

# Waiting room: educational workshop for pregnant women about the pregnancy period

Sala de espera: oficina educativa para gestantes acerca do período gravídico

Sala de espera: taller educativo para embarazadas sobre el período de gestación

## RESUMO

Objetivo: Relatar a experiência de uma sala de espera com gestantes acerca do período gravídico. Método: Trata-se de um estudo descritivo do tipo relato de experiência, durante prática de um estágio supervisionado no curso de graduação em Enfermagem em um hospital público do Maranhão. A atividade aconteceu no espaço de espera para consulta, cerca de 2 horas com atividade grupal temática e dialogada, buscou problematizar, esclarecer e re-significar saberes relativos ao período gravídico. Resultado: De acordo com os resultados considerando toda essa complexidade que implica o período gestacional, o pós-parto e a maternidade, sala de espera proporcionou que mães, companheiros (as) e acompanhantes possam vir a desproblematizar seus conflitos, esclarecer dúvidas, consequentemente melhorando relacionamentos, possibilitando o estabelecimento de uma reorganização familiar adequada para o recebimento do bebê. Conclusão: ações de educação em saúde como complementação da assistência ao pré-natal, potencializa a qualidade de vida das mulheres e seus filhos.

**DESCRIÇÕES:** Educação em saúde; Gestantes; Cuidados Pré-natal

## ABSTRACT

Objective: To report the experience of a waiting room with pregnant women about the pregnancy period. Method: This is a descriptive study of the experience report type, during practice of a supervised internship in the undergraduate nursing course in a public hospital in Maranhão. The activity took place in the waiting space for consultation, about 2 hours with thematic and dialogued group activity, sought to problematize, clarify and re-signify knowledge related to the pregnancy period. Result: According to the results, considering all this complexity that involves the gestational period, the postpartum period and maternity, the waiting room provided that mothers, partners and companions could solve their conflicts, clarify doubts, and consequently improve relationships, enabling the establishment of an adequate family reorganization to receive the baby. Conclusion: health education actions as a complement to prenatal care, enhance the quality of life of women and their children.

**DESCRIPTORS:** Health education; Pregnant women; Prenatal care.

## RESUMEN

Objetivo: Informar la experiencia de una sala de espera con gestantes sobre el período de gestación. Método: Se trata de un estudio descriptivo del tipo informe de experiencia, durante la práctica de una pasantía supervisada en el curso de licenciatura en enfermería en un hospital público de Maranhão. La actividad se desarrolló en el espacio de espera para la consulta, de aproximadamente 2 horas con actividad grupal temática y dialogada, buscó problematizar, aclarar y resignificar conocimientos relacionados con el período de gestación. Resultado: De acuerdo con los resultados, considerando toda esta complejidad que envuelve el período gestacional, el puerperio y la maternidad, la sala de espera dispuso que las madres, parejas y acompañantes pudieran resolver sus conflictos, aclarar dudas y consecuentemente mejorar las relaciones, posibilitando el establecimiento de una adecuada reorganización familiar para recibir al bebé. Conclusión: las acciones de educación para la salud como complemento de la atención prenatal, mejoran la calidad de vida de las mujeres y sus hijos.

**DESCRIPTORES:** Educación para la salud; Mujeres embarazadas; Cuidado prenatal.

RECEIVED: 08/06/21 APPROVED: 14/06/21

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## INTRODUCTION

**B**razilian public health care has been the subject of discussion in recent decades, aiming to build a care model that can meet the needs of the population more effectively, in favor of promoting the quality of life of this population. 1

Women are the majority of the Brazilian population and the main users of the Unified Health System (SUS). Although they live longer than men, they also get sick more often. Faced with this problem, the Ministry of Health (MS) implemented, in 1984, the Policy for Comprehensive Care for Women's Health (PAISM), with the aim of including it in all levels of care. One of the objectives of this policy is to contribute to the reduction of female morbidity and mortality, especially from preventable causes in all life cycles. 2

Prenatal care is of fundamental importance both for the health of the woman and for her unborn child, given the news of a pregnancy, many questions surround parents and family members. Therefore, it is important that the health service is prepared to provide good care to pregnant women and their families. 3

Prenatal care is the period that precedes childbirth, in which there is total assistance to women as pregnant, parturient and postpartum women. One of the main objectives of the follow-up is to promote the good development of the pregnancy and, therefore, healthy childbirth. This is a time

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when actions aimed at maternal and fetal health are inserted. These actions take place throughout the entire gestational trajectory to provide quality care and reduce maternal and perinatal mortality, which is why preventive, educational and therapeutic activities are developed. 4

Thus, it is important to mention attention during the gestational period, as this is a transitory and fundamental moment in which constant physical and psychological changes occur in the lives of women and people around them. In this condition, the user presents a particular and typical physiological pattern, thus being a normal period of anatomical and functional changes with clinical manifestations, which demands special and continuous care to provide for the baby's normal development. 5

Thus, considering the needs of users, the waiting room is intended to ensure humanized care, promoting an ever closer relationship between the population and health services. Thus, considering the needs of users, the waiting room is intended to ensure humanized care, promoting an ever closer relationship between the population and health services. 6

The educational workshops with groups of pregnant women become a strategy that allows us to know the universe of pregnant women, especially the way they deal with pregnancy. It is noteworthy that health education in prenatal care is a means for health professionals to provide women and their families with knowledge, in addition

to clarifying doubts, contributing to the autonomy of care.<sup>7</sup>

Pregnant women, through workshops during prenatal care, are encouraged to create their birth plans, since the statements contained in this instrument bring out the feeling of mastery over their own bodies, as a strategy to ensure their power over decision-making and the rescue of their autonomy in the birth scene and, consequently, their reproductive rights.<sup>8</sup>

Thus, educational workshops must be developed by health professionals in all contact with pregnant women, opening space for people's reflection about their own health, encouraging changes and the adoption of new means to solve their problems. Therefore, it is concluded that health education is the most democratic way to build a broad concept of health, to promote self-care, to produce better health indicators and humanization of prenatal care.<sup>9</sup> Therefore, this article aims to report the experience of a waiting room with pregnant women about the pregnancy period.

## METHOD

Group activities are developed with the aim of complementing consultations, improving women's adherence to habits considered more appropriate, and reducing fears and anxieties regarding the pregnancy and puerperal period.<sup>10</sup> This is a descriptive, qualitative study, of the experience report type, with the initiative to converge theoretical-methodological approaches to care

with a focus on health education carried out by nursing and care practice. Thus, it was considered pertinent to describe an experience that integrates theoretical and practical knowledge in the solidification of scientific learning acquired in the training components. The study was carried out by Nursing interns, from the 9th period, in the discipline of Women's Health of the Nursing Course at a Teaching Hospital, data collection took place from 27/08 to 24/09/2018. The sample consisted of 10 women, with the following inclusion criteria: performing prenatal care at the institution, waiting for a prenatal consultation and who agreed to participate in the workshop. All ethical precepts determined by Resolution No. 466/12 of the National Health Council were respected. The activity took place in the waiting space for consultation, lasting about 2 hours with thematic group activity and dialogue. An easel block with relevant explanations about prenatal care, toy dolls, a Swiss ball and a pair of didactic breasts were used as instruments, seeking to problematize, clarify and re-signify knowledge related to breastfeeding, to the social condition from the pregnant woman, to the myths related to childbirth and breastfeeding, to the improvement of posture, tone, breathing and the level of tension/relaxation, followed by preparatory exercises for childbirth and expulsion, to the care of the newborn, contraceptive methods, and psychological aspects arising from the gestational period. The workshop took place according to the flowchart shown in

Figure 1, with regard to the thematic categories used, with this data were analyzed, establishing relationships between stages of the educational workshop and the actions of pregnant women, being relevant to the effectiveness of prenatal care.

The discussion was based on the critical reading of the articles, relating the thematic categories that discuss the topic in health policies related to the topic, discussing the concepts of compassion, pity and solidarity, aiming at health care.

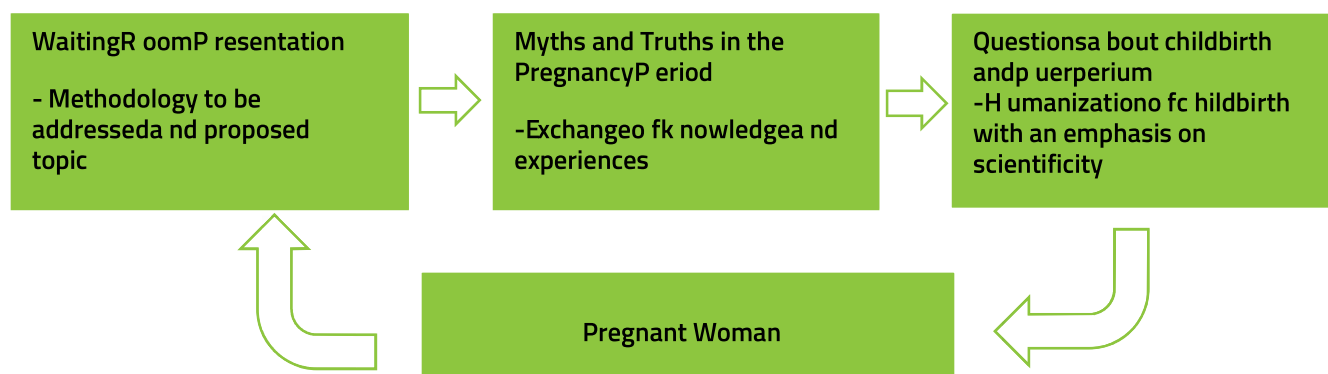
## RESULTS AND DISCUSSION

### Waiting room presentation

The waiting room is a favorable place for the development of health education workshops. This environment favors discussions about the experiences of individuals and generates reflections and critical positions regarding the actions of each person. As the waiting room provides a closer relationship between the population and the services, in this place professionals have a privileged space to develop health education activities with the aim of preventing injuries and promoting the population's well-being. Collaborates for a higher quality service, more welcoming, thus ensuring a more humanized service.<sup>11</sup>

Therefore, a conversation circle was started, in which a brief presentation of the theme was explained, emphasizing its meaning and importance throughout the gestational period until the baby's birth. Small pieces of paper were distributed on which the

Flowchart 1: Thematic categories of the educational workshop for pregnant women about the pregnancy period.



Source: The authors, 2018.

pregnant women wrote their doubts and concerns about any gestational moment or other issues related to motherhood. They were given to the interns who started the reading, an explanatory conversation about each question using scientific basis in the literature for each answer. Some enabled the use of dolls symbolizing newborn babies to favor the interpretation of the explanation in practice, strengthening the theoretical-practical knowledge of this pregnant woman.

After finishing the reading of the papers, the pregnant women still continued to take their doubts orally, and in this moment of questions and answers, there was an exchange of experiences between primiparas and multiparas, which facilitated the interaction in the conversation, making it a time to exchange knowledge even with the interns on subjects involving the themes. Thus, it was observed that the approach in the waiting room brings subsidies to carry out this practice, since the experience lived by other women, with characteristics common to a certain group, is better accepted in their environment, when compared to just one professional orientation.

According to Domingues et. al, 7 the realization of a workshop, a group of pregnant women not only fulfilled the transmission and construction of knowledge, since during the workshops, it promoted and strengthened self-care, generating changes in behavior. The collectively constructed knowledge was important and indispensable, thus, most pregnant women realized the need and became interested in receiving information through group dynamics, with the strategy used being largely responsible for helping to clarify doubts.

#### Myth and Truth in the Pregnancy Period

In a second moment, there was an exhibition of a panel with myths and truths about pregnancy and breastfeeding, where the participants answered "yes or no" to each question, followed by explanatory answers for each myth and a small lecture addressing issues related to types of childbirth, especially natural, pain relief through non-pharmacological techniques; care for

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the body and breasts; care for the newborn; family planning; and sexuality in pregnancy.

Professionals must ensure a warm and humane prenatal care, ensuring the monitoring of the pregnant woman as early as possible until the end of pregnancy. Welcoming during prenatal care can be carried out in several ways, among them, attention focused on listening to the pregnant woman's complaints, her anxieties, her concerns, clarifying the myths that she creates around the phase she is experiencing. Another relevant factor is to encourage the participation of the companion during prenatal consultations, in labor, delivery and postpartum, the dialogue present in a humanized prenatal care enables the creation of a link between health professionals and pregnant women. 12

Several questions arose about the importance of breastfeeding for the baby's development, as well as the care of the breasts during and after breastfeeding; how the "catch" is given, guidelines for it to be done correctly; and prevent recurrent problems in nursing mothers, such as breast lesions and engorgement. Aiming to reinforce its importance and benefits for the duo mother and child, it was observed that the approach in the waiting room brings subsidies to carry out this practice, since the experience lived by other women, with characteristics common to a certain group, is better accepted in its environment, when compared to simple professional guidance.

Similar issues were addressed in the study by Silva et. al 10 who found that the subjects of preference chosen by most pregnant women were: giving birth in a public health institution; vaginal delivery; use of non-pharmacological analgesia (massage, heated shower and relaxation); walking; positions to adopt; right to a companion at the time of delivery (mother, husband and sister); light diet intake; hydration; photographic register; music therapy; immediate contact with the baby; early breastfeeding and the right to rooming-in. The desires for a delivery without episiotomy, Kristeller's maneuver, synthetic oxytocin and excessive vaginal touch were also identified.

## Questions about childbirth and puerperium

Finally, a moment of preparation for childbirth was carried out, emphasizing humanization, presenting the hospital environment through photographs, presentation of light technology used for the moment of childbirth and expulsion, mothers' rights, care for the NB and guidance during the puerperium. Then, the main changes in this period were addressed to culminate with the end of the pregnancy phase, which in this case would be childbirth. At this stage, the presence of maternal discomforts in relation to the growth of the fetus and its descent into the pelvis was highlighted, causing slight pressure and pain in the lower abdomen.

It is inferred, therefore, that the waiting room, for women, is relevant as a strategy, prenatal care and workshops for pregnant women as spaces, where they had complete freedom to exchange experiences, resolve doubts and receive guidance to prepare it, including sought information on social media, among other information channels. Offering knowledge to pregnant women and their companions, helping women to become empowered in relation to their lives and, especially, during childbirth. With

all your anxieties and expectations related to labor and birth, clarified by putting into practice everything explained to you on the subject, bringing you a sense of security. 8

At the last meeting there was a strengthening of the role of nurses in prenatal care with pregnant women, through the waiting room, these professionals can encourage pregnant women to humanized childbirth, advising on the ease of postpartum recovery, as well as on benefits for the baby and the mother in the puerperal period. This approach strengthened the users' trust and participation in the health service; in addition, the interns left the unit's health professionals with the commitment to perpetuate this work with other pregnant women.

Thus, these workshops provided the participants with an increase in confidence and a decrease in fear and tension that could possibly occur during this period. It was observed that workshops collaborated with learning about the dynamics of group work, as such moments provided the possibility of transforming reality. This process took place through dialogue and exchange of experiences established during the waiting room, making it possible to learn, create and share, reflecting on how health education has its value even amidst all the

difficulties and limits imposed by the health care system. 13

## CONCLUSION

For a better quality of life, the pregnant woman needs an interpersonal and intrapsychic readjustment, which allows her to elaborate her conflicts about the changes that occurred during the pregnancy and to strengthen the bond and trust of this with the baby and with the people around her. Considering all this complexity that involves the gestational period, the postpartum period and maternity, the waiting room provided that mothers, partners and companions could solve their conflicts, clarify doubts, and consequently improve relationships, enabling the establishment of a suitable family reorganization for receiving the baby.

Through this work, it was possible to perceive the importance of the nurse and the insertion of the university in the development of new work formats, especially where collective health education actions are inserted as a way to complement prenatal care, improving the quality of lives of women and their children.

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Marques, M. C. P., Leitão, K. R. S., Sousa, S. M. A., Correa, R. G. C. F., Costa, S. M., Cutrim, T. S.  
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