A NEW EDUCATIONAL INSTRUMENT FOR HYPERTENSION PREVENTION IN PREGNANCY - EVALUATION THROUGH FAMILY HEALTH TEAM POINT OF VIEW

RESUMO
Objetivo: avaliar uma nova ferramenta educacional para a prevenção da hipertensão na gravidez pelo equipe de saúde da família. Método: estudo metodológico, de natureza quantitativa, por meio de questionário aplicado aos profissionais das equipes de Saúde da Família sobre a construção de uma tecnologia de educação em saúde, realizado em unidades básicas de saúde. Um total de 90 profissionais foi incluído. Foi desenvolvida uma ferramenta educacional para prevenção da hipertensão na gravidez, que seria ligado ao cartão de saúde. Resultados: a ferramenta educacional foi considerada viável e aplicável pela maioria dos entrevistados (97% dos enfermeiros e 100% dos médicos); apresenta ampla gama de informações necessárias para a educação dos pacientes nesse campo. Alguns enfermeiros (12,3%) e médicos (13,6%) consideraram que havia algumas “armadilhas” relativas a medidas preventivas que devem ser adotadas no pré-natal. Conclusão: as contribuições dos profissionais de Equipe de Saúde da Família possibilitaram a construção da versão final da ferramenta educacional dos pacientes para prevenir a hipertensão na gravidez. Descritores: Saúde da Mulher; Educação para a Saúde; Prenatal; Hipertensão.

RESUMEN
Objetivo: evaluar una nueva herramienta educacional para la prevención de la hipertensión en el embarazo por el equipo de salud de la familia. Método: estudio metodológico, de naturaleza cuantitativa, por medio de cuestionario aplicado a los profesionales de los equipos de Salud de la Familia sobre la construcción de una tecnología de educación en salud, realizada en unidades básicas de salud. Un total de 90 profesionales fueron incluidos. Fue desarrollada una herramienta educacional para prevención de la hipertensión en el embarazo, que sería ligada al registro de embarazo. Resultados: la herramienta educacional fue considerada viable y aplicable por la mayoría de los entrevistados (97% de los enfermeros y 100% de los médicos); presenta amplias informaciones necesarias para a educación de los pacientes en este campo. Algunos enfermeros (12,3%) y médicos (13,6%) consideraron que había algunas “armadillas” relativas a medidas preventivas que deben ser adoptados en el prenatal. Conclusión: las contribuciones de los profesionales del Equipo de Salud de la Familia posibilitaron la construcción de la versión final de la herramienta educacional de los pacientes para prevenir la hipertensión en el embarazo. Descriptores: Salud de la Mujer; Educación para la Salud; Embarazo; Hipertensión.
INTRODUCTION

An adequate prenatal (PN) care is the prevention, diagnosis, and treatment of unwanted pregnancy, childbirth, and postpartum period. These actions are important for reducing maternal and neonatal morbidity, and mortality, so adequate prenatal care is available directly related to the attention of the integral mother.

The pregnancy record (PR) was created in Brazil in 1988 to store information and facilitate communication among prenatal care professionals. This is a registration document that should contain information about all the procedures performed during the pregnancy. The PR completion is required for the first prenatal visit. It is given to pregnant women, and they must have this record at all prenatal appointments. Besides being a tool for recording data during pregnancy, PR could also be an educational tool to promote women's health.

In the Ceará Region, a total of 1892 maternal deaths occurred between 1998 and 2013, and 1,724 (91%) were directly caused by obstetric problems, with an average of 78.9 deaths per 100,000 live births, which is considered a High index according to the World Health Organization. The main causes of maternal deaths were hypertensive pregnancy syndromes (48.3%), followed by hemorrhagic complications (23%), abortion (9.3%) and puerperal infections (6.7%). Prenatal care must be improved to change in this dramatic context and decrease maternal and infant mortality. Patient education could be an important part of care to improve maternal health and outcomes for the child.

The need for educational interventions for the prevention and/or control of risk factors for this syndrome and the use of PR only as a maternal and perinatal data recording instrument was decided the emission of morbidity and mortality associated with the hypertensive syndrome. This is a study with the objective of evaluating a new educational instrument for the prevention of hypertension in pregnancy by the Family Health Team.

METHOD

A methodological study of a quantitative nature through a questionnaire applied to the professionals of the Family Health Teams on the construction of a health education technology. It was carried out in the Primary Health Care Units (UAPS) located in the Regional Executive Secretariat VI (SER), in Fortaleza-CE and it was chosen for being the largest one, assisting 29 neighborhoods, with a population estimated at 600 thousand inhabitants, corresponding to 42% of the territory of Fortaleza and where the largest number of UAPS is concentrated. Data collection took place from August to October 2015. Participants in the study included 90 professionals from the Family Health Teams (EqSF), who were in the abovementioned SERs and who followed the PN from two (2) years. Among the participants, 68 were nurses and 22 doctors, who agreed to collaborate with the research.

The educational tool was developed based on the literature on measures to prevent and control risk factors for hypertension during pregnancy. Preventive measures include: healthy eating - moderate salt intake, use of vegetable fat, predominantly white meat and vegetables, removal or maximum daily consumption of 100 ml caffeine-containing beverages, fractionation of daily meals (six); abstaining from addictions - alcohol, tobacco and illicit drugs; regular physical exercise, stress management; sleep and adequate rest; systematic consultations, and regular use of prescribed medication (if applicable), among others. Subsequently, the instrument was sent to the participants of the study to record their contributions, which, since participants agreed no with the conduct of hypertension prevention in pregnancy, because, certainly, carried out extensive knowledge on the subject, due to experience in monitoring the PN (Figure 1).
**PROPOSAL OF EDUCATIONAL TECHNOLOGY (PTE)**

Preventing and/or controlling the risk of hypertension during pregnancy

<table>
<thead>
<tr>
<th>Healthy eating</th>
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**Preventive and/or control of risk factors of hypertension in pregnancy**

**Proper use of salt (avoiding sausage, cooking low-salt foods)**

**Use of vegetable fat (margarine)**

**Predominance of vegetables in daily food (Eating more fruits and vegetables)**

**Prevalence of white meat (eating chicken or fish four or more times per week)**

**Reduction of the flour in the meals (rice, pasta, bread)**

**Fractional meals (5 to 6 a day) - breakfast, lunch from 9:00 am, lunch, snack from 15:00, dinner and supper)**

**Use of dietary sweeteners (any brand)**

**Proper use of coffee (up to 02 small cups a day)**

**Abandono de vícios**

**Avoiding cigarettes and other drugs (marijuana, crack, cocaine)**

**Avoiding consumption of alcoholic beverages**
Regular physical exercise (as directed by a physician)
Walk or water aerobics

Adequate sleep and rest
Sleep (08 to 10 hours per night) Rest (2 to 3 hours during the day)

Adequate fluid intake
Taking from 8 to 10 glasses of liquids (water, natural juices, coconut water). Avoiding soft drinks

Stress control (Searching for leisure options)

Strict attendance at prenatal consultations

Measurement of Blood Pressure (outside the UAPS)

Self-examination in the search for edema (swelling)

Avoiding self-medication

Regular use of prescribed medication (if applicable)

Initially contacted with the Family Health Team coordinators to give study science and data collection. Relevant documents were distributed for data collection with professionals.
The data contained in the instruments answered by the participants were organized and processed by the SPSS program (Statistical Package for Science for Social Science, version 20), represented in tables. The analysis of the results was based on the analytical and descriptive statistics, using the statistical tests to reach the proposed objectives, mainly of validity and reliability of the instrument. The qualitative data generated from the justifications complemented the analysis of the quantitative data.

The research project was approved by the Research Ethics Committee of the University of Fortaleza/UNIFOR, Brazil under Opinion nº 875374.

**RESULTS AND DISCUSSION**

There was a predominance of 68 nurses (75.5%), 73 females (82%), with 65 in the age up to 39 years old (72.2%). Most of them had work experience of more than 9 years, 47 (52.2%). There were 60 involved in prenatal care between 2 -7 years (66.6%), and a 51 in a postgraduate (56.6%).

The identification of the professional profile can contribute to improving the quality of both services, training institutions and professional development. The determination of this profile is the most rational basis for organizing the entire process of vocational training.

Thus, personal human characteristics and interdisciplinary training of professionals working in the health sector can influence the choice by their performance in the Family Health Strategy (ESF), how to deal with issues related to EqSF work. Therefore, it is necessary to know the profile of these professionals, since this seems to be associated with the identification with the work of the community, academic formation and qualification and training for the tasks.

A study carried out in São Paulo/SP showed the lack of physicians with the adequate profile to work in the ESF as one of the difficulties for the implementation of the satisfactory health model. Their authors found a negative correlation between the satisfaction in the work of physicians and the turnover of these professionals, and some variables that correlated with turnover, such as lack of continuous education activities, availability of equipment for the performance activities and geographic issues related to the distance of health units.

Viability is related to the sensitization of the health professional and coordinators of primary care institutions to incorporate this instrument into the routine of services, while the applicability is the instrument allied to the health team and pregnant women, facilitating the adoption of measures to prevent and control hypertension in pregnancy.

The educational instrument was considered feasible and applicable by most professionals interviewed, 66 (97%) of nurses (E) and 22 (100%) physicians (M), as summarized in Table I, and justified through the speeches:

- The tool will be valid and will help women during pregnancy if implemented as proposed because it gives several important information.
- It can influence the life of the pregnant woman in a positive way by showing them the risk factors involved in hypertension.
- The educational instrument was validated through the quantitative and qualitative methods, and its feasibility will be confirmed in the study. It will be feasible and applicable by most professionals.

In 2004, the Ministry of Health (MS) launched the National Policy for Integral Care to Women's Health (PNAISM), which reaffirmed the need for health actions that contribute to the reduction of female morbidity and mortality in all phases of life. This policy has stimulated the participation of nursing in the health care of women, especially in the PN, defending educational activities that include women as active agents in the care of their health.

Control of hypertension in pregnancy is related to the assistance to women in severe pregnancy. This approach reinforces health promotion and disease prevention behaviors within the political, economic, cultural, and historical context in which pregnancy is not a disease process, and professional interventions must adopt behaviors that bring well-being and ensure safety for the woman and her fetus.

The educational process in PNs requires the nurse to implement strategies that stimulate the mother's continuous learning, as well as work to build an empowered service. However, the participation of this professional is extremely important, since his role as an educator in this context ignites a reflection with emphasis on orientation, early detection of risk situations and the promotion and education of health of pregnant women.

The nurse should not impose his knowledge and disregard the reality of the person. If this happens, the guidelines given may not be adopted due to incompatibility with this reality. To know the learning needs of pregnant women during the PN period is to consider their importance in determining their self-care. Thus, becoming a pregnant self-care agent.

Self-care agent is the person capable of taking initiatives and taking responsibility as...
well as engaging effectively in developing their path towards improving the quality of life, health, and well-being. Thus, it goes far beyond what a person can do on his own. It involves a person’s control, freedom, and responsibility in improving their quality of life.

The nurse as the protagonist of the educational process in PN has a fundamental role in the quality of prenatal care (APN) and the reduction of maternal and neonatal morbidity and mortality. This corroborates with the authors of the study when affirming that this professional is the one that best develops their activities to attend to the health needs, showing a greater interaction with the pregnant women through the reception, the listening and the humanized relation provided.

The professionals interviewed also suggested inserting the instrument into the electronic medical record:

 [...] The tool is very interesting, very feasible for primary care [...] it is feasible and applicable, so it should be distributed to all nurses and physicians involved in prenatal care, especially in public health [...] I believe this tool will bring many benefits to pregnant women when it is adopted in day life and attached to electronic medical record and pregnant record (E3, E12, E5, E13, M53).

PR is a recording tool in which all health care related data is recorded. These data are also important for the referral of patients from one unit to another. The PR should be maintained with the pregnant women and taken with them to all APNs. The information contained in the PR also serves the Brazilian System of Live Births and used to evaluate the quality of prenatal care in the country.

There are small problems associated with PR, including missing data (when health care providers do not fill out all the necessary information) and losses (in cases where women have lost PR). The lack of information on maternal and child health in PR can highlight the poor quality of health care and limits the production of data needed to organize and plan public action to improve care. The PR can also be used to give patients health information, such as preventive measures for major problems that may occur during pregnancy, including hypertension.

Besides being a PN data recording instrument, childbirth and postpartum, the PR could also be used as an educational technology in the promotion of women’s health, for the prevention and/or control of risk factors injuries during the life-cycle.

The educational technology will allow the family health team to maintain a strict control of the behaviors foreseen in the NP, to identify risk factors, orienting on the needs of these changes of control and contributing to the quality of life of the pregnant woman through PN as Vehicle for educational activities, health promotion, and disease prevention.

The technology would be a guide to aggregate PR in prenatal follow-up to educational activities and educational and referral tool for pregnant women. The educational instrument will give the health professional a guide to better advise pregnant women about measures to prevent or control hypertension during prenatal care.

 [...] The instrument has feasibility due to its simplicity and objectivity, so it is easily applicable. It is appropriate because women can consult it whenever they want [...] it is very important to solve patients’ doubts ... It is a guide for the professional involved in prenatal care [...] it is great for the prenatal care, because we use it to pass all this information orally, and most patients have a low level of education, so it is easier to understand what the educational tool is showing [...] (E4, M16, E17, E26, M23, E24, M26, M25).

Using the concept of empowered education, the teacher (or health professional) should not only be a transmitter of knowledge and experience, nor should the student (or the patient, in our case) be just a passive receiver. It is a conception that requires an ear ability to one another.

Another study shows that health care plays a significant role in determining the health-disease process, suggesting the reorientation of health services and to systems to the implementation of comprehensive and practical strengthening of health promotion activities. It points out that a change of attitude of health professionals is needed to be achieved through educational processes, training, and new organizational formats. It also recommends that services should be geared to the need of the subject should be organized respecting the cultural differences that may exist. It also proposes that this reorganization happens to share responsibility and partnership among users, professionals, institutions providing services and community.

The educational instrument contains the most important preventive and control measures for hypertension in pregnancy, which should be followed by patients. According to most professionals interviewed, 56 (82.3%) of the nurses and 19 (86.3%) of the physicians, the proposed tool includes all
measures of prevention and control of hypertension in pregnancy. It presents a vast amount of information necessary for the education of patients in this area.

[... ] The instrument is large and includes all the risk factors for hypertension in pregnancy, and it facilitates the identification of risk factors for the development of hypertension [...], so this tool benefits pregnant women throughout the pregnancy cycle [...] (E25, E26, E58, M59).

Historically, PN care has occupied an important place in health care for women, since it has a set of actions aimed at preventing, promoting, diagnosing and maintaining the health of pregnant women and newborns, especially those with obstetric problems.

This way of providing adequate conditions for maternal health is reinforced by educational practices within perinatal consultations. As pointed out by several studies, among the most important objectives of PN care, as soon as possible the identification of risk situations, allowing the prevention of the most common complications of pregnancy and postpartum.

The high rates of maternal and perinatal mortality are directly influenced by living conditions, the quality of obstetric care, and the PN of unskilled assistance.

Table 1. Distribution of nurses (n = 68) and physicians (n = 22) according to the general evaluation of the Educational Technology Proposal (PTE). Fortaleza (CE), Brazil, 2015.

<table>
<thead>
<tr>
<th>General Evaluation of the PTE</th>
<th>Nurses n</th>
<th>%</th>
<th>Physicians n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTE Feasibility and Applicability</td>
<td>66</td>
<td>97.0</td>
<td>22</td>
<td>100.0</td>
</tr>
<tr>
<td>Preventive and/or control of risk factors for hypertension during pregnancy</td>
<td>56</td>
<td>82.3</td>
<td>19</td>
<td>86.3</td>
</tr>
<tr>
<td>Modifications or additions to the PTE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- comprehensiveness</td>
<td>01</td>
<td>1.1</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>- content</td>
<td>03</td>
<td>2.5</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>- objectivity</td>
<td>01</td>
<td>1.1</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>- structure</td>
<td>01</td>
<td>1.1</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Language</td>
<td>01</td>
<td>1.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution in the prevention and/or control of the risk of hypertension in pregnancy for:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- professional monitoring of the pregnant woman</td>
<td>67</td>
<td>98.9</td>
<td>22</td>
<td>100.0</td>
</tr>
<tr>
<td>- pregnant woman</td>
<td>67</td>
<td>98.9</td>
<td>22</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In Brazil, it can be said that there is still a precarious perinatal situation related to access to PN care and delivery, highlighting the various difficulties socially imposed on pregnant women, including the distance between home and health facilities, limited financial resources, preventing pregnant women from attending PN consultations with adequate conditions. They are reaffirmed in a survey conducted in 22 Brazilian capitals in 2002, which demonstrated how PN offered assistance to the country, still disjointed between health services and conditions of pregnant women.

PN should be denser in some places, as in many places its practice has been recognized for its impact and transcendence, with components contributing to a significant reduction in maternal and perinatal mortality rates, and being the best way to the biopsychosocial needs of pregnant couples.

Considering the right of all pregnant women to have access to PN, especially those classified as at risk, PHPN reinforces the precept that the humanization of obstetric and neonatal care is the first condition for adequate monitoring of delivery and postpartum.

The health professional interviewed suggested the education of spouse and family patients because they use to participate in pregnancy care.

[... ] The tool contains the major risk factors for hypertension in pregnancy, and changing habits represents the primary prevention measures against hypertension in pregnancy [... ] but it is important to involve patient and family patients to facilitate treatment objectives (E2, M24, M27, E33, E36).

Thus, specific assistance for pregnant women and their partners should begin as early as possible, ensuring not only the service but also the establishment of links between women’s partners and professionals, important issues for the humanization of care.

The importance of PN and joint actions when pregnancy is high risk, because they usually trigger conflicting and contradictory feelings within the family, requiring more specific actions, adapted to the specific characteristics of an offender.

During PN, the risk increases the interaction needs between caregivers and pregnant multidisciplinary team, promoting the knowledge and interaction of the specificities of each experiencing a high-risk pregnancy. Thus, it reaffirms the importance.
of humanized care, education, free of unnecessary interventions, by the precepts standardized by ongoing programs aimed at women's health.26

It is very important to provide patients with educational actions at all stages of the pregnancy cycle. It is during prenatal care that women and their spouses should be counseled on all matters relating to pregnancy, childbirth and the puerperium.31

There were 12 nurses (12.3%), and 3 doctors (13.6%) pointed out that there were some pitfalls related to preventive measures that should be adopted in prenatal care, such as the importance of routine laboratory, immunization, fertile and other specific tests needed when hypertension is already underway.

[...] The tool does not include the importance of laboratory tests, immunization, to get pregnant [...] there was a lack of information about the tests, such as proteinuria 24h, monitoring of HELLP syndrome, among others (E37, M38, M39, E61).

The PR was used as a PN instrument. However, for the effectiveness of its use, the registration of any comprehensive and rational assessment is important to facilitate the communication of information on the stage of labor. It is a communication link between outpatient and hospital care teams, as the professionals involved in this care are not always the same. Also, it is an instrument for the evaluation and evolution of pregnancy.34

Most of the time, PR is the only document carried by women at all stages of pregnancy and delivery, with PN monitoring records so they can plan quality care that also contains baseline and reference information for high-risk in PN.

Reinforcing the great professional responsibility that involves completing the records in the PR, it should be noted there is not only the banal, careless and automated record of the results. A critical analysis of these data and their relationship to the clinical picture so that there is no inaccurate interpretation is needed.34

The modifications and changes in the tool were suggested by a nurse about its coverage, objectivity, structure and language. Also, it was suggested to change some aspects of its content by 3 (2.5%) nurses.

The nurses suggested the allows the patient’s spouse to participate in the pregnancy care.

[...] Telling the patient’s spouse, in a clear and objective way, information about the importance of their help during prenatal care and their knowledge about the preventive measure for hypertension in pregnancy [...] (E2).

The health professional recommended the application of the tool to many pregnant women, and that information on gestational diabetes was included.

[...] The instrument has great coverage in information [...] I recommend that it benefit many pregnant women [...] and besides to hypertension, it also covers information about gestational diabetes [...] (E11, M24, E65).

Professionals should be aware of a greater need for educational actions addressing specific problems found in pregnant women. In many cases, interventions with the family and community can generate positive impacts. During the monitoring of pregnant women considered low risk, attention should be paid to the appearance of some of these factors during pregnancy.35

In most cases, the presence of one or more of these factors does not signify the immediate need for more advanced preliminary clinical resources than commonly offered in prenatal to low-risk technology, although indicating increased health care for these women pregnant women. This can only mean an increase in the frequency of consultations, home visits and health education, and the interval defined according to the identified risk factor and the mother’s condition at this time.35

Maternal hyperglycemia results in fetal hyperglycemia, with a consequent increase in insulin production, leading to hypertrophy and hyperplasia of beta-pancreatic cells. Hyperglycemic status and excess glucose levels favor fetal organ alteration, and macrosomia.33 Excessive glucose, amino acids, and lipid levels are also data that stimulate neonatal weight gain.36

The professional also recommended the inclusion of information on the quality and quantity of different types of food that can be ingested by pregnant women.

[...] I think that the amount of each of the foods that can be consumed by women should be included in the instrument, for example: five servings of fruit a day [...] specify portions of food because some patients eating large amounts of food and presenting a rapid and inadequate weight gain [...] to make it clear that canned foods should be avoided [...] (E10, E24, E63)

Dietary recommendations are very important during prenatal care, and in the case of the Family Health Program, this action is done by a nutritionist. The prenatal care must be done by a multi-professional team.
The intervention of the Health Support Unit Family Team (NASF) should prioritize to support the ESF teams, but also to interventions for collective promotion, prevention and monitoring of social groups in the vulnerable. Actions to support Family Health should reduce referrals and not as another benchmark or new referrals to other services such as health promotion to strengthen community health, to intervene in determinants of health/illness.

The objectivity of the educational tool is directly related to its applicability. According to the professionals interviewed, the tool should be inserted in the electronic medical record and connected to the PC.

[…] To use the tool in medical consultations, it is good to include it in the online system of medical records, and attach this to the pregnant woman’s record […] (E13).

Among all the functions recommended by MS, PR works as a source of information for the Live Birth Information System (SINASC) and its data are used to assess the quality of PN care and to support maternal and child health policies in the SUS. Municipalities eligible for PN that do not continuously feed information systems, such as SINASC, are suspended the transfer of federal funds to the program.20

The structure of the tool consists of the organizations of its contents and the articulation with the images. Health professionals suggested the inclusion of space for writing notes and other advice given to women.

 […] I suggest to include a space to write other information that the health professional can give pregnant women […] (E10).

The language of the tool should be clear and easily understood by patients. There were suggestions to change some words to make the tool easier to understand.

 […] A simpler language should be used, which should be easily understood by women […] (E24).

 […] Language must be clear and according to the level of education of patients and culture … our population cannot understand, for example, 100 ml, because they are used with measures such as a spoon, a glass […] (E33, E36, M57, E60, E63).

An approach to language can not only have a description of linguistic facts. A historical nature approach to this process is imperative to critically explain these facts and processes of social production of linguistic norms and usage, arising from the needs of a specific society at a given time. It reveals the motivations, interests, needs and, especially, the social conditions in a particular economic sector, which includes the interlocutors.37

Using a stick to defend against other animals, the man began to instrumentalize objects, becoming instruments only when he succeeded in accomplishing the objectives of his action due to his condition of reflection and ideation.37 And man can only accomplish the objectives of his action when drawing and, for this, language is fundamental.

Therefore, it is important to note that besides the use of technology, not only transmit information is necessary for the clarification of words to the target audience is necessary for human reflection and Unidas suggestions38, often showing the use of technical jargon difficult to understand.

The speech, language, and process of the manifestation of the product are always ideological, whether the maintenance or transformation of the existing social system. The understanding of culture as the result of the work and social-historical development of society at a given moment, there is no language what inseparable, because it is what constitutes, organizes and mediate social relationships.

Based on Paulo Freire’s assumptions when writing about adult literacy, he mentions two practices: the bank and liberator, resulting from our way of perceiving and understanding the students. If we do not reflect on the man we want to educate, we have the risk of adopting teaching methods and working guidelines that reduce object status. Moreover, if it does not reflect on the cultural environment in which this man lives, it let him impose a pre-fabricated education, not adapted to the concrete man of the intended.39

**CONCLUSION**

The contributions of nurses and physicians of the Family Health Team enabled the construction of the final version of the educational instrument of the patients to prevent hypertension in pregnancy. There was consensus on the overall structure of the tool, feasibility, and applicability.

According to the health professionals interviewed, the instrument contributes to the prevention and control of the factors associated with hypertension in pregnancy. It is a guide to educational actions during prenatal visits, and it can facilitate the work of health professionals. It will also allow the self-care of women and help them promoting their health. Health professionals recommend
the rapid dissemination and implementation of the tool in clinical practice, attaching this to the PC.

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