Health education in the empowerment...



CASE REPORT ARTICLE

HEALTH EDUCATION IN THE EMPOWERMENT OF THE PREGNANT WOMAN EDUCAÇÃO EM SAÚDE NO EMPODERAMENTO DA GESTANTE EDUCACIÓN EN SALUD EN EL EMPODERAMIENTO DE LA GESTANTE

Evelly Vitória Azevedo de Souza¹, Thais Carolina Bassler², Ananda Gonçalves Taveira³

ABSTRACT

Objective: to report the experience of the workshop "Meeting for pregnant women" with users who opened up to prenatal care. *Method*: it is a descriptive study, of experience report type. It used women who were open to prenatal care. Results: the importance of having knowledge about the subjects treated at the meeting was recognized, by the participating users, in order to have greater autonomy over their body during this intense period; however, it was reported that, even knowing about things as simple as the NB's bath, many of the past teachings were unknown. A demystification regarding the natural childbirth was noticed, in addition to how simple the care for the health of the pregnant woman herself, as well as the NB, is. Conclusion: they were awakened, through experience, to the need to build health work practices considering the expectations of the pregnant woman, encouraging the care for herself, her baby and giving focus to breastfeeding, praising empowerment and autonomy of the women involved. Descriptors: Pregnancy; Prenatal Period; Primary Health Care; Health education; Breastfeeding; Postpartum Period.

Objetivo: relatar a experiência do desenvolvimento da oficina "Encontro para gestantes" com usuárias que deram abertura ao pré-natal. *Método*: trata-se de um estudo descritivo, tipo relato de experiência. Elencaram-se mulheres que davam abertura ao pré-natal. Resultados: reconheceu-se, pelas usuárias participantes, a importância de ter conhecimento sobre os assuntos tratados no encontro para ter maior autonomia sobre o seu corpo nesse período tão intenso, no entanto, relatou-se que, mesmo sabendo sobre coisas tão simples, como o banho no RN, se desconheciam muitos dos ensinamentos passados. Percebeu-se uma desmistificação a respeito do parto natural, além de quanto são simples os cuidados tanto com a saúde da própria gestante, quanto também do RN. Conclusão: despertou-se, pela experiência, para a necessidade de se construírem práticas de trabalho em saúde considerando os anseios da gestante, incentivando para o cuidado de si mesma, do seu bebê e dando enfoque ao aleitamento materno, enaltecendo o empoderamento e a autonomia das mulheres envolvidas. Descritores: Gravidez; Pré-Natal; Atenção Primária à Saúde; Educação em Saúde; Aleitamento Materno; Período Pós-Parto.

Objetivo: relatar la experiencia del desarrollo del taller "Encuentro para gestantes" con usuarias que dieron apertura al prenatal. Método: se trata de un estudio descriptivo, tipo relato de experiencia. Se listaron a mujeres que daban apertura al prenatal. Resultados: se reconoció, por las usuarias participantes, la importancia de tener conocimiento sobre los temas tratados en el encuentro para tener mayor autonomía sobre su cuerpo en ese período tan intenso, sin embargo, se relató que, aun sabiendo sobre cosas tan simples, como el baño en el RN, se desconocían muchas de las enseñanzas pasadas. Se percibió una desmistificación respecto al parto natural, además de cuán simples son los cuidados tanto con la salud de la propia gestante, como también del RN. Conclusión: se despertó, por la experiencia, para la necesidad de construir prácticas de trabajo en salud considerando los anhelos de la gestante, incentivando para el cuidado de sí misma, de su bebé y dando enfoque a la lactancia materna, enalteciendo el empoderamiento y la autonomía de las mujeres implicadas. Descritores: Embarazo; Prenatal; Atención Primaria a la Salud; Educación en Salud; Lactancia Materna; Período Postparto.

¹Nurse, University Hospital of Grande Dourados/UFGD. Dourados (MS), Brazil. Email: evellyvas@hotmail.com ORCID iD: https://orcid.org/0000- 0002-2866-5835; 2,3PhD, Federal University of Mato Grosso do Sul / UFMS. Três Lagoas (MS), Brazil. Email: thacarol@hotmail.com ORCIDiD: https://orcid.org/0000-0001-6964-4494; Email: ananda.taveira@hotmail.com ORCID iD: https://orcid.org/0000 -0002-1007-1625

INTRODUCTION

In the history of public health, maternal and child care has been considered a priority area, especially with regard to women's care during pregnancy, which includes prenatal, childbirth and the puerperium in order to maintain a pregnancy-puerperal cycle with the lowest possible risk for the mother-child binomial.1

It is also noted that, although studies demonstrate the benefits of prenatal followup on the health of the pregnant woman and the newborn, this prenatal follow-up is deficient and, often, weak, in order to make the user better aware of herself and her health at this stage, leaving smething to be desired with regard to her autonomy over herself and her newborn.

In the 1980s, prenatal care was seen as a set of clinical and educational procedures aimed at promoting health and early identification of problems that could result in a risk to the pregnant woman's health and the concept.2 It was established in 2006, aiming at the highest quality and humanization of this attention, by the Ministry of Health, that the main objective of prenatal and puerperal care is to welcome the woman from the beginning of pregnancy, ensuring, at the end of gestation, the birth of a healthy child, with a guarantee of maternal and neonatal wellbeing.3

It was observed 4 that the educational practices developed in the groups are mostly directed towards the disease, and its realization in the basic units occurs due to compliance with the norms and routines imposed by the dynamics of the Family Health Strategy (FHS).

It is added, moreover, that this education ends up happening in the form of a lecture, with traditional methods, discouraging the participation of the users. However, educational interventions, if well directed, can function as catalysts of the empowerment process, creating environments conducive to the development of critical thinking and health awareness.5

It is believed that the quality of prenatal care should not only focus on its quantitative aspects, such as the number of consultations, or the gestational age of prenatal initiation, since it makes it impossible to visualize relevant impacts on its content. Therefore, the incorporation of strategies aimed at guaranteeing prenatal care with an integral and resolutive approach is necessary. 6 These include educational strategies, showing the Health education in the empowerment...

importance of health education by professional qualified.

OBJECTIVE

• To report the experience of the development of the workshop "Meeting for pregnant women" with users who opened prenatal care at a FHS;

METHOD

This is a descriptive study, in a single day, in the month of July 2017, in the afternoon period, in the Gabriel Marques II Family the **Interlagos** Strategy, in neighborhood, in the municipality of Três Lagoas (MS), Brazil, with pregnant women who gave birth in the prenatal period close to this period.

It is reported that the group discussed in this article was an experience that occurred during the internship period as a Nursing graduate student of the Federal University of Mato Grosso do Sul, Três Lagoas Campus, because she realized how pregnant women who were open to prenatal care felt insecure and with little knowledge about the stage in which they were living.

The nurse coordinator of the FHS was asked, once the need was identified, to hold the meeting and it was accepted, being established between student, teacher and professional. The meeting programmed and organized with the team and also the users of the service to start as soon as possible.

It is reported that, although several pregnant women were invited, only three attended for work and other aspects.

The environment was prepared in an FHS room with chairs in a circle and with a table where the materials that would be used for the meeting were prepared, such as dolls, baths, NB hygiene materials, healthy foods and a mini-booklet style material be delivered to participants.

A discussion thread and the presentation of these were initially made, and the importance of enjoying the moment of gestation was discussed, a unique moment that deserves special attention. There was talk about the differences between the natural childbirth cesarean section, emphasizing the importance of each one, besides showing the importance of healthy foods in this phase which they are experiencing. It began, after establishing a certain bond with the patients, that had already been created in the prenatal opening and during its accompaniment, to the practical part of the meeting, where the

pregnant women were taught about the care during the bath, the dressing of the umbilical stump and the oral hygiene of the newborn, besides showing the importance of exclusive breastfeeding until the six months of life.

It is detailed that after the participants had seen, they went to practice the care with the NB on the doll, with the guidance of the academic, and felt very safe, asking for help when necessary and asking about their main doubts.

It was focused, in this meeting with the pregnant women, not the clarification of subjects about when the pregnant woman should seek the health service at emergency level, pregnancy symptoms or care issues with transmission of diseases to her and to the fetus, such as dengue and chicungunha, which are also important in this process, but which were guidelines passed to pregnant women in the prenatal opening, previously, with nursing and nursing supervision, and it is understood that the same should be done in other FHS-s; the focus was to complement important matters so that she feels safe in the process of being a mother.

It was possible to perceive a joy on their part, for they are doing activities that before seemed very difficult, even if simple, or even unknown, mainly because all the pregnant women were mothers of first trip.

At the end, they were asked to fill out a mini-questionnaire about the meeting and its importance and the responses were very positive, giving a satisfactory feedback on the meeting.

The meeting ended with a healthy snack for them, as a form of socialization between them, so that they feel the health environment as a welcoming and important place in this process that they are experiencing, and there it was realized how much the meeting had been significant and important for each of them.

RESULTS

It should be emphasized that planning and organization of health actions are very important and can be defined from the moment in which gaps and deficiencies of the user of the service are found and not only for the need to feed a system, since it is necessary to study and to analyze, together with the population, their needs that can often be observed by a professional who has sensitivity and sees beyond.

It is argued that health users who can better understand their health-disease process, who know how to deal with it and are Health education in the empowerment...

able to revert situations with simple measures, can reduce the number of visits to the health service and, therefore, reduce the overload of themselves; but pregnant women need to be present throughout their pregnancy in the health service, and this does not prevent them from knowing about themselves and everything that can make them better understand this process.

DISCUSSION

It is understood that the concept of health is not limited to the absence of disease or infirmity, but must be understood as a set of elements that provide physical, mental and social well-being, as pointed out by the World Health Organization.⁷

It is known that gestation is an intense moment not only for the woman who is gestating, but also for the whole family and involved in this process, as parents of the pregnant woman, companion or father of the child being generated and people close to her.

It is noted that this moment stirs and welcomes feelings and awakens an open side to knowledge and learning to all mentioned previously, and this is what makes this moment propitious to use health education, besides preventing the pregnant woman from freaking out with signs of gestation, but also to feel empowered and secure.

It is noticed that many are the changes that happen in this period, from physiological, like weight gain, breast augmentation, but also a side perhaps never seen before, a mother side, protective and that has someone who depends on you. There is thus a moment of discovery both of herself and of a new human being about to come to the world.

It is necessary to orient the woman well in the prenatal period so that she can live the birth positively, have fewer risks of complications in the puerperium and more success in breastfeeding.⁸

It is added that, as the name itself says, "prenatal" comes from preparation for birth and, therefore, should offer all support and direction so that it is very well prepared, for the moments of the before him, during and after, ie, gestation, birth and puerperium.

A number of studies indicate that a welloriented mother avoids various problems during pregnancy and also the death of the child in the first months of life, because she knows about the care and received important guidance about this process which is gestation and the puerperium.

Adequate care for gestation and delivery is essential to reduce maternal and child

morbidity and mortality rates. It is estimated that a quarter of infant deaths and almost all maternal deaths result from the inadequate care provided from the beginning of gestation until the immediate postpartum.⁹

Pre-natal care includes prevention, health promotion and treatment of problems that may occur during the gestational period and after childbirth. Women's adherence to prenatal care is related to the quality of care provided by the service and by health professionals, a key factor in reducing the high rates of maternal and perinatal mortality.¹⁰

It is necessary, in order to protect maternal and child health, that the pregnant woman knows what is happening to herself and the fetus, what measures to take and what they mean. In this period, the Health Education program acquires special relevance: it is necessary that, after the first visit, the pregnant woman may recognize dangerous symptoms that require early care in the initial period of gestation.¹¹

It is recommended, in this process of health education groups, that knowledge be transmitted horizontally, with dialogue, to enable the participation of the user, making it feel protagonist and not a mere number for goals that, many Sometimes they are imposed and necessary to the health service, but rather, participant and active in the process. Therefore, pregnant women are used to practice simple activities, such as the NB bath, and thus they feel much safer.

Prenatal education is believed to be an essential component of antenatal care that prepares and facilitates skill acquisition and the confidence of women necessary for positive experiences during pregnancy, childbirth and the postnatal period.¹²

The woman who is prepared from prenatal care about pregnancy, childbirth and puerperium will experience these moments with greater security and satisfaction, 13 which can be extended to her partner. 14

CONCLUSION

It is concluded that when it is proposed to do health education, the user of the service to be reached must be placed first, as well as their yearnings, fears, their needs and also their reality. One should know how to look carefully at the personal interests of each one work, in general, try to particularities, through **qualified** a professional, so that any and all orientation is effective in the process of health education.

Health education in the empowerment...

For this, the group of pregnant women of utmost importance to every pregnant woman, even the multiparous women, so that she can understand how to behave in the face of the situations she will face and that often put her to the test, causing fear and anxiety both by the moment of the gestation that is experiencing, as well as the moment of the birth of which is waiting.

Experience has shown the importance of a health education practice, taking into account the needs and desires of pregnant women and showing the importance of their care during pregnancy, caring for their newborn and giving focus to breastfeeding, praising her as protagonist in this process.

REFERENCES

1. Shimizu HE, Lima MG. The dimensions of prenatal care embodied in nursing consultation. Rev Bras Enferm. 2009 May/June;62(3):387-92. Doi: http://dx.doi.org/10.1590/S0034-

nttp://dx.doi.org/10.1590/50034 7167200900030000

- 2. Hass CN, Teixeira LB, Beghetto MG. Adequacy of prenatal care in a family health strategy program from Porto Alegre-RS. Rev Gaúcha Enferm. 2013 Sept; 34(3):22-30. Doi: http://dx.doi.org/10.1590/S1983-14472013000300003
- 3. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de Análise de Situação em Saúde. Saúde Brasil 2006: uma análise da desigualdade em saúde [Internet]. Brasília: Ministério da Saúde; 2006 [cited 2018 Sept 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/1 0001021537.pdf
- 4. Alves LHS. Grupo de promoção da saúde na Estratégia Saúde da Família (ESF): a visão dos profissionais e dos usuários [dissertation][Internet]. Florianópolis: Universidade Federal de Santa Catarina; 2010 [cited 2018 May 04]. Available from: https://repositorio.ufsc.br/xmlui/bitstream/handle/123456789/93508/278286.pdf?sequence =1&tisAllowed=y
- 5. Einloft ABN, Silva LS, Machado JC, Cotta RMM. Influence of educational interventions on the anthropometric, clinical, and biochemical profiles and perceived health and disease of patients with high blood pressure in the context of Family Health. Rev Nutr. 2016 July/Aug; 29(4):529-41. Doi: http://dx.doi.org/10.1590/1678-98652016000400008
- 6. Silva EP, Lima RT, Costa MJC, Batista Filho B. Development and application of a new index for assessment of prenatal care. Rev

1530

Health education in the empowerment...

Souza EVA de, Bassler TC, Taveira AG.

Panam Salud Pública. 2013;33(5):356-62. Available from: https://www.scielosp.org/scielo.php?script=s ci_arttext&pid=S1020-49892013000500007

- 7. Reis DM, Pitta DR, Ferreira HMB, Jesus MCP, Moraes MEL, Soares MGS. Health education as a strategy for the promotion of oral health in the pregnancy period. Ciênc Saúde Colet. 2010 Jan;15(1):269-76. Doi: http://dx.doi.org/10.1590/S1413-81232010000100032
- 8. Rios CTF, Vieira NFC. Educational action in prenatal care: a reflection on nursing consultation as an opportunity for health education. Ciênc Saúde Colet. 2007 Mar/Apr;12(2):477-86. Doi: http://dx.doi.org/10.1590/S1413-81232007000200024
- 9. Chrestani MAD, Santos IS, Cesar JA, Winckler LS, Gonçalves TS, Neunann NA. Health care during pregnancy and childbirth: results of two cross-sectional surveys in poor areas of North and Northeast Brazil. Cad Saúde Pública. 2008 July;24(7):1609-18. Doi: http://dx.doi.org/10.1590/S0102-311X2008000700016
- 10. Ministério da Saúde (BR). Assistência Pré-Natal: manual técnico [Internet]. Brasília: Ministério da Saúde; 2000 [cited 2018 Sept 4]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/cdd4_11.pdf
- 11. Candeias NMF. Assistência pré-natal: conhecimentos, atitudes e práticas de mulheres internadas no serviço de obstetrícia de um hospital do município de São Paulo, Brasil. Rev Saúde Pública. 1980; 14(4):427-38. Available from:

http://www.scielo.br/pdf/rsp/v14n4/02.pdf

- 12. Aji AH, Awg-Manan F, Abdullah YR, Kisut R, Abdul Rahman H, Abdul-Mumin KH. Prenatal education for pregnant women attending maternal and child health clinics in Brunei Darussalam. Women Birth. 2018 Nov; Pii: \$1871-5192(18):30213-0. Doi: 10.1016/j.wombi.2018.11.005
- 13. Bélanger-Lévesquem MN, Pasquier M, Roy-Matton N, Blouin S, Pasquier JC. Maternal and paternal satisfaction in the delivery room: a cross-sectional comparative study. BMJ Open. 2014 Jan;4:e004013. Doi: 10.1136/bmjopen-2013-004013
- 14. Poh HL, Koh SSL, Seow HCL, He HG. First-time fathers' experiences and needs during pregnancy and childbirth: a descriptive qualitative study. Midwifery. 2014 June; 30(6):779-87.

10.1016/j.midw.2013.10.002

Submission: 2018/10/08 Accepted: 2019/03/16 Publishing: 2019/05/01

Correspondência

Evelly Vitória Azevedo de Souza Universidade Federal de Mato Grosso do Sul Av. Costa e Silva, s/nº Bairro Universitário CEP: 79070-900 – Campo Grande (MS), Brazil