TRAINING IN NURSING IN THE PREGNANT-PUERPERAL CYCLE

A FORMAÇÃO EM ENFERMAGEM NO CICLO GRAVÍDICO-PUERPERAL

LA FORMACIÓN EN ENFERMERÍA EN EL CICLO GRAVÍDICO-PUERPERAL

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ABSTRACT

Objective: to report the experience of the "G-Day of the pregnant woman" in the formative process of nursing students. **Method:** qualitative, descriptive study, type of experience report, about the training process of nursing students in the realization of the "G Day of the Pregnant Woman", which happened in a Family Health Unit / FHU. **Results:** it was possible to establish a dialogue with the prenatal users about the pregnancy-puerperal cycle; provide greater linkage between UHS users and the family health team; develop conceptual, procedural and attitudinal skills / competencies for the promotion of health education and interdisciplinary work. **Conclusion:** there was an active participation of the health team, as well as the pregnant women, and the actions carried out made it possible to redesign the health care and education provided in this unit, making the team and the pregnant women coparticipants of this process. **Descriptors:** Health Promotion; Gestation; Puerperium; Health Education; Nurses; Professional Training.

RESUMO

Objetivo: relatar a experiência do "Dia G da gestante" no processo formativo de acadêmicos de Enfermagem. **Método:** estudo qualitativo, descritivo, tipo relato de experiência, sobre o processo formativo de acadêmicas de Enfermagem na realização do "Dia G da Gestante", que aconteceu em uma Unidade de Saúde da Família/USF. **Resultados:** foi possível estabelecer diálogo com as usuárias do pré-natal sobre o ciclo gravídico-puerperal; proporcionar uma maior vinculação entre usuárias do SUS e a equipe de saúde da família; desenvolver habilidades/competências conceituais, procedimentais e atitudinais para a promoção da educação em saúde e trabalho interdisciplinar. **Conclusão:** houve a participação ativa da equipe de saúde, bem como das gestantes, e as ações realizadas possibilitaram redesenhar a assistência e a educação em saúde prestadas na referida unidade, tornando a equipe e as gestantes coparticipantes desse processo. **Descritores:** Promoção da Saúde; Gestação; Puerpério; Educação em Saúde; Enfermeiro; Formação Profissional.

RESUMEN

Objetivo: relatar la experiencia del "Día G de la gestante" en el proceso formativo de académicos de Enfermería. **Método:** estudio cualitativo, descriptivo, tipo relato de experiencia, sobre el proceso formativo de académicas de Enfermería en la realización del "Día G de la Gestante", que tuvo lugar en una Unidad de Salud de la Familia / USF. **Resultados:** fue posible establecer diálogo con las usuarias del prenatal sobre el ciclo gravídico-puerperal; proporcionar una mayor vinculación entre usuarias del SUS y el equipo de salud de la familia; desarrollar habilidades / competencias conceptuales, procedimentales y actitudinales para la promoción de la educación en salud y trabajo interdisciplinario. **Conclusión:** hubo la participación activa del equipo de salud, así como de las gestantes, y las acciones realizadas posibilitaron rediseñar la asistencia y la educación en salud, prestada, en la referida unidad, haciendo el equipo y las gestantes coparticipantes de ese proceso. **Descritores:** Promoción de la Salud; Gestação; Puerperio; Educación en Salud; Enfermeros; Capacitación Profesional.

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INTRODUCTION

Health education, in an innovative, technological, dynamic, integrative and multiprofessional way, has been a challenge in the space of teaching-service integration of the Unified Health System (UHS). To be inventive in the training process, using technological tools, such as the use of mobile applications and social networks, integrating with health services assertively, through a collective construction process for health training, is what is searched in this article.

Health education has, in the National Health Directives, its design, based on the combination of elements such as education and health, which aim to promote, through the implementation of programs, the qualification of health professionals through the promotion of integrality of care, equity and universality, which are the axes of the national health policy. This promotion focuses on integrating this care in order to improve the scientific knowledge of the UHS worker and the user, who together become the protagonists of health promotion. Thus, it is understood that health tends to be everything that involves the life of an individual, encompassing all aspects and subjectivities of the same, and both the health professional and the patient have a role of health promotion through care, education, harm reduction, among others, in order to consolidate health.¹

The aforementioned author also affirms that this consolidation process demands to assume new perceptions of health, having social practice and law, emphasizing health promotion and education, especially with regard to basic care and integral care.¹

In this training process, the Health Sciences Center of the Federal University of Recôncavo da Bahia (CCS / UFRB) has invested in the immersion of its students in UHS territory throughout the training process, from the initial phase to the end of it. This process of immersion is composed of institutional political investment that goes from the process of joining the university until the graduation and investment in graduate studies.

Nursing training at CCS / UFRB started in 2006, with the enrollment of 40 students. In 2007, there was the first reform in the pedagogical project of the course. In 2012, the board of directors of the CCS / UFRB adopted cycle models (first cycle, general training, and second cycle, specific training).^{2,3} In turn, the Nursing collegiate supported the decision of the CCS / UFRB board of

directors where 20 vacancies were offered for the second cycle, after the student enrolled in the Interdisciplinary Bachelor of Health (first cycle).³

The current proposal (2017)³ for the training of nurses of the CCS / UFRB presents a course in face-to-face modality, with admission through the National High School Examination (ENEM) / Unified Selection System (USS), which integrate the two cycles.

The first cycle is the general training, consisting of six Units of Pedagogical Production (UPP), namely: human being and reality; health, culture and society; health and its determinants; health and quality of life; health and specific systems and policies, resulting in a total workload of 2531 hours. The second cycle, with a workload of 2634 hours and four more UPP: integrative policies and practices; clinical-surgical approach in life cycle I; clinical-surgical approach in the life cycle II; (1st and 2nd cycles) of 5,165 hours, with an average time of five years.³

The immersion in health territory starts from the first UPP being human and reality, with the curricular component process of appropriation of reality and, for four semesters, the actors of the formative process (students, teachers, health workers and community) immerse in a community to diagnose, reflect, propose and intervene in changes to improve the health of the population.²

In the second cycle, the immersion process continues, and in the Nursing course, the curricular components continue to advance in the teaching-service integration, in the interdisciplinarity, in the immersion of reality, contextualized with the unique health system and in evolutionary phases of the life cycle.

The Nursing course of the CCS/UFRB has invested efforts through the Teaching Nucleus Structuring (TNS), teachers and students of Nursing to design a Pedagogical Project of the Course that, in the end, presents a profile of egress: "professional generalist, with knowledge technical and scientific aspects and emphasis on the ethical-political commitment with aspects related to the valorization and defense of life, as well as the provision of resolute health services focused on the health needs of the population and that are committed to the strengthening of UHS and to the quality of assistance".³

The skills and abilities of this critical and reflexive generalist nurse, capable of acting at different levels of health care, include knowing and transforming reality, developing ethical and moral conduct, performing

interdisciplinary and systematized practices, acting with autonomy.

Other investments in the training processes have been developed in the health sciences center of UFRB as research and extension projects, Education for Work Program (EWP Health), Health Education Reorientation Program (PROSAUDE), Programa de Educação pela Trabalho Graduação UHS (EWP Gradua UHS), Family Health Unit School.⁴

These investments in the training processes that have been taking place in UFRB, in the Nursing undergraduate course, are presented in this article as an experience report in the curricular component of Supervised Internship (SI) in Primary Care, which corresponds to 10UPP, integrated practices.

The supervised internship in primary care is the consolidation of the training process that has been developed since the beginning of the course and enables the student to acquire acquired knowledge, the theoretical-practical assimilation and the propulsion for the construction of new knowledge, techniques and skills.

The professional training of nurses, through SI in basic care, involves care, management, health education, in-service education and research activities.^{5,6} SI begins with a diagnosis of health situation, through recognition of the territory, survey of health problem and / or health system. Subsequently, interventions are developed to try to solve the problems previously raised.

In this immersion, the authors of this article found a problem: the fragmentation of knowledge and information about the pregnancy-puerperal cycle of a family health unit in Santo Antônio de Jesus, BA, in which the team's performance in relation to follow-up of the pregnant women of the USF, privileged only the Nursing consultation, in the sense of listening to complaints and offer specific guidance, not valuing the integral care beyond the guidelines of all phases of the pregnancy-puerperal cycle.

The need to invest in health education, referring to the pregnancy-puerperal cycle, was pointed out in the experiences of other researches, which show prenatal care as the main means of monitoring pregnancy, promoting health to the mother / baby binomial since the discovery from gestation to the puerperal phase.^{5,6,7} The health professional, in this case, the nurse, must be prepared to attend to the pregnant woman in a holistic way and understand all the subjectivity that gestation can cause (physical, nais). Each gestation is unique and

each woman will have a distinct experience of this experience. Hence, there is a need for strategies to keep these pregnant women loyal and thus be able to accompany them and guide them throughout pregnancy, and health education is the most effective way to do so.^{5,6,7}

The Ministry of Health says that birth and birth are biological, however, can be influenced by the environment and the process of evolution of the body. Cultural, social, economic and environmental changes are responsible for the current "hegemonic medical" delivery model. At one point, childbirth was considered as social, where the newborn's family received neighbors and relatives to fraternize. But the Indies preferred that this moment was something solitary and particular.⁸

Nowadays, with new resources and means, the act of giving birth is no longer biological, becoming a surgical act, which inevitably affects the mother-baby binomial, since it is withdrawn abruptly from the mother's womb, without that it goes through the process of labor and, consequently, of maturity.^{8,9}

Prenatal care is the means by which pregnant women can and should be informed about their entire pregnancy period, all changes in their body, the difficulties and facilities of pregnancy, childbirth and postpartum, through educational actions developed not only by the Nursing professionals at the time of the consultation, but by all members of the health unit.¹⁰

The above-mentioned author also says that health education is an effective, objective and impact-oriented strategy, with occasional actions or in groups, in which health professionals tighten relationships, establish and strengthen links with pregnant women, facilitating the transmission of knowledge, as well as the acceptance of counseling, ensuring that the pregnant woman possesses the minimum knowledge, capable of providing information that assures her the right to actively participate in decision-making during pregnancy, delivery and postpartum.¹⁰

It is understood that, every time the user has access to the services of the unit, health professionals should seize the moment to instigate people to think about their own health, favoring pregnant women and their relatives of knowledge, clarifying doubts, demystifying issues and, thus, empowering themselves, making them co-responsible for their own health, as well as the baby that is growing.¹¹

Due to the relevance of educational actions aimed at users of basic care, and prenatal care being one of the main programs in this network, being this one of high adherence of the users, and seeking to strengthen and strengthen the bond during care in the prenatal care among professionals, pregnant women and family members, students and nursing professors CCS / UFRB, during their training process in the supervised stage of primary care, it was decided, together with the family health team of a municipality in Bahia, to develop an intervention called "G-Day of the Pregnant". "The purpose of the intervention was: to dialogue with the prenatal users about the pregnancy-puerperal cycle, to provide a greater link between UHS users and the family health team, to develop conceptual, procedural skills / competences and attitudinal levels for the promotion of health education and interdisciplinary work.

OBJECTIVE

- To report the experience of the "G-Day of the pregnant woman" in the formative process of nursing students.

METHOD

A qualitative, descriptive, descriptive, descriptive study about the formative process of Nursing students in the realization of the "G-Day of the Pregnant Woman", which happened at a Family Health Unit-FHU in the city of Santo Antônio de Jesus, Bahia .

Initially, a planning of activities was carried out based on tutorial meetings about the nurse's action in Primary Care by supervised trainees, followed by exploration of national and international scientific publications on the pregnancy-puerperal cycle and the work process in the attention primary health care.

Activities of the nursing team in health care, management and education, in the care of women in the pregnancy-puerperal cycle, were outlined. The educational activity book of the FHU, the photograph, the attendance list of the participants and the report of the activities carried out were used as a recording instrument, in which all actions were described.

Subsequently, the actions developed consisted in: presentation of the project to the team; construction of the semester scale of those responsible for the execution of the "G day of the pregnant woman"; accomplishment of the tutorial on Nursing care in the pregnancy-puerperal cycle; update of the team that hosted the intervention on

pregnancy-puerperal cycle; realization of the "G-Day of the Pregnant Woman".

The "G-Day of the Pregnant Woman" was intended as an indefinite monthly meeting between the family health team, with pregnant women and family members, to share experiences about the pregnancy-puerperal cycle. The "G day of the pregnant woman" meetings are held in the health unit itself, through four conversation wheels: fetal development; humanized delivery and non-pharmacological measures for pain relief at birth; breastfeeding and newborn care.

RESULTS AND DISCUSSION

This article is an account of a descriptive experience about the Nursing academic formation process, in the realization of the "G-Day of the Pregnant Woman", which happened at a Family Health Unit-FHU in the municipality of Santo Antônio de Jesus, Bahia.

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CONCLUSION

It was observed the effective participation of pregnant women enrolled in the family health unit, as well as the involvement of the team. The actions carried out made it possible to redesign the health care and education provided in this unit, making the team and pregnant women co-participants in this process.

From the experience at the FHU, it was possible to understand that full attention to pregnant women is possible and that, for a good result, it is not always necessary to use large resources. It is also noted that these actions can generate impacts on the care process, enabling the development of a healthy pregnancy and puerperal cycle and, consequently, the reduction of maternal and child death.

It is important to emphasize and value the participation of the team and the preceptor in the contribution of ideas for the development of the action, as well as the involvement and support on G day, to reach the objectives of all the actions carried out.

Regarding the academic formation of the students, the project contributed significantly, because, through this activity, it was possible to develop skills and improve skills.

This experience evidenced that a team, when united and motivated, collaborates positively for health promotion and for the good performance of integral care in basic care.

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