



PROFILE OF INSTITUTIONALIZED PREGNANT WOMEN IN THE NORTHWEST REGION OF PARANÁ

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ABSTRACT

Objective: To analyze the sociodemographic profile of women at risk pregnancy. **Methods:** This is a quantitative retrospective study, of the documentary type, conducted in a non-governmental institution in the northwest region of Paraná. Records from the years 2016 to 2019 were analyzed, totaling 180 records. Data were compiled and processed using simple descriptive statistics. **Results:** A total of 180 medical records were analyzed, finding that the minimum age of institutionalized pregnant women was between 12 and 40 years, with the predominant age group between 21 and 30 years. Among these, 91 pregnant women (50.54%) declared themselves to be brown or black. As for the level of education, 107 (59.44%) had not completed high school, and 95 (52.78%) had already had a previous pregnancy. Among the main reasons why pregnant women were in a vulnerable condition were mental disorders, domestic violence, and family conflicts. **Conclusion:** Studies that evaluate the sociodemographic profile of pregnant women in conditions of social vulnerability are important so that nursing professionals can recognize and develop strategies to minimize risks to maternal and child health, establish a greater bond and assist them comprehensively through the prenatal.

Palavras-chave: Social Vulnerability. Women's Health. Pregnant Woman.

INTRODUCTION

Nowadays, the homeless population is continuously growing, however, some factors contribute to this situation, such as fragile family relationships, unemployment, drug abuse, and mental suffering. In the context of social phenomena, the homeless situation is among those that most expose the person to social exclusion and vulnerability⁽¹⁾.

Therefore, this population is a victim of prejudice, composed of a group characterized by social invisibility, suggesting marginality, crime, drug use, forced sex, and prostitution^(5,6).

In Brazil, as far as it is known, there is a lack of research on homeless women. In a census carried out in the southern region of Brazil, it was found that 9.3% of the homeless were female⁽⁴⁾.

Studies show that sexual initiation takes place

earlier and earlier among adolescents, from 12 to 18 years old, which may result in pregnancy from this early practice⁽⁷⁾. However, when compared to homeless adolescents, intercourse happens even earlier⁽⁹⁾.

Teenage pregnancy is a significant phenomenon in Brazil. The key vulnerabilities for teenage pregnancy are the result of early sexual initiation, which causes risks to biological (maternal-fetal), psychological (insecurity, fear), and social development, which may come from improper use or lack of knowledge about birth control methods and the physiology of reproduction⁽⁸⁾. Research suggests that homeless adolescents are more involved in prostitution, exposure to sexually transmitted infections, abortions, and abuse of licit and illicit drugs, compared to the general population.

Faced with an unwanted pregnancy in a homeless situation, the pregnant woman begins

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to accept the changes that happen in her body however, physiological, and psychological instabilities occur. Thus, they need support to overcome it, and the lack of this support can make them fragile and insecure. The outcome of unplanned pregnancy may result in abortion, being widely shown in the literature, as well as plans by the Ministry of Health have been proposed to guarantee the sexual and reproductive rights of women, currently guided by the National Policy for Integral Care. to Women's Health (PNAISM)⁽¹⁰⁾.

However, some pregnant women seek aid programs, such as institutions and people who can raise their children with better conditions, others want to raise their children regardless of the situation and still others do not seek aid programs, leading to abandonment⁽¹¹⁾.

Thus, many of them end up looking for places such as "homes" or "shelters" specialized in serving this type of population, where comprehensive care and protection are offered, as well as follow-up and prenatal care by health professionals from the Basic Health Units near close to the home/shelter⁽¹²⁾.

In this perspective, we can highlight the importance of discussing the subject in the current Brazilian social scenario, given the scarcity of scientific studies that support the real comparison to the experience of women who are in a situation of social vulnerability. Thus, the following research question was elaborated: "What is the sociodemographic profile of institutionalized pregnant women in the northwest region of Paraná?"

Therefore, this study aimed to describe the sociodemographic profile of pregnant women at risk.

METHODOLOGY

This is a quantitative retrospective study, of the documentary type. It was conducted in April 2020, in a non-governmental institution in the northwest region of Paraná, providing services to the community since 1987, to promote the institutional sheltering of pregnant adolescents and adults, referred by competent bodies, which are at risk and vulnerability, guaranteeing protection throughout pregnancy and assisting with community living and social reintegration

after the puerperium. It also implements the "Yes to Life" Project, which aims to guide pregnant women about the risks of abortion, providing the right to life for the unborn child, also providing support in cases where the pregnant woman expresses the desire to give the child up for adoption and, in this way, being responsible for the referral to legal procedures.

The survey was based on information retrieved from the medical records of pregnant women sheltered by the institution. The inclusion criteria were medical records of vulnerable pregnant women, with complete information on demographic profiles, attended from January 2016 to January 2019. The exclusion criteria were records of vulnerable pregnant women who did not present complete information related to their demographic profile. The cut-off date was included because the institution where the research was carried out adhered to the structured medical record as of 2016. Previously, the information was incomplete, that is, it did not answer the research question.

A total of 180 medical records were analyzed, and data such as age, ethnicity, education, number of pregnancies, and the reason why they were in a situation of social vulnerability and/or at risk were collected. After data collection, they were recorded and categorized in the Statistical Software Analysis (SAS) statistical package for descriptive analysis processing (absolute and relative frequency). And, later, presented through tables, for clear and objective visualization of the results. The research was approved by the Research Ethics Committee of the State University of Maringá, CAAE: 34775520.7.0000.0104.

RESULTS

A total of 180 medical records were analyzed. The minimum age found was 12 years and the maximum was 40. Regarding education, high school was referred to as complete or incomplete by 107 pregnant women (59.44%) and 14 pregnant women (7.78%) correspond to others, as they were not literate or attended an institution for individuals with special needs. 91 (50.54%) declared themselves to be brown or black. And 95 (52.78%) already had a previous

pregnancy, when they sought care at the institution, as shown in **Table 1**:

Table 1. Sociodemographic profile of pregnant women sheltered between 2016-2019. Maringá/Paraná, Brazil

Sociodemographic profile	n*	%**
Age		
Under 18 years old	29	16.11
18 years or over	151	83.89
Education		
Elementary school (in)complete	46	25.56
Incomplete high school	107	59.44
(In)complete higher education	13	7.22
Others	14	7.78
Ethnicity		
White	89	49.44
Brown or black	91	50.54
Previous pregnancy		
None	29	16.11
One pregnancy	95	52.78
Two or more pregnancies	56	31.11

* Absolute frequency

**Relative frequency

Table 2 shows that, among the main reasons mentioned by pregnant women when requesting shelter at the institution, 115 (63.90%) reported family conflicts or abandonment. Also, it was

found that 36 pregnant women (20%) remained in the institution for a certain time, adhering to the “Yes to Life” Program.

Table 2. Reasons for the vulnerable situation of pregnant women sheltered from 2016-2019. Maringá/Paraná, Brazil

Reasons for the Vulnerability Situation	n*	%**
Financial difficulties	8	4.44
Domestic violence	9	5.00
Family conflicts	115	63.90
Mental disorder	4	2.22
Others	8	4.44
Project “Yes to Life”	36	20.00
Homeless		
Yes	81	45.00
No	99	55.00
Psychoactive Substance Users		
Yes	47	26.11
Não	133	73.89

* Absolute frequency

**Relative frequency

Still in this context, we could identify that, of the total number of records analyzed, 81 pregnant women (45%) reported that they had already been homeless, and 47 (26.11%) declared they were psychoactive substances (PS) users.

DISCUSSION

It was observed that the predominant age of pregnant women was between 21 and 30 years, comprising 48.89%, while the age group from 12 to 20 years, which is, in part, the teenager age group, showed 31.11% of all pregnant women in vulnerability.

A study carried out in Foz do Iguaçu/PR analyzed sociodemographic data of puerperal women in the year 2020, finding a prevalence of age under 19 years, related to not carrying out family planning or not understanding the importance of this planning⁽¹³⁾.

Therefore, these data suggest that the incidence of pregnant adolescents related to a low level of education shows a deficiency in the education system and/or health actions, concerning sexual and reproductive health. It should be stressed more to provide knowledge on the prevention of unwanted pregnancies.

It is known that, currently, the performance of Family Health Policies, together with access

to free birth control methods, such as female and male condoms, oral and injectable contraceptive medication, and intrauterine device (IUD) offered through the Unified Health System (SUS), are seen as the main alternatives for Brazilian women to avoid unwanted pregnancies, as well as to prevent themselves against sexually transmitted infections (STIs)⁽¹⁴⁾.

Also, to stimulate and promote educational actions in schools, the "National Week for the Prevention of Adolescent Pregnancy" was created, through Law No. 13,798, of 2019⁽¹⁵⁾. When analyzing the profile of homeless pregnant women in the municipality of Presidente Prudente/SP, in 2016, it was pointed out that most were aged between 21 and 35 years⁽¹⁶⁾.

When analyzing the ethnicity of the pregnant women, it was possible to observe the predominance of brown and black races, corresponding to 50.54%, followed by 49.44% of white ethnicity. The discussion about the race/color variable is a determining factor for public health outcomes and social indicators, since, for a long time, the black population remained stagnant about income, education levels, and access to health, compared to the White population. This reinforces the incentive for research that analyzes health-related social stratification⁽¹⁸⁾.

A study carried out based on secondary data from the Research of the Active Ombudsman of Rede Cegonha (POARC), in 2012, showed that there is a greater vulnerability of black/brown women, such as higher rates of unplanned pregnancy, lower proportions in the number of consultations recommended by the Rede Cegonha, greater difficulties when they sought care at the first health service, longer waiting time at consultations, being also those who had more natural deliveries and those who had fewer companions during delivery, noting the difference by race/color in care⁽¹⁹⁾.

The prevalent education is described in the present study, highlighting that most pregnant women had only incomplete high school. Corroborating our data, when analyzing the profile of pregnant women in situations of vulnerability in the city of Sobral/CE, researchers also observed that most had incomplete elementary education, corresponding

to 40% of the total⁽²⁰⁾. Also, a study carried out in the North of the country shows that the analyzed pregnant women in situations of vulnerability did not complete elementary school, finding a low level of education among them⁽²¹⁾. On the other hand, a study carried out in Chile evaluated data from women enrolled in public primary health centers, noting that the majority (44%) had completed university education⁽²²⁾.

The present study observed that most of the analyzed pregnant women already had previous pregnancies, 52.78% of whom reported having had only one previous pregnancy. Analyzing data on vulnerable pregnant women in a municipality in Ceará, it was found that most of them were multiparous, that is, they had already had more than one pregnancy⁽²⁰⁾.

Another factor accountable for the situation of vulnerability is financial difficulty. According to the study, eight pregnant women (4.4%) revealed that this was the reason for living in a vulnerable situation.

Supporting the study, in Africa, through a survey conducted in a non-governmental institution to shelter local pregnant women, a relationship was established between vulnerable pregnant women and financial dependence, making it necessary to prostitute themselves, consequently, giving birth to unplanned children. They also reported that many men paid more if sexual intercourse was performed without a condom⁽²³⁾.

In line with the findings, research sought to investigate the condition of vulnerability in high-risk pregnant women in the metropolitan region of Porto Alegre/RS, from 2018 to 2019, showing that non-pregnancy planning can be an indication of social vulnerability associated with non-adherence to the prenatal care and concerning maternal and child health conditions⁽²⁴⁾.

Almost half of the pregnant women sheltered at the institution had already been homeless. Another part mentioned different reasons that led them to be in a situation of vulnerability and to request shelter in the institution, among them, were financial difficulties, domestic violence, family conflicts, among others.

A study carried out in 2015, in the city of Santos/SP, which aimed to investigate the daily

lives of homeless pregnant women, showed that the main reasons that led pregnant women to be in a situation of vulnerability were related to precarious financial conditions⁽⁶⁾.

Factors such as early use of illicit drugs, history of intrafamily sexual abuse, expulsion from the family environment, and getaway are related to the homeless situation of pregnant women⁽²⁵⁾.

A study carried out in the northwest region of Paraná found that family disruption, use of illicit drugs and psychiatric disorders among family members, experiencing oppressive situations, imprisoned family members, domestic violence and intrafamily sexual violence are among the main factors that contributed to the vulnerability situation of pregnant women⁽²⁶⁾.

The study showed that 115 women who lived in the institution (63.9%) reported family conflict as a factor accountable for the situation of vulnerability. The family environment may work as a protective system among family members or as a risk factor for the development of risk behaviors among family members⁽²⁷⁾. Thus, a study conducted in a school in Rio Grande do Sul analyzed family structures and their impacts on students' lives, highlighting that family conflicts negatively influence the construction of bonds and caring relationships. In addition to the difficulty in establishing social relationships, they influence exposure to risk and vulnerability situations⁽²⁸⁾.

Aiming to conduct a bibliographic survey about the vulnerability of homeless pregnant women and difficulties to carry nursing care for them, a study approaches several factors in line with this one, addressing the historical context of a woman servitude in the family and marital relationship, background of violence and use of licit and illicit drugs during pregnancy⁽²⁹⁾.

Reports of indifference and judgments are reasons why vulnerable pregnant women do not feel comfortable going to health units, resulting in disengagement from the health service⁽³⁰⁾.

In this context, a study that sought to address prejudice with the homeless population and the role of nursing, highlights that this service is far from ideal. Assuming that nurses are the gateway to primary care, it is necessary that they are qualified to perform active and judgment-

free listening, identifying the vulnerable part of this population, ensuring qualified, humanized, and comprehensive care⁽²⁹⁾.

As study limitations, we can mention the data collection method itself. Because it is a medical record, it ends up limiting the exploration of other important elements, such as the report of pregnant women about the experience lived in the Institution, positive or negative points, the importance that the sheltering had for them, among other factors, which only would be possible through an interview with each of them. As a suggestion for a future study, semi-structured research could be carried out with a group of pregnant women who were sheltered at the home at the time of the research, alternating in different periods.

CONCLUSION

This research showed that the sociodemographic profile of institutionalized pregnant women in the northwest region of Paraná was composed of pregnant women aged 18 years or older, with a low level of education, of white or mixed race. And more than half of the pregnant women had at least one previous birth, with family conflict as the main factor in living in a vulnerable situation.

Thus, we observe the need to create different strategies that address the particularities of this group. And we emphasize the indispensable participation of the State and society to overcome stigmas and prejudices, especially among health professionals themselves. In addition to the inclusion of the theme in teaching, discussing the theme, using the media and social networks, so that these women have visibility as people with rights.

Evidently, there is a weak point in the preparation and awareness of nurses to approach pregnant women in social vulnerability situations. In this way, we observe the gap in studies that assess the profile of pregnant women in social vulnerability situations, so that nurses can promote user embracement and quality care, understanding the individuality of these women and, consequently, so that they can provide comprehensive care.

PERFIL DE GESTANTES INSTITUCIONALIZADAS DA REGIÃO NOROESTE DO PARANÁ

RESUMO

Objetivo: Analisar o perfil sociodemográfico de gestantes em situação de risco. **Métodos:** Trata-se de um estudo retrospectivo, do tipo documental, com caráter quantitativo, realizado em uma instituição não governamental na região noroeste do Paraná. Foram analisados prontuários correspondentes aos anos de 2016 a 2019, totalizando 180 prontuários. Os dados foram compilados e processados por meio de estatística descritiva simples. **Resultados:** Foram analisados 180 prontuários, desses, constatou-se que a idade mínima das gestantes institucionalizadas estava entre 12 anos e 40 anos de idade, com a faixa etária predominante entre 21 e 30 anos. Dentre essas, 91 gestantes (50,54%) se autodeclaravam pardas ou pretas. Quanto ao grau de escolaridade, 107 (59,44%) possuíam ensino médio incompleto, e 95 (52,78%) já haviam tido uma gestação anterior. Dentre os principais motivos pelos quais as gestantes se encontravam em situação de vulnerabilidade, estavam os transtornos mentais, a violência doméstica e os conflitos familiares. **Conclusão:** Estudos que avaliem o perfil sociodemográfico das gestantes em situação de vulnerabilidade social são importantes para que profissionais de enfermagem possam reconhecer e elaborar estratégias para minimizar riscos para a saúde materno-infantil, estabelecer maior vínculo e assisti-las de forma integral por meio do pré-natal.

Palavras-chave: Vulnerabilidade Social. Saúde da Mulher. Gestantes.

PERFIL DE GESTANTES INSTITUCIONALIZADAS DE LA REGIÓN NOROESTE DE PARANÁ

RESUMEN

Objetivo: analizar el perfil sociodemográfico de gestantes en situación de riesgo. **Métodos:** se trata de un estudio retrospectivo, del tipo documental, con carácter cuantitativo, realizado en una institución no gubernamental en la región noroeste de Paraná-Brasil. Se analizaron registros médicos correspondientes a los años 2016 a 2019, totalizando 180 registros. Los datos fueron compilados y procesados por medio de estadística descriptiva simple. **Resultados:** se analizaron 180 registros médicos, de esos, se constató que la edad mínima de las gestantes institucionalizadas estaba entre 12 años y 40 años de edad, con la franja etaria predominante entre 21 y 30 años. De estas, 91 mujeres embarazadas (50,54%) se autodeclaraban pardas o negras. En cuanto al grado de escolaridad, 107 (59,44%) poseían enseñanza secundaria incompleta; y 95 (52,78%) ya habían tenido una gestación anterior. Entre los principales motivos por los cuales las embarazadas se encontraban en situación de vulnerabilidad, estaban los trastornos mentales, la violencia doméstica y los conflictos familiares. **Conclusión:** estudios que evalúen el perfil sociodemográfico de las gestantes en situación de vulnerabilidad social son importantes para que profesionales de enfermería puedan reconocer y elaborar estrategias para minimizar riesgos para la salud materno infantil, establecer mayor vínculo y asistir las de forma integral por medio del prenatal.

Palabras clave: Vulnerabilidad Social. Salud de la Mujer. Gestantes.

REFERENCES

1. Dimenstein M, Cirilo MN. Abordagens conceituais da vulnerabilidade no âmbito da saúde e assistência social. *Pesqui. prát. Psicossociais*. 2020; 15(1): 1-17. Endereço de acesso: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-890820200100002
2. Goes EF, Menezes GMS, Almeida MCC, Araújo TVB, Alves SV, Alves MTSSB. Vulnerabilidade racial e barreiras individuais de mulheres em busca do primeiro atendimento pós-aborto. *Cad Saúde Pública*. 2020; 36 (1): e00189618 DOI: 10.1590/0102-311X00189618
3. Villa EA, Pereira MO, Reinaldo MAS, Neves NAP, Viana SMN. Perfil sociodemográfico de mulheres em situação de rua e a vulnerabilidade para o uso de substâncias psicoativas. *Rev enferm UFPE*. 2017; 11(5):2122-31. DOI: 10.5205/reuol.9302-81402-1-RV.1105sup201717
4. Hungaro AA, Gavioli A, Christóphoro R, Marangoni SR, Altrão RF, Rodrigues AL, et al. Homeless population: characterization and contextualization by census research. *Rev Bras Enferm*. 2020;73(5): e20190236. DOI: <http://dx.doi.org/10.1590/0034-7167-2019-0236>
5. Macedo FS, Moutian I, Machado PS. O cuidado com gestantes que usam drogas: análise de práticas em políticas públicas de saúde no Sul do Brasil. *Physis: Rev Saúde Colet*. 2021; 31(2): e310223. DOI: 10.1590/S0103-73312021310223
6. Costa SL, Vida CP, Gama IA, Locatelli NT, Karam BJ, Ping CT et al. Gestantes em situação de rua no município de Santos, SP: reflexões e desafios para as políticas públicas. *Saúde Soc*. 2015; 24(3): 1089-102. DOI: 10.1590/s0104-12902015134769
7. Jorge MHPM, Laurenti R, Gotlieb SLD, Oliveira BZ, Pimentel E. Características das gestações de adolescentes internadas em maternidades do estado de São Paulo, 2011. *Epidemiol. Serv. Saúde*. 2014; 23(2): 305-315 DOI: 10.5123/S1679-49742014000200012
8. Do Nascimento MD, Lippi UG, Santos AD. Vulnerabilidade social e individual e a gravidez na adolescência. *Revista de Enfermagem e Atenção à Saúde*. 2018; 7(1): 15-29. DOI: 10.18554/reas.v7i1.1890
9. Silveira AL, Blay SL. Mães adolescentes em situação de rua uma revisão sistemática da literatura. *Rev Psiquiatr Rio Gd Sul*. 2010; 32(1): 03-15. DOI: 10.1590/s0101-81082010000100002
10. Brasil. Ministério da Saúde. Portaria nº 1.459, de 24 de junho de 2011. [Internet]. Brasília: MS; 2011 [acesso em: 02 dez. 2020]. Disponível em: file:///C:/Users/marti/OneDrive/Documentos/portaria_ms_1459_24_06_11.pdf
11. Fiorati RC, Carretta RYD, Panúncio-Pinto MP, Lobato BC, Kebbe LM. Population in vulnerability, inter-sector cooperation and citizenship: interconnecting knowledge and actions. *Saúde Soc*. 2014; 23(4):1458-70. DOI: 10.1590/S0104-

12902014000400027

12. Miura PO, Tardivo LSLC, Barrientos DMC. O desamparo vivenciado por mães adolescentes e adolescentes grávidas acolhidas institucionalmente. *Ciênc. Saúde Colet.* 2018; 23(5):1601-1610. DOI: <<https://doi.org/10.1590/1413-81232018235.14152016>>.
13. Pedro CB, Casacio GDM, Zilly A, Ferreira H, Ferrari RAP, Silva RMM. Fatores relacionados ao planejamento familiar em região de fronteira. *Esc. Anna Nery.* 2021; 25(3): e20200180. DOI: <https://doi.org/10.1590/2177-9465-EAN-2020-0180>.
14. Brasil. Ministério da Saúde. Gravidez na adolescência tem queda de 17% no Brasil. [Internet]. Brasília: MS; 2017 [acesso em: 02 dez. 2020]. Disponível em: <<https://www.gov.br/saude/ptbr/assuntos/noticias/gravidez-na-adolescencia-tem-queda-de-17-no-brasil>>
15. Brasil. Ministério da Saúde. Semana Nacional de Prevenção da Gravidez na Adolescência. [Internet]. Brasília: MS; 2019 [acesso em: 02 dez. 2020]. Disponível em: <<https://www.gov.br/planalto/pt-br/acompanhe-o-planalto/noticias/2019/01/semana-nacional-vai-conscientizar-para-evitar-a-gravidez-na-adolescencia>>
16. Silva ALO, Subtil AS, Lemes DC. É Mulheres gestantes em situação de rua e usuárias de drogas: a vida como ela é. Trabalho de conclusão de curso de serviço social, 2016.
17. Pacheco VC, Silva JC, Mariussi AP, Lima MR, Silva TR. As influências da raça/cor nos desfechos obstétricos e neonatais desfavoráveis. *Saúde em Debate.* 2018; 42(116): 125-37. DOI: 10.1590/0103-1104201811610
18. Mendez F, Urrea-Giraldo F, Ortega D. Skin color, social inequalities and health in older adults: an analysis based on the SABE survey in Colombia. *Cad Saúde Pública.* 2020; 36(10): e00121419. DOI: 10.1590/0102-311X0012141
19. Theophilo RL, Ratter D, Pereira EL. Éverton Luís Vulnerabilidade de mulheres negras na atenção ao pré-natal e ao parto no SUS: análise da pesquisa da Ouvidoria Ativa. *Ciênc. Saúde Colet.* 2018; 23(11): 3505-3516. DOI:10.1590/1413-812320182311.31552016
20. Vasconcelos AA, Napoleão Albuquerque IM, Ribeiro MA, Aragão HL, Rodrigues SB, Do Nascimento SC. Perfil das gestantes em situação de vulnerabilidade acompanhadas pela estratégia Trevo de quatro folhas, Sobral/CE. *Revi Bras Pesqui Saúde.* 2017; 19(3): 100-8. DOI: 10.21722/rbps.v19i3.19572
21. Araújo AS, Santos AAP, Lúcio IMS, Tavares CM, Fidélis EPB. The context of the pregnant woman in the situation of street

and vulnerability: its look at the pre-natal. *Rev. enferm. UFPE* 2017; 11 (10): 4103-10. DOI: 10.5205/1981-8963-v11i10a231171p4103-4110-2017

22. Coe Calcagni S, Mira OA, García VMI, Zamudio BP. Salud mental en madres en el período perinatal. *Andes pediátr.* 2021; 92(5): 724-732. DOI: 10.32641/andespediatr.v92i5.3519.
23. Hulstrand JN, Abuelgasim KO, Tydén TM, Jonsson M, Maseko N, Malqvist M. O ciclo perpetuante da gravidez não planejada: causas subjacentes e implicações em Eswatini. *Culture, Health & Sexualit.* 2021; 23(12): 16561671, DOI: 10.1080/13691058.2020.1791359
24. Silva CA, Sommer JAP, Silveira EF, Vivian AG. Gestação de alto risco: vulnerabilidade social e fatores socioeconômicos. *Conjecturas.* 2021; 21(3): 591-608. Endereço de acesso: <https://conjecturas.org/index.php/edicoes/article/view/143>
25. Greene JM, Ringwalt CL. Pregnancy among three national samples of runaway and homeless youth. *J Adolesc Health.* 1998; 23(6): 370-7. DOI: 10.1016/s1054-139x(98)00071-8
26. Marangoni SR, Hungaro AA, Kitagawa T, Rosa OP, Oliveira ML. Contextos de vulnerabilidade de mulheres usuárias de drogas de abuso na gravidez. *Ciênc Cuid Saúde.* 2018; 17(1). DOI: 10.4025/ciencucidsaude.v17i2.41015
27. Arpini DM, Missio J, Kostulski CA, Toniolo LC, Schreier NF. As relações familiares nas trajetórias de vida de jovens em contextos de vulnerabilidade social. *Revista Interdisciplinar de Ciências Humanas.* 2019; 29(3): 503-514. DOI: 10.18224/frag.v29i3.7864
28. Pinheiro-Carozzo NP, Silva IM, Murta SG, Gato J. Intervenções familiares para prevenir comportamentos de risco na adolescência: possibilidades a partir da Teoria Familiar Sistêmica. *Pensando fam.* 2020; 24(1): 207-223. Endereço de acesso: http://pepsic.bvsalud.org/scielo.php?script=sci_abstract&pid=S1679-494X2020000100015&lng=pt
29. Silva GM, Almeida PA, Barbosa PO, Hirata BKS. Atuação do enfermeiro na assistência à gestante em situação de vulnerabilidade social. *Revista Científica Multidisciplinar Núcleo do Conhecimento.* 2021; 6(13): 05-20. Endereço de acesso: <https://www.nucleodoconhecimento.com.br/saude/gestante-em-situacao>
30. Santana MVS, Barbosa G, Santos, JFL. Sífilis gestacional na atenção básica. *Diversitas Journal.* 2019; 4(2): 403-419. DOI: 10.17648/diversitas-journal-v4i2.783

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