ORIGINAL ARTICLE

FACTORS THOSE INTERFERE IN THE QUALITY OF SLEEP OF PREGNANT WOMEN IN THE SECOND AND THIRD GESTATIONAL TRIMESTER

Factors those interfere in the quality of sleep of pregnant women in the second and third gestational trimester

ABSTRACT

Objective: to identify the main factors affecting the quality of sleep on the second and third trimester gestational.

Method: quantitative, exploratory, comparative, sectional, and prospective study, with 97 pregnant women living in Alfenas/MG/Southeast Brazil; of these, 43 were in the second and 54 in the third trimester. The research project was approved by the Ethics Committee in Research, Protocol N. 23087.001085/2008-00. Results: there were identified the 10 factors that adversely change the quality of sleep of pregnant women and, consequently, in their daily activities.

Conclusion: The health team, when investigating and taking cognizance of these factors during the prenatal, must attend significantly for the same ends in order to work in alternatives those may alleviate the sleep impairment through health guidelines for pregnant women.

Descriptors: Sleep; Pregnant; Factors.

RESUMO

Objetivo: identificar os principais fatores que alteram a qualidade do sono no segundo e terceiro trimestre gestacional.

Método: estudo quantitativo, exploratório, comparativo, seccional e prospectivo realizado com 97 gestantes residentes em Alfenas/MG/Sudeste do Brasil; destas, 43 estavam no segundo e 54 no terceiro trimestre gestacional. Para coleta de dados aplicou-se um questionário antes da consulta pré-natal. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 23087.001085/2008-00. Resultados: identificaram-se os 10 principais fatores que alteram negativamente a qualidade do sono das gestantes e, consequentemente, em suas atividades diárias. Conclusão: a equipe de saúde, ao investigar e tomar conhecimento destes fatores deve, durante o pré-natal, atentar de forma significativa para os mesmos a fim de trabalhar alternativas que possam amenizar o comprometimento do sono através de orientações de saúde às gestantes.

Descriptors: Sono; Gestante; Fatores.

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INTRODUCTION

Pregnancy is a unique moment, has aspects common to all women, but despite this, the experience of each one is unique, especially in the female, a time of physical and psychological preparation for childbirth and motherhood. During this period, changes occur in the life and the woman's body. Among these, there are the sleep patterns that can cause repercussions not only in their everyday lives, but also in the family.

In early pregnancy, the woman presents with hypersomnia evolution for insomnia and frequent awakenings at the end of pregnancy, because of the physical changes of pregnancy. Temporary or chronic deprivation of sleep can result in increased risk of maternal adverse events, such as: difficulty performing daily tasks, reduced job performance, irritability, inability to concentrate, restlessnes, increased fatigue and decreased woman's ability to bear the pain.

During pregnancy the changes that occur in the body of the mother are intensified due to the proximity of childbirth. These happen so fast and intense, which often does not allow adequate time for adaptation, making the last period of pregnancy, which demands greater attention to the quality of sleep.

Given the changes in sleep patterns of pregnant women, it is identified that the support, encouragement and educational practices of health professionals favor better adaptation of women to this new phase that is experienced pregnancy, and thus can significantly reduce levels anxiety, producing objective and subjective changes in the pattern and quality of sleep of women with insomnia. During pregnancy the changes that occur in the body of the mother are intensified due to the proximity of childbirth. These happen so fast and intense, which often does not allow adequate time for adaptation, making the last period of pregnancy, which demands greater attention to the quality of sleep.

Given the changes in sleep patterns of pregnant women, it is identified that the support, encouragement and educational practices of health professionals favor better adaptation of women to this new phase that is experienced pregnancy, and thus can significantly reduce levels anxiety, producing objective and subjective changes in the pattern and quality of sleep of women with insomnia. Knowledge of quality sleep is considered an important clinical artifice to identify health problems, including sleeping disorders. Thus, identifying the factors that influence this process during pregnancy is essential to provide adequate care for pregnant women in the presence of changes during this important period in a woman's life.

During the clinical teaching of disciplines Obstetric and Women's Health, Graduate Course in Nursing, Federal University of Alfenas / UNIFAL-MG were evidenced frequent complaints of pregnant women and their families in relation to the sleep pattern and disability guidelines that could minimize these disturbances, which aroused our interest in the present study.

OBJECTIVE

To identify the main factors affecting the quality of sleep in the second and third trimester of gestation.

METHOD

This is a quantitative, exploratory, comparative, sectional and prospective study. The population studied consisted of 97 pregnant women residing in the Alfenas-MG/Southeast Brazil, no clinical abnormalities and/or obstetrics. Of these, 43 were in the second and 54 in the third trimester of pregnancy. The data were collected prior in prenatal and with women who agreed to participate voluntarily after proper guidance about the study and signed an Informed Consent Form.

The instrument used for data collection was a questionnaire with 23 indicators those are predictors of sleep difficulty in pregnancy. After data collection, they were entered into Microsoft Excel for preparing the database. The results were presented in tables.

The project was approved by the Ethics Committee in Research of the Federal University of Alfenas - UNIFAL-MG, with the protocol number 23087.001085/2008-00. For quantitative analysis of the responses were organized in tables and compared with the literature.

RESULTS AND DISCUSSION

The study allowed the identification of 10 key factors contributing to the change in sleep quality of women during the second and third trimester of pregnancy and what evidence is present in these two periods.

Below is the factors found in the second and third trimester of pregnancy according to Tables 1 and 2, respectively:
The most frequent complaints among pregnant women shown in this period are closely related to the psycho-physiological changes in women during pregnancy.

The increased urination night emerged as the Nº. 1 factor compromising the quality of sleep of pregnant women in gestational quarters surveyed. The nocturia can be associated to pressure from the fetal head on the maternal bladder, with consequent reduction in bladder capacity that increases as the pregnancy progressed.8

This result is similar to the analysis of another study of 549 nulliparous women, in which it was identified that 67% and 22,9% had nocturia, urinary urgency.9

The patient, to get up several times during the night, presents sleepy during the day, causing greater need for extra sleep during this period, also demonstrating daily fatigue that compromises their quality of life.

Concern for the health and the baby's birth was the 2nd reason given for sleep disorders appearing in the second and third trimester of pregnancy. It appears that this is a real situation and most common during pregnancy, especially in primigravidae who present themselves as insecure and unprepared physically and psychologically to cope with the new situation, opposite the newborn to come.10

Another factor identified was the increased sensitivity in the nipple reported as 3rd factor as evidenced in the second and 6th factor in third trimester of pregnancy. This fact is explained, as is the second quarter that the mother notices that her breasts are preparing for breastfeeding. This physiological process is progressive, contributing to the breasts remain sensitive during the last two trimesters.11

Pain in the lower abdomen and spine were cited as 4th factor responsible for managing sleep, appointed by pregnant women in the second trimester of pregnancy. In the third quarter, “pains” remained the same classification, while “pain in the lower abdomen” appeared as the 9th leading cause of sleep disturbance. Both pains are caused by the body's attempt to maintain maternal body balance during pregnancy, when the woman's body goes through a series of postural adjustments being pregnant common cause head elevation, step hyperextension of the cervical and lumbar increase the extent of knees and ankles, so as to maintain postural balance, so that these changes are factors associated with low back pain referred to by many pregnant women.12

In this context, the health professional must attend to pain assessment and thus can provide a systematic and humanized care to pregnant women. The fear of childbirth (pain, anesthesia) was cited as a factor 5 in the second quarter while the third appears as the 10th factor that interferes with sleep quality.

The fear of the pain of childbirth procedures and anesthesia, as well as inflammatory responses resulting from pregnancy, can lead to the occurrence of insomnia and nightmares compromising the quality of sleep during pregnancy, contributing directly to the physical and mental fatigue.3,13

The uncomfortable position due to increased belly, quoted in the second quarter...
as a 6th factor, while the third was introduced as the 3rd factor of sleep disturbance. The increase in abdominal volume presses the diaphragm, causing, respiratory distress and, consequently, difficult to find sleeping position, intensifying this discomfort in the last quarter with the progressive growth and fetal weight gain.

Anxiety about the approaching birth appeared as 7th factor responsible for the change in sleep patterns of pregnant women in the second and third trimester of pregnancy and in this more intensely; characterized as a major psychological changes that accompany the pregnant until the moment of birth, being a risk factor for adverse outcomes for mothers and children with implications for fetal neurodevelopment. It is in the third trimester of pregnancy, fear of childbirth, to die, to know the concern and care for the baby to be a good mother, plus ambivalent feelings and the desire to terminate the pregnancy and simultaneously desire to prolong it to postpone the changes arising from the birth of the baby, causes anxiety becomes higher in these pregnant women. Showed dissatisfaction, unrest, insecurity, nervousness, fatigue, easy to undertake concentration and lead to sleep disturbances and agitation, also triggering difficulties falling asleep or staying asleep.14,15

Sadness and distress appeared as an 8th factor in the second quarter, not being reported in the third.

It is in the second trimester pregnant women begin to realize the peculiarities of the fetus, which adopts different positions and is able to respond to stimuli kinesthetic, tactile and painful pressure. Regardless of being a wanted or unwanted pregnancy, there is concern about the normality of fetal movements, which are to be perceived in this quarter. The fetal movement, when it occurs, is, in most cases, a landmark emotional life mother, when the mother first feels it is generating a new being that lives within it, resulting mixed feelings. The happy pregnant woman shows up with the real perception of pregnancy, but may also feel anxiety or sadness due to concerns about the presence or absence of fetal movements hindering sleep.16

From this finding verifies the importance of assessing psychological symptomatology presented by pregnant women to support and promote the professional experts to try to alleviate feelings of depression or anxiety, contributing to improved mental health and quality sleep pattern.

Certain factors that affect sleep quality cited by pregnant women, occurred only in the third trimester of pregnancy, such as the presence of cramps and concern for the family cited as the 5th and 8th respectively factors. The cramps are common during the second half of pregnancy, occurring mainly in the lower extremities and at night, leading the pregnant woman awakening from sleep due to pain. The etiology of this event can be result of the pressure the baby exerts on the mother's circulatory system, the deficiency of potassium, magnesium and calcium, irregular exercise and excess weight.17

With regard to the concern about the family of the pregnant woman, especially among multiparous women, the arrival of a new member to the family of the woman requires a reorganization of their family relationships to take their maternal identity. Some of these mothers begin pregnancy manifesting anxieties and concerns of different women who will be first-time mothers.18

Multiparous bring concerns to the family structure over the unborn child. According to the findings, this can disrupt your sleep and generate trouble for not paying more attention to the current pregnancy.

From the results, we can identify a lower incidence of psychological changes over the physical that are worse in the last quarter, and a greater diversity in this period. This fact can be explained by the changes that a woman's body undergoes during the course of pregnancy and these intensify with advancing gestational age, thus leading to a greater impairment of sleep during the last quarter.

**CONCLUSION**

We conclude that pregnancy interferes directly and indirectly on sleep quality of pregnant women, making it insufficient, poor quality and even been subsidizing the occurrence of high rates of disorders, which affect negatively the performance of activities daily and the quality of life of the pregnant women.

The health care team should be aware of predictors of sleep difficulty, in order to work alternatives that can be used to mitigate them.

Understands the prenatal as a time of intense learning and an opportunity for nurses to develop education as a dimension of caring. The attitude of educators should be adopted to guide the pregnant woman and the factors that can interfere with your sleep pattern and
propose interventions that, through self-care, promote quality sleep during pregnancy.

With the detection of the main triggers of sleep disorders in pregnancy, it is suggested that further studies and the development of comprehensive educational proposals to improve the sleep patterns of pregnant women which may contribute to a higher quality of daily life during gestation.

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