SOCIOECONOMIC CONDITIONS OF THE GESTATION OF PRETERM INFANTS
CONDIÇÕES SOCIOECONÔMICAS DA GESTAÇÃO DE BEBÊS PREMATUROS
CONDICIONES SOCIOECONÓMICAS DE LA GESTIÓN DE BEBÉS PREMATUROS

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ABSTRACT

Objective: to identify the socioeconomic conditions of gestation of preterm infants. **Method:** a quantitative, descriptive, cross-sectional study developed with 109 mothers of preterm infants who gave birth in a public maternity hospital. The data collection took place in the immediate puerperium through an instrument with socioeconomic variables. The data was analyzed by the program *Statistica 10* using simple frequency and presented in a table. **Results:** they showed pregnancy at the extremes of age, with 16.51% in the adolescence age group and 7.34% older than 35 years; incomplete elementary school in 22.02% and with fixed partner in 85.32%. In addition, there are families with more than three children, low family income and residing in rented properties with only two to three rooms. **Conclusion:** the preterm infant's gestations are occurring in socioeconomic conditions that are unfavorable to maternal and child health, since there is a lack of financial structure and decent housing. Thus, the practical implication is the need to provoke public policies aimed at reproductive planning. **Descriptors:** Infant, Premature; Prenatal Care; Maternal-Child Nursing; Risk Factors; Social Class; Pregnant Women.

RESUMO

Objetivo: identificar as condições socioeconômicas da gestação de bebês prematuros. **Método:** estudo quantitativo, descritivo, transversal, desenvolvido com 109 mães de bebês prematuros que pariram em uma maternidade pública. A coleta de dados se deu no puerpério imediato por meio de instrumento com as variáveis socioeconômicas. Os dados foram analisados pelo programa *Statistica 10* utilizando frequência simples e apresentados em tabela. **Resultados:** mostraram gravidez nos extremos de idade, com 16,51% na faixa etária da adolescência e 7,34% com mais de 35 anos; ensino fundamental incompleto em 22,02% e com parceiro fixo em 85,32%. Além disso, observam-se famílias constituídas com mais de três filhos, baixa renda familiar e que residem em imóveis alugados com apenas dois a três cômodos. **Conclusão:** as gestações dos bebês prematuros estão ocorrendo em condições socioeconômicas desfavoráveis à saúde materno-infantil, pois se observa a carência de estrutura financeira e de moradia digna. Com isso, tem-se, como implicação prática, a necessidade de provocar as políticas públicas voltadas ao planejamento reprodutivo. **Descritores:** Recém-Nascido Prematuro; Cuidado Pré-Natal; Enfermagem Materno-Infantil; Fatores de risco; Classe Social; Gestantes.

RESUMEN

Objetivo: identificar las condiciones socioeconómicas de la gestación de bebés prematuros. **Método:** estudio cuantitativo, descriptivo, transversal, desarrollado con 109 madres de bebés prematuros, que parieron en una maternidad pública. La recolección de datos se dio en el puerperio inmediato, por medio de instrumento con las variables socioeconómicas. Los datos fueron analizados por el programa *Statistica 10*, utilizando frecuencia simples y presentados en tabla. **Resultados:** mostraron embarazo en los extremos de edad, con 16,51% en el grupo de edad de la adolescencia y 7,34% con más de 35 años; la enseñanza básica incompleta en el 22,02% y con el socio fijo 85,32%. Además, se observan familias constituidas con más de tres hijos, baja renta familiar y que residen en inmuebles alquilados con apenas dos a tres habitaciones. **Conclusión:** las gestaciones de los bebés prematuros están ocurriendo en condiciones socioeconómicas desfavorables a la salud materno-infantil, pues se observa la carencia de estructura financiera y de vivienda digna. Con ello, se tiene como implicación práctica la necesidad de provocar las políticas públicas dirigidas a la planificación reproductiva. **Descriptores:** Recien Nacido Prematuro; Atención Prenatal; Enfermería Maternoinfantil; Factores de Riesgo; Clase Social; Mujeres Embarazadas.

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INTRODUCTION

Preterm or premature birth refers to the event characterized by delivery with gestational age less of than 37 weeks and weight of less than 2,500 grams. Thus, prematurity can be classified as spontaneous (due to the onset of preterm labor or early rupture of the membranes) and elective (by medical indication).¹

The proportion of these babies' births is increasing worldwide,² which has repercussions on the high social and economic costs of countries, since the clinical conditions of a premature baby require high risk assistance due to severe asphyxia, low birth weight, respiratory and / or severe hypothermia.⁴ In addition, there is a risk of sequelae for these children and the suffering of the family due to the birth of a child with a serious health condition.⁵

Comprehensive, humanized prenatal care for the promotion, protection and recovery of maternal and child health is an important strategy for the identification of possible high-risk pregnancies. This assistance makes it possible to prevent and intervene early in the possible interurrences during the pregnancy-puerperal period.⁶⁻⁷

In Brazil, the Ministry of Health implemented the Stork Network in 2012 as a strategy to guarantee access to safe birth and labor for mothers and babies, as well as the regulation of obstetric beds, linking the pregnant woman to maternity, favoring delivery assistance human rights and ensuring the right to a companion and good practices.⁷

In the world, 11.1% of babies are born premature.² In 2013, in Brazil, this percentage was 11.4%. In the Northeast, 11.2%. In the State of Rio Grande do Norte and in the municipality of Parnamirim, this figure increases to 13.0%.³ In turn, Law No. 8,080 / 90 presents as determinants and conditioning factors for health: "food, housing, sanitation, environment, labor, income, education, transportation, leisure and access to essential goods and services. " Thus, in light of these considerations, this study has as a research question: what are the socioeconomic conditions of the gestation of preterm infants?

OBJECTIVE

- To identify the socioeconomic conditions of the gestation of preterm infants.

METHOD

A quantitative, descriptive and cross-sectional study developed with mothers of preterm infants who gave birth in a public maternity hospital in the municipality of Parnamirim-RN, Brazil, from April to September 2015.

Inclusion criteria were: mothers who had vaginal or cesarean deliveries in less than 37 weeks and residing in Parnamirim/RN. Mothers who presented some cognitive problem that showed impairment to data collection or due to incompatibility and / or uncertainties of Gestational Age (GA) were excluded.

Data collection took place in the immediate puerperium, still in the maternity ward, through the adapted instrument, presenting the socioeconomic variables under study. Statistical analysis was performed using the Program *Statistica* 10, using a simple frequency, and the data presented in tabular form.

Of the 155 mothers of preterm infants registered during the study period, 35 were eliminated due to incompatibility and uncertainties of GA. In addition, there were losses of four mothers by transfer to another maternity hospital and seven by hospital discharge before 48 hours postpartum, which made contact impossible. Therefore, the sample resulted in 109 mothers of preterm infants.

This study was approved under ordinance no. 1,047,431/2015.

RESULTS

In this study, 109 mothers of preterm infants who gave birth from April to September 2015 in a public maternity hospital in the municipality of Parnamirim-RN. The following table presents the frequencies and prevalence of the socioeconomic conditions of these mothers.

Table 1. Socioeconomic conditions of mothers of preterm infants, April to September, 2015. Parnamirim (RN), Brazil, 2015.

Variables	Pre-term n	%
Age		
<20 years	18	16.51%
20 to 35 years	83	76.15%
≥36 years	08	7.34%
Education		
Incomplete Elementary School	24	22.02%
Complete Middle	37	33.94%
Higher education	10	9.17%
Type of union		
Married / live together	93	85.32%
Single	13	11.93%
Others	03	2.75%
Income		
<1 minimum wage	13	11.93%
Between 1 and 2 salaries	70	64.22%
Between 3 and 5 salaries	23	21.10%
Between 6 and 10 salaries	03	2.75%
Between 11 and 15 salaries	0	0%
Number of children		
3 children	40	36.70%
4 children	34	31.19%
5 children	22	20.18%
Living situation		
House	88	80.73%
Leased	31	29.44%
Number of rooms		
2 to 3 rooms	23	21.10%
4 rooms	46	42.20%
5 rooms or more	40	36.70%

Mothers of preterm infants had a high prevalence in the adolescent age group (less than 20 years old), incomplete primary education, with a fixed partner. In addition, families with more than three children, low family income and residing in rented properties with only two to three rooms were observed.

DISCUSSION

Several factors influence the birth of the premature newborns and one of them is due to the extremes of maternal age.⁸ In relation to the early age group, the study indicates that 16.51% of the women interviewed were cases of teenage pregnancy. This factor may be related to early menarche, psychosocial immaturity, early onset of sexual intercourse, delayed information and inadequate use of contraceptive methods.⁹ This age group may increase the maternal and fetal complications in the gestational-puerperal cycle such as pregnancy-specific hypertensive disease, low birth weight newborns and premature birth.¹⁰

As for the level of schooling, there is a percentage of 22.02% with incomplete primary education. Differently from a study carried out in the Southeast region of Brazil in which there was an increase in the level of schooling

of women and reduction of teenage pregnancy.¹¹

In addition to the risks to the mother-baby dyad due to teenage pregnancy, low level of schooling makes prenatal care difficult, since pregnant women have little adherence to consultations during the pregnancy-puerperal cycle because they do not know the benefits of this care advocated by the Brazilian Ministry of Health, failing to identify early probable complications and future complications during their gestation.¹²

The nurse, as a member of the family health team, plays an indispensable role in the access to health education for these adolescents that tends to interfere in their context as an individual; family to be built; cycles of a woman's life to be interrupted or postponed when pregnancy occurs in adolescence, among other factors.

In another study carried out in Ceará, about the level of schooling of mothers under 20 years of age, it was observed that most of them went to Elementary School (86.7%) considering that, because they are adolescent mothers, lower level of education¹³ because, at this stage of the life cycle, adolescents are still building their professional careers, have no fixed income, and depend on their

relatives for their own support and that of the unplanned child.

According to table 1, there is a high prevalence of mothers with family income between one and two minimum wages in force in the country. This factor may be associated with the low level of schooling that tends to hinder the employability of these mothers, thus making them economically vulnerable. This situation is further aggravated by the fact that 29.44% of the interviewees live in rented properties, thus, there is an extra cost for rent.

With this low family income and precocious gestation, there is the agglomeration of people in the same residence. In addition, 21.10% reported living in households with two to three rooms. This ineffective housing pattern may increase the risk of lung or viral infections, especially among infants and children.¹⁴

These socioeconomic characteristics are determinant risk factors for the health of the mother-baby dyad, since mothers with inadequate income and housing are exposed to inadequate nutritional conditions, and may trigger a disease state by increasing the number of individuals within the same household with few rooms and, consequently, a high degree of direct contact infections.

CONCLUSION

With this study, it was possible to identify that the pregnancies of preterm infants are occurring in conditions unfavorable to maternal and child health, since the socioeconomic profile of these pregnancies is characterized by a considerable prevalence of mothers who become pregnant before they finish high school, in addition to the insertion in the labor market, residing in leased properties with few rooms and without adequate financial conditions.

Thus, reducing social and health inequalities should remain a national priority. With this, the practical implication is the need to provoke public policies focused on reproductive planning.

Strategies for health education and accessibility to contraceptive methods are indispensable measures in promoting the health of the mother-baby-family triad. Inserted in this context, the nurse, as a member of the Family Health Team who provides assistance during the preconception, prenatal and puerperium cycle, must address this problem in the prevention of teenage pregnancy through the availability of access to information on contraceptive methods.

Regarding the limitations found in this study, there is a dependence on the patient's memory and on the data recorded in the patient's charts and cards of the pregnant woman, which highlights the importance of health professionals performing, with quality, records of the care provided in the daily life.

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