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CASE REPORT ARTICLE

EDUCATIONAL ACTIVITIES CARRIED OUT IN THE GROUP OF PREGNANT USERS OF BASIC ATTENTION

ATIVIDADES EDUCATIVAS REALIZADAS NO GRUPO DE GESTANTES USUÁRIAS DA ATENÇÃO BÁSICA

ACTIVIDADES EDUCATIVAS REALIZADAS EN EL GRUPO DE EMBARAZADAS USUARIAS DE ATENCIÓN BÁSICA

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ABSTRACT

Objective: reporting the experience of educational activities carried out in the group of pregnant women who receive the basic health care in the city of Uruguaiana/RS. **Method:** it is an experience report in the voice of students of the graduate nursing course who developed educational activities with pregnant women users of basic health care. **Results:** the authors conducted an active search in 50 households, and there was the participation of 25 pregnant women in the actions proposed by the group. **Final notes:** the realization of the group of pregnant women approached university and community, favored the exchange of experiences among participants, as well as promoting a space for questioning, as of promotion and health education practices. **Descriptors:** Nursing; Primary Health Care; Health Education; Pregnancy.

RESUMO

Objetivo: relatar a experiência das atividades educativas realizadas no grupo de gestantes usuárias da atenção básica de saúde no município de Uruguaiana/RS. **Método:** trata-se de um relato de experiência na voz de discentes do curso de graduação em enfermagem que desenvolveram atividades educativas com gestantes usuárias da atenção básica de saúde. **Resultados:** realizou-se busca ativa em 50 domicílios, sendo que houve a participação de 25 gestantes nas ações propostas pelo grupo. **Considerações finais:** a realização do grupo de gestantes aproximou universidade e comunidade, favoreceu a troca de experiências entre os envolvidos, além de fomentar um espaço para questionamentos, a partir das práticas de promoção e educação em saúde. **Descritores:** Enfermagem; Atenção Primária à Saúde; Educação em Saúde; Gravidez.

RESUMEN

Objetivo: presentar la experiencia de las actividades educativas que se realizaron en el grupo de mujeres embarazadas que reciben la atención básica de salud en la ciudad de Uruguaiana/RS. **Método:** se trata de un relato de experiencia en la voz de los estudiantes de la licenciatura en enfermería que desarrollaron actividades educativas con las mujeres embarazadas que reciben la atención básica de salud. **Resultados:** los autores realizaron una búsqueda activa en 50 hogares, y hubo la participación de 25 mujeres embarazadas en las acciones propuestas por el grupo. **Consideraciones finales:** la realización del grupo de mujeres embarazadas se acercó a la universidad y la comunidad, favoreció el intercambio de experiencias entre las partes interesadas, así como la promoción de un espacio para el cuestionamiento, a partir de las prácticas de promoción y educación para la salud. **Descriptores:** Enfermería; Atención Primaria de Salud; Educación para la Salud; Embarazo.

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INTRODUCTION

From the First International Conference about Health Promotion in the city of Ottawa in 1986, it started to discuss the themes: health promotion, health education, community action and reorganization of health services. On the national setting this and other conferences have subsidized the process of health reform, which proposed the reorganization of the Unified Health System (SUS) in order to improve health care and quality of life of the population.¹

After the movement of reorganization of SUS, Primary Care became the main link between the community and health services. Among the health promotion strategies, there is the health education as a practice of transforming perspective, developing through teaching-learning actions. This feature allows the rapprochement between professionals, students and customers through humanized assistance.²

In the 1990s there was a major investment by the federal government in primary care with the Family Health Program (FHP) in 1994, current Family Health Strategy (FHS) composed of multidisciplinary teams, in order to increase the area of coverage and assistance in prenatal.

With respect to prenatal care, in 2000 the Ministry of Health established the Program for Humanization of Prenatal and Birth (PHPN), where it settled pregnant women access to decent and quality care during pregnancy, childbirth and postpartum, where all pregnant women are entitled to adequate prenatal care, as well as to recognize and have guaranteed access to maternity that will be answered at birth, and the right to childbirth and the postpartum period performed in humane and secure order, also in order that every newborn has the right to adequate neonatal care, guaranteed by Ordinance/GM number 569 of June 1st, 2000.³ This is all in order to reduce maternal and child mortality rates, proposing to host the pregnant woman, the family and the newborn, substantially expanding laboratory tests and clinical procedures.⁴

Prenatal care is essential to support the pregnant woman, this moment should be conducted through exchanges of experience and knowledge, and education practices in health permanently behave learning through education actions.⁵

Emphasizing that the purpose of pre-natal monitoring is to ensure the development of pregnancy allowing the delivery with the newborn and healthy mother, it was

recommended by the Ministry of Health in 2005, which calls for at least six prenatal visits, and preferably one in the first quarter, two in the second quarter and three in the third quarter of pregnancy⁶. It consists also in a special attention given to pregnant women most at risk. Consultations shall be monthly until 28 weeks, fortnightly between 28 and 36 weeks and weekly at the end, with no prenatal discharge.⁷

Prenatal and birth are unique moments where health professionals should take the attitude of educators and share knowledge on the demands presented by this clientele.⁸⁻⁹ Then, educational activities may be present during all stages of pregnancy and childbirth. In prenatal care, the woman should be oriented so that she can experience pregnancy and parturition in a positive way, reducing her anxiety and myths involving pregnancy⁸.

The educational activities conducted in groups or individually, must contain a clear and understandable language for the population in order to promote guidelines on care during pregnancy, physiological and emotional changes, care of the newborn, breastfeeding and family planning.¹⁰

The development of educational groups and listening spaces in the health services that assist the pregnant women should assist in understanding the changes linked to pregnancy and childbirth experience. Thus, the groups promote a dynamic space between promoting overall health, individual and collective, mediated by interactions that occur.¹¹

Given the above, the objective is to reporting the experience of educational activities carried out in pregnant women who receive group health primary care in the city of Uruguaiiana/RS.

METHOD

This is an experience report in the voice of students of the graduate degree in nursing who developed educational activities with pregnant women who receive the basic health care. A partnership developed between students of the nursing course of the Federal University of Pampa (UNIPAMPA) with a Basic Health Unit (BHU) and the Social Assistance Reference Center (CRAS), which allowed the inclusion in the community to carry out active search of pregnant women, inviting them to participate in the "Group of pregnant women who receive the Basic Health Attention in the city of Uruguaiiana-RS".

The BHU scenario of this study is located on the border of the State of Rio Grande do Sul, in the municipality of Uruguaiiana-RS. The

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health team consists of three doctors working in general practice area, two nurses, one dentist and four nursing technicians and a clerk typist.

The CRAS is characterized by being a state government unit responsible for the organization and provision of basic social protection services of the Unified Social Assistance System (SUAS). It conducts a constant character work, to strengthen the protection function families, preventing the break of their ties, promoting access to and enjoyment of rights and contribution in improving the quality of life.

The idealization of developing a group of pregnant women is linked to the creation of bonding and then encourage users to carry out the six prenatal consultations recommended by the Ministry of Health.⁶ Although the number of maternal deaths worldwide has declined since 1990, every day, hundreds of women die due to gestational complications.¹² In order to recover this population and reinforce the importance of self-care, educational practices to childbirth, and care of the newborn are developed in the Group of pregnant women.

It should be noted that the theoretical basis of the Group is based on Freire¹³, empowerment and culture, here understood as key elements for nursing work in educational activities. Considers the group a space in which participants communicate and share knowledge.¹⁴

In order to disseminate the realization of pregnant women's Group, it began an active search in the register of families. For this, it was used as an inclusion criterion of gestational age of the users. There were identified 50 pregnant women, who were invited, and 25 participated in the activity performed.

The group took place in April 2013 in the space provided by the CRAS. The topics were covered in a playful manner, as a practical alternative to the development of relations between professionals and pregnant women.

For the Group's development it was necessary to divide it into four stages, in order to work different approaches through dynamic, encouraging the exchange of knowledge.

At first it was shown a video with the stages of pregnancy contemplating fertilization, fetal development and birth. Later, the BHUnurse made room for circle of conversation, in order to exchange information. At that time, it was possible to pregnant women revealing doubts and anxieties.

The third time was characterized as a period of strengthening and expansion of knowledge related to pregnancy. It held a dynamic, driven by one of the nursing students, with the aim of presenting the myths related to pregnancy. At this stage the pregnant women identified with many myths and presented voiced strategies for the care of body, mind in the course of pregnancy.

Finally, the social worker of CRAS showed the workshops and activities that are developed with pregnant and postpartum women every two weeks in the unit, in order to invite pregnant women to attend these meetings.

RESULTS AND DISCUSSION

From the active search, there was visited 50 homes, and the main difficulty was related to lack of information regarding the address of the users in their records, emphasizing the need to correctly fulfill the registration data. Therefore, it is inadmissible to neglect the correct completion of the registration, as this enables knowledge about the health situation of the person.¹⁵

The fulfillment of these records allows evaluating the points that need improvement in the course of the nursing work process. There are facilitators for the development of actions aimed at attracting users to the service, making it an essential tool for the work.¹⁵

Despite initial difficulties to find pregnant women, in addition to the problem of access, as evidenced by the lack of paving and lack of numbering in the home, there was the delivery of the invitations in the home.

The Primary Care is defined in health actions, both individually and collectively, which include the promotion and health protection, disease prevention, diagnosis, treatment, rehabilitation and health maintenance. One of the most important actions undertaken in primary care has been health education; this is designed for all professionals who make up the multidisciplinary team, especially the nurse, to be more in touch with the user population of the service.¹⁶

The operationalization of the meeting passed over four times. At first it was noted that the illustrative video display urged pregnant women to know the physiological changes during pregnancy, producing collective knowledge about pregnancy.

From developed by nurse conversation circles, it was possible to identify that part of the women had doubts about the test routines to be performed in the prenatal and its

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relevance ahead detection of some diseases that can compromise the health of women and of the newborn.

The prenatal period is a time of physical and psychological preparation for childbirth and motherhood, it is a time of intense learning and an opportunity for health team professionals develop health education as a fundamental part of the care process in this light, it is essential, both for maternal as neonatal, a qualified and humanized attention.¹⁷

Prenatal is a time for the woman to be prepared to experience birth in a positive way, getting a humanized care, which is essential both for the health of the mother and for the health of baby¹⁸. The development of a prenatal care quality should include actions to promote physical and mental health, preventing diseases in pregnancy promoting spaces for listening to the questions presented by the pregnant.¹⁹

The Ministry of Health establishes guidelines that highlight the rights related to: universal service to prenatal, childbirth and decent postpartum and quality to pregnant women, access to previous visits to the birthing place, the partner's presence during childbirth and humanized care and safe childbirth. These rights are also extended to the newborn, in relation to the appropriate neonatal assistance.²⁰

While performing the dynamic on the myths and truths of pregnancy and care of the newborn, the participants voiced their doubts and opinions about their experiences, taking into consideration the cultural aspects and the ideology of each.

It was elucidated to the participants that pregnancy is a physiological event that causes physical, emotional, economic and social changes in women's lives and the environment in which it operates. Care practices and knowledge built in this phase are involved culturally, printing values and beliefs. Thus, it is imperative to consider the cultural factors that permeate the pregnancy, as these can influence the attention to women during the prenatal, determining the care actions to be developed.²¹

At the close of the group there was held a moment of fraternization among pregnant women, healthcare professionals and students with the objective of strengthening the relationship between the pregnant women and the health service.

It is significant that the group of pregnant women provides spaces for the formation of its participants. This potential is legitimate insofar as it enables people, develop their

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feelings about the lived moment, sharing feelings, so the importance of achieving social groups, host to support and clarification for these mothers²². The group space helps to encourage the promotion of the pregnant woman's health and development of newborns. Offering support for the family may be subjected transforming its reality through empowerment.²³

Health education actions provide greater coordination among all SUS management levels, representing an essential device for both the formulation of health policies in a shared manner and for the development of actions that take place in health services.²⁴ Such practices should be valued and qualified to contribute to the promotion of health of the users.²⁵ Thus, it is essential that nurses conduct health education process to provide women host security and comfort to experience all stages of pregnancy.²⁶

FINAL NOTES

The completion of the group of pregnant women approached university and community favoring the exchange of experiences among participants, as well as promoting a questioning space, from promotion and health education practices.

However, there were some misfortunes during the activity, such as incomplete records and difficulty of access to housing. There were distributed 50 invitations, 25 pregnant women showed up and began to adhere to prenatal consultations. In addition, group activities allowed approaching the nursing of pregnant women and the academy to health services.

The development of matters pertaining to pregnancy, childbirth and care of newborns, served to demystify the myths of pregnant women about pregnancy and childbirth.

The group provided insight into the importance of prenatal care with quality, since, prenatal, along with assistance to childbirth and newborn care, contributes effectively to reducing maternal and child mortality ratios.

The partnership at the end of the activity made possible the formation of a bond between the participants, strengthening the scientific and popular knowledge in a collective space.

It is recommended that health professionals, including nursing, reflect on the care strategies for health promotion from educational activities, considering that this space must be humanized and enlarged for listening and dialogue.

REFERENCES

1. Moreira CT, Machado MFAS, Becker SLM. Educação em saúde a gestantes utilizando a estratégia grupo. Rev RENE [Internet]. 2007 [cited 2014 Sept 15];8(3):107-16. Available from: http://www.repositorio.ufc.br/ri/bitstream/ruiufc/4143/1/2007_art_ctmoreira.pdf
2. Domingues RMSM, Hartz ZMA, Dias MAB, Leal MC. Avaliação da adequação da assistência pré-natal na rede SUS do Município do Rio de Janeiro, Brasil. Cad Saúde Pública [Internet]. 2012 [cited 2014 Sept 15];28(3):425-37. Available from: <http://www.scielo.br/pdf/csp/v28n3/03.pdf>
3. Brasil. Ministério da Saúde. Portaria n.º 569/GM em 1 de junho de 2000. Available from: <http://dtr2001.saude.gov.br/sas/PORTARIAS/PORT2000/GM/GM-569.htm>
4. Cesar JÁ, Sutil AT, Santos GB, Cunha CF, Sassi RAM. Assistência pré-natal nos serviços públicos e privados de saúde: estudo transversal de base populacional em Rio Grande, Rio Grande do Sul, Brasil. Cad Saúde Pública [Internet]. 2012 [cited 2014 Sept 22];28(11):2106-2114. Available from: <http://www.scielosp.org/pdf/csp/v28n11/10.pdf>
5. Vasconcelos M, Grillo MJC, Soares SM. Práticas pedagógicas em atenção básica a saúde. Tecnologias para abordagem ao indivíduo, família e comunidade. Belo Horizonte: Nescon UFMG; 2009.
6. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Área Técnica de Saúde da Mulher. Pré-natal e Puerpério: atenção qualificada e humanizada - manual técnico. Brasília: Ministério da Saúde; 2005.
7. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Brasília: Ministério da Saúde; 2012.
8. Livia Cozer Montenegro. Formação profissional do enfermeiro: avanços e desafios para a sua atuação na Atenção Básica à saúde. Dissertação (Mestrado em Enfermagem) - Escola de Enfermagem, Universidade Federal de Minas Gerais. Belo Horizonte; 2010.
9. Brasil. Ministério da Saúde. Grupo Hospitalar Conceição. Gerência de Saúde Comunitária. Atenção à saúde da gestante em APS. Porto Alegre: Hospital Nossa Senhora da Conceição; 2011.
10. Brasil. Ministério da Saúde. Secretaria Executiva. Programa de humanização do pré-natal e nascimento. Brasília: Ministério da Saúde; 2000.
11. Basso JF, Monticelli M. Expectativas de participação de gestantes e acompanhantes para o parto humanizado. Rev Latino-Am Enfermagem [Internet]. 2010 [cited 2014 Sept 22];18(3):97-105. Available from: http://www.scielo.br/pdf/rlae/v18n3/pt_14.pdf
12. Bonilha ALL, Gonçalves AC, Moretto VL, Lipinski JM, Schmalfluss JM, Teles JM. Evaluation of pre-natal care after participative training of pre natalists: before and after research. Online braz j nurs [Internet]. 2012 [cited 2014 Sept 25];11(3):[about 5 p.]. Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/3764>
13. Freire P. Pedagogia da Autonomia. 37th ed. Rio de Janeiro: Paz e Terra; 1996.
14. Vasconcelos MLMC, Brito RHPB. Conceitos de educação em Paulo Freire. São Paulo: Vozes; 2006.
15. Borsato FG, Rossaneis MA, Haddad MCFL, Vannuchi MTO, Vituri DW. Avaliação da qualidade das anotações de enfermagem em um Hospital Universitário. Acta Paul Enferm [Internet]. 2011 [cited 2014 Set 25];24(4):527-533. Available from: <http://www.scielo.br/pdf/apv/v24n4/a13v24n4.pdf>
16. BRASIL. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação em Saúde. Política Nacional de Educação Permanente em Saúde. Brasília: Ministério da Saúde; 2009.
17. Basso CG, Neves ET, Silveira A. Associação entre realização de pré-natal e morbidade neonatal. Texto Contexto Enferm [Internet]. 2012 [cited 2014 Oct3];21(2):269-76. Available from: <http://www.scielo.br/pdf/tce/v21n2/a03v21n2.pdf>
18. Cardoso AMR, Santos SM, Mendes VB. O pré-natal e a atenção à saúde da mulher na gestação: um processo educativo. Diálogos possíveis: Universidade de Brasília; 2007.
19. Amaral EM, Souza FLP, Cecatti JG. Secretaria da saúde. Coordenadoria de Planejamento em Saúde. Assessoria Técnica em Saúde da Mulher. Atenção à gestante e à puérpera no SUS - SP: manual técnico do pré-natal e puerpério. São Paulo: SES/SP; 2010.
20. Brasil. Ministério da Saúde. Assistência pré-natal: normas e manuais técnicos. 3rd ed. Brasília: Ministério da Saúde; 2000.
21. Alves CN, Wilhelm LA, Souza DF, Ressel LB. O cuidado de enfermagem à gestante na perspectiva cultural: nota prévia. J Nurs UFPE online [Internet]. 2013 [cited 2014 Oct 4];7(spe):5047-50. Available from:

http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4645/pdf_3114

22. Sartori GS, Sand ICPV. Grupo de gestantes: espaço de conhecimentos, de trocas e de vínculos entre os participantes. Revista Eletrônica de Enfermagem [Internet]. 2004 [cited 2014 Oct 24];6(2):153-65. Available from:

http://www.fen.ufg.br/fen_revista/revista6_2/pdf/Orig2_gestantes.pdf

23. Silveira A, Neves ET, Zamberlan KC, Pererira FP, Arrué AM, Pieszak GM. A família de crianças/adolescentes hospitalizados: o grupo como estratégia de cuidado. Cienc Cuid Saude [Internet]. 2012 [cited 2014 Oct 24];11(2):402-7. Available from:

<http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/19613/pdf>

24. Salci MA, Maceno P, Rozza SG, Silva DMGV, Boehs AE, Heidemann ITSB. Educação em saúde e suas perspectivas teóricas: algumas reflexões. Texto Contexto Enferm [Internet]. 2013 [cited 2014 Nov 05];22(1):224-30. Available from:

http://www.scielo.br/pdf/tce/v22n1/pt_27.pdf

25. BRASIL. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. Caderno de educação popular e saúde. Brasília: Ministério da Saúde, 2007.

26. Silveira A, Neves ET, Jantsch LB. Método Canguru em unidade de terapia intensiva neonatal: relato de experiência. Biblioteca las Casas [Internet]. 2013 [cited 2014 Nov 05];9(3):[about 5 p.]. Available from:

<http://www.index-f.com/lascasas/documentos/lc0723.pdf>

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