

GUIDANCE PROVIDED TO TEEN PREGNANCY DURING THE PRENATAL

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ABSTRACT

The objective was to identify guidelines in relation to self-care practices in pregnancy received by pregnant adolescents during the prenatal period. This is a descriptive, quantitative and transversal study conducted at the clinic of the Hospital de Clínicas, Federal University of Triângulo Mineiro with 30 pregnant adolescents. Data collection was performed in 2012 through home visits, using a script of sociodemographic characteristics and guidance received by pregnant women. Data were analyzed using descriptive statistics. Most patients were aged between 16 and 19 years, had a steady partner, between seven and nine years of schooling, were homemakers, had a family income of one to three minimum wages. The most common guidelines were the importance of early prenatal care, the prenatal booklet, exams, vaccination, about smoking, alcohol intake, use of ferrous sulfate and folic acid. The less frequent information was related to weight control, healthy eating, physical exercise, balance between sleep and rest, practice of sexual activity and use of condom during sexual intercourse. The conclusion is that guidance provided during the prenatal period has biological approach and the guidelines with a holistic view on adolescents were carried out less frequently.

Keywords: Pregnancy in adolescence. Prenatal care. Nursing.

INTRODUCTION

Pregnancy is not synonymous with disease, but it brings physical and psychological changes to women resulting from their new social role. Thus, each woman is exposed to different risks that should be identified in the broader context of their lives.

Some individual characteristics are risk factors during pregnancy such as unsafe marital status, low level of education, unfavorable environmental factors and age less than 15 years⁽¹⁾. In most of the times, many of these conditions are attached to teenage pregnancy.

Adolescence is the period between ten and 19 years old. At this stage of life happens the discovery of sexuality that can be intensely experienced through sexual contact without protection, becoming a problem due to lack of information, communication among family members or for fear of accepting it⁽²⁾.

Pregnancy at this age is associated with several physical, social and emotional problems, revealing this important public health problem⁽³⁾.

Teenage pregnancy is also significantly associated with underweight newborns and inadequate prenatal care⁽⁴⁾.

Every year, at least 60,000 adolescents die worldwide from complications in pregnancy and childbirth, and in the Brazilian reality this fact reflects the social inequalities in our country. In addition, there may be several other life-threatening situations, with possible permanent damage⁽⁵⁾.

At this stage of life, where there are crises and changes, rather than a balanced scenario, the event of a pregnancy can assume an unfavorable proportion and cause negative social effects. Thus, adaptation to maternal condition can become a complex process, especially if the mother does not get adequate support from its relational environment, since she will have to develop skills to care for the frail and dependent child⁽⁶⁾.

As long as the teenager has proper prenatal care, hygienic care, healthy diet and lifestyle habits, and emotional support, the pregnancy may not be considered as high risk. Therefore, guidance of pregnant adolescents about the

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importance of self-care is salutary, leading them to develop activities for their own benefit to maintain health and well-being.

The provision of basic and specific guidelines for pregnant women regarding the necessary self-care in this period is responsibility of health professionals working in prenatal care. The scientific literature shows that guidance is infrequent or lacking, such as in relation to contraceptive methods⁽⁷⁾, hygiene, physical activities of the mother, the father's participation in the care of the newborn, maternal care at home and the management of breast feeding⁽⁸⁾.

In this context, it is necessary to investigate the self-care instructions given by health professionals at this very peculiar moment in the lives of adolescents, in order to understand if the activities directed toward this population are consistent. Thus, the objective of this study was to identify the guidance on self-care practices in pregnancy received by pregnant adolescents during prenatal care.

METHODOLOGY

This is a descriptive study of quantitative approach and cross-sectional design, carried out at the outpatient clinic of the Hospital de Clínicas of the Federal University of Triângulo Mineiro (AMG/HC/UFTM).

The study population consisted of 30 women aged between ten and 19 years, living in the city of Uberaba, state of Minas Gerais (MG), who attended the prenatal service of the AMG/HC/UFTM in the period between February and June 2012, and were authorized to participate by their legal guardians.

The telephone numbers and addresses of pregnant adolescents were obtained by consulting the AMG/HC/UFTM care records, and after prior contact by phone, the interviews were scheduled at the homes of the mothers in the presence of their legal guardians.

For data collection was used a script containing the sociodemographic characterization of the pregnant adolescents and a script related to the instructions received by pregnant women during prenatal visits in the afore mentioned health service. The scripts were developed by the researchers based on recommendations of the Ministry of Health. For

credibility, the scripts were submitted to apparent and content assessment by two judges, PhD and experts in the subject matter.

Since this is a vulnerable group (under 18 years old), the parents or legal guardians of the teenagers and the adolescents themselves accepted and signed the Informed Consent Form during the interview. Teenagers in the age group of 18-19 years were asked to sign the form by themselves. A copy of the term was given for the participant and the other was filed by the researchers.

The data were entered into Microsoft Excel spreadsheets and the analysis was performed using the Statistical Package for Social Sciences (SPSS), version 16.0.

The study was approved by the Ethics Committee in Research with Human Beings (CEP - Comitê de Ética em Pesquisa) of the UFTM under Protocol in 1930.

RESULTS AND DISCUSSION

The study included 30 pregnant adolescents seen at the antenatal service of the AMG/HC/UFTM. Table 1 shows the sociodemographic profile of the group.

Table 1. Sociodemographic characterization of pregnant adolescents. Uberaba (MG), 2012.

Variables	N	%
Age (years)		
10 - 15	12	40.0
16 - 19	18	60.0
Marital status		
With steady partner	22	73.3
Without steady partner	08	26.7
Level of education (years of study)		
0 - 6	08	26.7
7 - 9	21	70.0
10 - 12	01	3.3
Occupation		
Student	09	30.0
Homemaker	18	60.0
Receptionist	01	3.3
Others	02	6.7
Family income*		
<than a minimum wage	02	6.7
1 - 3 minimum wages	24	80.0
3 - 5 minimum wages	02	6.7
5 - 6 minimum wages	01	3.3
> 6 minimum wages	01	3.3

*Minimum wage during the study period: R\$ 622.00.

The mean age was 15.70 years, ranging from 13 to 18 years. The majority (60%) was in the age group 16-19 years. In a similar study, conducted with adolescent mothers in observed mean age superior to ours (16.76 years), but with a predominance of pregnancy in late adolescents⁽⁷⁾. This result may be due to the fact that our study was developed in a place considered as a reference for various municipalities.

The early pregnancy can cause a number of physical, emotional and social consequences for adolescents and their families. In addition, it is known that when a woman becomes a mother in adolescence, she is also more prone to have a higher number of children during her reproductive life⁽⁹⁾. Therefore, this factor must be considered by health professionals who follow the pregnancy of adolescents, because family planning guidance is desirable at this stage.

However, only provide information not just because it is recognized that adolescents have knowledge about the proper use of contraceptive methods, but do not correctly, have knowledge, but do not have the maturity to present responsible for preventing pregnancy attitudes⁽¹⁰⁾.

Thus, health education to be developed during adolescence should involve the group of technology, to promote dialogue and meaningful learning, support for coping with difficulties, exchange of ideas and experiences, questions, reflections and strengthening self-esteem and creativity of adolescents⁽¹¹⁾.

Concerning marital status, the majority (73.3%) refers to have a steady partner, given higher than that found in other studies^(7,10,12).

A stable relationship with a partner can help and provide emotional and financial support, helping in daily care to the child and in the self-care of the adolescent mother⁽⁶⁾. Family support and fellow are benefits that help adolescent autonomy while mother.

Regarding education, the average number of schooling years of pregnant women was 7.5 years, ranging between five and 11 years. Literature shows that most pregnant teenagers have incomplete primary education^(6,7,10,12), which makes sense, as primary education currently lasts nine years and the majority of

respondents (70%) had seven to nine years of study.

Most pregnant adolescents (70%) reported school dropout due to pregnancy, which can perpetuate social disadvantage and compromise the professional future of these young people, since at that stage of life, they still lack professional training⁽⁹⁾, leaving them with informal jobs and precariousness in labor relations.

Moreover, women who get pregnant in their adolescence tend to have fewer years of study than the others, and low education points to a early repetition of pregnancy⁽¹²⁾.

The real meaning of a teenage pregnancy depends on the family, social and cultural context in which it occurs. Thus, it can be considered a problem in a context of risk because it assumes the perpetuation of adverse socio-economic conditions due to the consequences of school abandonment, or can be understood as a positive experience of maturity, when pregnancy occurs in a context protective of the teenager⁽¹³⁾.

As to family income, the majority (80%) reported one to three minimum wages, which is a superior data than that found in a retrospective study conducted in Teresina (state of Piauí – PI), where the highest presented percentage was a family income of up to a minimum wage⁽¹²⁾.

The absolute financial dependence of the family is one of the consequences arising from teenage pregnancy⁽¹⁴⁾.

The low education level associated with low family income and unpaid work can be negative factors when it comes to care of the newborn and the self-care of pregnant teenagers and may reflect the future of both.

Table 2 shows the guidelines related to self-care practices in the prenatal given by health professionals to pregnant adolescents seen at the AMG/HC/UFTM.

Guidance about performing prenatal care as soon as discovering the pregnancy, the importance of the prenatal booklet, doing all the requested exams in prenatal care and vaccination was given by health professionals for almost all pregnant women in the group.

The main objective of prenatal care is to welcome women from the beginning of their pregnancy, which is characterized by physical

and emotional changes that each woman experiences differently. The prenatal booklet should be checked, discussing aspects related to the consultations, vaccination, symptoms

presented by pregnant women and laboratory tests. These behaviors are essential to any prenatal care, which is the first step towards humanized labor and delivery⁽¹⁾.

Table 2. Guidelines received by pregnant adolescents related to self-care practices in the prenatal. Uberaba (MG), 2012.

Guidelines	Yes		No	
	N	%	N	%
Carry out prenatal care once you discovered pregnancy	29	96.7	01	3.3
About the prenatal booklet	29	96.7	01	3.3
Performing the requested exams	30	100	00	0.0
Importance of Vaccination	29	96.7	01	3.3
Dental care	04	13.3	26	86.7
Weight control during pregnancy	11	36.7	19	63.3
Healthy eating	04	13.3	26	86.7
Sexual activity	09	30.0	21	70.0
Condom use	09	30.0	21	70.0
No smoking	18	60.0	12	40.0
No alcoholic beverages consumption	21	70.0	09	30.0
No use of illicit drugs	21	70.0	09	30.0
No self-medication	29	96.7	01	3.3
Folic acid use	19	63.3	11	36.7
Ferrous sulfate use	30	100	00	0.0
About chemicals in hair	17	56.7	13	43.3
Physical activity practice	09	30.0	21	70.0
Balance between sleep and rest	07	23.3	23	76.6
Relaxing during the day	12	40.0	18	60.0
Breastfeeding	19	63.3	11	36.7
Other types of self-care and care with the baby	19	63.3	11	36.7

Thus, health professionals should perform actions of comprehensive care, health promotion, disease prevention and qualified hearing, creating a bond⁽¹⁾ with pregnant women and their families, given the peculiarity of the moment.

Subjects such as smoking, alcohol consumption, use of illicit drugs and self-medication during pregnancy were also addressed in the prenatal, as well as the use of ferrous sulfate and folic acid. Information about the use of chemicals in hair, breastfeeding and other types of care with oneself and the baby were offered, as reported in the interviews.

The guidelines on maternal breastfeeding, according to the scientific literature, are frequently cited by pregnant adolescents^(15,16). This finding is especially relevant when it is pointed out that breastfeeding during adolescence is a challenge in health care because of the great difficulties encountered by adolescents in their establishment and maintenance⁽¹⁷⁾.

Information on dental care, weight control during pregnancy, healthy eating, physical exercise and the balance between sleep and rest were not mentioned by most young pregnant women, showing they are less commonplace, but not less important, once these guidelines are based on a perspective of integration.

The dental care during pregnancy is still surrounded by myths and taboos, however when this takes place through promotion and prevention for pregnant adolescents they are influenced and start to seek clarification on the oral care of them and babies⁽¹⁸⁾. Fact that will reflect positively on pregnant adolescent's self-care.

The weight control and healthy eating are essential during pregnancy⁽¹⁾ and contribute as positive factors for the course of this period. And although they are infrequent guidelines are indispensable, given that pregnant women reported increased appetite and aversion to any type of food during pregnancy and consume

large amounts of foods low in iron sources and high concentration of energy, facts contribute to excessive weight gain during pregnancy and anemia⁽¹⁹⁾.

Guidelines related to the practice of sexual activity and condom use in sexual relations were not mentioned by most young pregnant women either.

It is key that these guidelines are given in this stage of life, so young pregnant women can start their reflections about family planning. The timing of prenatal care is conducive to this beginning, since pregnant women are mostly receptive to health promotion information.

A study conducted in Maringá (state of Paraná – PR) found that the most frequent instructions received by pregnant women during prenatal care were related to changes in the maternal organism, intrauterine growth and development of the baby, chosen type of delivery, breastfeeding and baby care. However, equally important issues were not reported, such as hygiene, physical activity, fears and fantasies in relation to baby care, the importance of the father's participation, and management of breastfeeding⁽⁸⁾.

Thus, it is visible that professionals are still attached to their training base and guided by a model with health actions focused mainly on the clinic⁽²⁰⁾, resulting in lack of guidance about issues beyond biological aspects, such as mental and social well-being.

Although pregnancy is a natural event, it is also a special event, and thus requires adjustments for promoting the health of the mother and fetus. The prenatal is a great opportunity to promote guidelines for pregnant women, aiming at a pregnancy with minimal physical and emotional discomfort and maximum benefits.

However, simply transmitting technical information to young pregnant women is not enough. The role of health professionals should be based on knowledge sharing and actions that favor the autonomy of teenagers regarding self-care. Therefore, these professionals should use a more dynamic and participatory language to sensitize these adolescents, to help the occurrence of the process in a more natural and healthy way, addressing the possible problems and difficulties that might arise.

The practice of more comprehensive guidelines should be carried out and prioritized, especially given the vulnerability of pregnancy in this age group. The perception of teenagers on prenatal care can be based on the influence of peers and parents, so it is important that health professionals involve the family in the care of pregnant teenagers. This could facilitate their adherence to self-care practices in the prenatal period because they are influenced by the environment and society in which they operate.

To this end, health professionals must be able to recognize the cultural context promoting the host, listening and counseling using professional competence and appropriate technology with guided personal relationship on respect and dignity⁽¹⁵⁾.

Apparently, there is a failure in educational actions during prenatal care. As long as it is done properly, it is unacceptable that pregnant women reach the last month of pregnancy showing lack of knowledge about basic aspects of pregnancy caused by failure on the guidance received, which could directly influence adherence to prenatal care and self-care practices.

CONCLUSION

The profile found among the study participants is often associated with the occurrence of adolescent pregnancy and corroborates the national scientific literature.

The guidance received during prenatal care has a merely biological approach, without frequent use of holistic guidelines for the mental and social well-being of teenagers.

These results point to a gap in the antenatal service that enables a process of rethinking assistance. Prenatal care is essential to the success of a pregnancy at any stage of a woman's life. When completed satisfactorily, the process of gestating-giving birth becomes pleasurable and safe.

Thus, the present study motivates reflections and questions in the pursuit of excellence and humanization of healthcare to women, especially adolescent women in the cycle of pregnancy and childbirth, with the Policy of Integral Attention to Women's Health as a theoretical and practical foundation.

The quality of health and nursing actions during the process of prenatal care to pregnant teenagers is essential, through integral care in a broad context, and articulating biological, socioeconomic, educational and familiar aspects. Health professionals involved in the care of pregnant teenagers should establish a bond of trust with the adolescents, valuing their feelings

and concerns inherent to the age and their new condition. The emphasis should be on guidance, aiming to promote health and knowledge of these young people, so they can make better decisions, develop more conscious self-care practices, and be in favorable conditions to live this moment, which will reflect in the newborn's health.

ORIENTAÇÕES RECEBIDAS POR GESTANTES ADOLESCENTES DURANTE O PRÉ-NATAL

RESUMO

Objetivou-se identificar as orientações referentes às práticas de autocuidado na gestação, recebidas pelas gestantes adolescentes durante o pré-natal. Trata-se de um estudo descritivo, quantitativo e transversal, realizado no Ambulatório do Hospital de Clínicas da Universidade Federal do Triângulo Mineiro com 30 gestantes adolescentes. A coleta de dados foi realizada em 2012, através de visita domiciliar, utilizando roteiro de caracterização sociodemográfica e de orientações recebidas pela gestante. Os dados foram analisados pela estatística descritiva. A maioria das gestantes possuía idade entre 16 e 19 anos, companheiro fixo, sete a nove anos de estudo, do lar e possuíam renda familiar de um a três salários mínimos. As orientações mais frequentes foram sobre a importância do pré-natal precoce, do cartão da gestante, dos exames, da vacinação, sobre tabagismo, etilismo, uso de sulfato ferroso e ácido fólico. As informações menos frequentes foram relacionadas ao controle de peso, alimentação saudável, prática de exercícios físicos, equilíbrio entre sono e repouso, prática de atividade sexual e uso de preservativos nas relações sexuais. Conclui-se que as orientações fornecidas no pré-natal possuem abordagem biológica e aquelas que abrangem holisticamente a adolescente não foram realizadas com tanta frequência.

Palavras-chave: Gravidez na adolescência. Cuidado pré-natal. Enfermagem.

ORIENTACIONES RECIBIDAS POR EMBARAZADAS DURANTE EL PRENATAL

RESUMEN: Tuvo el objetivo de identificar las orientaciones referentes a las prácticas de autocuidado en el embarazo recibidas por adolescentes embarazadas durante el prenatal. Se trata de estudio descriptivo, cuantitativo y transversal, realizado en el Ambulatorio del Hospital de Clínicas de la Universidad Federal del Triángulo Mineiro con 30 adolescentes embarazadas. La recolección de datos fue realizada en 2012, mediante visita a domicilio, utilizando guión de caracterización sociodemográfica y de orientaciones recibidas por las embarazadas. Los datos fueron analizados por estadística descriptiva. La mayoría de las embarazadas poseía edad entre 16 y 19 años, compañero fijo, siete a nueve años de estudio, ama de casa y renta familiar de uno a tres sueldos mínimos. Las orientaciones más frecuentes fueron sobre la importancia del prenatal precoz, la tarjeta de la embarazada, los exámenes, la vacunación, sobre el consumo de tabaco y alcohol, uso de sulfato ferroso y ácido fólico. Las informaciones menos frecuentes fueron relacionadas con el control del peso, alimentación saludable, práctica de ejercicios físicos, equilibrio entre sueño y reposo, práctica de actividad sexual y el uso de preservativos en las relaciones sexuales. La conclusión es que las orientaciones proporcionadas en el prenatal poseen abordaje biológico y las que comprenden holísticamente a la adolescente no fueron realizadas con tanta frecuencia.

Palabras clave: Embarazo en la adolescencia. Atención prenatal. Enfermería.

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