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Pregnancy questions: the experience of women accompanied in primary health care

Dúvidas na gestação: vivência de mulheres acompanhadas na atenção primária à saúde

Dudas sobre el embarazo: experiencia de mujeres atendidas en la atención primaria a la salud

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This is a cross-sectional, descriptive, exploratory study with a quantitative approach, carried out between February and June 2019, with 33 pregnant women in the coverage area of a Basic Health Unit located in the Northwestern region of the state of Paraná, Brazil. It aimed to identify the main doubts experienced during pregnancy by women being cared for in primary health care. A semi-structured questionnaire and interview were used; data were analyzed using descriptive statistics. Age was between 19 and 35 years (78.79%), non-white race/color (54.55%), nine years or more of education (87.88%), with a partner (93.94%), occupation paid professional (57.58%), income equal to or greater than three minimum wages (72.72%) and a number of people living in the same household less than or equal to five (87.88%). Two or more previous pregnancies (75.76%), vaginal delivery (42.42%), current pregnancy being unplanned (63.64%), being in the second trimester (51.52%); with low and high gestational risk (42.42% each). Of the interviewees, 61% reported doubts categorized as: *Physiological alterations*; *Delivery and childbirth*; *Breastfeeding*; *Newborn care*; and *Others*. In support networks, there are: the mother, the internet and the Basic Health Unit (UBS). In 52% of the pregnant women there were suggestions for changes, with special reference to UBS professionals and the way in which prenatal consultations were conducted. Thus, the health professional must follow the pregnant women in an understandable way, seeing them as a whole, to clarify fears and anxieties, seeking to provide a positive and safe experience of pregnancy.
Descriptors: Pregnancy; Prenatal care; Health education; Primary health care.

Trata-se de um estudo transversal, descritivo, exploratório com abordagem quantitativa, realizado entre fevereiro e junho de 2019, com 33 gestantes pertencentes à área de abrangência de uma Unidade Básica de Saúde localizada na região noroeste do Paraná, com o objetivo de identificar as principais dúvidas vivenciadas na gestação por mulheres acompanhadas na atenção primária à saúde. Utilizou-se questionário semiestruturado e entrevista e os dados foram analisados mediante estatística descritiva. A idade estava entre 19 e 35 anos (78,79%), raça/cor não branca (54,55%), nove anos ou mais de estudo (87,88%), com companheiro (93,94%), ocupação profissional remunerada (57,58%), renda igual ou maior que três salários mínimos (72,72%), e número de pessoas no mesmo domicílio inferior ou igual a cinco (87,88%). Duas ou mais gestações anteriores (75,76%), parto normal (42,42%), gravidez atual sem planejamento (63,64%), no segundo trimestre (51,52%); com risco gestacional baixo e alto risco (42,42% cada). Das entrevistadas, 61% relataram dúvidas categorizadas em: *Alterações fisiológicas*; *Parto e nascimento*; *Amamentação*; *Cuidados com o recém-nascido;* e, *Outras*. Nas redes de apoio tem-se: a mãe, a internet e a Unidade Básica de Saúde. Em 52% das gestantes houve sugestões de mudanças, com especial referência aos profissionais da UBS e a forma de condução das consultas de pré-natal. Assim, o profissional de saúde deve acompanhar as gestantes de forma compreensível, vendo-a como um todo, para esclarecer medos e ansiedades, buscando proporcionar uma experiência positiva e segura da gestação.
Descritores: Gravidez; Cuidado pré-natal; Educação em saúde; Atenção primária à saúde.

Se trata de un estudio transversal, descriptivo y exploratorio con enfoque cuantitativo, realizado entre febrero y junio de 2019, con 33 embarazadas pertenecientes al área de cobertura de una Unidad Básica de Salud ubicada en la región noroeste de Paraná, Brasil, con el objetivo de identificar las principales dudas vividas en el embarazo por mujeres acompañadas en la atención primaria a la salud. Se utilizó un cuestionario semiestructurado y una entrevista; los datos se analizaron mediante una estadística descriptiva. La edad estaba entre 19 y 35 años (78,79%), raza/color no blanco (54,55%), nueve años o más de estudio (87,88%), con pareja (93,94%), ocupación profesional remunerada (57,58%), ingresos iguales o superiores a tres salarios mínimos (72,72%) y número de personas en el mismo hogar menor o igual a cinco (87,88%). Dos o más embarazos previos (75,76%), parto normal (42,42%), embarazo actual no planeado (63,64%), en el segundo trimestre (51,52%); con riesgo gestacional bajo y alto (42,42% cada uno). De las entrevistadas, el 61% declaró dudas clasificadas como: *Cambios fisiológicos; Parto y nacimiento; Lactancia; Cuidados del recién nacido;* y *Otras*. Las redes de apoyo fueron: la madre, Internet y la Unidad Básica de Salud. En el 52% de las embarazadas hubo sugerencias de cambio, con especial referencia a los profesionales de la UBS y a la forma de realizar las consultas prenatales. Así, el profesional de la salud debe acompañar a las mujeres embarazadas de forma comprensible, viéndolas como un todo, para aclarar temores y ansiedades, buscando proporcionar una experiencia positiva y segura de embarazo.
Descriptores: Embarazo; Atención prenatal; Educación en salud; Atención primaria de salud.

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INTRODUCTION

Pregnancy is a moment most women look forward to; a very complex and unique moment, followed by continuous changes that touch all areas of life, affecting it in a biopsychosocial way. Pregnant women need care that reaches these different aspects, ranging from self-knowledge, family support, relationship with their partner, to the treatment they receive by health professionals[1].

In order to reflect on the diligence that pregnant women require, it is necessary to understand that the way in which pregnancy is seen and treated differs between a woman and another. This diversification also resides in the temporal aspect, as the same person can react differently to this event in their body over the years[2].

From the discovery of pregnancy until the moment of birth, women experience many doubts and concerns. In the first trimester, these are focused on changes with the body, emotions and getting used to the new phase. In the second trimester, from the first movements of the fetus, the pregnant woman focuses on the idealization of someone developing inside her. In turn, in the third trimester, the focus is directed to the type of delivery, the moment of birth and further care[2,3].

It is common to have doubts during the gestational period, about several subjects, ranging from physical changes, development of the fetus to the type of delivery and care in the postnatal period. However, there are still gaps in scientific knowledge about the main questions of women in this period of life, which implies an increase in anxiety, fears and anguish, which can pose risks to the health of mother and baby. Pregnant women's questions need to be answered, with a view to providing security and confidence, both during pregnancy and the puerperal period[4].

For this, pregnant women seek sources of support and assistance, such as family and health services. In view of this demand, the Basic Health Unit (BHU) is responsible for carrying out prenatal care, becoming a space in which professionals play an important role in monitoring and answering these women's doubts, as they welcome and offer important information for an easy pregnancy[3,5].

Understanding pregnant women's doubts can help professionals in the targeted planning of health education activities, providing an understanding of prenatal care as a collective process and sharing responsibilities, in addition to seeking to offer, through information, a positive experience of pregnancy[2,6]. In this sense, this study aimed to identify the main doubts experienced during pregnancy by women monitored by primary health care.

METHODS

This is a cross-sectional, descriptive, exploratory study with a quantitative approach, carried out with pregnant women belonging to the coverage area of a BHU located in Northwestern region of the Paraná state; and that were electronically registered, called "*Gestor Saúde*", in February 2019.

The aforementioned BHU has two teams of the family health strategy. Both have: nurse, nursing technician, doctor and community health agents and currently serve approximately 7,500 people. The BHU receives support from resident physicians in the area of gynecology and obstetrics to monitor pregnant women at intermediate risk, as well as those at high risk.

First, there was a search for pregnant women registered in the electronic system. With this list, name, address, telephone number and gestational age of the pregnant women were obtained. The pregnant women were then contacted by telephone, through which the research proposal was explained and, after acceptance, an appointment was made for an interview. Up to three attempts performed on different days and at different times were considered. The interviews were conducted on the scheduled date in a reserved place to ensure comfort and confidentiality.

Data were collected between February and June 2019, using a semi-structured instrument developed by the researchers. This research tool had questions about the sociodemographic profile of pregnant women, current obstetric history, doubts experienced during pregnancy and possible support networks.

Data were transcribed into an electronic spreadsheet in Microsoft Excel program and analyzed using descriptive statistics.

The study complied with the Guidelines and Regulatory Norms for Research Involving Human Beings of the National Health Council (CNS Resolution 466/2012) and was approved according to CAAE: 96376318.6.0000.0104 and No. 3.073.257/2018 of the Permanent Research Ethics Committee with Human Beings from the Universidade Estadual de Maringá (COPEP).

RESULTS

The initial survey identified 53 eligible pregnant women, but 33 participated, since in the period of collection, five had already given birth, seven had changed their address and eight had not answered the telephone contact.

Most were aged between 19 and 35 years (78.79%), non-white race/color (54.55%), had nine years or more of schooling (87.88%), had a partner (93.94%), worked a paid job (57.58%), had an income equal to or greater than three minimum wages (72.72%), and lived with less than or equal to five (87.88%) people in the same household (Table 1).

In the obstetric history, she already had two or more previous pregnancies (75.76%), with emphasis on vaginal delivery (42.42%). In the current pregnancy, she did not plan to become pregnant (63.64%), she was in the second trimester (51.52%); and on the classification of gestational risk, the same number of women had low and high risk (42.42% each) (Table 1).

Of the interviewees, 61% reported doubts experienced during the gestational period, which were categorized for better understanding into: *Physiological changes*; *Delivery and childbirth*; *Breastfeeding*; *Newborn care*; and *Others* (Table 2).

Of the pregnant women who reported doubts, 12 (60%) exposed uncertainties in only one of the areas; six of them (30%) in two areas; one (5%) in three areas; and one (5%) in four. Considering the period of pregnancy they were in at the time of data collection, it was observed that 50% of pregnant women in the first trimester reported doubts; as well as 60% of the second trimester and 64% of the third trimester (Figure 1).

With the exception of two, all pregnant women interviewed had support networks that helped them to experience their doubts. Among the networks that stood out the most were: the mother of the pregnant woman (22%), the internet (22%), BHU (22%), reading (10%), other family members (8%) and private health plans (7%).

Regarding suggestions for changes to improve the experience of pregnancy in relation to the presence of doubts during this period, 52% had suggestions, referring to the professionals at the BHU and the way in which prenatal consultations were conducted. In this sense, the women proposed that consultations be more welcoming and with more empathic counseling. They also recommended: discussion groups, training, preparation exercises for childbirth and a reduction in the change of professionals, increasing the bond and the exchange of knowledge.

Table 1. Sociodemographic and obstetric profile of pregnant women participating in the study. Maringá, Paraná, 2019.

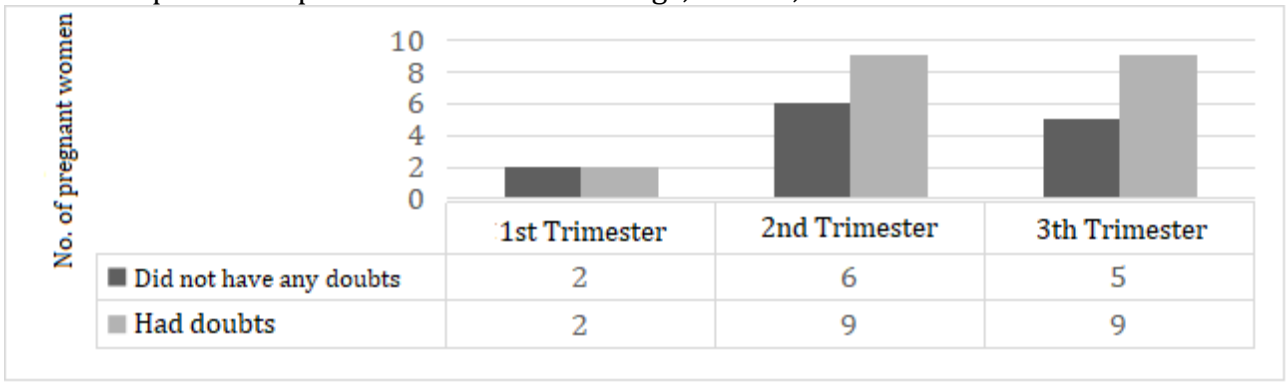
Sociodemographic profile	N	%
Maternal age		
19 - 35	26	78.79
≥ 36	7	21.21
Race/color		
White	15	45.45
Non white	18	54.55
Educational level		
≤ 4 years	1	3.03
5 - 8 years	3	9.09
≥ 9 years	29	87.88
Marital status		
Has a partner	31	93.94
No partner	2	6.06
Professional activity		
Non paying job	14	42.42
Paying job	19	57.58
Family income		
≤ 2 minimum wage	7	21.21
≥ 3 minimum wage	24	72.72
No information	2	6.07
Number of residents		
≤ 5	29	87.88
≥ 6	4	12.12
Obstetric history		
No. of pregnancy		
1	8	24.24
≥ 2	25	75.76
Previous deliveries		
Vaginal	14	42.42
Cesarian section	11	33.33
Does not apply	8	24.24
Planned pregnancy		
Yes	12	36.36
No	21	63.64
Gestational age		
1st trimester	4	12.12
2nd trimester	17	51.52
3th trimester	12	36.36
Risk classification		
Low	14	42.42
Medium	5	15.15
High	14	42.42

Table 2. Doubts experienced during pregnancy by women accompanied in primary health care. Maringá, Paraná, 2019.

DOUBTS EXPERIENCES DURING PREGNANCY	No.*
PHYSIOLOGICAL CHANGES	
Stomach tightening	
Solutions for back pain and pelvic pain	
Burning sensatio in genital region	
Placental detachment	
Feeding from the diagnosis of Hypertensive Disease of Pregnancy	
Periovular hematoma	13
Flaccidity	
Skin allergy	
Thrombophilia	
Gestational diabetes	
Eclampsia	
Hypotension	
Nausea and vomiting	
DELIVERY AND CHILDBIRTH	
Disruption of the amniotic membrane	
Amniotic fluid characteristics	
Stages of labor	9
Possibility of normal delivery after cesarean	
Differentiation between vaginal and cesarean delivery	
Recognition of labor	
Preparing exercises forchildbirth	
BREASTFEEDING	
Duration of breastfeeding	
Donation of breast milk	7
Position to breastfeed	
Ways to identify hunger in baby	
Inverted nipple	
NEWBORN CARE	
Umbilical stump hygiene	
Sleeping position of baby	4
Main care for the newborn	
Intestinal atresia	
OTHERS	
Possible medications during pregnancy	3
Development and size of the fetus according to gestational age	
Definition of Scalded Skin Syndrome and care	

*The same person could have more than one doubt.

Figure 1. Classification of pregnant women according to the gestational trimester and its relationship with the presence of doubts. Maringá, Paraná, 2019.



DISCUSSION

Pregnancy is a period that generates changes in all areas of a woman's life, accompanied by emotional and social singularities, with vulnerabilities that trigger doubts. The fear of an unsuccessful pregnancy makes a woman susceptible and eager for knowledge. As a result of this, uncertainties can be converted into greater receptivity from health professionals, family and friends, who can help and offer information. Therefore, providing for strengthening of bonds of trust and exchange of experience[3,4].

Doubt becomes a mental mechanism in the search for knowledge, an investigative sense that is established in the individual who thinks. This occurs with the pregnant woman, when confronted by the countless information she receives, with distrust of what she hears, or developing a critical attitude, which can generate growth and self-overcoming[6].

About the content of doubts in a research carried out with educational workshops, in a Family Health Center, in the city of Sobral, in the state of Ceará, it was identified: breastfeeding and the gestational period as a whole[7]. In other studies, doubts were related to: physiological changes, breastfeeding, and the analysis of knowledge and expectations of pregnant women about childbirth and its procedures[8-11].

Physiological changes that occur with women, from fertilization to postpartum, from changes in metabolism, immune system and hormones are common. It is important that women are guided about how all bodily systems are affected, in order to promote nutrition, welcoming of the fetus, preparation for childbirth and breastfeeding[12].

Also, it is important to know about the differences between changes in an uncomplicated pregnancy and one that presents pathological dysfunctions, so that they acquire more accurate knowledge[13].

Among the subjects of interest to pregnant women, the theme of breastfeeding is always a cause for fear, but a survey linked to the Universidade do Estado do Rio de Janeiro (UFRJ) showed that breastfeeding has been longer in the last two decades, compared to the 1970s. This success was influenced by new health policies and the implementation of activities aimed at promoting and supporting breastfeeding, introduced in the 1980s[14].

However, despite the Brazilian prenatal coverage rate being around 80%[15], it was found that less than 10% of pregnant women were oriented during prenatal care about breastfeeding and childbirth[16]. This fact is explained, in part, by the lack of regularity and effective standard in primary care actions, in addition to the lack of quantity and quality of the guidelines provided. These data are worrying and warn of the need for reformulation and planning in prenatal care[15].

A meta-analysis carried out to identify factors associated with the initiation and continuity of breastfeeding highlighted, among other factors, that maternal education on breastfeeding has a significant interference. This fact shows the importance of interventions aimed at educating and supporting women and their families for successful breastfeeding[17].

Of all the inaccuracies of pregnancy, childbirth is the most antagonistic situation because of its joy and unpredictability. Furthermore, women are constantly influenced by family testimonies, media actions, past experiences, uncertainty about the ability to be or remain a good mother, and the fear of feeling too much pain. However, pregnant women who receive appropriate guidance demonstrate reduced anxiety, collaborate and interact more with professionals and live a more satisfactory experience[18].

The role of professionals working in primary care is fundamental, as they are immediately responsible for welcoming pregnant women, as well as providing the necessary preparation and knowledge for future mothers to face the birth of their baby[19].

Another question is the care of the newborn, because babies have several weaknesses. The relationship between fear and lack of preparation can produce failures in diligence towards the child[20]. The doubts about the care with the newborn child may be based on the existing myths among the people with whom these women live. The influence of beliefs and popular

knowledge becomes an adversity for the discernment between right and wrong, being able to both contribute and hinder care. Health professionals should seek to understand the culture, identify the pregnant women's doubts, conceptions, experiences, apprehensions and expectations, without wanting to communicate a mere transfer of data and information[16,21].

The fact that women who reported doubts were in different gestational trimesters confirms that questions are present in all stages of pregnancy, and each one of them has more prevalent uncertainties. Likewise, doubts were experienced by both first time mothers and women who had previous children, leading to the assimilation that each pregnancy means a new and unique experience, with particular and unusual characteristics[1,4].

The work refuted the idea of common sense expressed by the thought that from a previous maternal experience, the following pregnancies would be "easier". First time mothers usually fear the lack of experience in this new phase of life, while women who had previous children suffer from numerous demands, fear of suffering in some unpleasant aspects experienced in previous pregnancy(es), not to make mistakes in what they already know, they must be ready and prepared[22].

Of the women who reported having no doubts during the gestational period, most had a support network that helped them in the face of uncertainties and/or curiosities.

Family is one of the most relevant and influential support components for coping with pregnancy. The closest people, such as mother and/or guardian, partner, sisters, mother-in-law, aunts, and others, are considered one of the main sources of information and support for pregnant women. However, family members also have uncertainties and anxieties about the pregnancy, which need to be remedied[23].

The use of the internet was also considered an accessible support network. In this regard, it is necessary for the health professional to legitimize sources that are trustworthy and alert to unscientific content. This is because, usually, in search engines on the World Wide Web, the sites that appear the most are not necessarily those with the most appropriate content, but rather disseminators of myths[24].

The Health Unit in the neighborhood where the pregnant women live was also mentioned as a support network. This establishment can provide for the implementation of health education groups, enabling dialogue, reflection and the participation of everyone, including families[24]. When a woman has social support, her awareness and sense as a mother are improved[25]. All these sources of support presented solve the lack of knowledge of women as mothers and guide actions to keep the fetus healthy during pregnancy. Thus, they help to improve living conditions, reception and security[26].

However, even in the face of these supports, there are factors that could further improve the experience of pregnancy, in relation to doubts, such as improving the public health service and access to education. It is known that most of the difficulties experienced by pregnant women can be resolved through general education, training, prevention and specific health education actions[23,25].

The creation of groups of pregnant women was something suggested by those surveyed. This method of approach has proven to be a knowledge development strategy, as participants contribute with their experiences and questions. In these meetings, the health professional mediates the meeting, through the technical-scientific basis, generating trust, without which receptivity can be compromised[5,7].

A clinical, controlled and randomized trial, carried out in California/USA, showed that group prenatal care is well accepted by pregnant women, who were satisfied with this type of follow-up; in addition to positively impacting perinatal outcomes, such as lower risk of preterm birth[27].

The greater appreciation of "active listening", opens up the pregnant woman to express her concerns, giving her full attention to what she really wants to express. This disposition should not be restricted only to the action of listening, but also to interpret and genuinely seek

to understand the pregnant woman both through her speech and her voluntary silence. The professional must be ready to deal with the main emotions of pregnant women, such as: confidence, joy, sadness, fear, anger, surprise, aversion and anticipation, being aware that openness and empathy are more relevant than any other type of assistance[19].

CONCLUSION

The doubts experienced during pregnancy were quite varied, encompassing physiological changes, breastfeeding, delivery and childbirth to care for the newborn, and others.

As support networks, family members, the internet and the BHU stood out.

The limitations of this study refer to the intentional convenience sampling, the descriptive exploratory design, as well as the quantitative number of participants, which makes it difficult to carry out inferential statistical analyses. However, it was understandable that the doubts raised were present in all trimesters of pregnancy, as well as among women experiencing their first pregnancy and among those who already had other gestational experiences.

It is believed that these findings can help health professionals who work in the care of pregnant women in primary health care to expand their health education actions, with different approaches in prenatal consultations, to resolve the main doubts of women and thus providing a better gestational experience, with less risk to the mother and baby.

Given the lack of research and deepening on the subject, it is suggested that further studies be carried out, with different methodological designs, in order to further explore this topic that is so relevant to maternal and child health.

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