



RESEARCH

EXPECTATION OF PREGNANT WOMEN IN RELATION TO CHILDBIRTH

EXPECTATIVA DAS GESTANTES EM RELAÇÃO AO PARTO

EXPECTATIVA DE LA MUJER EMBARAZADA EN RELACIÓN AL PARTO

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ABSTRACT

Objective: to describe the expectations of pregnant women for childbirth, their fears and anxieties. The activities those they develop to reduce anxiety and family participation. **Method:** Search descriptive qualitative approach performed in a Basic Health Unit (BHU) in the city of Uberaba MG, with 15 pregnant women. The research project was approved by the Ethics Committee of the Federal University of Triangulo Mineiro (UFTM) Uberaba MG, under protocol # 1778. **Results:** Four categories emerged: fear and anxiety, congenital malformation, baby layette and participation of the husband and the mother. **Conclusion:** We conclude the increasing need for actions to promote health and prevent complications in pregnant women, as well as groups and call for inquiries and planning delivery and postpartum. **Descriptors:** Pregnant, Nursing, Parturition, Prenatal.

RESUMO

Objetivo: Descrever a expectativa das gestantes em relação ao parto, seus medos e anseios. As atividades que elas desenvolvem para diminuir a ansiedade e a participação da família. **Método:** Pesquisa de natureza descritiva com abordagem qualitativa realizada em uma Unidade Básica de Saúde (UBS) do município de Uberaba MG, com 15 gestantes. O projeto de pesquisa foi aprovado pelo Comitê de Ética da Universidade Federal do Triângulo Mineiro (UFTM), Uberaba MG, sob protocolo nº 1778. **Resultados:** Emergiram quatro categorias: medo e ansiedade, malformação congênita, enxoval do bebê e participação do marido e da mãe. **Conclusão:** Concluímos a necessidade cada vez maior de ações de promoção da saúde e prevenção de complicações em gestantes, além de grupos e atendimento para esclarecimento de dúvidas e planejamento do parto e puerpério. **Descritores:** Gestante, Enfermagem, Parto, Pré-natal.

RESUMEN

Objetivo: Describir las expectativas de las mujeres embarazadas para el parto, sus miedos y ansiedades. Las actividades que se desarrollan para reducir la ansiedad y la participación de la familia. **Método:** Buscar enfoque cualitativo descriptivo realizado en una Unidad Básica de Salud (UBS) en la ciudad de Uberaba MG, con 15 mujeres embarazadas. El proyecto de investigación fue aprobado por el Comité de Ética de la Universidad Federal de Triangulo Mineiro MG (UFTM) Uberaba, bajo protocolo # 1778. **Resultados:** Emergieron cuatro categorías: el miedo y la ansiedad, malformación congénita, canastilla del bebé y la participación del esposo y la madre. **Conclusión:** Llegamos a la conclusión de la necesidad cada vez mayor de acciones para promover la salud y prevenir las complicaciones en las mujeres embarazadas, así como los grupos y llamar para consultas y planificación del parto y posparto. **Descriptor:** Embarazada, Enfermería, Parto, Prenatal.

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INTRODUCTION

The Ministry of Health (MOH) in 1983 developed the Program of Integral Assistance to Women's Health (PAISM), this aims to reduce morbidity and mortality of mother and child expanding access to medical consultation, medicines and treatments in public.¹

In women's health an important time to be addressed is pregnancy. This period causes physical changes, psychological and social changes they cause in pregnancy, questions about the development of the baby is healthy and perfect in the eyes of society, the labor pains and is able to take care of her son when he was born.²

In this period the woman needs a proper monitoring so that their real needs are met and pregnancy does not become a risk for both mother and baby. The Ministry of Health established in 2000, the Program for Humanization of Prenatal and Birth (PHPN), enabling greater access and quality of monitoring of pregnant women and newborns, thus reducing rates of maternal and neonatal mortality, which are considered important health indicators.³

Access and monitoring of women during pregnancy and childbirth have brought great improvements, the right of pregnant women to the presence of a companion during labor, LAW 11.108/2005, delivery and immediate postpartum, and Stork Network is a program that aims to ensure the reception of pregnant women from confirmation of pregnancy until the baby is born, humanizing care.⁴

The monitoring of growing in prenatal progressively assisting in the prevention of diseases in the baby and the mother. It's the opportunity that the pregnant woman must join groups, share concerns, questions. The confidence with health care helps women during pregnancy, childbirth and postpartum.

The nursing team based their activities in care has an important role during pregnancy and childbirth, because, anxiety, fear of pain and the incision, and the expectation of the separation of the baby are feelings that are mixed in the nine months of pregnancy. Childbirth is a unique experience in a woman's life and will be remembered forever.² The humanization process in hospitals is of paramount importance and should become routine in professional practice.⁵ Aims to give a "nurse midwife assistance for woman in labor: in search of respect for nature" is a set of practices aimed at promoting childbirth without complications and birth of a healthy child, preventing maternal and perinatal mortality.⁶

The family, friends, partners are key to a healthy pregnancy. A pregnant woman needs people she trusts to share the fears, joys and discoveries. This study aims to determine the expectation of pregnant women for childbirth, to describe the main fears and anxieties, to identify activities those help to reduce anxiety and afford family participation.

METHODOLOGY

This is a descriptive study with a qualitative approach, which is part of the Labor Education Program for Health (Health-PET). The sample consisted of all women who underwent the prenatal period January to April 2011 in a Basic Health Uberaba-MG, given the following inclusion criteria: they are 18 years old.

The sample consisted of 15 pregnant women. There was no definition of parity of pregnant women and / or reproductive history of the same. To collect data, we used a semi-structured with open-ended questions that addressed the issue of pregnant expectation for childbirth, their greatest fears and anxieties,

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which has done to decrease anxiety, and the contribution of family, friends and partner in pregnancy. The women were informed about the objectives of the study and signed an informed consent form.

For the data analysis was performed thematic analysis proposed by Minayo (2004), which consists of three steps: pre-analysis and exploration of material, processing and interpretation of results. From the categorization of data emerged four categories: fear and anxiety, congenital malformation, baby layette, participation of the husband and mother. The study was evaluated and approved by the Ethics in Research (CEP) of UFTM, getting opinion No. 1778, in compliance with Resolution 196/96 of the National Health Council, which deals with research involving human subjects.

RESULTS AND DISCUSSION

Fear and anxiety

Regarding the first question dealt with the expectations of pregnant women at delivery. Corroborated mainly fear and anxiety. If there is a contradiction in the feelings, in which the mother wants to have a child soon so that everything ends, and wish to prolong pregnancy for fear of childbirth and new adaptations after the child's birth ⁽²⁾. The Holy Bible mentions that labor pains are like a punishment that the woman suffers for having committed the sin. As the wheels of conversation is still treated as something painful and scary, an overcoming of death surrounded by myths and beliefs.⁷

Fear of childbirth is a consequence of the lack of dialogue between the professional and the woman. This tends to follow the advice of mothers, aunts, friends and neighbors, who have had negative experiences. And opt for cesarean section, trying to keep the anatomy of the vagina and perineum intact, avoiding pain when using strong painkillers or seeking a tubal ligation, to R. pesq.: cuid. fundam. online 2013. abr./jun. 5(2):3692-97

prevent future pregnancies.⁸⁻⁵ The desired pregnancy can bring joy, sadness and unwanted and even denial.

The educational activities throughout pregnancy and childbirth is very important, but in prenatal women should be well guided so you can experience the birth of a positive, uncomplicated postpartum and breastfeeding success.⁹

A little fear and anxiety [...] ta fear and anxiety about it being [...] goes weighing belly, right. And goes giving that fear, that anxiety because next ta [...] I want to win quickly, with more to me that fear [...] already back that fear, that anxiety all back [...] (G4).

I was well prepared for childbirth norm, l but getting time goes ta giving a fear. [...] now is an anxiety [...] very anxious to... (G7).

[...] I do not know, really scared. Much afraid (G13).

Congenital malformation

In asking pregnant women about the fears and anxieties, we noted concerns related to the health of the baby and the birth of the same malformation. According to the report of the women fear tends to increase as the pregnancy approaches its completion. The prenatal diagnosis of congenital malformations serves as emotional support for parents. A child with a congenital anomaly represents a great emotional burden and most women are not prepared to face this challenge.¹⁰

With the advancement of pediatric medicine the number of newborns who survive after birth malformation is increasing. But a child with congenital brings negative feelings about the idealization of the perfect baby birth to the couple and the family, since the child is the parents' self-image. Requires that the parent enter into a new reality, in which the baby will be in some cases, hospitalized, and still requiring specific care. The author shows in their results that the first contact with the child is one of

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outrage, but the biggest problem is how the news is offered to parents.¹¹

We stress the importance of prenatal care and strengthening professional-client relationship, for monitoring during pregnancy, childbirth and in order to prevent possible complications, preparation of monthly mom when detected congenital malformation in the baby.

[...] My biggest fear is that he was born with a problem, so bad [...] (G9).

My fear is that it has something with my baby. At home or in childbirth, then I'm kind of like, thinking about what could happen [...] (G11).

Fears and anxieties of children born perfect. With good health, my concern is this (G12).

Baby Layette

When questioned about what mothers have done to reduce anxiety, stood out the making of the trousseau, purchase of furniture and other accessories. Pregnancy is extremely complex and the mother needs to know about pregnancy, so you can deal with the changes over the nine months.⁷

The prenatal period is a time of physical and psychological preparation for childbirth and motherhood. This moment is ripe for health professionals develop actions of health education in the care process.⁹ Time for the formation of these groups of pregnant women, to develop skills as the practice of crochet, which can assist them in the purchase of clothes for the baby and even generate income for the family. The educational activities are the strengths of the nurse, because these activities occur mainly

in family health teams, where knowledge can be shared with the community, to break the myths that are transmitted from mother to daughter.¹²

I make needlework, like chocolate (G3.)

[...] I do crafts; I'm doing things a little baby to take this anxiety [...] to doing embroidery, rug room [...] (G7).

[...] With me involves trousseau, surrounds me with other things and not think about the birth [...] (G9)

[...] I think of the child. I try to distract myself buying the little things baby. Planning everything before arrival [...] (G10).

Participation of the husband and mother

Regarding the participation of family, partner and friends, during pregnancy, we can identify the figure of the mother and husband. The welfare of pregnant women must be ensured, allowing free access to a family member, chosen by her, childbirth and the postnatal period, that right was secured with the preparation of 11.108/2005 LAW. It is noteworthy that the support experienced by the companion is positive and beneficial to women. Professionals can and must adapt to this new reality at delivery.¹³

Labor requires that women be admitted to a maternity and this causes the distance from the family. The family plays a fundamental role throughout pregnancy, labor and birth itself. To advise the family and pregnant women is essential so that it can actively participate in all stages⁽⁷⁾. The father's role in pregnancy is not only accompany queries, but also emotional, sitting beside his wife, monitor the development of your baby, financial budget plan and prepare for their new social role.²

My husband then something is, is what is supporting more ta me he and my mother [...] it really helped me, calms me, my mom also helps me a lot (G5).

[...] My mother so much she cares to talk [...] My husband also, all the time *giving* ta talking to us [...] (G7).

[...] My husband like a baby. The baby moves and he gets all excited. My mother [...] They are helping me a lot (G9).

CONCLUSION

The study showed that the expectation of pregnant women for childbirth is based on fear and anxiety, evidenced by the concern of women with congenital malformation. To relieve anxiety mothers reported cook and organize the trousseau. In family support, identified the figure of companion and mother as the main contributors to the pregnant women.

These results reinforce the importance of developing actions to promote the health of pregnant women and the prevention of complications, through group health education, nursing consultation with holistic approach to women's health to be clarified questions, provide information about the procedure of childbirth planning and postpartum. And yet, the team rethinks educational practices of health related to women during pregnancy and childbirth.

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