



IMPACT OF EXTENSIVE ACTION WITH PREGNANT WOMEN AND CAREGIVERS OF FAMILY HEALTH UNIT

IMPACTO DE AÇÃO EXTENSIONISTA COM GESTANTES E ACOMPANHANTES DE UNIDADE BÁSICA DE SAÚDE DA FAMÍLIA

IMPACTO DE LA ACCIÓN EXTENSIONISTA CON GESTANTES Y ACOMPAÑANTES DE LA UNIDAD BÁSICA DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to assess the impact of the extensionist action << From the University to the Community: forming multipliers to the binomial mother and child in the postpartum period >> with pregnant women and caregivers of Basic Health Unit of the Family - *Unidade Básica de Saúde da Família* -, UBSF, from the city of *Caicó-RN*, Brazil. **Method:** exploratory and descriptive study, with quantitative approach, developed in the Basic Health Unit of the Family, *Castelo Branco's* neighborhood, municipality of *Caicó-RN*. The target audience was comprised by pregnant women enrolled in the program of prenatal of that UBSF and their respective caregivers, it reached, at the end of the two groups, a number of 58 people. The selected sample consisted of 19 participants, after they met the inclusion criteria: pregnant women and caregivers enrolled in the extensionist action who participated in at least six of the 12 meetings held by the group. The data were analyzed according to descriptive statistics and discussed based on the specialized literature. The research project was approved with the homologated opinion by the Ethics Research Committee of UERN, with the Protocol nº 086/10 (CAAE - 0082.0.428.000-10). **Results:** characterizing the sample, 53% of subjects were caregivers, and 47% pregnant women. 26% of pregnant women started the activity during the second gestational trimester, and 42% of these were primiparous. For the participants, the project contributed to the experience of the postpartum with more autonomy (95%) and collaborated in the sense to avoid the problems that arise during this period (89%). For the interviewees, the moments of health education were useful to the clarification of doubts (95%) and configured themselves as an environment for exchange of experience (74%). **Conclusions:** the approaching of pregnant women with the knowledge built collaborated with the conquest of autonomy to the living of the puerperium, which highlights the importance of the development of activities in health education aimed at pregnant women, in order to minimize the impact of the vulnerabilities inherent to the puerperium, and to promote the maternal and child health. **Descriptors:** postnatal care; health education; family health.

RESUMO

Objetivo: avaliar o impacto da ação extensionista << Da universidade a comunidade: formando multiplicadores para o binômio mãe e filho no período pós parto >> com gestantes e acompanhantes de Unidade Básica de Saúde da Família. **Método:** estudo exploratório e descritivo com abordagem quantitativa, desenvolvido na Unidade Básica de Saúde da Família, do bairro Castelo Branco, município de Caicó-RN. Os públicos-alvo foram gestantes cadastradas no programa de pré-natal da UBSF e respectivos acompanhantes, alcançado ao final de duas turmas com 58 integrantes. A amostra selecionada correspondeu a 19 participantes depois de atendidos os critérios de inclusão: gestantes e acompanhantes inscritos na ação extensionista que participaram de no mínimo 6 dos 12 encontros realizados pelo grupo. Os dados foram analisados a partir da estatística descritiva e discutidos com respaldo na literatura. A pesquisa teve o projeto com o parecer homologado pelo Comitê de Ética em Pesquisa da UERN, com o Protocolo de nº 086/10 (CAAE - 0082.0.428.000-10). **Resultados:** caracterizando a amostra, 53% dos sujeitos, foram acompanhantes, e 47% gestantes. 26 % das gestantes iniciaram a atividade durante o II trimestre gestacional, sendo 42% destas, primíparas. Para os participantes, o projeto contribuiu para a vivência do pós-parto com mais autonomia (95%) e colaborou no sentido de evitar os problemas que surgem nesse período (89%). Para os entrevistados os momentos de educação em saúde proporcionam o esclarecimento de dúvidas (95%) e configuram-se como um ambiente para troca de experiência (74%). **Conclusão:** a aproximação das gestantes com os conhecimentos construídos colaborou com a conquista da autonomia para a vivência do puerpério, o que evidencia a importância do desenvolvimento de atividades educativas em saúde voltadas a gestantes, a fim de minimizar o impacto das vulnerabilidades inerentes ao puerpério, e a promover à saúde materna e infantil. **Descritores:** cuidado pós-natal; educação em saúde; saúde da família.

RESUMEN

Objetivo: evaluar el impacto de la acción << extensionista de la universidad a la comunidad: la formación de multiplicadores para la madre y el niño en el período posparto >> con las mujeres embarazadas y las personas que cuidan de una Unidad Básica de Salud de la Familia, Caicó-RN, Brasil. **Método:** estudio exploratorio y descriptivo, con enfoque cuantitativo, desarrollado en la salud de la familia básica, Distrito de Castelo Branco, Municipio de Caicó-RN. El público estaba compuesto por mujeres embarazadas inscritas en el programa de prenatal UBSF y sus compañeros respectivos, llegó a la final de dos clases con 58 miembros. La muestra estuvo conformada por 19 participantes después de cumplir los criterios de inclusión: mujeres embarazadas y cuidadores inscritos en acción extensionista que participaron en por lo menos seis de las 12 reuniones celebradas por el grupo. Los datos fueron analizados mediante estadística descriptiva y discutida con el apoyo en la literatura. El proyecto de investigación fue aprobado con el dictamen por el Comité de Ética en Investigación UERN, con el Protocolo nº 086/10 (CAAE - 0082.0.428.000-10). **Resultados:** la caracterización de la muestra, el 53% de los sujetos eran cuidadores, y mujeres embarazadas el 47%. 26% de las mujeres embarazadas inició la actividad en el segundo trimestre, y el 42% de ellos eran primíparas. Para los participantes, el proyecto contribuyó a la experiencia de post-parto con más autonomía (95%) y colaboró con el fin de evitar los problemas que surgen en este período (89%). Para los encuestados, los momentos de proporcionar educación para la salud para aclarar dudas (95%) y se configura como un medio para el intercambio de experiencia (74%). **Conclusión:** la aproximación de las mujeres embarazadas con el conocimiento construido colaboro con la conquista de la autonomía de la experiencia post-parto, que destaca la importancia de desarrollar actividades de educación sanitaria dirigidas a las mujeres embarazadas con el fin de minimizar el impacto de las vulnerabilidades inherentes en el puerperio y promover la salud materna e infantil. **Descriptores:** Atención postnatal; Educación para la salud; La salud de la familia.

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INTRODUCTION

The postpartum or puerperium is defined, physiologically, as the period between the placental expulsion (afterbirth) and the return of the maternal body to the pre-pregnancy conditions.¹ The duration period of the postpartum is considered between 6 to 8 weeks after childbirth, although apparently it is possible to predict the beginning of the puerperal period, but the end will depend on a number of changes that may occur in the female organism.

Specifically, the puerperium is a period of great vulnerability due to the changes of biological, psychological and social upgradings.² The experience of living the pregnancy, childbirth and the postpartum period provides to the woman the experience that can result in life changes. However, if these moments are experienced in a bad form, they can cause emotional and structural damages to the family. This statement reinforces that the care provided to the woman during the pregnancy-puerperal cycle must be planned in order to consider the vulnerability and the uniqueness inherent in this moment, by means of assistential and educational practices.⁴

In studies conducted with puerperal women, in the immediate postpartum period, it was possible to identify that a proportion of these women follow this trajectory experiencing feelings of distress, emptiness and fear.⁵ The experience of the puerperium is also accompanied by the emergence of new demands and by changes in family routine, a condition that requires from mothers and their family members adjustments of roles and changes in the behaviors adopted in health care; measures that aim to meet the new reality of necessities⁶

From this perspective, the Nursing graduate course from the *Universidade do Estado do Rio Grande do Norte* (UERN), *Campus Caicó*, developed an extensionist action with performances of educational activities with focus on the puerperal period. The extension project "From the University to the Community: forming multipliers to the binomial mother and child in the postpartum period" had like objective to provide moments of health education by developing appropriate assistance to the binomial mother and child, in the family environment and in the health service context.

Besides to contribute to the improvement of the health care of woman in the

puerperium period, the extensionist action has prepared multipliers from the information in health, moved the professionals to closer to the mothers and their families, and tried to overcome deficiencies in the care provided to the mother and the newborn during the postnatal period.

At the end of the implementation of the proposal, there was the need to assess the impact of the extensionist action for the group of women who received actions of health education in order to discuss the importance of that activity to the experience of puerperium. The results obtained by the study provided to the family health team of *Castelo Branco's* neighborhood, municipality of *Caicó-RN*, Brazil, a portrait of the need for health education for women who will experience the postpartum period.

The (re) thinking of educational practice in health, in the reality of its services, allow the woman to experience this phase of the pregnancy-puerperal cycle autonomously, aware of the changes and specific vulnerabilities arising from puerperium. In this sense, this research seeks to assess the impact of the extensionist action << From the University to the Community: forming multipliers to the binomial mother and child in the postpartum period >> with pregnant women and caregivers of Basic Health Unit of the Family.

METHOD

It is an exploratory and descriptive study, with a quantitative approach, developed in the Basic Health Unit of the Family - *Unidade Básica de Saúde da Família* (UBSF) *Castelo Branco's* neighborhood, municipality of *Caicó-RN*, Brazil. The aforementioned Unit was scenario to the performance of the extensionist action that occurred during the period from February 2010 to January 2011, with the formation of two groups from the realization of periodic meetings conducted through practical-theoretical-practical methodology.

The target audience of extensionist action << From the University to the Community: forming multipliers to the binomial mother and child in the postpartum period>> was the pregnant women who were enrolled in the program of prenatal of that UBSF and their respective caregivers, it reached, at the end of the two groups, a number of 58 people. The selected sample consisted of 19 participants, after they met the inclusion criteria: pregnant women and caregivers enrolled in the

extensionist action who participated in at least six of the 12 meetings held by the group.

To obtain the data, we used the structured interview as collection instrument, which covers, in the first part, the data of identification and characterization of the research subjects and, in the second step, the questionings prepared in according to the purposed objective in this study.

The realization of the interviews occurred after the clarification of the objectives of the study, highlighting the importance of the data to be collected, besides the signing of the Free and Informed Consent Form (FICF) as recommended in Resolution 196/96 of the Brazilian National Health Council - *Conselho Nacional de Saúde* (CNS / MS). The study was approved by the Ethics Research Committee of the UERN (CEP-UERN) by means of the Protocol nº 086/10 (CAAE - 0082.0.428.000-10).

The obtained data were presented in tables, analyzed according to descriptive statistics and discussed based on the specialized literature.

RESULTS AND DISCUSSION

In characterization of the sample of the study subjects, it was found that 53% of the subjects participated in the condition of caregivers and pregnant women accounted for 47% of the total.

The presence of a significant number of pregnant women in educational activities addressed to the experience of puerperium should be justified by the fact that, during the postpartum period, the woman sees herself surrounded by a series of changes caused by pregnancy and the birth of the baby and, at this time, they strive to seek adaptation and adjustment to the maternal role.³ Therefore, the opening of spaces for health education is as a device that, allied with monitoring of prenatal care, provides support for these women by clarifying doubts and equipping them for the experience of motherhood.

Comparing the data with regard to the variable of condition of participant in the extension activity, it should be identified a greater representation of the number of caregivers, a fact that is considered like positive, when viewing the figure of the caregiver as a support in the health care within the home environment. Some authors discuss the importance of the inclusion of other subjects in activities focused to the

postpartum cares and in the health care to the binomial mother and child, going to consider the family as the primary unit of care.⁷

Regarding the variable of age, there was a predominance of groups of 20-30 and 31-40, where they both present themselves in the value of 37%, each. A larger number of subjects within the age groups mentioned matches, precisely, to the main groups of reproductive age of women in Brazil.⁸

Among the participants, 74% are married and 79% have a household income of up to 3 minimum wages. Regarding the variable of family income, another study also identified, among the groups of pregnant women attended by public health service, the predominance of the same class: with family income from 1 to 3 minimum wages.⁹ This panorama defines the socio-economic profile of the users who use the public health service for the assistance in the monitoring of the reproductive cycle, specifically during the pregnancy time.

Regarding the level of schooling, 37% of respondents have completed high school. Regarding the importance of considering the schooling of the study subjects, we believe that this is seen as a variable able to intervene on family planning, since the access to information and the adoption of basic health care are closely related to the schooling degree.¹⁰

With regard to the occupational activity, 26% are Community Health Agents - *Agentes Comunitários de Saúde* (ACS), 21% call themselves as housewives and 21% as domestic workers. In the composition of the group, it should be highlighted the involvement of the ACS, followed by women who work with domestic services, reality still very present in our society, despite the strong presence of women in the labor market in several other sectors.

Considering the category of caregivers, in relation to the degree of kinship, these were distributed between ACS (26%), friends (16%), and close relatives like sister (5%) and mother (5%); it should be emphasized that all subjects are female.

The exclusive presence of women, in composition of the group, is a reality that refers to the gender relations, when understanding that the social value of the feminine practices in the care related to the motherhood is closely linked to the living and experiences of the woman, determining her role in society.⁷

From the data distributed in the Table 1 it can be seen that the approximation of pregnant women with education activities in health developed by the extension project began, predominantly, during the second trimester of their pregnancy (26%), and of the

third trimester of pregnancy (21%). An important fact to be reflected is that one which mentions that none of the patients (0%) started the education activities in health during the first gestational trimester.

Table 1. Characterization of pregnant women, participants of the extensionist action, with regard to the gestational age. Caicó, Rio Grande do Norte, Brazil, 2010.

Variables	n=19	
	n	%
1 st trimester	0	00
2 nd trimester	5	26
3 rd trimester	4	21
Not applicable	10	53

The delayed approach of the pregnant women with the education activities in health put itself as a reality contrary to what is recommended by the Brazilian Ministry of Health, which establishes that prenatal care should be started, preferably, in the first trimester of pregnancy, with the development of assistential, preventive and educational actions.¹¹ Given this result, it is necessary that health services seek to develop strategies that enable the adherence to prenatal care and increase the covering of the family planning, ensuring the access to an integral care for the

women in the reproductive cycle.

Table 2 highlights the prevalence of primiparous (42%) in the composition of the audience of pregnant women and demonstrates fewer multiparous (5%). Despite the experience of motherhood, when awakening the feelings of enthusiasm in the learning of cares to the binomial mother and son, the primiparous have different perceptions when related to the multiparous, especially in relation to necessary cares during the puerperium period.

Table 2. Characterization of pregnant women, participants of extensionist the action, regarding the number of pregnancy. Caicó, Rio Grande do Norte, Brazil, 2010.

Variables	n=19	
	n	%
Primiparous	8	42
Multiparous	1	5
Not applicable	10	53

In general, the primiparous women express the need for access to the guidelines, by means of their condition of inexperience, and the multiparous, since they are appropriated of skills elaborated from previous experiences, expose the need for an educational assistance most effective and befitting their individuality, respecting their personal and morals values..¹² Even faced with different contexts, the actions of health education reaffirm the challenge of overcoming the difficulties encountered in the new reality, assisting in the development of the maternal care, knowing that this is a continuing learning process.¹³

When asked about access to the actions of health education during the prenatal period, 100% of pregnant women reported positively regarding the existence of such practice in the care.

Although it has been reported the access to actions of health education during the

prenatal period, the practices of health education aimed at pregnant women, when executed, have been conducted exclusively in the ambit of individual consultations, without the formation of collective activities.¹⁴ This condition indicates a deficiency of strategies like the performance of group activities in health care services to the pregnancy-puerperal cycle. The educational activities, such as the formation of groups of pregnant women, should be taken as priority interventions for the monitoring of pregnancy, when understanding that the approaching with new knowledge contributes to the safety in living of the puerperium period, besides acting in disease prevention and in the promotion of health to the binomial mother and child.

Regarding the qualitative assessment of activities undertaken by the extensionist project, this was considered at a level between "VERY GOOD" (89%) and "GOOD" (11%). The achievement of a positive outcome

in the qualitative evaluation of the extension project can be justified as a reflection of the reality of health services, in which, in general, it is offered an assistance almost exclusively linked to the individual medical consultation and conducted in an interventionist manner, without having opportunity to participate in collective activities.¹⁵ Furthermore, the living in group activities promotes the exchange of experiences and the construction of new knowledge through spaces for discussion and reflection, as well as providing moments for the sharing of feelings related to the lived

moment, which for many of women, assists in coping with situations of changes resulting from pregnancy, childbirth and the puerperium.¹⁶

In the perception of the subjects, the activities of health education developed by the extensionist project, collaborated to experience of the postpartum with more autonomy (95%), acted preventively, avoiding potential problems arising in the postpartum (89%) and assisted in early identification of changes in the mother and in the baby (58%). (Table 3).

Table 3. Conception of participants of the extensionist action, about the importance of activities in health education, developed by Extension Project: From the University to the community: forming multipliers to the binomial mother and child in the postpartum period. Caicó, Rio Grande do Norte, Brazil, 2010.

Variables	n=19	
	n	%
Experience postpartum with more autonomy	18	95
Prevent problems arising in the postpartum	17	89
Identify changes in the mother and baby	11	58
Others	3	16

From this perspective, the appropriation of knowledge related to the experience of postpartum stimulates the search for the conquest of autonomy required to the maintenance of the self-care, which is essential to the mother and the baby, and acts as a tool for mutual learning, where scientific knowledge becomes part of the everyday life of subjects, mediating the understanding on health-disease process and its constraints.¹⁷

Among the points considered positive throughout the project, we highlighted the methodology adopted (95%), the topics covered (95%) and professionals involved (89%), besides being cited the time for the meetings (63%). The methodology adopted during the meetings and the conduct of the actors involved were constituted as key elements to the achievement of a participatory health education that, in fact, would meet the demand of participants.

Still on the use of group dynamics, some authors argue that the group context is constituted as a space for the movement of health promotion, through a process of teaching-learning crosscut to the participatory living, with emphasis on dialogue between subjects. These conditions embody a methodological proposal of emancipatory health education.^{15,18}

Similarly, the commitment and qualification of health professionals and the establishment of a good interpersonal relationship between social actors are elements that provide security to the puerperal women and embody a humanized attendance.¹⁹

Despite the interviewees had not indicated negative points in leading the extension project, inadequacies in time for the meetings were identified. The time interval established between the meetings, held fortnightly, in view of the interviews is placed as an inadequacy of the proposal.

This fragility leads us to discuss the indispensable bond to the educational practice, trying to understand the health education as a process that does not settle down in a linear and it is not immediate either; this is a daily and collective construction, surrounded by conflicts of knowledge and raised in the reflection spaces.²⁰

About the contents highlighted as most relevant to the experience of postpartum, we highlighted the following themes: The cares of the breast during breastfeeding (95%); Postpartum and return to the routine of day-to-day, hygiene of woman in the postpartum and care of the episiorrhaphy and surgical wound (89%); breast milk and breastfeeding and feeding of woman in the postpartum

(89%); what to take to the maternity and organization of the baby's room (68%), as well as the sex life in the postpartum period and prevention of a new pregnancy (63%). (Table 4)

In value of relevance, here are the themes: feeding of the child on mixed breastfeeding

and no breastfeeding (47%); the monitoring of growth and development (47%); postpartum depression and how to deal with the jealousy of their other children (37%) and intra-uterine dentistry (32%). (Table 4)

Table 4. Topics discussed during the project, considered by the participants of the extensionist action as the most relevant to the experience of postpartum. Caicó, Rio Grande do Norte, Brazil, 2010.

Variáveis	n=19	
	n	%
What to take to the maternity; organization of baby room	12	68%
Postpartum: return to the routine of day-to-day; hygiene of woman in the postpartum; care of the episiorrhaphy and surgical wound	16	89%
Breast milk and breastfeeding, feeding of woman in the postpartum	16	89%
Care of breast during breastfeeding	17	95%
Milking and weaning	9	47%
feeding of the child on mixed breastfeeding and no breastfeeding	6	32%
Monitoring the growth and development	9	47%
Intra-uterine dentistry	6	32%
Sex life in the postpartum and prevention of a new pregnancy	11	63%
Postpartum depression: how to deal with the jealousy of their other children	7	37%

About the relevance of the topics addressed, we pointed out that the policy of obstetric and neonatal care valorizes the inclusion of guidelines for promotion of maternal and child health, with approach of content related to hygiene; nutrition; physical activities; return to the sexual activity; care of breasts; breastfeeding and others.²¹

Thus, the choice of contents for discussion with groups of educational activities should also be performed to achieve the expectations of the participants, articulating the knowledge already present in the sociocultural context and considering, in this process, the beliefs, values, norms, personal practices and feelings expressed in the

collective coexistence.¹⁵ This prerogative is grounded in the reality that, in the family context, the health care with regard to the motherhood and children becomes surrounded by myths, being necessary to consider the implications of its influence on the health care.²²

In the self-evaluation of participants, regarding the role played during the extensionist action (Table 5), the space of educational activities configured themselves as moments that led to the clarification of doubts (95%) and an environment for exchange of experience (74%). The subjects still called themselves as active participants in the discussions (37%).

Table 5. Self-evaluation of participants of the extensionist action, regarding the role played in the development of activities in health education. Caicó, Rio Grande do Norte, Brazil, 2010.

Variables	n=19	
	n	%
Participating of the discussions	7	37
Indifferent	00	00
Changing experiences	13	74
Taking doubts away	18	95
Other	00	00

Clearly, it is possible to realize the gains of educational practice to the empowerment of individuals to answer questions that arise during the living of period, through the

exchange of experience among the participants and, especially, by means of their participation as subjects builders of knowledge.

Spaces for health education emerge as devices that allow the clarification of doubts; the expression of fears and difficulties and they provide the encounter with new knowledge, furthermore, allow the free expression of feelings, through the reports on experiences.^{20,23}

Above all, it is relevant to note that before of a learning that is pertinent to their experience, these women go to be multipliers of the acquired knowledge, by transmitting to other family members and community the knowledge acquired during the extensionist activity.

The transmission of knowledge acquired in educational practices is a condition inherent in the learning process, this conclusion, which derives from the thinking that, who teaches learns when teaching, as well as who learns also teaches when learning.²⁴ From this perspective, health education, besides being as a support for the understanding of the experience of the pregnancy-puerperal cycle, also can be seen as an instrument of qualification and collective socialization of the acquired knowledge, with the potential for transmission of skills to family members and the whole community.²⁵

CONCLUSION

The results corroborated to reaffirm the importance of the development of activities of health education, directed to the pregnant women and their caregivers, for the construction of autonomy in self-care and in the care of the newborn, and for the promotion of the binomial mother and child. The actions developed by the project, allied with the monitoring of the prenatal care, have contributed, significantly, to the early detection of complications and disease prevention propitious to the puerperal period, as well as to the promotion of the quality of life of these women and their children, ensuring a greater security and peace of mind during the experience of this phase.

Moreover, the empowerment of individuals through health education provides continuity of care in the home environment, since the women and their families are being co-participants in the production of health.

The use of participatory methodologies in the context of group dynamics favored the dialogue and exchange of experience among participants, enabling all of them the shared construction of knowledge to the living of the postpartum. In addition, the approach of themes which are relevant to the postpartum

configured itself as an opportunity to answer questions, dispel beliefs and reworking the skills about the care expended to the mother and the baby during the postpartum period.

The insertion of the extensionist action in the community configured itself as intersectoral strategy, which contributed to the qualification of the health service, specifically, for the actions of attention to the woman's health during the pregnancy-puerperal cycle through the access to an integral care.

It is hoped that the results obtained with this study, in addition to enabling the (re) thinking of education practices in health as a strategy of highest importance in the care during the pregnancy-puerperal cycle, can foster the discussion and preparation of new strategies for health education that aim the development of the autonomy of the feminine being for the living of the puerperium.

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Sources of funding: No

Conflict of interest: No

Date of first submission: 2012/07/11

Last received: 2012/09/28

Accepted: 2012/09/28

Publishing: 2012/10/01

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