

Evaluation and Monitoring of the Group of Pregnant Women in a Primary Health Care Unit in the Municipality of Fortaleza

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Abstract: This work aims to show the deployment of a Group of Pregnant Women developed in a Primary Health Care Unit (PHCU) of Regional V. Firstly, a strategy was started for early capture, prenatal care, stratification and the entire development of care for prenatal. The collection took place collectively, through visits by Community Health Agents (CHA), in the visits to the unit and early identification of suspected pregnancy, the examination was carried out. Finding pregnancy, the first consultation was held in partnership between psychology and nursing, starting with anamnesis of pregnancy, raising awareness about sexually transmitted infectious diseases, application of the rapid test and scheduling for the group of pregnant women. During the meetings, experiences and difficulties related to the gestational period were shared, covering topics such as breast care and the newborn. The pregnant women got interest and realized the relevance of the group, maintaining attendance to the meetings. An average of 102 pregnant women were monitored during the period from January to December 2019, which effectively prevents and promotes health in the Family Health Strategy (FHS) linked to the Extended Family Health Center (EFHC).

Key words: prenatal care; group of pregnant women in primary care; maternal health; public health education

JEL codes: I, I1

1. Introduction

Prenatal care is the greatest care strategy among the set of activities offered to pregnant women. The objective is to ensure the healthy development of pregnancy, promoting a safe delivery from a quiet gestational period, without adverse events that cause risks to the mother's life and the baby's life. Among the ways to approach this goal, educational activities have great relevance in reducing child mortality.

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The Family Health Strategy (FHS), has been consolidating a multidisciplinary team work based on interdisciplinarity, being responsible for monitoring a certain population, delimited by comprehensive territory (Alves, 2005). It is important to note that for years, the health of the pregnant woman has been treated almost exclusively in consultations, alternating between medicine and nursing, in an interventional way, without having space to discuss anxieties and fears, considering the reality and idiosyncrasies of the pregnant woman.

The entry of health professionals from the Extended Family Health Center (EFHC), made it possible to reorganize the care system, making it possible to carry out collective activities more frequently in the Primary Health Care Unit (PHCU).

The Municipal Health Department of Fortaleza (MHF, 2016) prioritizes four care networks, among which are maternal care, urgency and emergency, psychosocial and chronic conditions with an emphasis on diabetes and hypertension.

The need to seek the public of pregnant women was born mainly from the lack of adherence to the treatment of syphilis and low attendance at appointments scheduled in the monitoring of prenatal care. According to the Ministry of Health (2001), this pathological condition is important due to the increased incidence of congenital syphilis in the country, despite being a condition with low-cost diagnosis and treatment and with little operational difficulty. According to the MHF (2016), congenital syphilis results from the late uptake of the pregnant woman, delay or failure to perform an early diagnosis and inadequate treatment of the pregnant woman and partner.

Therefore, a strategy for early rescue, prenatal care, stratification and the entire development of care for pregnant patients was put in place. The capture took place collectively and in an integrated manner, through visits by community health agents (CHA) in the patients' homes, in the visits to the unit and in the early identification of a woman with suspected pregnancy with a pregnancy test.

If so, the first consultation was carried out in partnership between psychology and nursing. Starting with gestational anamnesis, raising awareness about sexually transmitted infectious diseases (STI), application of the rapid test for STI. At the end of each consultation, to enable greater public adherence, the scheduling for the group of pregnant women was carried out via the electronic health record system (Fastmedic).

Then, it was planned to approach the themes that would be discussed in each meeting, according to the needs presented by the pregnant women in the dynamics held in the first meeting. It is an operative group, with monthly meetings, of an educational, open and dynamic character, as new pregnant women enter each meeting and leave due to the end of pregnancy (Ane, 2001).

For Patrício (2016), the development of individual and collective instruments/resources in different dimensions promotes health and well-being. These are: biological, affective, environmental, spiritual. Health, education and social promotion services that perceive the human being holistically are fundamental to achieve this goal. Domingues et al. (2018) found that the group of pregnant women is a fertile space for building knowledge and exchanging experiences during pregnancy

It is important that humanization for childbirth occurs from the prenatal period, requiring the motivation and awareness of health professionals involved in this process (Ministry of Health, 2005). Thus, the health team worked for the implantation of the Group of Pregnant Women, with the purpose of contributing to better reception, integral care and interaction with future mothers, believing that this action could also contribute to the reduction of curative demands for this portion the population and their children.

2. Methodology

This is an account of the experience of a group of pregnant women that took place in the Primary Health Care Unit Regina Maria da Silva Severino, located on the outskirts of the city of Fortaleza, Ceará, from January to December 2019.

In order to attract attention and reach a greater number of pregnant women, the meetings were held once a month. Adopting the appointment scheduling strategy, by issuing the schedule to attend the group and confirmation through the verbal invitation by the ACS.

The meetings were held on Mondays of the second week of each month, from 2 pm to 4 pm, with the psychology professional as the group coordinator, interacting with the multidisciplinary team. The themes chosen and worked on by the respective professionals were: 1) Psychological issues in pregnancy (Psychology); 2) Development of the fetus/Gestational stages (Occupational Therapy); 3) Nutrition during pregnancy (Nutrition); 4) Dental care and oral health related to the gestational period (Dentistry); 5) The pelvic floor movement (Physiotherapy); 6) Physical exercise during the gestational period (Physical Education); 7) Breastfeeding (Nursing); 8) Clinical situations during pregnancy (Medicine); 9) Dental childcare (Dentistry); 10) Labor/Types of delivery (Nursing); 11) Early stimulation/First aid to the newborn (Occupational Therapy and Nursing); 12) The importance of affectivity in early childhood (Psychology).

The strategy used was psychological care and making an appointment for the Pregnant Group. The patients signed an attendance list, confirmed their appointments at the Customer Service Center (NAC) and were then duly registered in the electronic medical record. The date of the meeting in which the pregnant woman took part was also noted in the prenatal follow-up book.

3. Results and Discussions

Psychology explored the psychic issues that arise in the gestational period. The users interacted sharing their fears and expectations, many reported unwanted pregnancies, anxiety, beliefs, values, expectations, desires, needs and feelings. Also during the meeting, the themes that the team would work on during the year were presented, with users choosing those most relevant to them. The importance of affectivity in early childhood was addressed by psychology, due to the high rate of unplanned pregnancies. Some puerperal women were referred to the individual psychotherapy process, according to demand and the identification of the need for such monitoring.

Occupational therapy presented the gestational stages. Users identified themselves within the changes presented by the body, according to the development of the fetus, realizing that each pregnancy is unique. Also addressed was the need to stimulate a child early, teaching movements through a mannequin, in addition to distributing an explanatory folder with the most important stimulus positions for early stimulation.

Nutrition highlighted the importance of a balanced diet to avoid possible comorbidities such as diabetes, dyslipidemia and gestational hypertension. It also showed the influence of food on common clinical complaints in pregnancy such as constipation, nausea and cramps.

Dentistry contributed to dental care during pregnancy, as well as the necessary oral hygiene for newborns (NB), reinforcing the importance of breastfeeding in the formation of the dental arch.

Physiotherapy worked on the topic of exercise on the pelvic floor, and its positive influence on labor, especially body awareness. The physical educator offered the possibility of physical exercise and stretching during

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pregnancy, according to medical advice. During the performance of the group, some pregnant women said they did not know about the possibility of exercising. During this meeting, a dance and relaxation workshop was also held.

The medical professional contributes by unraveling the most common symptoms and situations during pregnancy, which cause recurring doubts and motivate excessive consultations. By knowing and knowing the strategies to deal with the problem, pregnant women acquired more security and skills to take care of their own body. In addition, pregnant women were instructed on which health units are most appropriate in case of any obstetric complications.

Nursing confirmed the importance of breastfeeding, presented the types of delivery and first aid to the newborn. It was possible to teach breastfeeding techniques and care for breast hygiene, through explanatory illustrations and the use of breast implants. Using a mannequin, it was demonstrated how to proceed during the choking of a newborn. In explaining the types of delivery, the participants expressed a lot of fear and insecurity, most of them did not understand the importance of attempting a normal delivery.

According to the Ministry of Health (2005), humanized attention to childbirth and birth comforts mother and child and favors a positive encounter between the baby and the outside world. The way of being born has a strong impact on the baby's first relations with his new environment, physical and psychic.

It is a fundamental role of the health professional to actively participate in family groups, in which pregnant women can exchange experiences and learn more about healthy births and births, in addition to encouraging the knowledge and use of the Pregnant Woman Card as a valuable record for care (Notebook 5, 2012).

Thus, the group process allowed the understanding of the reality and verification of the health situation of pregnant women, allowing them to promote self-care. Through monthly meetings, several orientations were offered, in addition to clarifying issues that generate many doubts and uncertainties.

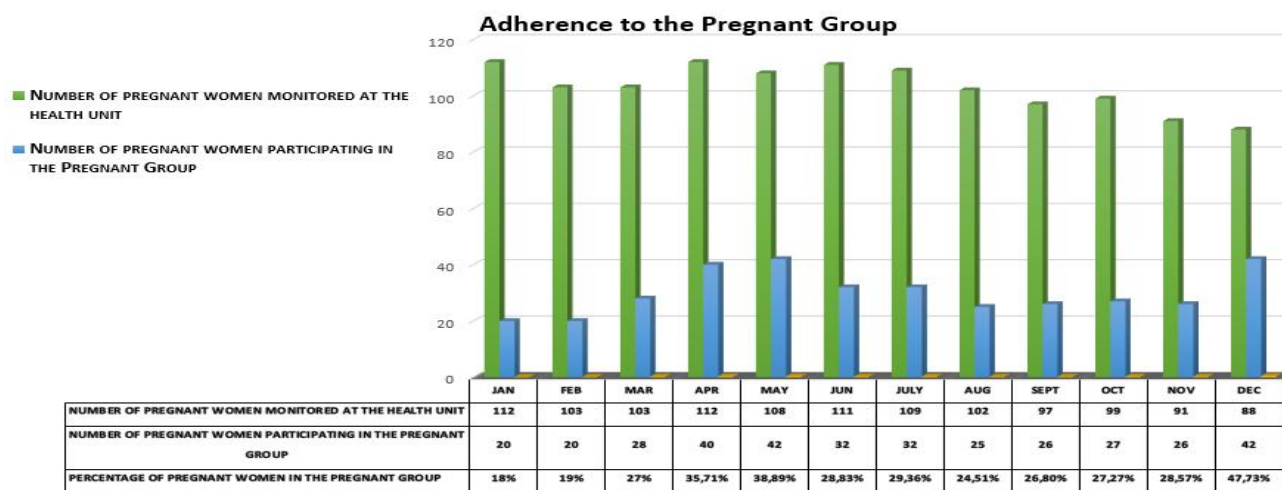


Figure 1 Average Adherence to the Group of Pregnant Women at the Health Unit, from January to December 2019

When observing the number of pregnant women in each month, in Figure 1, it is possible to notice that the number of pregnant women participating in the group is variable, showing a greater number of pregnant women in the months of May and December of the year studied. It is noteworthy that after an increase in the number of patients, there was a decrease, followed by an effective increase in their participation in the group. As responsible for this variation, we have the place where meetings were held, which was not always the most appropriate to

receive patients.

About 102 pregnant women were monitored during the period of the year 2019, obtaining 306 participations of pregnant women in the group, which effect the prevention and health promotion in the FHS linked to the NASF.

The meeting places were decisive for the greater coverage of the group of pregnant women, because in some meetings the number of users was not behaved properly, there was no physical space for the reception of all pregnant women present.

4. Conclusion

The group allowed the promotion of a more humanized care, as well as a reduction in infant mortality, adherence to the treatment of STIs, especially syphilis, which is a public health problem very present in the pregnant population.

The bonding between pregnant women and health professionals was intensified and there was clarification based on active discussions on topics related to pregnancy issues, including situations that can lead to obstetric, neonatal and psychological complications with the mother-child binomial at the heart of the issues.

In the group, the exchange of knowledge between pregnant women was encouraged, some with experience in living as pregnant and another experiencing that new condition for the first time. All of them with a vast cultural and social background directly influencing their self-care.

Thus, the meetings aimed to make the maternal reality more real and to provide the pregnant woman with the protagonism of her own history, without neglecting the socio-cultural context in which she lives. We believe that with this premise, it was possible to retain pregnant women from the health unit to participate in the group and clarifying important issues that cause insecurity during pregnancy.

It is important to rethink the quality of the environment where the activities will be carried out. It is necessary to have management collaboration in favor of meetings, helping in the organization of spaces where the event will take place, thus facilitating and increasing patient compliance.

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