



BEING A TEENAGE MOTHER: MEANING OF THIS LIVING IN GESTATION AND LABOR

SER MÃE NA ADOLESCÊNCIA: SIGNIFICADO DESSA VIVÊNCIA NA GESTAÇÃO E PARTO MATERNIDAD EN LA ADOLESCENCIA: SIGNIFICADO DE ESTA EXPERIENCIA DURANTE EL EMBARAZO Y PARTO

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ABSTRACT

Objective: to understand the perception of adolescents during pregnancy and feelings in labor and delivery. **Method:** qualitative study, based on the Content Analysis, in the Thematic modality, proposed by Bardin. The semi-structured interview was used, using a voice recorder, in the city of Marília (SP), Brazil. Fifteen adolescents were interviewed. **Results:** six thematic categories emerged: << Perceiving pregnancy in adolescence >>; << Perceiving the care during prenatal care and the reception of the health team >>; << Recalling the process of hospitalization in the maternity, <Experiencing labor and delivery >>; << Experiencing the breastfeeding process >>; << Observing potentialities and fragilities in relation to the care provided by the health team >> and << Perceiving the family reception in the puerperal period >>. **Conclusion:** Pregnancy occurs unexpectedly and without planning. **Descriptors:** Pregnancy during Adolescence; Obstetrical Nursing; Women's Health; Labor.

RESUMO

Objetivo: compreender a percepção das adolescentes ao engravidar e os sentimentos no trabalho de parto e parto. **Método:** estudo de abordagem qualitativa, com base na Análise de Conteúdo, na modalidade Temática, proposta por Bardin. Optou-se pela entrevista semiestruturada, utilizando gravador de voz, na cidade de Marília (SP), Brasil. Foram entrevistadas 15 puérperas adolescentes. **Resultados:** emergiram seis categorias temáticas: << Percebendo a gravidez na adolescência >>; << Percebendo o atendimento durante o pré-natal e o acolhimento da equipe de saúde >>; << Relembrando o processo de internação na maternidade >>; << Vivenciando o trabalho de parto e parto >>; << Vivenciando o processo de amamentação>>; << Observando potencialidades e fragilidades em relação ao atendimento prestado pela equipe de saúde>> e << Percebendo o acolhimento familiar no período puerperal >>. **Conclusão:** a gravidez ocorre de forma inesperada e sem planejamento. **Descritores:** Gravidez na Adolescência; Enfermagem Obstétrica; Saúde da Mulher; Parto.

RESUMEN

Objetivo: conocer la percepción de las adolescentes al embarazarse y los sentimientos en el trabajo de parto. **Método:** estudio cualitativo basado en el Análisis de Contenido, en la modalidad temática, propuesta por Bardin. Se optó por la entrevista semiestructurada, utilizando la grabadora de voz, en la ciudad de Marília (SP), Brasil. Hicieron la entrevista 15 madres recientes adolescentes. **Resultados:** seis categorías temáticas surgieron: << Percibiendo el embarazo en la adolescencia >>; << Percibiendo la atención durante el período prenatal y el anfitrión del equipo de salud >>; << Recordando el proceso hospitalario de maternidad >>; << Experimentando trabajo y entrega >>; << Experimentan el proceso de la lactancia materna >>; << Observando las potencialidades y debilidades en relación con el servicio prestado por el equipo de salud >> y << Percibiendo el acogimiento familiar en periodo puerperal >>. **Conclusión:** el embarazo ocurre inesperadamente y sin planificación. **Descriptores:** Embarazo en Adolescencia; Enfermería Obstétrica; Salud de la Mujer; Parto.

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INTRODUCTION

In Brazil, as in other countries, teenage pregnancy increases annually, causing concern in health and education professionals.¹ In 2011, there were 2,913,160 births in the country. Of these 27,785 were adolescents in the age group of ten to 14 years and 533,103, between 15 and 19 years. The Southeast region, in this same period, presented 1,144,213 births. Of these 7,090 between ten and 14 years and 174,628 with 15 to 19 years.¹

Despite the decrease in the number of live births in this age group in the last ten years, the percentages are still alarming in adolescents under 15 years of age.¹ Maternity in adolescence is a multifactorial event, because it has repercussions in the biopsychosocial scope for mother and child, for this is essential for integrated action.²

In view of this, the multiprofessional team should be sensitized and able to assist this age group, that has specific characteristics.³ This training can be facilitated if the adolescents' perception about gestation, childbirth and the puerperium is understood. Therefore, this study aims to understand the perception and feelings of adolescents experiencing gestation and childbirth.

METHOD

A descriptive study, with a qualitative approach, carried out in the Municipality of Marília. METHODS: Fifteen adolescents in the 14 to 19 age bracket who were in the mid-term postpartum were interviewed in a joint housing system, at the Obstetrical Unit of HCII - Maternal and Child Unit of the Medical School of Marília, during the period from November 2012 to April 2013. Adolescents aged between 10 and 19 years, a definition adopted in Brazil by the Adolescent Health Program of the Ministry of Health⁴, were considered as inclusion criteria, who were in joint housing, in the mid-term puerperium and who agreed to participate in the study.

Data collection was done by the authors themselves, and for this collection, the semi-structured interview technique was used, in two moments. At the first moment, the data for the characterization of the participants were identified. In the second moment, the interview was conducted through the following guiding questions: What was it like to live through teenage pregnancy? How was the prenatal care? How was the front desk staff? How long did you stay in this maternity hospital? How was your experience during labor and delivery? Did you breastfeed your baby in the first half hour of life? Have you

been guided in this regard? Are you having trouble at the moment? Do you have a desire to breastfeed? How was your care and your baby's care up to now? Do you have suggestions for improvements to the service? How was your reception and the baby's relationship to your family and your partner?

To analyze the data obtained, we opted for the technique of content analysis, in the thematic modality, according to Bardin⁵. Among the methodological procedures of the content analysis, the following steps will be used: from the qualitative perspective, categorization, inference, description and interpretation. Such procedures do not occur sequentially. It is usually: a) to decompose the material to be analyzed in part; B) distributing the parts into categories; C) make a description of the result of the categorization (exposing the findings found in the analysis); D) make inferences of the results (using assumptions accepted by the researchers).

This study was approved by the Research Ethics Committee of the School of Medicine of Marília (FAMEMA), respecting the procedures established in Resolution 466/2012 of the National Health Council,⁶ through CAAE n. 08315212.2.0000.5413, receiving favorable opinion for its application N.133.613. Ethical aspects relevant to human research were considered throughout the study. The adolescents interviewed agreed to participate in the study and registered their consent in a free and informed consent term. And, for those under 18, the consent of their legal guardian was also registered. As a way to guarantee their anonymity, the adolescents were denominated by names of flowers to protect their identity.

The answers to these questions were recorded in audio through tape recorder, with later transcription, allowing the reliability of the collected material.

RESULTS

The data presented in table 1 integrate relevant information about the sample surveyed. It was verified in relation to the profile of the subjects in the sociodemographic, socioeconomic variables, municipality of residence, marital status, religion and schooling, they demonstrate that, of the 15 adolescents who participated in the study, nine (60%) are residents in the city of Marília, seven are Single mothers (47%) and seven others are amassad (47%). Of the total, ten reported following the evangelical religion (67%) and ten adolescents between eight and 11 years of schooling (67%).

Table 1. Profile of adolescent pregnant women from a maternity hospital in Marília (SP), Brazil, 2013.

Municipality	n=15	%
Marília	09	60%
Others	06	40%
Marital Status		
Single	07	47%
Amassed	07	47%
Married	01	06%
Religion		
Catholic	05	33%
Evangelical	10	67%
Education		
<8 years	05	33%
8 to 11 years	10	67%

Data on the profession show that all adolescents were from the home, and seven (47%) of the mothers reported that they worked before the pregnancy was discovered. Data on income revealed that, seven adolescents reported living with a minimum wage (47%); Seven, with two minimum wages (47%) and one with three minimum wages (7%), where the income comes from family members and partners.

Prenatal and obstetric data showed that the majority had more than seven consultations (60%), twelve were between 37 and 41 weeks of gestation (80%) and eleven were in their first pregnancy (73%). The predominant type of delivery was cesarean section, with a total of nine adolescents (60%); and six evolved to vaginal delivery (40%).

Regarding the use of contraceptive methods, ten adolescents reported not using any method (67%). The use of both, however, was irregular; for most of the interviewees, pregnancy was not planned at that time (87%).

From the speeches of the adolescent puerpera interviewed the following thematic categories were extracted:

◆ Realizing pregnancy in adolescence

The subjects' reactions about how it was to experience pregnancy during adolescence were investigated. The adolescents portray difficulties and losses with pregnancy, with the following story:

At first, it was very difficult, right, because I was working, I was studying, and [...] suddenly the pregnancy came. Then you think, "Oh, I lost everything. (Dahlia)

For some adolescents in this study, pregnancy at this stage occurred unexpectedly without planning and, so, they feel "scared." According to them, the adaptation to the condition of being pregnant was possible because they have family support:

Ah! At first I was a bit scared, right, but later we get used to it, we get support, we get used to it. If I did not have support, I think I would be a bit scared, but I had

enough support. (Begonia)
At first, when I discovered it, I was frightened, I was already suspicious, but I did not expect it. My family was frightened at first, but then they accepted. (Pink)

There were interviewees who said they were having a good experience in planning pregnancy, reporting the following statements:

It was good for me, I was already planning. For me, it was only happiness. (Camellia)
[...] I had been trying for some time, and when I forgot, I became pregnant. (Iris)

◆ Perceiving the care during prenatal care and the reception of the health team

When questioned regarding the attendance during prenatal consultations and the reception of the health team, the results showed that some puerperal adolescents experienced prenatal weaknesses because they were centered on the technical procedures without welcoming, with the following statements:

[...] The doctor [...] She got there, she only measured the pressure, she only measured the belly. They did little. I think it was a prenatal, but it did not have so much attention, you know? I got there, she did not ask, I did not say things. (Begonia)
There, I did not think it was very good. The doctor did not explain much, only measured my belly, did not talk to me, then she left. The staff is good, but did not explain. (Acacia)

Another result already reveals the appreciation of the service provided, when they feel welcomed by the team during the prenatal consultations, in the lines:

Pre-Christmas was all right. They listened to me very well, they listened to me. (Camellia)
I was well received by all the staff and the doctor and the nurse who performed prenatal consultations. I have nothing to complain about. (Pink)

Although some adolescents, in this study,

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value their attendance in prenatal care, they highlight feelings of shame and lack of explanations, as can be seen in the following statements.

I liked. They are very nice. The doctor there treats you well he explains to you right if you have any doubt. I said I did not, but sometimes, I did, because it was shameful. (Azucena)

The care during my prenatal care was very good, but I missed the explanation of the delivery. (Magnolia)

◆ Recalling the maternity stay process

Some pregnant women felt different, but could not identify that it was time to be hospitalized at that moment:

I went to the post, right? I did not think I would give birth, and it was contraction. The doctor sent me here. The woman (referring to the doctor) upstairs did the ringing and she said: - We will intern you because you will give birth. (Acacia)

I started with pain three o'clock in the morning, but I did not think it was a contraction, then I spent the normal day. When it was two o'clock in the afternoon, the pain started to increase more, only that the pain was coming and going, it was not that pain "wow, it is the end of the world", but, it would come and go. Then I took a shower and stayed home and the pain started to increase, but as it was close to my mother's arrival, I thought it best to wait for her [...]. When she arrived, she took the documents and brought me [...]. (Daisy)

Some adolescents, however, are able to associate the perception of contractions in labor as when to go to the hospital.

I began to feel pain, so, the ambulance brought me to Marília. Arriving here, soon I was attended and they sent me to the delivery room. (Magnolia)

I was home and I started to feel pain. Therefore, my husband brought me here by car, and as soon as I arrived, I was examined. So, I was hospitalized and went upstairs until it was time to win. (Hortencia)

Some adolescents recognize that when they can not properly identify, or associate signs of labor, they seek the hospital.

I went to the hospital. Arriving there, they said they had no doctor and told me to come back Sunday afternoon. Then I had to fight for someone to see me because my water had burst and I was worried. Then she (referring to the doctor) came to see me, said that I would have to wait until the next day to see if there was water [...]. I went the other day and waited until one in the afternoon [...]. When I did the ultrasound, there was not a drop of water in the bag

and she (referring to the doctor) told me that she had to wait because of the government that she (the doctor) had to make a letter and wait to open a vacancy here in the woman. Then, we waited and nothing! So, we called the mayor and he fixed a spot here. I got ready and came with my mother in an ambulance, I arrived and, in the afternoon, I was hospitalized [...]. (Dahlia)

[...] I got there in the Holy House with pain. Only they said it was normal pain, they gave me an injection. I went away, but it did not go away ... I went to sleep and started having a lot of pain, that's when I went back and they brought me here. (Begonia)

The evaluation of the adolescent in the health unit, with a diagnosis of gynecological problem allowed one of the participants of this research to experience the gestational period and labor in an unusual way.

I started to feel sick at school, I went upstairs. There they sent me here. Arriving here, she was already in labor [...]. Did not know that she was pregnant, was trying something else. (Sunflower)

◆ Experiencing labor and delivery

Most informants reported that, during labor and delivery, there were feelings of anxiety, fear and pain, and that the birth of the baby brought relief, joy, and the realization of motherhood:

At first, I was afraid, mixed fear and anxiety [...]. But when the baby was born, I was calmer. (Tulip)

I was in pain and I wanted the pain to pass soon and the baby was born soon, I was in a lot of pain. I felt a relief when the baby was born. (Hortência)

I entered the room with a lot of fear, but once you see his face, you lose your fear, right? You do not even think of pain anymore, he looks like you look like a person and you get more cheerful, right? (Begonia)

Another result shows that some adolescents are surprised at the time of delivery when their expectations regarding the sex of the baby do not correspond to the one identified in the prenatal ultrasound exams.

Oh I had a great surprise! Because I thought it was a girl, I was a little nervous, apprehensive. Because I was feeling the pain and thinking what I was going to do with the trousseau [...]. Then, it was a surprise for me, then, my God, now a little boy! (Amaryllis)

◆ Experiencing the breastfeeding process

When referring to the practice of breastfeeding, the adolescents recognize that they suckled the child in the delivery room,

who had no difficulties, who believe that it is important to breastfeed to protect him from diseases and who intend to continue breastfeeding.

I nursed in the first half hour, I was guided. I have not had any difficulties so far. I feel like continuing to breastfeed for as long as it takes. (Magnolia)

As soon as I gave birth, they put it on my chest. It is important to breastfeed for the baby not to catch diseases, I have a desire to continue breastfeeding and I had no difficulty. (Camellia)

Some interviewees reported that, even faced with the difficulties they experienced, they were able to breastfeed the newborn in the first half hour of life, since they had guidance and help from the health team. When they overcome these difficulties, they report:

Yes. I'm getting suckling and I'm having trouble putting my baby to breastfeed, they're helping me. I have desire and intend to continue breastfeeding. (Hortência)

I nursed in the first half hour, they guided me. At first, I had difficulty holding the baby, but then they explained. I have a desire to breastfeed and I intend to continue. (Pink)

A teenage puerpera even nursed in the first half hour of life, but expressed that she "does not take pleasure in breastfeeding." This fact may reveal inattention to receiving guidance on breastfeeding practice.

Yes. The doctor brought it. They did not tell me anything about breastfeeding. If they spoke I wasnot paying attention, or I do not know why they did not speak, the girl I think is going to speak today. It's bad, it hurts, it's bad. I do not like it. (Azucena)

♦ **Observing the potentialities and weaknesses in relation to the care provided by the health team**

The most important aspect, pointed out by the adolescent mothers, was related to the reception, patience, attention and care provided by the health team in the hospitalization process.

I have been treated very well by all the people since I arrived so far. I have nothing to complain about, everyone is giving me attention and explanations. I'm very good here. (Magnolia)

The service was good, if it was another [referring to another Hospital] would not attend as well as they did. [...] Everyone here is nice, polite and patient. They explain things right, are not lazy, not ignorant. I have nothing to complain about. If it improves, it spoils. (Daisy)

Although most puerperal adolescents praised the care, some women showed

weaknesses, such as the disrespectful attitude of some health professionals and the lack of doctors. Some did not feel valued by the professionals who attended it, which would lead them to choose, in the future, an operative birth.

Upstairs (referring to the Obstetric Center) I did not like it. I wanted it to improve the service here, because if I were to come back here I would not go back. I observed that, when I was about to give birth, they would force me to laugh and laugh. So, next time, I'd rather put the money together and pay for a C-section and get it in the Gout[...] After I left them, nothing else bothered me. (Camellia)

At first, the service was poor because of the delay, but afterwards. They treated me well, the people were friendly. It takes too long. You have to call the doctor because it takes too long. (Azucena)

♦ **Realizing the family reception in the puerperal period**

The testimonies confirmed that they felt welcomed by the family to recognize, in the relatives, the feeling of happiness with the birth of the baby:

Very well received, very good! They liked very much, my mother, my grandmother and my father, they were very happy. (Amaryllis)

My family and my husband's have welcomed me, first grandchild. My husband and my family are very happy. (Pink)

On the other hand, some adolescents reported that, although they were welcomed by the family, they did not have contact with the father of the child due to the end of the relationship or the lack of knowledge of the paternity on their part:

It was very good, better than I [...]. I did not talk to him [referring to the father of the child]. After we finished, we did not have much contact, but my parents found it better that way. (Daisy)

My family received me very well, my father and my mother are happy. I did not talk to my ex-boyfriend any more. My parents made me end the courtship [...]. (Magnolia)

DISCUSSION

The results show that, of the 15 adolescents interviewed, ten (47%) have between eight and 11 years of schooling. One study contrasts with the results of the survey when they say that school dropout is frequent in this period, since, from now on, the teenager will be responsible for the baby's care. And they mention that pregnancy perpetuates the cycle of poverty, and when it

happens, mainly, in children under 15 years, it is linked to other social determinants.⁷⁻⁸

Regarding marital status, of the total seven (47%) were single and seven (47%), were married. This study corroborates with the result when it reveals that, in order to reduce the negativity of pregnancy in this phase before the society, there is propensity of the teenager to formalize the union.⁹

The results of the research showed that all had the profession of the nursing home, and seven (47%) of the mothers reported that they worked before the pregnancy was discovered. Other studies corroborate with these data when they point to the consequences, that teenage pregnancy can lead to social and labor market withdrawal, family disorganization, school drop-out, and the emotional shock generated in the individual and family context.¹⁰

The income data revealed that seven (47%) of the respondents said they live with a minimum wage and seven (47%) with two minimum wages. It is based on a study that concluded that the poorest girls are five times more likely to get pregnant in this age group than the richest girls.¹

With regard to prenatal follow-up, the majority of the patients performed more than seven visits (60%), a similar result was found in another study that showed frequent follow-up in prenatal consultations (67.5%).⁸

Regarding the use of contraceptive methods, they showed that (67%) did not use any method. This reinforces the need to structure adolescent health and educational services, helping them to deal with Sexually Transmitted Diseases (STD) prevention, early pregnancy and safe sexuality.⁸ The results also showed that (87%) of the adolescents did not plan the pregnancy during this period. A study corroborates this fact when it is pointed out that between (35%) and (52%) of adolescents in Latin America and the Caribbean did not desire pregnancy and the proportion is higher in girls under 15 years of age.¹

Regarding the category perceiving pregnancy in adolescence, it was possible to evidence the difficulty of the experience of pregnancy in adolescence in relation to the social reality of working and studying. A study corroborates this fact when describing the consequences of adolescence, revealing that it can bring about family, social and economic problems, since it often, motivates the withdrawal of school from the group of friends, impairing the qualification for the job market and the social life.¹¹

The results identified, in the speeches, the scare of experiencing this reality and the insecurity about the support of the family that points out that it is necessary for the confrontation. Other authors corroborate this result when discussing teenage pregnancy, which is the transition phase into adulthood and plans are postponed bringing positive or negative thoughts. A considerable part of the adolescents, when they become aware of their unplanned pregnancy, immediately express, the non-acceptance of this new reality.¹² Another author still corroborates when she says that family support at this moment can be decisive in the acceptance of the pregnancy by the young woman. Because if the adolescent's family is able to accept the new fact with harmony, respect and collaboration, the pregnancy is more likely to be completed and without major disorders.¹³

Another result showed that the experience of pregnancy for these adolescents can be evidenced as desired, which corroborates with a study carried out, in which (62.5%) of the interviewees wished to become pregnant.⁸

In the category perceiving care during prenatal care and the reception of the health team, the results evidenced in the speeches showed a fragility in the prenatal care, where the actions are focused on the procedure and not on the pregnant woman. One study reinforces the importance of a more welcoming service when it reveals that humanized prenatal care is provided through the integration of welcoming and non-interventional behaviors, access to quality health services, full-time care and qualified listening.¹⁴

Another result showed that prenatal care was welcoming. Different results corroborate the Davim 2008 study that points out the need for health professionals to approach women in their entirety, considering their life history, their feelings and the environment in which they live, establishing a cordial relationship with the patient, valuing their oneness and individuality.¹⁵

Results have shown that there is, among adolescents, a feeling of shame and they need more explanation during prenatal care. A study corroborates this result when she points out that, during the prenatal visit, the adolescents may feel ashamed to report their doubts to the professional and may also lack explanations and guidance. Because they do not feel comfortable, many end up keeping the doubts to themselves and this attitude can have negative repercussions in the experience of labor and delivery. That is why it is important for health professionals to provide

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services that offer privacy and confidentiality.¹⁵

The results showed that the pregnant women could not identify that it was time to give birth. Leão et al., corroborates this result, when she reports that prenatal care should be seen as a multiprofessional care, with the objective of promoting the effectiveness of basic care through guidelines on gestation, as well as the preparation of the pregnant woman for childbirth. Once it can be marked by traumas to mother and baby, when they are unprepared for that moment.¹⁶

The results showed that some adolescents perceive that they do not recognize the labor, because they do not associate the signs of labor properly, and thus, seek the hospital. Due to this fact they take them several times to the health service. They also identified weaknesses in the care network due to lack of professionals or lack of places for hospitalization. A study corroborates this result when it identifies that often the lack of understanding of signs of labor can lead to frequent hospital visits before the time considered adequate for hospitalization, causing women to worry about their well-being and the baby's.¹⁷

Although the UHS (Unified Health System) advocates the integrality of the actions and the integration of prenatal, childbirth and puerperium, this union has not yet been achieved, considering difficulties and limitations arising from the complexity of public interventions.¹⁸

One of the lines of this research draws attention when portraying that she was being followed in a gynecological treatment and in a health intercurrent identifies that she is pregnant, already in labor. In Brazil, prenatal care has been considered of low efficacy and the deficiencies found reveal an important public health problem.¹³

Another author stresses that the most important actions to control maternal mortality depend on the access and quality of care provided by health services, especially in prenatal, childbirth and puerperium care. Prenatal follow-up has an impact on the reduction of maternal and perinatal mortality, as long as women have access to services, which must be of quality to control the identified risks.¹⁹ The same author also emphasizes that prenatal follow-up also has as main objectives: to ensure the normal evolution of pregnancy; to prepare pregnant women for normal childbirth; puerperium and lactation; as well as to identify; as quickly as possible, the situations of risk. These measures make it possible to prevent the most frequent

complications of pregnancy and the puerperium.¹⁹

The prenatal care of pregnant women should be performed by trained professionals. As there is no superprofessional, the ideal is that there is an association of several professionals, representing each area and forming the multidisciplinary assistance team, which is essential to provide global assistance to the adolescent. This, also helps reduce possible errors during follow-up.³

Results showed that, during labor, pregnant women experience feelings of anxiety, fear and pain, but there was joy in the arrival of the baby. One study corroborates this finding, when she points out that feelings such as anxiety and fear, associated with labor hamper women's active participation in the birth, of their child. Adolescents need a welcoming assistance from professionals, contributing, both to alleviating negative expectations, and to stimulating their collaborative participation, transforming the experience of giving birth at a constructive moment in this new stage of a woman's life.¹⁹

A result evidenced in the speeches showed the discontentment of pregnant women, who were surprised at the birth of their baby in relation to sex, where in the ultrasound examination, was informed different from reality. A study corroborates the frustrated expectation of the pregnant women in this study when they point out that, after the ultrasound result, mother and family reorganize for the arrival of a new being, with sex and identified, sometimes even with the name already defined. It does not refer anymore to the newborn, as an indefinite being, but allude to them.²⁰ The same study reveals that although it seems obvious, it should be pointed out that, the screen image seen by the mother is not the actual baby, but an approximation of it. The mother, in her psychic gestation, has been developing the imaginary baby and is, confronted with the ultrasound image, which is, often, called the baby's photo by the professional, a wrong comment.²⁰

And it also corroborates when it says that the exams are subject to errors, so everything should be very well clarified during its realization by the professional, including the percentage of errors should be clarified for the pregnant woman in prenatal care in order to avoid possible constraints in the moment of childbirth.²⁰

Results showed that, in the delivery room, the puerperas identify the importance of breastfeeding. The results also support a study developed in which authors prove that

knowing the benefits of breastfeeding stimulate their practice and the mothers' adherence.²¹ Another study showed, that, many women can breastfeed without difficulty; others, however, need help early on, especially with the first child, and particularly, if they are very young. The support and encouragement of health professionals are essential especially for initiating breastfeeding and helping with early problems.²²

Another result showed that the puerpera even breastfed in the first half hour of life, but expressed no pleasure in such an act. A study corroborates this finding when it is pointed out that some authors associate the younger maternal age to the shorter duration of breastfeeding, perhaps even due to some difficulties, such as lower educational level, lower purchasing power and, often, being single. In addition, insecurity often is related to a lack of confidence in providing food for their baby, the lack of support from their own mothers or close relatives, age-specific self-centeredness, and problems with self-image.²³

One study confirms that it is not enough for the health professional to have basic knowledge and ability to breastfeed. He must also have skills to communicate effectively, which is easily achieved by applying the technique of breastfeeding counseling. In counseling, it is important for women to feel that the professional cares about their well-being and their babies so that they gain confidence and feel supported and welcomed. In other words, counseling, through dialogue, assists women in decision-making, and develops their professional trust.²⁴

Results shown in the category, observing potentialities and weaknesses in relation to the care provided by the health team showed potentialities in care, where the adolescent mother felt welcomed. One author corroborates the importance of this pre and postpartum care when the postpartum period is considered, by the woman, to be a special moment in which she needs to take care of herself, to provide care to the child and avoid complications, seeking comfort and well-being. The puerperal phase is an important moment in a woman's life that passes not only through biological changes but also through subjective transformations.²⁵

Other results of the same category showed the weaknesses identified by the feeling of disrespect they felt in their attendance. A study corroborates these results, since some professionals still find resistance to provide a humanized care to the parturient and, despite the mobilization to affect the humanized

assistance in the process of parturition, research shows that many actions recommended by the National Prenatal Humanization Policy And Birth (NPHPB) have not yet been introduced, or find resistance to its effectiveness. The lack of health workers makes it difficult to implement quality care.²⁶

Results shown in the category perceiving the puerperal family shelter revealed that the adolescent mothers felt well received by their families by the birth of the baby. A study corroborates this result when it finds that family support is fundamental to the acceptance and experience of parenthood.²⁷

Other results showed that the adolescents had support from their relatives, but they reported the absence of the father, or the end of the courtship or by ignorance of the fatherhood. A study corroborates this result, as some adolescents received family support, and due to termination of the relationship, they chose to raise their children with the help of the family, even because the parents, also young, were also surprised by the news of the pregnancy and chose the separation. Just as motherhood can be considered a crisis situation, paternity configures itself as a critical situation in the emotional development of man, generating growth, fulfillment, maturation, or disappointment and destabilization.²⁸

CONCLUSION

Pregnancy in the teenage years has occurred unexpectedly and without planning and so, the teenagers feel scared. They suffer losses in relation to the interruption of childhood and abrupt transition to adulthood, having to live the physical and emotional changes due to pregnancy and assume the role of mother, losses in relation to schooling, work and, sometimes, also to the absence of the companion. In the study, family support favorably influenced the adolescent's acceptance of gestation.

It was possible to evidence that in the care on adolescent pregnant women, the health system presents limitations and deficiencies, such as: lack of adequate explanations in the prenatal phase in relation to the host and the basic information on pregnancy modifications; signs and/or symptoms of the prepartum, childbirth and puerperium periods; delay in attendance at the system's entrance; professionals unprepared and not adequately trained for this type of intervention at the obstetrical center, among others.

Prenatal, childbirth and puerperal care still needs to be restructured by the health team,

aiming at specific programs for the care of adolescents in an integral and individualized way in the puerperal pregnancy cycle.

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