Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

NURSING ASSISTANCE TO PARTURIENTS AFFECTED BY PRE-ECLAMPSIA

ASSISTÊNCIA DE ENFERMAGEM A PARTURIENTES ACOMETIDAS POR PRÉ-ECLÂMPSIA

CUIDADOS DE ENFERMERÍA A LAS PARTURIENTAS AFECTADAS POR LA PREECLAMPSIA

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ABSTRACT

Objective*:** to evaluate the nursing assistance provided to women affected by pre eclampsia and investigate with the nurses; complains; conflicts and women's fear during the pregnancy time. ***Method: an exploratory study with qualitative approach which took place between August and September 2011, with 16 nurses, in two maternities to high risk pregnancy in Joao Pessoa/PB. Data were analyzed trough the Collective Subject Discourse technique. ***Results:*** the main ideas were: Care turned to pre-eclampsia; feelings about hospitalization; dietary and pressure arterial control guidelines; necessity individual cares and results evaluation. ***Conclusion:*** the nursing assistance systematization provides benefits to the patient and to the Health team, making easier the work process. ***Descriptors:*** Pre-Eclampsia; Nursing Cares; High Risk Pregnancy.

RESUMO

***Objetivo*:** avaliar a assistência de enfermagem prestada à mulher acometida por pré-eclampsia e investigar junto aos enfermeiros, queixas, conflitos e medos da mulher no decurso da gestação. ***Método*:** estudo exploratório, com abordagem qualitativa, realizado entre agosto e setembro de 2011, com 16 enfermeiros, em duas maternidades para gestação de alto risco de João Pessoa/PB. Os dados foram analisados a partir da técnica do Discurso do Sujeito Coletivo. ***Resultados*:** as ideias centrais foram: Cuidado voltado a pré-eclampsia; Sentimentos quanto à hospitalização; Orientações dietéticas e de controle da pressão arterial; e Atendimento das necessidades individuais e avaliação dos resultados. **Conclusão:** a Sistematização da Assistência de Enfermagem proporciona benefícios à paciente e à equipe da saúde, facilitando o processo de trabalho. ***Descritores*:** Pré-Eclâmpsia; Cuidados de Enfermagem; Gravidez de Alto Risco.

RESUMEN

Objetivo*:** evaluar la atención de enfermería prestada a las mujeres afectadas por la preeclampsia y investigar con las enfermeras, quejas, conflictos y temores de las mujeres durante el embarazo. ***Método*:** estudio exploratorio con enfoque cualitativo, llevado a cabo entre agosto y septiembre de 2011, con 16 enfermeras en dos hospitales para los embarazos de alto riesgo de João Pessoa/PB. Los datos fueron analizados a partir de la técnica del Discurso del Sujeto Colectivo. ***Resultados*:** las ideas centrales fueron: Precaución volvida a pre-eclampsia; Sentimientos sobre la hospitalización; directrices sobre la dieta y el control de la presión arterial; la satisfacción de las necesidades individuales y la evaluación de resultados. ***Conclusion: la sistematización de la asistencia de enfermería proporciona beneficios para la paciente y el equipo de enfermería, lo que facilita el proceso de trabajo. ***Descriptores*:** Preeclampsia; Cuidados de Enfermería; Embarazo de Alto Riesgo.

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INTRODUCTION

During women's life, the pregnancy is a very important milestone. In the life of a woman, pregnancy is an important milestone. Generate a new being is sublime and feel its first manifestations are elusive, however, can leave memories or traumas, depending on obstetric complications or health disorders and/or assistance during this phase.

One of the health problems that can occur in a pregnancy and that has serious consequences for mother and fetal development, as a multi systemic disease is preeclampsia. It is more common in nulliparous pregnant women occurs around the 20th week of pregnancy and near labor. Its clinical manifestations include gestational hypertension, protein and edema. The incidence ranges from 2,5% to over 10% in pregnancies in developing countries where prenatal care is still inadequate.[1]

The Ministry of Health highlights the importance of a comprehensive approach to women and advocates the proper management of vulnerabilities related to the health-disease process, whether individual, social and/or programmatic. The interdependence of program vulnerability and the high-risk pregnancy involves access to health services and the opportunity to resulting information professionals.[2]

Access to timely assistance in health, humane and good quality would prevent many women lose their lives for reproductive reasons.[3] Meanwhile, with the Program for Humanization of Prenatal and Birth (PHPN), established by the Ministry of Health in 2000, It came a normative model of care for pregnant women in Brazil. The program set the number of prenatal visits, gestational age at admission, laboratory tests and education activities, in addition to bringing discussions of health practices and their conceptual bases.[4]

With this program, the more effective monitoring and humanized actions to care with women in the period of physiological and emotional changes that deserves special attention by the health team was possible, especially the nurse who in addition to conducting the consultations should also guide and perform educational activities.

Indeed, the realization of this study is toward nursing care provided to mothers affected by pre-eclampsia and its importance within the social context and as health care, given that the nurse, by having prolonged contact with the woman, presents key role in humanized performance of pregnant women with this type of injury.

It is noteworthy that the approach to the theme comes from a voluntary work in extension project linked to the Federal University of Paraiba, held in a public maternity hospital in Joao Pessoa city. During outreach activities was noticeable that many women had gestational this grievance and that nurses should deal with various issues related to pre-eclampsia, especially those situations related to this professional work process from admission to the time of discharge.

Considering these aspects guiding the study was the following question: How do the nurses deal with pregnant who were affected with pre-eclampsia? To answer this question, the objective was:

- Evaluate the nursing assistance provided to the women affected by pre-eclampsia and evaluate the nursing assistance provided to women affected by pre-eclampsia and investigate with the nurses, complains, conflicts and women fears during the pregnancy.

METHOD

An exploratory study, with qualitative approach, developed in two maternities located in Joao Pessoa/PB. The choice of these institutions resulted from the fact that they are references to high-risk pregnant women in the city and receive adjacent cities and surrounding states.

The population consisted of twenty nurses. We used the convenience sampling,[5] which is widely used in qualitative research whose results do not refer to the statistical accuracy. Thus, the sample consisted of sixteen nurses. Inclusion criteria were: working in the maternity ward for at least one year, have accompanied women in labor affected by pre-eclampsia and agree to participate in the research, by informed consent.

The data collection instrument used in the research was a semi-structured interview form, which is recorded and held in private space, in August and September 2011. The instrument contained the following questions: (1) which nursing assistance provided by you when the woman is hospitalized with pre-eclampsia? (2) *What are the feelings expressed by pregnant women during the service and often recorded for you?* (3) *What are the guidelines for the lack you provide to postpartum women who suffered pre-eclampsia?* (4) *Did you realize the systematization of nursing care? If so, why?*

For data analysis technique was used from the Collective Subject Discourse (CSD), extracting the main ideas testimonials and/or anchors and their corresponding key expressions. In this way, the CSD It aims to light the significant individuals set that are part of the social imaginary. This is a speech designed in the first person singular, because several people have said similar expressions.[6] Each participant was identified by the letter P (Participant) and numbered in order of interview (P1, P2, ... P16).

At this time, to the research success were established criteria of Resolution 196/96[7], that treated researches evolving human beings (actual Resolution 466/2012) approved by the Ethics Research Committee from the Universitary Hospital Lauro Wanderley, according to CAAE nº 1536.0.000126.11, protocol 382/11.

RESULTS E DISCUSSION

Most of the research nurses were female, with up to five years of service and has participated in training about the care of laboring women with pre-eclampsia. The analysis of responses to submitted questions resulted in the identification of the following central ideas: *Caution returned to pre-eclampsia*; *Feelings about hospitalization; dietary guidelines and blood pressure control*; and Meeting the individual needs and evaluation of results.

The following subject discourse reveals a described in answer to the question: *What nursing care for you when the woman is admitted with pre-eclampsia*?

♦ Care turned to pre-eclampsia

> *[...]Perform the reception, ask about their concerns, hear complaints, he noted that the pregnant woman lies flat on the bed in suitable decubitus (DLE) (P1, P3, P4, P7, P8). [...]Then evaluate the patient completely, verified SSVV, edema, diuresis, results of laboratory tests, fetal heart rate; fetal monitoring, strict control of blood pressure, conducting prescribed procedures, AVP puncture and drug administration CPM (P2, P9, P13, P15). [...]The admission routine is the same for all patients, we evolution (physical exam), nursing diagnoses, nursing evolution and recorded complications (P5, P6, P8, P14).*

This CSD shows that host through qualified listening, means showing concern for pregnant women in the field of subjectivity and feelings expressed by it. This first time between the professional and the mother is essential for development of the bond and the empathy between them. The woman felt that was well attended this step assistance can you give more encouragement to the birth of his son.

In the same speech, it was realized that the professional conduct is also focused on the needs of these women, based mainly on the technical side, with the use of technologies that are not only the attention of the nurse in the most elementary sense of design care. Equipment and other resources for further evaluation are necessary to assist nursing care. Therefore, nursing makes use of available resources to better assess and care of women admitted to the service.

In contrast, the speech also points to a mechanized praxis of care, when it becomes apparent that there is the pure and simple following an admission protocol for all patients, without sticking the uniqueness of women with preeclampsia. You do not want it overlook the important role of establishing routines and protocols for the organization and flow of professional activities in the hospital, but stress that these instruments should be used with basic road map for activities that should obviously be grounded in technical expertise, sensitivity and humanization, with a view to best suit and meet the inherent to each patient's needs.

These reflections refer to some questions: Does the nursing professionals who deal with high-risk pregnancy assimilate your work process as something directed only to perform routine procedures? Does for the category follow a routine is synonymous with care? Or follow a script is also a way to provide care?

Thus, understand that the nurse should meet individually each woman is to recognize care as a genuine dedication. Obviously, this must be agreed by all health professionals, not only to nursing considering its essence directed to care. In this context, a consideration becomes prudent: health services, targeted research, are highly complex, then to cite mostly the performance of techniques to assess the state of health is completely understandable due to injuries resulting from pregnancies assisted by these institutions.

In such cases, nursing assessments need something to break listening also understand its importance in the care process. When the nurse hears and welcomes it provide care as important as performs a technical procedure. Caution should be understood as that which provides improvement of life and health, both (hear and perform a technical procedure) they can be inserted in the sphere of care. The nurse draw on skills and attitudes aimed at improving health and reducing injuries is to provide care and minimize the risk of death.

In addition, the prenatal follow-up to high-risk pregnant women must be carried out by a multidisciplinary team to enable early diagnosis and risk classification. This should be planned individually and humanized by evaluation of fetal well-being, growth and blood pressure monitoring maternal and general terms. These steps are indispensable for therapeutic decision making for patients with pre-eclampsia.[8]

The actions developed in the health services, targeted primarily for the professional practice in the care of the binomial health/population of the disease requires criteria that are defined generally by the resoluteness of actions undertaken in order to implement early promotion strategies, prevention and education. These actions are aimed at preparing women for a good gestational development and realization of prenatal satisfactorily.[9]

Therefore, study on the health service indicated multi professionalism during prenatal as an important aspect for improving the effectiveness of assistance. The high coverage in achieving clinical obstetric procedures aimed at prenatal care and the use of indicators for internal monitoring were positive points of service. However, it was pointed out deficiencies in planning health education activities.[10]

Responding to questioning: What are the feelings expressed by pregnant women during the service and often registered by you? The following main Idea presented a discourse directed to the psychological campo the patients during the hospitalization.

♦ Feelings about the hospitalization

> *[...]The notes include fear of hospitalization, to feel pain, uncertainty about the course of pregnancy, low self-esteem, anxiety, doubts about clinical features, prognosis, fear not keep the baby after delivery and the threat of imminent death (proper or RN) (P1, P4, P5, P6, P9).*

In this speech, different from the first, it was noticed that when there is a need for emotional support, even though the nurse not be enabled for these issues, he is a vocal professional to assist the woman in labor with so many fears and anxieties about their pregnancy. In these cases an attentive listening, emotional support, explanation of the clinical and procedures can reduce fear, anxiety and deconstruct the negative conceptions of the mother about your health problem. All such assistance should be recorded in the medical records.

Meanwhile, it is important weave brief considerations about the chart. The registration information should be taken as a duty of health professionals, but not understood from the negative conception of obligation, but as precept for accurate monitoring of the evolution of the patient's condition. In the case of nursing, which is a category that does not require a long time to the care of individuals, the record means the certainty of assessment and focused care to the person hospitalized.

The record is the legal document of evaluation of the assistance, it soon becomes indispensable to use for consultation. Note what has been accomplished is essential to prove the provided nursing care and to evaluate the action team for the sake of restoring the health of that patient.

While basic document, the chart permeates the administrative, legal, welfare activities, research and teaching. It is designed to record the care provided by members of the multidisciplinary team. It is a unique document, which should be noted all the information regarding the health of each client, aiming at better communication between professionals and resulting in better care/assistance.[11]

According to the Law of professional nursing practice, on Article. 25 must be recorded in the patient's medical record the inherent and indispensable information to the care process.[12] Therefore, serve as parameter for clinical decision making and management. Thus, nursing documentation systems represent a resource to facilitate the registration of the category of more agile and precise, providing for their own nursing and other professionals updated and reliable information.[13]

In this regard, document research, conducted in emergency obstetric Fortaleza Municipal Hospital, was identified that there were no records of attendance records. This hampers the investigation of possible signs and symptoms presented by patients on admission. The researchers proposed guidance professionals to service about the importance of registration as a source of information for the knowledge and understanding of the characteristics of high-risk pregnancies.[14]

Taking up the agenda of the feelings experienced during pregnancy and childbirth, research showed that the fear of dying or losing the baby was the predominant feeling, being variable according to previous experience or not pre-eclampsia. This feeling is linked to worry, anxiety, trauma and/or despair, being expressed in the form of crying.[15]

Other emotional changes such as anger and stress were cited as problems that worsened the health status. The scarce information about preeclampsia during prenatal and admission influenced the sense of fear even more difficult the understanding of women about the biological and emotional dimensions of obstetrical injury.[15]

In another study, anguish, suffering, doubt and fear were expressions identified in the universe constructed by a negative experience during the high-risk pregnancy labeling. So even if the resoluteness in the service of high complexity away the risk of maternal or fetal death, the sense of impending death is still strengthened by the breakdown of an idealized pregnancy.[16]

In this line of reasoning, qualitative research concluded that for pregnant women with pre-eclampsia, the doctor was a figure that solved the clinical problem, but nursing was the profession that gave more emotional support for listening to their daily complaints and pass along more reassuring guidance.[17]

Nursing taken care of as science uses this merit to provide prenatal care with a higher degree of sensitivity, mainly related to listening in an attempt to minimize anxieties, doubts and fears. The women of this study deserve beyond routine care, attention, since both the mother and the fetus are at constant risk during pregnancy, at delivery and also puerperal. Thus, the nursing staff adds to the essential monitoring humanized care through educational activities and full emotional support the health of these women.

Also in relation to nursing, postpartum is also a time of action of this professional, in view of its role in the guidelines for self-care. On this point asked himself: *What are the guidelines for the lack you provide to postpartum women who suffered pre-eclampsia?*

♦ **Dietary and pressure arterial control guidelines**

[...] Explain on a low sodium diet and daily guided blood pressure measurement. I ask that it look for the USF for strict monitoring of puerperium (P1, P9, P10, P13, P14, P16). [...]I recommend that she not forget to take prescribed medications. If necessary, seek outpatient treatment for control of your health (P1, P2, P4, P6, P9, P15).

Preeclampsia can be traumatic, because it creates fear and anxiety. Preeclampsia can be traumatic, because it creates fear and anxiety. Another key point that should be mentioned high is the care of the child, as in obstetrics services attention should be turned to the mother and child, with no lines portraying this observation of nursing professional. The speech adhered to the guidelines aimed to pathophysiological aspects, specifically the control of blood pressure levels, which although essential not meet the fullness of the problem.

Meanwhile, there to agree to researchers, when they stated that both nurses as nursing students should also internalize in their practice health information specific to the time of postpartum and child care. All this enables a full and satisfactory attention, strengthening the health system.[18]

Within primary care, care for the health continuously plays a key role in reducing maternal mortality and birth.[19] However, if the reproductive risks are influenced by issues beyond the biomedical field, the guidelines should go beyond the limits of care practices focused exclusively on disease and return their approaches to coping distinct and specific problems of each individual.[20]

In this field, investigate the knowledge of women about their pregnancy process, health status and possible situations of complications is display the individualized problem, but global. Women should have access to educational activities for development of autonomy, considering the decisions related to pregnancy, childbirth and postpartum.[17] Women should have access to educational activities for development of autonomy, considering the decisions related to pregnancy, childbirth and postpartum.

Regarding the systematization of nursing care, speech ahead portrays the importance of this resource for the category, it improves the nursing service, and to the patient, when it promotes health and prevents diseases. The question was: *Do you conduct the systematization of nursing care? If so, why?*

♦ **Necessity individual cares and results evaluation**

> *[...]The Systematization of Nursing Care demonstrates the quality of customer service, paying attention to the priorities / pregnant women's needs. Care systematized is a basic requirement for good service (P2, P6, P9, P11, P12, P13, P14, P16). [...]It is complete, practical, fast and enables the nurse's communication with other professionals. It can be measured constantly by analyzing the results and best meets the needs of pregnant women. Anyway, it's an individualized care, the results may be accompanied (P3, P4, P5, P6, P11).*

Plan individualized care to each woman is an example of commitment to the nursing professional can demonstrate the performance of its functions. SAE application

contributes plausibly to health care, while the execution is carried out by the nursing staff, but the results involve the multidisciplinary team. In addition, the positive evaluation of such assistance applied to a patient is confirmation that nursing fulfills its role for the well-being of people.

The nursing process is an iterative method to practice nursing in which the components are assembled in a continuous cycle of thoughts and action. The care plan contains more than nursing actions and may reflect care plans that cover all disciplines involved to ensure holistic care to the individual and/or family.[21]

Nurses believe that addressing the development of a care plan means time shift. However, the quality of assistance needs to be planned and coordinated, saving hours of work, just to establish the direction of continuity of care, facilitate health team communication and providing tools to evaluate the assistance.[21]

In the speech of the surveyed nurses can verify the valuation of the SAE and the recognition of its importance to comprehensive care and monitoring of patients, the possibility of continuous evaluation of care. Apply SAE is to demonstrate the commitment to the profession and to the improvement of patient health.

The Nursing Process is applicable and must be applied in a wide variety of environments (institutions providing inpatient care or outpatient services, schools, community associations) and in clinical situations with observations on the human needs of the clientele. The systematization of assistance must be focused on decision-making and the evaluation of results should be performed to play or not action/professional intervention.[22]

The nursing process has presented the main methodological model to the systematic development of the Professional practice or a technological instrument that facility the care and organizes necessaries conditions to the caring conduction and documents the professional practice.[22]

FINAL CONSIDERATIONS

It was possible to evaluate the nursing assistance provided to women affected by pre-eclampsia and investigate with the nurses, the complaining, conflicts and this pregnancy time. The actions were aimed at illness care, emotional support and systematization of nursing care.

The limitation of the research could be the amount of nurses obtained for the study because it was not possible with all the nurses of the two maternity hospitals. However, considering the population and in view of the qualitative dimension of this investigation, the restriction did not impair the analysis of content. New research involving the systematization of nursing care and obstetrical diseases should be encouraged in an attempt to encourage the improvement of professional practice and care provided to pregnant women.

Finally, it is understood that nursing is a profession entirely dedicated to patient care, whose purpose is always aimed at health promotion, disease prevention and rehabilitation. The Systematization of Nursing Assistance leverages this professional indispensability to a level of the team. Emphasize this is a duty of scientific research and recognition of the importance of the nurse is the right category.

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Submission: 2015/09/15
Accepted: 2016/04/05
Publishing: 2016/05/01

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