings of satisfaction.

Category 4: Accompaniment

Childbirth is a physiological fact that is part of female biology. Throughout history it is known that most births took place in homes and constituted a family event; the parturient was in her environment, surrounded by the emotional warmth of theirs and accompanied by the father, on the other hand the study of Barrera, expresses that the effects of family support during labor and delivery improves the physiology of the same, the sense of control and competence of the mother, which reduces the dependency factor of many unnecessary medical interventions (Barrera, 2016, Cabrera, 2001).

In the speech, Maria mentioned: It is feeling safe ... And this and not being so afraid of it at the time ... Well, tranquility, security, because if it is there, if it gives you a little fear (laughter), but knowing that it is there with you and feel more secure. Perla said: Well it's support and it feels good, you're not alone in that, that moment is the support ... Well what I said support, because you're alone and with your pain and you are surrounded by doctors without anyone you know, but someone there by your side that you know that if you know and that you know he is with you ... Eh as I said, support and tranquility because many times you never know what will happen and I always thought if I faint someone is seeing the baby It was

born well or something like that then that support and tranquility. Mariela: That they are always by my side ... Well, it's good that they do not leave us alone ... Well, happiness that they were next to me.

It is interesting to review the meta - analysis made by Hodnett (2001) (cited by Cabrera, 2001), about the results that demonstrate the independence of the woman being with the relative chosen by her, the support given by a trained person reduces the need for medication for pain, instrumental births and cesareans and the newborn, also presented an Apgar test > 7 at 5 min of life, as well as a continuous support that is associated with a slight decrease in the duration of work of childbirth.

Núñez (2014) mentions that, in any process of childbirth, but with greater intensity in a labor without anesthesia, a continuous, respectful accompaniment is required, based on emotional support and the fact of generating security and confidence in the woman who is doing well, and everything is progressing within the expected. Also mentions that this is fundamental with respect to the management of pain, because it allows to calm the uncertainty and fear, which are finally the elements, around the pain, that end up making the experience unbearable. In addition, refers that all the women remembered with special vividness the words of encouragement that were given to them and the loving physical contact, when there was one. They stated that they clearly remembered these gestures because they had been crucial moments that gave them strength to continue.

The literature review included the theory of the diversity and universality of cultural care, which was the basis for this research, since Leininger incorporates cultural factors as an influence on care, attention and care through personal-family-professional interaction of nursing, to provide culturally consistent care to maintain and restore their well-being, health or coping with death in a framework of transculturality.

It was possible to recognize the way in which the nursing staff respects the varied cultural heritage of each family. Professional nursing care was responsible and congruent with their culture, linking health practice with anthropological knowledge; promoting the conjugation and interaction of the cultural diversity of the users with the nursing professionals, in a scientific and professional support and, avoiding at all times aggressing or forcing the process.

When rescuing ancestral care of the users, benefits are achieved for the population such as; provide new care based on natural remedies, which do not involve harm to health and decrease costs. At the same time, the management of the pregnant woman is transcendental for the professional, who, through communication and interaction, fostered teaching and care strategies that favored health.

By identifying values, beliefs, customs, feelings and experiences of accompaniment, it is possible to appreciate that cultural practices tend to be rooted and influenced by contexts from the point of view of the world, language, philosophy, religion, spirituality, society, politics, education, economy, technology and environment of cultures. Hence, the experiences in the accompaniment were described in an unfathomable way, resulting in new perspectives.

It is important to emphasize that, under the analysis of the discourses of the participants in the study and from the

perspective of the four categories, it can be explicitly established that the MAIPE allows and facilitates the care of women from the beginning of pregnancy, consenting to the presence of the father mainly in the delivery care; the model as integral care, provides prenatal control, surveillance of low risk labor, carries out assessment of the obstetric and reproductive danger, as well as the adequate management in the puerperium, education for the health of the pregnant woman; having as a fundamental objective, that the experience be lived as a special moment, pleasant, in conditions of human dignity, where the woman is the subject and protagonist of her own birth, as one of the most moving moments of her history

Recommendations

Prenatal care programs should be implemented by the nursing staff, to encourage attendance at a greater number of prenatal consultations and encourage immediate attachment to breastfeeding.

Promote the benefits of normal pregnancy care, prenatal control models led by trained nurses or specializing in maternal perinatal care, such as: vaginal delivery, self-control of labor and delivery, early initiation of breastfeeding, less possibility of hospitalization, epidural analgesia, episiotomy and instrumental delivery. Shorter time of hospitalization of neonates.

Schedule childbirth care for women and families by providing information that a birth without technology is safe and feasible. Likewise, the entire health team must provide information related to the advantages of deliveries without technologies.

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