

## CONTRIBUTES OF PRE-NATAL TO SELF-CARE OF WOMEN ASSISTED BY FAMILY HEALTH TEAMS

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### ABSTRACT

Pregnancy is a phase that brings the physical, psychological and social changes to the woman and her family. To understand the process of self-care and how to promote it, will affect the health of women and child care. The purpose of this study was to analyze the contribution of the project "Our Children: Windows of Opportunities" for the care of women assisted by family health teams during prenatal care. This is an exploratory, descriptive, quantitative-qualitative study conducted with 65 pregnant women from the city of São Paulo. The interviews were semi-structured, from December 2015 to February 2016. The interviews were typed in a database and analyzed according to project material, being grouped into categories: prenatal support and childbirth; family and social network; and adequate intrauterine environment. Pregnant women avoided self-medication and reduced alcohol and tobacco consumption, however, they received little guidelines for risk during pregnancy and were not encouraged to involve a companion in the consultation. It was concluded that the concepts of care are present in the guidelines given by the health teams are incorporated by the pregnant women, such as the management as self-care activities, but have not been implemented.

**Keywords:** Family Health. Pregnant. Women. Self-Care. Nursing.

### INTRODUCTION

Pregnancy is a moment of great matter for the woman and brings about physical, psychological and social changes that require adaptation and generate new meanings for her life<sup>(1)</sup>. This period is not only a biological phenomenon, but also the beginning of a new phase: motherhood. Thus, the way in which self-care is understood, associated with the peculiar changes of pregnancy, interfere in the understanding of this transition, which will affect the health of the woman, the baby and maternal care with the child<sup>(2)</sup>.

Promoting self-care in prenatal care means expanding a woman's ability to perform self-care actions. In this sense, it must be considered that this ability is conditioned by a series of factors, such as: gender, age, developmental status, socioeconomic and cultural conditions, educational level, health status and life experience<sup>(3)</sup>.

This way, self-care is understood as the performance or practice that individuals perform in their benefit to maintain life, health and well-being, and is related to several factors that affect their provision, and nursing may be necessary to help the

person to manage self-care<sup>(3)</sup>.

It is well known that the care that the pregnant woman adopts directly affects the development of the baby. Alcohol use, smoking, and poor diet can affect it directly, and decisively. In addition, lack of "iron" from poor diets or chronic anemia may compromise the development of the baby's neural tube and cause cognitive and sensory damage in the child. Self-medication is another major problem for babies' development. Thus, attention should be paid to the self-care of the pregnant woman, aiming at the birth and development of healthy babies.

Investments in the quality of such care, including adequate nutrition, health care from prenatal care and strengthening the family and social bond of the child, have a lasting effect on child development. Interventions to improve the health care and personal skills of mothers, starting in pregnancy, are promising strategies to protect the developing brain as well as children's physical and mental health<sup>(4)</sup>.

This way, between 2013 and 2014, the project "Our Children: Windows of Opportunities" was implemented in the western region of the city of São Paulo, with the objective of supporting family health

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teams and providing technologies to extend the clinic during prenatal care, puerperium and child care<sup>(5)</sup>.

The implementation of the project occurred through the training of family health teams for the adequate use of light-hard technologies that help in communication among professionals, pregnant women and their families in order to make them effective agents of self-care (physical and psychic) to promote the full development of the baby<sup>(6)</sup>.

Thus, the purpose of this study was to analyze the contribution of the project "Our Children: Windows of Opportunities" in the self-care of women assisted by family health teams during prenatal care, based on the self-care assumptions.

For such, Dorothea Orem's Theory of Nursing Systems is adopted as theoretical framework, which presents conceptions related to self-care, in addition to highlighting the need for users to engage, so that it can occur. Its use in the nursing work process brings scientific support to the practice, as it enables a structured and theoretically based practice of care<sup>(7)</sup>.

## METHODOLOGY

It is an exploratory and descriptive study, with a quantitative-qualitative approach, carried out with 65 pregnant women assisted by 10 family health teams that received training to implement the "Windows Project", located in the western region of the city of São Paulo, SP, Brazil.

The choice of the pregnant women occurred intentionally, and the health teams indicated the women. These were addressed at the time of consultation at the unit and invited to participate in the survey.

Semi-structured interview were conducted between December 2015 and February 2016, using a script based on the actions described in the educational material of the project, especially in the family's book<sup>(6)</sup>. The questions were about the existence of a stimulus to the participation of the father/family in the prenatal and childbirth, and on the knowledge of the signs of risk for gestation in each gestational trimester.

The interviews were typed in a database, arranged in an Excel spreadsheet and later grouped into the categories: prenatal support and childbirth; family and social network; and adequate intrauterine environment (the latter divided into alcohol consumption, tobacco and self-medication, and knowledge of the signs of pregnancy risk).

The data were tabulated, analyzed according to project material and classified as "adequate", "partially adequate" and "inadequate" as they approached or deviated from established compliance criteria.

Regarding the category "Support in prenatal and delivery", it was sought to know if there was any encouragement by the health teams to the participation of the father/companion in prenatal care and delivery. Responses to this topic were considered "adequate" when: 1) the pregnant woman said that she was accompanied by someone in prenatal consultations; 2) or that he desired the company of someone at the time of childbirth; 3) that received encouragement from the health team to have a companion at these times.

In the category "Family and Social Network" it was sought to know if the pregnant woman received help from the family or from some other point of their social network. They were considered "adequate" responses when the pregnant woman reported feeling helped by a family member; "partially adequate" when the pregnant woman did not need to be helped or only helped in some moments and "inadequate" when the pregnant woman said she was not helped by anyone.

Regarding the category "Adequate intrauterine environment", in relation to the subcategory "alcohol/tobacco/self-medication consumption", responses were considered "adequate" when the pregnant woman reported not consuming alcoholic beverages, not smoking and not taking medications without medical guidance; "partially adequate" when the pregnant woman affirmed to ingest alcoholic drink, to smoke or to use medications without medical advice eventually; and "inadequate" when the pregnant woman reported continuing to ingest alcoholic beverages, smoking or taking medication without medical advice during pregnancy. Regarding the subcategory "recognize the signs of pregnancy risk", it was considered "adequate" the response in which the pregnant woman reported being guided about the signs of risk by a health professional; "partially adequate" the response where the pregnant woman reported knowing the signs of risk, but that this information did not come from health professionals; and "inadequate" responses where the pregnant woman reported did not know the signs of risk of each gestational trimester.

This research is part of a larger project titled "Promotion of Improvements in Primary Health Care

as a Focus on Child Development: Strengthening Professionals and Families”, with approval from the Research Ethics Committee of the University of São Paulo under the number of opinion 151.088/2012. All participants agreed to participate in the study and signed the Informed Consent Term.

## RESULTS

The pregnant women who were subjects of this research had, in average, 26 years, ranging between

17 and 44 years of age. Regarding gestational age, 41.5% (27) of the participants were in the second trimester, 35.4% (23) in the third trimester and 23.1% (15) in the first trimester of pregnancy. More than half of the participants were multiparous, 32.3% with two children and 23.1% with three or more children. All of them lived in the western region and were prenatal in the health units of the area. Table 1 below presents the responses of the pregnant women in the three analytical categories used in this study.

**Table 1.** Categorization of the responses of pregnant women, according to “adequate”, “partially adequate” and “inadequate” criteria, São Paulo, SP, Brazil, 2017.

Categories	Adequate n (%)	Partially adequate n (%)	Inadequate n (%)
<b>Prenatal support and delivery</b>	8(12.3)	47(72.3)	10(15.4)
<b>Family and Social Networking</b>	52(80.0)	2(03.0)	11(17.0)
<b>Intrauterine environment</b>			
1) Alcohol/tobacco consumption/self-medication	57(87.7)	1 (1.5)	7(10.8)
2) Pregnancy warning signs	36(55.4)	7(10.8)	22(33.8)

In relation to the category “Support in prenatal and childbirth”, the participants speeches point to a partially adequate approach to the theme.

I am always accompanied by my boyfriend in prenatal consultations, but I would not want to have anyone’s company at the time of delivery. I was never encouraged to have a companion in the appointments and at the time of delivery. (G5)

In the category “Family and social network”, the pregnant women considered the support received as appropriate.

I live with my husband and my son. My husband works and I take care of my son, when my husband arrives from work helps me a lot. (G18)

In the category “intrauterine environment”, in the subcategory “alcohol consumption/tobacco/self-medication”, most pregnant women sought to maintain a healthy routine.

I usually eat rice, beans and protein in meals and lots of fruit. I do not drink alcohol or smoke. When I’m in pain, I usually go to the doctor before taking any medicine. (G29)

Even pregnant women who had habits that were considered to be healthy before gestation, sought to reduce consumption.

As usual, I really like bread and pasta. I drink water and drink alcohol moderately. I am a smoker, but I decreased from five cigarettes, to one a day. (G61)

Regarding the subcategory “Signs of gestational alert”, a significant number of participants did not receive guidelines through the health team.

I know the signs of gestational risk I’ve seen on television, but no healthcare professional has guided me. (G37)

I know the risks of each trimester by searching on the internet, but nobody directed me. (G52)

## DISCUSSION

In Dorothea Orem’s Nursing Systems theory, there are three self-care systems: the Totally Compensatory System, where the nursing team needs to perform all self-care activities by the patient; the Partially Compensatory System, where self-care actions are performed by the nurse and the patient; and the Support-Education System, where the patient performs his self-care activities, the nurse only assists him/her in being a self-care agent<sup>(7)</sup>. All the pregnant women were able to understand the questions that were asked and formulate coherent answers to them, which may indicate that their abilities to be self-care agents were preserved.

This study showed that in the category “Prenatal support and delivery”, the majority of pregnant women were not adequately encouraged/guided by the health team to have a companion in both consultations and delivery. However, the birth of a child demands that the family adapt to the demands of the baby, which impacts on the marital, professional and social life of family members. At that moment, the availability of support between and for the family members reinforces coping strategies, which minimizes situations of risk to maternal health and, consequently, to child care.

In this sense, it is necessary for nurses to take action during prenatal care, in order to stimulate the pregnant woman and partner and/or family to participate in the whole gestation and delivery process, based on the practices of the System of Support-Educational, in that the individual needs the advice and guidance of the professional to perform self-care.

In the category “Family and social network”, it was observed that the pregnant women are satisfied with the support they receive in their home environment. A study of 231 pregnant adolescents and their partners between July 2007 and February 2011 in Connecticut identified the relationship between social support, family functioning, and social capital in parental competencies, and concluded that high levels of social support and good functioning family are associated with a good development of parental competencies, as well as reduce levels of maternal and paternal depression in the postpartum period<sup>(8)</sup>.

In addition, the active participation of the companion throughout the birth process assists in the formation and structuring of the new family, as well as giving the couple access to information on the laws that involve gestation, childbirth and the puerperium<sup>(9)</sup>. Thus, supported by the premises of the Orem Educational Support System, nurses should support pregnant women and partners in the development of positive parental skills, for which the knowledge of the social support network in their area of coverage is necessary.

Concerning the maintenance of a suitable intrauterine environment for the development of the fetus, the majority of the participants reported concern about the development of the child and maintained healthy habits. A systematic review of what women want, need and value in pregnancy has shown that a positive experience was related to

healthy pregnancy for the mother and the baby (including prevention and treatment of diseases and identification of risk signs), the labor and birth, and within reach of positive motherhood (maternal self-esteem, competence and autonomy)<sup>(10)</sup>.

The study evidenced that the consumption of alcohol, tobacco and self-medication is present in the routine of some pregnant women. It is important to remember that many women cannot give up some habits during pregnancy.

The fact that women are more prone to mood disorders, coupled with their current condition in society, overworked and educating the children, lack of social support, and partner influence on smoking women in situations of extreme vulnerability to tobacco consumption<sup>(11)</sup>. A qualitative study that investigated how smoking is incorporated into the routine of pregnant women, developed from December 2014 to January 2015, in a peripheral region of the city of São Paulo, demonstrated that pregnant women are involved in a social environment prone to smoking. In many cases there is no relationship of support to pregnant smokers and what is perceived is a transgenerational pattern in smoking<sup>(12)</sup>.

Few pregnant women reported continuing to ingest alcoholic beverages, smoking or using medications without medical advice during pregnancy. A study carried out with the purpose of verifying the prevalence of alcoholism and smoking in pregnant women from the analysis of 300 medical records in the year 2015 also showed a low prevalence of alcohol use during this period<sup>(13)</sup>. However, evidence from a literature review aimed at identifying the influence of self-medication on gestation pointed to the need for adequate guidance to pregnant women on self-medication<sup>(14)</sup>.

When identifying data such as these, the importance of the health team to reduce risk behaviors and improve prenatal care, with early interventions<sup>(15)</sup> and self-care stimulus, should be highlighted.

Almost half of the participants did not receive guidance from the health team on the signs of pregnancy risk. The Prenatal Assistance Manual of the Ministry of Health emphasizes that this type of information is very important to ensure good care, and it is the task of the prenatal care team to ensure that this information is “understood” by the woman<sup>(2)</sup>.

Regarding the high number of pregnant women who do not know the risks of each gestational

trimester, it may indicate a failure in the prenatal consultations or in the way of guiding the health professionals of the teams of these pregnant women, since this type of information is expected to be given in the first consultations. The “Windows Project” also points out the importance of this information and encourages health professionals to use empowerment techniques to ensure that the pregnant woman and her family take ownership of issues related to self-care through pregnancy<sup>(5)</sup>.

The moments dedicated to the dialogue and socialization of knowledge between pregnant couples and the health team led to a reflection of their roles in maternity and paternity, in addition to increasing the autonomy and security of the couple for childbirth<sup>(9)</sup>, meeting the proposal of the theory of support and education systems, which should also be used as the basis of the nurses who accompanied the pregnant women, aiming at self-care.

Knowing the real needs of pregnant women, such as unknowing warning signs, enables the health professional to intervene in a specific way, either during prenatal consultation or in educational activities, which minimizes perinatal complications<sup>(16)</sup>.

Despite the introduction of the “Windows Project” technology in the health teams, it was noticed that there was a lack of its implementation with pregnant women. This fact may be due to the number of nurse assignments in the health unit, since the implementation of a new way of care requires time for the assimilation and desire of the professionals in the change of clinical practice. The “Windows Project” technology, when evaluated by families who received the educational material, showed that the instrument was considered a facilitator of access to the health service, in addition to strengthening the bond between the family and professionals<sup>(17)</sup>. In the view of community health agents, the instrument, despite being considered adequate for the promotion of child development and instrumentalizing the actions of these professionals cannot have its effectiveness confirmed, due to the difficulties of operation of the health team, which directly impacts on incorporation of new technologies for health care<sup>(18)</sup>.

A study that identified guidelines for self-care practices during pregnancy received by adolescent pregnant women, performed in 2012 at the Ambulatory of the Clinics Hospital of the Federal University of Triângulo Mineiro, showed a greater

focus on orientations directed towards biological care, to the detriment of an approach which contemplates socioeconomic, educational and family aspects, which are related to and impact on the process of self-care during pregnancy<sup>(19)</sup>.

Therefore, one loses the opportunity to value the autonomy of the subjects and also to make use of light work technologies that can direct the professional’s perspective to the health potentials present in the users<sup>(17)</sup>.

## CONCLUSION

The pregnant women showed concern about their well-being and that of the baby, which demonstrates the capacity and interest in self-care. The “Windows Project” care concepts are present in the guidelines offered by family health teams and have been incorporated by the pregnant women as self-care activities, however, some actions were not widely implemented, such as support during the prenatal period, indicating that the proposal of the training of the health teams and the educational material offered by the “Windows Project” were not fully followed.

A limitation of the study is related to its methodological design, which includes a small number of participants, considering the number of pregnant women assisted by the health teams that received the training of the project “Our Children: Window of Opportunity”. Another limitation concerns the difficulties inherent to the implementation of a new care technology, which requires time for all the agents involved to take ownership of the issue.

The results of the study make a valuable contribution to health care, especially in the construction of early childhood care. The results indicate that stimulating the self-care of pregnant women and their families during prenatal care is an important exercise to strengthen women’s autonomy and self-efficacy, as well as being a way of constructing a space for safety and protection for the child, that even though has not been born yet, suffers the influences of “lack of care”. Another contribution is to point out that the implementation of new technologies is effective when they are accompanied by supervision and other management instruments that guarantee their continuity. In this sense, it can be affirmed that the “Windows Project” has the potential to impact on the reorganization of prenatal care.

## CONTRIBUIÇÕES DO PRÉ-NATAL PARA O AUTOCUIDADO DE MULHERES ASSISTIDAS POR EQUIPES DE SAÚDE DA FAMÍLIA

### RESUMO

A gravidez é uma fase que traz modificações físicas, psicológicas e sociais para a mulher e sua família. Compreender o processo do autocuidado e como promovê-lo, repercutirá na saúde da mulher e nos cuidados à criança. Assim, objetivou-se analisar a contribuição do projeto “Nossas Crianças: Janelas de Oportunidades” no autocuidado da mulher assistida por equipes de saúde da família durante o pré-natal. Trata-se de estudo exploratório, descritivo, com abordagem quantitativa, realizado com 65 gestantes do município de São Paulo. Realizou-se entrevistas semiestruturadas, de dezembro de 2015 a fevereiro de 2016. As entrevistas foram digitadas em banco de dados e analisadas conforme o material do projeto, sendo agrupadas nas categorias: apoio no pré-natal e parto; família e rede social; e ambiente intrauterino adequado. As gestantes evitaram a automedicação, o consumo de álcool e reduziram o consumo do tabaco, porém tiveram pouca orientação quanto aos sinais de risco da gravidez e não foram estimuladas a envolverem um acompanhante nas consultas de pré-natal. Conclui-se que, os conceitos de cuidado do projeto estão presentes nas orientações oferecidas pelas equipes de saúde e vêm sendo incorporados pelas gestantes como atividades de autocuidado, contudo algumas ações não foram amplamente implementadas.

**Palavras-chave:** Saúde da Família. Gestantes. Autocuidado. Enfermagem.

## CONTRIBUCIONES DEL PRENATAL PARA EL AUTOCUIDADO DE MUJERES ACOMPAÑADAS POR EQUIPOS DE SALUD DE LA FAMILIA

### RESUMEN

El embarazo es una fase que trae modificaciones físicas, psicológicas y sociales para la mujer y su familia. Comprender el proceso del autocuidado y cómo promoverlo afectará en la salud de la mujer y en los cuidados al niño. Así, el objetivo de este estudio fue analizar la contribución del proyecto “Nuestros Niños: Ventanas de Oportunidades” en el autocuidado de la mujer acompañada por equipos de salud de la familia durante el prenatal. Se trata de un estudio exploratorio, descriptivo, con abordaje cuantitativo, realizado con 65 gestantes del municipio de São Paulo-Brasil. Se realizaron entrevistas semiestruturadas, de diciembre de 2015 a febrero de 2016. Las entrevistas fueron digitadas en banco de datos; analizadas conforme el material del proyecto y agrupadas en las categorías: apoyo en el prenatal y parto; familia y red social; y ambiente intrauterino adecuado. Las gestantes evitaron la automedicación, el consumo de alcohol y redujeron el consumo del tabaco, pero tuvieron poca orientación en cuanto a las señales de riesgo del embarazo y no fueron estimuladas a involucrar a un compañero en las consultas de prenatal. Se concluye que los conceptos de cuidado del proyecto están presentes en las orientaciones ofrecidas por los equipos de salud y han sido incorporados por las gestantes como actividades de autocuidado, no obstante algunas acciones no fueron ampliamente implementadas.

**Palabras clave:** Salud de la Familia. Gestantes. Autocuidado. Enfermería.

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