SOCIAL SUPPORT NETWORK DURING THE GESTATIONAL PERIOD OF WOMEN
RED DE APOIO SOCIAL DURANTE EL PERÍODO GESTACIONAL DE LAS MUJERES

ABSTRACT

Objectives: to describe the social support network during gestational women and examine how this support is. Method: descriptive exploratory study with 59 women from the Health Centre in Nova Iguacu/RJ using a questionnaire. The study was based on the model defined by Barrón that ranks as emotional, material and informational support. The study had the research project approved by the Research Ethics Committee, n. 057/2010. Results: 83% of women received support during pregnancy, being emotional (28,6%), emotional and material (28,6%), material (28,6%), information (4%), information and material (2%) support. It pointed out that only 8,2% received all kinds of support. In the composition of the support network, 15.7% received support from the mother, 10% of the mother and the husband, 4,1% of friends, 4,1% of health professionals, 2% of the family and healthcare professionals, 2% of the mother, brothers and health professional. Conclusion: the formation of support groups is a safe way to not only strengthen the contact between client and professional, but make the interaction between the parts when it does not yet exists, ensuring the improvement of care. Descriptors: Social Support; Nursing; Women’s Health; Pregnancy.

RESUMO

Objetivos: descrever a rede de apoio social durante a fase gestacional de mulheres e analisar a forma desse apoio. Método: estudo descritivo-exploratório com 59 mulheres usuárias do Centro de Saúde de Nova Iguacu/RJ utilizando um questionário. O estudo tomou como base o modelo definido por Barrón que classifica o apoio como emocional, material e de informação. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, n. 057/2010. Resultados: 83% das mulheres receberam apoio no período gestacional sendo apoio emocional (28,6%), emocional e material (28,6%), material (28,6%), informação (4%), informação e material (2%). Destacou-se que somente 8,2% receberam todas as formas de apoio. Na composição da rede de apoio, 15,7% receberam apoio da mãe, 10% da mãe e do marido, 4,1% dos amigos, 4,1% dos profissionais de saúde, 2% da família e profissionais de saúde, 2% da mãe, irmãos e profissional da saúde. Conclusão: a formação de grupos de apoio é uma maneira segura de não só estreitar o contato entre cliente e profissional, mas viabilizar a interação entre as partes quando ela ainda não existe, garantindo a melhoria da assistência prestada. Descriptores: Apoio social; Enfermagem; Saúde da Mulher; Gravidez.

RESUMEN

Objetivos: describir la red de apoyo social durante la gestación de las mujeres y examinar cómo es este apoyo. Método: estudio descriptivo exploratorio con 59 mujeres que usan el Centro de Salud de Nova Iguacu/RJ mediante un cuestionario. El estudio se basó en el modelo definido por Barrón que se ubica el apoyo como emocional, material e de información. El estudio fue el proyecto de investigación aprobado por el Comité de Ética de Investigación, n. 057/2010. Resultados: el 83% de las mujeres recibieron apoyo durante el embarazo y el apoyo emocional (28,6%), emocional y material (28,6%), apoyo material (28,6%), información (4%), información y material (2%). Señaló que sólo el 8,2 % recibió todos los tipos de apoyo. En la composición de la red de apoyo, el 15,7% recibieron el apoyo de la madre, el 10% de la madre y su marido, el 4,1% de los amigos, el 4,1% de los profesionales de la salud, el 2% de la familia y de los profesionales de la salud, 2% de la madre, hermanos y profesional de la salud. Conclusión: la formación de grupos de apoyo es una manera segura de no sólo fortalecer el contacto entre cliente y profesional, sino que la interacción entre las partes, cuando aún no existe, lo que garantiza la mejora de la atención prestada. Descriptores: Apoyo Social; Enfermería; Salud de la Mujer; Embarazo.

1Nurse, Municipal Health Center Cohab. Rio de Janeiro (RJ), Brazil. E-mail: renatabraga_meira@yahoo.com.br; 2Nurse Specialist in Health Promotion. Rio de Janeiro (RJ), Brazil. E-mail: thaisbragameira@yahoo.com.br; 3Obstetric Nurse, PhD in Nursing, Department of Maternal And Child Nursing / DEMI, Alfredo Pinto Nursing School/EEAP/UNIRIO. Rio de Janeiro (RJ), Brazil. E-mail: rangel.leila@gmail.com ; 4Pediatric Nurse, PhD in Nursing, Department of Maternal And Child Nursing / DEMI, Alfredo Pinto Nursing School/EEAP/UNIRIO. E-mail: macedo.eioli.com.br;

English/Portuguese

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INTRODUCTION

Pregnancy is a period of transition in women's lives during which the woman, in most societies, becomes not only his wife and daughter and becomes the mother. In this period, the attention is focused especially for the baby's arrival. So is the woman in this transformation process, ceases to be a person receiving care and becomes one that cares.

Pregnancy sometimes can happen at a time of life conducive to the couple. In this case, the desire to have, accept and raise the child predominates over the fear of that commitment and the life changes it entails. Other times, for various reasons, including financial hardship, or may not have other children and lack of support from the partner, not the predominant maternal desire to conceive. These and other factors such as changes in the female body and the responsibilities with the future care of the newborn, make social networks to gain significant importance in the process, to the extent that influence the individual's self-image and gain a central place in the experience of identity and competence. This study therefore focuses on the social support network for women. And to research the topic as already stated; interviewed the residents in the municipality of Nova Iguacu who were living the gestational stage.

Note that the trend toward inclusion of issues related to social networking tools for research on the health conditions of the population occurs from the understanding that the individual or collective health results from complex relationships between biological, psychological and social. The complexity of pregnancy also give the association of these factors. Amid this flurry of news is the woman, not only challenged to take on the responsibility for another life, but by the changes that are in it.

The concepts of social network and social support are often used interchangeably, but each has its specific definition. Social networks are the set of social interactions that surround an individual, or group of people with whom he maintains contact or some form of social bonding. A social network can be understood as the social structure through which support is provided. Social support, in turn, relates to the functional dimension or qualitative social network. Social networks represent relationships between individuals, communities or institutions, helping to characterize structures and allowing to analyze dynamic processes of diffusion, localization of cooperation or conflict, use and distribution of resources, among others.

A simple model of social support and integrator, is understood by emotional support, material support and instrumental support and information. Emotional support relates to the availability of someone with whom he can talk, and includes behaviors that foster feelings of affective well-being. The latter make the guy feel wanted, loved and respected. This behavior of others includes expressions or demonstrations of love, affection, sympathy, empathy, esteem.

But the material support and instrumental characterized by actions provided by others and used to solve practical problems and/or facilitators to carry out everyday tasks, such as home help in activities to bring other children in school, wash and ironing clothes, go to the supermarket and even help the mother to buy clothes for the child. This support is intended to lessen the burden of tasks and leave free time for leisure activities, including the rest of the expectant mother. The support material is only effective when the receiver perceives this help as appropriate. If this does not happen, the help is evaluated as inadequate, which can happen whenever the subject feels threatened their freedom or feels in debt.

In turn, the support of information relates to the process through which people receive information or relevant guidelines that help them understand their world and/or adjust to the changes that are in it. In social practice, each has many circles of relationship, but it is unknown how many they are or how to identify them. In fact, people generally only see the network when they need it. The network appears when triggered and driving it means putting into action the community relations and family of which the individual is part.

It is critical, therefore, that studies support network during pregnancy are promoted to deepen the question. After all, women, during pregnancy, are very sensitive and they experience a lot of uncertainty about their future and the future of the newborn. For no other reason, incidentally, that the pregnant women during prenatal consultations, explain many questions. Among the most common are: How will my delivery? I will have a chaperone in the delivery room? My son has so idealized health? I understand that, behind these questions, underlies one that comes to be the biggest concern of pregnant woman: if she will be able to be a good mother.
We know that the family has been transformed over the decades. For many, the core does not need to be made, necessarily, a father - mother - brother. In addition, friends and/or others nearby, according to this understanding, are also necessary. This, however, does not mean that this new composition has ceased to be responsible for maintenance of family dynamics.

At present, the concepts of family are built more for affection and bonds than by consanguinity or marriages. The definition that "the family is who they say they are members", demonstrates respect for the nurses, the individual meanings family members.

In an anthropological perspective the concept of family is in accordance with the direction given by the group, so getting each family its own self-assigned concept as a "viewpoint". The extension of the family corresponds to the network of bonds, "are the family with whom they can rely to say, those who can be trusted". Hence the importance of social support in the lives of women who, as such, need a moment of change, a more intense support.

Social networks are defined as relations which comprise not only the nuclear or extended family, but the extended interpersonal bonds, as friends, colleagues from work or study, and the relationships that are established in the community. The concept of network has become extremely operative to the study of contemporary societies, especially by providing a reading of dynamic social interactions. The ability to develop without hierarchy appears to be one of the most important distinguishing properties of the network.

Within institutions, networks with feature material aid and services are very important in that it presupposes the cooperation of specialists and act, in turn, in times of crisis. The perception of the health care team to assess the degree of difficulty of the situation encountered by the client is crucial because it demonstrates the need to activate the network of this client or this family towards a better trigger job.

Adequate social support also provides support at times particularly differentiated in the course of life of human beings. Featuring, among them, the periods of pregnancy, childbirth and postpartum, when it provides support, including to pregnant and postpartum women, greater environmental control and autonomy in the care given to your child by providing her hope, support and protection. Thus, these women may more safely face such situations from fear and distress experienced during pregnancy. Their needs for care and support will be strengthened so that in this way, can overcome the difficulties of the future mother-son relationship.

From all these considerations set out here the following questions: What is the social support network of women during their childbearing? How does social support influence whether or not a woman during gestation? We aim, therefore, describe the social support network and analyze the form of social support during the pregnancy of women living in the municipality of Nova Iguaçu.

The social network approach flourished in the area of the humanities, especially in the field of sociology and anthropology, and has been increasingly exploited in health. The nurses, in turn, comes appropriating these studies to enhance the development of their care actions, due to its important significance in the welfare and care in crisis situations.

The context of each pregnancy is crucial to their development as well as the relationship that his wife and family to establish his son, from the first hours after birth. In those first moments, the call does not support may hinder the process of breastfeeding, care of the newborn and postpartum women with self-care at home. Already a favorable strengthens family ties, the basic condition for the healthy development of the human being.

It is critical for healthcare professionals, therefore, the discussion of social networking in the lives of women during pregnancy, especially those that are directly related to the care that must be attentive to the needs expressed by customers. Professionals should be committed to the social reality of every woman, contextualizing their support needs, giving them care, love, comfort, supply of resources or services.

**OBJECTIVES**

- To describe the social support network during gestation in women.
- To examine the way of social support during gestation in women.

**METHOD**

This is a descriptive-exploratory study, which was to set a health center located in the municipality of Nova Iguaçu, in the state of Rio de Janeiro/Brazil. After receiving all the information relevant to the study, the interviewees signed a consent form that ensures confidentiality and anonymity. A copy
of the term to the same effect was delivered to each of them.

For data collection we used a questionnaire with 13 closed questions and one open. At the time of the interview, the women explain what the forms of support available were. We caution that the study used here based on the model defined by Barrón, emotional support, material support and information support.

We interviewed 59 women attending postnatal consultations and/or childcare. The inclusion criteria took into account that all should be biological mothers. There were excluded from the study mothers younger than 18 and adoptive ones. The interviewees were named colors as codenames. The blood sampling occurred in the period from July to August 2010 and the research in question has not received funding.

The analysis was divided into two stages: the first corresponds to the socio and economic development of women and the second step explores issues related to support network and form of social support. To discuss the topic social support network we use government assistance programs to women's health, articles, dissertations and theses that address this issue.

The study was submitted to the Ethics Committee in Research EEAN/HESFA, with registration in the National Research Ethics Council (CONEP), approved under number 057/2010, on July 13th, 2010. The procedure complies with Resolution 196/96 of the National Health Council, which provides for the Guidelines and Regulatory Requirements for Research in Humans.

RESULTS

♦ Socio and economic profile of women

The majority, 25.4 % of the women interviewed were between 20 and 25 years old and have completed secondary education (37%). Item in current occupation, 54,1% of the 59 surveyed reported being home, 84,4 % reported having their own home and 44% of the universe surveyed shared the residence with three people (44%) .

Stated that the economic support of the family was just the husband, 40,8% . When questioned, however, if the family income was reinforced by other sources, 52% of them declined two people, besides her husband, contributed to the budget, although this does not occur every month. This peculiarity, however, has only been reported by women who received some form of social support. Among those who did not receive help during pregnancy did not record another source of financial support. The approximate income family was reported wages 1 through 3 (74,2%) in most cases. As for marital status, 58% reported consensual union. This demonstrates the presence of her husband in the composition of the network of these women.

When asked about having received social support during gestation, 83% responded affirmatively and the remaining 17% said they had not received any form of support. The network of social support during pregnancy and shortly after birth, is beneficial to the behavior and emotions of the new mother, at a time generator insecurities due to accelerated transformations through which it passes.

As for the forms of support, 28,6 % of women said they had received only emotional support, the same percentage of those who, in addition to emotional support, were also materially supported . The other - also 28,6% of the total - received only material support. Four percent of the respondents included health professionals as part of their social network. According to pregnant women, they (the professionals) soothe the mothers in that volunteer to enlighten them about future procedures and other matters. Two percent of the surveyed said they received the call information support in the hospital and the family stuff. Already 8,2% of respondents said they received all cited social support. Figure 1 shows the incidence of emotional support, material and information.
Meira RB, Meira TB, Silva LR da et al.  

**DISCUSSION**

Network and forms of social support received during gestation

For the interviewees, emotional support was linked to feelings as love, affection, being together and any statements of explicit attention with friendly words.

According to the women surveyed, the material and instrumental support is expressed through the following situations: the help of others in daily activities in their homes, including the care given to another child of the mother, help in the purchase of clothing and when the child company of prenatal consultations.

Called in support of information, the 59 surveyed highlighted the clarifications to resolve the doubts of pregnant women with regard to their health and that of your baby.

In Figure 2 we can see the social support identified by these women.

<table>
<thead>
<tr>
<th>Forms of support</th>
<th>Lines found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Emotional, be a mother at 42, my youngest is 16. (Dourado)</td>
</tr>
<tr>
<td>Material</td>
<td>Take care of another child, my mother helped me to buy his stuff. (Marrom)</td>
</tr>
<tr>
<td>Of Information</td>
<td>I had problems with varicose veins in pregnancy, called her (Nurse) and she answered me. (Cinza)</td>
</tr>
<tr>
<td>Of Information</td>
<td>Information on the hospital, in prenatal care. Help even at home. (Branco)</td>
</tr>
<tr>
<td>Material</td>
<td>Helping Me around the House and with advice. (Vinho)</td>
</tr>
<tr>
<td>Emotional and Material</td>
<td>Zero family. Of friends gave me all these support there. (Prata)</td>
</tr>
</tbody>
</table>

Question the universe surveyed about the support network that provided any assistance to women during their childbearing.

It was thus possible to divide social support in informal and formal. The first includes individuals of family, friends, neighbors, priest and social groups such as clubs and church. This group (informal) provides support in daily activities in response to life events normative and non normative. Already the formal social support networks cover both formal social organizations such as hospitals, government programs, health services and professionals, doctors, social workers, psychologists and nurses, who are organized to assist. 19

Table 1 aligned all the answers related to the support network of pregnant women.
The network therefore consists of four quadrants: family, friendship, relationships, or work study and community relations or creed.20 The support network that appeared most evidently was mother, husband and friends.

The network established with the family members are important for the understanding of social support, as is the structure in which such support may or may not be found. Anyway, it is important to emphasize the possibility of networks that do not provide proper support, or do not provide the expected support. There is, however, no network support, since the carrier is expected support. There is, however, no support network that appeared in the speeches:

<table>
<thead>
<tr>
<th>Support network</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother and siblings</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother and the husband</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Mother, father and husband</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother</td>
<td>7</td>
<td>15.7</td>
</tr>
<tr>
<td>Friends</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>Husband and mother-in-law</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, mother-in-law and husband</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, husband and siblings</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Mother and father</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>Mistress</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Children</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, siblings and neighbors</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, father and grandparents</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, father, friends and uncles</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, father, mother-in-law and siblings</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Family</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Family and health professional</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Family and friends</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, brother and health professional</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, father, friends and neighbors</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother-in-law and aunt</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother and mother-in-law</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Husband, siblings and neighbors</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, godmother and Cummer</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Health professional</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Husband and siblings</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, father, husband and neighbor</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother-in-law and aunt</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Family and mother-in-law</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, grandmother and mother-in-law</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Husband, siblings and neighbors</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, godmother and Cummer</td>
<td>1</td>
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</tr>
<tr>
<td>Health professional</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>Husband and siblings</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, father, husband and neighbor</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Husband, neighbor, child and Church</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Siblings</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Siblings and mother in law</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Friends, neighbors and mistress</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother and children</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mother, father, husband, son and neighbor</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Tabela 2. Rede de apoio das gestantes

The support network that appeared in the speeches:

- My family encouraged me to warn me not to have more children, because I had two. (Lilás)
- Some people criticize, but give other support, as I have done four cesareans ... (Bege)
- My pregnancy was a risk, so I was very scared. My midwife reassured me and talked. (Azul)
- Prenatal even though he had an appointment, she (nurse) met me for taking my questions. (Rosa)

Health professionals appeared as follows: only 4.1% of health professional, family and health professional 2%. It is worth mentioning here that only four women identified health professionals as part of their support network, of which two were nurses and two other obstetricians.

This shows that the professional is still not seen by these women as part of their support network. With regard to the experiences of the customer looking for nursing, the Basic Health Unit, concluded that professionals are not crowded here referred to as the most involved with the woman at the time of breastfeeding, not constituting thus a foothold.22

We can notice in the speech of women who received some form of support, the importance of professional, as noted:

- My pregnancy was a risk, so I was very scared. My midwife reassured me and talked. (Azul)
- Prenatal even though he had an appointment, she (nurse) met me for taking my questions. (Rosa)

A strategy that could help in this regard would be pregnant and professional activities of support groups. But 83% of women said they had not heard of any group participated...
during gestation. Of the 17% who participated, 60% were in groups of pregnant women, 30% of breastfeeding promotion and the remaining 10% in family planning groups (Figure 3 and 4).

![Figure 3. Participation of a support group in gestational stage.](image)

![Figure 4. Support groups for women on gestational phase.](image)

We know that meeting the needs of pregnant women and their families can be provided in prenatal care. In some circumstances, it is necessary to incorporate additional resources such as education groups and health promotion, in order to match all the demands for care, whether these demands for information, material or emotional.

It is necessary that the professionals feel encouraged to organize support groups, as are the educational assistance strategies to promote the empowerment of clients. Initiatives to clarify questions - present in day to day pregnancy - help the pregnant women to the extent that provides confidence and tranquility.

The data collected and reproduced here confirm the percentages shown in the chart above: the role of inadequate professional. Note that, often, the woman answered in the health service, it is not treated in its subjectivity and ultimately establishing a relationship with the anonymous professional who attends. So, increasingly, it is necessary to improve interpersonal relationships between health professionals and women, so that there is an exchange of experience. Only then will there be an adequate response to the real needs.

One element that draws attention among the 17% of respondents who did not receive any kind of support is that 80% of these women had low education and income of approximately 1-3 wages. This increases the need for a support network that will provide material support and/or information. The relationship between support and parenting practices have been mainly studied in clinical populations (eg, abusive parents, neglectful, women with high-risk pregnancy) and low income, which can be explained by the fact that the support be seen as a moderator the effects of stress.

My husband was stopped so needed. *(Vermelho)*

I was afraid for high blood pressure. *(Marfim)*

Among the 17% of the 59 women interviewed, who did not receive help, 30% said that lack of support was normal or not
fouled. Already 70% of them described the situation as follows:

*Did miss not having received help, but …* (Roxo)

*It was hard, but I got over. (Verde)*

*It was hard, tiring, stressful. (Amarelo)*

Of those who said they received support, 10% of them, however, declined to have been contemplated with some help from the professionals. The statement reproduced below illustrates the situation:

*It was horrible. Had high-risk pregnancy. The help that had been indicated to me that professionals ligation. (Laranja)*

We noticed also in talks over a lack of knowledge on the subject of professional social support network. For these occasions, it would be a health worker seeking more information on the network of this woman, so as to provide it with adequate support.

The perception that the healthcare team has the difficulty of the situation faced by the patient is crucial, because it is (understanding the phenomenon) that will indicate the need to activate the network of this patient or this family. All this contributes decisively to the proper unfolding and healthy work.¹⁵

We can infer from this that the professional, in many instances, could find ways to relate to the patient, in a different way, to enhance the professional/client. It is important for both the one and the other that the health worker looks for constantly update themselves to improve their practice. Health needs are heterogeneous and practices undertaken seek to meet them through geographical mobility or resources such as social support. Therefore, the approach and understanding of these dynamics also create the conditions necessary for future public policy actions to manage the incorporation of local realities.²⁵

**CONCLUSION**

We reached some conclusions after investigating the situation of 59 women in childbearing in Nova Iguacu. One was that age, education and marital status, this study did not appear to influence the presence or absence of social support, regardless of the form of support, be it emotional, material or informational.

We also found that most women have a support network, but the professional part has not the way it should group. It thus demonstrates that the health worker or unaware of this issue or do not know how to approach it correctly.

We understand that professionals should seek their place in this universe. Especially because we see, in the discourse of the interviewees, who health workers have not yet understood, clearly, their importance for pregnant women. The professional, in fact, is one that is in direct contact with the customer and therefore has the ability to assume the role of caregiver. We also believe that the health care team as a whole can and should participate in this network, which duly entered the community, professionals share their daily life and are enabled to provide the support expected of them. To extend this activity, however, it is necessary to develop bonds of collective support and sharing of users’ needs.²⁵

We conclude that the formation of support groups is a safe way to not only strengthen the contact between client and professional, but make the interaction between the parties when it does not exist yet. This interaction allows these women safely express their fears and doubts with respect to pregnancy, dialogue that alone guarantees the improvement of care.

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Corresponding Address
Renata Braga Meira
Rua Xavier Sigaud, 290 / sala 508
Bairro Urca
CEP: 22180-290 – Rio de Janeiro (RJ), Brazil