ABSTRACT

Objective: to analyze the experience of motherhood for women participating in prenatal groups focusing on the Theory of Leininger. Method: a qualitative study with 28 women in the late puerperal period and who attended prenatal groups, in two Basic Health Units in Londrina/Parana/Brazil. The interviews were conducted after approval of the research project by the Ethics Committee in Research, CAAE n° 0042.0.268.000-09 and analyzed using the Content Analysis. Results: from the discourse analysis resulted three categories, from the perspective of the Theory of Cultural Care: Experience of pregnancy and childbirth; Taking care of the child after hospital discharge; Participation in groups of prenatal care. Conclusion: groups provided the shared construction of knowledge and clarification of myths, taboos and beliefs that may interfere with maternal and child health, but a service based on the theory of Cultural Care promotes attention that meets the characteristics of each social group reducing potential hazards.

Descriptors: Postpartum Period; Prenatal Care; Mother-Child Relations; Women's Health.

RESUMO

Objetivo: analizar la vivencia de la maternidad de mujeres participantes de grupos de pré-natal con enfoque en la Teoría de Leininger. Método: estudio cualitativo con 28 mujeres en el último período puerperal y que asistieron grupos de pré-natal, en dos Unidades Básicas de Salud de Londrina/Paraná/Brasil. Las entrevistas fueron realizadas después de la aprobación del proyecto de pesquisa pelo Comitê de Ética em Pesquisa, CAAE n° 0042.0.268.000-09 y analizados utilizando el Análisis de Contenido. Resultados: del análisis de los discursos resultaron tres categorías, desde la perspectiva de la Teoría del Cuidado Cultural: Experiencia del embarazo y el parto; Cuidar de la niña después de la alta maternidad; Participación en grupos de pré-natal. Conclusión: los grupos proporcionaron una construcción compartida de conocimiento y clarificación de mitos, tabúes y creencias que pueden interferir en la salud maternal-infantil, más una asistencia embasada na teoria do Cuidado Cultural favorece una atención que atenda as peculiaridades de cada grupo social reduzindo possíveis agravos.

Descritores: Período Pós-Parto; Cuidado Pré-Natal; Relações Mãe-Filho; Saúde da Mulher.

THE EXPERIENCE OF MOTHERHOOD: PERCEPTION OF WOMEN PARTICIPANTS FROM PRENATAL GROUPS

VIVIÊNCIA DA MATERNIDADE: PERcepção de Mulheres Participantes de Grupos de Pré-Natal

LA EXPERIENCIA DE LA MATERNIDAD: PERCEPCIÓN DE LAS MUJERES PARTICIPANTES DE GRUPOS PRENATALES

Mayara Caroline Barbieri1, Nataly Tsumura Soares2, Rosângela Aparecida Pimenta Ferrari1, Marcela de Oliveira Demitto3, Mauren T. G. Mendes Tacla1

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INTRODUCTION

Pregnancy is considered a period of the life cycle that, in most cases, could elapse without health problems. However, it is a phase characterized by complex adaptive physiological changes, emotional, interpersonal and sociodemographic, which carry a potential risk of imminent death and therefore demand attention multidisciplinary health team.1

To carry out the consultation is necessary prenatal care practice beyond answering questions to stimulate uptake of the program by pregnant women. During the consultation must occur anamnesis comprehensive appreciation of woman talking and general physical examination so as to enable the classification of risk behaviors and effective adopt. 2

The educational activities throughout all stages of pregnancy and childbirth is critical, but it is at conception that women should be better targeted in order to live pregnancy and childbirth positively be encouraged as to the realization of self-care to have less risk of puerperal complications and also more successful in the care of the child after birth. 3

Among the tasks of the health care team, the nurse care plan falls during the prenatal care of pregnant women including in their physical, psychological and educational. Therefore, in addition to technical and scientific concepts, this professional must also get information about the beliefs and family values, to demystify what can be negative to the healthy condition of women and children. 4

Leininger conceptualizes transcultural nursing as a specific area of nursing practice in order to create a care that values the cultural heritage and way of life.5 The basis of this care is offered from three modes of action. The first is the preservation/maintenance care culture in which professional actions should focus on supporting clients to people of a particular culture. The second mode is the accommodation/cultural negotiation of care that encourage people of a particular cultural group to an adaptation or negotiating their way of life. The latter mode of action is geared toward repatterning/restructuring of the cultural care that focuses on the reorganization or modification of lifestyles, trying to respect the cultural values and beliefs. 6 Whereas the cultural care can offer subsidies to higher quality of care in pregnancy and childbirth. The present study aimed to analyze the experience of motherhood for women participating in prenatal groups focusing on Theory Leininger

METHOD

Qualitative study with women who were in the late postpartum period and had participated in groups of prenatal care in two Basic Health Units in the north of the city of Londrina, Paraná, in the months from January to August 2009.

These groups were organized and implemented in 2008 by the nurses area residents of Child Health nurses with UBS. The aim was to gather together so that mothers could answer your questions, share experiences and be guided in fetal development, preparation for childbirth, care during pregnancy and childbirth and care of the newborn. Meetings are held weekly, one hour before the service of the gynecologist time determined by the service to offer assistance, consultation and pre-pregnant group. The selection of women for the current study was randomized, with prior appointment by phone or communication of Community Health Agents (CHA) during home visits.

The data were obtained through recorded interviews, after signing the consent form. We used a semistructured instrument containing questions, which appeared in issues such as age of the mother and child, number of children, gestational age, birth, often in groups and child care.

After transcription of recorded interviews, the data were grouped into categories, using Content Analysis, specifically Thematic Analysis.7 For preservation of women's identity and identification of discourses, were used in this study, popular expressions: "mother first trip · MFT" to name the firsts; "mother second trip · MST" for secundiparous (mother's second son) and; "mother of third trip · MTT" and mothers of the third child or more.

This study received authorization signed the Informed Consent and clarified after the approval of the Ethics Committee on Research Involving Human Beings (protocol 039/09) and CAAE n° 0042.0.268.000-09.

RESULTS

The subjects were 28 mothers, a total of 170 participants in the pre-natal groups. Most women were between 25 and 35 years old (60,0%) and 24,0% 20-24 years old, 12,0% between 10 and 19, and only 4,0% over 35 years old. Regarding parity, 48,0% were primiparous, 24,0% aged between 25 and 34 and 20,0% between 20 and 24 years old. The secundiparous accounted for 32,0%, from 19-
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influenced the choice, which made the experience quietly.

Said that natural childbirth is the best birth you have, which contraction would come, right now he said that cesarean is more risky to catch infection, which is more difficult then to walk, which is complicated, it has to stay home [...] (MPV 25)

Helped a lot, because I walked a lot and helped me to have a smooth delivery. (MSV 18)

At the time I remembered some things that they said that I helped in childbirth, who was breathing quiet, I help. Whoa! But as helped. (MSV 20)

Most of the women in this study, performed the vaginal birth (52.0) and 48.0% was submitted to surgical childbirth. It should be noted that some women who underwent Cesarean would have realized the natural childbirth, but could not due to physical factors such as clinical or disproportion cefalo-pelvic or intrapartum complications.

[...] Cesarean was because I had no dilation. I wanted normal right! But it did not work, then had to leave for cesarean section. (MPV 5)

Were cesarean. It was not by choice, It was the latter case, because the baby had no strength left, I was going to 'shock', I tried the normal delivery for eight hours and nothing. (MTV 16)

Cesarean was because his little head was attached, but tilted up. (MPV 12)

II. The child care after hospital discharge

This category deals with the experiences of women in caring for children and about breastfeeding, from participation in groups during gestation.

With regard to the care of child hygiene were developed practical activities, using doll, bath, soap, towel, showing up as it should be bathing and hygiene of the umbilical stump. In the mothers' discourse was evident that the meetings provided greater security to run your child care (78,0%), minimizing anxiety, especially for "first-time mothers."

I never took a bath in a newborn child, only four months on, then I saw and found easy, time to do with it, it seemed to me that I already knew. (MPV 14)

[...] navel hygiene, which at the time my youngest had to go merthiolate and dry, now just pass water and dry, then these updates, these topics are always changing something, then helped a lot. (MTV 19)

[...] a lot of people told me so "ah navel it's a cable, you have to put a coin. I'll coin? I'm Not crazy [...] (MSV 24)

It can be observed that the interest of the "mothers of the second and third trip" was
higher on nutritional care, safety and hygiene of the child.

[...] I think every day we see new things, and it's good for us to learn because it has so much myth, much that has nothing to do. (MSV 11)

[...] We talk, we address various topics, honey before age two can not give these things feed [...] (MTV 19)

Ah! Because I was very curious, even though my girl, I still had enough curiosity. (MSV 1)

Some women reported that their participation in the group did not influence the care of their child after birth, as some had children, and others, for not participating in the group on the day in which they discussed the issue of child care.

Not because I had a son, I already knew everything she said. So, for this day since I had no idea about what she was talking and did not actually influence me much. (MSV 13)

So that part of baby care I did not get was what I wanted most, but not got what I was taking care of him was by myself. (MPV 15)

With regard to breastfeeding, only one parent, due to HIV positive not breastfeed her child, the other 27 started lactation. Groups were developed activities on breastfeeding and used as doll and resources within guinea pig to demonstrate the position of the baby sucking. As to the speeches of breastfeeding mothers were favorable for this practice to be beneficial for both.

Ah! It's a unique feeling, knowing that only I can give all that he needs. (MPV 2)

One thing I remember now that when you're breastfeeding, at least once look into the baby's eyes, it is very important to look into his eyes while breastfeeding, which is a transmission of caring love, trust. (MPV 21)

You treat him with more affection, you know that the beginning is totally dependent baby compared to you, I came to understand more, to observe the reaction of the baby. (MTV 6)

I'm even seeing time bottle feeding. Then he will talk ready now she's gone. I'll have to go back to school, now wanted to return in August, but I think I will not go there. (MPV 3)

A part of women did not offered breast milk during the interview justifying that milk production had little or dried milk, most often, by experiencing stressful situations.

I spent very nervous then my milk dried up. Now, he takes regular cow's milk and baby food now. (MSV 1)

My milk dried up because of the pressure, I had high blood pressure when I went to win, so I was nervous because of the pressure and my milk dried up. (MPV 9)

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[...] Now I got to give cow's milk, because my chest was not supporting him (MPV 25)

III. Participation in prenatal groups

This category deals with the significance of women's participation in groups during gestation.

Of the 28 women, only one did not consider the group a positive influence for the gestational period, as just participated in a meeting on caring for the newborn and the topic was not of interest. For other meetings contributed significantly both for self-care as well as for the exchange of experiences among mothers, making them more secure and peaceful.

It was good because, I'm first-time mother, even though mother, guiding people, but the group was good too, I learned in time to give the baby a bath. Helped me to stay calm. (MPV 22)

I think it was for more understanding, so for me it was worth much because it's like you matured a little more, it seems that everything you learn (pause) it always seems to lack a little something to fill is equal study you can study the rest of life, but will always show things you have to learn for me was learning a lot. (MTV 6)

With other pregnant women we end up learning something else. (MSV 24)

Until the debate mothers also helps, because we question and they will answer and clarify our doubts. (MPV 9)

For group participants prenatal issues addressed and the resources used offered moments of learning, interaction and exchange of theoretical and practical experiences.

It was good because they always said that when you have a question, or want the next lecture in any subject then you write, or have a question [...]. They showed video had doll, because it explains more than just talk, show there and we learn more, used that chest. (MPV 9)

[...] These people, they convey a trust a friendship, a caring and support for mothers. (MPV 21)

I think it's good, because I always went when I was about to see, so we have to get there 1h, 2h but only meets, at least we have something to occupy their time, I think very good. (MSV 1)

[...] Told me everything, like baby care, how to care for me, how to act when the time of contraction, or during pregnancy. (MPV 2)

Many mothers evaluated the whole process of executions of groups as satisfactory, considering it as a facilitator for both membership meetings and for understanding the issues addressed. The all reported that
groups cannot finish, mainly because they offer a support is essential, especially for “first-time mothers.”

Sure. I think I had to open more, so I guess not only so, but also for teenagers, are starting a life, need a more in matter of […] ah! No way, certain care, we see so many 13 year old girl without any structure, without mother, is complicated. (MTV 6)
I think so. Because a lot of people would meet there, would be quieter, even more than I had the first, when he had lived my mother. (MPV 10)
I think, for women who have more children have more experience, but has a lot of brand new girl who does not know, to dispel doubts them and to calm them, for they do not know what will go ahead. (MSV 17)
The account of some participants drew attention to the fact that other groups should be formed as a group of postpartum women, for example.

In the case of baby food I’ve had a bit of trouble. She even had the baby food was rice beans and broth. I have no idea how to make baby food, will be salt, fat goes, I do not know if I even had a lecture would. Pretty soon, she’ll start eating everything she sees she starts moving his little mouth. (MTV 16)
I could keep talking about breastfeeding, baby bath and feeding of the mother and child, what should and should not eat from that age. (MPV 26)

DISCUSSION

The results of this study showed that the majority of women who participated in the program group prenatal belonged to the young age group, as this found in another survey conducted by nurses, psychologists and sociologists at the Federal University of Santa Catarina, with pregnant women and their partners in the so called “group of pregnant women and pregnant couples.” Most of these meetings were attended by women, mostly aged between 19 and 32 years old.8

Another fact observed in the present study was that, regardless the age or number of previous pregnancies, women felt safer and more peaceful after participating in the groups. They could also answer questions and conflicts, as often this experience cause apprehension, especially to new mothers journey. The setbacks and joys of experiencing motherhood justify the anxiety, fear and anxiety, because pregnancy requires a deep adaptive process of woman, her partner and other family members because of the intense physical, psychological, family and social inherent in it. The physical discomforts and emotional changes may have an impact on how the pregnancy is experienced.9

These feelings can be minimized even during pregnancy and nursing is one of the professional health care team that can provide meetings for women to share new learning and maternal experience. Therefore, these meetings must overcome the physiological line of maternity, can not be used solely mechanical methods rather focused on people and exchange experiences. The existence of this involvement creates an atmosphere of mutual understanding and cohesion of the group members, and this favors its continuation in a harmonious and constructive. In this climate, its members feel encouraged to participate and express their ideas, promoting the sharing of experiences, expectations, fears and doubts that are inherent to the pregnancy.9

It is worth noting that such experiences can be linked to past experiences between the generations and that should be considered by the professionals, because each social group has its ways of life. So centered care culture favors the preservation of the mother, negotiation and re-patterning, based on the possible impact of culture on their health.

In research conducted with pregnant women and caregivers in Santa Catarina revealed that participation in group prenatal facilitated the understanding of this new phase of life, contributed to demystify and revise beliefs and myths related to pregnancy, childbirth and postpartum, expanded knowledge about care of you and the baby and women’s rights throughout the process.8 It is a fact that for pregnancy, childbirth and the postpartum period, to be conducted by the mother safely, harmonic and pleasant, all these stages must be addressed and worked in the pre-natal, avoiding, above all, unnecessary frustrations and concerns team and family.10

When it opens the discussion on the issue of delivery, note that if motherhood is one of the most important experiences physical, psychological and intersubjective life of women and childbirth, while physiological episode is the culmination of biochemical phenomena, and while emotional event, psychological and existential, is the very transcendence.11

Authors point out that women, making them feel more secure and confident, expect and should receive information and explanations about the labor and birth. For them, it is extremely important that the professional explain, calmly, the procedures to be undertaken, talk about the well-being of...
the fetus and talk to the mother during all stages of the evolution of childbirth.12

This fact was strongly evidenced in the interviews, in which women, after receiving information and tips on how to prepare for childbirth, knowing what would happen in each procedure and how to react in certain situations, they felt less distressed and nervous.

Study in a public hospital in the city of São Paulo showed that health professionals considered cesarean delivery, when recommended, as a humanized birth. Therefore, they considered that standardization, systematization and implementation of educational delivery to act as essential factors for the electivity of cesarean not straddling normal delivery.13

After delivery and discharge the woman undergoes a physical and emotional experiences the confrontation between the expectations built up during pregnancy and everyday reality of that period.14 Therefore, it is necessary that the guidelines offered to pregnant women during prenatal care are included for postpartum so that she’ll gradually assimilating the child care and self-care.14

The women in this study reported that the activities in groups of pre-natal care to the child, from hygiene to breastfeeding were also properly explained and understood, making them more secure and peaceful, even stopped running popular practices as offering tea and water during the period of exclusive breastfeeding, apply “merthiolate” or put money in the navel, which considered the risk to their children.

The nursing staff plays a key role in the educational process, the address information necessary for the individual to have knowledge of their actions and consequences on their health.14 It is evident that nursing professionals should evaluate their daily professional practice based on his experiences in rethinking maternal positive and negative influence of the culture for successful practices related to motherhood.15 The theory of culture care explained by Leininger associated educational practices should be guided in a relationship to occur horizontally sharing knowledge and practices.16

Another study also showed positivity of prenatal groups, because the participants were able to better reflect on this new phase of life and their transformations in order to debunk erroneous beliefs and understand the care needed with you and your child, as well as reaffirm activity in this group strengthens the learning experience through exchanges of experiences.8

Some participants reported how much they were influenced by family and friends, especially regarding care of the baby, but to participate in the groups could have greater independence from the acquired knowledge. Furthermore, even though these myths, taboos and beliefs are considered familiar popular practices require greater professional attention, since such attitudes must be respected, since it preserves the health of the child, so as not to create conflicts within the family.17 Nursing is a profession that should develop coherent cultural care, whereas nurses provide care to social groups with different cultures.4

Even after the guidelines and considerations concerning, for example, breastfeeding, its benefits and real historical significance, it is important that the woman be considered within its social and economic context, respecting their feelings, values and beliefs of order to condition it to decide on any matter relating to their experiences, without feeling judged or evaluated by staff.10

It is true that nowadays mothers have a greater knowledge about the benefits of breastfeeding. However, weaning is still common, and some of their reasons, including some present in the speeches of the participants in this study would be the lack of a cultural support, beliefs in myths and taboos as “lack of milk” and “weak milk” but mainly by the characteristic life anxious and tense that the contemporary woman has experienced. But that maternal anxiety, cannot always be solved only in groups and, in some cases, individual monitoring is needed in order to alleviate this anxiety and guilt that women can more safely assume the role of mother and provider of food for your child, feeling adequately assisted in their doubts and difficulties.16

Groups enabled the study participants the opportunity to exchange knowledge and experiences in which knowledge was created collectively. This process aids in understanding about the process of birth, healthy alternatives to experience the process and creates subsidies for overcoming limitations in performing care safely.8

The theory of Cultural Care approached by Leininger is of great value because it does not provide specific guidance for the nursing care she guides a framework for making decisions based on customer benefit.6 Therefore, the participant should be considered as a subject in all the needs, desires and interests, not just their satisfaction / dissatisfaction with the
service they received, but also as able to critically reflect on the objectives and the form of that service, not only as the object of the action, but as having a potential for proactivity with regard to the control variables determinants of health and illness for themselves and their community. 19

Practice listening, how groups of prenatal technologies that do not require highly complex, but the reorganization of work in the health service, can be a factor as effective management and analysis of epidemiological indicators of outcome or then production and productivity of the process of care for maternal and child health. 19 Such considerations reinforce what most women report on participation in groups, when they said that it had a positive influence on their maternal experiences and encounters can not stop because they provide relevant guidance to self-care and care of your child for both the first-time mothers and for the other.

**FINAL REMARKS**

For some mothers' second and third trip “groups allowed more support during pregnancy and the” new mothers “at childbirth and infant care, reinforcing that child care should be started in the period pregnancy, preparing the mother, the child which will be entirely dependent. Additionally, the groups provided the shared knowledge construction. It also favored for clarifying some myths, taboos and beliefs that may influence the care of the newborn. Thus, it is necessary that the approach in the groups should be based on cultural care, focusing on beliefs and individual and collective values, the preservation, negotiation and re-patterning of care.

Other studies should be conducted on the subject, especially evaluative research, even if difficult to operationalize, to provide grants to improve the quality of maternal and child health services in primary health care.

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