

EXPERIENCES OF HIV-POSITIVE PREGNANT WOMEN IN RELATION TO NURSING CARE: A DESCRIPTIVE STUDY

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ABSTRACT

The aim of the study was to describe the experience of pregnant women with human immunodeficiency virus (HIV) and nursing care received in prenatal under the perspective of the mother. A study of descriptive and exploratory type, of qualitative approach, whose participants were eight HIV infected pregnant women treated at the University Hospital Antonio Pedro in 2008. The data were collected through a semi-structured interview; data analysis used the content analysis of Bardin from which emerged two categories "unveil it takes" and "Doom character (lack of) care." The results showed that the role of the nurse, through the view of women, not evidenced during the prenatal period, however, in the puerperium this role was confused with the action of other nursing professionals and sometimes women resented of not receiving a more specialized nursing care. It is suggested that should be a partnership between the educational institution of the hospital scenario in order to establish specific protocol for care of HIV positive pregnant women in nursing.

Keywords: Pregnant Women. Infections by HIV. Nursing care.

INTRODUCTION

HIV although in recent decades, highlighted around the world, either by scholars and researchers both in the general population, constituting subject without domain for many health professionals and, as a result of the increased number of women infected childbearing age, it can be stated that the number of children with the virus also increased. "In Brazil, there are around 17 thousands pregnant HIV-positive, but less than 6 thousands of these know their HIV status, not receiving appropriate treatment, which is why it is estimated that the coverage rate is approximately 33%."^(1:6)

However, as occurs prenatal care, there is some protection to the personal exposure of this woman, given that queries are individual and involve no more than his own family. At delivery and postpartum, especially in public institutions, there is socialized environment where professional staff that assists saves not

bond with her as it is another group of professionals.

Nursing should act on antenatal care these women so receptive, welcoming and helping in the control of biological and emotional changes in accordance with the medical staff through educational actions that are revealed every trimester. However, sometimes you cannot keep up with the client from the prenatal to the postnatal period, in order that it does not return to the basic unit of origin to understand themselves discriminated against by carrying HIV.

In this perspective was defined as guiding question: investigate: How HIV-positive pregnant women experience pregnancy and how nursing assists during this time?

It justifies this study the sharp increase in the number of women with HIV worldwide and in Brazil. Since the epidemic began, in 1980, until June 2012, Brazil has 656.701 registered cases of AIDS (condition in which the disease has already manifested), according to the latest

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Epidemiological Bulletin published in November 2012. In 2011, there were 38.776 reported cases of the disease and the incidence rate of AIDS in Brazil was 20,2 cases per 100 thousand inhabitants⁽²⁾. In relation to women's vulnerability to HIV, it is understood that the relationships are less asymmetric decisive factor for the reduction of the vulnerability of the female population, and consequently the incidence and prevalence of STD-AIDS^(3:45).

In this sense, the question to be about interdisciplinary in the health of the person, family and community, is the art of care, the use of the knowledge and practice of nurses. The process of care is based on the holistic principle, the scientific knowledge and the use of technology to generate knowledge production on behalf of clients. This study allows for a reflection of the quality of care that women with HIV have received before the health care system that limits actions and nursing care systematized and worthy.

Studies involving nursing care to pregnant women with HIV are scarce and admit a gap in care and research. Nevertheless, there are new issues to be further discussed, as the revelation of the diagnosis with the family, the guidance received in the basic health unit and adherence to the recommendations for prophylaxis of MTCT⁽⁴⁾. To sensitize nurses to create the bond with the mother and the same monitoring during treatment in prenatal care seems to be a challenge increasingly demanding care in care and primary care. It takes into account that, as a health professional, the nurse has a role model, a greater responsibility because of its projection and patients and nursing assistants look to him seeking leadership and guidance⁽⁵⁾.

The search for information and participation programs in primary care becomes part of the demands of pregnant women with HIV, developing an active participation in the treatment and prevention of complications⁽⁶⁾. We know the challenges that nurses will find the daily assistance because of the constant evolution of the subject in this work. It is important to develop systematic programs and activities that allow greater adherence of pregnant women as well as more knowledge about your body and health-disease process.

The objective of this study is to describe the experience of pregnant women with human immunodeficiency virus (HIV) and nursing care received in prenatal under the perspective of the mother.

METHODOLOGY

This is a descriptive and exploratory study. Because it's desired to search, understand and interpret reality without interfering in it⁽⁷⁾.

This is an exploratory study, which aims to provide the researcher a greater familiarity with the problem under study. Thus, knowing how women with HIV experience pregnancy, nursing favors to interpret the subjectivity of each client, minimizing their fears and anxieties, encouraging them to persist in therapy, preparing them for childbirth and postpartum adequately⁽⁷⁾.

As for the approach, we opted for qualitative, since it is able to incorporate the question of meaning and intentionality as inherent to acts, relationships and social structures. The latter made both in advent, as its transformation in human constructions significant^(8:37).

The targeted population for the study consisted of HIV infected pregnant women, treated at the University Hospital Antonio Pedro (HUAP), Federal Fluminense University, in 2008. Inclusion criteria were: being of legal age, being pregnant, being seropositive for HIV, have taken part in the study, be in good physical, biological, psychological and emotional. A convenience sample was used, which allowed participation of eight pregnant women in the time period of data collection⁽⁹⁾.

It was applied a semi-structured interview consisting of open and closed questions that served the purpose of the research and guiding questions.

Regarding ethical approval was obtained from the Research Ethics Committee of the Faculty of Medicine of the University Hospital Antonio Pedro CEP CMM / HUAP N° 081/08 CAAE N° 0055.0.258.000-08, being obeyed the Resolution 196/96

With the consent of the women the interview was conducted in specific environment and conducive to preserving the integrity and dignity

of her people. The speeches were recorded in *media player* 4, transcribed, read extensively for construction of analytical categories.

We chose to perform analysis based on assumptions Bardin⁽¹¹⁾, defined as “a set of communication techniques, to obtain, for interactive procedures and objectives, description of content of messages indicating that allow inference of knowledge about the condition of production/reception”^(10:17).

First it was held free reading and attentional of these and later became the categorization of statements by emerging thematic units of speech. Finally the classification of these was organized by inference the authors and analyzed in the light of the theoretical.

RESULTS AND DISCUSSION

By knowing the experiences of pregnant women with HIV about the nursing care provided offered in prenatal, we face with impossibilities. We detected that specific attention to these women, in relation to gestational time, they were offered only by professional infectious disease physician and there was no systematic obstetric care. At the time the nursing actions were unsystematic and met the needs of these women. That moment when their health problems or discomfort by the use of oral drug therapy. The lack of interdisciplinary in the health of the woman breaks the assistance and prevents completeness.

In this sample, the group consisted of young women and only one did not receive adequate treatment. Among these four is treated in HUAP, the remaining were from the outpatient clinics reference to pregnant women at high risk, proposed by the National Health System in the city of Niteroi. All nucleated family, in full attendance, which presupposes the nurse's role in advising and assisting her health as part of a multidisciplinary team.

For this group evokes the right to maternity where vulnerability is secondary in relation to the greater desire to become a mother. The significance and meaning of motherhood come right to the subjectivity of the citizen to choose to be a mother, even without full condition to take their pregnancy status and pathological.

Uncover is needed

When investigating whether the woman stood prepared to present pregnancy was obtained as a response:

No, how so? No (A1).

Before not, did not want to have children, but now yes (A2).

Man, it came without planning. The first I planned. I did everything. Prenatal care and tests. I had nothing. This I only found out when I was with him at the fourth month, then did the tests, but did not have time to pick up. Then I got sick and came to the maternity, as I had no tests, they did and then found that I have this thing there (A3).

No, it happened. I did not want, but if I had not gotten pregnant I would not know that I have HIV (A4).

It is found that proposed by the Brazilian does not occur in reality because they became pregnant apparent vulnerability. It means that Planned Parenthood is still without adequate efficacy. The population does not adhere to the program and consciously, what is worse, has no control standards of health, doing it sporadically⁽¹⁰⁾. In the statements pregnancy is unplanned, and finding the situation of HIV seropositivity is no need this woman is structured to address the situation.

Given this picture of health we asked if someone will explain what they should do to take care of themselves during pregnancy.

Yes, the infectious disease. I, when I started doing the pre-natal doctor asked that HIV testing is not? So I did and the result came out when I took her there and he said I had. I do not believe you know, I thought this was not happening to me. I never thought this would happen (A5)!

It is well said that I was to do the treatment straight to my son have no problem (A6).

I was told that I would not be able to breastfeed. I breastfed my other children know, even a year and I love to breastfeed and now, as I do? I cannot! The doctor threw everything looks you're HIV positive, let's do another test, but for now this is what will have to do (A7).

For them, the pregnancy status, unfolds in your body pathology concomitant with pregnancy - under the sign of the risk. It depends on the maintenance of your health and the fetus⁽¹²⁾. The nurse could have facilitated these

moments, providing assistance actions with the emotional support and her family, but news of the discovery of the diagnosis has not been worked in a multidisciplinary way.

The experiences of the client is influenced by the care received for that is the sum of a large number of small partial care that will complement, in a more or less conscious, negotiated between the various caregivers who produce and circulate the life of the hospital^(13:18).

The nurse facing such news adapts it the plan of care, promotes mental health and creates environments conducive mainly provides attentive listening to the customer, in order to meet it in a unique way and its subjectivity, it becomes critical that women, pregnant women and families know and know how to demand their rights second directives Network Humanizes SUS (Unique Health System)⁽¹⁴⁾. All pregnant women who are sick are entitled to care and referrals for health professionals. For those living with the AIDS virus, the drugs are free. The partner needs to be tested and the couple should receive guidance, including the use of condoms (condom) during intercourse⁽¹⁴⁾. Experiences from pregnancy and HIV related disorders

The doctor said something, but at the time I had no head to think of anything, do not want to hear anything I just wanted to disappear, and see if I wake up from this nightmare (A4).

I know you cannot breastfeed, not counting the pre-concept of people do you (A5).

No. I'm telling you he told me and I was just that guy with silly blankly, not believe know (A7).

Is, got sick in pregnancy boy who avenged! In others not feel anything because they only take medicine when I'm pregnant, I discover there when pregnancy I start taking the medicine. Only that once I start, I lose the baby (A8).

Realize that there are attitudes to be taken, behaviors to be reviewed. Even for one who already uses the medication disorders arise. There are reports of guidance from the medical professional. But what predominates is the inattention, the beginning of bias and perceived socially, which disrupts the focus on the incorrect use of medication. The care is not just an act, but an attitude that "covers more than a

moment of attention, zeal and devotion. Represents an attitude of occupation, concern, responsibility and emotional involvement with others "^(15:26).

The nurse should perform the nursing consultation, aiming at the formation of the network of family support in the search for strategies to uncover what the client wants the attention to your health a helping relationship and accessibility, in agreement with the client to use suitable antiviral therapy.

Reveals itself by the experiences of the pregnant woman, that nursing is not present when you know being sick and even when it begins the therapeutic process in pregnancy.

Character of the disgrace of (un) watch

Character of disgrace, fear, (un) love, (un) attention, and finally, the (lack of) care professionals should fulfill their social role as instructs the Ministry of Health⁽¹⁶⁾ pregnant women pursuing life in dynamic of their own existences.

Made explicit how they experienced pregnancy.

It's nothing, I got pregnant. And when I found out I started doing prenatal but since the exam was not ready [...] I got sick and came to the hospital. I just never imagined that I'd had such a section. Man, I'm going to die, and now (A3).

Our not know [...] I think this is not my life, you know? Still do not believe I have it. The worst is that the father of my child does not want to know me, he says he did not have it and that if he caught me will kill me. I do not know if I caught it or another. He says he does not have. So if I took another and went for it, I'm condemning him to death (A4).

I have a lot of shame, people ask what the reason I'm doing prenatal and I invented anything. Only come here who has something. And I did not know what to answer invention there anything, I mean I have hepatitis (A5).

Was terrible out! Our ... until now it seems I'm in a nightmare and I'll wake up! I did not want more children, I have a couple and my boy is young has a year and three months. So I think it's early and I have a lot of work, but if it was a normal pregnancy, would not have much problem and now how it goes? I have three children to raise and a disease such that I can die tomorrow (A7).

Giving voice to women and be willing to hear it is just the beginning. It is possible to enumerate all the items of the recommendations of the Ministry of Health found in the manuals of attention to women's health in this regard, but accept them with their families, much can be achieved to reduce these feelings. The disaffected, the fears, the possibility of keeping the attention of your self-care; support network and decrease in bearing fault and what is not (dis) empowered biosocial are grievances that need specific therapy.

In this context claimed to have received the following type of assistance;

Only here in HUAP. The doctor tells me, just her. This is the second time here (A1).

I get the medicine for free is not? That to me is already a blessing because if I had to buy, do not know how I would. My husband, after I got pregnant this time not talking to me. Says I knew I could not get pregnant and yet I wanted. But that is not true because it happened, I did not want. But he thinks I'm going to have to suffer the anguish of this child ... again whether or not she will have the virus (A2).

Man I do not get anything (A3).

I come to the consultation with the doctor to treat AIDS and also do prenatal care. I receive the medicines for free, that is (A4).

I do follow here, get the meds do the exams and he also, when you get sick because of the glucose get admitted here. Now there appeared warts in me knows very itchy and I'm also dealing with here. Buy the remedy for it at the pharmacy here in front, they do not give me this (A8).

In Brazil, the recommendations for antiretroviral therapy in adults and adolescents infected with HIV, is the need to join forces to meet the uniqueness of patients. They do not receive guidance or nursing actions and other professionals. The proposal of the art of caring with holism and humanizing nursing has secured its role in the reference system, as it admits, a priori, that this customer is high risk and is not within the line of action of the autonomy of nurses⁽¹⁶⁾.

Nursing designs and articulates within health facilities, organization of care specific to this type of clientele, in order to set demands and greater control of systematic care offered.

In their experiences persists misinformation about the disease and pregnancy:

Information? Yeah I wanted to know more so I doubt the delivery is not? I'm going to talk to her (the doctor) about it today. My first daughter was a normal delivery. I wanted cesarean because I want to turn right. I did prenatal São Gonçalo, then as the doctor discovered there referred me here do you (A1).

I experience! Tell me the moral honesty, I'm going to die? How is that? I know people feel bad, and I record he will have this disease, it will be born? It'll be bad? I still smoke a lot and now know that it will get worse! Oh, my God (A3)!

What I wanted to know and I even asked the doctor was like he did not get it from me, if I would could continue having sex with him the same as before. Then, the doctor said I would be able to have a condom but yeah. I asked if it would pass through the condom and he said no. It is also why I want to know. The doctor said that if I do the treatment and he does not catch it. Is that so (A4)?

I wanted to know more about this disease, how long have life, as will now be going forward, you know, if I can be like it was before if someone here will know that I have it. The doctor speaks only baby (A7).

Under the stigma of being a high-risk disease and therefore nursing appointments for prenatal clients get this (dis) valued the orientation after the query is not part of the shares of the multidisciplinary team⁽¹⁷⁾. The woman is answered by infectious disease after the obstetrician and hopes because excessive leaves the unit with information gaps that generate anxiety, lack of knowledge, behavior and unfavorable vulnerable will retroviral therapy.

Pregnant women with HIV are structured in the dynamics of their existence without intentionality and social vulnerability and health. In relation to nursing, from the perspective of these women, some nursing has contributed: either by questions posed by work processes is the lack of systematization assistencial. However report having received attention:

Regarding maternal health:

Well, she said that if I have to be compared with a condom (A1).

I do not know. I just do not want to die! I have two children to raise. I stop smoking, I think it will help my son. That goes for it do you (A3).

I know I have to take the medicine, I eat well, sleep well, and have sex with a condom (A4).

take the medicine, heal it, warts and control the sugar high living (A8)!

In relation to fetal health:

I know he'll have to be taking a syrup up to six months. I cannot even breastfeed when I had dengue I was admitted here and told me I would not be able to breastfeed. I was with dengue and he referred me here. Here was that I was hospitalized, I had to show my exams and they did other exam. At home I have to look at his face (the husband) (A1).

I know he will take AZT so born and as you make a year or so it will take the exam to know whether or not the virus (A2).

I know he'll have to be born c-section is not it? Ah! I cannot breastfeed so I do not get sad. We have to respect. I have a friend who has it and nursed her son took her there! Imagine! Cross creed! You know what caused it to your child. (A8)

In the "Statement of Fundamental Rights of People with AIDS"⁽¹⁸⁾ is the kind of care they should receive. It is seen that it is structured the way it can, through experience and personal experience, will dribble their personal needs, even lonely.

But, in the setting of care lack a protocol with defined roles and responsibilities of health professionals to meet this woman. You can not take care of it only through drug therapy and not to information leakage. She needs a continuous channel, allowing you to access what you can produce and create, so that she can better understand their disease and then opt for healthier life style he pleases.

The proposal of the Theory of Self-Care aims to develop the potential of the individual to identify and solve their health problems. Thus, the goal of nursing "is to achieve self-care, understood as a careful played by oneself, herself, when she reaches a state of maturity that

makes it able to perform a premeditated, conscious, controlled and effective."^(19:6)

The care should be using all the senses of humanity. The experiences expressed here ask us maximum reflection of what we are operationalized in day-to-day of our health care. If we were to create a new topic category would say "art that limits life". Assists the models need to be revised (re) designed, established in the dynamics of human existence and conformation with institutional logistics.

CONCLUSION

By knowing how pregnant women with HIV experience pregnancy, it is emphasized that their experiences are the result of personal experiences, without proper professional assistance, which is recommended by health authorities in Brazil.

They reflect insecurity, fear, dissatisfaction, (un) take care of personal and social, but at the same time coping unaided, lonely, desperate and (re) configured with overcoming themselves on what they live and expect - motherhood.

The role of the nurse, by the sight of women in their care during pregnancy was none. During the postpartum period he confused with the action of other nursing professionals and sometimes they commented the need to improve.

In nursing care received during pregnancy, the actions are punctual, do not follow watertight care protocols that promote wholeness of health care effectively.

Given what is stated here suggests that there is a partnership between the educational institution and teaching hospital setting in order to establish protocol, extensive doorstep, where care must use all senses of humanity.

The experiences expressed here ask us maximum reflection of what we are operationalized in day-to-day of our praxis. Assists the models need to be revised (re) designed, established in the dynamics of human existence, in conformity with the institutional logistics and right to citizenship of pregnant women with HIV.

VIVÊNCIAS DE GESTANTES SOROPOSITIVAS EM RELAÇÃO À ASSISTÊNCIA DE ENFERMAGEM: ESTUDO DESCRITIVO

RESUMO

O objetivo do estudo consistiu em descrever a vivência das gestantes portadoras do vírus da imunodeficiência humana (HIV) e a assistência de enfermagem recebida no pré-natal sob a ótica da gestante. Estudo do tipo descritivo-exploratório, de abordagem qualitativa, cujos sujeitos foram oito gestantes portadoras do HIV, atendidas no Hospital Universitário Antônio Pedro em 2008. A coleta de dados ocorreu através de entrevista semiestruturada, na análise dos dados utilizou-se a análise de conteúdo de Bardin da qual emergiram duas categorias "descortinar é preciso" e "personagem da desgraça do (des) cuidado". Os resultados mostraram que o papel do (a) enfermeiro (a), pela visão das mulheres, não ficou evidenciado durante o pré-natal, porém, no puerpério este papel se confundia com a ação dos demais profissionais da enfermagem e, por vezes, as mulheres se ressentiram de não receber assistência de enfermagem mais especializada. Sugere-se que haja parceria entre o aparelho formador e a instituição de ensino do cenário hospitalar a fim de que se estabeleça protocolo específico para atendimento da gestante soropositiva pela enfermagem.

Palavras-chave: Gestantes. Infecções por HIV. Cuidados de Enfermagem.

EXPERIENCIAS DE GESTANTES SEROPOSITIVAS EN RELACIÓN A LA ATENCIÓN DE ENFERMERÍA: ESTUDIO DESCRIPTIVO**RESUMEN**

El objetivo del estudio fue describir la experiencia de las gestantes portadoras del virus de la inmunodeficiencia humana (VIH) y la atención de enfermería recibida en el prenatal bajo la óptica de la gestante. Estudio del tipo descriptivo-exploratorio, de abordaje cualitativo, cuyos participantes fueron ocho gestantes portadoras del VIH, atendidas en el Hospital Universitario Antônio Pedro en 2008. La recolección de los datos ocurrió a través de entrevista semiestruturada, en el análisis de los datos se utilizó el análisis de contenido de Bardin del cual emergieron dos categorías "desvelar es necesario" y "personaje de la desgracia del (des) cuidado". Los resultados mostraron que el papel del (la) enfermero (a), por la perspectiva de las mujeres, no quedó evidente durante el período prenatal, sin embargo, en el puerperio este papel se confundía con la acción de los demás profesionales de la enfermería y, a veces, las mujeres se resintieron por no haber recibido cuidados de enfermería más especializados. Se sugiere que haya una sociedad entre el aparato formador y la institución educativa del escenario hospitalario con el fin de que se establezca un protocolo específico para la atención de la gestante seropositiva por la enfermería.

Palabras clave: Gestantes. Infecciones por VIH. Atención de Enfermería.

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Data de recebimento: 19/10/2012

Data de aprovação: 02/09/2013