



CARE TO PREGNANT WOMEN IN PRIMARY CARE: REPORT OF ACTIVITIES IN SUPERVISED TRAINING

CUIDADO À GESTANTE NA ATENÇÃO BÁSICA: RELATO DE ATIVIDADES EM ESTÁGIO CURRICULAR

ATENCIÓN A LA EMBARAZADA EN ATENCIÓN PRIMARIA: RELATO DE ACTIVIDADES EN PRÁCTICAS CURRICULARES

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This is an experience report that describes an academic activity during Interdisciplinary In-training course, which is part of curricular program of the 4th year of the Nursing undergraduate course at a public university of the Paraná Northwest. As evaluation of the internship was elaborated an Action Plan based on the Altadir Method of Popular Planning, about prenatal care, focusing on the most common pregnancy complications. After researching the literature, observations during the internship, study in documents and reports of the health team, revealed was that anemia, followed by urinary complications, gastric and gynecological were pregnancy complications more frequent at the health unit. As a result of acquired knowledge together, several actions were undertaken, with professionals and pregnant women. The activities evidenced the relevance of Interdisciplinary In-training as an agent of the competences consolidation and technical abilities, providing the academic identify problems, develop intervention strategies and operational demands of the action.

Descriptors: Education, Nursing; Pregnant Women; Participative Planning; Prenatal Care; Nursing.

Trata-se de um relato de experiência que descreve uma atividade acadêmica durante a disciplina Estágio Interdisciplinar, que compõe a grade curricular do 4º ano da graduação em Enfermagem de uma Universidade Pública do Noroeste do Paraná. Como avaliação do estágio elaborou-se um Plano de Ação baseado no Método Altadir de Planejamento Popular, acerca do atendimento ao pré-natal, enfocando as intercorrências gestacionais mais comuns. Após busca na literatura, observações durante o estágio, estudo em documentos e relatos da equipe de saúde, evidenciou-se que a anemia, seguida das intercorrências urinárias, gástricas e ginecológicas foram as complicações gestacionais mais frequentes, naquela unidade de saúde. Como resultado desse conhecimento adquirido em conjunto, foram desencadeadas diversas ações, com os profissionais e as gestantes. As atividades curriculares evidenciaram a importância do Estágio Interdisciplinar como agente de consolidação das competências e habilidades técnicas possibilitando ao acadêmico identificar problemas, elaborar estratégias de intervenção e operacionalizar demandas da ação.

Descritores: Educação em Enfermagem; Gestantes; Planejamento Participativo; Cuidado Pré-natal; Enfermagem.

Relato de experiencia que describe una actividad académica durante el curso de Prácticas Interdisciplinarias, del programa curricular del 4º año de graduación en Enfermería de una universidad pública del Paraná, Brasil. Como evaluación se elaboró un Plan de Acción basado en el Método Altadir de Planificación Popular, sobre la atención prenatal, centrándose en las complicaciones más comunes del embarazo. Después de buscar en la literatura, observaciones durante las prácticas, estudio de documentos e informaciones del equipo de salud, reveló que la anemia, seguida de las complicaciones urinarias, gástricas y ginecológicas fueron las más frecuentes en la unidad. Como resultado de los conocimientos adquiridos en conjunto, se desarrollaron acciones, con los profesionales y las mujeres. La actividad evidenció la importancia del Prácticas Interdisciplinarias como agente de consolidación de las competencias y habilidades, proporcionando al estudiante identificar problemas, desarrollar estrategias de intervención y las demandas operativas de la acción.

Descriptor: Educación en Enfermería; Mujeres Embarazadas; Planificación Participativa; Atención Prenatal; Enfermería.

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INTRODUCTION

Prenatal care is still a priority and has deserved an increased focus on the attention to mothers' and children's health, which remains as a field of intense concern in the history of public health in Brazil and worldwide. The persistence of high rates of the important health indicators such as maternal and perinatal mortality rates, has justified the maintenance and development of new actions and policies that focus on pregnancy and childbirth⁽¹⁾.

Monitoring prenatal care is a set of clinical and educational procedures in order to observe the development of pregnancy, as well as guiding and enlightening the woman and her family about pregnancy, childbirth and care to the newborn. It still tries to prevent, detect precociously and treat the most common complications during this period⁽²⁾.

Although pregnancy is a physiological phenomenon, there is a portion of pregnant women, who for having diseases with the possibility to worsen during pregnancy or due to socioeconomic characteristics indicative of vulnerability, may present complications that endanger their own health, and also the fetus' and newborn's health⁽³⁾.

Among the intercurrent diseases of pregnancy the urinary tract infection, which affects mainly young women, represents the most frequent clinical complication. From 2% to 10% of women have asymptomatic bacteriuria, and 25% to 35% develop acute pyelonephritis⁽⁴⁾. However, iron deficiency anemia, also appears as one of the most common obstetric complications, and its prevalence in pregnant women in developed countries is 22.7% and in developing countries 52%⁽⁵⁾.

The monitoring of the major pregnancy complications in the area of the Family Health Strategy teams (ESF) meets the ministerial policy to develop and offer a prenatal and postpartum qualified and humanized care to women, with the incorporation of

welcoming behaviors and without unnecessary interventions⁽⁴⁾. Furthermore, the need to disseminate academic experience in working with health professionals and the community, as well as the methodology used in Interdisciplinary Supervised Training (EI) justifies the elaboration of this study.

Given the above the present article aimed to report an academic experience during EI, a discipline that is part of the curriculum of the fourth year of the undergraduate nursing course of a public university in the northwest of the state of Paraná, stage developed in a Basic Health Unit (UBS) during the experience of theoretical and practical situations at work with health professionals and pregnant women in the second half of 2010.

Contextualizing the activities

The Interdisciplinary Supervised Training is a curriculum subject from the fourth year of the undergraduate nursing course, performed both in hospitals and in UBSs and it aims to enable students to consolidate the skills and abilities necessary for the full exercise of the profession, providing the experience of different situations in primary care and hospital environments, contextualizing theoretical and practical knowledge acquired during the course. It also provides the development of critical awareness and technical competence for decision making, since the professor's supervision and regular weekly meetings occur between student and professor for discussions about the training. In UBSs the discipline is developed so that students know the activities from routine care within the unit, and also those conducted together with the community.

The UBS where the training was conducted, besides nurses, nursing technicians, doctors, dentists and other technical and administrative professionals, has two complete ESF teams who alternate the internal and external activities. A family health team works in the

morning, while the other conducts home visits in the community, in the afternoon the situation is reversed.

The activities of the supervised training are divided into three stages. The first corresponds to the settlement of the student to the service, knowledge of the area covered and observation of the routines and procedures performed by the main family health teams. At this moment the student systematizes the main needs of the service and selects one of them to study with the aim of drawing up an action plan, subject to joint action, student/professor/ ESF/health team from the UBS. In the second phase the student, under the guidance of a professor and the participation of health teams and professionals, plans and establishes the means to put into action a plan that responds to the need selected in the first step. Finally, in the third moment, the student puts into practice the action plan, which can be a situation analysis or the organization of activities or a work process.

It is noteworthy that the presence of the student in the supervised training field is ensured through a formal agreement signed between the university and the city health department, which has existed since the creation of the Department of Nursing and correlates with the consent of the directors of the UBSs. During the training the activities are backed by the agreement, allowing for students and professors the implementation and monitoring of all actions taken in the UBS, including activities of health education together with users and the community and the handling of records and reports.

DEVELOPMENT

For the conduction of the activity that is subject of this study, one used as a methodology the Altadir Method of Popular Planning (MAPP), which directed the survey, the prioritization and the selection of a problem and the preparation of the action plan. The MAPP is based on the principles of the Situational Strategic

Planning (PES) and has operating characteristics for local level, such as a UBS or a hospital sector. The method aims to enable the idealization of an action plan based on the perception that the people involved in the process have of particular situations or problems under discussion⁽⁶⁾.

The effective popular participation and decentralization of health services are represented by means of the proposed MAPP, because different actors of the UBS participated in the enumeration, prioritization and selection of problems, besides the joint development of the action plan. The MAPP also strengthens the commitment of these social actors, since everybody analyzes the problems and proposes solutions according to their own perceptions. For being simple and creative, MAPP favors the involvement and commitment of the community in facing the problems, being consistent with the principles of the Unified Health System (SUS) and therefore is recommended as a tool for development and action planning in primary care⁽⁶⁾. The tasks of the supervised training were performed obeying some steps.

First step: The process of choosing a topic

During the first stage of the training, with the UBS professionals, one elaborated a list containing some of the major needs of the service, such as: shortage of material for procedures; need to improve the working schedule to meet the demands for service at the front desk of the UBS; and incomplete guidance of the professionals about the users' return to the unit to get the results of laboratory tests.

Workers also reported as critical problems of care, the discontinuous use of gloves during procedures for the administration of vaccines and venipuncture, for collection of biological material for laboratory examination, as well as insufficient pieces of furniture in some rooms and the difficulty in promptly taking care of

all the users who look for the UBS, creating sometimes delay in performing the service and therefore queues.

However, a constant need in primary care, that ESF professionals reported and appreciated during the discussions was to meet in a systematic way the health profile of the population of the area linked, in order to organize and classify the assistance offered. Although other population groups (elderly and children) have been highlighted, the health team assigned high priority, according to the classification of the MAPP, to the group of pregnant women enrolled in prenatal care, and decided that it was important to draw a profile of these women, bringing mainly information from the literature and the practice, regarding the main complaints and comorbidities presented by them during the prenatal period.

To improve the quality of care for pregnant women and for each woman in particular, the team realized the need and suggested that information about this population should be retrieved. Thus, one proposed to work with the health care to women during pregnancy, which was the chosen activity to be developed by the student as his action plan, which is part of the activities of the training.

During the meetings for the assessment of needs and the establishment of priorities based on the problems and situations, one discussed that even as a physiological phenomenon of the natural cycle of women's life, during pregnancy some specific diseases or complications may be triggered, creating discomfort to the woman and even pre-existing conditions may be aggravated. The ESF professionals agreed to give a diagnosis identifying the main complications through the rescue of medical records of consultations and visits during the prenatal period, which would be later complemented with the information available in the literature, thus contributing to improve knowledge, tracking and monitoring of women's health, improving the quality of care.

Second and third stages: planning and development of the activity

During the weekly meeting of the ESF professionals, a nurse discussed about the gathering of information that would be held in the records of pregnant women under the responsibility of the team, and she also recalled the objectives and relevance of this activity to acquire more knowledge about this group. Thus, the work was conducted by the student, with the participation of the entire ESF team.

Besides reading the medical records starting since clinical evolutions, the notes taken by the nursing, the ESF staff, the reports of home visits and of group meetings, the student observed the medical and nursing consultations that were conducted with pregnant women during low risk prenatal care. During these activities not only intercurrent diseases of pregnancy were observed, but also the socio-demographic characteristics of pregnant women treated by primary care.

Identifying the profile of pregnant women and of prenatal care

Consulting the manuals from the Ministry of Health, the literature research and the research in the records of the UBS fostered discussions with the ESF staff and supported the development of activities in the course of the supervised training.

A first observation shown by the pregnant women's group was the difference in the attendance to antenatal consultations according to the marital status, that is, one can observe that women who had a stable relationship, adhered better to the consultations and group activities and felt less insecure to share their experiences and questions.

As mentioned in the literature⁽⁴⁾ and reiterated in discussions with health professionals, the sociodemographic profile of women is closely correlated to inadequate use of prenatal care. Therefore, knowing the profile of women, including their marital status,

directs the way the service is developed and facilitates the development of interventions that lead to the partners' co-participation during pregnancy and childbirth.

One also observed that pregnant women who were multiparous or who worked outside their homes, initiated prenatal care later and went less to the UBS both for clinical consultations, and for group activities. The ESF team suggested that prenatal care starts later in multiparous women, probably because they possess a false sense of prior knowledge from previous pregnancies, feeling more secure in the current pregnancy. Working is possibly a fact that interferes with more frequent visits to the UBS, for reducing women's free time, complicating the search for the monitoring of their health.

In a study with 33 postpartum women, SUS users in Belém (PA), it became evident that inadequate utilization of prenatal care is related, in addition to the factors above, to the difficulty to access the prenatal program, caused by blockages of several kinds (physical, geographical, financial, psychological and social). Another factor shown was the lack of access of pregnant women to health services in a timely manner, without big delay or waiting⁽¹⁾. The non-attendance to antenatal consultations is associated with the development, during pregnancy, of some complications, especially in late pregnancy, when the higher frequency of visits should occur, with the aim of assessing the risk of perinatal risk and the most common clinical and obstetric complications in the third trimester⁽⁴⁾.

Pregnant women who attend antenatal consultations have greater contact with information about pregnancy, childbirth and the postpartum period, because different experiences are exchanged between women and health professionals. This possibility of exchanging experiences and knowledge, is considered the best way to promote understanding of the gestation process⁽⁵⁾. A study conducted in Rio Branco (AC) with 20

low-risk pregnant women, treated by medical and nursing consultations in primary care, observed that they recognized the importance of this follow-up to maintain their health and the child's, for being a moment of examinations, some of them had never done before, and of obtaining elements that support the post-natal care and avoid complications during pregnancy and delivery⁽⁹⁾.

An important finding in relation to medical history and personal habits, was the prevalence of smoking among pregnant women. It is estimated that in Brazil, one in four pregnant women are smokers, and in these cases one should implement specific programs that accompany them, in particular suggest them to quit smoking during pregnancy, because pregnant women who smoke have 40% more risks of having premature delivery and the possibility of a miscarriage is higher than 70%, in addition to this, smoking in this period is related to low birth weight and to the restriction of intrauterine growth⁽⁷⁾.

Chronic diseases (DC), such as high blood pressure (HBP) and *Diabetes Mellitus* (DM), associated or in isolation, were among the most commonly mentioned family history during the care for pregnant women. Currently, it can be observed that there were changes in the incidence and prevalence of these diseases, as well as the main causes of death. The current stage of demographic/epidemiological transition, which the Brazilian population goes through, leads to an aging population and high rates of deaths caused by DC⁽⁸⁾.

Something that was rising as a positive thing in the ESF team, responsible for the monitoring of the pregnant women, was the incisive query about the laboratory exams of pregnancy, established by the Ministry of Health. For all the pregnant women serological tests were requested and performed for rubella, hepatitis A, B and C and HIV (human immunodeficiency virus) and VDRL (Venereal Disease

Research Laboratory), which trace respectively the presence of HIV, and syphilis.

During the discussions with health professionals, one emphasized, after identifying women who were never exposed to the agents that cause the diseases discovered by the laboratory tests, that one should develop a differentiated monitoring assistance intervention, because they are considered likely to acquire infections during pregnancy, resulting in severe health problems to the woman and the fetus.

Pregnancy complications during prenatal care

For the verification of the main complications during pregnancy, besides reading the information in the records and reports of workers during the ESF meetings, one used the participant observation, which occurred during the pregnant women's group and the medical and nursing consultations. Anemia, followed by urinary complications, gastric and gynecological pregnancy complications were the most frequent. Less frequently one reported back pain, breathing discomforts (dyspnea) and psychological problems. The findings corroborate those found in the manuals of the Ministry of Health^(3,4) and in the national^(5,10-12) and international literature⁽¹³⁾.

In pregnancy, anemia is considered when hemoglobin levels are less than or equal to 11 g/dl, and the iron deficiency is the most common cause of this occurrence in pregnancy⁽⁴⁾. The prevalence of anemia among pregnant women in developed and developing countries is of 22.7% and 52.0%, respectively, and these high values may be related to a diet that is deficient in iron, associated with the increased demand of the mineral, typical during this period⁽⁵⁾.

During the meetings, student and professor along with the ESF staff reflected and discussed that iron deficiency during pregnancy can have adverse effects for both the mother's and the newborn's health. In addition, maternal anemias, moderate and severe, are associated with an increased incidence of spontaneous

abortions, premature births, low birth weight and perinatal death⁽⁵⁾.

The urinary complications during gestation affect mainly the younger women, and the Urinary Tract Infection (UTI) is the most recurrent infectious disease and that results in higher clinical complications. From 2% to 10% of pregnant women have asymptomatic bacteriuria with 25 to 35% of them developing acute pyelonephritis⁽⁴⁾.

The association between UTI and the worsening of the initial pregnancy prognosis has long been reported in the literature. Complications include the labor and preterm birth, premature rupture of membranes, intrauterine growth restriction, infants with low birth weight and perinatal death. Health services that accompany pregnant women should pay attention to the prevention of the occurrence of UTI, as well to the early diagnosis and treatment⁽¹⁰⁾.

During pregnancy, another common complication is the symptom of gastroesophageal reflux disease (GERD) and it can affect up to 80% of women in the third trimester of pregnancy⁽¹¹⁾. However, the frequent occurrence of GERD can be gradually reduced if a minimum of knowledge on this subject is offered to women in the pregnant group meetings performed at the UBS or at the community, as well as health education activities in the waiting room and in medical and nursing consultations.

The gynecological problems also affect pregnant women, especially pathological vaginal discharge, which is triggered in most cases by sexually transmitted diseases (STDs). Age under 20 years old, unstable relationship, multiple sexual partners, sexual relations without using condoms and being black are some of the characteristics that may be related to higher rates of STD infection⁽¹¹⁾. Professionals who are part of the ESF staff should be vigilant, because when associated with STDs, which occurs in 25% to 90% of the cases, vaginal discharge during pregnancy can cause serious damage

to the woman's health and to the newborn's, as for example prematurity and low birth weight, chorioamnionitis, postpartum endometritis and wound infection after cesarean section⁽¹²⁾.

Another situation found in the records and in the direct monitoring of pregnant women that called the attention of the ESF staff, was the result of serological tests for toxoplasmosis, which showed that many women had nonreactive serology, demonstrating that they have never been exposed to the parasite *Toxoplasma gondii*, as they did not possess immunity and antibodies that detected an acute infection.

Thus, exposure during pregnancy could pose serious health problems of the fetus, requiring from the ESF professionals constant monitoring, with guidance about the risk of acquiring an infection during pregnancy and how to avoid it. The professionals of the health team also reported that there were cases of pregnant women in the area covered by the ESF who acquired toxoplasmosis during gestation. In our country, research conducted with pregnant women has shown a high prevalence of toxoplasmosis, ranging from 40% in Salvador to 80% in Fortaleza⁽¹⁴⁾.

Toxoplasmosis is a worldwide problem and its clinical importance is the risk it represents when it affects pregnant women, due to the risk of transmission to the fetus as it may cause immediate or late sequelae, including both neurological manifestations such as intracranial calcifications and hydrocephalus or ocular and retinochoroiditis⁽¹⁴⁻¹⁵⁾.

Considering this fact a discussion between the professionals was encouraged to understand the importance of establishing the serological profile of pregnant women, which enables the adoption of prophylactic and therapeutic measures to minimize the transmission and the occurrence of damage to the developing fetus.

In general, the occurrence of these adverse situations during pregnancy can be prevented or

mitigated if the health professionals are aware, able and encouraged to do their prompt identification and make decisions. They should also develop educational activities for this population, providing them with information and skills necessary to experience this moment calmly. However, if any complications are identified, the appropriate treatment should be promptly implemented and the monitoring and control of the women should be performed in order to prevent the appearance of other complications.

Formal presentation of the results of the study to the ESF and UBS professionals and preparation of informative material.

The results of the activities were presented to the UBS professionals in two moments. First to the ESF professionals, the results were shown through a presentation lasting 20 minutes. In a second moment, there was a presentation to all the professionals during the general meeting of the unit that occurs on the first Wednesday of each month.

The purpose of these meetings was to demonstrate in a systematic way the social profile and health status of pregnant women from the ESF of the UBS, as well as convey that beyond the care that nurses and other health professionals must offer to pregnant women to minimize complications, there is the need to consider their previous knowledge and experience, when performing the activities of health education, in order to achieve the participation of users and the effectiveness of the process.

Women who are pregnant experience a period of important changes and transformations, causing fears and conflicts in relation to their body, personality and future. For this reason, the educational work is not presented as a simple task, because it is not limited to the transmission of information to pregnant women. On the contrary, it is a shared practice, of knowledge

exchange, established through a bond and it should be improved daily.

The active participation of the population in health services becomes highly important, because only this way, the users themselves can direct the educational work according to their needs, beliefs, representations and life stories, making them part of this process, along with the health professionals⁽¹⁶⁾.

Although initially the activity of identifying complications was not included in the action plan, it generated a need of continuity or of an action. During the presentation of the findings to the professional team from the UBS, the director of the unit asked for the creation of explanatory material to contribute in a complementary way to the guidelines offered by the health team during medical and nursing consultations and also for the pregnant women's group. Thus, one designed an explanatory and illustrative leaflet of the main complications, which women are exposed to during pregnancy.

Under the supervision and monitoring of the professors, there was the help of the nurse and doctor from the ESF in preparing the brochure, so that it could present accessible language to the pregnant women and the population. This leaflet was adopted by the ESF staff and delivered to groups of pregnant women who met at the UBS. Another activity not originally planned and which was carried out, consisted of the presentation of these results to the groups of pregnant women and the users of the health service.

Advice for pregnant women in groups and in the waiting room of the UBS

There were two meetings with two different groups of pregnant women, also aiming to discuss with them the main results of this activity and guide them regarding the major complications that can arise during pregnancy. These two meetings were held inside the UBS. Each group was composed of seven women, their

companions, the nurse, the doctor and the ACS of the ESF. However, as the aim of the activity was to reach and persuade the biggest number of women possible, in other two situations one conducted an educational health activity in the waiting room of the UBS, with ten pregnant women, totaling 24 pregnant women attending the educational health activity.

It is also important to highlight that during the meetings in the pregnant women's group, there was an active participation of the women and their companions, showing interest in understanding and discussing the topics discussed, confirming that the group for the exchange of knowledge is a healthy and stimulating practice for the experience of pregnancy to happen in a calm way, decreasing possibly the complications during this period.

Another result of this activity was evidenced by the ESF professionals, because they confirmed that the nursing consultation and the creating of a space for exchanging stories and experiences in group, represent strategies that encourage the inclusion of women in prenatal care, generating a positive impact on physical, mental and emotional health of these women and their families, and their performance should be made in the daily nursing practice, as this professional has a central role in the health education of this clientele⁽¹⁶⁻¹⁸⁾.

FINAL CONSIDERATIONS

The completion of this activity during the EI discipline was essential because in the first place, it could provide to the student a broad personal and professional growth, consolidating the competences and technical skills to the profession, when he experienced everyday work situations. The methodology of the discipline of distributing one student in each stage of the field, the development of an Individual Action Plan, as well as the periodic supervision of the professor, facilitates the process of the student growth, allowing

the strengthening of interpersonal professional relations. Thus, the student develops activities that can help him to identify problems, select priorities, as well as prepare activities with different groups, teams and populations.

One discovered after the training period that many pregnant women are affected, at any moment during the period of pregnancy by several complications, and it is up to the ESF professionals to take care, give attention, monitor and clarify the main doubts during home visits and during the medical and nursing consultations, and still in the group meetings in order to prevent and control possible complications during pregnancy and childbirth.

The collaborative work between the health staff and student during the survey of service needs and the selection of a problem for the construction of the Action Plan, besides training the ESF staff, for their involvement throughout the process, certainly provides the student in his final year in the undergraduate nursing course a better professional training, improving his critical view toward the activities developed with the community in health promotion and disease prevention.

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