THE CONTEXT OF THE PREGNANT WOMAN IN THE SITUATION OF STREET AND VULNERABILITY: ITS LOOK AT THE PRE-NATAL

ABSTRACT
Objective: to investigate how Nursing care occurs in the face of the condition related to the gestational period in the context of a situation of social vulnerability of the street. Method: a descriptive study with a qualitative approach, carried out on the streets of the city of Maceió (AL), Brazil, where activities are carried out by the Teams of the Street Doctor's Office (SDO), linked to Basic Health Care. Results: nine pregnant women (N = 9) in a situation of vulnerability, attended by the teams of SDO, through an instrument model used to collect data, considering prenatal care. The presentation of the data is characterized in thematic units that translate identifications of the guidelines for their risk condition during the gestational period. Conclusion: reception and attention based on harm reduction, for the implementation of prenatal care assistance strategies, present good prognosis in the context experienced. Thus, it is possible to maintain the bond of trust between pregnant women in social street vulnerability and nursing team in carrying out an ethical work and in an attempt to minimize the irreversible risks to the health of the mother and the gestation in life. Descriptors: Homeless Persons; Nursing; Prenatal Care; Pregnant Women.

RESUMO
Objetivo: investigar como ocorrem os cuidados de Enfermagem diante da condição de risco relacionada ao período gestacional no contexto de situação de vulnerabilidade social de rua. Método: estudo descritivo, com abordagem qualitativa, realizado nas ruas da cidade de Maceió (AL), Brasil, onde são desenvolvidas atividades pelas equipes de Consultório na Rua (CnaR), vinculado à Atenção Básica de Saúde. Resultados: obtiveram-se nove gestantes (n=9) em situação de vulnerabilidade, atendidas pelas equipes de CnaR, por meio de modelo de instrumento empregado para o levantamento de dados, considerando a atenção pré-natal. A apresentação dos dados caracteriza-se em unidades temáticas que traduzem identificações das orientações para a sua condição de risco durante o período gestacional. Conclusão: o acolhimento e a atenção baseada em redução de danos, para a implementação de estratégias na assistência da consulta de pré-natal, apresentam bons prognósticos no contexto vivenciado. Assim, é possível manter o vínculo de confiança entre gestantes em vulnerabilidade social de rua e equipe de Enfermagem na realização de um trabalho ético e na tentativa de minimizar os riscos irreversíveis para a saúde da mãe e da gestação em vida. Descriptores: Pessoas em Situação de Rua; Enfermagem; Cuidado Pré-Natal; Gestante.

Objective: to investigate how Nursing care occurs in the face of the condition related to the gestational period in the context of a situation of social vulnerability of the street. Method: a descriptive study with a qualitative approach, carried out on the streets of the city of Maceió (AL), Brazil, where activities are carried out by the Teams of the Street Doctor's Office (SDO), linked to Basic Health Care. Results: nine pregnant women (N = 9) in a situation of vulnerability, attended by the teams of SDO, through an instrument model used to collect data, considering prenatal care. The presentation of the data is characterized in thematic units that translate identifications of the guidelines for their risk condition during the gestational period. Conclusion: reception and attention based on harm reduction, for the implementation of prenatal care assistance strategies, present good prognosis in the context experienced. Thus, it is possible to maintain the bond of trust between pregnant women in social street vulnerability and nursing team in carrying out an ethical work and in an attempt to minimize the irreversible risks to the health of the mother and the gestation in life. Descriptors: Homeless Persons; Nursing; Prenatal Care; Pregnant Women.

RESUMEN
Objetivo: investigar cómo ocurren los cuidados de Enfermería diante de la condición de riesgo relacionada al periodo gestacional en el contexto de situación de vulnerabilidad social de calle. Método: estudio descriptivo con un enfoque cualitativo, llevado a cabo en las calles de la ciudad de Maceió (AL), Brasil, donde las actividades se llevan a cabo por la oficina en la calle de la ciudad de Maceió (AL), Brasil, donde las actividades se llevan a cabo por la oficina en la calle de la ciudad de Maceió (AL), Brasil, donde las actividades se llevan a cabo por la oficina en la calle de la ciudad de Maceió (AL), Brasil, donde las actividades se llevan a cabo por la oficina en la calle de la ciudad de Maceió (AL), Brasil, donde las actividades se llevan a cabo por la oficina en la calle de la ciudad de Maceió (AL), Brasil. Resultados: hubo nueve mujeres embarazadas (n = 9) en situación de vulnerabilidad, atendidas por los equipos CnaR, a través del modelo de instrumento empleado para la recolección de datos, considerando el cuidado prenatal. La presentación de los datos se caracteriza, en unidades temáticas que traducen identificaciones de las orientaciones para su condición de riesgo durante el periodo gestacional. Conclusión: la realización del acogimiento y de la atención basada en la reducción de datos, para la implementación de estrategias en la asistencia de la consulta prenatal, cuentan con buenos pronósticos en el contexto experimentado. Así, es posible mantener el vínculo de confianza entre embarazadas de vulnerabilidad social de calle y personal de Enfermería en el cumplimiento de una ética de trabajo y en un intento de minimizar los riesgos irreversibles para la salud de la madre y el embarazo en vida. Descriptores: Personas sin Hogar; Enfermería; Atención Prenatal; Mujeres Embarazadas.
INTRODUCTION

The quality of prenatal care represents one of the governmental prerogatives in maternal and perinatal health care. Therefore, knowing the characteristics of the prenatal care process contributes to the establishment of appropriate actions for the prevention, diagnosis and clinical management of possible obstetric problems.1

The model of prenatal care in high-risk pregnancies, according to the principles of the Unified Health System (UHS), involves the organization of care: decentralization, hierarchization and regionalization of care.2

According to the assistance model, the Ministry of Health(MH), in electing the creation of the public health policy for Street Population (SP), which has as one of its objectives to work on Harm Reduction (HR), assumes responsibility for promoting equity, ensuring The access of this population to other services in the UHS, through the implantation of the teams of Consultório in the street.3

From this point of view, it can be observed that “as a guiding principle for differences, promotion of human rights and social inclusion, coping with stigma, harm reduction actions and intersectoriality are the guiding principles of the Offices in the Street.” The performance of qualified actions should be based on evidence-based attention with the support to improve the care and shelter, since women living in situations of social vulnerability are uncomfortable and have difficulty communicating, making it impossible to follow recommendations, especially when it comes to using illicit drugs or not.4

The reception is one of the main ethical, aesthetic and political guidelines of the National Humanization Policy of the Unified Health System (UHS) in Brazil. Defined in official documents such as the user's reception in the health service, it comprises the responsibility of the professionals by the user, qualified listening of their complaint and anxieties, insertion of limits, if necessary, guarantee of resolution assistance and articulation with others Services for continuity of care, when necessary.3

This is an important issue in the context of street social vulnerability. Thus, the pregnant woman faces prejudices in the reception and in the established bond with professionals and, therefore, the creation of a line of care to face the risks generated by the condition of vulnerability seems to be a prordial factor for the good development of the case. In turn, the complexity of the demand mobilizes and justifies the multidisciplinary teamwork, with an interdisciplinary approach that is associated with the paradigm shift in health care.1 Through the guiding question regarding the orientations given to the pregnant woman in the street situation and what was contextualized, the following objective arose: to investigate how nursing care related to the gestational period occurs in the context of vulnerability of the street situation.

METHOD

Article prepared from the monograph << The Context of the Pregnant Woman in the Street Situation and Vulnerability: Her Look at Prenatal Care >> presented to the School of Nursing and Pharmacy of the Federal University of Alagoas/UFAL.

A descriptive study, with a qualitative approach, carried out in the streets of the Jaraguá, Centro, Vergel and Benedito Bentes neighborhoods, assisted by teams in the city of Maceió (AL), Brazil, where activities are carried out by the Rua Is directly linked to Basic Health Care (ABS) and has areas attached to the procedure.

As criteria, the survey included pregnant women in a street situation who were attending prenatal care by the Consultório's teams and who agreed to participate in the study. The conditions for exclusion were pregnant women under age in street situation and those pregnant women who have undergone violence.

For the development of the study, the researchers obeyed Resolution No. 466/2012 of the Ministry of Health, according to guidelines and regulatory norms of research involving human beings. This project was evaluated by the Research Ethics Committee (CEP) of the Federal University of Alagoas - UFAL for the appreciation of the Brazil Platform and approved through the CAAE number: 41291615.1.0000.5013.

After the research authorization provided for data collection at the Maceió Street Office, which served as the scenario for this research, with an approach to the subjects used as a strategy of approach, the invitation to participate in the study was made through the clarification of its Confidentiality of the information provided by them. The recruitment of the participants was mediated with the help of the professionals of the CnAR teams, along with the nurse responsible for the team, in which the same pregnant women were categorized in chronological order of the research.

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The data were obtained after the pregnant women signed the Free and Informed Consent Form (TCLE), according to the availability of the team to go to the pregnant woman, with the intention of not disturbing the operation of the service. In order to obtain the data, the recording of the speeches was initially thought, being denied by the respondents at the moment of presentation of the study objective. The fields of the instrument were then filled out by the researcher, with the data of the pregnant women in a street situation attended by the professionals of the nurses of the Offices in the Street, considering the prenatal care of these pregnant women.

The instrument initially applied was the characterization of the Nursing actions during the prenatal period, by the researcher, based on the pregnant woman's booklet for prenatal care. A pilot study was also carried out with four pregnant women in situations of social vulnerability of the street. No difficulties were presented in relation to the application of the instrument and the comprehension and fulfillment of the answers of these, which, in this way, began to form the whole of the questionnaire answered by the research subjects. To maintain anonymity, the subjects were identified by acronyms and numbers (A1 to A9).

**RESULTS AND DISCUSSION**

The results indicated nine pregnant women, who are in conditions of risk and social vulnerability of the street, attended by the teams of the Office in the Street, in the city of Maceió / AL. The pregnant women interviewed had ages between 18 and 40 years, the most concentrated age group being between 18 and 23 years old, with five interviewees (n = 5).

Regarding schooling, the study showed a low level, since seven (n = 7) did not complete elementary school. Looking at the marital situation, a larger number (n = 5) reported being single. As for skin color, a number of four (n = 4) are black and a number of six pregnant women (n = 6) were unemployed at the time of the research. This fact shows that social exclusion is a multidimensional phenomenon that is not restricted to income insufficiency or lack of income, but it expresses the combination of several disadvantages that prevent one from belonging to society and from being recognized as a subject of rights in society. 6-7

Regarding the Gestational Age (GI), the delayed search for prenatal care assistance is observed, which can lead to irreversible consequences for the good prognosis of labor and birth, since, during prenatal care, the pregnant woman receives guidelines that on welfare for the binomial. 8

**The Importance of Conducting Prenatal Consultation**

It was from the year 2000 that there were initiatives to expand and humanize the attention to women's health in the Single Health System (UHS), associated with the National Policy for Integral Attention to Women's Health and the National Pact for Reducing Maternal Mortality. In Brazil, women's health care has been a highlight when it comes to care during pregnancy. 9

Studies assert that prenatal care, when offered with quality, may provide better outcomes in childbirth care. Therefore, it is very important to carry out educational activities, in addition to the care provided during all stages of the pregnancy-puerperal cycle, because it is during prenatal care that the woman should be better oriented so that she can live risk of complications in the puerperium and more successful breastfeeding.10

Of the nine pregnant women attended in the period of data collection by the Office on the Street, six had already maintained contact for prenatal care in Basic Health Unit.

[... ] I know that it is important to follow the growth of the baby [...] and also have the exams to do [...]. (A2)

The prenatal consultation, performed by the nurse, is of fundamental importance for a better quality of the prenatal program, as well as the existing link between the pregnant woman and her prenatal follow-up, with qualified listening and the creation of the Professional-patient relationship. 11

Perinatal outcomes are influenced by distal determinants at the macro level (social, economic, and cultural factors). In this sense, prenatal care can control the risk factors that bring complications to gestation, besides allowing the detection and timely treatment of complications, contributing to the favorable outcome of the perinatal and maternal outcome. Therefore, the insufficient number of prenatal consultations is a risk factor for both maternal and neonatal mortality, and failure to intervene at the appropriate time of pregnancy can lead to premature birth.12

As it was explained and the reports show, the assistance reality of the pregnant women in street condition is the reference of the pregnant women who do not return to the consultations for discouragement and
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[...] he directed me to feed myself better; try to eat several times and not eat too much at one time [...]. (A1) [...] I eat better; That I must have a little more rest, of caution; position to sleep better at night to avoid heartburn [...]. (A2)

In their realities, phenomena occur in order to generate order that the process is normal in their routine. Taking into account that many of the subjects in street situations can only get food once a day, either by act of donation or by purchase, it can be mentioned the fact of feeding themselves in large amount of single time or even spend hours in fasting during the day to be able to justify and maintain the food balance according to their reality. Thus, it is fundamental that there is a work of awareness of these pregnant women for dietary self-care, since the use of drugs limits the understanding of the importance of health to the binomial.

It is known that the embryonic development depends directly on the nutritional and energetic reserve of the pregnant woman. Nutritional status is determined, mainly, by the ingestion of nutrients, be it in terms of micro or macro nutrient. Therefore, an inadequate energy intake of the pregnant woman can lead to competition between the mother and the fetus, limiting the availability of the nutrients necessary for adequate fetal growth. Thus, inadequate nutritional status is a modifiable risk factor, it can be controlled through effective nutritional interventions, and it should be remembered that a balanced diet associated with prescribed supplements is of paramount importance for a healthy pregnancy.2 Guidance on dietary supplementation is noted:

[...] he directed to take the remedies [...]. (A1)

[...] use of the medicine Folic Acid and Ferrous Sulfate every day [...]. (A7)

The inadequate shape in food patterns in the street scenario requires significant adaptation strategies in harm reduction and health education for the current condition. In addition, it is well known that pregnant women users of psychoactive substances have limited understanding of the importance of their health and of life in gestation. In addition to the curative character, the supplementation of medicated iron and the recommendation of iron-rich food sources are justifiable, from the epidemiological and collective health point of view, as primary prevention measures.2

The previous nutritional status of the mother and during pregnancy acts decisively on the concept, and malnutrition can lead to pathological situations. Since pregnancy is a physiological process, there is an increase in nutritional needs in order to meet the demands of the mother and also the fetus, as well as providing optimal conditions for lactation, a critical stage in the development of the newborn.2

The representations of the pregnant women reports (A3), (A4) and (A6) did not express an interest in referring details of the phenomenon of the assistance approaches carried out in the context of the food and nutritional situation due to fears of judgments. Thus, malnutrition during pregnancy causes a variety of damages to the fetus, such as intrauterine growth retardation, increased neonatal mortality, and abnormalities in the development of the newborn's central nervous system, which will have serious repercussions.15

When considering the statements, it is noticed that there is no difference in the care of one pregnant woman to another, either in a situation of vulnerability or in a street situation, which are attended by the nurses of the teams responsible for each assigned area, as well as the guidelines and referrals carried out in a work with ethical respect and social equality.16

Reception in the context can be recognized as a Nursing consultation for enabling dialogue, allowing the free expression of speech and the expression of feelings. In this sense, it is perceived that communication represents a pillar in the nurses-pregnant relation, mainly of the gestational process, to face it with more tranquility. Thus, the objectives of the consultation are to prevent, identify and / or correct maternal and fetal intercurrences, as well as to instruct the pregnant woman with regard to pregnancy.15

It should be emphasized that the behavior of the multiprofessional team that accompanies the pregnant woman who uses psychoactive substances must be chosen in a way that respects the psychological, social and legal aspects. There must be a great preparation of these professionals to deal with especially complex situations. This preparation is also necessary to alleviate the guilt felt by the pregnant woman, who has strong influence from a society that also judges her, which causes them not to seek health services.16

In general, activities of attendance and monitoring of various daily problems; Prevention of diseases and diseases (STD / HIV / AIDS, viral hepatitis, drug use, tuberculosis, among others); Attention in Mental Health;
Alcohol and other drugs; Oral health; Primary care in the street space (personal and local hygiene); immunization; Testing and Counseling in STD / AIDS and Viral Hepatitis, with rapid blood test and rapid oral fluid test; Distribution of inputs (condoms, educational material, others); Home visits; Implementation and follow-up of prenatal care and shared care.16

Play and recreational activities such as educational games; Conversation wheels; Birthday of the month; Sensitization and mobilization with the programs of health care networks to assist the Population in the Situation of Street; Referrals and follow-up in health service, social assistance and others and permanent team formation are carried out.16

Through the guidelines, explanations are investigated and reported by a number of four pregnant women (n = 4), according to the approaches performed during gestational follow-up:

[... the pains in the belly that I feel from time to time [...]. (A2)

The uterus is a single, central organ, made up of smooth muscle (myometrium) that has the same priorities as other smooth muscles in the body. It has the function, during labor, of generating contractions, which are present throughout the woman's life, but with different goals. For example, during menstruation, contractions have the function of eliminating the contents of the inside of the uterus. In the gestational period, there are several types of contractions, which appear from the first months, often, different intensity and duration and intensify at the time of delivery, continuing in the puerperium.16

CONCLUSION

Care for pregnant women at risk and in situations of social vulnerability requires special attention regarding the assistance present in the detailed guidelines for each, as a way of promoting health and preventing diseases during pregnancy, in addition to continued care in the postpartum period.

In practice, the results indicate that the guidelines provided in the gestational period, in the middle of the risk condition, are not effective and require the greater involvement of the nurse who performs her duties. The accomplishment of the reception and the attention based on reduction of damages, for the implementation of strategies in the assistance of the prenatal consultation, presents good prognostics in the experienced context. With this, it is possible to maintain the bond of trust between pregnant women in street social vulnerability and Nursing team in carrying out an ethical work and in the attempt to minimize the irreversible risks to the health of the mother and the gestation in life.

As future work, it is proposed that, based on the identifications considered, new strategies can be developed for Nursing care, being attended to the risk conditions and social street vulnerability, with greater attention by the researchers, in order to stimulate the nurses and clients are continuously monitored and involved for the proper development of the cases.

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