



## STRATEGIC ACTIONS OF THE NURSE ON THE CARE TO PREGNANT TEEN

### AÇÕES ESTRATÉGICAS DO ENFERMEIRO NA LINHA DO CUIDADO À ADOLESCENTE GRÁVIDA

### ACCIONES ESTRATEGICAS DEL ENFERMERO EN EL CUIDADO A LA ADOLESCENTE EMBARAZADA

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#### ABSTRACT

**Objective:** to characterize socio-demographic aspects of nurses and strategic actions in the care of the pregnant teenager in the primary care. **Method:** descriptive, quantitative study, conducted in September and October 2012, in 12 basic units of Fortaleza where 42 nurses work in primary care. The sample was of 30 nurses who responded to a questionnaire. The data were processed in the *software* SPSS 17.0, beyond the Excel program for making tables and a figure. The study had the project approved by the Research Ethics Board, Protocol 075288214. **Results:** the majority of nurses was municipal public server (86.7%), with weekly workload of 40 hours (90.0%) and specialist (96.6%) reported that "always" took care of the pregnant teenager (57.0%), 60.0% were sporadic taking care of them and 16.7% were held group of pregnant women. **Conclusion:** the nurses knew the importance of strategic actions in the care of the pregnant adolescent, how to establish link and promote spaces for educational groups, however few of them develop such actions. **Descriptors:** Pregnancy in Adolescence; Prenatal Care; Nursing care.

#### RESUMO

**Objetivo:** caracterizar aspectos sociodemográficos de enfermeiros e ações estratégicas no cuidado à adolescente grávida no âmbito da atenção primária. **Método:** estudo descritivo, quantitativo, realizado em setembro e outubro/2012, em 12 unidades básicas de Fortaleza onde 42 enfermeiros atuam na atenção primária. A amostra foi de 30 enfermeiros que responderam um questionário. Os dados foram processados no *software* SPSS 17.0, além do programa Excel para confecção de tabelas e uma figura. O estudo teve o projeto aprovado pelo Conselho de Ética em Pesquisa, Protocolo 075288214. **Resultados:** a maioria dos enfermeiros era servidor público municipal (86,7%), com carga horária semanal de 40 horas (90,0%) e especialista (96,6%); relataram que "sempre" cuidavam da adolescente grávida (57,0%), 60,0% eram atendimentos esporádicos e 16,7% realizavam grupo de gestantes. **Conclusão:** os enfermeiros conheciam a importância das ações estratégicas no cuidado à adolescente grávida, como estabelecer vínculo e promover espaços para grupos educativos, contudo poucos desenvolviam tais ações. **Descritores:** Gravidez na Adolescência; Cuidado Pré-Natal; Cuidados de Enfermagem.

#### RESUMEN

**Objetivo:** caracterizar aspectos sociodemográficos de enfermeros y acciones estratégicas en el cuidado a la adolescente embarazada en el ámbito de la atención primaria. **Método:** estudio descriptivo, cuantitativo, realizado en septiembre y octubre/2012, en 12 unidades básicas de Fortaleza donde 42 enfermeros actúan en la atención primaria. La muestra fue de 30 enfermeros que respondieron a un cuestionario. Los datos fueron procesados en el *software* SPSS 17.0, además del programa Excel para confección de tablas y una figura. El estudio tuvo el proyecto aprobado por el Consejo de Ética en Investigación, Protocolo 075288214. **Resultados:** la mayoría de los enfermeros era servidor público municipal (86,7%), con carga horaria semanal de 40 horas (90,0%) y especialista (96,6%); relataron que "siempre" cuidaban de la adolescente embarazada (57,0%), 60,0% eran atendimientos esporádicos e 16,7% realizaban grupo de embarazadas. **Conclusión:** los enfermeros conocían la importancia de las acciones estratégicas en el cuidado a la adolescente embarazada, como establecer vínculo y promover espacios para grupos educativos, con todo pocos desarrollaron tales acciones. **Descritores:** Embarazo en la Adolescencia; Cuidado Pre-Natal; Cuidados de Enfermería.

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## INTRODUCTION

The period of the adolescence is the transition between childhood and adulthood, which assumes different psychosocial configurations. In the psychosocial and physiological dimensions, this phase of development is marked by intense modifications. Chronologically, according to the World Health Organization, adolescence covers the range of ten to 19 years old.<sup>1</sup> Although is not summarized the biological issue, adolescence is often associated with physical changes caused by puberty, which turns the children's body into adult, enabling it to reproduction. Thus, sexual differences, before not so evident, at puberty become explicit, showing the exercise of sexuality more intense.<sup>2</sup>

The phenomenon of adolescence motherhood started to be considered a public health problem in the late 40s in the 20<sup>th</sup> century, intensifying in the decade of 1960, sociocultural changes landmark in women's lives.<sup>3</sup> In the early 1980, it is displayed more intensively the implementation of policies aimed at women's health. Indeed, there are many questions about adolescent pregnancy on these days, since the women started to have personal and professional recognition as an active participant in the social and economic development. These changes bring other configurations on early motherhood.

Adolescent pregnancy can implicate delay in the studies and an inadequate education contributing to these girls not having life projects or academic and professional perspectives, so that pregnancy and caring for the children substitute any personal ambitions<sup>4</sup> So, currently, biomedical literature uses terms such as early pregnancy, unwanted, unplanned and on risk, to describe and emphasize the social and biological consequences associated to the phenomenon.<sup>5-7</sup>

Differing this negative idea of adolescent pregnancy, a study with social representations of pregnant adolescents reveals that the girls interviewed represented adolescence as a time of fun (to go out, parties, meetings), to plan for the future (studying, being someone), anyway, a positive moment, full of expectations, freedom and desires. In fact, the reductionist vision of some researchers in dealing with adolescent pregnancy as a "problem" may cause restrictions on research and implications for professional practice, especially in Nursing during the planning and execution of actions of the health care for this population group.<sup>8</sup>

The pregnant adolescent needs to be assisted in SUS area with guaranteed access, greeting, bond and resolution as it is provided for in the principle of completeness. An analysis of the dimension of the entirety reveals two plans of meanings: a macro plan that includes the set of services offered by public health systems to citizens and a micro plan, encompassing the relationship between preventive and assistance actions or as an extended mode of apprehension of the needs of people.<sup>9</sup>

The actions based on the notions of integrality of attention provide the reorientation of health planning with the adolescent, which may lead to health promotion with general measures and specific measures for protection with the prevention of diseases and clinical care.<sup>10</sup> Indeed, when performing consultations of prenatal, the professional can develop the link with the expectant mother, relationship needed in cases where they are exposing their apprehensions and receive social support from the health professional that can mitigate the negative effects of stress in the body, stimulating in them the ability to deal with difficult situations. With this, it is increasing the person's will to live, improving self-esteem, contributing to face the moment of crisis. In such cases, the search for the health service as therapeutic strategy signals to the central role of health professionals in detecting the self-imposed elaboration insulations, which prevent the adolescent to interact and expand their network of social support.<sup>11</sup>

It is the responsibility of primary care professionals, particularly nurses who work with adolescents, to have the conception that such people develop in a relationship of mediation with the social environment, develop their beliefs about health and illness, and in health services establish link relations and greeting generated between users and workers, and these must have accountability with users in meeting their needs. In this context, this research was carried out with support in the following questions: what strategic actions does the nurse develop to integral care to pregnant adolescents in the context of primary care? What are the socio-demographic characteristics of these professionals?

It is necessary to register the strategic actions and activities, so gaps are perceived, difficulties and advancements, subsidizing the care process planning of nurses in order to achieve improvement in the care of the pregnant adolescent started in primary care.

Basing on the guiding principles and guidelines of the comprehensive care of adolescents health,<sup>1</sup> in order to meet part of reality that makes up the line of caution when adolescents were seized information with nurses, because the space of the primary care brings an initial understanding on the assistance network of attention to adolescents. Strategic actions for health promotion and prevention of diseases and health vigilance must be initiated in primary care, facilitating the access for all other instances of the assistance network.

It is believed, therefore, that this research will contribute to the systematization of information that will provide inputs for the nurses and managers in the organization of the service, considering the gaps, needs and improvements in the context of practice, so capable of promoting significant changes in conduct and implement actions and care to pregnant adolescents.

This study aims to characterize socio-demographic aspects of nurses and the strategic actions in the care of the pregnant adolescent in the primary care.

## METHOD

Search clipping "Adolescent Health in primary care: care line and its interface with the welfare network". Descriptive study, with a predominance in the quantitative approach, developed in basic health units (UBS) of IV Regional Executive Secretary (RES IV), as a division of the Municipal Health Secretary of Fortaleza (Ceará), during the months of September and October 2012.

The population was composed of all professional nurses who work in the Family Health Strategy (FHS) of the regional Executive Secretary. The sample was obtained for convenience, composed of all professional nurses who have agreed to participate and were allocated on RES IV, where it is inserted the State University of Ceará (UECE), educational institution that researchers are part. These professionals were addressed in health units where they work, during a normal shift weekly attendance.

To RES IV has 12 basic units and a total of 42 nurses working in the FHS with regular situation in the National Registry of Health (NRH). From the sampling process nurses who did not work directly with primary health care activities or were not with active NRH situation were excluded. The sample that

were not in the workplace, as well as those that have not returned the instrument were not included, totaling 12 rejections. In this way, the sample was of 30 nurses and all participants signed an informed consent.

The data were collected by a semi-structured questionnaire with information about personal characteristics – variables such as age, training time, bond with the city, weekly workload and the type of prenatal care performed. The open questions, the questionnaire asked about the ability to watch the pregnant adolescent, actions that facilitate or not an integral assistance to these adolescents, pregnant women and reception access in primary health care, as well as the activities developed by the nurses with the pregnant adolescents. The open questions were categorized by approximation of the meaning of the answers in up to five different items.

The data were processed on the basis of the statistical program Statistical Package for Social Science (SPSS) for Windows, version 17.0, besides the program Excel to make Charts and Graphs. The approval of the research project was of the Research Ethics Council (REC) of the State University of Ceará (UECE), process No. 075288214. The anonymity and confidentiality of participants were guaranteed, as well as the free will to withdraw from the study at any time, if they wanted to.

## RESULTS

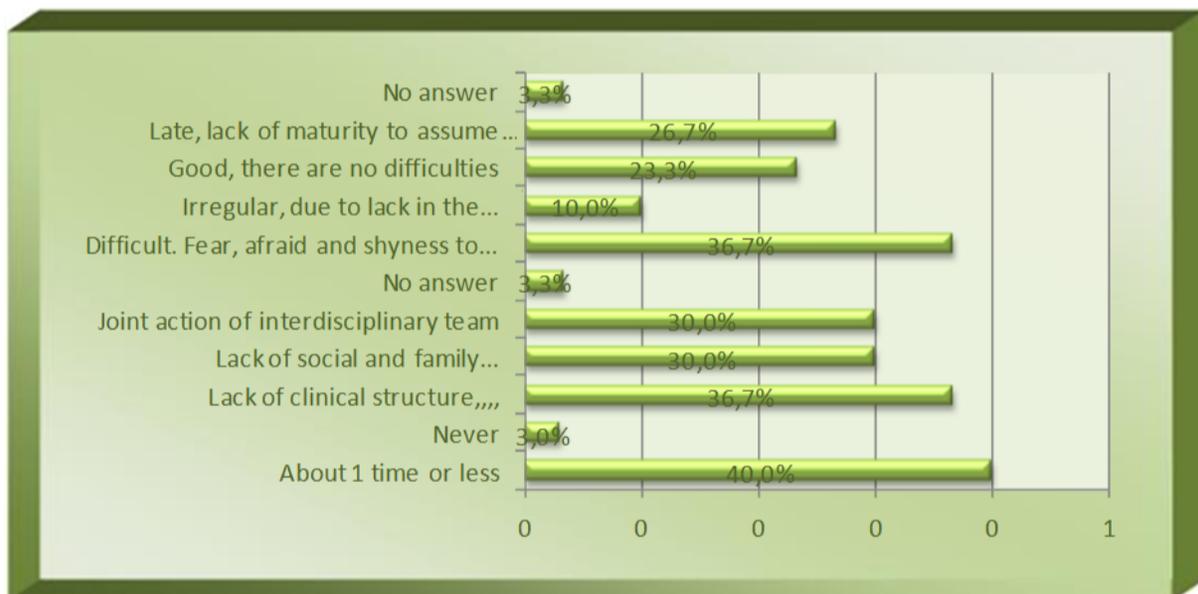
By the data of Chart 1, it was observed that the sample was composed for the most part (63.3%) for professionals in the age range of 26 to 36 years old, with average age of 34.7 years old ( $\pm 5.38$ ); the education time of two to ten years of graduation (50.0%), with an average of 11.2 years ( $\pm 6.1$ ). In relation to time of performance in FHS, predominated the range from one to nine years (57.1%). Most of these nurses was municipal public server (86.7%), with weekly workload of 40 hours (90.0%) and specialist in the field where they work (96.6%). Among those who have completed specialization, 66.7% said that the postgraduate courses have focus in the care in child and adolescent health.

**Chart 1.** Characteristics of nurses of basic units BE IV, Fortaleza-Ceará, Brazil, 2012.

| Age group (n=30)                               |    |      |      |      |
|--|----|------|------|------|
| 26 to 36 years old                             | 19 | 63,3 | 34,7 | 5,38 |
| 37 to 47 years old                             | 11 | 36,7 |      |      |
| Time of graduation (n=30)                      |    |      |      |      |
| 2 to 10 years                                  | 15 | 50,0 | 11,2 | 6,1  |
| 11 to 19 years                                 | 12 | 40,0 |      |      |
| 20 to 27 years                                 | 3  | 10,0 |      |      |
| Time of FHS (n=28)                             |    |      |      |      |
| 1 to 9 years                                   | 16 | 57,1 | 7,9  | 5,2  |
| 10 to 17 years                                 | 12 | 42,9 |      |      |
| Link to the institution which they work (n=30) |    |      |      |      |
| Public Server                                  | 26 | 86,7 |      |      |
| Public employee                                | 1  | 3,3  |      |      |
| Outsourced                                     | 3  | 10,0 |      |      |
| Weekly workload (n=30)                         |    |      |      |      |
| 20 hours                                       | 3  | 10,0 |      |      |
| 40 hours                                       | 27 | 90,0 |      |      |
| Types of graduation (n=29)                     |    |      |      |      |
| Specialization                                 | 28 | 96,6 |      |      |
| Master degree                                  | 1  | 3,4  |      |      |

About the frequency that the nurses assist pregnant adolescent in basic units (Q1), little more than half of them (57.0%) stated that they develop this care "always"; 40.0% responded "about once a month or less" and 3.3% did not respond to the questioning. Of the respondents, 60.0% carry out sporadic

care to pregnant adolescents according to spontaneous demand; 30.0% attend these pregnant women also outside the office, with lectures in the lobby or waiting room; however, only 16.7% do collective activities also with the pregnant adolescents, as with a group of pregnant women (Picture 1).



Q1 - Do you pay nursing care to pregnant adolescents in their activities? (n=30)

Q2 - What limitations hinder the integrality of assistance to pregnant adolescents? (n=30)

Q3 - How is the pregnant adolescents' access to primary health care? (n=30)

Figure 1. Questions about the nursing care of the pregnant adolescent held for nurses in basic units BE IV, Fortaleza-Ceará, Brazil, 2012.

The nurses outlined the main difficulties encountered for the integrality of assistance to pregnant adolescents in the context of primary health care (Q2). 36.7% showed the lack of clinical and support structure of other specialized levels of attention, since the remainder of the sample was divided between the lack of social and family support in pregnancy and the lack of action of the interdisciplinary team (graphic 1).

It is also detected the fact that 36.7% of nurses have rated as "difficult" adolescents's access in early pregnancy (Q3), motivated by fear, qualm and shyness in attending BHU. 26.7% reported that access is "late" by the

lack of maturity of the adolescent in assuming the pregnancy and join the prenatal care. For 23.3% of nurses, access is "good," noting that they do not realize difficulties for pregnant adolescents be assisted; 10.0% evaluated as "irregular" by the lack of support, while 3.3% did not reply to questions (graphic 1).

Chart 2 reveals specifics about the nursing care of the pregnant adolescent. It was found that 86.7% of the trained ones to watch the pregnant adolescent, stressing that there are differences between caring for a pregnant and caring for a pregnant adolescent. Despite the affirmative responses, 33.3% of these justified that develop prenatal shares with forwarding

of risk cases and 26.7% reported a lack of encouragement and empowerment to develop such assistance to a distinguished audience. Indeed, 70.0% of nurses felt that the

differences were mainly focused on psychosocial conditions, lack of maturity in cognitive understanding and commitment of caring for the newborn.

**Chart 2.** Questions about nursing care to pregnant adolescent performed by nurses in basic units BE IV, Fortaleza-Ceará, Brazil, 2012.

| Questions   | n  | %     |
|---|----|-------|
| <b>Do you consider yourself qualified to assist the pregnant adolescent? (n=30)</b>           |    |       |
| Yes, they develop pre-natal and forwarding actions in cases of risk                           | 10 | 33,3% |
| Yes, lack of encouragement and training   | 8  | 26,7% |
| Sim, com suporte do profissional médico para dividir a responsabilidade                       | 3  | 10,0% |
| Yes, complex assistance, requiring specialized care   | 5  | 16,7% |
| No, insecure  | 1  | 3,3%  |
| Did not answer  | 3  | 10,0% |
| <b>Are there differences between attending pregnant women and pregnant adolescent? (n=30)</b> |    |       |
| Yes, psychosocial complications related to pregnancy  | 10 | 33,3% |
| Yes, lack of maturity in cognitive understanding and commitment to take care of the newborn   | 11 | 36,7% |
| Yes, because of the vulnerability of adolescence  | 4  | 13,3% |
| Yes, because of the different perceptions about pregnancy                                     | 1  | 3,3%  |
| No, the professional is qualified to attend the pregnant at any age                           | 1  | 3,3%  |
| Did not answer  | 3  | 10,0% |

In chart 3 it is the opinion of the nurses that consist in gives assistance to the pregnant adolescents and the actions that ensure the completeness of the care. A little bit more of half of them (53.3%) noted that consists of not watching just the biological aspect of pregnancy, but also the social and

family context where this adolescent is inserted. 16.7% included, besides the bio-psychosocial assistive network attention, the educational aspect. 43.3% considered the prenatal follow-up according to principles of the SUS, including scheduling and educational lectures.

**Chart 3.** Questions about the nursing care of the pregnant adolescent held for nurses in basic units RES IV, Fortaleza-Ceará, Brazil, 2012.

| Questions   | n  | %     |
|---|----|-------|
| <b>What does nursing assistance to pregnant adolescent mean? (n=30)</b>   |    |       |
| To assist not only the biological aspect, but also the social and family context                                      | 16 | 53,3% |
| Establishing autonomy and accountability in promoting care  | 4  | 13,3% |
| Bio-psychosocial health care network, including the educational aspect  | 5  | 16,7% |
| Directing assistance to the mother and the baby, indifferently  | 3  | 10,0% |
| Did not answer  | 2  | 6,7%  |
| <b>Nursing actions that ensure the completeness of assistance to pregnant adolescent (n=30)</b>                       |    |       |
| Implementing group of pregnant adolescent   | 3  | 10,0% |
| Prenatal monitoring according to principles of the SUS, with scheduled prenatal consultation and educational lectures | 13 | 43,3% |
| Access to consultations, examinations, specialists and professional guidelines  | 10 | 33,3% |
| Assistance to pregnant adolescents and the family, through qualified and search active listening of this population   | 1  | 3,3%  |
| Providing guidance on the bio-psychosocial changes of pregnancy in adolescence  | 2  | 6,7%  |
| Did not answer  | 1  | 3,3%  |

In chart 4, it is shown the situation of receptive the pregnant adolescent and suggestions for improving the assistance, under the perspective of nurses of basic Care. Almost half of the sample (43.3%) evaluated reception as "good", as it happens through prenatal consultations schedule, initial guidance and referrals of cases of risk. However, 33.3% expressed that the reception is "bad", due to the unpreparedness and lack of mid-level personnel training, integration of the team and the physical structure of the BHU. 40.0% of nurses have suggested for improving the assistance to pregnant adolescent considering the prenatal care and childbirth, expanding the number of teams from the FHS and investment in training of professionals who serve this clients. 30% referred to the relevance of promoting groups, active search for early initiation of prenatal care and proper reception.

**Chart 4.** The pregnant adolescent reception situation and suggestions for improvement of assistance, from the perspective of the basic care of nurses RES IV, Fortaleza-Ceará, Brazil, 2012.

| Questions  | n  | %     |
|--|----|-------|
| <b>Reception of the pregnant adolescent in the primary health service (n=30)</b>                                     |    |       |
| Good, through consultations, scheduling initial guidance and forwarding  | 13 | 43,3% |
| Bad, due to the unpreparedness and lack of personal training, team integration and physical structure of BHU         | 10 | 33,3% |
| Indifferent, because the pregnant teenager is received in the same way as any other person who seeks the BHU         | 5  | 16,7% |
| Did not answer   | 2  | 6,7%  |
| <b>Suggestions for improving the assistance to pregnant adolescent, considering the birthing and prenatal (n=30)</b> |    |       |
| Expansion of the number of FHS and investment in training of professionals who serve this clients                    | 12 | 40,0% |
| Promote groups of pregnant women, active search for prenatal beginning and appropriate reception                     | 9  | 30,0% |
| Increase of vacancies for reference units and linking of pregnant adolescent to some maternity                       | 7  | 23,3% |
| Do not need to improve   |    | 3,3%  |
| Did not answer   |    | 3,3%  |

## DISCUSSION

The data expressed bring the reality of some nurses operating in BHU, turning the vision for the care of the pregnant adolescent. On the characteristics of the professionals, it was highlighted the fact of being young and with recent education. Despite the short time of professional performance, however, a large part is of public servants with qualification/specialization, which enables for the activities of this level of attention. It is believed that the extensive workload of 40 hours per week, and the bond of functional stability with the institution in which they work must promote the permanence of nurses in charge and aspirations of professional recognition in the service.

It is added to this understanding of being able to take care of the pregnant adolescent in prenatal space, but it is realized the justifications of the answers with insecurity in developing such nursing activities, by the recognition of being a complex assistance, which requires specialized care, forwarding the cases of risk, support of the medical professional to share responsibility, demonstrating a lack of incentive and training in order to assist the public.

The findings corroborate the recent survey conducted in the Basic Care, which investigated the perceptions of physicians and nurses before the needs of the pregnant adolescent in primary care service. The professionals have pointed out in their speeches that the undergraduate or graduate courses help the adolescent care. However, they said they did not have the specific training for satisfy this population, what they consider necessary. Many professionals interviewed expressed that they feel unprepared to watch the pregnant adolescent, being the biggest communication problem.<sup>12</sup>

The literature shows that the pregnancy at an early age, stage at which the entire body is the subject of numerous physical transformations, is characterized as a risk

pregnancy, established primarily by physiological and psychological characteristics of the adolescence. Adolescent pregnancy is not considered biologically detrimental only to the fetus, but also for the mother who needs often to abandon studies, provide his livelihood, in addition to suffering the emotional pressures of the family and society. Physiologically, it is worth noting that the pregnant adolescent can go through some threats with respect to their health and that of the fetus, such as: Preterm labor, small newborn for the gestational age, Gravidarum toxemia and deficiency anemia due to lack of iron intake.<sup>7,13</sup> The main risks of pregnancy in adolescence, however, are still associated with the low adherence to prenatal care demonstrated by adolescents.<sup>7</sup> That why it is necessary the reception and link favoring responsibility.

For a quality prenatal, it is important that the service and health professionals are prepared to receive pregnant women and provide a complete and quality assistance. In this way, the professional who receives the expectant mother must be attentive, in addition to the factors of physical nature, a variety of emotional, economical and familiar factors, since these may influence the accession of women to consultations and, consequently, the quality of monitoring.<sup>14</sup>

It was observed that is part of the everyday activities of the nurse of the FHS to take care of pregnant adolescents in prenatal context. However, many of these actions are sporadic attendance by spontaneous demand. Even recognizing the importance of performing actions in educational groups with pregnant women to improve adherence to prenatal care and ensure full assistance, some nurses have expressed that do not perform any other type of interactive actions with pregnant adolescents in the waiting room or group of pregnant women.

Strategic actions for health promotion, health surveillance and prevention of diseases should be started in primary care, facilitating

access for all other instances of the assistance network. It is noted, however, that there are still gaps in care practices for adolescents, so that they do not attend peculiarities of this age<sup>15</sup>.

To provide prenatal care in primary health care in accordance with the principles of the SUS, with focus on completeness, the nurse needs to know the meaning of pregnancy attributed by his own adolescent and the reasons that led them to conceive. This should be debated among adolescents in the individual consultations and educational groups. We must stimulate self-care, strengthening the autonomy and independence of the pregnant adolescent, as primordial task of the team of health, and the interaction of this educational and therapeutic groups public can materialize this intention.<sup>12</sup>

The nurses in the study recognize that there are differences between caring for a pregnant woman and take care of a pregnant adolescent. They awoke to the fact that these complications go beyond biological, relating the vulnerability of adolescence, psychosocial complications related to early pregnancy, as well as the lack of maturity in perceptions about the pregnancy, with cognitive understanding and commitment of caring for the newborn.

The recognition of the needs of pregnant adolescents by the nurses during the transitional period experienced by pregnant adolescent lets share the experiences by the dialogue and observation, promoting the care and self-care, and assist in the "empowerment" of adolescents to use their own resources in stressful situations inherent in the gestational process. The nurse, by understanding these experiences, is able to plan more effective care actions.<sup>13</sup>

During prenatal care, it must be linked spaces for dialogue between health professionals and pregnant adolescents, sharing their difficulties and fears, knowledge of their rights and strengthen their potential to make choices and rethink old projects and dreams.<sup>12</sup>

The responses of nurses reaffirmed the commitment to take care of the pregnant adolescent consists of not only the biological aspect care of pregnancy, but also the social and family context, including the bio-psychosocial assistive network attention and the educational aspect. They considered that performing prenatal monitoring in a systematic manner and promote educational groups are actions that ensure the

completeness of the pregnant teen assistance in primary health care.

When questioned about the pregnant adolescents access to primary health care, nurses named as "difficult", "late" and "irregular", expressing reasons ranging from fear, qualm and shyness of the adolescent in attending BHU, lack of maturity of the teenager to take the pregnancy and adhere to pre-natal, lack, on the network, specialized support assistance. In relation to the reception, some professionals evaluated it as "bad", justifying that there is lack of preparation, lack of personal training, team integration and physical structure of BHU. For others, the reception is "good", as it offers scheduling consultations, initial guidance and forwarding the cases of risk. Meanwhile, others said that the admission happens indifferently to any user seeking the service, being this adolescent pregnant or not.

Another study reveals mismatches between adolescents and health workers in various situations of care. The meeting with listening and interpreting the intentions, which leads the adolescent to consultations, not always occurs, and there is some disrespect by the adolescent, which carries a feeling of devaluation of the needs of these clients. The obstacles evidenced cause discontent, not just when the adolescent is looking for medical consultation or by procedures. In this study, they reported that they "did have not reception" at various times, when they were looking for the unit in search of information and guidelines.<sup>16</sup>

For the Ministry of Health of Brazil, the reception is the humanization of relations between workers and health service with their patients. Health professionals must accommodate the pregnant adolescents with sensitive listening and responsibility before the specifics of the demands, appreciating the context in which these are generated. The pregnant adolescents often present themselves to the health service in situation of lovelessness, helplessness and pain, but to feel embraced by these professionals, link to them, establishing trust.<sup>1,3</sup>

In actions with the adolescents, the holistic view is essential, because the adolescent needs to be understood and accepted in its entirety and complexity, having the listening as a fundamental requirement for qualified this cozy relationship, strengthening thus the bond and trust, based on ethical principles of confidentiality, privacy and respect.<sup>17</sup>

As for the limitations that hinder the integrality of pregnant teenage care, nurses have exposed the lack of clinical and support

structure of other specialized levels of attention, lack of social and family support in pregnancy and absence of action of the interdisciplinary team. As suggestions to overcome such difficulties and to achieve an improvement of assistance to pregnant adolescent, considering prenatal care and childbirth, professionals identified the need to expand the number of teams from the FHS, investment of professionals qualification that serve this clients, to promote groups of pregnant women, to carry out active search for early initiation of prenatal care and proper reception.

It is possible to establish a nursing care strategy that is beyond as much of technicality required by the organization of the work process in the capitalist mode of production, as the humanistic proposal that sometimes verges on the risk of tutelary patients, electing the nurse as agent and patient as receiver. The elaboration of this new attitude, however, would only be possible if the nurse caused a shift in its positioning compared with those who attend, leaving the place of holding the "learn about the other" - to satisfy him, either to perform procedures or techniques - to a position that allows the other emerge as a subject.<sup>18</sup>

Study confirms the existence of a rapprochement between the nurse and reception actions. However this was evidenced as individual activity, not institutionalized. Some professionals signaled a lack of reception promoting actions for adolescents, although they highlighted it as a fundamental action. For the integrality be conducted in professional practice, it is necessary that these professionals act in an interdisciplinary way, meeting the needs of patients, providing qualified assistance that presents several dimensions, but includes, essentially, reception, bond and access.<sup>19</sup>

Pregnancy is configured in precious moment for the public entity enjoy the opportunity and their motivations to get closer appropriately to the young woman, since it would be unacceptable to pass the time to offer support to the difficulties of adolescent pregnancies and improve educational practices.<sup>20</sup>

The findings confirm what already was highlighted the Ministry of Health, as fundamental principles in health care of this population - ethics, privacy, confidentiality, and secrecy - because that young people and adolescents are able to make decisions in a responsible manner. The service must therefore strengthen their autonomy, offering support without judgment.<sup>1</sup> Nurses already

provide that these principles contribute to a better relationship between the pregnant adolescent and the health professional.

## CONCLUSION

Adolescent pregnancy is present in the daily life of nurses working in the FHS in the municipality of Fortaleza/RES IV. However, there is some insecurity of these professionals in developing nursing actions with the pregnant adolescent. The nurses know that this is a complex assistance and recognize that experiencing pregnancy and adolescence at the same time configures risk situation, in reason of the bio-psychosocial changes that entails, so justify that training is necessary for this specific assistance.

It is part of the activities of the FHS nurses taking care of pregnant adolescent in prenatal space. A large part of these actions, however, it is only to make sporadic calls to spontaneous demand. The professionals already awakened to the importance of assisting pregnant women in terms of completeness, to establish greater professional-patient link, to create spaces for talks outside the office, especially in educational groups, but few nurses develop groups of pregnant women in BHU.

It was evidenced by the nurses the fact that the pregnant adolescent needs to receive a differentiated attention by the vulnerability of the moment they are experiencing and the social, individual and family changes, however, few actions are taken accordingly.

Some professionals have assessed adolescent pregnant women's access to Primary Care Services as "difficult" and alongside the reception needs to improve. The main suggestions from nurses to ensure the completeness of assistance to this population have been the training of all professionals of the unit dealing with pregnant adolescent in prenatal care, increase in the number of teams from the FHS, investment in physical structure of units and resolution of specialized support services.

The objectives of this research were achieved, as they managed to show as the nursing care to pregnant adolescents prenatal space of BHU, under the perspective of nurses working in the FHS.

The nurses' awareness to the importance of taking care of the pregnant adolescent in a holistic view, understand and accept this adolescent in its entirety and complexity, strengthening the bond of trust, humanization, sensitive listening and accountability are important. In addition, it is

the duty of the professional to give spaces for dialogue, sharing of the difficulties and fears of pregnant women, promoting self-care, autonomy and independence of the adolescent. Thus, the professional attitude of nursing should be enhanced in individual consultation and in groups of pregnant women, preferably specific to adolescent girls and their partners, parents and family, with the participation of all members of the family health team.

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