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INTEGRATIVE REVIEW ARTICLE

HEALTH EDUCATION ACTIONS IN PRIMARY ATTENTION TO PREGNANT AND PUERPERAL WOMEN: INTEGRATIVE REVIEW

AÇÕES DE EDUCAÇÃO EM SAÚDE NA ATENÇÃO PRIMÁRIA A GESTANTES E PUÉRPERAS: REVISÃO INTEGRATIVA

ACCIÓN DE EDUCACIÓN EN SALUD EN LA ATENCIÓN PRIMARIA A MUJERES EMBARAZADAS Y MADRES RECIENTES: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to identify evidence about the perceptions of pregnant and puerperal women about the actions of health education in primary care. ***Method:*** integrative review, to answer the question << What are the evidences about the perceptions of pregnant and puerperal women about the actions of health education in primary care? >> A search of the scientific production was carried out, between 2004 and 2014, in the Databases LILACS and BDENF. For the analysis of the articles, we searched for the nuclei of meaning to categorize the findings that compose the corpus of analysis of the four scientific productions. ***Results:*** listening and talking are evidenced as forms of humanization; The pregnant/puerperal woman as an active individual in the process of health education. ***Conclusion:*** this study corroborated to highlight the need to rethink the care of this public in primary care; The role of mediator and nurse facilitator. ***Descriptors***: Health Education; Nursing; Prenatal Care; Postpartum.

RESUMO

Objetivo: identificar evidências acerca das percepções de gestantes e puérperas sobre as ações de educação em saúde na atenção primária. ***Método:*** revisão integrativa com vistas a responder a questão << **Quais as evidências acerca das percepções de gestantes e puérperas sobre as ações de educação em saúde na atenção primária? >>** Foi realizada busca da produção científica, entre 2004 a 2014, nas Bases de Dados LILACS e BDENF. Para a análise dos artigos buscou-se os núcleos de sentido para categorização dos achados que compõem o corpus de análise das quatro produções científicas. ***Resultados:*** evidencia-se a escuta e a conversa como formas de humanização; a gestante/puérpera como indivíduo ativo no processo de educação em saúde. ***Conclusão:*** este estudo corroborou para evidenciar a necessidade de se repensar o cuidado a este público na atenção primária; o papel de mediador e facilitador do enfermeiro. ***Descritores*:** Educação em Saúde; Enfermagem; Cuidado Pré-Natal; Puerpério.

RESUMEN

Objetivo: identificar las evidencias acerca de las percepciones de las mujeres embarazadas y madres que están en puerperio acerca de las acciones de educación en salud en atención primaria. ***Método:*** revisión integradora con el fin de responder a la pregunta << Cuales son las evidencias sobre las percepciones de las mujeres embarazadas y madres que están en puerperio acerca de las acciones de educación en salud en atención primaria? >> se llevó a cabo la búsqueda de la literatura científica, entre 2004 al 2014 y bases de datos LILACS y BDENF. Para el análisis de dos artículos se buscó los núcleos de sentido para categorización de los hallazgos que conforman el corpus de análisis de cuatro producciones científicas. ***Resultados:*** muestra si la escucha y la conversación como una forma de humanización; la mujer que ha dado a luz recientemente como un individuo activo en el proceso de educación para la salud. ***Conclusión:*** este estudio corroboró para evidenciar la necesidad de repensar esta atención pública en la atención primaria de salud; el papel de mediador y facilitador de los enfermeros. ***Descriptores***: Educación para la Salud; Enfermería; Cuidado Prenatal; Posparto.

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INTRODUCTION

Pregnancy causes significant transformations in a woman, physically and emotionally. In the pregnancy period, in addition to the pregnant woman having all the family support, which is essential, it is also important that she has prenatal care that inspires her trust, so that she leads her gestation in a quiet way and guarantees all the benefits to her health and the baby.

At this moment in the life of the pregnant woman, in addition to family support, specialized care is necessary, which is guaranteed through strategies made available in the public health network by the Unified Health System (UHS). Among others, the Stork Network, created by the Ministry of Health (MH) in 2011, which includes humanized assistance to women and children, from prenatal to postpartum, guarantees access and shelter, aiming at reducing maternal and neonatal mortality. In the puerperal period, the woman tends to present numerous emotional changes in function of the new demands experienced. With the arrival of the newborn, they know the contact with the baby, leaving the idealization to the concretization of this experience.[2,3]

Care in the pregnancy-puerperal cycle is essential for the pregnant woman to experience a healthy pregnancy. In this sense, health education demonstrates itself as an inseparable component of nursing care, as it corroborates the promotion of health and quality of life for the context of the woman and the baby.[4]

In this study, we will use the concept of health education of the MH that considers a systematic, continuous and permanent process that aims at the formation and development of the critical conscience of the citizen, stimulating the search for collective solutions to the problems experienced and their "real participation "In the exercise of social control.[5]

When promoting health education during the pregnancy-puerperal period, the nursing professional can use, as a strategy for action in the group of pregnant women, a group of puerperals or a waiting room, seeking not only a humanized and ample care to the patients, but also enabling their empowerment, as well as the family members involved, in the management of their care.[6] The development of health education is characterized as a possibility to acquire knowledge and strengthen attitudes, with the aim of improving individual and collective health, instead, the subject who is involved in this horizontal process is responsible for his or her health.[7]

The role of the nursing professional, in this context, begins in the health care of women and the newborn, seeking to ensure a humanized, individualized and comprehensive care. In addition, it is also up to the nurse to promote actions aimed at assisting the parturient in her complexity, allowing her autonomy in matters related to prenatal care, childbirth, first care with the baby and puerperium. The health professional is committed to ensuring an interdisciplinary experience aimed at integrating and understanding the needs of the pregnant woman, as well as the attention to the family, providing a learning environment and exchange of experiences between professional and patient.[7]

Thus, understanding the emerging need to innovate in health education actions, in the scenario of primary action with pregnant women and postpartum women, the relevance of this study is highlighted in order to highlight the discussion about the theme in the family, social and health context, in view of the propagation and production of knowledge through the perspective of the professional nurse as a health educator.

OBJECTIVE

♦ Identify evidence about the perceptions of pregnant and puerperal women about the actions of health education in primary care.

METHOD

Integrative review, from six stages: Identification of the theme and selection of the hypothesis or research question; establishment of criteria for inclusion and exclusion of studies/sampling or search in the literature; Definition of the information to be extracted from the selected studies/categorization of the studies; evaluation of studies included in the integrative review; interpretation of results; presentation of knowledge review/synthesis.[8]

The study started with the following guiding question: What are the evidences about the perceptions of pregnant and puerperal women about the actions of health education in primary care? >>.

We searched the LILACS and BDENF, databases using the following search strategy: ("health education") or "nursing" [Subject descriptor] and ("pre-natal care") or "puerperium" [Article in Portuguese]. The temporal cut adopted were studies published between 2004 and 2014, due to the analytical

feasibility, having as inclusion criteria national studies, original research available *on-line* in full, having primary care as the central scenario, having at least one nurse, in the authorship.

Initially, 168 articles were found, divided into the LILACS (106) and BDENF (62) databases (Table 1). From this quantitative, two articles were found repeated. To guarantee the reliability of the research, the search and selection of the studies was performed in a double and independent way. The titles and summaries of the articles were reviewed and the ones that presented the theme education and associated diabetes mellitus were selected. During this data collection process, some articles of relevance to the researched topic were accessed directly in their primary source, that is, the original periodical, since the texts were not available, in the selected databases, in full.

Table 1. Path of selection of scientific productions. Santa Maria (RS), Brazil, 2004/2014

Databases	Found		Excluded		Selected	
	n	%	n	%	N	%
LILACS	106	63,1	102	62,9	3	66,7
BDENF	62	36,9	60	37,1	1	33,3
Total	168	100	162	100	4	100

The organization of the data was done through a structured instrument, already validated, evaluating data referring to the identification of the original article, methodological characteristics of the study, evaluation of methodological rigor, of the interventions measured and the results found in the articles to the periodical, Author, study, and the level of evidence.[9] This strategy was used for an expanded view of the selected studies, since it contains only relevant information and allows a continuous analysis of the data.

The process of analysis of the four selected articles occurred through the accurate, exploratory and critical reading of titles and abstracts. Afterwards, with the help of chromatography, we tried to identify the sense nuclei of the texts (expressions, textual fragments), with a view to compose the analytical corpus of the study, being concerned with the frequency of appearance of these nuclei, in the form of data segments. Therefore, the information obtained was grouped and compared.

Regarding the scientific evidence from the studies[9], it was classified, considering: Level 1- the evidence comes from a systematic review or meta-analysis of controlled randomized controlled trials or from clinical guidelines based on systematic reviews of controlled randomized controlled trials; Level 2- Evidence from at least one well-delineated randomized controlled trial; Level 3- evidence obtained from well-designed clinical trials without randomization; Level 4- Evidence from well-delineated cohort and case-control studies; Level 5-evidence from a systematic review of descriptive and qualitative studies; Level 6- evidence derived from a single descriptive or qualitative study; Level 7- Evidence from the opinion of authorities and / or expert committee reports.

The analytical process of the studies was guided by the technique of content analysis, from the thematic and categorial perspective.[10] From this systematics, a new analysis, was carried out and aiming at the definition of categories for analysis, namely: And conversation as a form of humanization "; << The process of empowerment through health education: pregnant and puerperal as active individuals >>.

The ethical and legal aspects were respected, since articles published in national journals were used, whose authors' names were always referenced after the citation.

RESULTS AND DISCUSSION

From the four articles analyzed, one can perceive the year of publication, 2006, 2010, 2011 and 2012. Regarding the type of research, three of them developed the descriptive research, and one the exploratory research. In front of the approach, the qualitative one, was unanimous, emphasizing, also, semi-structured interviews as a technique for data collection. To organize the results, two categories were created that contemplate the panorama of the perceptions of pregnant and puerperal women on the actions of health education in primary care. All the researches are of qualitative approach and all presented level of evidence VI (Figure 1). Below, the specific publications on nursing identified in the period from 2004 to 2013 are analyzed, in greater detail.

Author/Title	Year	Objective	Method	Level of Evidence	Main Results
Brondani, et. al. Perceptions of pregnant and puerperal women about the waiting room in a basic health unit integrated to the family health strategy.	2013	To analyze the perception of pregnant and puerperal women about their experiences in the waiting room.	Descriptive, analytical, qualitative approach.	Level 6	Waiting room as a space in which exchanges of knowledge take place through dialogue. Close attunement between the conception of women about the experiences in the waiting room and the technicist vision of health education. Health education presented as depository and vertical education.
Barbosa, et. al. The prenatal care performed by nurses: the satisfaction of pregnant women.	2011	To investigate the satisfaction of pregnant women about the Prenatal Nursing Consultation in a Family Health unit.	Exploratory study of a qualitative nature.	Level 6	Active listening and good professional performance as a determinant of effective service. Nurses are identified, as those who provide active listening. The users express a high degree of satisfaction regarding the relational dimension.
Cardoso, Pereira. Interdisciplinary practices of reception, health education and postpartum evaluation in a group of postpartum women.	2010	Reflect on the participation of women in a group of puerperal women, identify the reasons that led these women to participate and analyze their views on this space.	Descriptive study with a qualitative approach.	Level 6	Group activity with women, partners and families; Learning, exchange of experiences and demystification; minimization of doubts, demystification of beliefs, interaction between participants and multiprofessional team / puerperal; nurse as facilitator; ease of understanding through accessible language. Guidelines during prenatal care, vaccination, foot test, postpartum evaluation and information.
Rolim, et. al. Course for pregnant women: educational action in the perspective of co-responsibility.	2006	To evaluate the effectiveness of a course for pregnant women at a Basic Family Health Unit in São Gonçalo do Amarante / Ceará.	Descriptive research. Qualitative	Level 6	In relation to effective learning, topics such as breastfeeding, baby bath, general newborn care, umbilical care, delivery review and hospital care for the puerperal woman emerge. Establishment of dialogue and mechanisms used for information to be understood. All participants reported positive changes in their lives with the course of pregnancy. The desire that the course of pregnant women should continue was unanimous.

Figure 1. Instrument for the organization and synthesis of scientific productions, Santa Maria (RS), Brazil, 2004/2014

The process of health education, currently prevalent in Brazil, corresponds to the model that emphasizes prevention and health, promotion and encompasses the sociocultural contexts of the community, in which it allows the subject to be inserted in a process of exchange of experiences and different knowledge with the health professional.[11]

Authors[12] highlight two models of health education: "the traditional or preventive model and the radical model". The first[13-15] is characterized by perceiving linear responsibility for the domain and dissemination of knowledge and good practices by the health professional. The radical model[13] proposes an expanded view of

the theme, takes into account the context of the process insertion and provides the lens of the individual's perception in an integral way. Although not treated by users as negative, it is possible to infer their passivity in this process, as well as the lack of information exchange and the lack of appreciation of popular knowledge in the health education process.

It is important to note that, although the authors address the issue of the verticality of health education practiced in the waiting room, this contact was satisfactory, for the users. Through their speeches, they demonstrate satisfaction with the care received and evaluate as positive the fact that their doubts are elucidated by the professionals.[13] In this sense, we can learn, from the speeches present in the study[15], that in front of the sensitive professional in the course of pregnant women who perform the listening and the conversation treating each pregnant/puerperal woman as a single individual, which becomes humanizing and welcoming.

♦ Listening and conversation as a form of humanization

The waiting room of a basic unit is seen as the place for the realization of listening and conversation. In this place, where women are waiting for the consultation, educational activities can be carried out together with these women. The research participants refer to this space as a learning environment, where the first contact with the health professional happens naturally, providing the user with a place where she feels at ease to solve her doubts. The authors emphasize the importance of this contact in the process of humanization of care.

Another approach of listening and talking, through a course for pregnant women. In the analyzed article, we can verify, once again, the health education transmitted in the traditional way. And again, it is possible to realize that the users do not refer this fact in a negative way. For them, the activities were useful, enabling their understanding on topics such as breastfeeding, baby care (bath, umbilical stump) and sexuality.[15]

It is still possible to see in the same article the importance of the course of pregnant women for a transformation in the life of women, from the point of view of a broader understanding of what it is to be a mother and her responsibilities to her children. At this point, we can learn, from the speeches analyzed, that in this contact with a professional who listens and converses that treats each pregnant/puerperal woman as an individual, with her own needs and emotions, humanization and welcoming take place.

In the face of listening and welcoming, the article emphasizes the dialogue with nurses as an important, differentiated point in caring for the pregnant woman. The women make comparisons in relation to the prenatal care performed with the doctor, and emphasize the fact that the nursing professional is more attentive, asks more questions and gives more space for the clarification of doubts.[14]

♦ The process of empowerment through health education: pregnant and postpartum women as active individuals

Health education is treated by women from the perspective of a group of puerperal women. It is possible to identify a differentiated approach, in which the interactions between the professional and user are valued. Women say they learn not only from the information transmitted by nurses, but also learn from other pregnant women and women who have recently given birth. It is evidenced, in the speeches of the article, that there are exchanges of experiences and that the knowledge brought by the users is also valued (Cardoso and Pereira, 2010).

Authors[16] emphasize the pregnant/puerperal woman not only as a recipient but also as a promoter of knowledge, however, in other studies, the vertical education aspect (traditional model) predominates, without many interactions and knowledge exchanges between users and professionals. This model, characterized as traditional, describes the health professional as holder of knowledge and disseminator of health practices.

It is understood that the process of empowerment occurs through the fusion of these concepts, resulting in an individual capable of managing their own care. Based on this premise, authors corroborate the idea of activities that allow the empowerment of pregnant/puerperal women. Other studies bring education vertically, which shows a great fragility in the process of health education, since knowledge is focused only on the health professional.[16]

In the process of empowerment, one can verify, in the users' speeches, the dependency relation that exists in front of the health professionals. They emphasize the possibility of "doubting" and "having more knowledge" always through the figure of the nurse or doctor who comes to their aid. There are no statements that point to an autonomous confrontation of the issues of pregnancy and

puerperium. In the results, the dependence relation with the professionals who hold the knowledge is perceived.[13-15] In all the studies, the need to broaden the horizons of the educational activities that the health professionals develop with the pregnant and puerperal women under the perspective that there can be integration, proactivity and valuing of the protagonism of the different subjects in the whole process of teaching and learning in health.

Based on this premise, a study[16] demonstrates the empowerment of expectant mothers/mothers in their activities, since they emphasize that activities developed in a circle facilitate and stimulate communication among all participants. The form used in the language is also referred to as a positive factor, since the professional use not only technical terms, but, an accessible, easily understood language. The willingness of the users to continue their participation in the learning process emerge in the study, evidencing the protagonism of the health education practices, being an active part in the process of teaching and learning.

The others bring education vertically, which shows a great fragility in the process of health education, since the knowledge is focused only on the health professional.[13-15]

In view of the above, it can be inferred that the failures in the process of empowerment of pregnant/puerperal women are mainly due to the adoption of a traditional health education system, where the interventionist model no longer considers the singularity of the users. At this point, one can infer the importance given by the pregnant women to the fact that the nurse is open to listen and talk, and how much this is valued by primary care users. In their notes, the pregnant women affirms that they feel more confident in speaking and minimizing their doubts with the nurse, in addition to feeling well with this treatment and like to be treated with attention and respect.[14] It ratifies, therefore, the importance of the realization of health education practices aimed at the formation of a critical conscience, which do not only accept the status of its passive condition towards health itself; Of the empowerment of practices that promote to the subject knowledge and valorization of its protagonism in front of his health.

CONCLUSION

Thus, educating in health with women in a pregnancy-puerperal, situation through educational actions, reflects in a transformation of perception and confrontation of these events, as it instigates the exchange of knowledge, the clarification of questions, criticism and health promotion, and it is possible to rethink the strategies of action on the subject in the context of primary care.

Through this study, it can be seen that the subject is little approached in Brazil, according to the small number of articles that included the criteria of analysis of this research, which reflects on the fragility of the nurses' attention turned to paradigm change in this context of care and for the reconstruction of productions and knowledge that corroborate the health of women in this unique period of life. Fully complying with the provisions recommended by the MH in PHPN is still being built gradually, considering that the analyzed articles advocate the interventionist model, the unilateral transmission of knowledge and the hegemony of the technical-scientific knowledge in front of the previous knowledge of the participants.

The inherent sensitivity of nurses 'performance, performed in a contextualized way, by valuing the singularities and knowledge of women in the pregnancy-puerperal period, is a determining factor in the health education process in the face of the various changes characteristic of this event, in view of the participants' reports Of the studies analyzed. The perception that the participants identified, as potential of the nurses' performance, in the accomplishment of educational actions was unanimous, the dialogue being a determining factor, even if performed in a traditional way.

This study corroborates the need to rethink the context of action regarding primary care, given its complexity, with a view to greater comprehensiveness, where the nurse acts as mediator and facilitator of a humanized care that, through close contact that generates the bond, stimulates the protagonism of women in a gestation and puerperal situation in front of the construction of educational actions that envisages the empowerment of the quality of life process itself.

REFERENCES

1. Vieira BD, Parizotto APAV. Alterações psicológicas decorrentes do período gravídico. Unoesc & Ciência-ACBS [Internet]. 2013 [cited 2015 June 08]; 4(1):79-90. Available from: http://editora.unoesc.edu.br/index.php/acbs/article/viewFile/2559/1388

2. Brasil, Ministério da Saúde. Diário Oficial da União. Portaria nº 1.459, de 24 de junho de

2011 [internet]. 2011 [cited 2015 June 15]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1459_24_06_2011.html

3. Guerreiro EM, Rodrigues DP, Queiroz ABA, Ferreira MA. Educação em saúde no ciclo gravídico-puerperal: sentidos atribuídos por puérperas. Rev Bras Enferm [Internet]. 2014 [cited 2014 Dec 10];67(1):13-21. Available from: http://www.scielo.br/pdf/reben/v67n1/0034-7167-reben-67-01-0013.pdf

4. Santos RV, PENNA CM. A Educação em saúde como estratégia para o cuidado à gestante, puérpera e ao recém-nascido. Texto contexto-enferm [Internet]. 2009 [cited 2015 Jan 19];18(4):652-60. Available from: http://www.scielo.br/pdf/tce/v18n4/06.pdf

5. Brasil, Ministério da Saúde. Política Nacional de Atenção Básica. Diretrizes Gerais e Operacionais da Rede Cegonha. 4th ed. Brasília; 2007. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/pacto_saude_v4_4ed.pdf

6. Rodrigues DP, Guerreiro EM, Ferreira MA, Queiroz ABA, Barbosa DFC, Fialho AVM. Representações sociais de mulheres sobre gravidez, puerpério e ações educativas. Online Brazilian Journal of Nursing [Internet]. 2013 [cited 2016 sept 28];12(4):911-22. Available from: http://www.objnursing.uff.br/index.php/nursing/article/download/4287/pdf_19

7. Santos ACC dos, Ferreira EJ, Santos L dos, Souza OSQ. Relato de experiência no contexto da educação em saúde o cuidado materno-infantil. J Nurs UFPE on line. 2015 [cited 2015 July 28];9(Supl.5):8474-8. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6469/pdf_8130

8. Alencar RM, Lima SKA, Torres CMG. O processo de educação em saúde da assistência de enfermagem em mulheres gestantes face à realização do pré-natal: Uma revisão bibliográfica. Rev Interfaces: Saúde, Humanas e Tecnologia [Internet]. 2014 [cited 2014 Dec 09];2(2):Número Especial. Available from: http://interfaces.leaosampaio.edu.br/index.php/revista-interfaces/article/view/71/73

9. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para incorporação de evidências na saúde e na enfermagem. Texto contexto-enferm [Internet]. 2008 [cited 2014 June 21];17(4):758-64. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072008000400018

10. Bardin L. Análise de conteúdo. 70th ed. Lisboa; 2011.

11. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & healthcare: a guide to best practice. Philadelphia: Lippincott Williams & Wilkins; 2011.

12. Coscrato G, Bueno SMV. Concepção de enfermeiros de uma rede pública de saúde sobre Educação para a Saúde. Rev Esc Enferm USP [Internet]. 2013 [cited 2014 June 24];47(3):714-21. Available from: http://www.scielo.br/pdf/reeusp/v47n3/0080-6234-reeusp-47-3-00714.pdf

13. Colomé JS, Oliveira DLLC. Educação em saúde: por quem e para quem? A visão de estudantes de graduação em enfermagem. Texto contexto-enferm [Internet]. 2012 [cited 2014 May 20];21(1):177-84. Available from: http://www.scielo.br/pdf/tce/v21n1/a20v21n1.pdf

14. Brondani JE, Aranda AL, Morin VL, Ferraz TR, Colomé CLM, Fedosse E. Percepções de gestantes e puérperas acerca da sala de espera em uma unidade básica de saúde integrada à estratégia saúde da família. Rev bras promoç saúde [Internet]. 2013 [cited 2014 May 22];26(1):63-70. Available from: http://ojs.unifor.br/index.php/RBPS/article/view/2625/pdf

15. Barbosa TLA, Gomes LMX, Dias OV. O pré-natal realizado pelo enfermeiro: a satisfação das gestantes. Cogitare enferm [Internet]. 2011 [cited 2014 Apr 02];16(1):29-35. Available from: http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/view/21108/13934

16. Rolim MO, Moreira TMM, Viana GRO. Curso para gestantes: ação educativa na perspectiva da co-responsabilidade. Online Braz J of Nurs [Internet]. 2006 [cited 2008 Sept 25];5(3). Available from: http://www.uff.br/objnursing/index.php/nursing/article/view/595/140

17. Cardoso ND, Pereira AV. Práticas interdisciplinares de acolhimento, educação em saúde e avaliação pós-parto em grupo de puérperas. Rev APS [Internet]. 2010 [cited 2014 Sept 24];13(4):421-31. Available from: http://aps.ufjf.emnuvens.com.br/aps/article/viewFile/1019/388

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