

Body image in postpartum

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In the end of the childbirth, with the expulsion of the placenta and annexes, begins the puerperal period, also known as postpartum (PP) (Baracho, 2007; Stephenson e O'Connor, 2004). From the first to the tenth day after childbirth, also called the immediate postpartum period, it is when there are the most important physical changes of the puerperium, among which can be highlighted changes in the genital, cardiovascular, respiratory, skeletal muscle, gastrointestinal and urinary systems, which may be the causes of functional impairments (disorders) and, consequently, sources of physical discomfort and emotional (Baracho, 2007).

As recommended by the World Health Organization (WHO) and Ministry of Health (MS in Portuguese) (Soares Filho Serra, Rattner, Cruz, Cezimbra & Pires, 2006), care and advice during this period aim at the welfare of puerperal women and prevention, recognition and treatment of disorders such as and breast pain and discomforts, perineal alterations, urinary incontinence, cardiovascular diseases, abdominal flaccidity and diastasis, gastrointestinal discomforts and postural modifications (Baracho, 2007; Stephenson & O'Connor, 2004; Davies, Wolf, Mottola & Macklinnon, 2003; Chiarrelli & Cockburn, 2002).

According to Tavares (2003, p.15), Body Image (IC in Portuguese) is defined as the manner in which our body appears to ourselves, a mental representation of the body encompassing all the ways in which the person experiences it. It is attached to an integrated organization of the brain influenced by sensory processes of development and by psychodynamic aspects and it involves feelings captured by peripheral nerve and deep endings (Schilder, 1994). That is, the CI reflects the history of a lifetime, the journey of a body, whose perceptions have marked its existence at every moment, integrating one unit.

In the presence of pain or suffering, organic changes and dysfunctions are perceived only in relation to a relatively stable plane that is the IC (Schilder, 1994). Thus, the sensations coming from inside the body have no intrinsic meaning until they are connected to the IC. Therefore, it is clear that this is mental image as well perception.

In this perspective, the objective of this study was to observe puerperal women's perception of the possible presence of physical dysfunctions in the immediate PP. In reports of physical dysfunctions, we sought to investigate how such dysfunctions are perceived in relation to signs and symptoms, (b) discuss how such dysfunctions interfere in the IC, (c) assess whether the training of the physiotherapist gives him or her competence to collaborate with assistance during the puerperium.

This transversal study has methods guided by qualitative guidelines. It was registered in the National Information System on Ethics in Research involving Humans (SISNEP in Portuguese) on August 28, 2008 and it was approved by the Research Ethics Committee of the Faculty of Medical Sciences and Health of Juiz de Fora.

The sample, selected for convenience, was composed by puerperal women from Therezinha de Jesus Hospital and Maternity, in Juiz de Fora city. These women were approached by the researchers in the early hours of PP, and invited to participate in the study. Those who agreed were informed about the research. Then, they were asked to read and sign the Deed of Consent and received a copy of it.

As a tool for gathering information, it was prepared an interview guide, which was tested by means of a pilot study, which allowed the verification of the need for adjustments.

The processing of information from the speeches was based on content analysis, in which, after successive readings of the interviews were observed recurring patterns of response that allowed the gathering of responses. In order to preserve the identity of the interviewees their real names were replaced by fictitious.

In this study, there was the participation of 28 puerperal women whose ages ranged from 19 to 39 years old. They underwent childbirth at

Therezinha de Jesus Hospital and Maternity, in Juiz de Fora city, in the period from 3 October to 10 October 2008.

In this group, 12 puerperal mothers were submitted to normal vaginal delivery and 16 to Cesarean section. Of these, eight were primiparas, eleven were in the second postpartum, five in the third, two in the fourth, one in the fifth and one in the sixth. Six of them reported having experienced at last one miscarriage.

Most women undergoing Cesarean delivery reported not to have noticed body changes in PP. Among those who perceived physical changes, we can cite the reports of Vera, Lucia, Mikaela and Valentina. "... *the belly was big; now it reduced, the breasts swelled, right?*" (Vera 25 years old), "*Oh, because everything changes, everything changes a little, everything that was firmer goes away, right?*" (Lucia 31 years), "*Everything changes, right? We get fat, the breast swell, the vein burst ...*" (Mikaela 31 years old), "*It changed, the stretch marks, the mark [scar], the pains, time passes by while the pain comes*" (Valentina 24 years old).

In the vaginal delivery, five women did not notice body changes, four mentioned "*belly*", two weight gain and swollen breasts, especially Renata, 23 years old, "*the body gets deformed, and then it comes back to normal.*" This report meets the ideas of Schilder (1994), that when there is any pain on the body surface the model posture is overemphasized at this specific point, becoming distorted.

In response to the question on change in body posture after birth, from the group of women who were submitted to vaginal delivery, only one noticed some difference, eight reported no change and three had no opinion, especially Veronica and Ivarte: "... *I didn't have time to notice anything, but certainly something has changed*" (Veronica 29 years old), "*Oh, I was different ...*" (Ivarte 30 years old). In addition, two mentioned differences in bed positioning, standing out 24-year-old Maiby 24, "*It changed, now it's easier to turn, to move, much easier.*" As for Cesarean delivery, eight reported noticing changes in body posture, five did not observe them and three had no opinion, standing out 27-year-old Wanessa, "*I haven't walked yet, so I haven't reached this conclusion yet*". This testimony shows that posture and movement are closely linked and that you realize better your body when it moves

(Tavares,2003). From the women who noticed changes, we emphasize Valentina, Victoria and Margaret: "Yes, *the spine curves more to balance the weight, right?*" (Valentina 24 years old); "*We cannot straighten our body properly*" (Victoria 26 years old), "*It changed a lot, now I'm walking half-bent, because I'm in a lot of pain (...) I'm walking half-bent because of the stitches*" (Margaret 27 years old). These reports meet Baracho (2007), which states that it is common to women who underwent surgical deliveries, while in upright position, take an antalgic posture, slightly bending the torso and retroversing the pelvis, in a move to protect the surgery wound. It is for the physiotherapist to relieve muscular tension and minimize their pain by encouraging the puerperal women to adopt the correct posture.

From the group of women who were submitted to vaginal deliveries, two reported pain or discomfort in the "lower back", eight lack thereof, and two had no opinion. In the group of women who underwent Cesarean section, seven reported discomfort and nine lack thereof. From these, three reported pain or discomfort in the "lower back", two "in the middle of the back" and two in the part of the body they had the anesthesia.

On the question about perception of any flaccidity or change in abdominal muscles in postpartum women who underwent vaginal delivery, six reported feeling them, standing out the testimonies of Sonia, Maiby, Veronica and Ivete: "*My belly looks like a jelly*" (Sonia 24 years old); "(...) *the belly got wilted*" (Maiby 24 years old); "*Flaccid, very flaccid*" (Veronica 29 years old), "*Very, very soft*" (Ivete 26 years old); from the others, five did not observe changes and one had no opinion. From those who underwent Cesarean delivery, ten report feeling such changes, from which Cristina, Lucia, Bethany and Violet Mikaela stand out: "Wow! And how! Everything, everything's larger, more immense, with more stretch marks "(Cristina 24 years old); "*it's a little bit more flaccid (...)*" (Lucia 31 years old), "*The scar of the childbirth*"(Bethany 29 years old) "*I see (...) a little bit of flaccidity and it's puffy, right? Flaccidity*" (Violet 36 years old), "*My belly is still quite swollen*" (Mikaela 31 years old). From the other puerperal women, four did not perceive changes and two had no opinion.

This study spotlighted the major changes that occur in the immediate puerperium. Emphasizing the importance of a multidisciplinary intervention, we highlight the work of physiotherapy, not only before the dysfunctions, but

focusing on the perception of puerperal women in order to provide, besides comfort and welfare, greater awareness of body sensations and their meanings.

As discussed during the study, the abrupt changes in the moment of the delivery will directly influence the IC, which is continually being built, destroyed and rebuilt in response to changes inside the body of the individual. Moreover, given that the IC changes with the focus of attention, and that at this time the attention of puerperal women is on the baby, the results suggest that, for these reasons, there may be a lack of body awareness and consequent lack of perception regarding immediate PP.

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