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Educational actions for pregnant women on newborn care

Acciones educativas para mujeres embarazadas no prenatal sobre el cuidado del recién nacido

Ações educativas para a gestante no pré-natal acerca dos cuidados com recém-nascido

ABSTRACT
Objective: To identify the educational actions carried out in prenatal care aimed at the care of the newborn in Basic Health Units in a city in the interior of Minas Gerais. Method: Descriptive study, with a qualitative approach, with the participation of ten puerperal women whose prenatal care was performed exclusively in Basic Health Units in a city in the interior of Minas Gerais. Data collection took place through individual interviews and subsequently, thematic content analysis was carried out. Results: Three categories were found: 1) Start of prenatal care and quality of consultations; 2) Orientations received during prenatal consultations, nature of this information and doubts of the puerperal women and 3) Health education in groups of pregnant women. Conclusion: The educational actions for pregnant women in prenatal care mostly contemplate breastfeeding, increasing the difficulties of puerperal women about other care for the newborn.
DESCRIPTORS: Health Education; Prenatal Care; Newbor.

RESUMEN
Objetivo: Identificar las acciones educativas realizadas en atención prenatal dirigidas a la atención del recién nacido en Unidades Básicas de Salud de una ciudad del interior de Minas Gerais. Método: Estudio descriptivo, con abordaje cualitativo, con la participación de diez puérperas cuya atención prenatal se realizó exclusivamente en Unidades Básicas de Salud de una ciudad del interior de Minas Gerais. La recolección de datos se realizó a través de entrevistas individuales y posteriormente, se realizó un análisis de contenido temático. Resultados: Se encontraron tres categorías: 1) Inicio de la atención prenatal y calidad de las consultas; 2) Orientaciones recibidas durante las consultas prenatales, naturaleza de esta información y dudas de las puérperas y 3) Educación para la salud en grupos de gestantes. Conclusión: Las acciones educativas para gestantes en atención prenatal contemplan mayoritariamente la lactancia materna, aumentando las dificultades de las puérperas sobre otros cuidados del recién nacido.
DESCRIPTORES: Educación en Salud; Atención Prenatal; Posmaduro.

RESUMO
Objetivo: Identificar as ações educativas realizadas no pré-natal voltadas para os cuidados com o recém-nascido em Unidades Básicas de Saúde de um município do interior de Minas Gerais. Método: Estudo descritivo, de abordagem qualitativa que contou com a participação de dez puérperas cujo pré-natal foi realizado exclusivamente em Unidades Básicas de Saúde em um município do interior de Minas Gerais. A coleta de dados ocorreu por meio de entrevistas individuais e posteriormente, foi realizada a análise de conteúdo temático categorial. Resultados: Foram encontradas três categorias: 1) Início do pré-natal e qualidade das consultas; 2) Orientações recebidas durante as consultas do pré-natal, natureza destas informações e dúvidas das puérperas e 3) Educação em saúde em grupos de gestantes. Conclusão: As ações educativas para a gestante no pré-natal contemplam majoritariamente sobre a amamentação, aumentando as dificuldades das puérperas sobre outros cuidados com o recém-nascido.
DESCRITORES: Educação em Saúde; Cuidado Pré-Natal; Recém-Nascido.

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INTRODUCTION

Prenatal care aims to provide safe delivery, neonatal and maternal well-being through prevention and/or early detection of diseases that may interfere with the healthy development of the newborn (NB), in addition to offering risks to the health of the newborn. pregnant. [1]

Health professionals, doctors and nurses, are responsible for prenatal consultations in Primary Health Care. [2] They play a fundamental role in meeting the real needs of pregnant women and, above all, preparing them for new life with the birth of the newborn. [2-3]

However, in addition to actions on maternal and child health, it is relevant to guide and promote knowledge of pregnant women about newborn care, to help them develop skills for care after birth with regard to hygiene, breastfeeding, immunizations, sleep, comfort of the newborn, care for the umbilical stump, care for the management of the child who still does not support the head, correct sleeping position, care during the bath, products that should be avoided on the newborn's skin, importance and need for immunizations, among others. [1-4]

For this to be possible, an alternative is to carry out health education in prenatal consultations. Health education is understood as the promotion of knowledge, favoring changes in behaviors that encourage autonomy and the ability to take care of oneself according to their needs. [5]

In the context of prenatal care in Primary Health Care, the educational actions carried out during prenatal care are important for allowing the construction of knowledge of pregnant women about care with the NB, since the reality of the puerperal woman is, in most sometimes, surrounded by psychic anxieties and fragility, which can interfere with the effective care of the newborn. [6-7]

According to a study carried out in Brazil, prenatal care has coverage in the country of 90%, but only 60% of pregnant women were informed about breastfeeding during prenatal care and other care related to the newborn was not mentioned. This study concluded about the low adequacy of prenatal care. [8] Corroborating this result, a survey conducted with women who underwent prenatal care in the basic health network to assess the quality of prenatal care between the years 2013 and 2014, showed that 98,9% of respondents had performed prenatal care. Of these, 60% reported that they received guidance on breastfeeding. [9]

Other studies show flaws in educational actions for low-risk pregnant women, noting that pregnant women at nine months of gestation still have doubts about childbirth and breastfeeding. [2-10] These data reveal that studies describing health education for newborn care in addition to breastfeeding are still scarce. In general, the available literature reveals that during prenatal care, priority is given to guidance on laboratory and image exams, care related to the pregnant woman's diet, abuse of alcoholic and toxic substances and physical activity practices. [2-11]

Regarding the puerperal period, only education aimed at breastfeeding and the correct attachment is emphasized, which does not allow the puerperal woman to become a protagonist in the process of caring for the NB, being often vulnerable to inadequate care that could have been taught in the prenatal. [2-11] According to a Brazilian survey, the absence of the spread of this care has been a challenge to reduce child mortality in the country. [4]

The literature also points out that care in the puerperium is not consolidated in health services and, therefore, it is common for women to return to the unit in the first month of the newborn's life, uninformed about the care of the child. [5]

In this way, this study was guided by the guiding question: what educational actions on newborn care are developed during prenatal care? To investigate this problem, the study set out to identify the educational actions carried out in prenatal care aimed at newborn care in the Basic Health Units of a city in the interior of Minas Gerais. It is ho-

ped that the results can add to the literature on the importance of care for the newborn to be introduced even in prenatal consultations.

METHODS

This is a descriptive study with a qualitative approach. Qualitative research presupposes the investigation of human phenomena with singularities, allowing the attribution of meanings to facts and people in social interactions that can be described and analyzed qualitatively. [12] The methodology is suitable for this study, in view of the analysis of the phenomenon "educational actions in prenatal care about the care of the newborn", and the need for immersion of the researcher in the field to better understand how pregnant women are oriented about caring for the newborn.

The scenario of the present study was the municipality of Divinópolis, in the Midwest region of the state of Minas Gerais, Brazil, which has a population of 240.408 inhabitants, according to the last census of the year 2020. [13]

The interviewed subjects were recently born from the Basic Health Units (UBS), which consists of the health care model, part of the Primary Health Care that is guided by the principles of the Unified Health System. In the municipality under study, 1.376 pregnant women from January 2019 to September of the same year in the public health network. The UBS are composed of a multiprofessional team with general practitioner, gynecologist and obstetrics doctor, nurse, nursing technician, dentist and psychologist. [14]

The study participants were ten puerperal women who performed prenatal care in Basic Health Units. The inclusion criteria were mothers who had recently given birth to their first child and were exclusively followed up in Basic Health Units. Postpartum women who did not exclusively perform prenatal care at UBS and those who refused to participate were excluded.

First, the researchers would collect data in the UBS that carry out the BCG vaccine in Divinópolis in January 2020. The choice of these units was justified so that it was possible to reach the largest number of puerperal women, as these women would be in the unit between the 5th and 8th day of life of the newborn to receive the BCG vaccine. However, the beginning of data collection coincided with the pandemic of the new Coronavirus (SARS-CoV-2), so the interviews were conducted by telephone as the participants were available. All interviews were previously scheduled through telephone contact, for later interviews to be conducted according to the availability of each puerperal woman.

In this way, the study was presented to the participants via telephone contact and the Informed Consent Form (ICF) was delivered to the homes, which was left in the homes' mailbox. After agreeing, clarifying the participants' doubts via telephone and signature, the researchers conducted the search for the IC. It is noteworthy that both for the delivery and for the search for the IC, the sanitary safety measures imposed by the Coronavirus were met, such as social distance, use of masks and hand hygiene with 70% alcohol to the detriment of the Coronavirus.

For data collection, interviews were conducted from a semi-structured script, jointly prepared by the researchers according to current discussions in the literature on the subject. Participants were asked about: social data, obstetric data and open questions regarding prenatal consultations and their content.

As it is a qualitative research, the number of participants was not limited, because the objective was not to verify the frequency, but rather to explore the variety and richness of information. Thus, data saturation was considered from the moment that the interviews did not bring new information or new data. [15]

The interviews were transcribed, systematized and categorized to compose a database. The technique used for the qualitative analysis of the data was based on the method of analysis of thematic-categorical content proposed by Bardin. [16] A after the transcription of the speeches, the textual analysis stage was carried out, consisting of the following phases: 1) pre-analysis, with partially oriented reading of the material, so that the researcher could approach the expressed content; 2) exploration of the material, during which the material was organized so that the initial ideas were systematized and 3) treatment of the results, a process in which all the material was separated into recording units on each theme and category.

Content analysis was carried out in order to describe and interpret the content of all types of documents and texts. The objective was to reinterpret the messages and achieve an understanding of the educational actions carried out in prenatal care aimed at the care of the newborn, meanings expressed by the puerperal women, thus allowing to know the aspects and phenomena of social life in another inaccessible way. It is also important to highlight that, in order to guarantee the anonymity of the participants, the interviews were coded by letters and numbers, using the letter A followed by a number as the interviews were conducted, the participants were identified as follows A1, A2, (...), A10.

The study respected the ethical precepts for research involving human beings according to Resolution 466 of 2012 of the National Health Council. 17 The research was submitted to the Human Research Ethics Committee (CEP) of the University of the State of Minas Gerais, Divinópolis Unit and approved, under the opinion 26479419.2.0000.5115.

RESULTS

Regarding the sociodemographic characteristics of the puerperal women, the age ranged between 18 and 31 years, the level of education varied from attending high school 10% (1), complete high school 40% (4), incomplete high school 20%

(2) , incomplete higher education 10% (1) and complete higher education 20% (2). Regarding marital status, 60% (6) were single and 40% (4) were married.

Category 1- Start of prenatal care and quality of consultations

After analyzing the reports, it was possible to identify in the interviewees 'speech the gestational age of onset in the prenatal consultations, as well as aspects about the quality of the consultations' assistance emerged from the interviews, being possible to discriminate in two subcategories.

Subcategory 1- Beginning of prenatal care

It was possible to observe before the speeches of the mothers that the UBS are unable to start prenatal care as recommended by the Ministry of Health, which recommends starting in the first trimester of pregnancy, up to 13 weeks,[18] thus, the delay in the start of consultations reported by the participants was observed: [...] "In the thirteenth or so" [...] (A4); [...] "I don't know weeks, but I was about 5 months old" [...] (A5); [...] "14 weeks because it took me a while to find out I was pregnant" [...] (A7);

It was also identified that the number of consultations is on average as recommended, since the Ministry of Health recommends that at least six prenatal consultations be carried out. [18] Proved through the registration of the pregnant woman's booklet, in which she was informed at the time of the interview: [...] "Noted, I only have seven, but I went to all scheduled appointments" [...] (A1); [...] "Seven appointments because I started later, I was 3 months old" [...] (A4); "I went to 10 prenatal consultations" [...] (A9); "There were 7 consultations" [...] (A10).

Subcategory 2- Quality of consultations (exchange of doctors, health units and little nurse's participation):

Nesta subcategoria, destaca-se a mudança do profissional de saúde, o que interfere na qualidade da assistência: [...] "Well, I started at the post in my neighborhood and we started with a doctor and a period later the doctor had to leave and then I went there to another post and consulted with another obstetrician, then I went back to my post with a new doctor who was a general practitioner and then the doctor from my neighborhood arrived and then I went back to see him" [...] (A1); [...] "So, in the neighborhood I lived in, there was no doctor so I was sent to another post and I started with the doctor there, then I changed the neighborhood and did prenatal care at the post near my house and was an obstetrician" (A9).

Evidencia-se, que as consultas de pré-natal devem ocorrer de forma multidisciplinar para que desta forma seja oferecida melhor qualidade de atendimento e informação para a gestante.[18] Porém, nas consultas de pré-natal relatadas pelas participantes destaca-se o papel predominante do médico mesmo com a recomendação do Ministério da Saúde orientando para cuidados multidisciplinares: [...] "The first consultation was with the nurse and the others with the doctor" [...] (A6); [...] "The first appointment was with the nurse where she already ordered some exams and referred me to the gynecologist who continued" [...] (A7); [...] "In the neighborhood where I lived, when I started prenatal care I didn't have a consultation with the nurse anymore at the other post, I did, and it helped me a lot, clarified some things, yes" [...] (A9); [...] "It was the doctor, the general practitioner" [...] (A10).

Category 2- Orientations received during prenatal consultations, nature of this information and doubts of the puerperal women

In category two, it was observed how the guidelines were passed on during the prenatal period to the participants, when they were clarified and by which health professional.

Subcategory 1- Orientations received

The participants reported that the information provided during prenatal care was not detailed, was superficial and was restricted to pregnancy: [...] "Not too detailed, not too superficial" [...] (A1); [...] "So, without me asking, no, but I did. However the answers were very superficial, the doctor told me it was not yet time, then I kept wondering when it would be the right time to clear my doubts" [...] (A7); [...] "No guidance I received, only guidance on my pregnancy" [...] (A8). "No, I didn't receive it, it was only about the pregnancy" [...] (A10).

Subcategory 2 - Nature of the information received

Diante as informações que as participantes receberam, foi possível observar que se restringiam a amamentação, não abrangendo outros cuidados importantes com o recém-nascido: [...] "It was about breastfeeding, the right grip, the doctor was very careful and explained it correctly" [...] (A2) [...] "About breastfeeding only" [...] (A4) "It was about pregnancy and breastfeeding" [...] (A10).

Subcategory 3 - Main doubts that mothers had during prenatal care

The doubts of pregnant women help health professionals involved with prenatal consultations to provide important guidelines related to clinical questions, fears and common concerns during pregnancy. It was observed in the midst of the interviews that the doubts of the participants emerged around the care of the NB: [...] "I had doubts about breastfeeding, navel, bathing, because this is how people who are first-time mothers always have doubts about this" [...] (A1).[...] "I wanted to ask about breastfeeding, about baby care, about sleep, about hygiene, all of that. I wish she had clarified it for me so I would be better prepared with my baby" [...] (A3).

The doubts of the pregnant women remained in the prenatal consultations,

not being answered in a satisfactory way. Health professional guidance was often restricted: [...] "U Well, all necessary, because after they are born we discover that we know nothing. How many hours does he need to sleep, how often does he need to breastfeed, because when we are in the hospital, after they are born, the head gets bad. I do not remember any instructions that were given to me, and the first consultation with the baby takes a long time until then, we were in the dark, and even as it is at the clinic, they don't pass much information, they just ask if they are breastfeeding, they don't want to know how it is being breastfeeding which is very difficult" [...] (A6); [...] "As I said I would like to know as much as possible, but I didn't know what to ask, because I didn't know what my difficulty would be" [...] (A7); [...] "Yes, but I didn't ask anything, because I thought it was right the way the consultations were going" [...] (A8); [...] "On the issue of breastfeeding, I think it was disappointing, because as it was my first, I didn't know anything. I think a lot could have been explained, I also didn't ask because I wasn't curious, the only thing I asked was about the pregnancy, I didn't ask anything like that after the pregnancy, I didn't have the curiosity to ask, and also nobody informed me" [...] (A9).

Category 3 - Health education in groups of pregnant women

The construction process in health education for prenatal care aims to ensure adequate development for pregnancy, as well as address educational and explanatory activities. [19] AThe educational actions carried out during the prenatal care through the multidisciplinary team directly contribute to the reception, comprehensive health care, in this way it will have all the necessary guidelines, in addition to providing autonomy and empowerment for the pregnant woman.

Subcategory 1- Groups of pregnant women

The groups of pregnant women have an important educational role in prenatal care, which allows for varied experiences among pregnant women. During the data analysis, it was observed that the interviewees did not receive an invitation to participate in a group of pregnant women and when they did, it was only for lectures: [...] "No group, just an exclusive breastfeeding lecture" [...] (A3); [...] "Yes, a lecture on breastfeeding" [...] (A7); [...] "I wasn't invited" [...] (A9); [...] "No, I was not invited, no group of pregnant women" [...] (A10).

It is noteworthy that during the interviews, an important information raised about health education in prenatal care was that pregnant women were invited to speak at the referral hospital in the city. The invitation was made through acquaintances (lay people or third parties) and in the Basic Health Unit, no group was reported. In addition, the subjects covered were mainly focused on pregnant women: [...] "Yes, I participated, but I didn't hear from my post, I attended a lecture at the hospital in my city, there talked about childbirth, what is the difference between normal birth and cesarean section" [...] (A1); [...] "There was a group, here in the city hospital, someone told me about this group, but I didn't go, I didn't participate because I was on my working hours." [...] (A2); [...] "I found out more it wasn't from the unit staff, it was from someone else, another pregnant woman, it was a visit at the maternity hospital to help prepare the women, it was there at the hospital in my city, but I didn't go, I missed the registration date" [...] (A3); [...] "There was a lecture at the hospital in my city that was very good, but they addressed topics unrelated to the baby. They talked more about childbirth, and the differences made me think a lot about childbirth and I chose the normal one because of this lecture, because before I knew it, I really wanted the cesarean section, because I thought that the normal thing was very bad because of the reports I had of my friends, and I was very happy in the normal delivery" [...] (A8).

DISCUSSION

Based on the results found, it was possible to identify that the main educational actions developed during prenatal care about newborn care were related to breastfeeding. The theme is essential and concerns the countless benefits for nutrition and development of the newborn already proven in the literature, and the absence of this guidance, results in early weaning which brings irretrievable consequences for the puerperal woman and the newborn. [20]

However, it is noteworthy that there are few studies that bring about other areas of care for the newborn, such as: bathing, care for the umbilical stump, newborn development, vaccination, sleep pattern, among others. [21] This fact was confirmed in the statements of the interviewees, where it was possible to observe the insufficiency in orientations about other care with the newborn.

In addition to the lack of guidance on care for the newborn, another important point found in this study was that some participants started prenatal care late, which causes failures in all the assistance that should be provided to pregnant women. Vaccines are delayed, routine exams and important information not passed on to pregnant women at the ideal time of pregnancy. A study reveals that the beginning of prenatal care in a timely manner is essential for the diagnosis and early intervention of conditions that may put the life of the newborn and pregnant woman at risk. [22]

Linked to the scenarios of insufficient guidance and late start of prenatal care, the number of consultations followed the minimum recommended average, with an average of six consultations with the participants, but some report only three consultations. In Brazil, as of 2012, it was recommended that at least six prenatal consultations be carried out. [20] According to Leal et al[23] the delay in starting prenatal consultations and the turnover among health professionals contribute to a smaller number of consultations.

The turnover of health professionals mainly by doctors, the exchange of UBS where consultations would take place and the low frequency of consultations with nurses instigate difficulties in the health system for multidisciplinary prenatal care. [24] A study reveals that during prenatal care, nurses play a complementary role to medical guidelines that aim to inform about vaccines, types of delivery, breastfeeding, newborn care about health, well-being, growth, safety and development and the physiological and emotional changes in the puerperium. [25]

The multidisciplinary team needs to observe and listen to the pregnant woman, seeking to understand her needs for better elaboration of a care plan, with benefits for the mother and the newborn, avoiding possible complications. [26] In addition, a fragmented model is perceived, in which each professional of the multidisciplinary team performs its part of the work in health, without integration with the other health professionals, which makes it difficult to carry out assistance based on comprehensiveness and quality. [27]

The orientations received in the prenatal consultations were about pregnancy, breastfeeding and hygiene with the newborn. This reality is in line with the literature, which reflected in the unpreparedness of postpartum women as a result of the lack of guidance received by health professionals during prenatal care. [20] This could be a moment of education for learning related to the newborn. [25]

One way to improve this scenario is to increase access to information about hygiene guidelines, care for the umbilical stump, comfort position, care for the child's management, correct sleeping position, care during the bath, products that should be avoided on the newborn's skin, the importance and need for immunizations, bathing in the sun, among others, would be the educational process for pregnant women. [4]

Health education could help improve the knowledge and autonomy of puerperal women so that they could safely perform all the care that surrounds the newborn. [28] An effective option to contribute to this process are educational workshops with pregnant women. In this environment it would be possible to exchange experiences, share discussions that would allow greater access to information. [29]

In the groups of pregnant women reported by the interviewees, the subjects were related to childbirth and, as mentioned above, did not happen in the health units to which they were linked. Groups of pregnant women are important to strengthen and even complement educational activities during prenatal care related to newborn care. [29] Thus, the reality of the health services mentioned by the participants does not respond to the health needs and expectations that women feel during pregnancy. [30]

In view of the development of the study, it was possible to affirm that the educational actions carried out in prenatal care aimed at the care of the newborn in the Basic Health Units took place during consultations and were aimed at breastfeeding. In this sense, this study allowed us to infer that the health system needs to expand essential reflections in prenatal care aimed at newborn care, in addition to valuing the doubts of pregnant women. This is because, many times, doubts can awaken during consultations, crucial guidelines on other care for the newborn that go beyond breastfeeding. Mainly because many pregnant women are primiparous. It is imperative to train health professionals involved in prenatal care so that they are encouraged to work with this theme through an educational process in order to awaken the autonomy and safety of pregnant women when they take care of their newborn.

The study points out as limitations the fact that the interviews took place via telephone, justified by the period of social isolation caused by the pandemic caused by the new Coronavirus in March to May 2020. The interviews took place at the time of availability of the mothers, although many showed haste in answer the questions for taking care of the newborn. Although the competence for the methodological design of the study, the outcome of the conclusions restricts the statements of the participants and it is not possible to make any association of the results because it is a qualitative research.

CONCLUSION

The educational actions during prenatal care about the care of the newborn when they are carried out happen during consultations and most often contemplate breastfeeding. This fact increases the difficulties and unpreparedness of puerperal women in relation to other care for the newborn that relates to their safety, growth and development, recommended by the Ministry of Health. ■

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