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Health needs of women in the postpartum

Necessidades de saúde de mulheres em pós-parto

Necesidades de asistencia en salud a mujeres en el postparto

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Abstract

Objective: To distinguish women health needs in the postpartum and understand them under the sociocultural look genre. **Methods:** Qualitative research in two areas of the Health Strategy Cuiabá family, Mato Grosso, in the year 2012, with thirteen women through semi-structured interviews and content analysis. **Results:** The participants prioritize the needs to promote wellbeing and security to the child and to reconcile assumed housekeeping and daily rhythms. Put in the background emotional-social, affective-marital needs, relieving burdens on business, organic, among others, but wish, albeit in conflicting and contradictory way, recovering autonomy/freedom which had before maternity to take care of itself. **Conclusions:** Need the support of health services to recognize the experience and understanding the sociocultural aspects involved in their needs and ways to care for themselves incorporated.

Keywords: Postpartum Period; Needs Assessment; Women's Health; Family Health.

Resumo

Objetivo: Distinguir necessidades de saúde de mulheres no pós-parto e compreendê-las sob o olhar sociocultural de gênero. **Métodos:** Pesquisa qualitativa, realizada em dois territórios da Estratégia Saúde da Família de Cuiabá, Mato Grosso, no ano de 2012, com treze mulheres, mediante entrevista semiestruturada e análise de conteúdo temática. **Resultados:** As participantes priorizam as necessidades de promover bem-estar e segurança ao filho e de compatibilizar tarefas domésticas assumidas e ritmos cotidianos. Põem em segundo plano necessidades afetivo-sociais, afetivo-conjugais, de alívio da sobrecarga dos afazeres, orgânicas, entre outras, mas desejam, ainda que de modo conflituoso e contraditório, recuperar a autonomia/liberdade da qual dispunham antes da maternidade para cuidar de si. **Conclusões:** Precisam do apoio dos serviços de saúde para se reconhecer na experiência e para compreender os aspectos socioculturais implicados nas suas necessidades e nos modos de cuidar de si incorporados.

Palavras-chave: Período Pós-Parto; Determinação de Necessidades de Cuidados de Saúde; Saúde da Mulher; Saúde da Família.

Resumen

Objetivo: Distinguir las necesidades de asistencia a mujeres en el posparto y comprenderlas bajo el análisis sociocultural de género. **Métodos:** Investigación cualitativa realizada con trece mujeres en dos áreas de la Estrategia Salud de la Familia de Cuiabá, Mato Grosso, en 2012, utilizando la técnica de entrevista semiestructurada y análisis de contenido. **Resultados:** Las participantes priorizan las necesidades de promoción del bienestar y seguridad del niño, de compatibilización de las tareas domésticas y ritmos diarios. En según plan, quedaron las necesidades afectivo-sociales, afectivo-conyugales, de alivio de sobrecargas en las tareas laborales, orgánicas, entre otras, pero ansían, aunque de manera conflictiva y contradictoria, la recuperación de la autonomía/libertad que tenían antes de la maternidad para cuidar de sí mismas. **Conclusión:** El apoyo de los servicios de salud es fundamental para las mujeres reconocieren la experiencia y comprendieren los aspectos socioculturales implicados en sus necesidades y maneras de cuidar de sí mismas.

Palabras clave: Periodo de Posparto; Evaluación de Necesidades de Cuidados en Salud; Salud de la Mujer; Salud de la Familia.

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INTRODUCTION

Studies point that the care provided to women at postpartum in basic services in health in Brazil has not reached a satisfactory level[1-3]. The actions are considered unsatisfactory, among other reasons, due to problems in the organization of the services network[3], in the practice of education and health promotion[2,3], in the link between women and health team workers and[1,3], and because the focus is mostly directed to medical aspects[2,3] and to the protection of the newborn[1]. This last aspect mentioned is even reinforced by women themselves[1], that relegate many of their needs and the care for themselves.

However, while at postpartum, women are subject to various vulnerabilities and problems[2,4], that need to be noticed and cared properly, by the health services and the women themselves. The reproductive and maternity experiences commonly result in new living conditions of families in personal and relational changes, and adaptations[4-6]. Evidences indicate that women in postpartum carry increased vulnerabilities and risks to physical, mental and social problems[2,4-6] that, besides reaching the family and the child, are manifested as pain/discomfort[5,6], fears/concerns[5], sexual problems[5,6], reduced self-esteem and self care, depression[7], and interactional difficulties with family and/or the child[4], among others.

Thus, women at postpartum need to recognize their needs and have access/seek a comprehensive health care, able to see them as a whole but also considering the peculiarities of the moment. Therefore, it is important that both health professionals and women have as reference the needs that may manifest in the period.

Some studies classify health needs according groups, events and specific contexts, intended to guide the approach to the same health services, without ignoring, however, their variations and specifications in different situations.

A taxonomy[8], widely used, categorizes the needs in: 1) good living conditions; 2) use of available technologies that can improve and prolong life; 3) effective connection with the health professionals/services; and 4) increasing degrees of autonomy in life.

In the field of reproductive health, a study with 50 mothers, from the program Mãe Curitibana, in Paraná, applies this classification in translating the needs in the postpartum, which are specified as the living in society and having access to living conditions; the use of health and education services and access to information on contraceptives and therapeutic resources; the application of reproductive and sexual rights; the decision making, being respected, being welcomed and adhering to health services. The authors added to the classification used category the need to be a citizen and the right to difference, highlighted by nine mothers[9].

Another research carried out with 238 women at a basic unit in Butantã, São Paulo, also applies the same four subsets referred to classify the needs as for breastfeeding, classifying them as: the need to take time for themselves and relax; the need for mental health; the need for having physical, environmental conditions and assistance to breastfeed; the need to access social resources and health services; the need for support, guidance and safety; besides attention, listening, understanding of the needs demanded[10].

Despite the important contribution of these two studies, little is known about the specificities of women's health needs in the postpartum period, especially considering the points of view brought by these. Other more recent researches focus on the event, but only tangent the subject of[2,4-6] needs.

Thus, in this research, we seek to distinguish women's health needs in the postpartum and learn how they deal with them in relation with selfcare. For such it's necessary to listen to them about their experiences and how they realize them. In this context, we have as interlocutors women residing in poor urban areas and who depend on public health services.

It is understood by health needs the privations, the ones derived from humans themselves and the ones produced socially. Both embeded by the production and preservation of health[11] or manifestation of the diseases, injuries and suffering. Its satisfaction relates to the development of the human potential and social resources - care for oneself, for each other, for the family, communities/cities and for the environments - that are also considered as needs.

Although the needs of women in the postpartum period articulate their unique life stories, they also reflect general characteristics of the socio-cultural substrate from where they are inserted[11,12]. So it is that women's health at postpartum is affected by the family, the community where they lives, the social support network available[4], the living conditions and the quality of health services, as well as their ways of thinking about life and its events.

In health services, historically, the approach on needs occurs mainly towards diseases and medication. This perspective has obscured the dimensions of the socio-historical needs in health and has hindered the expression that advocates they do not fill any gap[12]. One of the consequences of such is the invisibility of the relationship between the postpartum needs and gender inequalities and the exercise of being a woman.

Such relational inequalities, when naturalized, derive from cultural devices that mark differently identities whether they are female or male[12] along with other social referents - class, ethnicity, sexuality and others. The particular hierarchization of the perceived differences among the sexes, supported by institutions, structures, knowledge, practices and rituals, content of power relations[13] has resulted in inequities and disregard for the services in various health needs of women and men[13], and influence the way of life, illness and death of both, as well as on their needs and the care practices in health and in the directions that they learn.

That is, both women's health needs in the postpartum and how they deal with them are overlapping the social role assigned to them across the reproduction and motherhood.

Looking at these aspects is an important tool to promoting good care practices. In the light of the concepts and notions explained, this research aims to distinguish analytically, from the women's speeches about their experiences in postpartum, the health needs that are expressed, recognized and denied.

METHODS

This study is part of a research that also address the health needs of men at the postpartum and the interpretations of workers from the Family Health Strategy (FHS) team on the subject*. The ultimate goal of it was to analyze approaches and counterpoints between the three perspectives about the needs and care in the period. In its methodology was applied the interpretative qualitative method.

The study presented here was carried out in health territories of two units of the FHS in Cuiabá, Mato Grosso. These units were chosen from a previous exploratory study that classified the units of the FHS in the city as for their correspondence to questions of national policy relating to infrastructure, staff, management and postpartum care[3].

We selected a unit (T1) among the top five classified in the category assistance, among those that presented above 80% matching the analyzed questions, and one (T2) among the five with the lowest classification with correspondence below 50% due to possible implications of the differences between services in women expression of needs and postpartum care.

Thirteen women participated, where eight were from T1 and five from T2. This number was considered insufficient, from the application of saturation criterion[14], based on the analysis of the empirical material and identification too he central theme. The choice of participants filled the following attributes of interest: 1) to be between 45 and 105 days at postpartum; and 2) to have received prenatal care in the local unit of FHS. It was predicted the exclusion of women with difficulty to take part in in the study.

The empirical-analysis phase of the study took place between June 2011 and February 2012. We conducted individual interviews that were recorded for about 40 minutes, with a semi-structured tested script, that contained questions on the socio-demographic profile of participants and the questions: How are your days after the birth of your child? How do you take care of your health after the birth of your child? It was the heath agents' and nurses' responsibility to establish the bridge between the women and the researchers, who engaged at first, at developing a relationship of trust that enable the conduction of the research. Before the data collection, the research protocol and ethical aspects contained in the Consent and Informed required were explained, and then signed by all participants.

There was thematic content analysis[15] of the empirical material, guided by the questions: Which health needs are recognized and valued or not by women? How do they behave before them? The analysis consisted of the steps: 1) careful interpretative reading and repeated interviews with identification of meaning units of interest and directions gathered from the whole; 2) aggregation of the subjects by their similarity and classification/reclassification. The process articulated empirical material, theoretical referential and inductive reasoning. It then resulted in the following categories: a) the need to promote the wellbeing and security to the child, to reconcile everyday tasks and rescue practices and the conditions previous the birth; b) emotional-social and affective-marital needs; c) organic needs; d) need for social and family support.

The study was approved by the Ethics Committee in Research from the University Hospital Julius Muller - Opinion 011/CEP-HUJM/2011 and complied with the requirements in effect at the time to research on human (Resolution N. 196 of the National Council of UAA). To the identification of the participants, besides the reference to residency, we have used the letter "M" followed by an identification number, plus some general characteristics of the same.

RESULTS

The women from the study experience different interrelated needs at postpartum. Among them, there are some needs that prioritized and other relegated. Also there are some others that aren't even perceived. These needs are categorized and detailed in the following.

Need to promote the wellbeing and security to the child, to reconcile everyday tasks and rescue practices and the living conditions previous the birth

The daily care of the newborn is assumed by women, and it is considered their responsibility:

> *I didn't plan the baby, but he came, he is here. We begin to love them. The whole day, we can handle that. [...] My mother holds him a little and then she gives him to me. When the time comes It's all the mother's responsibility. It's all up to me! (T1, M4: 19 years old, complete high school degree; single, unemployed, two children; family income of R$ 900.00/four people).*

The fulfillment of this responsibility, although linked to the child's needs, is a necessity of the woman herself, that to "be well" must "accomplish" the task of taking care of the baby "satisfactorily". This is one of their requirements to promote the well-being and security to the child.

In this sense, it is found the need to interpret the demands of the child and learn about the cares that they need. Crying is revealed as a problem among women in the study, followed by questions, concerns and suffering.

> *We get desperate because he starts crying. We don't know why; because he can't speak yet. We don't know if he is in pain, if he is hungry or if he just wants to be spoiled. We get crazy!(TI, M3: 40 years old; incomplete higher education; married; unemployed; one son, income of R$ 900.00/three people).*

The demands of motherhood bring new tasks to women, and result in the need for the general reorganization of the dynamics of their lives. Some of them affirm to work hard to carry out all the tasks. In this sense, they need to address the demands of the new child, and take care of the household chores and/or outdoor activities, in addition to caring for other members of the family.

> *I have to take care of the girls, the baby, clean the house, cook. All in rush. For me, the baby... Holy Mary! The day he was born I was very happy. [Thoughtfully]... But... [Suggesting difficulty]. It's because I have to do things in a rush, to handle them all (T2, M12: 26 years old; incomplete primary education; married; jobless; three children; income of R$ 1,600.00 for five people).*

Taking care of the newborn takes over the women's day and is added to the other tasks they need to perform. Such fact is experienced and perceived as hard, even though motherhood may satisfy their emotional and cultural needs and that they may themselves accomplishing the tasks they are responsible for. The women that have activities to be carried out in and outside their homes without the help of other people, accumulate more responsibilities, once they need to cope with their household chores and also work or study.

Thus, it was also reported among the participants the need to overload relief derived from the various daily responsibilities, that are felt and taken as such.

> *I have to clean the house, get the kids ready and prepare dinner, before going to class. Sometimes I don't get to do so. As a matter of fact, when I'm in class it is a relief, because I rush all day (TI, M1: 19 years old; basic education in progress; no job; married; three children; income of R$ 800.00 for five people).*

Amid the unfavorable social conditions, by taking the responsibility to meet the child care needs and facing difficulty to cope them with other tasks, women put aside other needs that aren't directly related to their maternal function, and whose satisfaction is projected to the future:

> *I don't have any time to take care of myself. Because I want to do my nails, I want to dye my hair, my eyebrow, but I don't have any time for that. I have to take more care of him now. When he grows up more, I think things will get better (T1, M7: 22 years, incomplete high school; no job; married; a son, income of R$ 800.00 for three people).*

Women give up former practices, which are not directly related to the child's immediate needs, and naturalize these changes. However, they miss them: besides taking care of their body aesthetics, also their financial independence and employment, although these are not prioritized in relation to those.

> *I miss having time for myself. When I didn't have a child, I worked, I had my money, I didn't depend on my husband's support. Now, I have to ask for everything. [...] Sometimes I ask for something and he doesn't give it to me.[...] All this has been influencing on my desire to study. I need to work, I need to have my studies to get a good job (IT, M1).*

The woman feels the need to bring back practices and their previous living conditions, among which stand out the return to social life and the recovery of certain financial autonomy and the lost freedom.

Besides, by disregarding their own needs and self care, before what they perceive as their obligations to the child, the house, the family, is something that does not occur without conflict:

> *Look at me! Look at how I am: - Finished! I only take care of him, only him, him! There are times when, for me to get ready, he stays for a while with my mother; To do my hair, go to the hairdresser, those things. But even then, she calls for me to come back because he is crying to eat (T1, M2: 37 years old; incomplete primary education, employed, stable union; two children; income of R$ 800.00 for four people).*

Affective-Conjugal and Affective-Social needs

Among women it is strong the ambivalence of feelings linked to the maternity and how they perceive them. They express feelings of well-being, love, joy, affection with the birth of the child, which satisfy affective-cultural needs, related to the experience of motherhood and the experiences idealized. But such experience is also interspersed with fear, anxiety, insecurity, sadness, concerns. These feelings are manifested before the difficulty in performing the various tasks under their responsibility, in spite of the demands, of the uncontrollable and/or the lack or insufficiency of important conditions that considered important to supply what the child needs immediately and/or in the future, these last being essential necessities for life reproduction.

> *It's a great joy having a kid at home. But I'm afraid I won't handle taking care of her, of the future[...] I'm afraid of not having food for her (T2, M9: 14 years old; elementary school in progress; jobless; stable union; a son; family income of R$ 800.00 for three people).*

The emotional support from their partners and/or family, associated with their participation in child care and household activities supply the emotional expectations of women.

> *I won the lottery [laughs]. I thank God, because he is everything. Another like him... There isn't! He helps me a lot. He gives me strength, he helps me a lot, he helps at home, helps care for him. Sometimes, when I'm worried*

or something, he comes and talks to me. I feel good about it! (T2, M11: 33 years old, complete high school degree; married; unemployed; two children; income of R$ 1,000.00 for four people).

Along with the birth, men and women become closer and share family activities, or give rise to the distance between them and/or to changes in their affective-sexual practices, along with problems or conflicts.

Things have become complicated for us two, because we need to take care of the child. I miss having some time just for us two, and that bothers me a lot. Sometimes I say: - Oh honey, how can we make out with the baby there? Because he only sleeps with us, you know?!(T2, M13: 36 years old; complete elementary school; unemployed; stable union; a son; family income of R$ 700.00 for three people).

Relational changes, although justified by the priority given by both to the child and the tiredness derived from the various tasks do not override the desire or the need to have or maintain good emotional and sexual relationship with their partner.

Organic needs

By meeting the demands of the child, taking over various tasks and going tension moments, women feels physically weak. The disturbed sleep and having to care for the child while they still have some physical limitations caused by the delivery along with the lack of repose produce new discomforts.

[...] Some days I do not sleep, I stay up because he cries. The minute I am falling asleep, he starts crying. Then I have to get up. It's really tiring. I wake up discouraged. But you do what you have to do (T1, M1).

Women, although reporting organic needs, related to the regression of the physical changes to their body, give emphasis to fatigue and discomfort associated with the pace of activities and the typical physical and emotional demands of the period. So, they highlight the need for physical rest and sleep, often trivialized.

Need for family and social support

Among the different supports reported by women in postpartum, the more valued by them are from the help of their partner and the family, in the form of emotional care and help in housework tasks and child care:

He [husband] only helps me financially, because he doesn't take care of the baby at all. I wanted him to help me more. But men are difficult. I wanted him to be more present: taking care of him, helping me, picking up the baby when necessary. [...] We don`t fight about it, but I get sad. Also, he arrives home tired from work, then I do not say anything (T2, M13).

My mother is everything to me. She stayed with me during the first days, she helped me take care of the baby. She gave baths. Now, every day, she comes to talk to me when I have questions. She looks after her when I need to go out. She listens to me (T1, M5: 36 years old, complete high school; unemployed; unmarried; three children; family income of R$ 1,600.00 for five people).

Daycare or nurseries for the care their children are also referred as support in particular by those who wish to participate in the labor market and have better financial conditions:

I consider working, to help him, to buy clothes for my kids. It bothers me a lot, you know?! I have none to leave my kids with, I will not leave them with a person I do not know [...] There isn't any daycare nearby also. And that bothers me a lot [...] (T2, M9).

Among the social services, they also value the health related ones, but specially the assistance to the child as they the need to ensure their care and their wellbeing. All of them neglect the local service as an alternative to self-care. In one of the territories (T2) none of them attended the postpartum consultation.

DISCUSSION

Motherhood is the central phenomenon of the female postpartum, linked to the social responsibility given to women, of the daily care of their children, their family and their house. Such experience that heavily modifies their lives[2,6], and brings to them various and particular health needs.

In this study, although the experiences of women in the postpartum shelter some diversity, linked to social, family and life background conditions; It is expressed among them all, as priority, the need for promoting the child welfare, once they find themselves as natural and only responsible. According to the need and being the newborn entirely dependent of care, they present the consequent need to decode the baby's language (crying) and to learn how to take care of it.

A survey with six women at postpartum in Osasco, São Paulo, also identifies that the child care is prioritized among them, and make them give up other commitments and their own comfort [6]. In Porto Alegre, Rio Grande do Sul, a study with 15 women at postpartum found that the care for the newborn involves insecurity, fear, concern, helplessness and frustration and that the women seek to correspond to the social demands of being a "good mother"[16].

In addition to the needs directly related to child care, the participants of this research also manifest and value the need to be a "good" wife and housewife. As they must manage and reconcile the household tasks, and the demands of their other

children and partners (if any). All of these are also traditional social demands incorporated by them.

The achievement of the prioritized needs by their own means or with some help, gives them the "success" or the fulfillment sensation of doing what is expected from them. These are turned into self demands and/or demands of the family, and have a strong influence on their welfare.

Coping with their maternal role and their responsibilities in the family - built and maintained as a strong cultural reference standard for women in our society - becomes a desire, an expectation and self demand, given its idealization, with consequences for women's self-esteem and the well being of the participants.

In conjunction with needing to handle the tasks to which they are addressed and to feel the fulfillment as their are doing "their part", women also have a need at postpartum to put themselves apart from the overload and problems, such as discomfort, physical and mental fatigue, insufficient rest, conflicts, and pain. All of these are related to everyday tasks, to ways of addressing them, and also to organic changes and the family and social conditions they have; these last being needs of life reproduction that aren't met.

It is known that the new reality and the impact of the new being in women's lives produce various mixed feelings[12]. Among the women in this study, they are insecurity, worries, fears, anger, guilt, and others, that are brought by the changes in their routine, by the imponderable demands of the child, by the insufficient family and social conditions and by also the loss of a previous condition of greater freedom. Although the birth and the child care needs meet their needs as for the sociocultural exercise of motherhood, sided by the expression and gain of affection, women experience them with some suffering. Thus, thought this conflicted and ambivalent way, they express the joy of motherhood and the "not being able" or not addressing their other needs.

For such reason they give special value to their partner and family support either the affective sphere, the household chores, and the aid in child care or complain about the little time they dispose to take care of themselves and the distancing of their partners. Thus, they express an important need to be satisfied: the need to be able to take care of themselves in other, to face the blames and have greater autonomy, although they did not translate the feelings these terms.

Unmet needs and aggravating situations make women vulnerable to problems in the postpartum and exposed them to suffering. The reproduction when treated as a physiological and natural process results, frequently, in needs such as those reported, and are bound to be overlooked or considered trivial, by women themselves, by their family members and the health service. As maternity isn't acknowledge as for its sociocultural nature, non physical manifestations tend to be naturalized; in particular the psycho-emotional suffering and social and intersubjective needs, that are historically devalued by the health services.

Women occupy themselves with their child vulnerabilities, which is concrete and demand answers, but they do not seem themselves susceptible and in need of caring. This suggests the need to look at themselves and to recognize themselves in this experience, as people with their own needs of care, potentials and vulnerabilities when facing life and the postpartum context and their particular trajectories.

The way motherhood is considered by women depends on how they have lived related experiences, as well as a set of individual, family and social conditions[4]. Reproductive experiences are produced by the meanings attributed to femininity and masculinity in socio-cultural contexts and also by circumstances of generation/age, ethnicity/color, among others[17]. Among these conditions, lies the reach and use, or not, of varied support - family, community, social services and, specifically, health services.

The woman needs the support of others in the family with household chores and with the care for the child in order to be protected from physical and psychological strain[6,10,16]. Sharing tasks with their partners is essential, while the contrary is, to some extent, "justified" according to the traditional division of roles between them and men.

Despite the increasing insertion of women in the public sphere, it is still a challenge the greater equity of the roles performed in the family. The care and education of children, the fertility control, the carrying out of household chores and the responsibility for reproductive and sexual health are considered, though, especially female duties; whereas to men is given the role of an assistant other than protagonists themselves[7].

During the postpartum the couple tends to focus their affection and attention on the children, which often results in conflicts and marital tension. The many changes eventually reach the affective and sexual life of the couple[2] and can influence the family balance and aggravate difficulties. In this context, men and women may deny and not understand the affective-marital needs of both and, consequently, they tend to abdicate them[5], as found in this study. Thus, the private space of affective-sexual relationship of the couple is also an important need to be considered at the stage in question.

As the birth causes changes in the roles of the whole family, it commonly causes the need to mobilize other residents of the house and relatives in sharing the tasks and emotional support.

Thus meeting the needs of women at postpartum should also include the addressing of family members needs, before the situation - specific to each member and towards developing skills to deal with the newborn and the woman. The whole family therefore needs emotional support and support for the new learning, so that its members can support each other.

Social support to women at postpartum should be wide, as this is a critical moment in a woman's life and her family. It should refer either to the affective relations with neighbors as to the actions of material help and to developing greater autonomy[18]. Social support requires a wide social network, including the

family, the partner, friends, other community groups and social and health institutions.

In this study it was found that women experience postpartum leaning particularly on personal resources and ones inherent to their family circle. However, meeting their needs during this period also requires the government support. These should be consolidated as rights, and constitute social needs that are recognized and met through health promotion[4].

Women must have community options to support the care of their children. In addition to that, the family must access the legal rights to which they are entitled, such as maternity/paternity leave and breastfeeding leave, paid maternity leave, the homeschooling in cases of school activities, among others.

The support of health services plays a significant role in meeting the physical and emotional needs of women in the postpartum period, influencing also on their ability to mobilize other means of support among the social networks[19].

When women neglect their health needs, prioritizing the health of their children, health services can not stand impartial or blame them. The denial, isolation or lack of awareness by women as for many of their needs, the priority given to personal and internal family, added to the distance from local services equate the offer of unsatisfactory actions and the distancing of women from these. That is, women need the support of local health services, that may know, understand and address their real needs, and act comprehensively towards them.

Not as in any support, but as an alternative care that seeks the identification/understanding of the various health needs of women and their families, the recognition of available/unavailable resources to them and the establishment of comprehensive, individual and collective care actions.

Therefore, it is considered urgent the incorporation of women as a social subject, with participation and autonomy within and outside the family. That is because part of their health needs are concealed by social issues, evidently in regards to social and gender inequalities, with significant consequences for the health and quality of life of this population group, in particular[20].

CONCLUSION

The women who participated in this study experience multiple, articulated and important needs that affect their health during postpartum. These manifest themselves as constituents of the personal, family and social conditions that they share. Thereby, the social roles attributed to women - the care for the child, family and home - influence greatly in how they experienced this moment of their lives and how they signify it. Thus and so that they prioritize the needs of promoting the welfare and safety of their child and to carry out and cope with the various tasks they find themselves responsible for and that are demanded from them.

As they fail to consider several experienced needs - from organic, emotional, relational, social orders-, it is identified as a priority the need for women to acknowledge the things they are lacking in this phase and to recognize the vulnerabilities to which they are subjected, comprising then the gender asymmetries related to reproduction and motherhood, among other reasons.

In this sense, local services have the major challenge of grasping, understanding and considering not only the width of the health needs expressed by the women at the stage focused, but the privations that have disregarded by themselves and by the health services.

Although this research reveals health needs of women in the postpartum in a given context, the social nature of their experiences and, in particular, their relationship with cultural issues of gender can contribute to the understanding of similar questions in other realities. Nevertheless, it is identified the challenge of studying the theme of this study, through new researches, in articulation with other social categories explanatory of needs.

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