

THE PREVENTION OF GESTATIONAL OBESITY THROUGH HEALTH EDUCATIONAL ACTIONS

A PREVENÇÃO DA OBESIDADE NA GESTAÇÃO ATRAVÉS DE AÇÕES EDUCATIVAS EM SAÚDE

PREVENCIÓN DE LA OBESIDAD EN EL EMBARAZO A TRAVÉS DE ACTIVIDADES DE EDUCACIÓN PARA LA SALUD

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ABSTRAT

Objective: This study has as objective to report the experience of nursing students with pregnant during their prenatal stages relative to the obesity as a risk factor to the pregnancy, at a reference unit located in Belém. **Method:** The paper presents an experience report of the observations of 6th-period nursing students from Universidade do Estado do Pará acquired at practical classes at a high-risk gestation reference unit located in Belém, from september, 10th to september 25th, in 2015. **Results:** The results obtained during the “Cuide-se! Obesidade como fator de risco” workshop evidence that, on the pregnant's side, there is little knowledge about the subject, testimonies and questions, as well as the satisfaction of them for having raised their doubts about the importance of obesity prevention. **Conclusion:** The objective of the study was reached when reporting the experience of nursing academics in the prevention of obesity during pregnancy through an educational action.

Keywords: Obesity, Pregnant Women, Health Education

RESUMO

Objetivo: Este estudo tem como objetivo relatar a experiência de acadêmicos de enfermagem com gestantes no pré-natal sobre a prevenção da obesidade como fator de risco para a gravidez em uma unidade de referência em Belém. **Método:** Trata-se de um relato de experiência desenvolvido a partir de observações pelos estudantes de enfermagem do 6º período da Universidade do Estado do Pará, durante as aulas práticas em uma unidade de referência em gestação de alto risco em Belém no período de 10 a 25 de setembro de 2015. **Resultados:** Os resultados obtidos durante a oficina “Cuide-se! Obesidade como fator de risco” evidenciam pouco conhecimento das gestantes, depoimentos e perguntas sobre o tema,

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assim como a satisfação das mesmas por terem tirado suas dúvidas sobre a importância da prevenção. **Conclusão:** O objetivo do estudo foi alcançado ao relatar a vivência de acadêmicos de enfermagem na prevenção da obesidade na gestação por meio de uma ação educativa.

Palavras chaves: Obesidade, Gestantes, Educação em Saúde.

RESUMEN

Objetivo: Este estudio tiene como objetivo relatar la experiencia de estudiantes de enfermería con las mujeres embarazadas en control prenatal en la prevención de la obesidad como factor de riesgo para el embarazo en una unidad de referencia en Belém. **Metodo:** Se trata de un relato de experiencia desarrollada a partir de las observaciones de los estudiantes de enfermería 6º periodo Universidade do Estado do Pará durante las clases prácticas en una unidad de referencia en el embarazo de alto riesgo en Belem en el período 10-25 de septiembre de 2015. **Resultados:** Los resultados obtenidos durante el taller "¡cuidate! La obesidad como factor de riesgo ", muestran poco conocimiento de las mujeres embarazadas, declaraciones y preguntas sobre el tema, así como la satisfacción de la misma, ya que han tenido sus dudas acerca de la importancia de la prevención. **Conclusiones:** El objetivo del estudio fue alcanzado al relatar la vivencia de estudiantes de enfermería en la prevención de la obesidad en la gestación por medio de una acción educativa.

Palabras clave: Obesidad, Mujeres Embarazadas, Educación en Salud.

INTRODUCTION

According to the World Health Organization (WHO), overweight and obesity are defined as the excessive body fat accumulation; that is, adipose tissue in the individual, which may cause serious damage to the functioning of the organism.¹ According to the Brazilian Institute of Geography and Statistics or IBGE (Portuguese: Instituto Brasileiro de Geografia e Estatística), the prevalence of overweight and obesity in the Brazilian population has increased, specific studies present the prevalence of up to 52% of women with unnecessary gestational weight gain.²⁻³

The woman who becomes obese during gestation has higher probability of

developing Gestational Diabetes Mellitus (GDM), since during this period there is a natural increase in insulin resistance, even if the pregnant woman presents a satisfactory weight according to her gestational phase. The rate of prolonged labor, induced labor, caesarean sections, and puerperal infection is also higher in cases of overweight or obesity.⁴

Moreover, the postpartum hemorrhage is a frequent risk for pregnant women who are overweight. The literature also mentions other complications, such as thromboembolism, intrauterine growth restriction, lesions or infections in the surgical scar, cephalopelvic disproportion, and urinary tract and lower genital tract infections.⁵⁻⁶

Furthermore, other important consequences related to gestational obesity are the hypertensive disorders of pregnancy (HDP), which include chronic hypertension, gestational hypertension, preeclampsia, and eclampsia.⁶ These disorders are ranked second among the most common reasons for maternal death in developed countries, and at the global level, they account for 5% to 10% of obstetric complications; therefore, being considered the main causes of maternal and neonatal morbimortality.⁷

Thus, aiming at reducing the risks related to excessive weight gain during gestation, the Ministry of Health (HM) indicates recommendations for total weight gain in pregnancy, taking into consideration the initial nutritional status of the pregnant woman. The ideal weight gain usually ranges from 19,8 to 26,5 pounds, whereas according to the nutritional status of the woman at the beginning of gestation, there is a weight limit indicated for each trimester.⁴ During the prenatal period, the pregnant woman must be informed about the amount of weight she should acquire at each stage of pregnancy.²

The importance of this study is justified by the high incidence of excessive weight gain in pregnancy. For this reason, some authors have recently been

discussing the important aspects related to this issue.⁸ A study carried out with 5.564 pregnant women showed a prevalence of 19,2% of overweight and 5,5% of obesity in the subjects.⁹ Therefore, guidance and encouragement are needed for reducing health problems and increasing normal childbirths and healthy babies.

Therefore, the objective of this study is to report the experience of nursing academics with pregnant women in prenatal care on the prevention of obesity as a risk factor for pregnancy in a referral unit in Belém, through a health educational action, encouraging nurses to act as counselors to lead women to a gestational period without major complications.

METHOD

This is an experience report of a descriptive study carried out by nursing students of the 6th semester, 3rd year, from the "Magalhães Barata" Nursing School of the State University of Pará. The experience report was chosen since it is the presentation of a lived experience, contextualized and based on a theoretical framework. The experience occurred during the practical curricular activities corresponding to the Integral Women's Health axis, in basic care, which took place from September 10th to 25th of 2015.

The study was performed in a Specialized Maternal-Child and Adolescent Referral Unit in the city of Belém, state of Pará, which serves only high-risk pregnant women from the interior of the state, such as adolescents, HIV-positive, obese women, and others. The unit has a qualified multiprofessional team, it also offers other services such as vaccination, climacteric consultations, cervical pathology examinations, and breast cancer control. The target audience of this study were high-risk pregnant women, who were waiting for prenatal consultation, and their companions, with an average of 12 women treated per day.

For the development of the activity, it was used the Methodology of Problematization according to the precepts of Charles Maguerez¹⁰, which is described in five stages developed around two weeks: the first step was observing the reality and defining the problem, through the high-risk prenatal nursing consultations during the first week, which included anthropometric measurements of the pregnant women, evaluation of their weight gain, and body mass index (BMI) calculation. Thus, it was verified that, most of these pregnant women were overweight.

At the end of the first week, the second stage started, consisting of a survey containing the key points, in which

initiated joint considerations between the academics and the nurse who carried out the consultations, regarding the possible major factors and aspects relevant to excessive weight gain in pregnancy: What causes this disproportionate gain? What are the risks to the pregnant woman and her child? How to prevent it?

In the third stage, which was intended three days, theorizing was carried out to answer the problem, in a more elaborate and substantiated way, through published articles, books, and manuals. Through the reading on the subject, it was verified that, overweight and obesity are risk factors for gestation, not only for the mother but also for the baby. They can generate consequences ranging from moderate to severe.⁸

In the fourth stage, the hypotheses of solution were raised, based on the data researched. For three days, it was elaborated a way to share the information collected with the target audience. However, before implementing the health action, it was necessary to know if the pregnant women were being oriented on the subject by the health team, and whether this information was being shared in an understandable way.

Lastly, in the fifth and final stage, practical activities were performed at the reference unit, in order to transform into

something meaningful the period of experience in the care of high-risk pregnant women. Thus, it was held a workshop entitled "Take care! Obesity as a risk factor for your gestation", when it was discussed with the pregnant women and their companions the causes, consequences, and risks of overweight during the gestational period, and how to prevent it.

The workshop was held in the morning of the last day of practical activities, in the corridor of the unit, where the pregnant women were waiting for the beginning of the consultations, and, they were invited to participate with their companions. It was a dynamic conversation where the answers given by the pregnant women, about obesity during pregnancy, were discussed to guide them about the most appropriate behavior to be taken. It was used a didactic poster containing the main information to be shared.

RESULTS AND DISCUSSIONS

The educational workshop "Take care! Obesity as a risk factor for your gestation", was attended by 9 pregnant women and 4 companions. It was observed great interest of the pregnant women by the subject addressed. The following topics were discussed with the group: causes,

consequences, risks, treatment, and prevention of obesity throughout pregnancy.

The theme approach occurred through a workshop-type dynamic, which contributed to their active participation. The activity facilitated the valorization of the mutual experience; that is, the habits and pre-established concepts that make sense to the pregnant women, in contrast to the technical-scientific knowledge collectivized.

The pregnant women felt comfortable asking questions, reporting daily facts and having their questions answered. Some questions, related to the topic discussed, were made by them, according to the level of education of each one, as shown below.

Question 1: *Can pregnant women with diabetes have a normal childbirth?* It indicates concern about her health condition, and whether this condition will interfere with the type of delivery. In the literature, a higher proportion of cesarean and premature births in pregnant women with diabetes is evidenced. In a study carried out with 255 diabetic pregnant women, 61.9% had a surgical delivery route, which raises greater care and control regarding the glycemic level during pregnancy.¹¹

Question 2: *Can pregnant women have diabetes after pregnancy?* It raises doubts

regarding the disease prognosis related to the excess of acquired weight. Diabetes is one of the major late complications associated with gestational obesity, with a risk of 30% of women developing Diabetes Mellitus 2 within 5 to 16 years after delivery, especially if they continue to be obese.¹¹⁻¹²

Question 3: *I feel very hungry, is it normal to have breakfast four times?* It reflects little knowledge regarding self-care during pregnancy, especially in relation to the control of necessary daily food portion, and the risks of an inadequate diet. According to scientific findings, women who exceed the recommended caloric intake during pregnancy are seriously susceptible to exacerbated weight gain with progression to obesity, concomitant with morbidities, such as hypertension and diabetes, which may persist after childbirth.^{3,5}

Question 4: *My cousin is obese and has a nine-year-old son weighing 216 pounds. Is obesity passed from mother to child?* It shows curiosity about genetic factors linked to obesity. According to researches carried out with pregnant women, the high weight gain directly affects a higher prevalence of fetal macrosomia and childhood obesity.¹³⁻¹⁴ It is important for the health professional to report the correlation between obesity

acquired during pregnancy and the child's future health.

Question 5: *You mentioned eclampsia, is the swelling in the legs eclampsia?* It evidences the lack of familiarity regarding changes considered physiological or pathological in pregnancy, which implies the care and attention the pregnant woman should have about changes in her body, self-image, and signs of obstetric pathologies complications. The overweight obtained in pregnancy is a risk factor for hypertensive diseases, preeclampsia and eclampsia are among the major causes of maternal death and they have identifiable characteristics of eminence.¹⁵

These questions outline relevant doubts pregnant women have, indicating problems related to the knowledge about different aspects that involve the course of gestation, mainly with respect to self-care, feeding, signs, and symptoms of pregnancy. The difficulties of pregnant women in implementing the guidelines are mainly associated to their life habits, which generally do not change during pregnancy, and to individual and collective educational actions in prenatal care that are absent and not efficient.¹⁴⁻¹⁵

The situations evidenced in the pregnant women statements are worrisome, since pregnancy, when inadequately conducted, puts the women in the limit of

the pathological, and added to the deficit of self-care, especially with respect to the weight gain, and inefficient accompaniment in prenatal, the reproductive process can become a high-risk situation for both mother and fetus.⁴⁻⁵

Faced with the questions raised in the activity, prenatal health education translates into an essential tool to teach these women good practices on a daily basis. Likewise, it conveys the necessary information to enable a healthy pregnancy, and, if done continuously, provides a link between the pregnant woman and the health professional, facilitating the common-sense knowledge deconstruction, which is often harmful to health, such as the thought pregnant woman should eat for two.¹⁶

The work of nurses in prenatal care is essential to establish healthy habits to avoid gestational obesity through daily nutritional and self-care guidelines, counting on the active family participation. These factors are paramount to consolidate the planning and development of pregnancy.¹³

In view of this, group educational actions during prenatal are very important in guiding and reflecting on behaviors that can be carried beyond pregnancy, especially for pregnant women with low level of education who have difficulty

understanding, which may interfere in the quality of their prenatal.¹⁴

The pregnant woman, as a person who takes care directly and indirectly of the home and family, is the main target in the fight against the development of obesity. Therefore, she deserves special attention from health professionals, so that educational information is passed on in a clear and concise manner, in an accessible language, verifying the means this woman can use to establish the guidelines in her daily life, according to her preferences and resources.

CONCLUSIONS

The goal of this study was achieved through the experience report of nursing students working in health education with high-risk pregnant women in the prevention of obesity during pregnancy, contributing to reinforce the guidelines given by the prenatal nurse, optimizing a healthy gestation within the health conditions of each pregnant woman, and, at the same time, favoring qualified professional training in face of the needs and differences found in the care of high-risk pregnant women.

Regarding the limitations of the study, it is possible to highlight the inadequate physical space, since the educational activity occurred in a corridor

of the unit where the pregnant women were waiting for medical consultation, being this small area agglomerated and noisy. Nevertheless, the mentioned factors do not constitute impediments for the execution of educational practices, but, undoubtedly, it compromises users' participation and professionals' performance, which may interfere in the effectiveness and quality of educational actions in health.

It is concluded that, it is of the utmost importance for the pregnant woman to be guided from the first prenatal visit, regarding the weight gain she should obtain during pregnancy and the risks the overweight offers. However, an effective follow-up should be done to prevent pregnant woman from developing obesity at any stage of pregnancy. Therefore, it is indispensable that, educational actions be integrated as a routine in prenatal care, enabling other effective forms of education for pregnant women.

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RECEIVED: 26/09/2016
APPROVED: 07/11/2017
PUBLISHED: 12/2017