KNOWLEDGE AND CARE PRACTICES OF PREGNANTS OF A BASIC HEALTH UNIT

SABERES E PRÁTICAS DE CUIDADO DE GESTANTES DE UMA UNIDADE BÁSICA DE SAÚDE
CONOCIMIENTOS Y PRÁCTICAS DE CUIDADO DE LAS EMBARAZADAS DE UNA UNIDAD BÁSICA DE SALUD

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ABSTRACT

Objective: to recognize the knowledge and care practices that permeate the pregnancy of women attended in a Basic Health Unit. Method: a descriptive exploratory study with a qualitative approach. The data were constructed by semi-structured interviews and participant observation with 16 pregnant women in the scenario of the consultation room and at home. The data were analyzed according to thematic analysis. The research project was approved by the Research Ethics Committee, CAAE: 0375.0.243.000-10. Results: care practices comprise the prenatal care, diet, physical and emotional well-being and some prohibitions. Conclusion: to know the cultural context of pregnant women is fundamental to provide care according to their needs. Descriptors: Pregnancy; Culture; Prenatal Care; Nursing.

RESUMO

Objetivo: conhecer os saberes e as práticas de cuidados que permeiam a gestação de mulheres atendidas numa Unidade Básica de Saúde. Método: estudo descritivo-exploratório com abordagem qualitativa. Os dados foram construídos por meio de entrevista semiestruturada e observação participante com 16 gestantes no cenário do consultório de enfermagem e no domicílio. As informações foram analisadas de acordo com análise temática. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE: 0375.0.243.000-10. Resultados: as práticas de cuidados compreendem o acompanhamento pré-natal, a alimentação, o bem-estar físico e emocional e algumas proibições. Conclusão: conhecer o contexto cultural das gestantes é fundamental para prestar um atendimento de acordo com suas necessidades. Descriptores: Gestação; Cultura; Cuidado Pré-Natal; Enfermagem.

RESUMEN

Objetivo: conocer los saberes y las prácticas de atención que permean las mujeres embarazadas atendidas en una Unidad Básica de Salud. Método: estudio descriptivo exploratorio con abordaje cualitativo. Los datos se construyeron por medio de entrevistas semi-estructuradas y observación participante con 16 mujeres embarazadas en el consultorio de enfermería y en domicilio. Los datos fueron analizados según el análisis temático. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE: 0375.0.243.000-10. Resultados: las prácticas de cuidado comprenden la atención prenatal, la alimentación, el bienestar físico y emocional, y algunas prohibiciones. Conclusión: conocer el contexto cultural de las mujeres embarazadas es fundamental para la atención de acuerdo a sus necesidades. Descriptores: Embarazo; Cultura; Cuidado Prenatal; Enfermería.

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Pregnancy is a social experience and unique woman’s life and family. Once, permeated by emotional, spiritual, psychological and socio-cultural factors, is a period that has greater meaning than simply a biological event, may be regarded as a social event, shared by all the family and the social group to which the pregnant.

For many cultures, pregnancy is seen as a transitional stage of the social status of woman to mother, and also a time of vulnerability for the woman and the fetus. This stage of life is strongly influenced by family habits, usually transmitted from mother to daughter, and also knowledge of the environment they live in the woman, which increases their luggage customs and attitudes related to pregnancy.

In this sense, the knowledge and care practices during pregnancy influence the way the patient gets care and also in the way that the family and the people of their social life to care. However, often the knowledge of some cultures diverges from the technical and scientific knowledge of health professionals by creating a space of tension and distance in prenatal care. This attention, based on the biomedical model and the specialties, ultimately disregard the understanding of the individual as a whole, being taken unilateral decisions that value only the scientific knowledge of the professional, disregarding the knowledge, practices, values and family customs and social inherent to gestation.

Some care practices adopted by pregnant women can be harmful to your health and the fetus, as well as others can be beneficial or not harm the health of both. Therefore, health professionals, engaged in prenatal care, should endeavor to understand the cultural system in which the pregnant woman inserts, to ensure healthy practices and contextualized to the social group of her and her family, enabling the approach the involvement and leadership aimed at pregnant woman, her unborn child and her family.

Therefore, considering that subjective aspects of pregnancy are culturally constructed, and it is vital to know their health care professional to qualify prenatal care, this study aims to:

- Obtain knowledge and care practices that permeate pregnant women attended at a Basic Health Unit.

This is a descriptive study with a qualitative approach. It was held in a Basic Health Unit (BHU) in the North of the city of Santa Maria/RS/South Brazil. The study subjects were 16 pregnant women in clinical nursing prenatal low risk of that UBS, which met the following inclusion criteria: be a resident of northern Santa Maria/RS; being pregnant over the age of 18, and carry out pre-natal nursing at UBS during the data collection period (between March and June 2011). The scenarios of the study were the nursing office of BHU, where they were held consultations prenatal and pregnant group, and the home of the women who participated in the study.

For data collection techniques were used semi-structured interviews and participant observation. A semi-structured interview allows the interviewee the opportunity to discuss the theme without being attached to the question formulated without answers or conditions fixed by the researcher. The interview was divided into two parts: the first consisting of questions relating to personal and social needs of pregnant women and the second consisting of questions about the knowledge and practices of care for pregnant women, as well as on the construction of this knowledge. We conducted an interview with each woman in her home, and requested permission to use MP4 for your recording.

Participant observation was used because it allows the researcher to have a better position to understand the habits, attitudes, interests, personal relationships and characteristics of daily life of the group studied. Thus, it was possible to obtain a greater knowledge of the reality in which he lived every pregnant woman and their individual characteristics, as well as capture data relevant to the care practices adopted by these women during pregnancy. At the time of the observations, field notes were taken, which were transferred and completed in the field diary.

We performed the observation of pregnant women during antenatal consultations and meetings of the group of pregnant women from UBS, both performed by a nurse-faculty of Nursing, Federal University of Santa Maria (UFSM). In these moments were observed aspects as verbal and non-verbal pregnant, emotional state, behavior, key questions and concerns, interest in nursing procedures and guidelines, reporting knowledge and practices regarding pregnancy care, and the presence and interaction of chaperones.
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The domicile of each pregnant woman, during interviews, were seized aspects such as the emotional state of the mother, family relationships, socioeconomic conditions, the characteristics of the dwelling and the neighborhood, the organization of the rooms in the household and the representations of care during pregnancy.

The theoretical framework/methodology for the analysis and interpretation of the data was based on thematic analysis, which consists in discovering the core meanings that constitute a communication in which the frequency or presence have some meaning for the analytic object. Thematic analysis consists of three steps: Pre-analysis, and the Exploration of Material Handling and Interpretation of Results Obtained.

The research began after permission of UBS and coordinator of the Center for Continuing Education of the City Health Department of Santa Maria and the approval by the Ethics Committee of the Federal University of Santa Maria under the CAAE nº: 0375.0.243.000-10. Patients were informed about the objectives, risks and benefits of the research and their participation is not mandatory, and after they read and signed the consent form. The anonymity of the participants was to preserve their identity, using fictitious names, chosen at random to identify the participants.

RESULTS AND DISCUSSION

When asked about the care practices carried out during pregnancy, the study participants responded that it was necessary to “take care”. Initially not that moment which meant “take care”, however, during the interview, they explained how occurred this care and how they appropriated the knowledge for this care. In this sense, it is observed that they discover themselves pregnant women start to take some care and also change some habits to ensure a safe pregnancy and quiet to its outcome.

Pregnancy is considered a period of waiting and uncertainty, creating an emotional during pregnancy, which develops care practices physical and mental, to reduce common discomforts of pregnancy, as well as anxiety and fears.

In many cultures it is considered motherhood as a susceptible stage of the woman where she needs to be careful, to know and protect themselves, avoiding the risks inherent in this period, and preparing for the birth of the child, which implies a conscious change in style of his life. So the woman draws on several care practices themselves and the fetus.5

The category deduced that focus, in this article, presents “the care that pregnant women know and practice during pregnancy.”

• The care that pregnant women know and practice during pregnancy

One of the basic cares was highlighted by pregnant women participation in prenatal consultations:

It’s to do a prenatal correctly, much upright, following the guidelines that the doctor and you recommend, then you tell us to follow; it’s important. (Helena)

The prenatal care was considered very important for pregnant women, and justified by them as a possibility to follow the development of the baby and know that all is well with him, and to receive guidance to assist in their care practices and assess any changes or discomfort that is present in your body at this time.

In a study conducted in Passo Fundo/RS, pregnant women also showed awareness of the importance of prenatal care, there is concern about the continuity of queries and the exams for the well-being of the baby.2

In view of this, the actions developed during consultations prenatal promote the rescue of female potential on the understanding of pregnancy, respecting their boundaries, valuing the time of pregnancy women’s participation in the family constitution.6

Pregnancy is a period of intense learning for parents and those close to them. Thus, prenatal care is adequate space for physical and psychological preparation for labor, birth and maternity / paternity, as well as a unique opportunity for nurses and other health professionals act on the habits of family health.7

The women also reported as important in prenatal, do blood tests and ultrasound, because they help identify who is okay with the pregnancy and keep the baby’s development. Observing the consultations, it was possible to learn that pregnant women give enough value to ultrasound, as this was the best way to know that the baby was developing normally. Thus, pregnant women and the family requested the nurse to explain them to the results presented in this exam. Moreover, it is a way to find out the sex of the baby and can start creating an image for the child.

During the queries, the feeding was also considered one of the leading cares and was present at all interviews. The expression of
such care by pregnant women regarding food stood out as a critical care:

[...] to take care on feeding. (Vanessa)

The participants considered important that during pregnancy the woman has healthy eating habits that will reflect the development of the baby and do not contribute to the onset of health problems for pregnant women. The women regard as adequate intake foods rich in vitamins, such as fruits and vegetables.

Also, in a survey conducted in the city of Teixeira/MG, pregnant women who reported eating habits have changed, 71,42% reported greater inclusion of fruits and vegetables in the diet to be healthier to baby.¹

As for the food not recommended during pregnancy, said it is necessary to avoid the exaggeration of those who have excess fat, salt and sugar. Candies, fried and highly spiced foods, are understood as “nonsenses” and harmful to the health of mother and baby and can cause complications in childbirth and difficulty in postpartum recovery, heartburn, hypertension and impair the development baby.

Similarly, in a study of pregnant adolescents in the city of Guadalajara, Mexico, the participants believed that certain foods are harmful to pregnancy. Among the most harmful mentioned were: fat, pepper, and salt ready meals.²

The approach of nutritional risks in pregnancy, a scientific view, is not sufficient because the high rates of maternal mortality. What refers to attend to other aspects that determine the power of the people beyond the biological aspects, such as economic, social, cultural and emotional. Accordingly, it is considered that even if the scientific-technical rationality is very present and is reinforced by the biomedical discourse on prenatal care, in various cultures, beliefs, values, tastes, requirements and prohibitions have great importance for food pregnant women.³

In many societies, it is believed that the pregnant women should modify the diet in some way, because the prescriptions and prohibitions during this period aim to protect mother and child and, if not met, may cause deformation or physical damage to the baby.⁴ In this direction, it was observed, in their reports on groups of pregnant and nursing consultations that concern with the formation of a healthy baby made them eat new types of food and changing your diet.

The women reported having increased liquid consumption during pregnancy, which included juices, soft drinks, mate, and especially water.

I think it’s taking plenty of fluids so enough juice, vitamin. I think it was very important to my first child, I had enough milk and he is very strong. (Fátima)

Increased fluid intake was also considered important for the healthy development of pregnancy. Adequate fluid intake helps the body maintain the electrolyte balance. Therefore, when one realizes that pregnant women have a deficit of water intake, it is necessary to steer them to increase fluid intake through drinks they like and do well, giving preference to natural as water, teas, juices and mate.¹¹

However, regarding the liquid refrigerant has been considered not indicated during pregnancy, particularly because worsening symptoms of heartburn. Still, Coca-Cola was considered the most damaging refrigerant as it affects the development of the baby’s bones. However, although not shown, soft drinks are consumed by pregnant women, some of which can decrease this drink due to pregnancy.

In the discourse of the participants, some aspects of knowledge and care practices were related to direct care to the body during pregnancy:

[...] Do not get dirty, take care of the hair, ears, find it, the mouth also has to take care [...] I spend a lot of oil in the body to not give groove, told me to pass on the belly. (Amanda)

[...] The bathroom light (the breasts) helps a lot; I did it and not cracked. (Vanessa)

[...] Hair dye also says it cannot use. (Maria)

The care of the body that were present in the speeches of the women refer to hygiene, use of oils and creams to prevent stretch marks, avoid using hair dye, and the light bath breasts to prevent cracks. Body hygiene during pregnancy was related to the prevention of infections, it needs to pay attention to the genital region, hair, ears and mouth. The daily bath, along with the use of cotton underwear, and perineal hygiene in antherosterior help reduce the risk of urinary tract infection and vaginal infections like vaginal discharge.⁷

Some pregnant women showed that it takes care of health during pregnancy, and one way to have that care is to avoid "cold" or "sit on a hot and humid", as this could result in a cold or urinary tract infection.

[...] Not stay in the serene, not to stand barefoot, do not sit on the hot stone, just in case, we sit on the sidewalk and be moist. Because moisture passes, picks pro baby.
Because then we end up not only hurting us as it ends up hurting the little baby. (Cecilia)

It is thought, in relation to the understanding of women as a “catch cold” and have a urinary tract infection or cold and “sit in a hot, damp and moisture to pass the baby”, which involves the perception that the “hot” and “cold” are related to maintaining the internal balance of people, and that imbalance between these states can affect the health of the pregnant woman and the fetus compromise. As the pregnant woman is in a state of vulnerability, this can be credited to this meaning.

Cultures share knowledge about the vulnerability of the woman and fetus during pregnancy and it is believed that the mother’s behavior can directly affect the physiology of pregnancy and fetal development. Still, knowledge about the physiology of pregnancy put pregnant women in a special fenced customs guards, who spend explain any change in mother-child during this period. 1

As for sex, the interviewees told that this practice usually decreases during pregnancy due to discomfort, decreased libido and the “presence” of the child.

Even in the relationship know, I’m scared of hurting and stuff, start bleeding and losing […] is not prohibited, but we get too scared to go head hurt. (Helena)

Pregnant women have the understanding that the practice of sexual intercourse during pregnancy need not, in normal health, be avoided. However, resent due to the discomfort, the fear of hurting the baby and decreased libido. Home visits, during the interview, they also commented that they heard about the prohibitions of sexual intercourse during pregnancy, some said it was not allowed at the beginning and at the other end of the pregnancy.

In a study conducted in Campina Grande/Paraíba pregnant women identified as major gravidic modifications involved in the reduction of practice and sexual desire, among them are the increased weight and volume that cause abdominal discomfort during intercourse. 12

Decreased sexual activity during pregnancy can be explained related to decreased sexual disposition of the pregnant woman and the sexual partner, or when sexual practices lead to bodily discomfort. 13 Cultural norms about sexual intercourse in pregnancy cause doubts, fears and anxiety the couple, who turn out to avoid intercourse. This may cause uncertainty and affect the marital relationship. 2

On their social, people comment that during intercourse the man can hurt the baby’s head, and also that this practice may cause an infection to the fetus, which leads the couple to avoid intercourse. In one group of pregnant women, pregnant women were seen comments that the companions are afraid of hurting the baby during intercourse. But they considered important to maintain sexual activity during pregnancy and think that there are other ways for the couple to experience sex without intercourse.

The decrease in physical effort was also a critical care reported by pregnant women.

[...] Do not carry much weight, make force, take care not to fall, you told me that was enough, it can affect, sometimes, as gives nothing can affect. (Jamile)

The women reported that during pregnancy a woman cannot “pushing” and need to avoid lifting and carrying weight. According to them, the risk of exaggerating the physical effort may result in impaired development of the baby and even anticipate delivery. Their knowledge related situations and precautions elapsed in the family group.

Women from indigenous communities of Peru also believe that during pregnancy you need to be careful when doing daily activities, avoiding heavy lifting or sudden efforts. 14

Given that pregnant women need to avoid physical exertion, the rest was considered very important during pregnancy.

[...] Enough rest. That says it is good to rest. (Amanda)

The rest is a practice of care of these women for the healthy development of pregnancy, due to the increasing weight and belly and to relieve back pain and lower abdomen. Home visits and consultations to prenatal reports were observed in the patients who indicated they follow current recommendations Nurse on the importance of rest and the use of pillows on the body, between the legs and supporting the belly, to bring more comfort at the time of rest.

Stand often avoid getting long standing and limiting daytime activities contribute to the relief of discomforts during pregnancy, such as fatigue, difficulty sleeping, shortness of breath, edema, varicose veins and leg cramps. Some care must be taken at home, using more pillows at night to maintain a more upright position to relieve shortness of breath and raise your legs to lie down or sit, to decrease swelling. Also care should be taken to raise slowly from sitting to standing or lying to sitting, as this helps to avoid fainting and round ligament pain, common in pregnancy. 15
Despite the rest, moments of physical exercise also help in the unfolding of a healthy pregnancy. It was noticed that the respondents consider important physical activity during pregnancy, and some reported hiking. It is already considered as other exercise activities such as household chores and work.

I walk, says it is good to walk. Only indoors. I mean, I do not go for a walk, but we walk with son inside the house and we walk to and fro. (Tamara)

The practice of physical exercise during pregnancy is a speech strongly emphasized by health professionals. However, often do not take into account factors such as time, labor, and care of other children, affecting this practice. Thus, pregnant women reproduce scientific discourse. However, through observations of prenatal consultations, it was found that the practice of regular exercise was not usual for most pregnant women, but they considered themselves sedentary, it moved the body in other activities.

In a study of pregnant Colombian participants reported walking as the most important exercise which brings greater benefits for childbirth, which was the most played by them. This knowledge was shared by other women who had already experienced the pregnancy.16

The walk may be done at any time of the day, even during household chores, it is not necessary to walk in a continuous manner over a period of time. Moreover, they considered it exercise any activity performed daily, including homework. Thus, pregnant women have different ways of practicing physical exercise, influenced by cultural beliefs and practices specific to the environment they live in, preparing the body to relax the muscles, reducing pain during childbirth. 16

Besides physical care, pregnant women reinforced that we must take care of the emotional side.

Not stressing too much, that sometimes the stress starts to child if pregnancy cry all, the child is born depressed, gets sentimental. That everyone says. And I really think that's true. If you ever get stressed throughout pregnancy, the child is born stressed […] why I'm trying not to get stressed […] I do not want to move her. (Paloma)

In the speeches of the women revealed that during pregnancy, women need to avoid getting nervous to have a smooth pregnancy. They believe that emotional stress affects the health of them and also the baby because women spend these feelings to the child, which can result in the birth of a child stressed, agitated.

In a study conducted in Fortaleza, women reported as a cause of “weakness from birth” (malnutrition) their children the impact of strong emotions (anger, rage and anger) that suffered during pregnancy. Other emotional trauma, such as abandonment, loneliness and overwork suffered during pregnancy could also affect the baby, leading to malnutrition.17

The women also reported in clinical prenatal with pregnancy felt more sensitive; sometimes they want to cry and became nervous easily. However, they tried to stay calm so that their babies could be calm children.

Thus, in health care for pregnant women should include the emotional dimension is essential attentive listening and the establishment of therapeutic communication by professionals, who need to consider the social and cultural characteristics of pregnant women as well as their individual peculiarities.18

When asked about what was prohibited or had to be avoided during pregnancy, the main response of the women was that the pregnant woman cannot make use of alcohol, drugs and cigarettes.

[…] Avoid drinking, smoking, taking drugs. All that is bad for the baby, you avoid I think it is best for you and baby pro. (Amanda)

The women were aware that the use of drugs, alcohol and cigarettes during pregnancy carries risks for the health of the mother and the fetus, such as premature birth and low birth weight. They recognized that there are women who use these substances during pregnancy. In this sense, some of them were keen to stress that they had these habits.

Also, a study conducted in Peru reveals people's knowledge that the pregnant woman should not drink alcohol.14 In a study conducted in Fortaleza, women reported that smoking cigarettes, chewing tobacco and drinking alcohol during pregnancy can harm the fetus. For them, physiological and chemical attack caused by the consumption of toxic substances is the cause of child malnutrition.17

One of the women reported that, on discovering that she was pregnant, abandoned cigarette addiction. On the other hand, even knowing the risks of smoking for pregnancy, four pregnant women still smoking. The women who remained smoking during pregnancy reported how difficult it was to
abandon this addiction, but showed up in persistent decrease the amount of cigarettes.

The nurse should ask all pregnant women about the use of licit and illicit substances. When this is confirmed by the pregnant woman, it is necessary to provide guidance regarding the effects of this behavior on their health and the fetus. Caution should be multidisciplinary and involve collaboration and cooperation of the pregnant woman and her family, without the existence of threatening attitude and investigation of motivation to reduce or stop substance use. The care plan should be in accordance with the substance involved, as well as encouragement, praise and self-esteem should be included in the goals of care.¹⁵

The consumption of tea also appears among the substances to be avoided in pregnancy. 

[...] There are certain teas that we cannot take, because I've already lost a baby and I think that's why it happened [...] this second pregnancy now I do not drink tea so no fear. (Fatima)

Despite report that the use of tea could be harmful, pregnant women did not show much knowledge about teas. When they were urged to talk more about this practice, they could not tell for sure which ones are harmful and which were beneficial. The prohibition of the use of teas is mainly related to the risk of miscarriage, so the women interviewed, avoided taking tea as gorse, mauve, rue, marjoram, cloves and cinnamon. This is a popular knowledge that has been passed between generations and that pregnant women usually follow.

The residents of native communities in Peru also understand that should not be used during pregnancy natural products without knowing its properties, and you need to consult people who know the medicinal plants as healers and midwives.¹⁴

The systemic use of some species of medicinal plants is contraindicated during pregnancy because they present potential toxicity, teratogenic and abortive, and the active principles of certain plants are able to pass through the placental barrier and can be harmful to the fetus.¹⁹

On the other hand, a study conducted in the city of Rio de Janeiro, the 31 study participants, 72.2% reported knowing the therapeutic use of plants, of whom 58% were taking the same, and this use was inherited sociocultural. Among the purposes of the use of plants were respiratory tract problems, such as coughs and colds, intestinal cramps, gastritis, indigestion and as a sedative.²⁰

The use of plants in healing processes is common in the popular media, so you have to rescue the popular therapeutic knowledge, respecting their ways of understanding the disease and the body. Understand the worldview of the people is necessary when seeking to understand the meaning of the use of medicinal herbs, diets and restrictions imposed on people at certain stages of life. Accordingly, pregnant women are exempt special care because they are considered at risk.²⁰

Another constraint reported by pregnant women is on the use of medicines:

[...] Cannot take any medication, or can't take any medicine. (Déborah)

They reported that there are remedies dangerous during pregnancy, so pregnant women should only use those prescribed by the doctor. One of the women reported the effects of the misuse of antibiotics in pregnancy with a story that had knowledge, identifying this medication as responsible for the deafness of her niece.

Likewise, Peru believed that pregnant women should not take drugs that were not prescribed by professionals or by healers and midwife.¹⁴ Similarly, in a study conducted in Rio de Janeiro, pregnant women also said they avoided using drugs because they do very badly and bring side effects, so they gave preference to natural remedies.²⁰

The consequences of using a particular drug in pregnancy may be different for trimesters because they depend on the stage of embryogenesis in the fetus. It takes care of health professionals on the use of drugs due to changes in the mothers influence in their processes of absorption, distribution, metabolism and excretion.²¹

Although pregnant women living with doubts, questions and fears of the negative effects of drug use on infant development, they need to have their discomforts resolved, taking interest in the use of medication. Thus, self-medication should be subject to discussion with pregnant women in prenatal care, it may be a common practice among them.²¹

From these results, it is believed that the antenatal care nurses must value the knowledge that women bring their culture. This practice creates a bridge integration in the quest to understand the daily lives of people cared for, rescuing and respecting knowledge that has a historical trajectory. Behind inadequate care that we consider there is a symbolism that represents the values, beliefs, worldview, supported on a family tradition.²²
It is important to consider pregnancy as a complex phenomenon and singular, which involves several changes in the areas of biological, psychological, social and cultural rights, demonstrating that the care provided during the prenatal exceed the biological dimension.  

It is essential that the nursing care for pregnant women is based on cultural values, respecting their practices and their family, to be served their real needs and fears, doubts and anxieties can be shared.

CONCLUSION

The culture is expressed and influences on knowledge and practices of care of women during pregnancy. Thus, the woman is subject to various rules from the knowledge of the culture medium in which it lives. These standards are incorporated into the care she has during pregnancy and aim to maintain your wellbeing and your baby.

Even considering that during pregnancy women can continue their normal life; they change some habits and insert new practices in their care. Therefore, pregnancy implies reorganization in a woman’s life and a conscious adaptation in several senses.

Therefore, prenatal care should value the knowledge of knowledge and care practices of each woman and their families, for those approaching reality, and contribute to a more individualized care to pregnant women and their families, according to their culture.

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