Perfil Sócio-Demográfico, Clínico e Obstétrico das Puérperas de uma Atenção Peri-Hospitalar

Socio-Demographic, Clinical and Obstetric Profile of Postpartum Women in Peri-Hospital Care

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Resumo

Introdução: Rede de cuidados que visa assegurar à mulher uma atenção humanizada à gravidez, ao parto e ao puerpério, bem como à criança o direito ao nascimento seguro. **Objetivo:** caracterizar o perfil sociodemográfico, clínico e obstétrico das puérperas de uma unidade peri-hospitalar e identificar as características clínicas de seus recém-nascidos, internados na UTI Neonatal. **Métodos:** pesquisa descritiva, transversal, retrospectiva e de abordagem quantitativa realizada em 2021. Participaram 180 puérperas que estiveram alojadas na Casa da Gestante, Bebê Puérpera entre fevereiro a agosto de 2021 e os seus recém-nascidos. **Resultados:** prevaleceu mulheres na faixa etária de 18 a 34 anos, multigestas, com ausência de doenças pregressas (63,3%), 1 a 2 doenças gestacionais (64,4%), número de consultas de pré natal ≥ 6 (63,9%), sendo de alto risco gestacional (58,3%) e cesariana como via de parto (55,5%). Quanto aos recém-nascidos, identificou-se: recém-nascidos a termo (38,1%), média de 15,2 dias de internação, com prevalência nos diagnósticos relacionados à disfunção respiratória, icterícia neonatal, com necessidade de fototerapia, prematuridade e infecção precoce presumida, alta hospitalar em aleitamento materno exclusivo (72,5%). **Conclusões:** a caracterização das puérperas da Casa da Gestante, Bebê Puérpera e seus recém-nascidos pode trazer a garantia do acesso aos serviços de saúde de maneira integral e eficaz, assegurando uma atenção humanizada durante a gravidez, ao parto e ao puerpério.

Palavras-chave: Centros de Saúde Materno-Infantil. Vulnerabilidade Social. Unidades de Terapia Intensiva Neonatal.

Abstract

Introduction: Care network that aims to ensure women receive humanized care during pregnancy, childbirth and the postpartum period, as well as the child's right to a safe birth. **Objective:** to characterize the socio-demographic, clinical and obstetric profile of postpartum women in a peri-hospital unit and to identify the clinical characteristics of their newborns admitted to the Neonatal ICU. **Methods:** descriptive, cross-sectional, retrospective research with a quantitative approach carried out in 2021. The participants were 180 puerperal women who were housed at Casa da Gestante, Baby Puerpera between February and August 2021 and their newborns. **Results:** women aged 18 to 34 years, multi-gestations, with no previous diseases (63.3%), 1 to 2 gestational diseases (64.4%), number of prenatal consultations ≥ 6 (63, 9%), with high gestational risk (58.3%) and cesarean section as the delivery route (55.5%). As for newborns, it was identified: full-term newborns (38.1%), average of 15.2 days of hospitalization, with prevalence in diagnoses related to respiratory dysfunction, neonatal jaundice, needing phototherapy, prematurity and presumed early infection, hospital discharge on exclusive breastfeeding (72.5%). **Conclusion:** the characterization of puerperal women at Casa da Gestante,

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Baby Puerpera and their newborns can guarantee access to health services in a comprehensive and effective way, ensuring humanized care during pregnancy, childbirth and the puerperium.

1 Introduction

As one of the strategies for reducing infant mortality and improving health care for pregnant women, to meet the Millennium Development Goals – MDG (Rome, 2019), the Ministry of Public Health issued ordinance No. 1,459/ GM/ MS, of June 24, 2011, which establishes, within the scope of the Single Health System (SUS), the Rede Cegonha (Brazil, 2019). Care network that aims to ensure women receive humanized care during pregnancy, childbirth and the postpartum period, as well as the child 's right to a safe birth (Brazil, 2019).

Concomitant to health care services for pregnant women, newborns and high-risk postpartum women, in accordance with Rede Cegonha, there is the Casa da Gestante, Bebê e Postuérpera (CGBP) governed by ordinance nº 1.020/ GM/ MS, May 29, 2013 (Brazil, 2013). It consists of a temporary residence for the care of pregnant women and postpartum women with or without their newborns in situations of risk or social vulnerability that require surveillance and proximity to the hospital establishment to which it is linked (within a radius equal to or less than five kilometers), although there is no need for hospitalization in this hospital/maternity hospital, guaranteeing reception, guidance, monitoring, accommodation and food (Brasil, 2013).

In this way, the CGBP can be called a peri-hospital care unit, as it represents a strategy for reversing hospital-centered care and allows for the construction of a new logic of care, focusing on disease prevention, health promotion and humanization of care, also reducing hospital costs and risks, as well as expanding the areas of activity of health professionals, especially nursing (Pimenta et al., 2012).

In 2020, Brazil registered 270 hospital services enabled within the Cegonha Network, with only 32 of these units corresponding to the Pregnant, Baby and Postpartum Houses (Brazil, 2020). Some examples are the "Casa das Gestantes Zilda Arns" linked to the Hospital Sofia Feldman in Belo Horizonte/ MG and the CGBP "Ilaria Rossi de Vasconcelos" (CGBP-IRV) linked to the Hospital e Maternidade São José in the municipality of Colatina/ ES (Brazil, 2020).

In some countries on the African continent, where pregnant women have great difficulty accessing health services, there are care models similar to the CGBP, known as Maternity Waiting Homes (MWH) (Pimenta et al., 2012). They are safe and comfortable health facilities, with the support of a team of health professionals, where pregnant women who are about to give birth and those who have recently given birth can stay, preventing them from having to travel long distances during this period, which promotes better maternal outcomes and neonatal and allows women to have support to learn how to care for themselves and their babies

(Pimenta et al., 2012).

Another relevant action that can be added to the objectives of the CGBP is to provide opportunities for the development of actions aimed at health education for hospitalized postpartum women and their families, by the multidisciplinary team that works there, in addition to involving academics and residents in infection prevention activities to postpartum period and actions to promote breastfeeding (Rodrigues et al., 2019).

Health education activities carried out by nursing residents include group dynamics, dramatization, conversation circles, lectures and other actions that aim to help postpartum women adapt to the motherhood process and make them more confident in dealing with the tension moment of having the child in the Neonatal Unit, empowering them as women and mothers (Ferraresi & Arrais, 2016). It is worth highlighting that the operation of the CGBP must respect the cultural values of its users and their families, designing an environment that welcomes cultural differences (Borgonove, 2013).

The interest in the topic arose from the experience in the multidisciplinary residency program in maternal and child health, following the process of pregnancy, childbirth and the high-risk postpartum period for women and their families, which often culminate in the hospitalization of the newborn in the Neonatal Unit and increased nursing needs and assistance for the mother-baby-family triad.

By observing the routine of this mother who needs to take care of herself, at this time of post parturition, and accompany her baby, who is not with her, it allows us to understand the difficulties that may be present in this process and how this may influence the behavior of her family dynamics (Ferraresi & Arrais, 2016; Kegler et al., 2019).

In order to answer the guiding question of this study "What is the socio-demographic, clinical and obstetric profile of the first postpartum women at the CGBP, and what are the clinical characteristics of the newborns of these postpartum women admitted to the Neonatal Unit?" and considering the limited studies related to the topic published and found in the national literature, this research aimed to characterize the socio-demographic, clinical and obstetric profile of postpartum women in a peri-hospital unit and identify the clinical characteristics of their newborns admitted to the Unit Neonatal.

2 Material and methods

This study is a descriptive, cross-sectional, retrospective and quantitative research. It was carried out in a maternity hospital, with 100% care provided by the single health system (SUS), located in a municipality in the Northeast of Santa Catarina, in 2021.

In 2020, the study maternity hospital had a monthly average of 753 hospitalizations, 337 natural births, 220 cesarean sections, 54.8% of high-risk pregnancies and 102.2% of beds occupied in the neonatal unit (Brazil, 2021).

The scenario for carrying out this research was the CGBP, known as the maternity support house, in its first semester of operation, between the months of February and August 2021. Opened in February/2021,

the unit is next to the Maternity, in which users have complete accommodation, monitoring by a multidisciplinary team 24 hours a day, seven days a week, in addition to access to health care at the hospital during their stay at home (Brasil, 2021).

The sample size calculation for this study was not necessary as all postpartum women and their newborns participated according to the inclusion criteria, women who had recently given birth at the CGBP during the period from February to August 2021 and who had their data recorded in the CGBP's own book. institution. And their newborns admitted to the Neonatal Unit of the maternity hospital, in the same period, who have electronic medical records in the Micromed ® system, used by the maternity hospital.

Exclusion criteria were established: postpartum women who used the home's facilities to spend the day between handling and visiting their babies in the Neonatal Unit, and who returned to their homes at night to spend the night; postpartum women who, because they lived in very distant municipalities, were temporarily housed at the CGBP; newborns of postpartum women in the above cases; and newborns who died.

Thus, 180 postpartum women and 189 newborns participated, considering nine pairs of twins, admitted to the Neonatal Unit (Neonatal Intensive Care Unit - NICU and Conventional Neonatal Intermediate Care Unit - UCINCo). Three postpartum women and their newborns were excluded due to a) the electronic medical record not being located; b) death of the newborn; and c) having temporarily stayed at the CGBP because it is from a distant municipality and the newborn is scheduled to be transferred to another Neonatal Unit.

The names of the participants were acquired through the postpartum woman's admission form at the CGBP for subsequent collection of other data in the electronic medical records of the postpartum women and their newborns in the Micromed® 2021 system of the maternity hospital under study. The collected data were double-checked, using a form prepared by the researcher.

The study variables relating to postpartum women were: age, number of pregnancies, number of children, history of abortion, marital status, city of residence, education, previous illnesses, gestational illnesses, number of prenatal consultations, medications used during pregnancy , toxic habits, gestational risk and mode of delivery. Regarding newborns, the variables were: weight and gestational age at birth, Apgar score at the 1st and 5th minute, length of stay in the Neonatal Unit, clinical diagnosis(es) for admission to the Neonatal Unit and Exclusive Breastfeeding (EBF) at hospital discharge.

Maternal age was divided into less than 18 years old, between 18 and 34 years old and greater than or equal to 35 years old. Regarding the number of children, the newborn admitted to the Neonatal Unit was counted and considered 1 to 2 children, 3 to 4 children and more than 4 children.

Regarding the municipality of residence, a division was made into three categories. Residents of Joinville, other municipalities in the region referred to the Darcy Vargas maternity hospital, such as: Araquari, Balneário Barra do Sul, Barra Velha, Garuva, Itapoá, São João do Itaperiú and São Francisco do Sul and residents of other municipalities who were referred to Joinville via state regulation.

Regarding the woman's education, it was decided to divide it into incomplete middle school, complete

middle school, incomplete high school, complete high school, incomplete higher education and complete higher education, as filled out in the woman's registration in the electronic medical record. There was only one case of an literate woman.

The variables diseases prior to pregnancy and gestational diseases were classified as absence of diseases, 1 to 2 clinical diagnoses and more than 2 clinical diagnoses. The number of prenatal consultations was classified according to the Ministry of Health (Brazil, 2021) between <6 consultations, ≥6 consultations, followed by the average, minimum and maximum number of consultations.

Regarding the medications used during pregnancy, a division was made into antihypertensives, synthetic hormones (levothyroxine sodium, progesterone and insulin), oral hypoglycemic agents, anxiolytics and others (acetylsalicylic acid, nitrofurantoin and spiramycin). To classify toxic habits during pregnancy, those described in the medical records were used, such as no reported habits, alcoholism, smoking and illicit drugs (marijuana, cocaine, ecstasy or crack).

Regarding the classification of gestational risk as high risk, medium risk or low risk, the gestational risk stratification instrument from the Health Department of the State of Santa Catarina (Brazil, 2021) was used or as completed in the medical records. The type of birth was subdivided as vaginal or cesarean. There was only one case of a pregnant woman with twins in which one newborn was born vaginally and the other newborn was born via cesarean section.

Regarding the newborn's variables, birth weight was classified as extremely low weight (< 1000g), very low weight (1000g to 1499 g), low weight (1500g to 2499 g), adequate (2500g to 4000g) and macrosomic (> 4000g), as defined by the Ministry of Health[12]. Following the same MS definitions, gestational age was divided into six categories: Extreme prematurity (< 28 weeks), Severe prematurity (between 28 and 30 weeks of gestation), Moderate prematurity (between 31 and 33 weeks of gestation), Pre- late-term (between 34 and 36 weeks of gestation), full-term (between 37 and 41 weeks and 6 days of gestation) and Post-term (equal to or greater than 42 weeks) (Brazil, 2021).

The APGAR variable (newborn extrauterine life adaptation index) was classified as <7 and ≥7, followed by the average, minimum and maximum. Being considered an important risk indicator for neonatal morbidity and mortality (Silva et al., 2020).

To define the length of stay in the Neonatal Unit, a division was established between 1 to 14 days, 15 to 30 days and greater than 30 days, followed by the average, minimum and maximum number of days. Regarding the number of clinical diagnoses during hospitalization in the Neonatal Unit, it was decided to divide it into less than or equal to 3 diagnoses, 4 to 5 diagnoses and greater than or equal to 6 diagnoses, followed by the average, minimum and maximum number of diagnoses.

The data were organized using a spreadsheet in Microsoft Office software - Excel® 2016, and subsequently processed and a descriptive analysis of the data was carried out by calculating the absolute (n) and relative frequencies (%), to obtain the mean and deviation standard, presented in the form of tables. In analyzing

and interpreting the data, the available scientific literature was used to identify divergences or similarities in the findings.

All ethical recommendations for research with human beings, according to the National Health Council – Resolution nº 466/2012[15] were followed and the study was approved by the Research Ethics Committee of the Hans Dieter Schmidt Regional Hospital under opinion number 4,733,596 on the date May 25, 2020.

3 Results

3.1 Sociodemographic characterization of postpartum women in a peri-hospital care unit.

Participants were 180 postpartum women who stayed in the peri-hospital care unit of a public maternity hospital located in the Northeast of Santa Catarina, Brazil, between February and August 2021. Regarding socio-demographic characteristics, there was a higher prevalence of women in the age group between 18 to 34 years old 135 (75.0%), multigravid 107 (59.5%), who had one to two living children 132 (73.4%), single 115 (63.8%), from the city of Joinville 121 (67.2%), 97 (53.9%) had completed high school and 37 (20.5%) had a history of previous abortions (Table 1).

Table 1 – Sociodemographic characterization of postpartum women using a peri-hospital care unit of a public maternity hospital in the Northeast of Santa Catarina, Brazil between February and August 2021.

Variables	n	%
Maternal age (years)		
18-34	135	75,0
≥35	36	20,0
< 18	9	5,0
Pregnancies		
Multigravidae	107	59,5
Primigravidae	73	40,5
Number of children		
1-2	132	73,4
3-4	33	18,3
>4	15	8,3
Abortion history		
No	143	79,5
Yes	37	20,5
Marital status		
Single	115	63,8
Stable union	57	31,7
Divorced	8	4,5
Municipality of residence		
Joinville	121	67,2
Referenced municipalities	55	30,6
Others	4	2,2
Education		
Complete high school	97	53,9
Incomplete high school	22	12,2
Incomplete middle school	22	12,2
Complete middle school	18	10,0
Graduated	12	6,7
Incomplete higher	8	4,4
Literate	1	0,6

Source: prepared by the author. Micromed ® System, 2021.

3.2 Characterization of postpartum women in a peri-hospital care unit regarding obstetric data

In relation to obstetric data, 114 (63.3%) of the postpartum women had no previous illnesses during pregnancy, while 66 (36.7 %) had a previous diagnosis of chronic arterial hypertension, obesity, hypothyroidism or type 2 Diabetes Mellitus. Of the participants in the study 116 (64.4%) developed one to two diseases or complications during the gestational period, the most prevalent of which were: Gestational Diabetes Mellitus, premature labor, urinary tract infection, premature rupture of membranes (RUPREME), intrauterine growth restriction (IUGR), pre-eclampsia, pregnancy-specific hypertensive syndrome (GHS) or had a twin pregnancy, considered high risk.

The average number of consultations during prenatal care was 7.8 consultations and a standard deviation of 3.3, with 115 (63.9%) of women having more than six consultations, as recommended by the Ministry of Health[15]. The majority of postpartum women did not use any treatment medication during

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pregnancy 114 (63.3%) and did not report any toxic habits 159 (88.3%). Regarding the gestational risk classification, there was a higher proportion of high risk 105 (58.3%). Cesarean section as the method of delivery prevailed among 100 postpartum women in the study (55.5%) (Table 2).

Table 2 – Obstetric data of postpartum women using a peri-hospital care unit of a public maternity hospital in the Northeast of Santa Catarina, Brazil between February and August 2021.

Variables	n	%	Média	Mínimo	Máximo
Previous illnesses (number)					
Absence	114	63,3			
1-2	54	30,0			
>2	12	6,7			
Gestacional diseases					
1-2	116	64,4			
>2	34	18,9			
Absence	30	16,7			
Prenatal consultations (number)			7,8	0	20
≥ 6	115	63,9			
< 6	65	36,1			
Medications used in pregnancy					
None	114	63,3			
Antihypertensive	27	15,0			
Synthetic hormone	24	13,4			
Oral hypoglycemic	20	11,2			
Anxiolytic	8	4,5			
Others	4	2,3			
Toxic habits					
None reported	159	88,3			
Smoking	19	10,5			
Illicit drugs	5	2,7			
Alcoholism	4	2,2			
Gestacional risk					
High	105	58,3			
Low	74	41,1			
Average	1	0,6			
Birth routes					
Cesarean section	100	55,5			
Vaginal	79	43,9			
Cesarean section + vaginal	1	0,6			

Fonte: Sistema *Micromed* ®, 2021.

3.3 Clinical characterization of newborns of postpartum women using a peri-hospital care unit

Regarding the clinical characterization of newborns, children of postpartum women participating in the research, 86 (45.5%) had adequate birth weight (2500g to 4000g) and 65 (34.4%) were born late preterm (between 34 and 36 weeks and 6 days) approaching full-term births 72 (38.1%). The APGAR mean in the 1st minute of life was 6.8 and standard deviation was 1.9, with 133 (70.4%) achieving a score greater than or equal to 7. In the 5th minute of life, the APGAR mean was of 8.2 and standard deviation of 1.2, in which 172 (91.1%) achieved a score greater than or equal to 7.

The average length of stay in the Neonatal Unit was 15.2 days and standard deviation was 14.4, with a minimum

of 3 days and a maximum of 90 days (median of 10 days). In relation to clinical diagnoses, 107 (56.6%) of newborns had up to 03 medical diagnoses, with an average of 3.8 and standard deviation of 2.5, with the most prevalent being those related to respiratory dysfunction 165 (87, 3%), neonatal jaundice, requiring phototherapy 111 (58.7%), prematurity 107 (56.6%) and presumed early infection 81 (42.8%).

Regarding exclusive breastfeeding, 137 (72.5%) of newborns were discharged from hospital receiving this type of breastfeeding. The other 52 (27.5%) needed artificial formula to complement breastfeeding and/or received medical advice to use a bottle (Table 3).

Table 3 – Characterization of newborns admitted to the neonatal intensive care unit, children of postpartum women using a peri-hospital care unit in a public maternity hospital in the Northeast of Santa Catarina, Brazil between February and August 2021.

Variables	n	%	Média	Mín	Máx	Mediana
Birth weight (grams)						
2500 a 4000	86	45,5				
1500 a 2499	78	41,3				
1000 a 1499	14	7,4				
> 4000	8	4,2				
< 1000	3	1,6				
Gestational age at birth (weeks)						
37 a 41 + 6 days	72	38,1				
34 a 36	65	34,4				
31 a 33	36	19,0				
28 a 30	11	5,8				
< 28	4	2,1				
≥ 42	1	0,6				
APGAR in the 1st minute			6,8	0	9	
≥7	133	70,4				
< 7	56	29,6				
APGAR in the 5th minute			8,2	2	10	
≥7	172	91,1				
< 7	17	8,9				
Length of stay (days)			15,2	3	90	10
1 a 14	127	67,2				
15 a 30	38	20,6				
> 30	23	12,2				
Clinical diagnoses			3,8	1	15	
≤ 3	107	56,6				
4-5	47	24,9				
≥ 6	35	18,5				
EBF* upon discharge						
Yes	137	72,5				
No	52	27,5				

*EBF – Exclusive breastfeeding.
Source: *Micromed* ® System, 2021.

4 Discussion

The research "Born in Brazil: national survey on labor and birth", demonstrated that 51.4% of women

who used the public health service in Brazil for the birth of their child were up to 20 years of age and 39.5% from 20 to 24 years old (Torloni, Betran & Belizan, 2016), results that differ from those found in this research regarding the age group prevalent in postpartum women using a peri-hospital unit of a public maternity hospital. In Brazil, a study carried out in the State of Espírito Santo showed that, in 2018, a total of 177 postpartum women stayed at the CGBP in question (Rodrigues et al., 2019). This is a lower result than that found in our research, in which 180 postpartum women stayed at the support home in just the first six months of operation. Another study investigated advanced maternal age related to the probability of neonatal near miss and found that this probability for nulliparous women aged 35 or over was 62% higher when compared to women aged between 20-29 years, and for multiparous women this chance was 51% higher (Martinelli et al., 2019). Regarding the number of pregnancies, multi pregnancy and primiparous women had approximate proportions in this study. However, another survey, carried out in Belo Horizonte, showed divergent results, in which 39.3% of postpartum women who used CGBP were primigravidae and 60.7% were multigravidae (Pimenta et al., 2012).

Other maternal characteristics highlighted in this study were the prevalence of postpartum women using the support home who were single and resident in the same municipality as the maternity ward. The implementation of the CGBP consolidates an expanded, complementary and helpful approach to humanized assistance for this socially vulnerable postpartum woman, whether due to not having an adequate support network to face this process, or due to the difficulty in daily transport to the maternity ward, even if residing in the same municipality (Rodrigues et al., 2019).

As for the education of women who have recently given birth, more than 35% did not complete middle school education. Studies have pointed out the relationship between low maternal education and less family planning, reduced prenatal care, greater complications during childbirth, increased risk for the birth of premature babies, difficulties in caring for the newborn, among other associative factors and of social vulnerability (Costa et al., 2014).

At CGBP, postpartum women are cared for and welcomed, consequently, they increase their ability to recognize and meet the needs of the newborn, to be more responsive to them, ensuring a healthier environment for the development of this baby, facilitating their entire family dynamics and obtaining benefits immediately and for the future of this child, the family and society (Brazil, 2017).

Of the postpartum women using CGBP, 83% had some gestational complication or illness during the period. A study showed that hypertensive diseases (pre-eclampsia and eclampsia) and urinary infection were related to neonatal near miss (Martinelli et al., 2019).

The prevalence found of postpartum women with high gestational risk may be a reflection of the fact that the maternity hospital in the study is a reference in high-risk pregnancies and high complexity in neonatology, justifying the proportion that approximately 60% of postpartum women underwent high-risk prenatal care (Brazil, 2017).

Identifying risk factors in advance enables the preparation of health teams and the management of interventions that reduce complications in the perinatal period, childbirth, postpartum and, consequently, maternal and neonatal morbidity and mortality (Demitto et al., 2017).

Carrying out prenatal care with the recommended number of consultations is essential for identifying risk immediately and after the birth of the baby. In this study, the average number of prenatal consultations carried out was 7.8, with 115 (63.9%) of women having more than six consultations (Brazil, 2017).

A survey carried out with 2,286 newborns found that the greater the number of prenatal consultations, the lower the probability of late prematurity occurring. Among mothers who had fewer than six prenatal consultations, the prevalence of late prematurity was 74% higher (Machado, Marmitt & Cesar, 2016).

Regarding the use of medication during pregnancy, almost 37% of the postpartum women in our study underwent treatment with antihypertensives, oral hypoglycemic drugs, synthetic hormones or other types of medication. A study carried out based on interviews with 1099 pregnant women, in a municipality in Bahia, in 2017, found that the prevalence of medication consumption during pregnancy was 84.7%. And the factors associated with the use of medication during pregnancy were education ≥ 11 years of study, having had three or more prenatal consultations and having a health problem (Costa, Coelho, Santos, 2017).

The variable "toxic habits" was analyzed due to its impact on the prognosis of the newborn and its mother, such as an increased risk of miscarriage or reduced gestation time, myometrial apoplexy and placenta previa, more premature births and/or hypertrophy, depending on the dose and time of drug use during pregnancy (Lamy & Thibaut, 2017).

In our study, most pregnant women reported not having any toxic habits during pregnancy, however this information may be underreported, since pregnant women may present "feelings of guilt" which, anticipating possible repression and disapproval by the health professional, , may deny or underreport their drug use (Kassada et al., 2013). Even so, it is relevant to consider that 15% of postpartum women reported some toxic habit during pregnancy (Kassada et al., 2013).

Another issue to be analyzed is that mothers with high chemical dependency do not usually stay in the peri-hospital care unit, as they do not have the ability to stay for prolonged periods, and have difficulty following the rules of coexistence and interacting with other people. However, housing these mothers is extremely important for promoting health education, seen as a window of opportunities for motherhood.

Regarding the method of delivery, cesarean section was prevalent in 55.5% of our sample. Other studies converge with this, relating cesarean sections in Brazil and show that in the last four decades, the proportion of cesarean sections in the country has almost quadrupled, going from 14.5% in 1970 to more than 50% in 2010 (Leal et al., 2021; Leal & Gama, 2019).

It is recognized that in a cesarean section, women lose the opportunity to be protagonists in the birth of their children and are exposed with them to greater risks of morbidity, mortality and mortality. In addition, this method of delivery can lead to greater risks for neonatal deaths, respiratory problems, physiological

jaundice, iatrogenic prematurity, anoxia and an increase in babies admitted to the neonatal ICU for prolonged periods (Vicente & Lima, 2018).

Many cases of late prematurity in Brazil may be due to iatrogenic prematurity in women who underwent cesarean sections with an incorrect assessment of gestational age (Torloni, Betran & Belizan, 2016).

The National Survey on Births and Births carried out in 2011-2012 (Torloni, Betran & Belizan, 2016), showed that the prematurity rate in Brazil is 11.5%, with 74% of these being late premature babies (34 to 36 weeks). In our study, the prevalence of full-term newborns (38.1%) was very close to that of late premature babies (34.4%).

In our study, adequate birth weight prevailed (2500g to 4000g), considered a relevant factor for the prognosis of the newborn, in isolation, since birth weight and gestational age are considered risk factors that determine the evolution of the newborn (Oliveira et al., 2018).

Prematurity is closely related to physiological and metabolic immaturity, presenting increased risks of neonatal complications, such as respiratory distress, hypothermia, hypoglycemia, hyperbilirubinemia, feeding difficulties and infections (Almeida et al., 2020).

Regarding the clinical diagnoses of newborns during hospitalization in the Neonatal Unit, those related to respiratory dysfunction prevailed 165 (87.3%), neonatal jaundice, requiring phototherapy 111 (58.7%), prematurity 107 (56.6 %) and presumed early infection 81 (42.8%). A study that sought to identify the main causes of hospitalizations in a neonatal unit in the extreme North of Brazil converges with our findings. In a sample composed of 206 newborns, prematurity (48.06%) was found as the main diagnosis for hospitalization, followed by respiratory dysfunction (18.93%) and hypoglycemia (6.31%) (Silva et al., 2020). This result is also similar to other research in which prematurity (79.3%), respiratory distress (56.9%) and neonatal infection (22.4%) were the most prevalent clinical admission diagnoses (Ferraresi & Arrais, 2016).

In relation to the APGAR Index, 70.4% of newborns obtained a score greater than or equal to 7 in the first minute and 91.1% achieved a score greater than or equal to 7 in the fifth minute, representing good vitality at birth, based on the score. This result is significant with regard to the physiological recovery of the newborn shortly after birth (Silva et al., 2020).

When analyzing the length of stay in the Neonatal Unit, the newborns studied remained hospitalized for an average of 15.2 days, similar results to this study found averages of 10.7 and 17 days of hospitalization (Silva et al., 2020; Oliveira et al., 2015). In 2020, the average length of stay in the Neonatal Unit, in the study maternity ward, was 7.3 days, reaching the goal established by the institution of 7 days (Brazil, 2021).

With regard to newborn feeding in the Neonatal Unit, our study found that 72.5% of the sample was discharged from the hospital on exclusive breastfeeding (EBF), similar to another study that found that of the 107 medical records analyzed, 82 newborns (76.64%) at the time of hospital discharge were being fed exclusively through breast milk (Pachu & Viana, 2018).

Promoting EBF is one of the main objectives of this support home, since the postpartum woman who

is able to stay close to her child strengthens the bond with her baby, facilitating conditions for effective breastfeeding (Pachu & Viana, 2018). Thus, the result found reflects the efficiency of the implementation of the maternity support house in the study, even though the house was opened in the year of the COVID-19 pandemic, with strict sanitary protocols for coexistence and visits to the Neonatal Unit (Pachu & Viana, 2018).

However, the 52 (27.5%) newborns who were discharged from hospital whose diet was not exclusively breastfeeding, were on mixed breastfeeding with the provision of the mother's breast and artificial formula, as it was not possible, during hospitalization, to remove supplementation from the diet. Among other justifications found in the medical records, four were transferred to another neonatal unit during hospitalization, two had their mothers away due to COVID-19 and one was discharged exclusively using a bottle (Pachu & Viana, 2018).

The results of this study made it possible to characterize the sociodemographic, clinical and obstetric profile of postpartum women who are mothers of newborns admitted to a Neonatal Unit and to identify the main clinical characteristics that led to their hospitalizations, as well as identifying the incidence of hospital discharge while exclusively breastfeeding, one of the main objectives of housing postpartum women at CGBP.

This research is relevant and can help managers at the Darcy Vargas Maternity Hospital with important information for the evaluation and planning of new actions, in addition to the construction of indicators in the CGBP.

As a limitation of this study, the manual filling and archiving of the postpartum woman's admission forms at the CGBP stands out, as these are not linked to the institution's electronic medical record system, in which some data were difficult to understand and incorrectly filled out, as they were self reported. And the non-association between the variables researched, meaning that these analyzes can be carried out later. Another limitation was the small number of studies on the characterization of postpartum women using CGBP nationally and internationally, to complement the discussions in this research.

As a strong point of the study, we highlight it as the first study to characterize postpartum women using CGBP in the institution, where the study was carried out, as well as in the State of Santa Catarina. With access in an organized manner and made available in the participants' medical records.

It is important to carry out new studies in the coming years of CGBP operation to expand and plan actions and strategies that can contribute to improving the service provided, based on the construction of indicators, in addition to adding knowledge on the topic addressed.

Scientific dissemination and production, based on the characterization of postpartum women using CGBP and their newborns, can bring visibility to favor the implementation of new CGBP in other Brazilian states and guarantee access to health services in a comprehensive and effective manner, ensuring for women, humanized care during pregnancy, childbirth and the postpartum period, and for newborns, healthy growth and development.

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