THE ACTIONS OF NURSES IN THE INCENTIVE TO SELF-CARE IN PERSPECTIVE OF THE PREGNANT OF HIGH RISK HOSPITALIZED

AS AÇÕES DO ENFERMEIRO NO INCENTIVO AO AUTOCUIDADO NA ÓTICA DA GESTANTE DE ALTO RISCO HOSPITALIZADA

ACCIONES DE ENFERMERAS EN EL INCENTIVO A LA LIBRE CUIDADO EN PERSPECTIVA DE LA EMBARAZADA DE ALTO RIESGO HOSPITALIZADA

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ABSTRACT
Objective: to identify the perspective of high-risk pregnant hospitalized actions of the nurse in encouraging self-care. Methodology: an exploratory study with a qualitative approach, conducted in the maternity ward of a university hospital/Niterói/RJ/Brazil, with ten pregnant women. Data were collected through semi-structured interviews and analyzed using content analysis, following approval of the research project by the Ethics in Research CAAE: 0378.2.258.000-11. Results: two categories emerged << The optics of high-risk pregnant hospitalized under the actions of the nurse in encouraging self-care >>; << Pregnant women at high risk and self-care: the nurse in the health education process >>. Conclusion: it was observed that the nurse does not cover self-care in their entirety to the quality of life of women. Thus, health education is essential to the practice of self-care in the educational process with high-risk pregnancies. Descriptors: Nursing; Midwifery; Risk; Self Care.

RESUMO
Objetivo: identificar na ótica da gestante de alto risco hospitalizada as ações do enfermeiro no incentivo ao autocuidado. Metodologia: estudo exploratório, com abordagem qualitativa, realizado na maternidade de um Hospital Universitário/Niterói/RJ/Brazil, com dez mulheres gestantes. Os dados foram coletados por entrevista semiestruturada e analisados pela técnica de Análise de Conteúdo, após a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, sob CAAE: 0378.2.258.000-11. Resultados: emergiram duas categorias << A ótica da gestante de alto risco hospitalizada sob as ações do enfermeiro no incentivo ao autocuidado >>; << A gestante de alto risco e o autocuidado: o enfermeiro no processo educativo em saúde >>. Conclusão: foi possível observar que o enfermeiro não compreende o autocuidado em sua totalidade para a qualidade da vida da mulher. Desse modo, a educação em saúde é essencial para a prática do autocuidado no processo educativo com as gestantes de alto risco. Descriptores: Enfermagem; Obstetrícia; Risco; Autocuidado.

RESUMEN
Objetivo: identificar la perspectiva de acciones de alto riesgo hospitalizadas embarazadas de la enfermera en el fomento del autocuidado. Metodología: estudio exploratorio con abordaje cualitativo, realizado en la sala de maternidad de un hospital universitario/Niterói/RJ/Brazil, con diez mujeres embarazadas. Los datos fueron recolectados a través de entrevistas semi-estructuradas y analizados mediante el análisis de contenido, tras la aprobación del proyecto de investigación por el Comité de Ética en Investigación CAAE: 0378.2.258.000-11. Resultados: emergieron dos categorías << La óptica de alto riesgo embarazada hospitalizado dentro de las acciones de la enfermera en el fomento de la auto-atención >>; << Mujeres embarazadas con alto riesgo y el autocuidado: la enfermera en la salud >> proceso educativo. Conclusión: se observó que la enfermera no cubre el cuidado en su totalidad a la calidad de vida de las mujeres. Por lo tanto, la educación en salud es esencial para la práctica de la auto-cuidado en el proceso educativo con embarazos de alto riesgo. Descriptores: Enfermería; Obstetricia; Riesgo; Autocuidado.

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INTRODUCTION

Women go throughout their life cycle, by changes brought about by their biological conformations that influence its trajectory sociopsychobiologically, limiting them often to exercise roles already established by companies, i.e., each phase requires an identity. 1

Pregnancy is a natural stage in women's lives, however, be pregnant implies the adoption of a new social role - that of being a mother, besides the need for a new lifestyle and new responsibilities to which women tend to be adapted. However, some physical factors, psychologists, social and family can lead to health of the pregnant woman and her son, complicating the process of adaptation to pregnancy. Pregnancy is a physiological phenomenon and, therefore, their evolution occurs in most cases without complications. 2

Pregnancy is considered a natural phenomenon and physiological woman. However, there is some portion of women who, by possessing specific characteristics or be a carrier of some grievance, is more likely to have unfavorable outcomes for both the mother and for the baby. This installment is a group called high-risk pregnancies, which represents a 20% increase maternal risk of pregnancy in Brazil. This group of women requires a specialized monitoring, and in particular the actions of the nurse, who justifies the self-care of the pregnant woman. 3,4

The infirmary of high-risk pregnant women is understood as part of the hospital system to perform proper care and qualified with high-risk pregnant women, enabling contribution to maternal and child health. 5 In this sense, helping the country reach the goal of the Millennium Development Goals, in special the n. 5 - quality of maternal health to reduce maternal mortality, mainly because preventable, such as hypertension and bleeding.

However, the complexity involved in high-risk pregnancies, should not be reduced only to the biological aspect and treatment of complications, focusing only on risk and survival of the baby. The vision must be widened, remembering that above all one's wife is also experiencing the process of pregnancy and its crises along with family, requiring specialized monitoring with a focus on self-care of the pregnant woman. 5

The woman, while pregnant, goes through a period of emotional and physiological changes, characterized by the process of gestating. During this period, the transformations directly interfere in their daily lives, in their being in society, which, besides women, will assume the role of mother and in the forum of self-care should be offered to women seeking wholeness. 6

From this perspective, self-care initially described the theory held by the nurse Dorothea Elizabeth Orem between 1959 and 1985. It is based on the premise that individuals can take care of themselves. Self-care is the practice of activities that individuals start and run on their own behalf to maintain life, health and wellness, whose purpose, the actions that follow a model, contributes in a specific way in full, the functions and in human development. 7

Health education is a multifaceted field, for which converge various conceptions, both the areas of education, as health, reflecting different understandings of the world, marked by distinct political and philosophical positions about man and society. Thus, the concept of health education overlaps the name of health promotion as a broader definition of a process that includes the participation of the entire population in the context of their daily lives and not only those at risk of becoming ill. 8

This notion is based on an expanded concept of health, considered a positive state and dynamic search of well-being, including the physical, mental, environmental, personal / emotional, social and ecological. However, from this notion of health, it appears that currently persist several different models or paradigms of health education, which affect different practices, many of which reductionists, which requires questioning and achieving more integrated and participatory perspectives of professionals health. 9

In this sense, self-care is the apprehension of the real health needs of individuals, able to sustain and ensure the purpose of life. It is a way of acting for themselves, and learning with each other at this point the health professional. Thus, education for self-care depends on the willingness of the individual and their perception of their clinical condition. 10

Given this thought, the nurse must be able to promote self-care, individualized care planning and executing high-risk pregnant women. Such care is demonstrated in the vast majority, the Theories of Nursing. However, in order to act effectively in nursing care for pregnant women, the present study is based on implementing the pregnant perform self-care attitudes, improving their quality of life.

We understand that high-risk pregnancies may present as one of the factors that affect the ability of self-care of individuals, it is characterized by a complex process, which
OBJECTIVE

- Identifying the perspective of high-risk pregnant hospitalized actions of the nurse in encouraging self-care.

METHOD

An exploratory study with a qualitative approach, conducted at the University Hospital Antonio Pedro, Federal Fluminense University/UFF. Opting for this type study was due to seek to understand the actions of the nurse in encouraging self-care from the perspective of high-risk pregnant hospitalized.

The study population consisted of 10 women / pregnant women hospitalized in the infirmary of high-risk pregnancies at high risk of hospital. All were selected randomly as they ran the inclusion criteria were: women over 18 with physical and emotional conditions that enable the incarceration.

The technique of data collection was a semi-structured interview, with open and closed questions. Data collection occurred during the months of March to August 2012 in their study setting.

The search for new testimony was interrupted when the saturation, by repetition, the information collected. The subjects were identified as pregnant and received an alpha-numeric code sequence (G1, G2, G3, G10 ...) to ensure confidentiality and anonymity of their evidence.

The interviews were recorded on tape, after signing an informed consent, as provided in Resolution 196/96. The research was approved by the Ethics Committee of the University Hospital Antonio Pedro, protocol CAAE: 0378.2.258.000-11.

The transcript of the testimony was submitted to the interviewees for validation before performing content analysis, resulting in two categories, namely: The optics of high-risk pregnant hospitalized under the actions of the nurse in encouraging self-care, high-risk pregnant women and self-care: the nurse in health education process.

RESULTS AND DISCUSSION

Among the 10 subjects who participated in the study, there was a predominance of women whose domestic load (70%), this figure represents a risk factor for pregnancy, by his physical exertion, stress and excessive load activity. 2,3,11,12 The age range of 20-35 years (70%), constituting a younger population.

As for the feature race of the subjects, the study had a predominance of black ethnicity (50%), with a consensual union (50%), which the marital status predisposes an insecure maternal risk factor, low educational level (60%), representing a high risk pregnancy conditions unfavorable socio-demographic characteristics. Schooling is an important factor for maternal health indices, since this is related to access to information and hence to self-care health. 2,3,11,12

As about family income subjects were between 1-2 minimum wages (80%), thus economic inequalities determine the disease process, and therefore precarious living conditions become more vulnerable, and promote the self-care vulnerable to this. As for parity 60% were multiparous with gestational age around 28-39 weeks gestation, and 20% of subjects had recent history of abortion, habitual abortion and multiparty are factors of previous reproductive history of women who are risk for pregnancy current. 3

By investigating the reasons for hospitalization of subjects, the data showed diagnoses of diabetes mellitus type II (30%), hypertension (10%), type II diabetes mellitus and hypertension (20%), hypertension and premature rupture of membranes (10%), rheumatic heart disease (10%), systemic lupus and labor (10%) fetuses with congenital malformations (10%). Thus, the premature rupture of membranes, hypertension, heart disease and autoimmune diseases accounts for obstetric and clinical events that lead to the risk of maternal and fetal mortality. 2,3,11,12

This shows what is really needed nurses’ actions from the perspective of self-care for pregnant women at high risk, promoting health and quality of life.

- The optics of high-risk pregnant hospitalized under the actions of the nurse in encouraging self-care.

During the hospitalization, pregnant women often occur in inappropriate situations issue of interpersonal relationships with health professionals required for high-risk pregnancies. This demonstrates a lack of commitment of the professionals with respect to shares of health education with a focus on self-care before the health and well-being of
the pregnant woman. Therefore, it is important to note that the interviewees experienced difficulties in interpersonal relationships with certain professional nursing staff, according to the speeches:

Good on duty today until it is cool, but yesterday there were not any great things.

A nurse who had neither good day nor good afternoon gave, always scowling, thick socks you got answers, I did not like. (G6)

There are some who are very careful, one that has been grumpy for work and dumps all that burden on us. (G1)

I have to do everything possible for them not to get even more stressed because I'm afraid, communication is very difficult, but it is not the majority. (G8)

Given this perspective, the health professional assumes a position of power is a form of action through social relations, and in particular professional-patient, having an attitude of superiority in relation to pregnant women, seeing them as helpless and submissive. This attitude is especially exacerbated when the pregnant woman is at risk condition, as it is emotionally unstable and experiencing conflicts with important repercussions for herself and her family.14 Thus, there will be a commitment of the actions of self-care by nurses, for lack of a stable relationship and prints a cozy relationship unclear and ineffective.

During pregnancy risk is fundamental to good relationships between nursing staff and patient, understanding and assisting women in their uniqueness through the development of mutual respect and trust, so that they can express their perceptions, concerns and representations about their experience of pregnancy risk.8 Thus, the actions of the nurse self-care should be implemented, and this established trust, promotes the essence of the relationship to improve the health and quality of life of the pregnant woman.

In this approach, the patient-professional communication becomes impaired and void. So, health education becomes deficient compromised by the relationship, making it impossible for the women to be manipulated with knowledge and practices in order to promote them as agents of their self-care in order to provide health and welfare of women / pregnant women at high risk.

According to the testimonies of some pregnant women, nursing professionals assume a position of supporters in confronting and coping with high-risk pregnancies, representing a source of helps and trust. However, the guidelines do not reflect the self-care duties in favor of self-care. Herein is essential that we understand the role of the professional nurse in the practice of self-care and guidance and establishing a benefit for pregnant women, because "help" does not propose a practical guide to self-care, as can be seen in the speeches below:

The nursing staff is concerned about the welfare of us and our son. Always ask if we are okay. (G6)

They are thoughtful, seek help us, encourage us, call us in the morning and say let's take a little shower to improve, we will change the bedding, get ready to take in a little coffee, it's time for visit, we lay higher up. and that helps a lot. (G9)

From this perspective, one can see that the nurse understands the pregnant woman in the process, but do not emphasize their status as women during pregnancy. I understand that this fact may occur for various reasons, whether through lack of professionals to carry out the activities, excessive workload or even lack of awareness of this need. However, it is necessary that the nurse promotes guidance for self-care for pregnant women, not only to program and run its healthcare practice, but health education for self-care.

Among some pregnant women reported that during the period of hospitalization were instructed nurses to perform self-care, with the goal of helping them achieve good results, with improved quality of life, health and well-being. Health education must be addressed, because of its risk condition, the orientation is an effective tool and to provide the quality of life of the mother, such as wellness initiative in dysfunctional thinking by pregnant women because the nurse does not promote appropriately and effectively.

However, you can see through the lines, that the information was directed to the mother, seeking the good development of the pregnancy, not having as objective the promotion of women as active subjects of their care.

Today is the girl said it was for me to walk a bit. (G6)

They also speak to me right bathe, wash their private parts right to prevent any infection. I feel a little heartburn, but they say that is normal in pregnancy. (G6)

Look some talk about it but, I worry that I will take the medicine, this care has (G6)

Pregnant women and nursing before a live daily interpersonal relationship that must be carefully directed to a participatory process with women in health education in self-care, prioritizing the imminent risk of life and managing complications. However, it is necessary that the woman is an integral part of their disease process, which is not found in the testimonies of the women.

At the thought, the nurse must develop health education activities, with the aim of
promoting the empowerment of women during pregnancy, allowing it to act consciously in the body changes during pregnancy. However, look at aspects of the integrated model of nursing care should be directed to the full, because the woman has to understand the promotion process, and not only understand and implement the practices of self-care. Well, it is understood as a dynamic process that depends on the willingness of pregnant women and their perception of their clinical condition.15

Before the speeches of high-risk pregnancy, you can see that the nurse does not understand the process of self-care transferred through health education. It requires the perception of self-care by nurses and knowledge transfer for high-risk pregnancies in promoting quality of life, health education focused on self-care. For not understanding the pregnant promotes imagination in your ducts necessarily beneficial to your health is more important to realize the process of self-care, not just practice.

The nurse, through the knowledge acquired in the process of their formation, has the need to provide self-care practices according to the particularities of each woman. Through the skills and competence to self-care, individuals are able to evaluate and reflect on situations, and act-oriented and determined, based on your needs.

However, other women interviewed recognize that all the attention was directed at the nurse aspects of pregnancy, and forgotten the important component: the emotional and caring for the woman herself. In this self-care should be directed in their entirety within the biological component, emotional / psychological, social and family life.

For now do not ask me anything about me not, I am here not long ago. (G1)
Nurses are also pretty cool, give care, but I do not think about me not say anything. (G2)
Nursing gives me all care medicine at the right time, but not talk about how I can take care of that thing inside me. (G3)

Pregnant women express in their statements that the assistance of the nurse does not include dialogue with the client about issues related to women’s status in itself, just to only those aspects that can affect pregnancy. Despite the pregnancy be seen as a period of extreme congratulations to his wife and family, unfortunately, is not always what happens. As important figure of the nurse, to promote activities those promote self-care of emotional and psychological aspects of pregnancy.

In nursing care, pregnant women should participate actively, through the interaction of open dialogue with nurses, which together have the opportunity to exchange knowledge and information aimed at health promotion, and to discuss issues unique to each woman, individualized manner.2 Herein, the host, interrogation and exchange process is extremely important as it will realize the need for pregnant women wondering, “How do you feel?”; evaluating the interaction with the nurse and the difficulty that may influence the process of self-care.

Thus, it is possible to promote communication and mutual trust, which will facilitate the identification of questions, needs and potential in pursuit of autonomy during pregnancy. More has to understand that there is no self-care for the emotional aspects of women, however, sensitive listening, along with looking at these issues, favors to promote maternal health with a focus on psychological / emotional, totally forgotten by nurses during hospitalization.

Some mothers commented that during the period of hospitalization, received no information about self-care nurse. It is inevitable that in a university hospital with low quantitative professionals, female disadvantage condition for health education to promote self-care. But, the nurse should be engaged with women's health and promoting its guidelines favoring their health and quality of life.

The doctor said today that [...] I do not get to not be walking. At the hospital they told me when I sit down to put your feet up, not to get swollen. But it was not even the doctor; the nurses did not say it does not. (G1)
So far said nothing about my condition. (G10)
Currently only told me to stay in bed lying, anything they [nurses] would be there in the industry. (G4)

One can understand the testimony before the reference of health education focused on self-care is directed by pregnant women to other professionals, and leaving the nurses to contribute significantly to orientation for self-care during hospitalization. This activity not related to nursing practice is extremely regrettable, which is responsible for the development by the wife of interventions to promote their autonomy, for the sake of your health. Nursing always inherent in the process of care issues and the promotion of self-care, the nurse unlike disadvantage of this process is the role of a nurse.

In this sense, the individual to acquire a habit of positive guidance for self-care in relation to their health, topping the status of...
misinformation and depending on own desire to want to change or act, and get informed, become interested, involved and finally become active in the transformation process. This can change the history of health and quality of life of women / pregnant women at high risk.  

In nursing care to pregnant women, especially the risk, self-care should be a major goal to promote maternal health, such as encouragement of their actions for the benefit of his health, and consequently of his son, thereby participate in active form of therapy, making it able to evaluate and reflect on their disease process, with the possibility of avoiding possible readmissions. Thus, with health education focusing on self-care guidelines pertaining to your health should be run.

- Pregnant women at high risk and self-care: the nurse in the health education process.

Regarding quality of life through activities focused on self-care, some pregnant women have shown interest in the guidelines and noted the importance of health education process, allowing positive change and transformative as those disclosed below:

With the walk I felt better physically and my health has improved. I think they [nurses] should give more tips on how to take better care of people with pamphlets or something to indicate ways of how we improve our health. (G1)

I improve when you follow, so I asked them to walk, but I could not walk, [...] But I tried to follow the diet. (G1)

As this is my second hospitalization, the shares already know that the team talks, I'm used to. Those who spoke to me, I sought to follow in order not to return home, only now, at the time of winning the baby, and it worked [...] But I always came here when I had doubts, any little thing I came here to get my doubt, also besides me have the baby's life. (G3)

We find that these women seized the goals of health education, the development of a sense of responsibility for their own health and the health of your child. When the work is performed in a professional humanized, with respect, dedication and sensitivity, the results tend to be lasting and meaningful.  

However, according to some reports, you can see the lack of involvement in the educational process, in spite of the women present themselves willing to receive the guidelines for the care and recognize that they favorably influence on their quality of life.

Oh all they talk about it I already knew, but I think it improves my health in any way, because it avoids a lot of things to happen, if they speak with us what should be done, but improves. (G1)

If to talk more about it had that closeness to improve not happen, avoid many things to me. (G10)

It is understood that every woman has different perceptions about the care and influences the quality of your life, setting their own representations. However, it is important that she understands the importance of the educational process involving self-care for their autonomy during pregnancy. Health education is related to learning, designed to achieve health, it is necessary that it be dedicated to serve the population according to their reality. Thus, the effectiveness of assistance in improving the quality of life, health and well-being of the pregnant woman, dialogue, sensitivity and perception of who care are fundamental to the health guidelines are made available to women so individualized.

The following discourses demonstrated the emphasis on assistance disintegrated actions related to education and health promotion through self-care. For it was not passed information relevant to self-care:

- I do not know that answer you, because no one said anything. And where I live do not pass any guidance. (G1)
- I think it would improve because where we live does not have any of that, no one talks about how we take care of ourselves, don't say anything about these things for us. I wish they talked more, I think it would improve my quality of life yes, my health. (G6)

In this sense, for people to achieve a good level of health, need to know how to recognize their basic needs, and thus take measures to satisfy them. For this to occur it is necessary for the disposition of resources to be able to make changes in behavior and customs. Herein, the nurse is as a source of information and help, through the attention paid up, according to the particularities of each pregnant woman, allowing individuals to make their own choices in a targeted manner, and identify ways to improve your life. And through health education, the professional can implement its actions for self-care.

However, other mothers could not answer the question because of disbelief in the importance of the guidelines for self-care. Another described is that knowing the activities that are beneficial to you.

Oh I do not know, because I'm not new mother too. You must also have the good sense and know what can and what cannot you have to do. (G1)
Ah do not know if would improve because I know what I gotta do when I do not know, I wonder, you know[…] so do not think there is need for me to explain because I do not feel nothing (G.)

Before the interviews, you can see that even knowing the effectiveness and importance of health education in nursing practice there is still no public awareness in relation to its benefits. Health education should provoke conflict in individuals, creating opportunity for people to think and rethink their culture, and himself transform your reality.

It is therefore necessary that nurses, health educators while exposing alternatives through actions directed to self-care, so that these women know how to identify and meet their basic needs and thus recognize the relevance of the educational process and adopt attitudes that gives them improved health, quality of life and well-being.

CONCLUSION

From the data, we found that the nurse understands the pregnant woman at risk in the process, but does not favor her womanhood during pregnancy. In this sense, it is emphasized that this fact may occur for various reasons, is the lack of professional understanding, overwork or even the lack of awareness of this need. However, during the development of the survey, the nurses do not cover these women to become active subjects of their self-care, transferring only those practices, and not explaining to their understanding.

It is believed that, in providing assistance to pregnant women, nurses must be based on a service resolutive, enlightening, and aiming at health promotion and disease prevention, such as the establishment of women’s autonomy and the opportunity to their welfare before for self-care behaviors. In this sense, health education and communication during the care during pregnancy may promote maternal health, and serve as a resource for strengthening their capabilities, and provide support so that they feel supported in their needs.

However, self-care with a focus on the emotional / psychological in pregnant women is not promoted by nurses during hospitalization. Herein, it is extremely important to the nurse to act according to their actual needs and promote self-care, such as active participation, through the interaction of open dialogue with nurses, which together have the opportunity to exchange knowledge and information with the aim of promoting health.

The educational process is extremely important to focus on self-care in daily life of the pregnant woman and transformative enabling positive changes with the development of a sense of responsibility for their own health and wellness. However, the lack of understanding of the nurse in the educational process for self-care is the main obstacle to ensure the effectiveness of health education in the process of self-care. Thus, pregnant women demonstrated ignore the link between health education for self-care and quality of life, sometimes the lack of information by professionals, sometimes by the lack of involvement in the educational process.

Finally, I wish that this work provides subsidies for future research in the area of midwifery and will serve as a reflection for health professionals, especially nurses, about the attention given to pregnant women at high risk. It is possible to understand that the high-risk pregnant woman is a human being with perceptions, feelings and needs. As such, it lacks a nursing care where comprehensive care is identified as a strong ally in the quality of care with health education focusing on self-care.

Scores as limitations of this research it is impossible to keep in touch with some women at high risk of pregnancy and the refusal of others to participate by disininterest.

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