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## PREGNANT WOMEN PERCEPTIONS ABOUT THE NURSING CONSULTATION OF THE THIRD TRIMESTER

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### ABSTRACT

**Objective:** To know the perception of the pregnant woman about the nursing consultation in the maternity hospital, facing the proximity of the moment of childbirth. **Methods:** Qualitative research, exploratory in typology, performed at the Regional Maternity Hospital of the University of Campos Gerais. Were conducted interviews with 10 pregnant women and analyzed by content analysis. **Results:** The pregnant women reported that the nursing consultation performed at the maternity hospital was satisfactory, and may resolve doubts; Demonstrated the information was valid and that the consultation make the childbirth period calmer. **Conclusion:** It is important to highlight the relevance of the third trimester nursing consultation in the maternity hospital, because it is a preparation time of childbirth is the phase that is seen by many women with fear.

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## INTRODUCTION

The consultation prenatal allows the healthcare professional to answer questions, providing knowledge and understanding to pregnant women on the gestating phase (CAMPOS, et al. 2016). Nurses, according to the law of professional practice of nursing established by Decree 94.406/87 is supported accompany prenatal low risk, as well as the high risk. In the latter case, we emphasize the possibility of act with other professionals (MOURA, et al. 2015). With strategies to improve the care of pregnant women during the prenatal and postpartum period, providing quality care to reduce premature birth, low birth weight, maternal mortality and prenatal care, the Program for Humanization of Prenatal and Birth arises (PHPN). The program was implemented by the Ministry of Health, in 2000, because of maternal and child mortality to be high in the country (SAMPAIO et al. 2018). With the same objective, in 2011, the Ministry of Health establish the Stork Network in the Unified Health System (SUS), a strategy of care consisting ensure women's right to reproductive planning and humanized care during pregnancy, childbirth and postpartum. To the child, it is guaranteed the right to birth safe, healthy growth and development (OLIVEIRA et al, 2016).

As one of its guidelines, the Stork Network brings effectiveness to the mother's attachment to the reference unit. From prenatal, the mother must be linked to the place where there will be the childbirth (BRAZIL, 2011). In addition to this link, the mother assisted by the Unified Health System (SUS) is entitled by Law n° 11.634/07, of December 27, 2007, to the knowledge of maternity hospital that will be her childbirth, where will be answered in cases prenatal complications and postpartum care (BRAZIL, 2007). Through the presented context, the Nursing Consultation of Third Trimester Gestational occurred in a school maternity of Campos Gerais, happens to meet Law n° 11.634/07 and one of Network Guidelines Stork, providing the pregnant knowledge of the binding site for assistance to prenatal, childbirth and postpartum, as well as opportunity to receive guidance on childbirth. Thus, to show them the vision of the consultation is to contribute to scientific knowledge regarding the benefits of it, showing that the welfare of nurses practices are being effective and identifying what needs to be improved. Given the above, the objective of this study was to know the perception of pregnant women on the nursing consultation in the maternity hospital, opposite the proximity of the childbirth.

## MATERIALS AND METHODS

The survey was constructed from qualitative approach, exploratory type, which is essential to understand behaviors, actions and social situations (FERREIRA, 2015). The study was conducted in the maternity of the University Hospital Regional Campos Gerais, located in Ponta Grossa - Paraná (ANNEX C). There were included in the study, women who took part in the third trimester nursing consultation. Pregnant women not forwarded by the Municipal Health Network were excluded from the study. At the end of the third trimester nursing consultation, there was the approach of the pregnant woman. In that conversation, they were explained the objectives of the research and its embodiment. The interested participant was taken to the reception room, located in the maternity sector, where it was signed the Informed Consent (APPENDIX B). After signing the document, it began collecting data through semi-structured interviews (APPENDIX C). The script of the interview was divided into two stages. The first part began with the collection of sociodemographic data. Then the perceptions of pregnant women were found. It is noteworthy that there was room for other considerations that the necessary judge participants, which could also be added.

The interviews were audio recorded with the aid of a smartphone. Subsequently, the speech were transcribed manually. To keep the anonymous identity of pregnant women, numbering was used for individual identification. The research subjects were characterized from simple frequency. The investigation and discussion of the results were performed according to the Content Analysis, which began with the pre-analysis data and then the exploitation of the material. Finally, these data are coordinated with treatment and interpretation of the results. The pre-analysis was performed by organizing the material and the initial reading of it, selecting the speeches that make up the research. Following, it was made exploration of the material through the encoding of data, that is, choice of recording units and context units. The results are finalized with data interpretation (BARDIN, 2011). This study was approved by the Ethics and Research of the State University of Ponta Grossa Committee, under number 1.055.927 (ANNEX B).

## RESULTS AND DISCUSSION

The composition of the research were realized with 10 pregnant women aged between 19 and 32 years old and self-reported race 70% white, 20% black and 10% brown. Schooling ranged from incomplete primary education to incomplete master's degree. About the interviewed, 60% played usual occupations today. All participants had bond with the baby's father, 80% married. Gestational ages ranged from 36 weeks to 39 weeks. Seven women reported other historical gestation, being 71.4%  $\cong$  cesarean childbirth and with 28.6%  $\cong$  normal childbirth. From the data analysis, it was found 3 recording units and 10 units context, following the research objective. Below in Table 1 are presented registration units verified in interviews, as well as context units observed in the statements.

## REGISTRATION UNIT 1: NURSING CONSULTATION QUALITY

**Enlightening:** From the reports below, it was shown that the majority (90%) of pregnant women clarified questions about the childbirth and proved to be satisfied with the consultation.

**E.02-** Well good and welcoming, kind he took questions I still had from the first pregnancy.

**E.03-** Today was a lot of help, we had many questions on how it will be the childbirth process, the cycle, but it was very cool.

**E.04-** I found it very important, because I had many questions right, everything both here and before entering the childbirth room things explained to me very well, I removed all my doubts, and just wait right now.

**E.05-** Ah, I found it interesting because then takes the people's doubts too.

**E.06-** Very cool, I took quite a doubt, all enlightened me enough, I had a lot of doubt.

**E.07-** I thought it was good, takes away all doubt right.

**E.08-** I found wonderful, very good, very enlightening, you also liked it, right?...

**E.09-** Ah! I thought it was great! Liked it, very good. It took me because I was in some doubt, was taken all my doubt, was very good consultation. Liked it.

**E.10-** Ah! It was very good, I liked it, I took a lot of doubt, I learned enough of the hospital here, I did not even know, first time I came so already is quieter to know how I saw to be the care of them, the first-time people, first-time mother, get scared right, it is anxious too, but it was very quiet, the conversation.

Consultation of third trimester allowed pregnant women could answer questions about the time childbirth, in addition to know the hospital structure. According to studies by Andrade *et al.* (2016) and Deliverance *et al.* (2019), the great differential of consultation with the nurse is to allow the mother feel more comfortable to deal with the doubts, because of being a professional and welcoming demonstrate great concern for the patient.

**Frame 1. Registration Units and context that emerged in interviews with pregnant women. Ponta Grossa - PR – 2018**

UNITS REGISTRATION	UNITS OF CONTEXT
1. Nursing consultation quality	1.1 Enlightening
	1.2 Innovative
2. Information received	2.1 Valid information
	2.2 Information preceding the childbirth
	2.3 Right of companion at childbirth
	2.4 Possibility of direct contact with the professional
3. Overview of childbirth after consultation	3.1 Tranquility
	3.2 Resources and knowledge to childbirth
	3.3 Opinion in relation to childbirth
	3.4 Assistance

Source: The author

**Innovative:** The nursing consultation has been referred to as innovative, as in previous pregnancies, participants interviewed did not get the opportunity of a specific consultation nearby childbirth, as evidenced today. In this regard, the respondents cite:

**E. 01** - I found very interesting, because my other I did not have half of what I have now, learn more about vaginal childbirth, cesarean childbirth.

**E.05** - Good. It was different because of my boy did not have this (consultation procedure), there was different, I found interesting.

According Livramento *et al.* (2019), the consultation provides information on pregnancy, providing opportunities for self-knowledge and tranquility. The instructions given by the nursing professionals are of great importance, as they allow for greater security for pregnant women during childbirth.

**Unit Record 2:** Information received.

**Valid Information:** Regarding information, the Context Unit mentioned here sought to examine whether past guidance to pregnant women were valid. The interviewees recognized that brought knowledge were valid, as reported in their speeches:

**E.03-** We think it helped a lot, which are valid, which are good information.

**E.04-** Wow, a lot, all.

**E.05-** It was enough.

**E.06-** Yes, a lot.

**E.08-** Wow, very good, certainly of great value.

**E.09** - It was, yes, fine valid.

**E.10-** Was served enough, he took quite sure.

According to Campos (2016), it is necessary to transmit the knowledge to women through health education during prenatal care, in order to prepare them to childbirth and postpartum, that they may see this phase positively. To information, women feel safer and prepared to experience the moment of birth (LIMA, 2017).

**Information preceding the birth:** In the context unit "Information preceding the birth," 30% of interviewed reported that the information was valid, and cite previous information childbirth receiving.

**E.01-** Yes, it helped me know what more I have to bring to the hospital really what I'm going to use, know the right time to come to have the baby.

**02 E.-** Yes, very, will calm me even more. I'm already calmer, but it will make me come at the right time, do not panic too much, or not think I'm expecting too much, so that was pretty good.

**E.03-** We do not know how it goes, does not know what to do here and so well spoken, as it is, the doctor had also spoken some tips, but here we have the information very accurate.

Pregnant women are informed about the place of childbirth, and have the opportunity to know it during the third trimester. They are also oriented towards the right time to search for assistance, leaving them calmer. This information is important because it contributes so there are no misunderstandings sites, while searching for childbirth care (GONCALVEZ *et al.* 2017).

**Right of companion at childbirth:** One interviewed reported regarding the clarification of the right of the presence of the companion during childbirth period.

**E.07-** ...I thought it was good because you have humanized childbirth, the companion can be together, because the other three mine had, but then won only at the time of childbirth could not, could not get into, had to stay out there waiting, it was only you, the doctor there, had the midwife that time.

It is very important that the mother receive guidance on their rights, about the location and types of childbirth (DELIVERANCE, 2019). By Law nº 11.108 of 2005, the woman has the right to a companion of their choice during the prenatal, childbirth and postpartum (BRAZIL, 2005). According Frello *et al.* (2010), for the pregnant woman, be with people you trust provides more safety and well-being, making the childbirth more intimate.

### Possibility of direct contact with the professional

The importance of direct contact with the team in the third trimester consultation was described by one interviewed.

**E.03-** Even we have researched a lot on the internet this informations, but it is not the same as talking... that contact with a nurse, a doctor, and... well for us as we type help much, because calm down.

It required a range of professionals, pregnant women and family, using the resources available in the community, in order to facilitate actions to better satisfaction of the users, through efficient, integral and equally calls for quality care. Direct contact of pregnant women with professional, brought about at the time of consultation, makes more security and tranquility before the time of childbirth (RODRIGUES *et al.* 2016).

### Unit Record 3: Overview of childbirth after consultation

**Tranquility:** The completion of the third trimester consultation provided more tranquility for the childbirth period. Referring to this feeling, 70% of interviewed reported:

**E.01-(...)** I was a little scared before this consultation. Now I'm calmer because I did not have the pain of normal childbirth, I felt nothing, except that I was afraid, but now I'm quieter.

**E.03-** I think it will hurt, but reassures a little more...

**E.04-** Now I'm quieter, now to come... I was worried, go to that hospital have my daughter, I will suffer, doctors will be ignorant with me, but not, now I'm quieter, I will be treated well, my family will be well treated.

**E.05-** It left me calmer, because I was afraid...

**E.06-** But calmed me to know the place, we do not know, we had a certain fear because the first was paid, particularly, SUS now we're getting to know, was kind of like that.

**E.09-** Having the consultation, because we get calmer to know how it's gonna be, know the hospital. Most people who already works here, you stay longer, have met someone who is about to take care of us on the day is safer, so I liked it.

**E.10-** In fact, I was quieter, we get quieter after this conversation, we sometimes gets through a lot of stuff in the head, is not everything that we think, but it was good.

The relation about the moment of childbirth with fear and pain is present between the pregnant woman and her companion, and should be modified through strategies for the birth process be lived in quiet way, safe and active (GONÇALVES *et al.* 2017). After the consultation, the story of most participants was quiet, tranquility and security, as were oriented enlightening about the procedures and had the opportunity to know the structure of maternity hospital.

### Resources and knowledge to childbirth

Two interviewees reports describe the importance of available resources that can be used during childbirth and knowledge to this moment.

**E.02-** (...) she explained things there like, issue of ball, stool, stuff I did not know, question the position of the bed, then it will make much difference to me at the time that I am coming to the hospital, childbirth .

**E.03-** Have more knowledge about what to do at the time of childbirth... what we did not know for example the position, you have many positions to be born, we always think of about one, the most common.

The Stork Network brings as a strategy to provide pregnant women the knowledge of their place of childbirth, to establish link between the services offered, the working professionals and the families of the women (LEAL *et al.* 2018). There are other procedures that can facilitate to pregnant women, reducing pain and discomfort. One of these facilities is the massage and relaxation, varied postures, use of music, breathing techniques and alternative practices, as they promote greater physical comfort, and promote the moment of childbirth (ANDRADE *et al.* 2017).

### Opinion in relation to childbirth

In relation to the context unit "Opinion in relation to childbirth," 40% of respondents maintained their arguments in relation to childbirth, after the completion of the third trimester consultation.

**E.03-** The opinion I think that does not change.

**E.06-** More or less, because I'm scared for the first pregnancy that had the complication, I'm still scared. The fact that it occurred fetal distress, fear is getting into labor there and he turn the same happened in the first.

**E.07-** Because I've had (previous child), so I had a sense of how it was...

**E.08-** I think it reinforced my childbirth opinion, because I already had since I got pregnant that I already have monitoring with "Doula", I wanted to have a more humanized birth, if possible normal, and here only reinforced that today's consultation.

Because of the reproductive period, the pregnant woman is surrounded by conflicts, afraid of the gestation period and anguish of the unknown. It is very important the presence of a professional engaged and involved with the psychosocial needs of these women, to assist in the understanding of the pregnancy and birthing process, referring to female autonomy and the decision of his body. It is emphasized that the autonomy varies according to the cultural situation, social, economic, among others (RODRIGUES *et al.* 2016). People are driven by their own will, therefore, it is noted that some

pregnant women have not changed their views on the birth after the nursing consultation.

### Assistance

In the context unit "Assistance", one interviewed reported the care team for the assistance provided.

**E.04-**(...) many people, both to my family spoke, you will see, will suffer a lot, and nurses are not very good, do not treat us well. It is totally different, I come here, the care of the pregnant woman is totally different.

The nursing consultation provides the formation of bond between the nurse and the mother, through acceptance, dialogue and listening, space to expose doubts, feelings and experiences (CAMPOS *et al.* 2016). According to the study of Livramento *et al.* (2019), women reported being the first experience with the nurse in the prenatal consultation, and were surprised by the knowledge and ability of the professional to conduct the consultations. Other participants demonstrate greater preference to consult with professional nurses, considering the presence of this important prenatal care.

### Final

Through this study it was possible to know the perception of pregnant women in relation to the nursing consultation performed in the maternity hospital. The consultation was offered, mostly satisfactory, allowing questions could be taken. The guidance received provided the feeling of tranquility to experience the moment of childbirth. It is important to show the relevance of realization of the third trimester in maternity hospital nursing consultation, it is a time of preparation for childbirth, this phase which is viewed with fear by many women. Thus, further studies need to be carried forward the perception of pregnant women on the consultation, thus enabling the expansion of knowledge and visibility of the benefits it brings to the pregnant woman.

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