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Interactions between home care and hospital care during pregnancy and postpartum among low-income women in a maternity clinic in Cartagena, Colombia[☆]



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ABSTRACT

Introduction: This paper proposes an approach to maternal health from the care process perspective to understand how determinants of health manifest in the daily experience of women.

Objective: To describe and analyze the interaction between the domestic and clinical care during pregnancy and post-partum among women who live in adverse socio-economic conditions.

Methodology: Qualitative study based on semi-structured and in-depth interviews, participant observation, and analysis of secondary sources. Twenty women who received care at a maternity clinic in the city of Cartagena, Colombia were interviewed. Participants had an average age of 25, lived in adverse socio-economic conditions and had at least one of the following obstetric risks: preterm labor symptoms, previous abortions, or mild preeclampsia. Participant observation took place at the clinic and at the residence of four patients. In addition, six in-depth interviews were conducted with health workers of the clinic.

Results: The socio-economic conditions of women and their family dynamics determine their experiences of maternity. Relatives, usually other women, are the main agents of care. The most important care activities revolve around physical activities, transportation, nutrition, and exposure to the environment. The characteristics of domestic care play an important role in the clinical environment.

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Conclusion: Family-centered care requires acknowledging the role of relatives and other members of the women's social networks as guides in the healthcare process. Likewise, recognizing the socio-economic conditions of women requires adapting health services to the needs of women and their families in order to avoid reproducing social inequalities.

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Interacciones entre el cuidado doméstico y hospitalario durante la gestación y el puerperio entre mujeres que viven en condiciones socio-económicas adversas que asisten a una clínica de maternidad en Cartagena, Colombia

R E S U M E N

Palabras clave:

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Introducción: Este estudio aborda la salud materna desde el enfoque del proceso de cuidado a fin de entender cómo los determinantes de la salud se expresan en la experiencia cotidiana de las mujeres.

Objetivo: Describir y analizar la interacción entre el cuidado doméstico y el cuidado hospitalario durante la gestación y puerperio en mujeres gestantes que viven en condiciones socio-económicas adversas.

Materiales y métodos: Estudio cualitativo basado en entrevistas, observación participante y análisis de fuentes secundarias. Participaron 20 mujeres que asistieron a una clínica de maternidad en la ciudad de Cartagena en el 2013. Las participantes tenían una edad media de 25 años, vivían en condiciones socio-económicas desfavorables y contaban con uno o más de los siguientes riesgos obstétricos: amenaza de parto prematuro, antecedentes de aborto y/o pre-eclampsia leve. Se realizaron observaciones en el hospital y en la residencia de cuatro mujeres. Adicionalmente, se entrevistaron 6 profesionales de salud de la clínica. **Resultados:** Las condiciones socio-económicas adversas que reportaron las mujeres y las dinámicas familiares de su contexto determinan sus vivencias de maternidad. Las familiares son las principales agentes de cuidado. Los cuidados más importantes están relacionadas con actividades físicas, transporte, alimentación y exposición al ambiente. Los cuidados domésticos se trasladan al ambiente hospitalario.

Conclusión: Los modelos de atención hospitalarios deben reconocer el rol de las redes de apoyo de las mujeres como guías del proceso de cuidado y entender las condiciones de vida de las mujeres para adaptar los servicios a las necesidades de las pacientes y evitar reproducir situaciones de desigualdad.

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Introduction

Maternal health is one of the major concerns for women's health at a global level and an indicator of societies' development in terms of the quality of health care services, living conditions, and gender equity. The majority of recent maternal morbi-mortality analysis models recognize that maternal health is multidimensional and requires interdisciplinary approaches.¹ These models identify three kinds of determiners: direct (obstetric risks, diseases, and diet), underlying (education, access to maternity services, health practices and seeking out care, food access, water access, sanitation and basic health services), and basic (political, economic, cultural, religious, social and health systems).²

This study approaches maternal health from the perspective of the care process, in an effort to understand how these

determiners express themselves in women's everyday experience. We start with the idea of care as an intersubjective process inscribed in a particular socio-economic context and molded in the interaction of multiple spheres of care (home, biomedical, traditional medicine, etc.). From the health sciences, different authors have studied non-biomedical care and knowledge related to gestation through approaches such as knowledge, attitudes, and practices³ and the approach of cultural care.⁴ From the social sciences, reproductive health has been a privileged theme for understanding medicalization exercises on women's bodies^{5,6} and the power and gender relations in community scenarios and clinical spaces.⁷⁻¹⁰

All these analyses have been highly illuminating. Nevertheless, the large majority of them tend to focus on one of the spheres of care. Analyzing the interaction between the different care relationships leads to a comprehensive understanding of maternal health, allows for the identification of

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