



SATISFACTION OF HIGH-RISK POSTPARTUM PUERPERAL WOMEN AFTER PHYSIOTHERAPY INTERVENTION IN HEALTH EDUCATION: CROSS-SECTIONAL STUDY

SATISFAÇÃO DE PUÉRPERAS ADVINDAS DE ALTO RISCO APÓS INTERVENÇÃO FISIOTERAPÊUTICA EM EDUCAÇÃO EM SAÚDE: ESTUDO TRANSVERSAL

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ABSTRACT: The objective of this study was to evaluate the satisfaction of postpartum women who experienced high-risk pregnancies after receiving physical therapy interventions focused on health education in the immediate postpartum period. An observational cross-sectional study was conducted involving 30 high-risk postpartum women older than 18 years of age who had been hospitalized in a maternity ward in Santos, State of São Paulo, Brazil. Between 8 and 48 hours after delivery, routine physical therapy was provided to the women by interns from a supervised physiotherapy program provided by a local university. Next, the researchers of this study invited participants to complete a satisfaction questionnaire based on the American Customer Satisfaction Index (ACSI) without the presence of the therapists who provided care. Data analysis revealed that 100% of participants would recommend the physical therapy services they had received to other women, reporting that the provided interventions were ideal, and would receive them again. Additionally, 96.7% indicated their expectations were met, and their complaints were addressed. They also said the information provided by students enhanced their knowledge. All participants reported feeling satisfied and confident with the physiotherapy interventions.

KEYWORDS: High risk. Health education. Physiotherapy. Postpartum.

RESUMO: O objetivo deste estudo foi avaliar a satisfação de puérperas advindas de uma gestação de alto risco, após atendimento fisioterapêutico em educação em saúde no puerpério imediato. Para isso, foi realizado um estudo observacional do tipo transversal. O estudo contou com a participação de 30 puérperas advindas de alto risco no puerpério imediato; todas tinham idade superior a 18 anos e estavam internadas na maternidade de um hospital na cidade de Santos, litoral de São Paulo, entre 8 e 48 horas após o parto. Após o atendimento fisioterapêutico rotineiro realizado por estagiários, alunos do estágio supervisionado de Fisioterapia de uma universidade situada em Santos, no litoral do Estado de São Paulo, as puérperas foram convidadas pelo pesquisador a participar do presente estudo e responderam ao questionário de satisfação, com base no *American Customer Satisfaction Index* (ACSI), na ausência dos profissionais que executaram o atendimento. Após análise dos dados, revelou-se que 100% das participantes recomendariam o atendimento fisioterapêutico para outras mulheres, afirmando que as condutas adotadas foram ideais e que fariam novamente o atendimento; 96,7% das participantes afirmaram que suas expectativas/queixas foram atendidas, e que as informações e explicações fornecidas pelos alunos agregaram conhecimento. Todas as participantes relataram sentir-se satisfeitas e confiantes com o atendimento fisioterapêutico.

PALAVRAS-CHAVE: Alto risco. Educação em saúde. Fisioterapia. Pós-parto.

INTRODUCTION

The postpartum period is critical and transitional in a woman's life, involving necessary physiological adjustments as the body returns to its pre-pregnancy state¹.

The puerperium lasts six to eight weeks after delivery and can be divided into three periods: immediate (1st to 10th day), late (11th to 45th day), and remote (after the 45th day)². It is characterized by hormonal, emotional, and physical changes, enabling the recovery of muscle tone and connective tissue³.

Health conditions that increase pregnancy risks include maternal and/or fetal obstetric factors in addition to puerperal disorders in the current pregnancy such conditions such as placenta previa, preeclampsia, and hemorrhage⁴. Beyond biomedical factors, reproductive risks may be influenced by social vulnerabilities, individual characteristics, and unfavorable sociodemographic conditions, such as age, weight, low education level, family conflicts, unhealthy lifestyle habits, inadequate prenatal care, and/or negative childbirth experiences without multidisciplinary support⁵.

Most hospitals and maternity units in Brazil still do not offer physiotherapy services for pregnant and postpartum women. They do not have physiotherapists within their multidisciplinary teams who can provide efficient, safe, and non-pharmacological methods for pain relief during labor and postpartum, making childbirth more active, natural, and satisfactory. This approach affects women's social and family life, addressing individual needs, and providing satisfaction for the newly expanded family⁶.

Although the general population is aware of physiotherapy during pregnancy, its use during childbirth and postpartum remains limited. The Brazilian Association of Physiotherapy in Women's Health (ABRAFISM) has actively promoted the integration of physiotherapists into maternity hospitals, ensuring access throughout pregnancy and postpartum periods⁷.

Health education involves sensitizing and empowering individuals to manage personal and collective health situations effectively, enhancing their quality of life⁸. This approach encourages individuals to assume control and responsibility for their own health, adopting beneficial practices⁹.

Silva *et al.*¹⁰ evaluated satisfaction with physiotherapy in postpartum women of normal risk through educational, preventive, and therapeutic actions, motivating the current study. Health promotion in the immediate postpartum period is crucial for women's recovery and prevention of complications, particularly in high-risk pregnancies.

Although health education is widely discussed, few studies assess satisfaction among high-risk postpartum women. The lack of specific research highlights the importance of this study in demonstrating physiotherapy's benefits, providing knowledge and autonomy, and enabling beneficial practices for recovery and well-being. Additionally, such care reduces healthcare service overload, emphasizing preventive approaches. Thus, this study highlights physiotherapy's significance in maternal health promotion, enhancing the quality of prenatal and postpartum care.

Therefore, the aim of the present study was to assess the level of satisfaction among high-risk postpartum women following a physiotherapeutic intervention in health education.

METHODOLOGY

This observational, cross-sectional study was approved by the Research Ethics Committee of Santa Cecília University in Santos, State of São Paulo, Brazil (CAAE: 68848823.4.0000.5513, Approval number: 6.030.055) and the ethics committee of a hospital on the coast of the State of São Paulo, Brazil

(CAAE: 68848823.4.3001.5448, Approval number: 6.493.710), following the recommendations of Resolution no. 466/12 of Brazil's National Health Council (CNS).

A convenience sample of 30 high-risk postpartum women within 48 hours after delivery, hospitalized in a maternity ward attended by Brazil's Unified Health System (Sistema Único de Saúde [SUS]) in Santos, on the coast of the State of São Paulo, Brazil, participated voluntarily. Physiotherapy interns from Santa Cecília University conducted supervised routine care for the women on Mondays and Wednesdays between June 5, 2023, and April 14, 2024.

Inclusion criteria were high-risk pregnancies, immediate postpartum period (8 to 48 hours after childbirth), vaginal or cesarean delivery, age above 18 years, and signed informed consent. Exclusion criteria included women recovering from childbirth complications such as hemorrhage and/or pre-eclampsia requiring ICU admission, hemodynamic instability, or withdrawal from participation.

PROCEDURES

The physiotherapy care provided by the interns began with health education and continued with specific care based on the postpartum woman's complaints.

1. Health Education: Guidance about physiotherapy importance in postpartum recovery addressing physical changes and adaptations to it. These teachings also included: guidance on preventive exercises to reduce pain, swelling, and/or discomfort in bed; adjustments in how to lie down and get up from bed, aiming for proper posture to minimize pain in the scar and/or perineal area, when present. Guidance on activities of daily living was also provided when the patient was discharged from the hospital.

The health education approach was conducted using simple language for verbal information and instructions along with the use of materials such as cloth models of the pelvis, a baby, and a breast to increase awareness of the postpartum woman's body. Instructions for proper positioning during breastfeeding were taught using materials available in the hospital, such as towels and blankets.

2. Specific Physiotherapy Care: The postpartum women were individually assessed, and according to each one's needs, they underwent specific interventions, such as: manual therapy; cryotherapy and/or low-power laser therapy, both on the nipple and perineal regions, with prior explanations in simple language; respiratory and motor kinesiotherapy to prevent thromboembolic events; and kinesiotherapy for preventing or treating pelvic floor disorders, especially in cases of lacerations and abdominal diastasis, when observed.

After receiving physiotherapy care, the researchers of this study invited participants to complete a satisfaction questionnaire based on the American Customer Satisfaction Index (ACSI) without the presence of the physiotherapists who had provided care.

RESEARCH INSTRUMENT

The present study followed the methodology described by Silva *et al.*¹⁰, who used a satisfaction questionnaire based on the American Customer Satisfaction Index (ACSI), proposed by Fornell *et al.*¹¹. Based on the ACSI structure (perceived quality, expectations, perceived value, satisfaction, loyalty, and complaints), the questionnaire consists of ten objective questions (with only one statement to be marked as the answer to each question) and one open-ended question for participants to write opinions, suggestions, or complaints regarding the care provided.

Table 1. Questions from the satisfaction questionnaire regarding physiotherapeutic care, adapted from Fornell *et al.*¹¹

Did you know that physiotherapy support was available during labor and postpartum?	YES	NO
I felt frustrated with the physiotherapy resources.		
I felt supported/secure with the physiotherapy resources.		
Overall, I was satisfied with the physiotherapy care.		
The physiotherapy care provided was ideal for me.		
The care met my expectations/addressed my complaints (e.g., my pain decreased or worsened).		
I would undergo this care again.		
I would recommend this physiotherapy care to another pregnant or postpartum woman.		
Overall, my questions were clearly answered during the care.		
Did the information and explanations provided by the physiotherapist increase your knowledge?		
Describe any opinions, suggestions, or complaints regarding the physiotherapy care.		

Source: Based on and adapted from Fornell *et al.*¹¹

Regarding the questionnaire data on sample characteristics, the following information was recorded: name, age, profession, race, height, weight, type of delivery (vaginal or cesarean), whether there was laceration or episiotomy (cut or tear in the skin and muscle tissue), whether there was abdominal diastasis, pelvic floor muscle dysfunction, whether it was the first pregnancy or if there had been others, the reason for hospitalization (diseases such as diabetes, hypertension, hypotension, obesity, depression, and/or fractures), whether there was pain and/or edema, and if so, in which locations.

STATISTICAL ANALYSIS

The data were analyzed using Excel® and presented in tables with titles and captions. For better characterization of the sample, the studied data were presented with mean and standard deviation (SD), absolute frequency (F_i), and relative frequency (F_R) in percentage (%). Regarding the last question of the questionnaire, as it was an open-ended question, the qualitative data were analyzed using content analysis. First, a general reading of the responses was conducted, which guided the interpretation and division of the reports into care, the team, and acknowledgments. Additionally, to maintain confidentiality, participants were identified by the letter "P."

RESULTS

Regarding the age of the postpartum women assisted, the analyzed data showed a range between 20 and 42 years, with a mean of 29.9 (SD = 7.0) years. The gestational age ranged from 30 to 42 weeks, with a mean of 37.7 (SD = 2.49) weeks. Cesarean was the most common type of delivery, accounting for 73.3% ($n = 22$). We observed that, among the eight postpartum women who had a vaginal delivery, 75% ($n = 6$) reported having experienced laceration, and two postpartum women (25,0%) reported episiotomy (Table 1).

	Mean	SD	F _i	F _R (%)
Age (years)	29.9	7.0		
Gestational age (weeks)	37.7	2.49		
Type of delivery				
Cesarean			22	73.3
Vaginal			08	26.7
Laceration				
Yes			06	75.0
No			02	25.0
Episiotomy				
Yes			02	25.0
No			06	75.0

Table 1. Sample Characteristics (n = 30). Source: The authors.

Caption: SD: standard deviation; F_i: absolute frequency; F_R: relative frequency; %: percentage.

Regarding pain (Table 2), the majority reported experiencing pain postpartum, 60.0% (n = 18).

	F _i	F _R (%)
Pain during labor		
Yes	12	40.0
No	18	60.0
Pain postpartum		
Yes	18	60.0
No	12	40.0

Table 2. Absolute and relative frequency of pain during labor and postpartum (n = 30). Source: The authors.

Caption: F_i: absolute frequency; F_R: relative frequency; %: percentage.

The participants were hospitalized for the following reasons: labor (n = 7), systemic arterial hypertension (SAH) (n = 6); gestational diabetes mellitus (GDM) (n = 3); prematurity (n = 3); GDM associated with SAH (n = 2); rupture of membranes (n = 2); placental meconium (n = 2); GDM associated with hypothyroidism (n = 1). Other obstetric complications reported by participants included: fetal arrhythmia (n = 1), fetal jaundice (n = 1), and urinary tract infection (UTI) (n = 1). One woman did not report the reason for hospitalization (Chart 1).

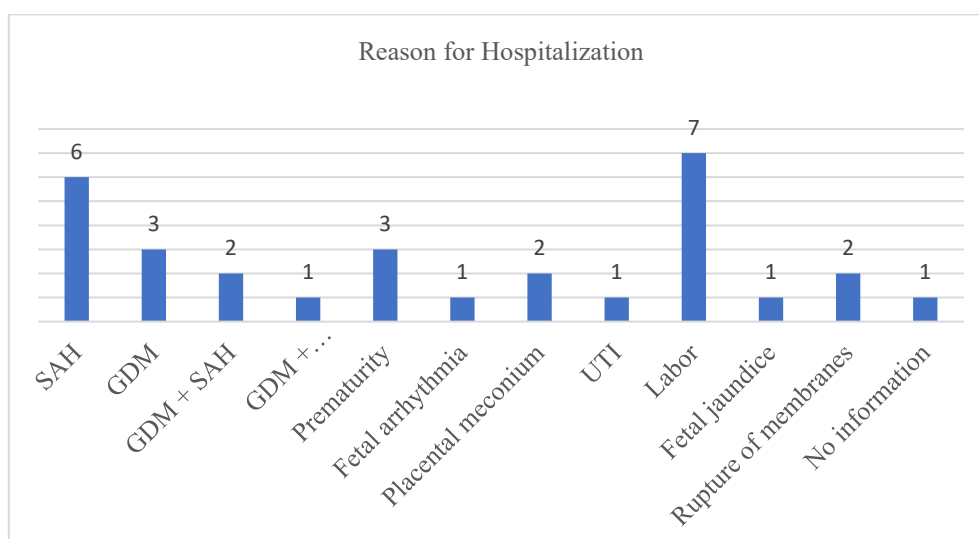


Chart 1. Reason for high-risk hospitalization (n = 30).

Caption: SAH: systemic arterial hypertension; GDM: gestational diabetes mellitus; UTI: urinary tract infection.

In Chart 2, it can be observed that only four postpartum women (13.3%) reported the existence of physiotherapy support during delivery, and one did not answer the question; 83.4% (n = 25) stated that they were unaware that such support was available. However, all the women reported feeling supported and secure with the physiotherapy care provided and denied any frustration. All the postpartum women stated that they were satisfied with the physiotherapy care provided by the physiotherapy interns and felt supported/secure with the physiotherapy resources. All participants responded that the care/guidance provided was ideal for their individual needs.

Regarding whether expectations were met and complaints resolved during the activity, 96.7% (n = 29) of the participants stated that the activities were much better than expected, and they would recommend physiotherapy care to other women. Only one participant did not respond regarding met expectations/complaints, and another reported that her questions were not answered clearly and/or her doubts were not cleared during the care. However, all the women stated that they would participate in the care again, with 96.7% (n = 29) saying that this practice added to their knowledge about this period, and only one chose not to respond to that question.

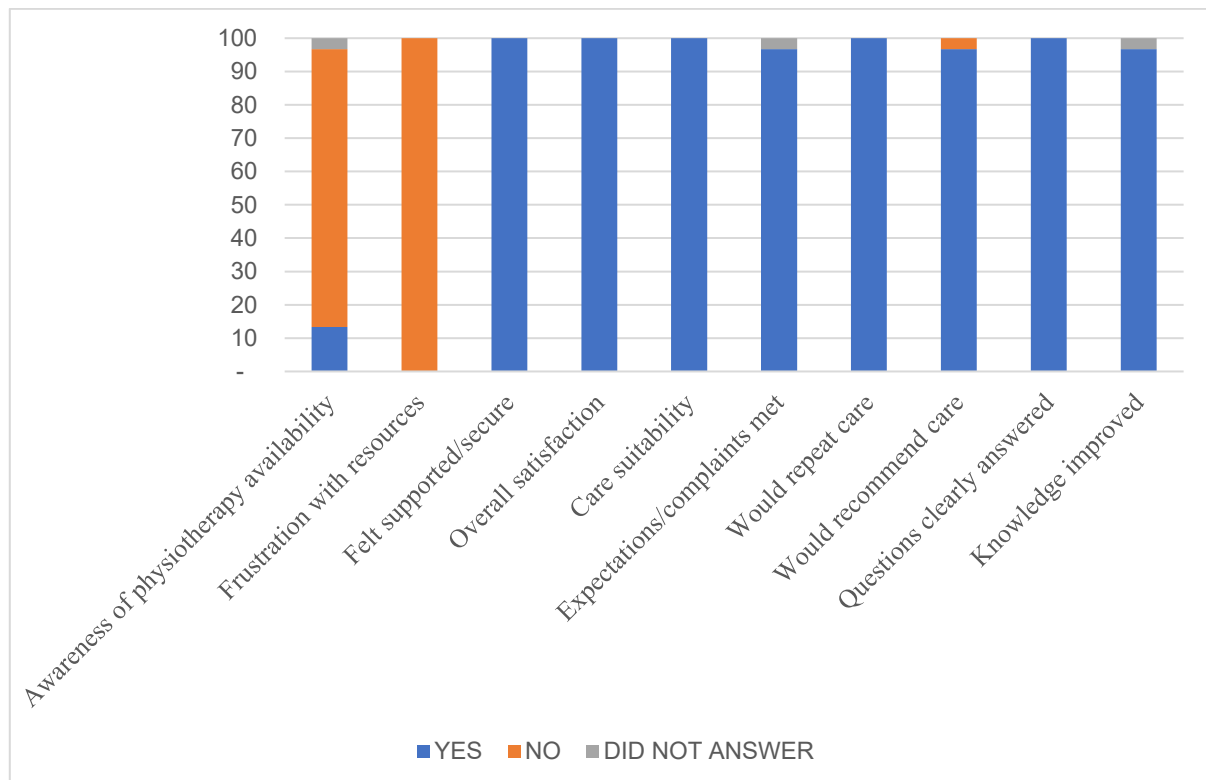


Chart 2. Satisfaction of postpartum women regarding physiotherapeutic care during the postpartum period (n = 30).

QUALITATIVE DATA

Regarding the open-ended question included in the questionnaire, no records of dissatisfaction or disappointment with the physiotherapeutic care were found. In total, 9 (30%) participants responded to the question. There were three (10%) responses related to the care provided (P1, P2, and P3), two positive reports (6.67%) about the physiotherapy team (P4 and P5), and four reports (13.3%) expressing gratitude and satisfaction (P6, P7, P8, and P9).

P1: "Great care, it would be wonderful if everyone could have it, as it helps relieve pain."

P2: "Excellent care."

P3: "Physiotherapy care by the Unified Health System (SUS) is, in my opinion, a necessity for every woman, before, during, and after childbirth."

P4: "A team prepared to deal with high-risk patients."

P5: "Excellent work by the physiotherapy team; in my opinion, this care is extremely necessary and effective."

P6: "Just grateful, really, very good."

P7: "I loved it; I really needed something."

P8: "I was satisfied; I learned new information and guidance that I wasn't aware of previously."

P9: "Very good, important for a patient's recovery."

DISCUSSION

The present study analyzed the level of satisfaction of postpartum women from a high-risk pregnancy regarding the physiotherapeutic care provided to them. The results showed that the patients had a considerable variation in age, with an average of around 30 years, all within reproductive age. As discussed in the study by Borges *et al.*¹², pregnancy planning considering age is essential to ensure a healthy pregnancy for both the mother and the baby. In this sense, the desire and intention to become pregnant are elements that should be part of pregnancy planning. However, such planning is still not a frequent event, especially due to the personal and emotional life contexts of these women, considering pre-existing factors such as income, education level, diet, health conditions, medications, vaccination, among others.

Postpartum pain was reported by 60% (n = 18) of the participants. Among the postpartum women who had a vaginal delivery, 75% (n = 6) mentioned laceration, and 37.5% (n = 3) reported episiotomy. Despite these numbers, insufficient statistical analyses were conducted to establish a relationship between these variables and the type of delivery. Since most of the participants underwent cesarean delivery, the data analysis should be approached with caution, as the results are based solely on descriptive statistics. However, the study by Khan *et al.*¹³ highlights the adversities that episiotomy can cause in those who experienced such complications.

The sensation of pain is a common and significant experience for many women during pregnancy and the period that follows. Based on the data analyzed, it was observed that pain during delivery and postpartum was an important factor. However, throughout this period, it is essential to consider not only the physical dimension of pain, but also its emotional and psychological aspects. These are moments of great vulnerability and transition for women, and pain can trigger a range of feelings and emotions. For these reasons, it is crucial to address strategies to manage and provide relief to postpartum women, both in terms of the physical aspect of pain and the emotional well-being of these women.

Regarding the clinical conditions of the participants, the presence of comorbidities such as gestational diabetes mellitus (GDM), hypothyroidism, and hypertension was noted, with GDM and hypertension—followed by prematurity—being reported as the most common reasons for hospitalization.

The study by Medeiros¹⁴ shows that more than half of the women did not have prenatal test records in their prenatal care cards, highlighting not only the need for the implementation of specific protocols for high-risk pregnancies, but also the need for continuous education for public healthcare teams.

Furthermore, the study by Wang *et al.*¹⁵ evaluates the association between hypertensive disorders of pregnancy (HDP) and the risk of postpartum hypertension among women with gestational diabetes mellitus. Corroborating the findings of this study, the present research emphasizes the importance of a comprehensive assessment of maternal health and the need for an integrated approach to appropriate care, according to pre-existing medical conditions during the prenatal period. It is also relevant to associate the prevalence of prematurity with cesarean delivery, as when a woman goes into preterm labor, there may be a greater tendency for the medical team to perform a cesarean section, especially if the cervix is not favorable for a safe vaginal delivery, if the baby's health raises concerns, or even if the baby's positioning is unfavorable for a vaginal delivery.

It is possible that the type of delivery influenced the implementation of guidance and maternal satisfaction, considering that each mode of birth imposes different challenges in the postpartum period. Women who underwent a cesarean section may have required more time for mobilization and recovery, which could have impacted their adherence to physiotherapeutic guidance. On the other hand, those who had a vaginal delivery, especially with laceration or episiotomy, may have experienced discomforts that affected their perception of the care received.

In the context of this research, it was observed that most postpartum women were unaware of physiotherapy support during labor. However, all of them reported feeling supported and secure with the physiotherapy care they received. Among all the postpartum women who participated in the satisfaction survey regarding the physiotherapy care received during labor and postpartum, only one participant stated that, overall, her questions were not clearly answered, and/or her doubts were not fully resolved during the care. It can be assumed that there may have been a misinterpretation of the physiotherapeutic care provided, as a cross-analysis with the other responses from this patient in the questionnaire contradicts the negativity of her answer to the question. Except for this case, most postpartum women reported that the activities were much better than expected and would recommend physiotherapy to other women. These reports highlight to this research the importance of including physiotherapy care as an integral part of the teams providing support to pregnant women and physiotherapy assistance during labor and postpartum, ensuring that the individual needs of postpartum women are met comprehensively and effectively.

The *Manual Técnico Pré-natal e Puerpério* (Technical Manual for Prenatal and Postpartum Care), provided by the Brazilian Ministry of Health, has the following objectives: to assess the health status of the woman and the newborn; to promote interaction between the mother and the baby; to provide guidance on newborn care; to support breastfeeding and the family; and to identify risk situations or complications and manage or refer them to a qualified professional. In clinical practice, the guidelines in this manual should be applied by a multidisciplinary team; however, there are no specific guidelines for physiotherapy intervention during this period. This fact suggests the opportunity and need to increase awareness of the role of physiotherapists in managing pain and promoting well-being during pregnancy and postpartum, contributing to the quality of life and health of these women. The involvement of physiotherapists throughout pregnancy and postpartum has proven to be an effective and highly satisfactory intervention in this process. Additionally, physiotherapists can assist in the recovery of abdominal and pelvic floor muscles, preventing future significant complications and helping women improve their body awareness and stability.

The activities of this research strengthened the role of physiotherapy in obstetrics and promoted the services provided, as the students demonstrated the role of physiotherapists in the immediate postpartum period to the multidisciplinary team of the hospital institution and to the postpartum women.

The reports of these postpartum women, described in the comments, provided this study with valuable information about the individual experiences of these women. The responses to the questionnaire applied in this research not only contributed to identifying areas that may need improvement in providing physiotherapy services but also highlighted points where the quality and effectiveness of the services offered can be enhanced.

A relevant aspect of this research emerged in the report of patient (P3), who emphasized the importance of physiotherapy care by the *Sistema Único de Saúde* (SUS - Unified Health System), a public health system that offers free and universal care to all Brazilians, pointing out this service as a necessity for every woman before, during, and after childbirth. She highlighted that few locations offer this service, limiting its accessibility. The lack of inclusion in all maternity hospitals which offer services paid for by the SUS creates a need for private hiring of such services.

In this study, the interaction between physiotherapy undergraduate students, the multidisciplinary team, the patients (postpartum women), and the project's coordinating professor was crucial for fostering reflections on real-life situations in clinical physiotherapy practice in obstetrics. This collaboration was essential to ensure integrated and high-quality care.

As a limitation of this study, due to the short timeframe proposed and the cross-sectional nature of the research, a small group of patients ($n = 30$) was considered. A larger group could lead to more detailed results, providing insights, for example, into the impact of physiotherapist support during pregnancy on vaginal or cesarean delivery, pain associated with labor and postpartum, and laceration or episiotomy. With greater scope, it would be possible to subdivide the analysis, compare, and/or correlate the types of delivery. However, this research can serve as a basis for future studies.

The inclusion of physiotherapists in the multidisciplinary team is indispensable to ensure that the individual needs of postpartum women are met comprehensively and effectively, making this moment even more humanized and welcoming. This aspect was highlighted by the positive responses of the participants, demonstrating, in the immediate postpartum period, the potential of physiotherapy care in the prevention and/or treatment of pelvic floor dysfunctions, among other issues. The welcoming nature highlighted in the responses may have occurred because this was the only time SUS users could receive this type of care.

Notably, the participants and their companions recognized that physiotherapy care contributed not only to the dynamics of movement, but also to providing information simply and objectively. Additionally, this care encouraged the participation of the partners and family members of the postpartum women, not only in the process of physical adaptations during the postpartum period, but also in raising awareness about the pelvic floor muscles. Throughout the process, the obstetric physiotherapy service sought to provide well-being, confidence, comfort, and a feeling of being secure in the interaction of postpartum women with their spouses and family members as evidenced by the satisfaction percentage found in the questionnaire responses.

The findings of this study highlight the relevance of physiotherapy care based on health education for high-risk postpartum women in the immediate postpartum period. The observed satisfaction percentage reinforces the importance of integrating physiotherapy as an essential part of hospital maternal care, contributing to the physical and emotional recovery of women. Furthermore, the educational approach adopted by the physiotherapy students proved to be an effective strategy in promoting health, encouraging the autonomy of postpartum women in self-care, and the prevention of

complications. These results suggest the need for the implementation and expansion of qualified professionals in maternity hospitals, enabling a positive impact on the quality of maternal and newborn care, and the optimization of public health system resources.

Although the ACSI instrument used lacks validation for the Brazilian population, it was adapted and used in other Brazilian studies with postpartum women, such as in Silva *et al.*'s research, "Satisfaction of postpartum women after physiotherapeutic intervention in health education." While it is not common to find studies that use the original ACSI questionnaire exactly in the health sector, these adaptations and evaluations indicate the flexibility of the methodology for different contexts, including the health sector. Another study assessed the perceptions of education professionals about a course on "Mental Health Supportive Care," using a model based on the ACSI to measure participant satisfaction¹⁶.

The study focused on the women's feelings, opinions, and satisfaction regarding physiotherapy after giving birth and not on measuring whether physiotherapy improved health outcomes or physical recovery for these women. For this reason, there was no control group. The physiotherapy activities developed in this research contributed to the creation of strategies aimed at meeting the demands of postpartum women and served as an incentive, not only for the implementation of physiotherapy in the routine of Brazilian maternity hospitals, but also for the hiring of professionals in Obstetric Physiotherapy to join the multidisciplinary teams of hospitals.

CONCLUSION

In the present study, we concluded that postpartum women from high-risk pregnancies who received physiotherapy care from physiotherapy students felt fully satisfied with the information received during the immediate postpartum period.

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CONFLICT OF INTERESTS

None.