



EXPERIENCE REPORT IN THE CONTEXT OF HEALTH EDUCATION OF MOTHER AND CHILD CARE

RELATO DE EXPERIÊNCIA NO CONTEXTO DA EDUCAÇÃO EM SAÚDE O CUIDADO MATERNO-INFANTIL

RELATO DE EXPERIENCIA EN EL CONTEXTO DE LA EDUCACIÓN EN SALUD DEL CUIDADO MATERNO-INFANTIL

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ABSTRACT

Objective: to provide a space to exchange experiences and build of knowledge of a group of pregnant women among them and among health professionals. **Method:** descriptive study, experience report type, experienced by nursing students after the implementation of the “Group of pregnant women”, which included the participation of the community’s pregnant women, the team of USF and NASF professionals enrolled in the city of Santo Antonio de Jesus/BA, northeastern Brazil. **Results:** demonstration of interest in the topic covered by verbalization of prior knowledge with regard to the main hygiene care in the NB. **Conclusion:** the health promotion experience with pregnant women is extremely rich in personal and professional level, showing the importance of the use of creativity and renewal of both the nursing professional and the health team in implementing an integral health care to mother and child. **Descriptors:** Health System; Health Education; Nursing.

RESUMO

Objetivo: oferecer um espaço para troca de experiências e construção de um saber conjunto de gestantes entre si e entre profissionais de saúde. **Método:** estudo descritivo, tipo relato de experiência, vivenciado por estudantes de enfermagem, após a implementação do “Grupo de gestantes”, o qual contou com a participação das gestantes da comunidade, a equipe de uma USF e profissionais do NASF adstrita do município de Santo Antônio de Jesus/BA, Nordeste do Brasil. **Resultados:** demonstração de interesse pelo tema abordado através da verbalização do conhecimento prévio no referente aos principais cuidados de higiene com o RN. **Conclusão:** a experiência de promoção de saúde com as gestantes é extremamente rica, no nível pessoal e profissional, servindo para mostrar a importância do emprego da criatividade e da renovação tanto do profissional de enfermagem quanto da equipe de saúde na implementação de uma assistência de saúde integral a mãe e filho. **Descritores:** Sistema Único de Saúde; Educação em Saúde; Enfermagem.

RESUMEN

Objetivo: ofrecer un espacio para cambio de experiencias y construcción de un saber conjunto de gestantes entre sí y entre profesionales de salud. **Método:** estudio descriptivo, tipo relato de experiencia, vivido por estudiantes de enfermería, después de la implementación del “Grupo de gestantes”, el cual contó con la participación de las gestantes de la comunidad, el equipo de una USF y profesionales de NASF del municipio de Santo Antônio de Jesus/BA, Nordeste de Brasil. **Resultados:** demostración de interés por el tema abordado a través de la verbalización del conocimiento previo en lo referente a los principales cuidados de higiene con el RN. **Conclusión:** la experiencia de promoción de salud con las gestantes es extremamente rica, a nivel personal y profesional, sirviendo para mostrar la importancia del empleo de la creatividad y de la renovación tanto del profesional de enfermería cuanto del equipo de salud en la implementación de una asistencia de salud integral a la madre e hijo. **Descriptores:** Sistema Único de Salud; Educación en Salud; Enfermería.

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INTRODUCTION

“The Integral Care Program for Women’s Health (PAISM) created in the early 80s gave emphasis to basic health care and stressed the importance of educational actions in the treatment of women, bringing the difference to other programs”.¹

Regarding educational actions in the mid-twentieth century, they were not seen as priorities in health care, when its objective practice was to tame the people to obey the rules of behavior, since the care model of the time was ruled by healing and hospital practices, conditioning their educational practice actions aimed at changing inappropriate behavior.²

The situation was transformed with the implementation of the Family Health Program (PSF), which aims at integral care to the patient as a subject belonging to the family and society and therefore essential connection of professionals and services to the community and promotion intersectoral activities, among them, health education.

The health education is configured as a driver in the acquisition of knowledge and attitudes that improve the health of the individual and the community, because the subject is seen as responsible for their health.

Knowing that pregnancy is a time of many changes for a woman, and it is the period in which “is shown receptive to change and the processing of information that can be reversed for the baby. Thus, attitudes and maternal choices certainly reflect in the development and birth of a healthy baby”. The woman is characterized by being “multiplier of information and actions that could lead to the household well-being and consequently to improve the quality of life. The acquisition of healthy habits and choices directly implies to change behavior, leading to health promotion and maintenance of the individual”.³

Care about the health of the newborn (NB) is of fundamental importance to reducing child mortality, as well as promoting better quality of life and the reduction of health inequalities. The promotion, prevention and health care, aimed at pregnant women and newborns are very important, as they influence the health

status of individuals, from the neonatal period to adulthood⁴.

Prenatal care is a privileged moment to discuss and clarify issues that are unique to each woman and her partner. In addition, the prenatal visits and postpartum contribute to childbirth and quiet and healthy birth⁵, we are encouraged to develop creative strategies in health education for pregnant women. This study aims to provide a space for exchanging experiences and building knowledge of a set of pregnant women among them and among health professionals.

METHODOLOGICAL PROCEDURES

This is a descriptive study type experience report, carried out in a Family Health Unit (ESF), located in Santo Antônio de Jesus situated by BR 101, in the Recôncavo South of Bahia region.

Considering the Family Health Strategy (ESF) has the general objective of the reorientation of the care model to public health within the principles of the Unified Health System (SUS), the nurse as an educator promotes the importance of integration between the University and the Health Service. In this perspective, the pregnant group was planned and executed by the nurses of the USF with the students of the nursing course of the 8th semester of UFRB, professionals of the Support Core to Family Health (NASF) and all staff of USF.

The project developed was based on the identification of demands needed solving. For this recognition, we have obtained the contribution of community health workers (CHW) and nurses responsible for USF. Thus, among the various situations referred to and observed, we chose to work with the group of pregnant women enrolled in the prenatal unit of the program. This choice was strengthened by child consultations, where we observe situations like: currency and button on the NB navel, rashes in the genitals and ignorance of mouthwash after feedings. Factors that led us to the conclusion that the population of pregnant women need an intervention that would lead to reflection on their knowledge and practices about how to perform the NB hygiene.

Meetings with group of pregnant women took place every two weeks at USF, where they were addressed some topics suggested

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by pregnant women with the team. Among them, there are: the care with NB personal hygiene; dental procedures during pregnancy and proper nutrition during pregnancy.

The pregnant women were invited to participate in health education by nurses students through printed invitations, by nurses of USF during prenatal consultations and by community health workers in home visits in their respective micro areas.

The first stage took place on 2.11.2014 consisting in the group's creation and reception of pregnant women, which had to be responsible for conducting the activity of nurses in USF. The second stage took place on 2.25.2014, being held by the nurses students from UFRB with the theme of "The care body hygiene to the newborn", starting with the dynamics of the web, where the participants presented themselves and reported if they had children and the meaning of being a mother.

Then, we performed a theatrical performance where the characters exchanged the baby's diaper cleaning the genitals incorrectly, leading the participants to reflect the correct way to wash the NB.

Work continued with the dynamics of the box, where each woman took a picture containing a particular care for the NB and reported how it should be carried out carefully. The design of this dynamic was the appropriation of prior knowledge of each woman.

During the activity, we use audio visual, addressing the issue through dialogue-exhibition of educational slides and videos, basing the discussion on the subject. To close, the participants were invited to practice bathing and hygiene care of the NB. At the end of every stage they were distributed an educational booklet-type material for fixing the knowledge acquired, and further use by pregnant women, if they need it.

The third stage took place on 03.11.2014 where the issue "dental procedures during pregnancy" was addressed, taking in charge the dentist of the USF. Pregnant women could clarify doubts about the best time and what dental procedures can be performed during pregnancy.

The fourth step took place on 03.25.2014, where the Nutritionist of NASF was responsible for the execution of the

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theme "Proper nutrition during pregnancy". At that time, pregnant women exposed their doubts about the foods that can be eaten during pregnancy and throughout the activity, their questions were answered.

The Supervised Internship was completed on 03.28.2014, but activities will continue with the pregnant group, thus the next meeting scheduled for 08.04.2014 with the theme "drug use during pregnancy", which will be run by a pharmacist of NASF.

RESULTS AND DISCUSSION

By the end of the stage, the project was developed in four stages and the stage that we will discuss below is the second one, which was developed under the responsibility of the academic. The educational activity was held at the USF with the group of pregnant women and had an average duration of three hours.

Risk behaviors previously observed for the care of the NB were discussed, reinforcing positive attitudes, verbalized by pregnant women. This experience provided an opportunity to develop health education activities in a creative and dynamic way, using audio visual resources and encouraging the participation of these pregnant women.

We also had the presence and participation of some primary care professionals (Psychologist and the Pharmaceutical, Medical, Nurses, Dentist of NASF and CHW from USF).

During the activity, we realize that pregnant women have shown interest in the topic covered by verbalization of prior knowledge with regard to the main hygiene care of the NB, from a community culture and past guidelines for their ancestors. It is highlighted as the most important points for this care: bathing, cleaning the eyes, nose, mouth, umbilical stump, genitalia, changing diapers and clipping the nails.

This listening contributed to a more solidified discussion where questions were answered, giving space for the exchange of experiences on the subject. Continuing after the first discussion, pregnant women attended the presentation of a play, leading them to a relaxation where participants could demonstrate their freedom of expression. We note the favorable reaction to proposed activities, demonstrating interest and involvement.

It was possible to notice that some women had difficulty at the time the practice, when there was the realization of care to the newborn (bathing, cleaning the umbilical stump, nose, ears, eyes and mouth and diaper changes), getting the insecurity of some noticeable pregnant women, especially the first pregnancy, by refusing to carry out the practice. The transition from pregnancy to the mother's role is not easy, as the woman loses the symbology of the 'belly', giving rise to the birth of the baby, who now takes concrete form in their arms. This fact triggers feelings, emotions, actions and reactions that often the primiparous puerperal woman not being prepared to face and consequently adapt to the new role⁶. Then, to face the maternal role is required to start even prenatally because the mother will have a chronological time of nine months to internalize and assimilate the idea, the prospect of being a mother, this time that is not necessarily the chronological time to experience this passage of roles, but the time each one needs to reach the maternal role.

CONCLUSION

We believe that by offering an educational activity to pregnant women, we contribute to the awareness of the importance of caring for the NB, reflecting a better quality of life.

We emphasize that it is necessary that future mothers have home care, in order to verify, and assist in the applicability of educational activity as well as the necessary adaptations. Thus, it becomes formidable a partnership between postpartum mother, her family and the Family Health Unit.

During the educational activities, there were interpersonal dialogue and exchange of experiences, arousing motivation in pregnant women, which can be seen through participation in activities, realizing that, even not making use of many resources, nursing can use creative activities in practice health education.

Health promotion experience with pregnant women was valid and extremely rich in personal and professional level, showing the importance of the use of creativity and renewal of both the nursing professional and the health team in implementing an integral health care to the mother and child.

At that time together to pregnant women, we teach and undoubtedly learn from them, by gestures, words and actions, in addition to expanding horizons for the process of building a full and humanized care.

Therefore, we were able to cover the woman/pregnant woman/mother in the context of her life, as a biopsychosocial being. In the holistic perspective of care, we need to go beyond the walls and acting, listening, looking and more daring at home and in the community.

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