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GROUPS OF PREGNANT WOMEN: SPACE FOR PROMOTION OF COMPREHENSIVE CARE

GRUPOS DE GESTANTES: ESPAÇO PARA PROMOÇÃO DO CUIDADO INTEGRAL

GRUPOS DE MUJERES EMBARAZADAS: ESPACIO PARA LA PROMOCIÓN DE LA ATENCIÓN INTEGRAL

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ABSTRACT

Objective: meeting the strengths and/or weaknesses in the group of pregnant women as a space for exchange of knowledge and practice, for the humanization of the birth process. **Method:** this is a descriptive and exploratory study, with ten women users of a Basic Health Unit who participated in groups of pregnant women during their pregnancy. The production of data was carried out through semi-structured interviews, which were recorded and transcribed. The analysis was based on Thematic Analysis, after the project has been approved by the Research Ethics Committee, CAAE 20722913.7.DO00.5317. **Results:** groups of pregnant women: space for construction of knowledge about the process of pregnancy, childbirth and postpartum; sharing feelings, knowledge and practice in pregnancy groups. **Conclusion:** the groups were an important space for exchange of knowledge and experiences, as an important resource for the empowerment of women in planning and experience of the process of gestating and giving birth. **Descriptors:** Primary Health Care; Pregnant Women; Health Promotion.

RESUMO

Objetivo: conhecer as potencialidades e/ou fragilidades do grupo de gestantes como espaço de trocas de saberes e práticas, com vista à humanização do processo de parturição. **Método:** estudo descritivo-exploratório, com dez mulheres usuárias de uma Unidade Básica de Saúde que participaram de grupos de gestantes no decorrer de sua gestação. A produção de dados foi realizada por meio de entrevista semiestruturadas, as quais foram gravadas e transcritas na íntegra. A análise foi fundamentada na Análise Temática, após o projeto ter sido aprovado pelo Comitê de Ética em Pesquisa, CAAE 20722913.7.DO00.5317. **Resultados:** grupos de gestantes: espaço para construção do conhecimento sobre o processo de gestação, parto e puerpério; compartilhando sentimentos, saberes e práticas nos grupos de gestantes. **Conclusão:** os grupos mostraram-se um espaço de importante troca de saberes e experiências, sendo um importante recurso para o empoderamento das mulheres no planejamento e vivência do seu processo de gestar e parir. **Descritores:** Atenção Primária à Saúde; Gestantes; Promoção da Saúde.

RESUMEN

Objetivo: conocer el potencial y/o debilidades del grupo de mujeres embarazadas como un espacio de intercambio de conocimientos y prácticas para la humanización del proceso de parto. **Método:** se trata de un estudio descriptivo y exploratorio, con diez mujeres usuarias de una Unidad Básica de Salud que participaron en grupos de mujeres durante su embarazo. La producción de datos se realizó a través de entrevistas semi-estructuradas, que fueron grabadas y transcritas. El análisis se basó en el Análisis Temático, después de que el proyecto ha sido aprobado por el Comité de Ética en la Investigación, CAAE 20722913.7.DO00.5317. **Resultados:** los grupos de mujeres embarazadas: espacio para la construcción de conocimiento acerca del proceso de embarazo, parto y postparto; compartir sentimientos, conocimientos y prácticas en grupos de embarazo. **Conclusión:** los grupos fueron un espacio importante de cambio de conocimiento y experiencias, como un recurso importante para el empoderamiento de las mujeres en la planificación y la experiencia del proceso de gestar y dar a luz. **Descriptores:** Atención Primaria de Salud; Mujeres Embarazadas; Promoción de la Salud.

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INTRODUCTION

Pregnancy, childbirth and the postpartum period are periods that are part of the reproductive experience of men and women involving also their families and the community. They are in important experiences and meaningful to the woman and her partner, because they involve numerous emotional, physical, hormonal and social inclusion changes that alter the scenery and life expectancies of those involved in the birth process.¹

The Ministry of Health emphasizes that during the prenatal, health professionals need to provide reception, open dialogue, sensitivity and perception capacity, without judgment or prejudice, allowing the pregnant woman exposing their intimacy with security and enabling thus the woman and their families the construction of knowledge about the gestational process, which will result in a labor and peaceful and healthy birth.²

One way to answer the doubts related to the process of pregnancy, childbirth and postpartum women and enables the active role and protagonist of birthing process is the creation of groups of pregnant and postpartum women. This space allows women take care of their health in context and knowledge takes place through the exchange of knowledge and practices among participants.³

Working with groups need to be part of health professionals every day, because this space is possible to have a holistic view of the human being to the extent that there is the fusion between scientific knowledge and common sense, considering the values and characteristics of each, overcoming individualistic and fragmented service models.³

It becomes important to recognizing the work in groups of pregnant women, as a possibility to return to them their child's birth starring role. In this context, promote activities that preserve the social context of each participant, their culture and their values result in the construction of knowledge together in promoting comprehensive care and humanization of pregnancy, birth and postpartum.

Given the above, this study aimed to:

- Recognizing the strengths and/or weaknesses of the group of pregnant women as a space for exchange of knowledge and practice, in view of the humanization of the labor process.

METHODOLOGY

Article drawn from the monograph << Pregnants' groups: space for exchange of knowledge and practices in the parturition >> presented to the School of Nursing of the Federal University of Pelotas/UFPel. Pelotas, Brazil, 2013.

This is an exploratory and descriptive study with a qualitative approach. This is an excerpt of the course conclusion work entitled " Pregnants' groups: space for exchange of knowledge and practices in the parturition."

The participants were ten women users of a Basic Health Unit in the South. Inclusion criteria were: women who have participated in groups of pregnant women during their pregnancy in January 2012 period to November 2013; have availability to participate; be aware and located in time and space; agree to the disclosure and publication of results in academic and scientific circles; allow the use of recorder during interviews.

Ten women were participants who were part of the group of interviewees, determined after occur theoretical saturation,⁴ defined as the time when some substantially new appears, considering each of the issues addressed and/or identified during the analysis.

The data collection took place through semi-structured interviews that were pre-scheduled and occurred in Basic Health Unit, which took place the groups of pregnant women during the month of November 2013.

Qualitative data were processed and analyzed with the Thematic Analysis, identifying the units of meaning present in the speech of participants. Therefore, three stages were developed: pre-analysis, material exploration, processing and interpretation of results. In the first stage, the data were organized to carry out a deeper analysis, a floating reading of all the communications being made. In the second stage sought the categories, which can be words or meaningful expressions that organizing the content of the speeches and in the final stage, from the organization of the data, interpretations were performed, looking for meanings and interrelationships of what had been said.⁵

The research was approved by the Research Ethics Committee of the Faculty of Medicine, Federal University of Pelotas in the Presentation Certificate for Ethics-CAAE Assessment 20722913.7.DO00.5317. This study followed the Resolution 466/2012⁶, of the National Council of the Ministry of Health, which deals with human research. The anonymity of the participants was ensured by

means of fictitious names princesses of fairy tales free choice of research participants.

Thus, from the speeches were elected to this article the themes: pregnant women groups: construction space of knowledge about the process of childbirth and pregnancy and postpartum Sharing feelings, knowledge and practices in pregnancy groups.

RESULTS AND DISCUSSION

Study participants were ten women who participated in groups of pregnant women during the last pregnancy. To better understand the results we present women who were identified by fictitious names of fairy tales princesses.

Beautiful: 18 years old, incomplete high school, lives with a partner, evangelical, one gestation, one living child, no abortion, housewife, family income of a minimum wage, menarche at 13 years old, first sexual intercourse at 17, cesarean section, not pregnancy planned, participated in the group until September 2013.

Snow White: 22 years old, incomplete primary education, lives with a partner, Catholic, two pregnancies, one living child, an abortion at 21, housewife, family income of two minimum wages, menarche at 17, first sexual intercourse at 17, vaginal birth, planned pregnancy, attended the group until February 2013.

Pocahontas: 30 years old, incomplete primary education, lives with a partner, has no religion, two pregnancies, two living children, no abortion, housewife, family income of a minimum wage, menarche at 13 years old, first sexual intercourse at 17, vaginal birth, planned pregnancy, attended the group until May 2012.

Sleeping Beauty: 31 years old, completed high school, lives with a partner, Catholic, four pregnancies, four living children, no abortion, housewife, family income of two minimum wages, menarche at 14 years old, first sexual intercourse at 17, cesarean birth, pregnancy planned, participated in four groups by August 2013.

Cinderella: 25, completed elementary school, lives with a partner, Umbanda follower, four pregnancies, three living children, one abortion, housewife, family income of four hundred reais, menarche at 13 years old, first sexual intercourse at 16, cesarean birth, planned pregnancy, participated in four until August 2012.

Ariel: 23, completed elementary school, lives with a partner, evangelical, one gestation, one living child, no abortion, housewife, family income of two minimum

wages, menarche at 15 years old, first sexual intercourse at 16, vaginal childbirth, pregnancy planned, participated in two groups until November 2013.

Jasmine: 16, completed elementary school, lives with a partner, has no religion, one pregnancy, a living child, no abortion, housewife, family income of a minimum wage and a half, menarche at 12 years old, first sexual intercourse at 15, cesarean birth, unplanned pregnancy, participated in six groups by March 2013.

Tiana: 27, completed elementary school, lives with companion, has no religion, a pregnancy, a living child, no abortion, housewife, family income of a minimum wage, menarche at 12 years old, first sexual intercourse at age 20, cesarean section, pregnancy planned, participated in three groups until January 2013.

Rapunzel: 21, incomplete primary education, lives with a partner, has no religion, pregnancy, one living child, no abortion, housewife, family income of a minimum wage, menarche at 13 years old, first sexual intercourse at 15, cesarean birth, pregnancy planned, participated in five groups by March 2013.

Mulan: 32, completed high school, lives with a partner, Catholic, two pregnancies, two living children, no abortion, housewife, family income of a minimum wage, menarche at 14 years old, first sexual intercourse at 15, cesarean birth, unplanned pregnancy, participated in four groups until July 2013.

• **Pregnant women groups: construction space of knowledge about pregnancy, childbirth and postpartum.**

Pregnancy is a period permeated through major changes, especially for primiparous. The beginning and the development of a pregnancy is perceived as a whole, as a complex phenomenon, being marked by profound physiological changes, psychological and social context. These changes interfere impactful way the intrapsychic and relational world of women, significantly changing the vision she has of herself and her relationship with the world.⁷

In this given situation, it realizes the importance of an environment where pregnant women can expose their feelings; ask questions, contact with education initiatives, prevention and health promotion. Thus, the group methodology is presented as a device that will enable professionals to develop health education and prevention actions will certain population groups/communities.⁹

Specifically in obstetrics, working with groups provides the contact between pregnant

women of different ages, gestational ages and socioeconomic conditions. Furthermore, it allows greater interaction of the mother with the health team, enabling exchange of knowledge among primiparous, multiparous and professionals. Note that the presence of multiparous pregnant women usually enriches the discussions, by highlighting issues experienced and anchored in experience such as pregnant women and mothers.⁸

The women in this study, when asked about the relevant issues triggered by participation in the group were unanimous that the groups were important in the experience of pregnancy, childbirth and the postpartum period, which can be observed in the statements:

It was very good, because the things I didn't know I learned here, and now I teach my friends who are pregnant. (Bella)

Participate in groups only brought positives because everything I learned here, I would need to learn alone, since nobody ever talked to me about these issues. (Snow White)

It was great, just learned good things and sorry I missed some meetings. (Pocahontas)

For me all matters were very important, especially for first-time mothers, because everything you taught us were topics that never speak in prenatal consultations here on the Health Center. (Sleeping Beauty)

Participate in the group was a teaching; I can't say it was bad, because it was all very good, here I learned how to take care of my daughter. (Cinderella)

It was very important because there are things that people think they can do, but you taught that cannot. (Jasmine)

The groups have helped me a lot, taught me a lot, especially what was going to happen at the time of childbirth. (Rapunzel)

By analyzing the presented speeches, it becomes clear that Sleeping Beauty and Snow White felt that the pregnancy groups are configured in triggering slot exchange of knowledge and mutual learning, since during the prenatal interviewed were not receiving opportune information and guidance with respect to pregnancy. Faced with this, we see the importance of giving care to pregnant women who, in some situations during prenatal consultations are not possible to develop health education actions. It is understood that the educational process is essential not only for the acquisition of information on the process of gestating and giving birth, but also for the empowerment of women as being and citizen.⁸⁻⁹

The women in this study voiced the importance of pregnant women groups as

information space to experience the gestational process fully, remedying their questions, providing face of the inner difficulties, exchanging experiences and producing knowledge.

Participation in education groups and health promotion during pregnancy and postpartum promotes learning about pregnancy and childbirth dynamic and reflective way, making this unique and special time in a woman's life.⁹

In pichonian perspective learning is a continuous process where communication and interaction are inseparable, as we learn through relationships with others. The learning-centered groups highlights the possibility of a new development of knowledge, integration and questions about self and others.¹⁰

In this respect, the women were asked about the knowledge acquired during the groups. Ariel was the one who reported not remember the topics discussed during the meetings, this lack of memory is believed to be due to their absence in the groups, which certainly hampered the construction of knowledge.

I don't remember because I missed many meetings. (Ariel)

The other emphasized the issues which have provided learning:

You taught that no matter whether it is normal labor or C-section, the milk goes down the same way, and this left me calm because I always wanted to breastfeed. I also learned that there is no weak milk, that all milks have all the baby needs to be healthy. (Bella)

I learned how it's got to be the handle; you need to put the whole areola in the baby's mouth to crack. I learned to take care of belly button also. (Snow White)

I learned how to use contraception after childbirth and how to put a condom. (Pocahontas)

I learned as happened the contractions of childbirth and how to breathe. I also learned what contraceptives should be used in breastfeeding. (Sleeping Beauty)

I learned how to give the bucket bath to soothe the baby, and I'm using the bucket until today. (Cinderella)

I learned that natural childbirth is better than a C-section; the cesarean section can have a lot of complication. (Tiana)

I learned to bathe, and feeding the right way. (Rapunzel)

I learned to take birth control correctly, and I realized that I got pregnant by carelessness with the pill. (Mulan)

It is observed that the themes were repeated and related mostly with the care of the newborn, breastfeeding, contraception and birth, which shows the fears and concerns of women as care for the new being to come.

Contraception was verified in the words of Pocahontas, Sleeping Beauty and Mulan. These women have shown concern to prevent a new pregnancy, at a time when the family is facing the new family member. Control of contraception is a subjective experience that develops in daily life and in relationships with others. The experience with the group, the social and cultural differences mean in the direction of family planning and are fundamental to the emancipation of the subjects in the educational process in health.¹¹

The types of parturition, and fear and myths regarding the choice of the types of, and possible complications were evident in the speech of Bella and Tiana. Thus, the group emerged as a space to demystify and review myths and beliefs related to childbirth, and expand knowledge of the types of labor and family participation in this process.¹²

In this context of research, it is noticed that the groups were developed through health promotion actions that in anatomy and physiology, fetal development, care during pregnancy, childbirth, postpartum, breastfeeding and care of the newborn.

A study of pregnant women groups revealed that participation in groups during pregnancy contributed to demystify and revise beliefs about pregnancy, childbirth and postpartum. This reconfiguration of subjective aspects inherent to all pregnant women, allows better understand the changes in pregnancy and childbirth, as well clarify the rights of women while pregnant, parturient and puerperal.¹²

Thus, the purpose of the groups is to benefit women with knowledge and insights into the changes of this period of his life, in order to reduce fears and anxieties that involve the process of giving birth.⁹

It is believed that the information is women's empowerment tool and the prenatal needs to be space for strengthening the autonomy and role of women to the positive experience of the process of gestate and give birth.

Sharing feelings, knowledge and practices in groups of pregnant.

Fears and anxieties are emotional changes that permeate pregnancy, so the groups appear as a space in which the mother can expose their feelings, answer their questions

and contact with other women who share the same reality.¹²

Contact with other women enables sharing meanings, feelings, knowledge and values. Through the sharing of meanings of the different interactions is that the social structure and the cultural. In this space, the woman can interact and build socially, and while that is constructed, actively participates in the social construction.¹⁰

In this context the women in this study expressed feelings of insecurity and lack of knowledge about childbirth and caring for infants that were resolved during the groups:

I was afraid of natural childbirth, but alas you explained how it happens, and I was calmer... (Pocahontas)

After that had the group about the labor I was quieter, because before I was afraid of the pain of childbirth. (Snow White)

I was afraid of bathing, and also that he to choke, but then after the groups I was calm, I even saw a baby to choke in the hospital and I was not nervous. (Bella)

The speeches above emphasize that the group of pregnant women made it possible for women to understand the changes that occur during pregnancy, labor and delivery, reducing anxiety and providing an understanding of the feelings that arise during this period. This way of approach allows the approach between professionals and the care receivers, contributing to the provision of humanized care.¹³

In pichonian perspective professionals have a role in facilitating the interaction between group members. Professional establishes a link with the participants, which enables the exchange of experiences and information, providing answers to the problems that arise in the course of the meetings.¹⁰

When approaching the advantages and difficulties that may occur during pregnancy considering the expectations, feelings and prior knowledge of women about the subjects covered, is promoted also greater autonomy to overcome possible adversities generated naturally by pregnancy, childbirth and puerperium.

In this sense, independent of knowledge and feeling aroused in each participant, it is believed that working with groups enables knowledge exchange space and practices that assist in mobilizing the stereotypes of each. Each participant is able to cope with the changing situations, it tends to "re-mean" their experiences through the recognition of others and self.¹²

The importance of the group, as knowledge and practices swap space was identified in the statements of Sleeping Beauty and Tiana.

When they spoke of the types of childbirth, I told the other girls how were my other births, explained to them that natural childbirth is not the complication that speaks. (Sleeping Beauty)
I've always liked to hear girls talking about how were the other pregnancies, what they felt. (Tiana)

Through the exchange of knowledge and experience, pregnant women and women had become more confident to experience pregnancy and fears arising with childbirth and postpartum. The group was a space for women to develop their skills and autonomy for self-care and care for the newborn, and provide the exchange of experience. In this perspective, the group methodology course enables autonomy in the group participant, allowing greater productivity, engagement and cooperation between the subjects that develop on them a collective learning experience.¹⁰

The women in this study, when asked about the group's weaknesses, were unanimous by emphasizing that the group did not show weakness, as the following lines:

Had no negative points, I think you were quite friendly. (Bella)
There's nothing to improve, everything was very good. (Snow White)
There's nothing negative points, keep up the work so that you're always going to have success. (Pocahontas)
There is nothing to improve. (Sleeping Beauty)
It was all very enlightening. (Cinderella)
For me there's nothing bad, it was great. (Ariel)
I don't think there's anything negative, everything was very interesting. (Jasmine)
There was nothing bad... (Tiana)
For me there is nothing to improve... (Rapunzel)
Certainly has no downside. (Tiana)

While I believe in the effectiveness and importance of prevention and health promotion for pregnant women, the lines of Bella and Pocahontas allowed understand that maybe women did not point negatives due to the interviewer be the same person who developed the group activities.

In this sense, it is important to the continued implementation of the assessment of the activities during the course of pregnancy groups. Only through this has an overview of the work and its proximity to the intended goals, and a way for participants to

assess the experienced groups of positive and/or negative.¹⁴

Learn in a group requires a mental activity open, in which the participant develops the ability to evaluate group activities naturally. Thus, the member ceases to be a spectator and becomes the protagonist of her story and the story of her group.¹⁰ In this circumstance, it emphasizes the importance of the health professional in this process, it is up to him the role of facilitator of the interaction between group members, being aware of the limits and potential of each participant. This attitude is key to integrate knowledge and act reciprocally, committing to the success of the group, through a joint project.¹²

FINAL NOTES

This study has helped understand the strengths and/or weaknesses of a group of pregnant women as knowledge exchange space and practices in care for women during labor and parturition.

It was evidenced by reports of women that participation in the group of pregnant women was important for the experience of pregnancy, childbirth and postpartum. The group emerges as a possible space to experience the gestational process fully, answering questions, providing face difficulties, exchanging experiences and producing knowledge.

With respect to knowledge production triggered by the participation of women in the group, it was observed that the themes were repeated, and is related mostly with the care of the newborn, breastfeeding, contraception and birth, which demonstrates the fears and concerns of women as care for the young to be what was to come.

It is believed that to address the changes that may occur during the gestational process, delivery and postpartum period, taking into account expectations, feelings and prior knowledge of women allowed them feel safer to overcome possible adversities generated by pregnancy, and childbirth and puerperium.

The group was a space in which women are even more capable and autonomous self-care and care for the newborn. Also provided exchange of knowledge and experiences and allowed these stay more confident to face pregnancy, childbirth, puerperium and the birth of his son.

It is believed that health professionals need to be motivated and prepared to work with the group methodology, and facilitating the interaction between group members, being aware of the limits and potential of each

participant, knowing the knowledge interact in a reciprocal manner, seeking to provide humanized care.

Therefore, the groups become an important resource for the empowerment of women in planning and experiencing the process of gestate and giving birth.

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