

ARTIGO ORIGINAL

QUALIFIED ASSISTANCE TO PREGNANT WOMEN WITH ALCOHOL AND DRUG ABUSE PROBLEMS*

ASSISTÊNCIA QUALIFICADA A GESTANTES EM USO DE ÁLCOOL E DROGAS*
ASISTENCIA CALIFICADA A MUJERES EMBARAZADAS EN USO DE ALCOHOL Y DROGAS *

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ABSTRACT

Objective: to analyze the nursing assistance provided to pregnant women who abuse alcohol and other drugs. **Method:** seven nurses from the Center for Psychosocial Attention for the treatment of alcohol and other drug users are reported to have participated in the survey. The data collection was carried out by means of a semi-structured interview, with the data organization following the Content Analysis technique, while the study was based on Imogene King's Theory. **Results:** three themes were made evident: addressing the scope of harm reduction; the individual's integrality; and the nursing process x integralization of assistance. **Conclusion:** it is concluded that, although the assistance is based on harm reduction, the study showed that there is a failure in the assistance to pregnant drug users, considering that one of the principles of the National Health System, integrality, is still far from being accomplished, once the pregnant woman is only assisted regarding the aspects of the use of alcohol and other drugs.

Descriptors: Pregnant Women; Harm Reduction; Drug Abuse; Nursing Theory; Assistance; Nursing.

RESUMO







Objetivo: analisar a assistência de Enfermagem prestada às gestantes que fazem uso abusivo de álcool e outras drogas. **Método:** informa-se que participaram da pesquisa sete enfermeiras do Centro de Atenção Psicossocial para tratamento de usuários de álcool e outras drogas. Detalha-se que a coleta ocorreu por meio de entrevista semiestruturada, com a organização dos dados seguindo a técnica da Análise de Conteúdo, enquanto o estudo foi fundamentado na Teoria de Imogene King. **Resultados:** evidenciaram-se três temáticas: olhar direcionado ao alcance de redução de danos; a integralidade do ser; e processo de Enfermagem x integralização da assistência. **Conclusão:** conclui-se que, apesar de a assistência ser baseada na redução de danos, o estudo demonstrou que há uma falha no atendimento às gestantes usuárias de drogas, considerando que um dos princípios do Sistema Único de Saúde, a integralidade, ainda está longe de ser atendido, pois a gestante é assistida apenas acerca dos aspectos do uso de álcool e outras drogas.

Descritores: Gestantes; Redução de danos; Abuso de drogas; Teoria de Enfermagem; Assistência; Enfermagem.

RESUMEN

Objetivo: analizar los cuidados de enfermería que se brindan a las gestantes que abusan del alcohol y otras drogas. Método: se informa que siete enfermeras del Centro de Atención Psicosocial participaron en la investigación para tratar a los usuarios de alcohol y otras drogas. Se detalla que la recolección se produjo a través de entrevistas semiestructuradas, con la organización de los datos siguiendo la técnica de Análisis de Contenido, mientras que el estudio se basó en la Teoría de Imogene King. Resultados: se evidenciaron tres temas: mirando hacia la reducción de daños; la integralidad del ser; y el proceso de enfermería x prestación de asistencia. Conclusión: se concluye que, si bien la asistencia se basa en la reducción de daños, el estudio demostró que existe una falla en la atención a las embarazadas que consumen drogas, considerando que uno de los principios del Sistema Único de Salud, la integralidad, aún está lejos lejos de ser atendido, ya que la mujer embarazada es asistida solo en aspectos del uso de alcohol y otras drogas.

Descritores: Mujeres Embarazadas; Reducción de Daños; Abuso de Drogas; Teoría de la Enfermería; Asistencia; Enfermería.

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INTRODUCTION

Drug consumption has become a public health problem as its misuse has caused an increase in undesirable social occurrences, such as family crises, violence and avoidable hospitalizations, increasing the occupancy rate of hospital beds and, consequently, the overload of the National Health System (SUS). It is pointed out that when this consumption occurs during pregnancy, it becomes an aggravating factor, since it is harming not only the mother, but also the mother-child binomial, as most drugs exceed the placental and hematoencephalic barrier without prior metabolization, acting mainly on the fetus' central nervous system, causing the newborn cognitive deficits, malformations, abstinence syndromes, among others.¹

This raises concerns about the exposure of the fetus and the possible short, medium and long-term consequences of the current consumption of drugs such as alcohol, nicotine, marijuana, cocaine and crack by pregnant women. The use of licit or illicit drugs is known to be one of the risk factors in pregnancy, which is then characterized as of high complexity, requiring greater attention from the various professionals involved in caring for the pregnant woman, both in terms of biopsychosocial issues as in the (de) formation of the fetus that is (un) evolving.²

The chemical dependence is assigned to the high-risk pregnant woman not only due to the use of the drug during the fetus development period, but also because of these women's social and emotional risk condition. Therefore, early detection in primary care may favor the adherence and treatment of chemical dependency, minimizing clinical and obstetric complications, besides promoting harm reduction and better quality of life for mother and child.³⁻⁴

Harm reduction strategies are used as the main health care strategy in relation to the consumption of alcohol and other drugs, the Center for Psychosocial Attention for the Treatment of Users of Alcohol and Other Drugs (CAPSad) being, in accordance with Ordinance No. 130/12, the one that intensifies and diversifies actions directed towards prevention, health promotion and reduction of risks associated with the consumption of crack, alcohol and other drugs.⁵⁻⁶

In this scenario, it is important to sensitize nurses who are in close positions in the care of those pregnant women to the importance of integral, humanized and qualified health care, with the goal of preventing diseases and promoting early detection and social reinsertion. This study is also important because by identifying the weaknesses in the assistance to pregnant women who use alcohol and other drugs, the possibilities of care provided by nurses may be expanded, bringing suggestions on how to implement a more comprehensive and integrative care for the pregnant woman assisted at the CAPSad, thus reducing the morbidity and mortality rate for this condition.

OBJECTIVE

To analyze the nursing assistance provided to pregnant women who abuse alcohol and other drugs.

METHOD

This is a descriptive, exploratory study, with a qualitative approach, carried out at the Alcohol and Drugs Center for Psychosocial Attention, with seven nurses who assist users of alcohol and other drugs, among whom are pregnant women.

The criteria for inclusion were to be a professional nurse providing assistance at the CAPSad and to be in physical condition to participate in the survey. The study excluded nurses who are related and/or emotionally connected to any user, as well as those who are experiencing some psychological stress.

The ethical principles of Resolution 466/12 of the National Health Council were obeyed, this study being approved by the Committee of Ethics in Research of the Federal University of Alagoas under number CAAE: 53395316.1.0000.5013. The Term of Free and Informed Consent (TCLE) was signed by all participants. To ensure anonymity in relation to the statements presented in this article, a codification with letters and numbers has been adopted. The letter of the codification in reference to the professional nurse (N), and the number (N1) were assigned according to the order of the interviews.

The survey took place between February and April 2016, following a script consisting of questions concerning the assistance provided to pregnant women who use alcohol and other drugs. The statements were transcribed in full, being organized according to the Content Analysis technique. The information obtained was then analyzed based on Imogene King's Theory of Goal Attainment, whose central axis is the explanation of how human beings (nurse and patient) interact in order to achieve their goals, which should be established in mutual agreement, the main goal of Nursing being to help individuals to maintain their health.⁷

RESULTS

Seven CAPSad nurses aged between 32 and 51 were included in this study, all women, most from Alagoas, with only one from Pernambuco; five of them were married, one widowed, and one divorced; as for their education, they had finished their courses in 1999 (1), 2004 (1), 2005 (1), 2006 (2), 2007 (1) and 2013 (1). All, except for one, claimed to have specialization courses in Mental Health (1), Obstetrics (1), Teaching in Higher Education (2), Urgency and Emergency, Public Health, Chemical Dependency (1), and Education for SUS preceptors (1). In addition, most of them

have been working at CAPSad for a short time, i.e., three months, six months, one year, two years, three years (2) and four years.

Taking into account the characterization of the group under study and their statements, the categorization was divided into three themes.

Addressing the scope of harm reduction

By elucidating the statements, it was observed that, because they are very unstable patients, abstinence will rarely be possible. Harm reduction is then adopted, where the interruption of drug use is almost always one of the objectives, but other advances should be valued, such as avoiding putting oneself at risk, improving or restoring the family relationship and recovering professional activity, according to the statements by most nurses regarding the strategies to reach this goal.

Through advice, focusing on harm reduction. (N1)

When I approach them, I think a lot about the child's well-being, that it should have as little contact as possible with the drugs that the mother uses, be it any one of them, alcohol, crack, any. So, we approach them showing that the little baby is not to blame for coming into the world, it didn't choose, let's give it a chance, let it choose if it will want that, if it will make use of those things or not when it reaches its adult life; but, in this moment, you are in your child's bloodstream, all the drugs. (N6)

The conclusion observed in most nurses' statements is that this is the strategy they use.

Through advice, focusing on harm reduction [...]; it's hard to remove it completely. (N1)

Through harm reduction because, from our experience, we already have contact with other users and we know how difficult it is. (N2)

Also, in this context, the importance for the user to leave the environment where he/she lives and start attending (or staying in) the CAPSad, where his/her physical and mental health will be taken care of, is described. In the view of some nurses, the instability of the users, the influence of their environment and even the short period of hospitalization (15 days), end up jeopardizing the treatment. Others, on the other hand, are more optimistic and claim that in that 15-day period when pregnant women are hospitalized, they establish positive interpersonal and environmental relationships, helping to reduce the use, as can be observed in some statements.

During the days they spend here, it is already reduced. (N1)

Yes, there was one here that got really clean. [...]; last weekend I was here on duty, she was with the two-month-old baby, really clean. (N6)

They stay for 15 days, this time does not influence this reduction of the effects because in the baby's formation, in the first trimester, she is still into the abusive use. And when she arrives here, she is already in the last trimester, this is our reality. Then the deleterious effects will have

already happened. It would be more a matter of protection to herself, and of already diagnosing some disease and starting treatment. (N5)

The integrity of the individual

At the CAPSad, in relation to the service offered to the pregnant woman by health networks, a referral model was observed so that the integrity of the individual may have priority in face of the process experienced, as can be seen in the statements:

The assistance to the pregnant woman herself, here, I do not see. Measuring SFH, FHR, exams, here we don't do, we take the demand from here and forward it to the reference units, but here we have no way to assist the pregnant woman. (N2)

When she is pregnant and has not yet undergone prenatal care, we refer her to the Pitanguinha health unit; then, she is received there to start prenatal care, vaccinations, see if she has any STD, everything there. (N3)

Here at the CAPS we don't, we just forward it. Even because we don't have SONAR, we don't have a Mamta card. (N5)

The fragmentation of assistance can also be clearly seen in most of the nurses' statements.

Then, the routine is to refer her to the psychiatrist, who prescribes psychiatric medication for dependency, oriented to pregnancy. And then we take her to the clinic, make an appointment, take her with the CAPS transportation to undergo the prenatal care, get her vaccinations, do the exams. (N6)

The mental health area focuses too much on the use itself [...]; there has already been some time that we have tried to implement a quick test to get to know the patient who is coming, and that alone is already complicated, let alone assist the pregnant woman even here, because the perspective is very use-oriented. (N2)

Nursing process x integralization of assistance

It is believed, since the pregnant public is the one who is present in practically all health services, that it would be of extreme importance for health professionals to master issues related to pregnancy and prenatal care, as reported by the nurse:

I am an obstetric nurse, but in the institution, we did not have any training. Those who have never had any experience in assisting pregnant women may feel some difficulty. (E5)

At the CAPSad this integration of health services was noticed to happen through "friendship", since the nurse has a bond with the BHU nurse. However, sharing cases does not happen as it should, since there is only a "referral", which goes against the policy of matrix support, the pregnant woman not being fully attended to in any of the services, as reported in the following statements:

We communicate by phone or message with the BHU nurse, as we have a good relationship.
(N1)

It's more because of the nurse we have there who helps us and makes this integration a lot easier [...], we managed to have this partnership with the reference unit because we have a partner nurse, but all with great difficulty. (N3)

It is believed that despite this help through "knowledge", some of the nurses themselves are already questioning it, as it makes them dependent on this bond.

We really need to work hard on the matrixing issue, it has already improved a lot, but it is still flawed. There's a lack of this professional connection, people still understand that it is the responsibility of this department to do such and such service. [...] it seems that they can divide the individual, who is whole. [...] there is not much of this contact, the professionals; we end up having a bond with other professionals, making friends and then, through friendship, you make the connection; if there wasn't this friendship, for example, it would be much worse. (N7)

So, in relation to the BHU and the maternity ward of reference, we don't have all this bond. Although we have a nurse there who we get in touch with a lot, but what if this nurse leaves??
(N5)

A shared responsibility between the basic care team and the CAPSad team stands out, seeking to contribute to the integrality of care for the users of SUS, especially in the intervention of the health problems and needs of the pregnant woman, which would be the use of alcohol and other drugs, prenatal care and whatever she needs from what she claims, providing goals to achieve the objective of both teams, which would be the same: the health of the mother-child binomial. This deficiency is directly reflected in the quality of assistance to those mothers, since there are several impediments to the effectiveness of this service.

The network is flawed, we know the prejudices that exist when it she is known to be a drug user. And the difficulty is the access to scheduling an appointment, the quickness in exams. [...] she started treating syphilis there, she came back with the prescription, but we don't administer Benzetacil here anymore, but we monitor these other treatments of hers there because she was here, so we keep taking and bringing her back. (E7)

DISCUSSION

The CAPSad uses the harm reduction strategy, which consists of a set of principles and actions aimed at addressing the problems related to drug abuse. This approach considers the problems arising from drug abuse to involve multiple dimensions beyond health, which can have serious consequences for individuals and the community.⁸ It is important to understand these multiple dimensions, especially when the user is a pregnant woman, who undergoes various physical,

psychological and emotional changes, in addition to often being inserted in precarious situations without conditions to adhere to an appropriate and standardized treatment.

By analyzing the interviews, the nurses from the CAPSad were identified as having a common goal, which is to promote the well-being of the mother-child binomial, and they do so by means of harm reduction. They consider abstinence a more difficult method to attain those pregnant women's health, and so they agree on drug use reduction goals, explaining the harm they can cause to their children as confirmed by the manual on health care for the street population,⁸ which states that the requirement of abstinence for treatment and the rigid approach are two counterproductive strategies to promote health, since many times it is exactly in treating the user at his/her moment of vulnerability that the nurse-client bond is established.⁸⁻⁹

Priority is also given to humanized assistance, characterized as a low demand measure as opposed to high demand prohibitionist strategies, since it does not establish abstinence from drug abuse as an initial goal for treatment. The strategy also allows the user to participate in his/her treatment, characterizing it as a bottom-up measure, built together and in defense of those who use drugs.⁹

In this context, it was also verified that the nursing care is associated with Imogene King's Theory of Goal Attainment published in 1981, which is based on the transactional process in search of attaining goals, valuing the individual's well-being in all his/her dimensions and providing his/her rehabilitation with the use of a conceptual structure which consists of three interactive systems, namely: personal, interpersonal and social systems. The theory is based on the interactive process between the professional nurse and the client, with the primary objective of outlining the fundamental point of Nursing through the therapeutic relationship to achieve goals aiming at improving the quality of life in the nurse-patient interaction in his/her health-disease process. The importance of using this theory in a CAPSad is then evident, as observed during the interviews.¹⁰

The Theory of Goal Attainment can be related to the Policy of Harm Reduction, since the latter is, according to Ordinance No. 1.028-2005, a set of practical strategies focused on the drug use field aiming to reduce the harm from the use, whether biological, social, economic or cultural, without necessarily interrupting it, but taking into consideration the people's freedom of choice and freedom to use their own body. It is inferred, therefore, that for this strategy to be used it is necessary to recognize the context in which the individual is inserted, thus setting, along with the user, possible goals within his/her reality.⁹

It was verified that, as in the Theory of Goal Attainment, what best characterizes the concept of harm reduction is precisely the flexibility in the contract with the person who uses drugs in a harmful way. It is believed that this means establishing a bond, facilitating the access to

information and guidance, encouraging going to the health service, using proposals that are diversified and constructed with each person and his/her social network. For this purpose, the individual's desire and demand are considered, as well as the possibilities to compose a follow-up with mutually agreed combinations, called a therapeutic plan.¹¹

Human beings are considered open systems because they interact with the environment. Individuals are called personal systems, forming groups, and such formation creates another type of human experience within interpersonal systems. Some of these groups with common interests are described to create another type of human experience within a community or society, the so-called social systems.¹²

The fact that the active participation of the pregnant woman in the process of choosing the goals and stages of treatment increases her motivation and engagement is valued. For different reasons, many women have histories of troubled relationships with significant people, and this is one of the reasons that enable them to have difficulties with their self-esteem and self-confidence.⁸

It was verified that, when listing goals, the nurse has the opportunity to interact with the pregnant woman, considering her individuality, desires, preferences and capacity so that in this way she can explore the means she agrees with and reach her goals. By considering the peculiarities of each individual person, the nurse helps establishing priorities along with the participation of the woman in her health-disease process, making it possible to obtain more effective and solid results for the mother-child binomial, thus achieving the nurse's goal.

Nursing is conceived as a profession that is directly linked to caring and close to the patient, playing a fundamental role in the implementation of the individual's integrality. The integral view of the individual must be applied in all health services, including the CAPSad, where the patient is in a situation of such complexity that it often interferes in various aspects of his/her life.

Integrality was observed to be one of the main guidelines of the health system reform, being based on caring through welcoming and humanization as instruments for both professionals and health services to provide integral assistance. Through this approach, a holistic view of the human being is contemplated, in which the needs that go beyond what the clinic can detect are recommended.¹²⁻³

The deficiency in the integralization of assistance to pregnant women in abusive use of alcohol and other drugs has been found to start from the health networks, since there is a fragmentation in the assistance to those pregnant women, which goes against what the matrix support proclaims. By "matrix support", according to the SUS Mental Health Manual,⁸ it is meant the shared responsibility of cases, contradicting the logic of referral or reference and counter-reference in a strict sense,

and the assistance must not assume the characteristics of a "specialization", but rather be completely integrated into the general CAPS operation.¹⁴

There is a disintegrated service when the BHU and the CAPSad, concomitantly with the treatment for abusive use of alcohol and other drugs, do not conduct the prenatal monitoring of pregnant women.¹⁵ This failure leads to a gap in the assistance to this woman, since the use of alcohol and drugs is not an isolated factor, being related to several aspects of that woman, such as obstetric complications caused by the use or psychological and emotional aspects already affected by pregnancy, with the use being able to attenuate them. It is therefore important to look at that woman in a comprehensive way, as well as to assist her in all her needs and singularities. To do so, matrixing through the co-responsibility of cases is necessary so that health services can offer support to the pregnant woman in all her aspects.

This disintegration in the service systems was verified to reflect in the assistance to the pregnant woman itself, since the professional nurse provides his/her health care in a fragmented and specialized way, considering that the CAPSad assists in aspects related to the use of alcohol and other drugs, but disregarding that the focus of the service must be the individual in all his/her context. This reveals, as in Imogene King's theory, where the nurse should assist the patient, not focusing on the disease, but taking into consideration the three interrelated systems, namely: the personal one (the user), the interpersonal one (the family) and the social one (the community).¹⁶

It was observed, from King's point of view, that these three systems interact with each other, and Nursing should act considering them in an individualized way, which requires the participation of the woman in this caring process. In order to have this practice, the nurse must have a comprehensive look, seeking to attend the woman in a wholesome way, including concepts of perception, ego, body image, growth, development, time and space,¹⁶ this being precisely the approach that the harm reduction strategy uses, seeking universality, that is, developing actions that are for everyone, in an amplitude that can at the same time include the differences. In this way, there is an attempt to overcome the hygienist understanding with a non-judgmental posture but building conditions for overcoming obstacles from each reality. Finally, it is about a change from the logic of specialties to the logic of integrality, glimpsing the possibility of promoting physical and mental health as well as citizenship in every health action.¹¹

It is also questioned why, upon the arrival of a pregnant woman with HIV+, treatment does not begin as soon as possible right there. It is concluded that it is because the use of alcohol and drugs overshadows the other factors, this being the main factor and making health care a little neglected, which confirms the failure in the care that should be integral, seeing the human being as a whole. In order to achieve this holistic view in pregnant care, it is necessary for the nurse to

value the woman's previous knowledge and way of life, as well as to prioritize qualified listening so as to be able to establish trust and then intervene on an individual basis. In the vulnerable situation in which the woman finds herself, considering all the prejudice from society, the approach and the welcome become essential for the mother to allow the nurse to assist her effectively.

Nurses are reported to make use of the nursing process to systematize their assistance, which should be integral. Imogene King has developed a nursing process which is an interaction process, requiring from the nurse a systematized method so that the care can be put into practice. A nursing process called "Goal-oriented Record" is suggested, composed of five phases: initial interaction; a list of problems; a list of goals; a plan; and evolution notes.¹⁶

It can be seen from the initial interaction, when the nursing process begins, that the pregnant woman should be seen in her fullest form, in all her scope, once the professional training of the generalist nurse gives him/her subsidies for that. However, during the interviews, it was observed that besides the fact that the service makes it difficult to provide integral care aiming at other aspects other than the use of alcohol and other drugs, some of the nurses themselves do not feel able to perform a good quality prenatal care to the pregnant woman because, for instance, they feel a lack of training in the unit.

It is concluded that, in practice, what the CAPSad is in charge of is the assistance related to the use of alcohol and other drugs, whereas the basic service is in charge of prenatal care, thus fragmenting the assistance. However, according to Ordinance 3.088 of 2011, one of the guidelines of the Psychosocial Care Networks would be the organization of services in a regionalized health care network by establishing intersectoral actions in order to ensure the integrality of care. The CAPS would then have to assist the pregnant woman in all aspects without necessarily assuming prenatal care, removing the responsibility of the BHU and sharing the assistance, since the health services must adapt to the users and family members, and not otherwise.¹⁷

The informal link among professionals and, consequently, among health services is contrary to what is recommended by the SUS, according to which the patient must have an integral service with an entrance door for reference and counter-reference, but that does not happen for the pregnant woman who uses alcohol and other drugs. Such formality should exist to guarantee the non-rupture of the care integralization in health services, because if this bond is lost by the professionals' turnover, the assistance to the woman will also be out of phase.⁸

The nursing process is emphasized as the dynamics of systematized and interrelated actions, aiming at assisting the human being. For such actions to be carried out, it is necessary to have an interaction between the nurse and the patient with a common goal, which is to promote the patient's health, thus configuring Imogene King's Theory itself in practice. It would be necessary,

however, to apply the nursing process in the CAPSad in order to meet the standards of the health care model as of the SUS regulation, having as principles the decentralization of services, universality and integrality of health care, that is, it would be necessary to abolish the idea of referral, and use the integralization of care.¹⁷

CONCLUSION

In this study, it was possible to identify that there is a failure in caring for pregnant women who use alcohol and other drugs, because one of the principles of SUS, integrality, is not respected when the pregnant woman needs to be assisted in the CAPSad. As a result, the assistance becomes fragmented, with prenatal care being the competence of the Basic Health Unit, and the abusive use of drugs being the competence of the CAPSad.

Therefore, it can be inferred that it is necessary to establish the integrality of the assistance in order to actually attain the goal which is to reduce the process of morbidity and mortality among pregnant women who abuse drugs. Moreover, although the assistance is based on harm reduction, the pregnant woman is still unsupported in terms of pregnancy follow-up care. Consequently, on the basis of this study, it is proposed that there should be greater integration between the CAPSad and the basic care and reference and counter-reference services. By means of a greater bond between the units, it is proposed that the assistance be shared, the pregnant woman being able to be assisted in both services.

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