



PREGNANCY AND CHILDBIRTH EXPERIENCE OF ADOLESCENT RECENT MOTHERS

VIVÊNCIA DE PUÉRPERAS ADOLESCENTES QUANTO À GRAVIDEZ E TRABALHO DE PARTO EXPERIENCIA DE MADRES RECIENTES ADOLESCENTES REFERENTE AL EMBARAZO Y AL TRABAJO DE PARTO

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ABSTRACT

Objectives: to describe data of adolescent mothers; identify emotional conditions of adolescent mothers during the period of pregnancy; describe the care received during prenatal service; report childbirth conditions and the newborn's condition. **Method:** exploratory and cross-sectional study with a quantitative approach. Data collection took place from June to July 2014 through interviews with 40 adolescent mothers aged between 12 and 19 years in the post labor room of the Peregrino Filho Maternity hospital in Patos/PB in the Northeast of Brazil. Data were organized in Excel spreadsheet and the statistical package SPSS version 18.0 was used for descriptive analyzes. **Results:** the adolescents had little knowledge about contraceptive methods or difficult access to them and this is in line with the increasing number of early and recurrent pregnancy. **Conclusion:** for some adolescents, lack of knowledge about risks on this phenomenon can affect mothers and newborns, demonstrating high level of satisfaction with the pregnancy and delivery. **Descriptors:** Adolescent; Prenatal; Women's Health.

RESUMO

Objetivos: caracterizar dados de puérperas adolescentes; identificar condições emocionais de adolescentes puérperas no período da gravidez; descrever a assistência recebida durante o pré-natal; relatar condições do parto e do recém-nascido. **Método:** estudo exploratório, descritivo-transversal, com abordagem quantitativa. A coleta de dados ocorreu de junho a julho de 2014 por meio de entrevista com 40 puérperas adolescentes entre 12 e 19 anos no pós-parto da Maternidade Peregrino Filho em Patos/PB no Nordeste do Brasil. Os dados foram tabulados em planilha do Programa *Excel for Windows* e para as análises foi utilizado o pacote estatístico SPSS versão 18.0 para proceder às análises descritivas. **Resultados:** as adolescentes apresentaram pouco conhecimento ou difícil acesso aos métodos contraceptivos uma vez que cresce o número de gravidez precoce e recorrente. **Conclusão:** para determinadas adolescentes, o desconhecimento dos riscos para esse fenômeno pode inferir na mãe/bebê, demonstrando nível de satisfação elevado quanto à gestação e parto. **Descritores:** Adolescente; Pré-natal; Saúde da Mulher.

RESUMEN

Objetivos: caracterizar datos de madres recientes adolescentes; identificar condiciones emocionales de madres recientes adolescentes en el período del embarazo; describir la asistencia recibida durante el prenatal; relatar condiciones del parto y del recién nacido. **Método:** estudio exploratorio, descriptivo-transversal, con enfoque cuantitativo. La recolección de datos fue de junio a julio de 2014 por medio de una entrevista con 40 madres recientes adolescentes entre 12 y 19 años en el post-parto de la Maternidad Peregrino Filho en Patos/PB en el Nordeste de Brasil. Los datos fueron encuadrados en planilla del Programa *Excel for Windows* y para los análisis fue utilizado el paquete estadístico SPSS versión 18.0 para proceder a los análisis descriptivos. **Resultados:** las adolescentes presentaron poco conocimiento o difícil acceso a los métodos contraceptivos una vez que crece el número de embarazadas precoces y recurrentes. **Conclusión:** para determinadas adolescentes, el desconocimiento de los riesgos para ese fenómeno puede afectar en la madre/bebé, demostrando nivel de satisfacción elevado en la gestación y parto. **Descriptores:** Adolescente; Prenatal; Salud de la Mujer.

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INTRODUCTION

The incentive to normal childbirth, reducing unnecessary caesarean sections and rescuing the view of delivery as a physiological act, is one of the major goals of the Ministry of Health (MH), considering the Brazilian reality that the country has one of the highest cesarean rates of the world. This finds justification in the scientific advances of obstetrics and improvement of surgical techniques that give women the chance to choose the child's birth day and offer space for all the fiction of fear that women have of vaginal delivery, injury in vaginal anatomy and beliefs that normal birth has higher risks. However, health professional, during prenatal care, should guide these women, especially teenagers, on the advantages, disadvantages and possibilities of a cesarean, so that they may have a healthy and enjoyable birth process in all its fullness.¹

In its document Adolescent Health Program (PROSAD), the MH conceptualizes adolescence as a period of life characterized by growth and development manifesting itself by anatomical, physiological and psychosocial changes, limited between 10 and 19 years of age. It is a period of physical, hormonal and emotional changes and may be exacerbated in times of conflict or crisis. It is a transitional stage in the existential cycle of the person, discovery of one's body and sexuality with questions about the self and the world.²

The age range between 10 and 19 years is used in literature simply by statistical reasons, since adolescence is considered a process that begins before the age of 10 and does not end at 19. The initiation of adolescence has a biological basis because results from sexual maturation and its ultimate limit is based in the idea that the adolescent becomes adult at the moment of financial Independence from the parents. Adolescence must be understood beyond the chronological age, puberty and physical changes that bring rites of passage, elements statistically or naturally determined. Adolescence is yet understood as a category that is built, rebuilt, exercised within specific history and time.³⁻⁴

Other features are related to structural, physical, mental and emotional changes, leading to changes in the behavior of adolescents, imperceptible initially for themselves due to their vulnerability that requires special attention, regarding health and education, both from the family and surrounding friends, helping them to go through situations and problems that might cause damage and harm to health.³

Teenage pregnancy is considered a serious public health problem because the serious biological and psychological commitments for both the mother and the child. Teenage pregnancy is also a social problem, as it reveals the unsafe practice of sexuality, with risk of infection by the Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases (STDs)⁵⁻⁶. It culminates with family, educational and economic problems because it takes the adolescent away from the school life, from groups of peers and friends, making it difficult to qualify for the labor market and social experience.⁷

More than 400,000 new mothers aged between 10-19 years were found in 2009 in the public health system throughout the national territory, and 10,545 were found in the state of Paraíba. The number of live births of adolescent mothers in the Unified Health System (SUS) corresponded approximately 25% of the total number of births. Among these, 36% were proceeded by cesarean sections.⁸

As active assistance nurse care in primary care, prenatal consultation and tertiary care, I have observed that health professionals very often become indifferent to the feelings and experiences of these users, not valuing their accounts of fear, pain, anxiety and insecurity about pregnancy and childbirth, especially the adolescents.

The relevance of this research comes from the possibility of support for new studies and increase discussions on the topic contributing to further actions aimed at programming an assistance targeted to the understanding of each person in a humane and equitable manner, minimize situations that cause unpleasant experiences in such an important moment that is motherhood in the woman's life. These considerations and the experience of accompanying these young women during prenatal boosted the interest for a deeper understanding of their concerns, fears and feelings, motivating the present study and leading to the following goals: to describe data of adolescent mothers; identify emotional conditions of adolescent mothers during the period of pregnancy; describe the care received during prenatal service; and to report childbirth conditions and the newborn's condition.

METHOD

This is an exploratory, cross-sectional and descriptive study with quantitative approach. The setting was the city of Patos/PB, located 301 km from João Pessoa, capital of the state, with road access interconnected throughout

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the state. The Brazilian Institute of Geography and Statistics (IBGE) estimated for Paraíba a population of 100,674 inhabitants in 2010.⁹

The site of study was the State Public Maternity hospital Dr. Peregrino Filho, located in Patos/PB in the Northeast region of Brazil. This is considered a maternity of tertiary level and a reference for high-risk pregnant women. With the title Hospital Friend of the Child granted by MH, it complies with the ten steps to successful breastfeeding. It proceeds in average 300 births per month and 3600 births per year. The physical structure consists of 87 beds: five in the Neonatal Intensive Care Unit (NICU), five in intermediate care, five in maternal Intensive Care Unit, 59 for postpartum and 19 in the obstetric center, post-anesthesia care unit, observation and prompt service with air-conditioned environments.

Because it is public and the only maternity hospital in the region, it receives students from various health professional courses of local colleges and from the Federal University of Campina Grande/PB of technical, undergraduate and postgraduate training concerned that educational activities be always coated in order to provide high quality care to women.

Previously to initiate the research, the study was authorized by the management of the maternity, submitted to the Brazil platform and to appreciation by the Research Ethics Committee of the Integrated Colleges of Patos (FIP/PB), under Protocol CAAE nº 34555314.4.0000.5181. The researcher followed the principle of respect for ethical aspects involving human subjects addressed in the Resolution nº 466/2012 of the National Health Council-NHC/MH. The Informed Consent (IC) was designed with proposal in simple and accessible language to the understanding/comprehension of mothers or their legal representatives providing them information about the purpose of the study, freedom to participate in the research, privacy, anonymity and right to withdraw at any stage of this research, without prejudice to its image and assistance.

The sample universe was focused on adolescent mothers aged between 10 and 19 years regardless of economic, social, racial and religious class. However, only young mothers between 12 and 19 years of age were found during the period of data collection in the maternity postpartum wards of Dr. Peregrino Filho in the period June-July 2014 and the sample was ruled by accessibility, turning out in the interview of 40 mothers. Data were organized in

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spreadsheet of the program *Excel for Windows* and the Statistical Package Program for Sciences (SPSS Inc, Chicago, USA) version 18.0 was used to descriptive analyzes.

RESULTS

• Identifying adolescent mothers

The descriptive analysis of the sociodemographic variables age, education, marital status and race showed age ranging from 12 to 19 years with a mean of 17 years that accounted for 40% of the sample, and 2.5% of the sample corresponded to only 12 years of age. The level of education had an average of 6.52 years of schooling and 60% had not completed elementary school, 37.5% did not complete high school, and only 2.5% had started higher education.

Regarding marital status, 42.5% were single, 27.5% married, 27.5% in a stable relationship and 2.5% widows. As for ethnicity, brown-skin predominated with 57.5% of the sample, followed by white and black with 37.5% and 5%, respectively. As for the emotional aspect, it was found that pregnancy was desired by 62.5% of adolescents. When they discovered they were pregnant, 50% said they were happy 12.5% felt accomplished, on the other hand, 22.5% claimed concern and 15%, fear. The support from the partner when learning about the pregnancy was reported by 95% of the mothers, and when asked whether they were prepared to have a child at that time, 55% said yes and 45% no.

It was identified that 97.5% of the mothers had the acceptance of the families, and 95% had support from them, but 2.5% reported that the family showed up angry to learn of the pregnancy of the adolescent. Among all adolescents studied, 80% were primiparous and 20% multiparous.

As for prenatal, 97.5% attended the Family Health Unit (USF) and consultations ranged from one to 12 with average of six; 67.5% started in the first trimester of pregnancy, three less than two consultations and four more than ten consultations.

With respect to advice on signs of labor initiation, right for companion and importance to carry the prenatal card to the maternity was acknowledged by 56.4% and they have been passed on by nurses to 58.7% of the adolescents. The responses from teenagers revealed that 56.4% of them received suggestions from professionals about some type of delivery, of these 72.7% the normal, and 41% were informed about the advantages and disadvantages of vaginal delivery and caesarean section.

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In order to identify preferences of adolescents regarding type of delivery, 57.5% showed preference for the normal childbirth, 15% for cesarean section and 27.5% have not yet had any choice. Among the 40 interviewed, only 29 answered regarding factors that influenced in the choice of mode of delivery, 51.7% responded faster and easier recovery for women, 13.8% said family/friends birthing stories, 13.8% said fear of the pain in the case of vaginal delivery and 13.8% said fear of caesarean section.

It was observed that 62.5% of adolescents had vaginal delivery and 37.5% underwent cesarean section and among these last ones, 66.7% were informed by health professionals about the reason for cesarean section, 80% had gone into labor and 72.5% said that mode of childbirth they had was intended. As for satisfaction about the delivery, 55% felt satisfied, 37.5% happy and 7.5% dissatisfied and sad; 50% reported satisfaction in having a healthy child and the other half gave responses mixed between desired childbirth, feeling safe at that time, guidelines received by professionals and 65% dissatisfied because of pain.

Among the 40 adolescents, 72.5% of the babies were born with gestational ages between 37 and 40 weeks. Prematurity occurred in 15% of the cases, which means that for every 40 women, six did not complete 37 weeks of gestation. As for the weight of the newborn, 20% had <2,500 mg and the other (80%) babies were born with normal weight. In face of birth conditions, 30% required ventilatory support, 52.5% were not breastfed at birth, 77.5% were educated on importance of breastfeeding and 57.5% expressed intention of the same type of delivery in the next pregnancy.

With respect to breastfeeding soon after birth, the study revealed that 24 of the 40 participants were enrolled in primary school; of these, 52.5% did not breastfeed her child soon after birth. When compared to the 15 who had completed high school, improvement in the percentage was observed, since 60% were able to breastfeed immediately after delivery. Only one mother was attending higher education institution and did not breastfeed because of admission of the newborn in the NICU.

When analyzing the relation between age and type of delivery, the average was 17 years and most of the adolescents (25) were submitted to vaginal delivery, whereas 15 went through the caesarean procedure. Regarding the age of the teenager and the newborn's weight, most babies had weight

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above 3000 mg, but low weight was also frequent.

The association between marital status and prenatal consultations showed no relevance because unmarried teens had an average of 6.24 prenatal consultations, whereas married had six and women with stable relationship, 6.89. Single women started pre-natal consultations in the third month of pregnancy and the others in the second. This homogeneous result in prenatal consultations may be related to the family support they reported having received at discovery of pregnancy.

As for the set of orientations given to pregnant women, 32.5% had greater adherence to prenatal care, with an average of 7.23 consultations. Although the association between participation of adolescents in orientation groups for pregnant women and gestational age had no relevance, it was observed that among the six pregnant women who had premature children with gestational age less than 36 weeks, five did not participate in orientation groups. Attention is drawn in relation to the low weight of newborns, as from 27 teenagers who did not participate in the orientation group for pregnant women, six had their babies weighing less than 2,500mg. Regarding the need for ventilatory support for newborns, 12 received this kind of support, and among these, nine did not participate in the orientation group for pregnant women.

DISCUSSION

The results of this study show that the rate of pregnant adolescents admitted to the Dr. Peregrino Filho maternity was 22.52%, corroborating a study developed in São Paulo with a rate of 24.3%¹⁰. This calls attention to the need to work health public policies toward this population. The average age was 17 years with early onset of sexual activity. Particular cases of 12-year-old adolescents already in postpartum were identified and this gives evidence of the scant sexual orientation offered by their families, schools and health services.²

Schooling is an importante factor in the life of the individual. Studies indicate that pregnancy during adolescence has different effects depending on socioeconomic status, and the associated difficulties cause very often school truancy in this phase since the young woman assumes the responsibility for the baby. When adolescents that have high socioeconomic status get pregnant, they tend to continue school and move in with relatives, while adolescents with lower socioeconomic

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status have higher absenteeism from school.¹¹⁻¹³ However, other circumstances tend to arise, corroborating a study developed in 2007¹⁴ that shows that among 309 Brazilian pregnant adolescents, 55.7% of the babies' parents completed fundamental school. This study found that at the time of pregnancy, only 25.2% of partners were at school, while 71.2% had were working.

Regarding marital status, 42.5% mothers were single, 27.5% were married and 27.5% lived with a partner without legalized marriage. The frequency of adolescents living with their companions was lower than that found in a study in the city of Sao Jose do Rio Preto/SP.¹⁵ A tendency to formalize the union as a result of pregnancy was noticed, probably intended to reduce the negative view before society.

Regarding race, the majority of mothers (57.5%) were brown-skinned, followed by white and black-skinned. This result goes against the study developed in a reference maternity hospital of Fortaleza/CE, as 61.5% were also brown-skinned.¹⁶

The experience of pregnancy by the adolescent can be understood as desired, planned or even unexpected. Different from what this study identified, pregnancy was desired in 62.5% of the adolescents. Other studies also showed similar results with desired pregnancy, evaluating the knowledge of pregnant adolescents about contraceptive methods. Although these young women report that the pregnancy was desired, the logic association between pregnancy and motherhood does not seem so clear in their fleeting minds. The object of desire may be the pregnancy but not necessarily the motherhood.¹⁷ Regardless of how pregnancy happened, the need to structure care services for adolescents in the health and educational áreas is obvious, in order to help them to deal with safe sex, prevention against STDs and early pregnancy.¹⁸

Feelings expressed in relation to pregnancy were happiness, fulfillment, worry and fear. Feelings of revolt or desire to abort were not identified. These feelings are attached to pregnant woman regardless the age and when pregnancy occurs in the transition to adulthood, plans are postponed and that experience may come with positive or negative thoughts. This corroborates other studies that show that although pregnancy aspires to be a positive feeling, it causes diferente feelings according to gender. For the girl, pregnancy is characterized as a generator of shame, while for boys, it causes concern and need to work.¹⁹

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The reaction of partners at the moment of discovery of the pregnancy was of good acceptance, which is important to reduce emotional burden on the adolescent, influencing them to feel prepared to have a child at that moment. This correlates with the study of other authors with pregnant teens regarding the experience in the family, which observed that the partners accepted the pregnancy, but reported facing difficulties at the beginning because it is a factor that caused several changes in their lives.²⁰

Fatherhood in adolescence goes beyond the support received, tenderness and financial assistance that directly influences the development of a healthy pregnancy or not. The presence of the companion can favorably influence the outcome of a pregnancy, reduce risks, adverse physical and psychological effects to health of the child and the mother.²¹ In contrast, authors also claim that the absence of a partner has been identified as social and obstetric complication resulting from pregnancy, considering that the refusal of paternity can be a source of stress for the adolescent and make her vulnerable to perinatal, childbirth and child health complications.²²

The discovery of a pregnancy causes an impact on the family. Parents "blame" themselves and wonder where they went wrong since the plans or life projects they had for the adolescent adopted different paths. This unexpected event could affect the relationship between mother and daughter, but it has a positive effect over time. The study shows good acceptance by the family, although the feeling of revolt has also been cited, corroborating a study conducted in a maternity hospital in Goiás.²⁰

Family reactions toward the pregnant teenager, however, tend to be paradoxical, being expressed by overlapping feelings of revolt, abandonment and acceptance of the inevitable. Such feelings can be processed or not in acceptance and support depending on how the family understands this pregnancy.²³

The study showed a higher frequency of primiparous mothers, but 20% were multiparous. This result was higher than that found in an investigation¹⁵ that identified 16.7% of pregnant adolescents pregnant more than once, demonstrating lack of use of contraceptive methods. No cases of abortion were observed, but this differs from a study with pregnant adolescents at the prenatal clinic of Unicamp Campinas/SP where a previous abortion percentage of 55.5% was identified.²⁴

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Close monitoring in prenatal consultations was evident in the presente study, with the majority of adolescents (67.5%) beginning at the first trimester of pregnancy. The MH recommends an average of six consultations initiating before completion of 120 gestational days. At least six consultations are recommended for low-risk pregnancies, one in the 1st trimester, two in the 2nd and three in the 3rd trimester. All consultations are performed at FHU. The beginning of prenatal care was relatively satisfactory and satisfaction of youth with family and the partner support may have contributed to adherence to prenatal care.

Also with respect to prenatal consultations, health professionals in primary care are more open to dialogue with pregnant women, since the adolescents reported having received guidance on signs of labor onset, rights and duties of the companion, advantages and disadvantages of vaginal delivery and caesarean section as well as encouragement to normal delivery. The nurse was the professional mostly cited as transmitting such information of vital importance, once the mother needs psychological preparation for childbirth and to choose the companion. A study at the University Hospital in Southern Brazil with adolescents showed that the presence of the companion during the process of parturition and attention during service was cited as importante, making them feel safer and physically and emotionally supported.²⁵

Seeking more humanized care in obstetric and neonatal care, the MH established in 2000 the Program for Humanization of Prenatal and Birth (PHPN) whose objective was to ensure improved access in the coverage and quality of prenatal care and childbirth and postpartum assistance. The main focus of this document is the woman and the rescue of dignity during the birth process, seeking to consolidate transformations of attention during pregnancy, childbirth and puerperium.²⁶

The present study showed good results concerning childbirth guidelines when compared to a public hospital in the city of Fortaleza/CE, where 40% of mothers reported not having had guidance on delivery. The preference for vaginal delivery was more accepted, justified by the rapid recovery, leading to the the conclusion that instruction received by health professionals, friends and family during the prenatal caused a positive impact. The relationship, respect and empathy between professionals and pregnant women are essential in the process of humanization of assistance.²⁷

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A similar result for preference for the type of delivery was found in the study developed in São Paulo/SP with primiparous pregnant women. A proportion of 75% preferred vaginal delivery, 15% preferred cesarean section and 10% had not yet preference for the type of delivery.²⁸

As for obstetric resolution, theoretically, cephalopelvic disproportion, more complicated deliveries and predisposition for cesarean section are expected due to biological immaturity of the adolescent. However, the incidence of vaginal delivery in this study was higher than cesarean sections and this is in line with the results of pregnant teenagers and adults of a University Hospital of Maranhão. The incidence of operative deliveries among adolescents was 33.3% *versus* 49.2% for adults.²⁹ The study also showed that, regarding women undergoing cesarean section, the majority reported having entered into labor and been informed of the reason for this type of procedure.

The adolescents said that the mode of delivery, regardless normal or cesarean, was what they would like to have had, and they would even prefer the same for a future pregnancy, even for those who wanted a cesarean section when got pregnant. These had high levels of satisfaction and happiness, however, few felt sad and unsatisfied. This corroborates another study that shows that adolescents agreed with the childbirth mode they wanted and the mode they were submitted, noting that among the ones who did cesarean section, 56.7% wanted this type of procedure and 43.3% vaginal delivery. Among those who were submitted to vaginal delivery, 89.5% wanted this type of delivery and 10.5% wanted cesarean section.³⁰

Facing pregnancy and delivery in the middle of adolescence can create positive or negative feelings depending on the experience lived by the teenager. Half of the interviewed felt satisfied for the child to be born healthy and the other half had varied opinions, between desired delivery, security, quick recovery for those subject to normal delivery and, for few, support from health professionals. Pain was the negative sentiment referred, despite the existence of resources that relieve this feeling that depends exclusively on the assistance offered and preparation to women, and this points to the need to review the attitude of health professionals towards this feeling, give attention to complaints and offer non-pharmacological techniques for pain relief.

A comparative study between a public and a private maternity hospital in São Luís/MA,

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conducted in 2009, concluded that the fear of pain felt by women is related to the experience of friends and possibility of vaginal lesions, which are reasons leading to the preference for caesarean section.³¹

The delay in adopting measures to minimize pain and discomfort during labor and delivery proves to be associated with the quality of interpersonal relations with professionals giving the assistance.³² The use of best practices by WHO/MH to create humanized birth opens up possibilities to create new ways to experience motherhood, for the mother to assume the main role, empowered, enabling a more human and familiar event.²⁵

Regarding perinatal outcomes, researches show higher association of premature births and low weight at birth in pregnant adolescents, besides biological, socioeconomic and behavioral risks in this age group.³³ The study shows a high incidence of prematurity (15%) and low weight of newborns (20%). These data were higher than the observed in a study done in the Maternity Hospital of São Paulo/SP, where there was a percentage of 13.3% of prematurity and 15.9% of underweight,¹⁰ contrasting with that found at the University Hospital of Maranhão which was 21.4% and 19.9% respectively.²⁹ Prematurity can impose the need for ventilatory support due to lung immaturity or other health problems. When delivery occurs inside normal time intervals, this possibility is lower, except for special cases. The prevalence of use of some type of ventilatory support found in this study was 30%, however, one of limitation of the present study is that the requirements related to that procedure by neonatologists were not identified.

Studies show that Respiratory Distress Syndrome (RDS), also known as hyaline membrane, is one of the complications that make the newborn susceptible to ventilatory support and drug use, increasing the length of stay in the NICU and possible impairments in psychomotor development.³⁴

Slightly more than half of the adolescents in this study did not breastfeed their babies shortly after birth, although they have received guidance from professionals about its importance. Another aspect that could facilitate this contact is that the maternity has rules and neonatal treatment protocols stating that all newborns in good state of vitality should be put to mother's breast in the delivery room. In a study conducted at the maternity ward of the Clinical Hospital of Botucatu/SP, most of mothers had the first contact with the child immediately after

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birth, but few had skin-to-skin contact and/or opportunity to hold their babies in the lap, what would be ideal.³⁵

No statistical significance was found in the association between breastfeeding and schooling degree of mothers. However, mothers with more than eight years of schooling were more frequently breastfeeding for longer time. A similar result was found in the Clinical Hospital in Porto Alegre/RS, as mothers who had more than eight years of schooling breastfed for four months or longer.³⁶ Other studies also relate positively the association between education and exclusive breastfeeding.^{8,37}

The relationship between education and reoccurrence of pregnancies was not statistically significant since both primiparous and multiparous mothers had time of schooling below eight years, except for only one mother who was undergoing higher education. A study in healthy pregnant women attending prenatal public service in São Paulo/SP, that associated education with repetition of pregnancies with gestational weight, also was not statistically significant.³⁸

The results of this study revealed higher proportion of normal births. Corroborating these data, the research in Fortaleza/CE with groups of adolescents and adults showed significantly higher incidence of normal delivery in women over 40 years old.³⁹ There was a trend of maternal age to influence the underweight of the newborn. The smaller the maternal age, the higher is the likelihood of low weight of the newborn, although this trend had no statistical significance. An investigation in Vitória/ES corroborates this association between maternal age and newborn weight, demonstrating the occurrence of decrease in low weight and in insufficient weight as the maternal age increases.³³

Regarding marital status and prenatal consultation, all teenagers, regardless of marital status, attended an average of six or more consultations beginning in first trimester. Similar findings were found in Porto Alegre/RS designed to describe prenatal experiences of adolescents.⁴⁰ This may be due to different reasons such as access of adolescents to health services, family support or even accurate perception of body signs.⁴¹

Groups of pregnant women aim to prepare and guide these young people in various aspects of how to live the new phase of life, the motherhood, exchange of experience and knowledge between pregnant women and health professionals, gestation development, bodily and emotional changes, importance of

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prenatal care, breastfeeding, preparation for childbirth among others. Less than half of adolescents participated in groups of pregnant women in the presente study. Similar results were found in a research in Sao Jose do Rio Preto/SP.¹⁵ This low adherence to orientation groups can be associated with the culture of the population of not participating in health promotion or even the lack of stimulation by professionals who are focused more in the curative mode of care.

Guidance offered by these groups can provide psychological preparation for the unknown, control the fears and anxieties, awakening interest in adherence to prenatal care which, in turn, promotes early detection of complications related to mother/child. Authors state that one should be cautious not only with gynecological and obstetric issues, but also with psychological aspects, aiming to help and guide pregnant women in resolving conflicts and problems that may influence the gestational evolution in varying degrees.⁴² Orientation groups created to pregnat women are strategies for the practice of promoting health and are characterized as a set of people who interact to enhance capacities, providing development of autonomy and coping with new situations and allowing greater control of users on their social and environmental context. In this sense, it is essential to overcome the traditional ways of approaching the health-disease process and the simplistic reduction of the groups once these are promoters of changes of individual conducts.⁴³

A qualitative descriptive research developed in the Family Health Strategy (FHS) in the city of Sobral/CE from March to October 2012 concluded that during the development of strategies for education in women's health during the prenatal, delivery and postpartum period there are possibilities of better fundamental knowledge for the autonomy of the birthing process. Also equally important is that the nurse is a component for health education since the first consultation aims holistic care, offering possibilities for adolescents to discern the importance of normal delivery.⁴⁴

Some limitations were present in the development of this study because the interviews took place in the rooming, requiring authorization from the responsible by the teenager and these legal guardins very often did not leave adolescents alone with the interviewer, inhibiting them or even inducing the answers.

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CONCLUSION

The adolescents in this study had little knowledge or difficult access to contraceptive methods and this is in accordance with the growing number of early and recurrent pregnancy for some young woman as well as unfamiliarity with the risks that this phenomenon can incur to the mother and the baby. Notwithstanding these facts, adolescents showed high satisfaction level with respect to pregnancy and childbirth.

The study presents the following considerations: average age of adolescents of 17 years, brown-skinned, single, with little prospect of education and high school dropout; emotional conditions experienced by adolescents were happiness, accomplishment, fear and concern, which is common among pregnant women in general, but negative feelings were not evident because most of the adolescents had the support from family members and their partners, a fact that contributed to the experience of motherhood be considered enjoyable, while for others the pregnancy was not planned but still desired; prenatal care was considered satisfactory and initiated in the first trimester of pregnancy complying with the number of consultations recommended by the MH; regarding the delivery, normal childbirth stood out, but with the presence of the alarming factor of considerable rates of premature births, low weight newborns and need for ventilatory support.

Although a high level of satisfaction was observed among adolescents with respect to motherhood, and especially to the birth of the child, the need for change in public policies was explicit. These must start with most efficient family planning in health services and guidance on school network, hoping to reduce pregnancy rates in adolescence, which brings consequences not only for mother and for the child, but for the whole family unit. The results of this research can stimulate researchers and students to future investigations involving this issue, supporting action planning through scientific evidence and revealing the urgent need to redirect practices and nursing behavior that attends this population in their pregnancy and childbirth cycle.

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