

Nursing care from the perspective of pregnant women at high risk
Cuidado de enfermagem na ótica das gestantes de alto risco
Cuidado de enfermería en la óptica de las embarazadas de alto riesgo

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This study aims to know the perception of the high-risk pregnant women related to nursing care in a teaching hospital. This is a qualitative, descriptive study conducted in November 2016 through semi-structured interview, individually applied and recorded with nine women hospitalized, whose analysis was carried out according to Minayo's operative proposal. Data were grouped into two categories: nursing care in the view of women experiencing high-risk pregnancies; and feelings experienced by high-risk pregnant women. The results point to the importance of nurses in care for pregnant women, by providing support and attention to their demands. Nursing care in this hospital was satisfactory according to the concept of those pregnant women, being perceived in enough quality and humanized, providing respect and appreciation on the needs arising from the hospitalization.

Descriptors: Pregnancy; High-risk; Nursing care; Nursing.

O presente estudo tem como objetivo conhecer a percepção das gestantes de alto risco quanto à assistência de enfermagem de um hospital de ensino. Trata-se de um estudo qualitativo e descritivo realizado em novembro de 2016 por meio de entrevista semiestruturada, individual e gravada com nove mulheres internadas, cuja análise foi realizada conforme proposta operativa de Minayo. Os dados foram agrupados em duas categorias: assistência de enfermagem na visão de mulheres que vivenciam a gestação de alto risco; e, sentimentos vivenciados pelas gestantes de alto risco. Os resultados apontam para a importância dos profissionais de enfermagem na assistência às gestantes, por proporcionarem apoio e atenção a suas demandas. A assistência de enfermagem neste hospital mostrou-se satisfatória diante do conceito daquelas gestantes, sendo percebido como de qualidade e humanizado, proporcionando respeito e a valorização diante das necessidades emanadas na internação.

Descritores: Gravidez de alto risco; Cuidados de enfermagem; Enfermagem.

El presente estudio lleva como objetivo conocer la percepción de embarazadas de alto riesgo cuanto a la asistencia de enfermería de un hospital de enseñanza. Se trata de un estudio cualitativo y descriptivo realizado en noviembre de 2016 a través de encuesta semiestructurada, individual y grabada con nueve mujeres internadas, cuyo análisis fue realizado de acuerdo con proposición operativa de Minayo. Los datos fueron agrupados en dos categorías: asistencia de enfermería en la visión de mujeres que viven la gestación de alto riesgo; y, sentimientos vividos por las gestantes de alto riesgo. Los resultados apuntan a la importancia de los profesionales de enfermería en la asistencia a las embarazadas, por proporcionar apoyo y atención a sus demandas. La asistencia de enfermería en este hospital se enseñó satisfactoria ante al concepto de aquellas gestantes, siendo percibido como calidad y humanizado, proveyendo respeto y la valoración frente a las necesidades en la internación.

Descriptores: Embarazo de alto riesgo; Atención de enfermería; Enfermería.

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INTRODUCTION

The high-risk pregnancy is identified when the life or health of the mother and/or fetus is more likely to be committed in relation to the average population¹. The feelings of these women are ambivalent and distinct, and are often mixed between happiness and fear, worry, passivity and insecurity, in addition to the disarrangements in the rhythm of the family that are encouraged by the restrictions imposed by the state of risk².

In this scenario, the prenatal care has been a constant concern of the Ministry of Health (MOH), which has invested in the training of professionals at all levels of the health system through technology investments, as guidelines, standards and protocols that guide obstetric care quality. Prenatal care is prioritized, having as essential characteristics the quality and humanization in the care of pregnant women³.

To this end, health services should care for and counsel women with dignity, with a critical eye and aware that she is a law subject and not a passive object of attention given⁴. Nevertheless, maternal and neonatal morbidity and mortality rates are still high, reflecting the problems of access and quality of care, highlighting the social and regional inequalities, situations that generate vulnerabilities and compromise the exercise of the reproductive rights⁵.

With this in mind, a study showed that, although pregnant women present health needs of physical, social, psycho-emotional and educational orders, professionals prioritize the control of physical and obstetrical aspects of high-risk pregnancy by curative and preventive actions⁴. In view of this, the MOH has pointed out that prenatal care requires dynamic assessment of risk situations and readiness to identify problems in order to be able to act, depending on the problem found, so to prevent an unfavorable outcome, since the absence of prenatal control can increase the risk to the pregnant woman or the newborn¹.

For the MOH, the monitoring of pregnant and postpartum women in Primary

Care (AB) should be multidisciplinary with emphasis on the participation of the nursing professional³. Prenatal classified as low risk can be performed by nurses, according to the Decree No. 94,406/87, which regulates the Law of professional practice of nursing⁶. Thus, the nursing consultation becomes appropriate to discuss about the maternal, fetal and newborn organism; it must be systematic and structured so as to favor the promotion, protection and maintenance of life and improving the quality of care provided to patients, families and Community⁷.

The educational activities with pregnant women involves the remodeling of perception and coping in the face of complications, by reflecting and interfering with the exchange of knowledge, transparency of knowledge, in health critics and promotion. These strategies strengthen confidence among women and professionals, creating a harmonious and safe environment for the establishment of care⁸.

Pregnancy, despite being a physiological phenomenon, can enhance women's health problems. Some complications and adverse pregnancy outcomes are expected as a result of changes in metabolic, circulatory, neurological and renal functions⁹.

This study is justified by the need to understand the feelings of high-risk pregnant women in hospitalization process, in order to give the nursing staff an opportunity of a more effective assistance design that includes the integrality in care to this population.

Thus, understanding the need for special attention and quality care, this study was guided by the following research question: What is the perception of the high-risk pregnant women concerning the nursing care provided in a teaching hospital? In this context, the aim of this study was to understand the perception of high risk pregnant women related to nursing care in a teaching hospital.

METHOD

This is a descriptive study with a qualitative approach. The setting was a maternal and

child unit of a university hospital in southern Rio Grande do Sul.

The study included nine women with high-risk pregnancy diagnoses hospitalized in November 2016. In the data collection period there were 11 hospitalized pregnant women; of these, two refused to participate in the study, remaining nine who agreed to participate and met the study criteria: being admitted to the maternity diagnosed with high-risk pregnancies; aged 18 or over; authorizing the use of a recorder during the interviews; availability to participate in the study; consenting to the disclosure and publication of the results in academic and scientific circles.

Data collection was conducted through semi-structured interviews, guided by closed and open questions concerning the subject of the study. Data analysis and interpretation were based on operative proposal, which is characterized by two levels of interpretation: first, to understand the fundamental determinations of the research, which was mapped in the exploratory phase of the survey; and the second level was named interpretative stage and presented the steps of data sorting and classification. After that, the categorized data were discussed using the Minayo's operative proposal¹⁰.

This study was approved by the Research Ethics Committee of the Medical School - UFPel under the protocol number 60555316.5.0000.5317 on October 1, 2016.

RESULTS

Characterization of the study participants

The study participants were nine women aged between 18 and 45 years, who were experiencing high-risk pregnancies in the data collection period. The prevalent factors of hospitalization were: preterm labor, fetal malformation, intrauterine growth restriction, gestational diabetes, hypertension, preeclampsia, heart disease, urinary tract infection and hyperthyroidism.

Nursing care in the view of women who experience high-risk pregnancy

When asked about the nursing care they received, most of them demonstrated satisfaction with the care, verbalizing it with

positive expressions:

I liked them all. I was treated well.(P1)

Nurses' treatment is very good. Very good indeed. They are attentive, I have no complaints.(P2)

They talk of everything: how I am feeling, what I am in need, anything and call. All in a matter of support. Medication always on time, as well as food.(P9)

Besides what was addressed, the women interviewed highlighted the information received by the nursing staff, which corroborated for comfort and safety in the assistance they received during hospitalization:

I think they explained me everything [Health information]. They explained everything well. (P1)

Oh, I liked it, because they are very attentive. They ask and explain well. If one is in doubt they return to explain again.(P3)

As a way of care, nurses are observed with satisfactory performance in the context of the hospital:

Wow, very good. I am feeling very well supported in here. I feel like I am at home.(P9)

Of the nine interviewees, four have not mentioned about the nursing care in an evident way:

They are really concerned. They are always asking, seeking to know too. (P7)

To see, I'm not missing all that much, they are all very attentive, all of them are helpful. We do not even call, they are always around. (P9)

It also presents the perception of the pregnant women on the experienced hospitalization process. Some argue that this process of illness and hospitalization is interfering with their routine of life and their families:

It interferes a lot, because I am not from here. I am from the interior of Canguçu, I have two children at home, one more that is adopted, I have a husband. (P5)

On one hand, it is not good to be here, because we are away from home. (P7)

Yes, I miss the house and the other two children. (P9)

All my daughter Sara has is me. And now I always have to hospitalize. I frequently come, stay a few days and go home. (P2)

I did not like, 4T because I was going to be away from my little baby, who is with my mother and my sister. It is the first time I let him this way, alone. I always took care of him. (P3)

Feelings experienced by high-risk pregnant women

In this category, the feelings experienced by high-risk pregnant women during hospitalization are presented. This process is directly related to the experience of women

and their families with the current health condition and there may be variations in the way they live and deal with the situation:

Nervousness and fear [Facing the hospitalization]. (P1)

I was afraid. I was very upset. And I did not wait the result here, I picked it up and went home. (P2)

I cry, I just cry. You understand? (P8)

A little worried, I felt worried and calm at the same time, because I was being well supported. I was just very nervous, at the time I was very nervous, at the time I thought that they did not want me to tell me the truth, that I could have the baby ahead of time. (P9)

However, despite the hospitalization it was observed in this study that high-risk pregnant women and their companions expressed their hopes and were anxiously awaiting for a happy birth and a healthy baby. This feeling was what made them face the present, full of doubts, fears and anxieties, but with hope for a bright future:

We, whether we like it or not, are always concerned, 146T. The children in school, the whole thing, then it is worrying. But we try to calm down. (P4)

I will have them ahead of time. A week longer here in my womb is a week less in the hospital. Now I am more relaxed. (P9)

My mother helped me a lot, so their father helped me a lot, but it seems that she my basis, she is what I need. I take much strength from her. (P7)

I have a husband who helps me a lot. I have my mother-in-law who helps me a lot. And also my mother who helps taking care of my children, because all of it I can feel calmer. (P9)

Other feelings also emerged, and homesick and tasks reflected in a longer hope for the recovery of health status presented:

homesickness. I miss the people I saw there on the street a short time, but I miss. I miss the people of my house. (P6)

Yes I miss my house and my other two children. But I am quiet here because this is going to be my last pregnancy. (P9)

DISCUSSION

The results of this study show that the profile of the women studied corroborates other studies performed with pregnant women who experienced high-risk pregnancies in Brazil¹². There was predominance of adult, white, economically active women. In addition, it is highlighted that the risk factors with higher occurrence were gestational diabetes mellitus (four women) and Systemic Arterial Hypertension (three women), reinforcing the importance of preventive measures through the early identification of

risk factors and the proper management, in order to minimize harm in maternal and child health.

The study participants were nine women, aged between 18 and 45 years, who were experiencing high-risk pregnancies in the data collection period. The prevalent factors of hospitalization were: preterm labor, fetal malformation, intrauterine growth restriction, gestational diabetes, hypertension, preeclampsia, heart disease, urinary tract infection and hyperthyroidism.

Attending women with gestational risk is to understand and learn from individual and collective experiences, the experience of events, pathological or not, to which they are exposed, which can generate vulnerabilities to be considered in good prenatal care¹².

It is observed the predominance of a harmonious environment, careful and reliable, which allowed the expression and verbalization of their apprehensions and doubts, besides permeating a sense of security before the service received.

One believes that high-risk pregnant women need interdisciplinary care and attention and individualized assessment according to the specific needs and characteristics of each pregnant woman, in addition to the recognition of aspects that relate to their sense of life.

According to what was exposed in the results, it is emphasized that nursing care needs to be directed to support and focus on care in order to contribute to security, peace and coping of the pregnant woman concerning the situation in which she is⁸.

It is believed that nursing has a key assignment in the empowerment of women with regard to knowledge offered by the health education activities. Prenatal consultation and hospitalization are scenarios in which nurses can develop and strengthen care actions, as women require guidance and explanations about their health and their child.

Assistance for pregnant women considered at risk is a challenge on a daily basis of health care, because the high rates of maternal mortality concern not only society but also the authorities¹³. It should also be

emphasized that care should start in prenatal assistance, which sustains a tool of early detection for risk factors, that can turn a habitual risk pregnancy at high risk, enabling intervention in a timely manner to those that are modifiable.

Nursing professionals have an important role in the metamorphosis in assistance to mother's health, and it is essential they incorporate into their work practices scientific knowledge that meet the real psychosocial needs, breaking with the model centered on the disease¹⁴.

Because of this, one enhances the care of pregnant women should not be performed in a mechanical way. It is necessary to develop it in a way that also allows listening and dialogue from the perspective of humanization. It is needed to make the nursing role significant and impactful nursing, so that people under this care effectively recognize nurses within the health care team.

As a result of hospitalization, changes in the familiar rhythm and problems for pregnant women may occur, such as distancing women from their home, the family, professional and domestic activities; the pregnant woman adaptations to the new environment and cultural habits; loneliness, anxiety, boredom, depression and fear; function overloading for some family members - usually the husband, who happens to take care of the children and home².

In this sense, alternatives or choice of care to pregnant women are not often given beyond the hospital and home, since the movement restriction is considered one of the solutions to the survival of the child, making them feeling guilty when they cannot follow the conduct proposed¹².

It is believed that the pregnancy process should be shared with the family support network, being the companion the main sustenance of this gestational context, labor and birth. When the mother and her family are well guided and synchronized with the care and are aware about the course of this gestation process, they are able to help themselves and be proactive in the care, thus contributing to a more effectively positive

outcome.

Education is essential in the management of high-risk pregnancy, so that nursing should explore the dimension of education with a view to assist the pregnant woman and her companion in the sense of being protagonists of the pregnancy process, providing a quieter, less traumatic and more satisfactory experience².

With the knowledge and understanding of their real health and welfare needs and expectations, pregnant women have been less concerned, and can express more positive feelings. Family support is essential, confirming that pregnant women experience the disease process more calmly and with greater security.

Accordingly, the essence of nursing work is caring, a process that involves close contact with the user; showing caring the human being in their needs, involving acts, behaviors and attitudes that depend on the context and the relationships established between user and professional. For the care to be really effective, the nurse needs to be empathetic, offering care to pregnant women so that it also contemplates their expectations. Nurses' attitude can mean a lot to those who need care¹⁵.

Listening and dialogue are abilities characteristic of humans beings, being common the concept of listening as only to hear, leading to believe that listening is instinctive. It is an essential tool for the user to be met in view of care as integral action; through it, it is possible to build links, the production of host relationships, respect for diversity and uniqueness in the encounter among those who care and who gets it¹².

The sense of fear for the survival of their child represented a major concern for the pregnant women in this study. Other studies have found similar feelings, with the prevalence of fear, anxiety, sadness and also happiness, being common to them the expression of fear for the life of their children, since they are aware that complications in pregnancy can generate harms to the newborn^{2,13}.

The experience of high-risk pregnancy is characterized by an extremely complex,

dynamic, subjective and diverse process, which can be individual and social. It is a unique experience that extends to the companion, family and society. It is not just a biological event, since it involves physiological, psychological, social, economic, cultural, spiritual and role changes, implying the acceptance or not of pregnancy; aspects also inherent to the normal pregnancy process^{2,16}.

These life experiences go beyond the pregnancy process. They bear the responsibility of care for the child, which refers to the fact that, culturally, the responsibility of rearing, caring and the education of children still rests in large part on the woman.

Women are relegated to a secondary role in the family hierarchy, even when they have not only to look after the family and the physical structure of the house, but also the financial provision of the family. Women currently, as well as their mothers and grandmothers, are still reluctant to relinquish control and power they have always had, maintaining and reinforcing the idea that the mother is irreplaceable in the care of their children because just her, who bore and "gave birth" knows well how to perform this task¹⁶.

The statements show that pregnant women, at the same time they claimed to be safe and well assisted, complained of homesickness and concerns with family members. They were eager to return home, live with the children and the mate, back to the routine and customs, take their space, control of their body, their time and life.

It can be seen that hospitalization due to complications from a high-risk pregnancy has directly impacted in the general state of these women. There was a predominance of women unprepared to experience pathological damage in pregnancy, and a sense of responsibility to the fetal condition, which was significant.

Thus, nursing, for being directly and integrally assisting these women, have a key role in ensuring their well-being, which is founded on dialogue, confidence and comfort. Emotional support, encouragement to the verbalization and expression of feelings and

experiences and the promotion of health education will enable them to experience the disease process more smoothly and confidently.

CONCLUSION

This study made it possible to know the perception of high-risk pregnant women about nursing care received. It was evident that the nursing care at this teaching hospital is being satisfactory according to the concept of the participants. Most of the pregnant women have established bonds, confidence and reliability during the time they were hospitalized. Still, it was observed the recognition of the importance of the nursing professional in the care of these women, as they provide support and attention to their demands.

Regarding the feelings expressed by the pregnant women, it reinforces that health professionals invest in dialogue, to obtain more satisfactory results in their activities. Such investment can make the quality care better and humanized, providing respect and appreciation of the care provided.

Hospitalization changes the routine of these women and their families, and nurses can collaborate in order to provide, in addition to care, support and involvement of the companions in the care process. It is through the transformation of this care that the proactivity of pregnant women emerges, which will work in a more horizontal, effective, ethical and responsible attention.

So, the aim of this study is to awaken reflections to nursing professionals who assist high-risk pregnant women, showing the relevance of the assistance that values the unique feelings, demands arisen, building bonds with the women, so that they feel safe to experience this critical period in their life.

A limitation of this study was the small number of participants, which hindered the expansion of analysis and data discussion. Further research on this issue is essential, since care actions can be qualified and nursing care remodeled to meet the expectations and needs of this population.

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CONTRIBUTIONS

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