



A LOOK OF WOMEN-MOTHERS ABOUT PRENATAL CARE
O OLHAR DAS MULHERES-MÃES SOBRE A ASSISTÊNCIA AO PRÉ-NATAL
LA MIRADA DE LAS MUJERES-MADRES A LA ATENCIÓN PRENATAL

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ABSTRACT

Objective: to analyze the maternal gaze related to prenatal care in a riverside community. **Method:** a descriptive study with a qualitative approach, conducted with 16 women, mothers of children under six months of age, the city of Belém/Pará/Brazil. The production data was conducted to identify socioeconomic form and interview with open questions. The analytical process was supported in thematic analysis, respecting the individuality and uniqueness of each witness, after approval of the research project by the Research Ethics Committee, Protocol No. 007/2009. **Results:** the socioeconomic profile revealed reduced maternal education, poor sanitation and housing financial difficulties. The narratives emerged from the four analytical categories: The search for pre-natal; the importance of prenatal care; Learning prenatal, family prenatal. **Conclusion:** need public policies that strengthen prenatal care in all locations, considering the peculiarities of the cultural context for comprehensive care. **Descriptors:** Women's Health; Obstetric; Prenatal Care.

RESUMO

Objetivo: analisar o olhar materno relacionado à assistência pré-natal em uma comunidade ribeirinha. **Método:** estudo descritivo com abordagem qualitativa, realizado com 16 mulheres, mães de crianças com até seis meses de idade, da cidade de Belém/PA/Brasil. A produção de dados foi realizada com formulário para identificação socioeconômica e entrevista com perguntas abertas. O processo analítico foi respaldado na análise temática, respeitando-se a individualidade e a especificidade de cada depoente, depois da aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, Protocolo nº 007/2009. **Resultados:** o perfil socioeconômico materno revelou reduzida escolaridade, precárias condições sanitárias de moradia e dificuldades financeiras. A partir das narrativas emergiram as quatro categorias analíticas: A busca pelo pré-natal; A importância do pré-natal; O aprendizado no pré-natal; A família no pré-natal. **Conclusão:** são necessárias políticas públicas que fortaleçam a assistência pré-natal em todas as localidades, considerando as peculiaridades culturais do contexto para um cuidado integral. **Descritores:** Saúde da Mulher; Enfermagem Obstétrica; Cuidado Pré-Natal.

RESUMEN

Objetivo: analizar la mirada materna relacionada con la atención prenatal en una comunidad ribereña. **Método:** se realizó un estudio descriptivo con abordaje cualitativo, realizado con 16 mujeres, madres de niños menores de seis meses de edad, de la ciudad de Belém/Pará/Brasil. Los datos de producción se llevó a cabo para identificar la forma socioeconómica y la entrevista con preguntas abiertas. El proceso de análisis se apoya en el análisis temático, respetando la individualidad y la singularidad de cada testigo, después de la aprobación del proyecto de investigación por el Comité de Ética de la Investigación, el Protocolo N ° 007/2009. **Resultados:** el perfil socioeconómico reveló redujo la educación materna, la falta de saneamiento y las dificultades financieras de vivienda. Los relatos surgieron de las cuatro categorías de análisis: La búsqueda de pre-natal; La importancia de la atención prenatal; Aprender prenatal; Familia prenatal. **Conclusión:** la necesidad de políticas públicas que fortalezcan la atención prenatal en todos los lugares, teniendo en cuenta las peculiaridades del contexto cultural para la atención integral. **Descriptor:** Salud de la Mujer; Obstetricia; Clase Prenatal.

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INTRODUCTION

Pregnancy is a physiological process that produces intense changes in the mothers, placing it on the edge of the pathological. The patient should be adequately monitored, so that the reproduction process does not become high risk for both the mother and the fetus.¹

Periodic monitoring of pregnant women is done through prenatal consultations; it is indispensable that the early child care even start in the intrauterine period. Prenatal main goal is to welcome and accompany women from the beginning of pregnancy, because the period is characterized by physical and emotional changes, being experienced differently by them.²

In Brazil prenatal care is considered low efficacy and shortcomings reveal an important public health problem, being related to high rates of maternal mortality in the country. In the period from 2011 until July 2012 were identified by the Department of the Unified Health System (DATASUL) a total of 26,054 maternal deaths, among these, 2.2% occurred in the North, the highest rate among states.¹⁻³

Studies on social inequalities emphasize that the North has one of the lowest offers health services in Brazil. The state of Pará is characterized by poor distribution of existing resources and low human development index that reflects the poverty of the population's quality of life, which involves health, education, housing and sanitation. Historically most women riverside inhabitants of this region, was married about 14 years where you were charged for their roles of motherhood, responsibility for implementation of housework and childcare. Currently this social profile has changed; it is observed that they are divided between the financial responsibilities of the family, household maintenance, and the pursuit of your health care.⁴⁻⁵

The pursuit for understand how these women-mothers experienced prenatal based both in order to generate a reflection on the assistance provided to them, in search of information for planning, implementation and evaluation of prenatal care, as for creating a channel of dialogue with these women, respecting their cultural values involving pregnancy.

This research has as its object of study the maternal gaze of the prenatal in a riverside community. To give direction to research we propose the following guiding question << As women-mothers perceive the care they

receive prenatal? >> From that inquiry, the purpose of the study was to analyze the maternal gaze related to prenatal care in a riverside community.

Recognizing and valuing the voices maternal context of the present study was relevant in order to support the understanding of how these women were treated by health professionals and seek to strengthen one of the guiding principles of the National Humanization Policy, which recommends the enhancement of subjective and social dimension in all care practices and management, stimulating processes integrators and developers commitments of health care.⁶

METHOD

A qualitative study, which focuses on the social world of meaning as a subject of research, and common language as the raw material of this approach, to be contrasted with the practice of social subjects. Descriptive method, which allows to describe the characteristics of a population, knowing and interpreting it without it interfering in it.⁷⁻⁸

The respondents were 16 women living in a neighborhood of the riverside town of Belem, Para and data collection used the strategy of home visits. Initially, 50 households were chosen at random and then we selected those who dwelt in mothers of children under six months of age who underwent prenatal care in the public health unit of community living. These criteria identified 15 residences and 16 women, because in one of the houses inhabited two women who participated in the study.

In compiling the data used two instruments: the first was a form with questions to women, to identify environmental, investigating maternal age, marital status, educational level, profession, the number of children, type of residence, number of rooms and household members; sanitation, type of water, garbage disposal, type of toilet, family income, participation in a government social program, completion of pre-natal pregnancy problems, type of delivery, presence of exclusive breastfeeding. Another instrument used was a structured interview with open questions, recorded during a home visit.

After the field phase, the recorded interviews were transcribed and were held consecutive readings of the material, seeking an impregnation of the information collected.⁹ The analytical process used was thematic

analysis consists of discovering the meaning units that make up the communication and whose frequency of appearance can mean something for the analytical objective chosen.⁹

The interviews were analyzed respecting the individuality and uniqueness of each witness, but the data were grouped into categories according to the themes that emerged from the talks of women.⁹ In respect to ethical recommendations interviewees were identified by E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16.

This study is part of research << *Risks to children's development in context Amazon* >> held in Belém-PA in 2009 and regulatory compliance of the National Research Ethics - CONEP, the Resolution of the National Health Council 196 / 96 and Chapter IV of Resolution 251/97, the research project was submitted to the Ethics and Research Foundation Clinical Hospital Gaspar Viana-Pará (FHCGV / PA), and opinion adopted, Protocol No. 007/2009. The participants signed an informed consent, anonymity was guaranteed and withdrawal at any time without affecting the participants.

RESULTS AND DISCUSSION

The profile of the women interviewed reveals that the age ranged from 15 to 32 years. Regarding marital status, 10 women were married or living in a consensual union. The occupation of the respondents was quoted thus: five home four laborers, three autonomous sellers and four students. The education varied as follows: one was illiterate, three had incomplete primary education, and four completed elementary school, five high schools and three incomplete secondary education.

In relation to environmental characteristics, most women lived in stilt (houses built on wooden stilts on the river) sharing a room with two to four people. Note also that most of the homes had no sanitation, and no indoor bathroom. As for the water used for consumption, most families do not perform any type of treatment for it. It was observed that all women faced financial difficulties, most surviving on a monthly income less than minimum wage, only one interviewee reported monthly income of a minimum wage. It is noteworthy that those with monthly income less than minimum wage, received by complementation of the Family Grant from the Federal Government.

After analysis, we coded four analytical categories: The search for pre-natal; The

importance of prenatal care; Learning and cultural aspects of prenatal, family prenatal.

• The search for prenatal

The demand for prenatal care at the primary care unit occurred later in nine women interviewed. In justifying the delay in seeking the service, two teenage girls reported not planning pregnancy and difficulties in acceptance there, three women reported inability to perform enrollment in the health of the neighborhood by the lack of professional service in prenatal and four of respondents had difficulties in access, because when they discovered the pregnancy lived in the countryside of the state of Pará

I started late (pause). When I discovered the pregnancy and I did not want to accept my mother did not. I discovered early on, but do not want to remember for many months. Only when the belly is grown she and I We seek the post. (E2, 15 years old)

I was supposed to get a belly, I was very ill at the time. It was brouhaha. And to accept and convince me ... Took. Only after I tried to take care of. (E12, 16 years old)

Are understandable demonstrations of negative feelings regarding pregnancy in the context in which the pregnancy is unplanned. It is a time of anxiety and numerous sensations, characterized by changes identity by adopting new positions and responsibilities within their social context.¹⁰⁻¹

The low maternal age and schooling are widely implicated in the literature as risk factors for inadequate prenatal care. This fact is consistent with the time of life peculiar teenager who does not generally recognize the importance of planning for the future and consequently attends fewer queries compared to women with twenty years or more. Discusses the possibility that the effects of inadequate prenatal care are more pronounced in this group because it is a phenomenon much more present in young socially excluded groups, who often lack the support of family, the father of the child and society.¹¹

Unfortunately none of the women participating in this study received visit the Community Health Agents (ACS) in their homes, making it difficult to trace these home pregnant teens, early initiation of prenatal care and the provision of guidelines for health promotion.

I would and I'd be back without registration. Each time it was an excuse. Vacation, sick leave, lack of that other. I almost got into despair bro, because I could not do particular. (E14, 20 years old)

Mare, I almost gave birth without consultation! I started late because we failed to meet there. A stalling of the people there, I'll tell you, but then I got and it was only a blessing! (E16, 32 years old)

I started late, but it was not my fault, I've registered, but the service was stopped. Then I still hated me because I lost my chart and without consultation. Lack of organization of them there. (E5, 18 years old)

As for the difficulty of access, show up institutional barriers, showing that late access of factors beyond the user and includes deficiencies of the health service.

The prenatal care should cover the entire target population of the area covered by the health unit and universal. It is the responsibility of health institutions to ensure materials and professional enough for all pregnant women to enter prenatal care in the appropriate period.¹²

The quality of prenatal care refers to the importance of the host, which starts from the first contact of the pregnant woman with the program of prenatal care, followed by the markup for meeting advice. Factors that interfere this time, as loss of records, mismatch of information and difficulty for appointments, may discourage pregnant women, undermining the credibility and value of prenatal care, and generate an inadequate monitoring.^{6,12}

I lived in Cumbú. Imagine! Having to come to Bethlehem to visit? He could not! I waited (emesis) on the boat! I had to move home from my mother. So it took to start. You could not change from day to night. (E8, 20 years old)

I had to move. From my inside had to come by boat to the queries and not always had the time. My mother told me to come here (...). Only after I signed that I began consultations. (E3, 17 years old)

I had to come from Cotijuba, imagine that salty air (stream)! I thought of the times and a lot of stuff, just changing! I with a big belly having to take that boat? (E11, 25 years old)

It is common understanding that it is enough to provide health services to concurrently access the same happens as a result. However, this does not always occur, as access to these services in Brazil, mainly in the state of Pará, is strongly linked to economic and geographic, which latter, does not mean only natural topographical difficulties as the distance between home and where health services are available, add here the supply of transport, in its various options and times, as well as costs and travel time.^{4,13}

Women who underwent the number of prenatal visits recommended by the Ministry of Health made clear in his reports to the idea that the incentive to seek prenatal departed trial itself or through family encouragement.

• The importance of prenatal

All women interviewed acknowledged and highlighted the importance of conducting prenatal to your health and the baby. The Ministry of Health recommends that the first consultation should take place until the fourth month of pregnancy, ensuring at least six prenatal consultations, preferably one in the first quarter, two in the second quarter and three in the third trimester of pregnancy.¹⁴

In my first pregnancy, my baby died because she had an abortion, I had no prenatal care, thought it was not important. This rest I will soon, sis! (...) Because I know that if I'm not with straight doctor can get infected again. (E9, 31 years old.)

It is important right? Pregnancy is a business that we do not play. Ia all queries with responsibility. (E7, 25 years old)

It is important to go there when I'm pregnant. That younger, I knew that the baby grows each week. What if we could lose lacked something happened to him, because we do a lot of examination and he knows how is. (E10, 31 years old)

It's too important, I understand why there cannot wear clothes that tightens the tummy and not stay too long without eating, because the baby needed to have strong cells. (E6, 18 years old)

The interviewees also related the importance of prenatal care given to them. The host is essential for pregnant women in attendance, it includes the reception of women since the first contact with the health unit, taking responsibility for it, listening to their complaints, allowing it to express their concerns, anxieties and ensuring attention solving and coordination with other health services, ensuring continuity of care when needed.^{2,15}

In this study reinforces that listening without preconceptions or judgments, generates security woman, allowing her to speak of her intimacy and feel comfortable in your walk until delivery, contributing to a peaceful and healthy birth.

There is good to pregnant women go. In pregnancy this here I felt some odd things at the very beginning, I think it was because I was with my man brigade and had a lot of things in my head! Even felt pain, was a struggle, then, there they talked to me, took me in the belly and Swimsuit value, look! (E4, 17 years old)

Was important and even cool! My head was nonsense! A nursing teacher guided right there, huh? He told me about the birth because I was shaking the foundations at the thought! (E3, 17 years old)

For service done with quality you need to know what they think pregnant women about prenatal care, create links and consider the emotional aspects such as the states of tension, fear, nervousness and insecurity. In this process, it is also important to analyze the experiences and experiments involving a woman, as his relationship with his own body and sexuality, family relationships, with the partner and other children within the process of gestation.¹⁵

Thus, it is important to consider that the nurse has technical and scientific support to address women in all its dimensions and because of its holistic pregnancy can understand not only as a natural process of procreation, but as a complex phenomenon fraught with doubts and fears. The ability to bond with the mother makes nursing consultation differentiated because it is not focused only on technical procedures, but uses dialogue as a fundamental tool.¹⁶⁻¹⁷

Despite going back and having to stand all day, it was important for the well-born boy. (E13, 27 years old)

Interviewee E13 refers to the need to wait for long time to be answered. In fact, the delay due to unforeseen circumstances is not uncommon. Cases where the mother seeks the service without prior scheduling, due to a major complaint, or even doubt or anxiety, require attention in order to accommodate the pregnant woman. Often it is necessary to perform the physical examination with a view to reassure her or as a subsidy to effect forwarding relevant. Other reasons also explain the delay in usual care to patients, but are directly related to factors specific to pregnant women, such as age, previous experiences, and number of children, family problems and difficulty of access to the facility.¹⁷

• The learning and cultural aspects of prenatal

Most women expressed that during consultations prenatal represented a teachable moment for your health as a whole, including out of pregnancy and childbirth.

In this sense, prenatal care is of even greater importance, since for many women this is one of the few times in his life that maintains contact with health services.

You believe I had never gone to a consultation? When I went, I learned many things, sis! Things that I cannot avoid taking

medicine, for example, heartburn, pain in the head. So I cannot put panties to dry indoors I learned. (E6, 18 years old)

I do not know what it is to plan a pregnancy, I sought because of the three bellies, but whenever I go there, I learn something new, because it is always the new sensation. (E10, 31 years old)

Multiparous women, while admitting previous experiences, understand that every pregnancy is different from another, always needing new learning. It is important that health professionals, especially nurses, whose daily practice, health education, understand that regardless of the woman's age and number of pregnancy, the care activities and health promotion should be carried out with the same dedication that offers a first pregnant.

The E16 interviewed reported not being satisfied with what I learned, because he could not clearly understand what the professionals said.

Sometimes I understand and others not so much. Speak one thing that I do not know and I'm ashamed to ask, right? (E16, 32)

Although prenatal be valued due to the expectation of ensuring good health for the child and for them, the information is not always treated properly and not enough to clarify the doubts of the pregnant women.

Interviewee E16 had a low educational level and in order to generate the integration of all the health services, the professional during the communicative process, need to consider the level of education of users, otherwise, the meaning may be impaired, affecting the comprehension. The way to approach using simple language should be prioritized, ie, health care must include the anthropological, social, economic and cultural rights, seeking to understand them in the context in which they live, act and react.¹⁸

Regarding the cultural practices of the region is found in the belly to pull with the intention to turn the child in the womb, activity broken down by some health professionals, to cause the risk of miscarriage in some women.

Learn different things from my grandmother tells me to do (...) I talk to my sister, who is not going to query the thing. 'Oh cannot pull your belly saw?' (E15, 28 years old)

I learned that I cannot only eat Açaí and beef jerky, beef jerky and Açaí, Açaí and jerky. The child needs to be thou made other foods, such as vegetables. (E1, 15 years old)

I like to take lemon water in the morning. The doctor said it does not hurt, but she

also taught me to eat dry bread when you're burning. (E9, 31 years old)

Most pregnant women often resorted to the cultural practices of the region, such as baths and herbal teas. Such treatment, according to their perceptions, replace or postpone seeking a health professional.

I remember that I was very weak, then my husband's grandmother taught me to make a bottle parent (kind of medicine) Nor would seek Clinic not there they would want to stick me with a needle! (E7, 25 years old)

The neighborhood was envious of my belly. I felt dizzy often. Was brokenness (evil eye)! An aunt did Bath smell to me every Friday and I felt better. (E15, 28 years old)

My mother tells me bottle do not run short of blood. She took in my pregnancy and I was born as well. This helps in high blood pressure of the bush woman. (E14, 20 years old)

Through observation of cultural practices in their daily living, reflects that understanding the significance of prenatal care allows the professional to understand the meaning of that care for them and guiding assistance linking this knowledge for culturally congruent care, since the people are singularly variable and subject to numerous influences, which are passed from generation to generation and should be considered.¹⁹

A Theory of Diversity and Universality Cultural Care assumes that people express themselves through beliefs and are organized from conceptions in search of meaning. Like all events have specific meanings, or they just do not just happen, but they mean something to the people involved, it is appropriate to seek the cultural interpretation of them to develop a more effective care. By understanding the worldview of these women becomes opportune to express differences and peculiarities that need to be embraced in the care offered prenatal.¹⁹⁻²⁰

• The family in the prenatal

Pregnancy is a familiar experience, so the care provided must involve the whole family and respect the cultural meaning of such experience, particularly in the North, because it has a strongly rooted in Indian heritage riverside community.

When he came home consultations came everyone know! Fathered the drink! (Pause). But my grandmother always annoyed me when he said to her crooked mouth 'inside had nothing to do with the teat tip, the boy turned to pull, you have today is a lot of freshness to calve! We throw flour in water boy. So, his uncles all set! '(E11, 25 years old)

My cousins like to know when I go in nutrition, foods that are good! (...) My mom

says that when she was born my grandmother gave soup of copaiba tea cramps in her and I said I cannot. Only after six months. (E1, 15 years old)

It was observed that the knowledge gained in multidisciplinary consultation was shared by the family. Thus, it is understood that, in addition to encouraging pregnant women to the achievement of pre-natal, family members participated in the event.

The best thing was that my husband would accompany me. (E13, 27 years old)

Tried to mark off the query in my son's father. When he could not go, my sister went with me. (E5, 18 years old)

Fatherhood is built through a special experience, generating multiple and feelings experienced by individuals in a particular way, according to their culture and worldview. As a sublime form of contribution, the father being positioned participant and ask, offering unconditional support to pregnant women .²¹

Ahh ... I wanted to get pregnant again just to get my husband to me full of fingers. Mare! You believe that he was going up in queries and kept asking, all interested? (E8, 20 years)

By the time the father recognizes pregnancy and family begin to feel pregnant, he acquires a new vision of care and caregiver, starting to attend prenatal visits, examinations and preparation for delivery, ensuring that the fact share responsibility, may be more favorable to the health care of your partner.²²

CONCLUSION

This study aimed to analyze the maternal gaze of the prenatal in a riverside area of Belém do Pará contact with women allowed to observe how important nurses share the subjective aspects in monitoring prenatal care in their context, considering the individuality of feelings and reactions to the situation of the subject.

Brazil is a big country in size and therefore is hard to reach places, such as in regions within the state of Pará that harm the arrival of health professionals, but also creates difficulties for women approaching to a service health. So, are necessary for public health policies lead to prenatal care to all localities, considering the cultural peculiarities to comprehensive care, strengthening attitudes to capture the needs felt and unfelt, which does not involve only objective questions and clinics, but also experiences and expectations of pregnant women and women within their own historical context, socio-cultural.

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Submission: 2012/11/13

Accepted: 2013/06/03

Publishing: 2013/08/01

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