

“Good gestate”: implementation of a group for pregnant women

“Buen Gestar”: Implementación de un grupo para gestantes

“Bom gestar”: implementação de um grupo para gestantes

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This is an experience report, whose aim was to report to the experience of the implementation of health education in a group of pregnant women, discussing facilitating and inhibiting factors for its realization. The group was created in 2017, in the interior of MG, with weekly meetings lasting an hour and a half. Meetings with themes pertinent to pregnancy were offered. Although there was low compliance of the target population, it was possible to observe the expansion of the participants' knowledge through the exchange of experiences, especially regarding the demystification of pregnancy and training of multipliers of knowledge in the unit held. In addition, the undergraduate students could experience the practice, as well as deepening of theoretical studies.

Descriptors: Primary health care; Pregnancy; Health promotion; Health education.

Trata-se de um relato de experiência, cujo objetivo foi relatar a experiência vivenciada na implementação da educação em saúde em um grupo de gestantes, discutindo fatores facilitadores e dificultadores para sua realização. O grupo foi criado em 2017, no interior de MG, ocorrendo semanalmente com duração de uma hora e meia. Foram oferecidos encontros com temas pertinentes à gravidez. Embora houve baixa adesão do público alvo, foi possível observar a ampliação do conhecimento das participantes por meio da troca de experiências, sobretudo na desmitificação da gestação e formação de multiplicadores de saberes na unidade realizada. Além disso, para as graduandas foi possível vivenciar a prática, bem como aprofundamento de estudos teóricos.

Descritores: Atenção primária à saúde; Gravidez; Promoção da saúde; Educação em saúde.

Se trata de un relato de experiencia, cuyo objetivo fue relatar la experiencia vivenciada en la implementación de la educación en salud en un grupo de gestantes, discutiendo factores facilitadores y dificultadores para su realización. El grupo fue creado en 2017, en el interior de MG, Brasil, ocurriendo semanalmente con duración de una hora y media. Fueron ofrecidos encuentros con temas pertinentes al embarazo. Sin embargo hubo baja adhesión del público alvo, fue posible observar la ampliación del conocimiento de las participantes por medio del cambio de experiencias, sobretudo en la desmitificación de la gestación y formación de multiplicadores de saberes en la unidad realizada. Además de eso, para las graduandas fue posible vivenciar la práctica, bien como profundización de estudios teóricos.

Descriptores: Atención primaria de salud; Embarazo; Promoción de la salud; Educación en salud.

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INTRODUCTION

The Primary Health Care (PHC) in Brazil, effective through the Family Health Strategy (FHS) has as a challenge the development of actions, individual and collective comprehensive care facing families registered, in line with the principles and guidelines of the Unified Health System (SUS)¹.

Among the various activities to be undertaken in the Basic Health Units (BHU), health education is the main tool for building a working practice that values the human being beyond the biological status, valuing the social, emotional and spiritual being².

Among the activities performed in the Family Health teams with pregnant women, the monitoring of the usual risk pregnancy and its possible complications, health promotion; pregnancy in special situations; childbirth care; even dedicating to the legal issues related to pregnancy, labor, birth and postpartum period³.

Pregnancy is a physiological phenomenon, and should be seen by pregnant women and health workers as part of a healthy life experience that involves dynamic changes of the physical, social and emotional look³.

The pregnant group acts as an important resource to promote individualized and comprehensive care of the pregnant woman's needs, her partner's and other people involved. It aims to complement the understanding of the consultations, improve adherence of women to healthier living habits, relevant to this phase, in addition, to demystify anxieties and fears related to pregnancy and postpartum period⁴.

Therefore, the educational process becomes essential to the care of the health service in prenatal, as it allows pregnant women to be active in the gestate process through acquired knowledge and thus, empower themselves in their self-care and the newborn child⁵.

Nurses and other professionals of the FHS have as a particular task to perform activities along with the community, therefore, above all, it needs to know the reality of the population registered their area.

In general, this knowledge comes through user observation at the time of care, whether in the unit or home visits. Thus, with the gathering of the demographic, social and epidemiological profile, the nurse, along with his team, will be able to recognize the needs of the population and then list the educational priorities, such as the group of pregnant women².

In the group of pregnant women, the nurse should allow the mother to express their concerns, ensuring the operative attention and coordination with other health services for the continuity of the care and, when necessary, enabling the creation of the pregnant woman's bond with the health team³.

It is for the health team to get in touch with the pregnant woman, in the health facility or in the community, seeking to understand the multiple meanings of pregnancy for the woman and her family, especially if she is a teenager. The life history and the gestation context brought by the woman during pregnancy should be accepted in full, from her story and her partner's speech. This context implies changes in the relationships among the women and the family, the father and the unborn child³.

A differential to the educational practices of the nurse is to make from the actions goals that must be met in order to bring the population to engage in this practice. Therefore, there should be the interrelation between work and individual since, through this relationship it is possible to survey the population's wishes, thus, drawing strategy approaches that encompass the will of the users^{6,7}.

Given the above, the objective of this study is to report the experience of the implementation of health education in a group of pregnant women, discussing facilitating and inhibiting factors for its realization.

METHOD

This is an experience report conducted during the training of three undergraduate students of the ninth grade of the Nursing Course, attending the Supervised Internship in Collective Health of a public educational

institution in Minas Gerais, held from May to June 2017, with total workload of nine hours.

The proposal was to bring the students to the reality of the Primary Health Care (PHC), which should be the principal and preferred entrance door for users of the Unified Health System (SUS). The units belonging to the PHC are installed near the homes, work and teaching places, for ease of access for SUS users³.

The unit selected for the academic experience was the Family Health Unit Norberto de Oliveira Ferreira, established in 1982. It has two areas of coverage and often addresses the population among others, to health education activities.

In the course of the internship, the students, along with the nurse, observed the flow of pregnant women living in both areas of coverage and, therefore, identified the need to intervene with the implementation of a health education group aimed at this audience.

Then, it was listed the number of pregnant women registered in the unit who were having or not prenatal care in it. After this survey, in accordance with the nurse one decided the most relevant issues to be addressed, the number of meetings and a funding strategy. All pregnant women registered were contacted through phone calls, after searches in the records and the SisPreNatal files, as well as addressed during vaccination.

The students and the nurse of the unit have participated in the meetings, and for greater understanding of the content and attention to the pregnant women, didactic resources such as image presentation, videos, dynamics, dialogical exhibition, opening to exchange experiences and moments that doubts were resolved were used.

The students raised outfits through donation to newborns of both genders, in order to provide the assiduous pregnant women at the end of the group meetings. In addition, other maintenance strategy of the women was the realization of small gatherings after each meeting.

RESULTS

The activity was attended by 12 mothers, aged from sixteen to thirty-six years, with different gestational ages, primigravidae, multiparous. The group received the title "Good Gestate".

There were six weekly meetings on Thursdays, lasting an hour and a half, in the afternoon, in the waiting room of the unit. The topics covered in each meeting were: *The importance of prenatal care and changes in the body, Fetal development, Warning signs, Preparation for childbirth and Care of the newborn* (divided into two meetings). Six of the 12 pregnant women invited regularly participated in the group. Themes that were relevant to the participants were weekly worked, as well as health activities.

In general, it was realized limited knowledge about the pregnancy, which always generated some questions about the topic discussed. From this, one created a knowledge exchange space among pregnant women, which each of them contributing with the experience on the subject taught in the day, a fact which favored the reduction of anxiety, fears and myths surrounding pregnancy.

The experience as interns in a group of pregnant women enabled the practical learning of the duties inherent to the nurses, such as health promotion and prevention of health problems. The guidelines made it possible to expand the theoretical knowledge applied to reality.

One could be in the face of the adversities by which pregnant women experience, such as financial difficulties, family dysfunction, lack of family planning, low educational level. So, it was possible to know the reality in which this population is inserted, thinking of it as a way to collaborate with the financial situation of these people, outfits were distributed to the mothers who were assiduous to the group, raised through donations.

It was noticeable that during the course of the group there were positive attitudes of the pregnant women with regard to participation and discussion of the subjects addressed, which reached the main goal that was the knowledge of the pregnant women about this life cycle.

It was noted the awareness and improved adhesion of the lifestyle indicated during pregnancy through the daily reports. In addition, it is believed that pregnant women could be health multipliers in their collective.

The participants considered the group as being of great importance and highlighted the importance of the continuity of actions aimed at this audience. As a proposal for the improvement to the group, the need for practical classes on the topics were pointed out.

DISCUSSION

The group's initial idea arose from the demand of pregnant women in prenatal monitoring at the HBU. It was noticed that there was no time for health education among this audience. However, it is known that in addition to performing prenatal low risk consultation, it is the nurse's role the development of educational activities during prenatal care, individual and in group, facing the pregnant women³. Thinking of meeting these recommendations of the Ministry of Health, one created the group in order to contemplate actions for the health of the mother and the newborn.

In order to have health promotion, it is recommended a basic infrastructure support of the HBU, suitable location, materials and equipment necessary for the activities, as well as qualified professionals on the subject³.

A pregnant women group acts as a calming agent for the pregnant women, because it enables the exchange of experience, a fact that can reduce the anxieties arising from this period. Moreover, it is able to solve doubts and promote autonomy⁸.

In the educational practice performed, it was noticed behavioral changes among the pregnant women, who began to be more secure about the moment, due to the clarification of the questions and the exchange of experiences. Along these lines, the study shows that the presence of people who have experienced the pregnancy in groups, helps to reduce the concerns which the mothers have⁹.

All chosen topics were presented through projection, and each theme had its peculiarity. At the first meeting, the subject discussed was the Prenatal, since it has significant importance in early detecting diseases in pregnancy and also enables prematurely intervention for any problems, in order to prevent pregnant women from getting into risk situations during pregnancy, ensuring a healthy newborn³.

Assuring this to occur, the first meeting highlighted that the number of consultations should be equal or greater than six, to avoid problems during pregnancy and monitor fetal growth and development. In order to have an efficient prenatal care, it is essential that the health staff build bond with pregnant women and that every action performed with them shall be guided in health promotion, disease prevention and care with qualified hearing, as well as humanized care with a view to strengthened bond and a full performance to the pregnant women³.

The group began with a presentation to the expression of pre-existing knowledge about prenatal care. It was noticeable that pregnant women only knew it was important, but did not understand what the prenatal care was specifically. In face of that, it was essential the clarification of the importance of monitoring the pregnancy, thus corroborating another study¹⁰.

It is known that pregnancy brings intense changes for women, requiring adaptations both in her body and mind¹¹. Thus, another topic addressed was: changes in the body and fetal development in the second meeting of the group. It is extremely important that pregnant women understand the physical and psychological changes in their body to accommodate the growing fetus, since not always these changes come to be explained in prenatal consultations¹². So, it highlighted the importance of implementing the meetings of the group of pregnant women, to improve understanding of the adaptations of her body in generating a new life. Thus, the guidelines should be accompanied by a comprehensive vision to

meet the population's needs, in order to reduce the fears of anxiety in this process.

During the course, it was approached the preparation for childbirth, explaining normal and caesarean deliveries, mentioning benefits and risks. It was remarkable the massive option of pregnant women by cesarean delivery due to postpartum mystification, as the promise of a fast recovery, also cited in a study in Goiânia¹³.

The construction of new knowledge using doubt clarification was only made possible through the health education activity. In the same sense, a study shows that the preference for cesarean section is increasing in Brazil, mainly in the private sector, verifying this in nearly one third of the women¹⁴.

One of the main advantages of vaginal delivery is a faster and easier recovery. The recovery of cesarean delivery is slower, and less support for carrying out household chores would be another possible explanation for the lower satisfaction with this type of delivery in women with lower economic classes¹⁴.

Regarding the care of the newborn, the activities developed were the care of the umbilical stump, bathing, breastfeeding and first aid as choke approach, common in this age group. Then, the Heimlich maneuver for children from a year old was worked.

At this meeting, there were many doubts, since most of the women were unaware of basic emergency procedures, only one pregnant woman reported that she had gone through the situation and know how to proceed in this case. In a study on foreign body aspiration, held in Rio de Janeiro, it is noted that the risks of choking and suffocation are also very common at home. About 80% of cases of foreign body aspiration occur in children, with a peak incidence between one and three years. In such cases measures should be employed as slaps on the back of the infant or the use of the Heimlich maneuver on children older than one year¹⁵.

The positivity of the meetings was visible, although there were discrepancies on adherence of participants. The attendance in

the group was equivalent to their concern and with the attendance of prenatal consultations. Thus, it is known that low adherence has been a limitation.

Despite this, it was possible to positively evaluate the actions, since when performing the educational group with frequent pregnant women, one generates knowledge that can be multiplied by them to others, as well as care autonomy of the pregnant woman herself and her fetus.

CONCLUSION

Academic performance in health education work in the pregnant group was enriching, since it made possible the practical application of knowledge acquired in and out of graduate course, in addition to allowing closer approximation to the public and to closely know their monitoring, with bonds being established, as well as knowledge exchange among students, professionals and the community.

The implementation of the group generated a comprehensive and humanized care space by which pregnant women could have clarification of doubts, recognition of their rights to health, ensuring proper care during the pregnancy period. As an academic experience, it was possible to realize the flow and attendance of pregnant women, choosing weekly meetings.

It is highlighted that objective of the group's implementation is that it happens biannually in each scale of new academics to the unit, always making an extension of the prenatal care to the monitoring of pregnant women of the coverage areas, seeking to multiply knowledge and cause greater knowledge in the population to increase adherence to prenatal and participation in educational activities.

The limitations of this project during its execution were: the low adherence of the target public, the lack of financial resources for investments in more didactic classes and no expository material which could be used. About the facilitators aspects of the project, there was the support of the HBU professionals, particularly the nurse, who helped with practical knowledge in all classes.

Under the limitations of this study, there is the fact of not having assessed the perception of pregnant women about the group's impact on their lives. Since the methodology used made it impossible for this kind of knowledge, as well as, experience reports allow the description of only an event and/or a particular local situation, it was not possible to relate broad generalizations or analysis. Despite these limitations, the experience may raise new study issues and stimulate new experiences involving academy (University) with the reality of practice.

This moment was considered significant for the professional construction and academic training, as it may be ahead of practical issues regarding the nurse in HPC.

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CONTRIBUTIONS

Bruna Veludo de Oliveira, Renata Bernardes Lacerda and Samira Ribeiro took part in the conception writing and review of this study. **Bruna Stephanie Sousa Malaquias and Álvaro da Silva Santos** were responsible for the final review and guidance of the educational activity.

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