

PERCEPTION OF PREGNANCY RISK BY A GROUP OF PREGNANT WOMEN HYPERTENSIVE HOSPITALIZED

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ABSTRACT

This study aimed to understand the perception of the risk of pregnancy to a group of hypertensive pregnant women, describe the meaning of high-risk pregnancy for them and identify their difficulties during the hospital stay and their care needs. This is an exploratory, descriptive and qualitative, held in a regional maternity northern Paraná, with seven hypertensive pregnant women of all ages, primiparous and multiparous, in the 3rd trimester. Data were collected from July to December 2013, through semi-structured interviews and submitted to content analysis. The seven pregnant women, aged 25 and 38, were multiparous, were interned for more than seven days, reporting concern with the child welfare and difficulty staying hospitalized and away from family. They showed feelings of fear, anxiety and anger at the hospital infrastructure and the service of the medical care team. It is considered that pregnant women had difficulty verbalizing the meaning of pregnancy, but exposed to ease their care needs. In view of this, it is necessary to understand the psychological process of these women to improve the care provided to them.

Keywords: High risk pregnancy. Hypertension. Emotions.

INTRODUCTION

The pregnancy-induced hypertension (PIH) is a major obstetrical complication and is characterized by the appearance of symptomatic triad: hypertension, proteinuria and edema in normotensive pregnant after the twentieth week of pregnancy, the presence of blood pressure 140/90mmHg or greater. It is an incurable disease, except for the termination of pregnancy, and can develop into even more complex conditions, as eclampsia, HELLP syndrome (hemolysis with elevated levels of liver enzymes and low platelet count) or disseminated intravascular coagulation (DIC). In the absence of proteinuria, the condition is suspected when the blood pressure is accompanied by abnormal laboratory tests, specifically creatinine and evidence of HELLP syndrome⁽¹⁾.

PIH is responsible for a significant portion of the cases of maternal and perinatal mortality and is often associated with complications in vital organs such as central nervous system, cardiovascular, renal, hematologic, hepatic and uteroplacental

systems, causing diseases such as placental abruption, preterm birth, intrauterine growth retardation, maternal-fetal death, oliguria, hypertensive crisis, pulmonary edema, cerebral edema, thrombocytopenia, bleeding, stroke, blindness, fetal intolerance to labor⁽¹⁻²⁾.

Pregnancies with presence of diseases, such as PIH, have higher probabilities of unfavorable developments for both the fetus and the mother. Under these conditions, the pregnancy is called high-risk pregnancy⁽¹⁾.

Compared to the others, the high-risk pregnancy women are more sensitive emotionally. In this situation, there is fear the changes that occur in their organism and insecurity that the child has an abnormality⁽³⁾.

These pregnant women, in addition to care, medical and pharmacological treatments, require attention to emotional aspects, since the therapy usually requires long periods of hospitalization. They become vulnerable to physical fatigue and emotional distress, factors that are not met during their stay. Thus, this period may seem to them more and more time consuming, reverberating in feelings of fear, longing, anguish and anxiety by the end of treatment, delivery and baby's arrival.

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Given the complexity of a risk pregnancy, it is aimed in this study to understand the significance of this type of pregnancy for women with PIH and identify the difficulties they face during the hospital stay and the way they want to be cared for in order to contribute to improving the quality of care offered to the risk of pregnant women admitted in that hospital.

METHODOLOGY

It is a study of descriptive and exploratory nature with a qualitative approach. The descriptive research aims to report the specific population characteristics, and then establish relationships between them. Exploratory research, in turn, brings the hypothesis formulation for future studies; it allows knowing phenomena and forming new ideas. This type of research describes situations and seeks to relate the elements that compose them⁽⁴⁾.

The study was conducted in the maternity ward of a large university hospital in northern Paraná, which only serves the *Sistema Único de Saúde – SUS* (Unique Health System – Public System of health care of Brazil). This hospital's mission is to provide health care by participating in teaching, research and extension; It has 316 beds distributed in various specialties, 19 of which are for the maternal care. Motherhood caters exclusively high-risk pregnancies and has the assistance of a multidisciplinary team.

The study included pregnant women of any age, gilts and multiparous in the 3rd trimester of pregnancy, admitted to the maternity ward of the university hospital. They defined these criteria because PIH can occur both in young pregnant women as in older, and is more common in the 3rd quarter; already primiparity is a risk factor for this disease⁽⁵⁾, while multiparous, for their successful experiences or not in previous pregnancies can influence their hospital experience.

The delimitation of the number of participants was when the goals were reached and reports started to repeat itself, i.e. there was the theoretical saturation, operationally defined as suspension inclusion of participants, when the data start to present, in assessing the researcher, redundancy or repetition.

Data were collected through semi-structured interview using a three-part composed form. The first identified the profile of the participants, the second addressed the obstetric history and current pregnancy, and the third looked open questions about the meaning of pregnancy for the mother and the experience of hospitalization. The collection occurred in the second half of 2013, on Tuesdays and Thursdays in the afternoon, after the pretest with two pregnant women, to assess the data collection instrument.

At first, through the records of the hospital, were selected pregnant women who met the established inclusion criteria. After the selection, the interviews took place in the unit, having used bed isolation mechanisms to preserve the privacy of the woman, as motherhood does not have single rooms. With the intention of protecting anonymity, patients were identified by names of precious stones.

After clarification and consent of the participants, the interviews were recorded and later the lines were transcribed for subsequent analysis of content. After the data has been transcribed, the recordings were destroyed, and the texts will be kept for three years adequate time for further consultations, if necessary carry some clarification about the research.

Data were analyzed according to thematic content analysis proposed by Bardin. It is a technique often used to represent the processing of a qualitative research, because it imposes a cut between the intuitions and hypotheses of the research and forwards it to set more interpretations, reaching manifest and latent meanings of qualitative material⁽⁶⁾.

This type of analysis can cover the phases of pre- analysis, material exploration and treatment of results. At the stage of pre- analysis, the material to be investigated it is organized in order to systematize the ideas. In this phase, it holds the choice of material to be analyzed, it is formulated the hypothesis and objectives. These three factors are interrelated, but may not necessarily occur in this sequence.

The phase of exploration of the material consists mainly in the encoding operation and is characterized by systematization of decisions taken in the previous phase. At this point, define

the categories that will guide the specification of the proposed theme.

The study followed the regulatory standards for research in humans, according to Resolution 466/2012⁽⁷⁾. The University Ethics Committee for Research Involving Human Beings approved this study, under opinion nº 011/2012, CAAE 0348.0.268.000-12.

The final agreement came from the pregnant with the signing of the Term of Consent, which was given to each respondent. By accepting to participate in the research, they were informed of the objectives and the right of refusal and the guarantee not to suffer any charge or fee for participation or not in the study.

RESULTS E DISCUSSION

It was identified a weakness of the study with regard to parity of women identified. It was found that all were multiparous, diverging from literatures, which bring, such as increased risk for PIH, primiparous^(3,5,8). In this study, we had no information about the partner of the pregnant woman be the same in other pregnancies, it is known that in partner-changing situations, the risk remains as present as in primiparous^(5,8). Is justified given that divergent research because of the amount of sample is narrow.

Seven women were interviewed, aged between 25 and 38 years; race/color was prevalent in Caucasian (71%). These women were literate, with more than eight years of study, two of whom had completed higher education. The labor situation was formal in 100 % of those who worked (5); only one pregnant woman receiving less than one minimum wage at the time of data collection (R\$ 622,00), the husband were income generator. As for marital status, all had a steady partner and only a woman planned pregnancy, but all desired it.

All pregnant women were multiparous, and early prenatal occurred predominantly in the 1st quarter, made in Basic Health Units, from which they were sent to the Hospital of the University clinics for high-risk monitoring.

The number of hospitalizations during pregnancy was longer than two in 42.8% of respondents; however, all were hospitalized had more than a week.

The analysis of the responses on the understanding of the risk of pregnancy was grouped into three categories: including pregnancy risk and their hospitalization; facing difficulties during hospitalization; identifying care needs.

Understanding pregnancy risk and their hospitalization

Only three pregnant women verbalized understand the risk of pregnancy; the other failed to draw a response. For two women, the biggest concern was the well-being of the child, and one of these noted the need to overcome that moment, and the third showed difficulty accepting the pathology.

For me , I think that what comes first is my son , right ?, not me being hospitalized; I'll be alright [...] But we have to go over the difficulties of our life, right? (Emerald, 38)

Worryingly ... I am very concerned about the welfare of my daughter, of how she is, right? If that hypertension, that diabetes will cause some damage to her. (Diamond, 28)

Horrible, my pressure's not lowering, because I'm desperate. It's not lowering, I'm nervous about it, so that my pressure's not lowering, it's very high. Because I keep on wondering: why did this happen to me? Why do I have this? Why just me? All the time. (Ruby, 33)

Regarding perceptions of pregnancy risk for pregnant women and family implications, it is known that women find very damaging complications of risk pregnancy, causing fear and anxiety. The feeling of discomfort is present, mainly because women have to stay on bed rest because of hospital admissions and own pathological instability⁽⁹⁻¹⁰⁾.

At risk, many pregnant women express concern about their babies, fear of being born dead or premature, less likely to survive, which leads us to believe that pregnant women wonder how will their children look like and think they can have them, but not how dreamed⁽¹¹⁻¹²⁾.

Fear experienced by this group of pregnant is a remarkable feeling that enters into their lives in a negative way, bringing them the lack of peace, quiet and tranquility. Pregnant women living in doubt and do not know the outcome of this pregnancy risk⁽¹¹⁾.

Regarding the hospitalization, five felt bad experience, expressed by adjectives: bad, terrible, difficult, boring, complicated and frustrating. A pregnant woman considered as an experience both good and bad.

I'm enjoying staying hospitalized here because they are attentive with us, and they do tests on us all day. If there is something wrong, they already come and already speak. So, that's good and bad, you know? {Laughs}. (Ruby, 33)

It is believed that the knowledge about the disease helps in self-care. On the other hand, the knowledge of being part of a risk group makes women more prone to psychological stress. It is considered so important that health professionals working in all the attention to women during pregnancy period transmit knowledge in order to foster care and self-care⁽¹²⁾.

The reports revealed that the negative feelings of the hospitalization demonstrated the difficulty of staying in separate place of social and family life:

Terrible, my God, mercy! It's terrible! Not good, not. (Emerald, 38)

Stay in hospital is horrible (Sapphire, 25)

It was hard and boring; I had never been hospitalized, right? Now I have to be like this, it's hard! (Amethyst, 35)

So frustrating! Anything with anyone, right? The service is great, everyone is very attentive, but it's hard to stay in a locked place, here, right? All restricted. (Diamond, 28)

Knowing that're pregnant is bliss, right? Now, having to stay in the hospital is kind of hard, having to stay away from the family, having to stay all the time here is complicated. We miss home, keeps getting sensitive. (Agate, 35)

The women reported difficulties in this process, as lack of family inherent in routine hospitalization, usually required in the risk of pregnancy and that is an additional stressor because it educates the pregnant with her disease or injury. Occurs separation of the family context and an alleged loss of autonomy over pregnancy⁽¹³⁾. However, a pregnant woman has shown adaptation to the hospital environment, valuing the care provided by the staff. Possibly, she has been more resilient, adapting itself with ease.

For the first time I'm here, I'm enjoying it until I talk to the girls that I'll become a little bit here in the spa {laughs} because I came here, I was 110 kilos, I'm ... I think I'm with 97 and did well for me. I was all swollen, but now I'm better. I am able to breathe better, better walking; if I had stayed at home, I do not know what would have happened. (Crystal, 37)

To adapt to the hospital environment, women need to exercise their resilience, a dynamic process that results in positive adaptation in contexts of great diversity. This context distinguishes three essential components in the resilience: the notion of adversity, overcoming adversity and the process that considers the dynamics of emotional, cognitive and sociocultural mechanisms that influence human development⁽¹⁴⁾.

It can be said that the pathological problems of these women, in addition to fear, tension, lack of information about their own health and other feelings, add to the limitations of women's lives: the care of the home, family and themselves, cultural and socioeconomic conditions, lack of support from social and health services. Analyzing these points from the perspective of vulnerabilities and overcome the risk of sense leads to identify the conditions that can compromise the health of women and to recognize the intertwining that exists between them and so discern both injure their physical and emotional health as limit their autonomy⁽⁹⁾.

Facing difficulties during hospitalization

The main difficulty reported by women was the absence of family life. Noteworthy is the report of one of the women, expressing sadness and great dismay the lack of family:

I do not live here in Londrina, I'm away from my family, and I feel lonely, right? Sad. I was crying now. Today in particular, I'm fine of depressed, I'm feeling blue. (Diamond, 28)

Lack of family life and the experience of high-risk pregnancy become a unique experience, which extends to companion, family and society. It is important to remember that during the confrontation of a high-risk pregnancy and its hospitalization, the lack of support from significant others, such as the

spouse or other family member also predisposes pregnant women to depression⁽¹⁵⁾.

Another sad factor faced by pregnant women during hospitalization is the distance of the children. The existence of children left at home, sometimes with no one to care, creates a concern in women, especially because they feel unable to perform her role as mother, which increases their anxieties and concerns with maternal responsibilities⁽¹¹⁾.

Note also the story of a pregnant woman who, claiming to be nervous and desperate, considered horrible the hospital environment; another reported the need to live with the problems of other women. Reported additional difficulties, such as the concern that the future child will have the same conditions (PIH and diabetes), the distance of the other children and the difficulty of adapting to the hospital diet.

Horrible, my pressure's not lowering [...] I'm desperate. She does not getting low, I'm nervous. (Ruby, 33)

You have to learn to live with different people, right? With different moods, then, well, we have to be quite flexible. (Pearl, 38)

Terrible, my God, mercy! It's terrible! It is not good, no. Bad, because you're here, you see everything, every person who comes here has a problem, every person, and every birth is a complication. (Emerald, 38)

I'm afraid my daughter being born with diabetes cannot eat candies, children loves candies. Oh, I'm desperate! [...] The bad thing is staying here, away from family, with this food without salt, all you have food that I do not like, I'm super sick to eat. (Ruby, 33)

It is difficult because my son is home, he is very attached to me and he only has 8 years-old, then he cried so much talking, my mother will die, my mother will die. (Crystal, 37)

In terms of treatment, I was treated well, they treat very well. But, the business is the food I didn't like, very unsalted. (Amethyst, 35)

Hospitalization is a moment that can generate duplicity of feelings, for example, there is happiness because it was time for the child's birth and at the same time, there are insecurity, fear and anxiety, because there was no prediction and sometimes no time to prepare to leave the

house and family and enter the hospital environment⁽¹¹⁾.

The expression of feelings in the high-risk pregnancy portrays the emotional instability of pregnancy and the lack of family support, due to the routine hospitalization, and the dependence and limitations arising from the risk – however, such factors do not prevent them from experiencing pregnancy with joy and satisfaction⁽¹³⁾.

Identifying care needs

Regarding care needs, it was proposed to provide access to the library, to eliminate downtime. They also reported the need to improve the quality of interpersonal and structural relationship of maternity because, as the medical care, were verbalized to indispensability of information on their condition; in relation to nursing professionals, they said that only a few were polite and greeted. In addition, they expressed about the lack of physical structure, considering it harmful to the comfort, with lack even of bathrooms. Dissatisfaction with diet was also evident in the speech of some women.

I miss, maybe a library, to be able to go, or, I don't know, suddenly a moment that we can go out, talking more with other people, which I think distracts more... Do not get so stuck here inside the room, get out here a bit, leave a little this environment, I would love it. (Diamond, 28)

Only it's complicated, you question things, no one can answer [...] If doctors speak the truth to people, already would help. Because we're here for a long time and we don't know what's going on. No one speaks, speaks only we're collecting exams, collecting exams, but we don't know why we have to stay locked up here. (Sapphire, 25)

Only few nurses come here and say "Good morning, girls" and such as this, and have others that come here and not talk to anyone, do not look in the face of anyone, do not chat with anyone. This goes from person to person, I don't know how it is. I think it's cool when you have a contact with the patient, right? (Ruby, 33)

I think here, what you're missing, because they are so many women, is the question a little cleaning, particularly the bathroom. Because that's very difficult, when I enter that bathroom, I pass out, and even has a bathroom that it's interdicted and

the other ... There is only one working for many women, and it's hard, to keep using that bathroom. (Agate, 38)

I think the nutritionist had to go by on each bed to ask, like in my case, I am diabetic and have high blood pressure, to see what I like to eat and what I do not like to eat. So, I can send in my lunch box, that there I do not like. If I do not like to eat gilo doesn't send gilo, understood? I don't like to eat chard, don't send chard. Replaces this meal with something else. (Emerald, 38)

An aggravating factor during this period is dissatisfaction about the care - usually more emphasized in the expressive aspects of nursing - related to the lack of emotional support and dialogue, lack of interest in women, even to a more specific care for the humanization of care, since the nurse should provide best quality in health care through assistance⁽¹⁶⁾.

Is a part of the hosting to inform the woman about her condition. As the Charter of Health Users' Rights, prepared by the Ministry of Health, everyone has the right to appropriate treatment at the right time to solve your health problem. It is also entitled to receive information about their health status, clearly, objective, respectful and understandably⁽¹⁷⁾. Establish trust is essential to the effectiveness of therapy; that way, the woman shows up more at ease to express feelings and complaints⁽¹⁶⁾.

Hospitalization may be considered the main obstetric care provided to high-risk pregnant women, but because of its inherently stressful nature, is true adaptive challenge to pregnant and her family, it means awareness of the disease and its consequences^(13,18). A trained and qualified multidisciplinary team, with availability of equipment and infrastructure appropriate to cases of high-risk pregnancies is therefore indispensable. Thus, the provision of skilled care becomes an essential component for the reduction of maternal mortality.

FINAL CONSIDERATIONS

Pregnant women had difficulty verbalizing the meaning of pregnancy, but reported to ease their care needs. The absence of the family was part of the suffering of these women, who had feelings of fear, anxiety, nervousness, despair and indignation at the hospital infrastructure, hospital stay and care staff. In view of this, the multidisciplinary team needs to understand the psychological process of these women to contribute to the improvement of the care provided to them, in helping to overcome the barriers posed by high-risk pregnancy, treatment adherence and provide better quality of life for this group of pregnant women in order to reduce maternal morbidity and mortality.

PERCEPÇÃO DA GESTAÇÃO DE RISCO POR UM GRUPO DE GESTANTES HIPERTENSAS HOSPITALIZADAS

RESUMO

Neste estudo, objetivou-se compreender a percepção da gestação de risco para um grupo de gestantes hipertensas, descrever o significado da gestação de alto risco para elas e identificar suas dificuldades durante o período de internação e suas necessidades de cuidado. Trata-se de um estudo de caráter exploratório, descritivo e qualitativo, realizado em uma maternidade regional do norte do Paraná, com sete gestantes hipertensas de todas as idades, primíparas e múltiparas, no 3º trimestre de gestação. Os dados foram coletados de julho a dezembro de 2013, por meio de entrevista semiestruturada, e submetidos à análise de conteúdo. As sete gestantes, com idade entre 25 e 38 anos, eram múltiparas, estavam internadas havia mais de sete dias, relataram preocupação com o bem-estar do filho e dificuldade em permanecer hospitalizadas e ausentes do convívio familiar. Demonstraram sentimentos de medo, ansiedade e indignação perante a infraestrutura hospitalar e o atendimento da equipe. Considera-se que as gestantes tiveram dificuldades em verbalizar o significado da gestação, porém expuseram com facilidade suas necessidades de cuidado. À vista disso, é necessário compreender o processo psicológico dessas mulheres para melhorar a assistência oferecida a elas.

Palavras-chave: Gravidez de alto risco. Hipertensão. Emoções.

PERCEPCIÓN DE RIESGO DE EMBARAZO POR UN GRUPO DE MUJERES HOSPITALIZADAS EMBARAZADAS CON HIPERTENSIÓN

RESUMEN

Este estudio tuvo como objetivo comprender la percepción del riesgo de embarazo a un grupo de mujeres embarazadas hipertensas, describir el significado de embarazo de alto riesgo para ellos e identificar sus dificultades durante la estancia en el hospital y sus necesidades de atención. Se trata de un estudio exploratorio, descriptivo y cualitativo, que tuvo lugar en una maternidad regional norte de Paraná, con siete mujeres embarazadas hipertensas de todas las edades, primíparas y multíparas, en el 3er trimestre. Los datos fueron recolectados entre julio y diciembre de 2013, por medio de entrevistas semiestructuradas y se sometieron a análisis de contenido. Las siete mujeres embarazadas, 25 y 38, de edades comprendidas eran multíparas, fueron internados había más de siete días, se informó de la preocupación por el bienestar de los niños y la dificultad para permanecer hospitalizados y lejos de la familia. Ellos mostraron sentimientos de miedo, la ansiedad y la ira en la infraestructura hospitalaria y el equipo de servicio. Se considera que las mujeres embarazadas tenían dificultades para verbalizar el significado del embarazo, pero expuestos a aliviar sus necesidades de atención. En vista de esto, es necesario entender el proceso psicológico de estas mujeres para mejorar la atención que se les brinda

Palabras clave: Embarazo de alto riesgo. Hipertensión. Emociones.

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