Knowledge of nurses about diabetes mellitus gestacional

Conocimiento de enfermeras sobre diabetes mellitus gestacional
Conhecimento de enfermeiros acerca da diabetes mellitus gestacional

ABSTRACT

Reporting nurses' knowledge about gestational diabetes mellitus. This is a descriptive field research with a qualitative approach carried out with nurses registered in the family health strategy in a health district of a city in Paraíba. Data collection was carried out from September to October 2019 with 18 (eighteen) nurses. The data were organized into thematic categories resulting from the combination of all the statements collected and separated by unit of meaning. The thematic categories presented in the discussion were "identification of gestational diabetes mellitus"; "Follow-up x referral"; "risk behaviors"; "Many women cannot follow because they have no financial conditions". The nurses' understanding of the consequences caused by gestational diabetes is significant, as it interferes with the quality of care offered. The need for differentiated care for pregnant women was evident based on the socio-situational factor.
DESCRIPTORS: Gestational diabetes; Nurse; Basic Attention.

RESUMEN

Informar sobre el conocimiento de las enfermeras sobre la diabetes mellitus gestacional. Esta es una investigación de campo descriptiva con un enfoque cualitativo realizada con enfermeras registradas en la estrategia de salud familiar en el distrito de salud III de la ciudad de João Pessoa-PB. La recopilación de datos se realizó de septiembre a octubre de 2019 con 18 enfermeras. Los datos se organizaron en categorías temáticas resultantes de la combinación de todas las declaraciones recopiladas y separadas por unidad de significado. Las categorías temáticas presentadas en la discusión fueron "identificación de diabetes mellitus gestacional"; "Seguimiento x referencia"; "comportamientos de riesgo"; "Muchos no pueden seguir porque no tienen condiciones financieras". La comprensión de las enfermeras de las consecuencias causadas por la diabetes gestacional es significativa, ya que interfiere con la calidad de la atención ofrecida. La necesidad de atención diferenciada para las mujeres embarazadas fue evidente en función del factor socio-situacional.
DESCRIPTORES: Diabetes gestacional; Enfermera; Atención primaria.

RESUMO

Relatar o conhecimento de enfermeiros acerca da diabetes mellitus gestacional. Trata-se de uma pesquisa de campo descritiva com abordagem qualitativa realizado com enfermeiros cadastrados na estratégia de saúde da família em um distrito sanitário de cidade paraibana. A coleta de dados foi realizada nos meses de setembro a outubro de 2019 com 18 enfermeiros. Os dados foram organizados por categorias temáticas resultantes da junção de todas as falas coletadas e separadas por unidade de sentido. As categorias temáticas apresentadas na discussão foram "identificação da diabetes mellitus gestacional"; "acompanhamento x encaminhamento"; "comportamentos de risco"; "muitas não podem seguir porque não tem condições financeiras". O entendimento dos enfermeiros sobre as consequências ocasionadas pelo diabetes gestacional é significante, pois interfere na qualidade da assistência ofertada. Foi evidente a necessidade de cuidado diferenciado a gestante com base no fator sócio situacional.
DESCRITORES: Diabetes gestacional; Enfermeiro; Atenção Básica.

Elaine da Silva Santos
Nurse by the João Pessoa University Center.
ORCID: 0000-0002-7986-6231

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Thaynara Ferreira Filgueiras
Nurse by UFCG. Master in Nursing from PPGENF / UFPB.
ORCID: 0000-0001-7520-4145

Michele Alves de Carvalho
Nurse from UFPB. Master in Nursing from PPGENF / UFPB.
ORCID: 0000-0002-5512-5041

Francisco Fernandes Abel Mangueira
Nurse by UFCG. Master in Public Health from PPGSP /UEPB.
ORCID: 0000-0002-6111-7152

Bárbara Letícia de Queiroz Xavier
Nurse by UFCG. Specialist in Family Health from UNILAB.
ORCID: 0000-0003-1622-9128

Amanda Soares
Nurse by UFCG. Master in Public Health from PPGSP / UEPB.
ORCID: 0000-0001-8063-4131

INTRODUCTION

Diabetes is a complex and chronic disease that requires continuous care beyond glycemic control. In women, the main risk factor for the development of type 2 diabetes and of metabolic syndrome is the obstetric historic of Gestational Diabetes Mellitus. [1] Gestational diabetes mellitus is defined as a subtype of hyperglycemia diagnosed or detected for the first time during pregnancy with blood glycemic levels that do not meet the diagnostic criteria for diabetes mellitus. [2]

According to the criteria used by the World Health Organization, the prevalence of gestational diabetes in women over 20 years of age treated in the Unified Health System (SUS) is 7,6% and about 7% of all pregnancies are associated with this complication , resulting in more than 200.000 cases / year. Regarding the cases, 94% have impaired glucose intolerance and only 6% of them meet the diagnostic criteria for non-gestational diabetes. [3]

The universal diagnosis of the World Health Organization considers risk factors for diabetes to be age, overweight / obesity, family historic of diabetes mellitus (first degree), personal historic of metabolic and obstetric changes. [4] In Brazil, for the screening and diagnosis of gestational diabetes mellitus it is considered the criterion of financial viability and total technical availability. In the presence of these, fasting blood glucose should be performed until 20 weeks of gestational age. If fasting blood glucose is below 92 mg / dL, an oral glucose tolerance test should be performed. In situations of financial viability and partial technical availability, the tolerance test should be replaced by fasting glucose [5].

Hyperglycemia during pregnancy and the puerperium is a relevant current problem, to the detriment of the risk of perinatal changes and the development of long-term diseases for women and children. The increase in its prevalence is mainly associated with the obesity epidemic in several countries. [6]

Regarding the consequences of gestational diabetes mellitus for the fetus, one of the main ones is obesity in early childhood. [7] The purpose of prenatal care is to ensure the development of pregnancy, with a healthy newborn delivery, without impact on maternal health. [6]

The family health strategy is the pregnant woman's preferred gateway to SUS. Health professionals involved in the care of pregnant women should carry out comprehensive care actions, contemplating the protection and promotion of health, prevention of injuries and qualified listening to the needs of pregnant women, providing humanized care and establishing a bond. [8]

In view of the issues discussed, it is undeniable the importance of nurses' knowledge about the actions provided to pregnant women with gestational diabetes mellitus, in view of the specific needs of each case. Thus, the intervention provided in primary care is essential for the control and / or prevention of maternal-fetal complications.

To this end, this study aims to report nurses' knowledge about nursing care for women with gestational diabetes mellitus.

METHOD

This research is a descriptive field study with a qualitative approach, it was carried out in basic family health units in health district III in the city of João Pessoa in the state of Paraíba.

The non-probabilistic sample was composed of 18 nurses delimited with the inclusion of those who monitored pregnant women in the health service; and who had at least 1 (one) year of experience in the family health unit. The exclusion criteria that were used: nurses who were not present at the family health unit at the time of data collection and did not meet the inclusion criteria.

Data were collected in the months of September to October 2019, using a non--validated questionnaire. With the conclusion of the collection, the data were organized into thematic categories resulting

from the combination of all the collected statements, shuffling them and connecting the answers that correspond to a unit of meaning, presenting a similar theme regardless of the objective. Data analysis was performed according to the thematic content analysis defined by Minayo. [9]

This study was approved by the Ethics and Research Committee of the Centro Universitário de João Pessoa under the CAAE number: 16381319.0.0000.5176.

RESULTS AND DISCUSSION Characterization of the sample

Regarding the variables investigated, it was observed that 77,8% (n = 14) of nurses who participated in the interview were aged between 30 and 50 years. As for training time, 55,6% (n = 10) were between 21 and 37 years old; 94,4% (n = 17) worked in primary health care for four to twenty years. The predominant academic title in the group was that of health nurses with a representation of 66,7% (n = 12).

Category 01 - Identification of Gestational Diabetes Mellitus

In this category, it was possible to identify through the statements that the diagnosis of gestational diabetes is based, mainly, on the glycemic changes in the routine exams.

> [...] is the increase in the woman's glycemia during pregnancy. It occurs when there is a deregulation in the metabolism of the pregnant woman who already has a predisposition to develop gestational diabetes. [...] (N10)

> [...] it is a metabolic disease, which is caused by an increase in blood glucose. We can define how intolerance to glucose and sugar exceeded in the blood does not stop forming content for blood cells. [...] (N12)

Glycemic changes are related to the physiology of the disease. Gestational dia-betes has maternal and child consequences, being the main risk factor for the increase in infant morbidity and mortality. [10] Based on the need to assist and intervene pregnant women with early gestational diabetes, the knowledge presented by the nurses in this study is justified, through the insertion and implementation of public health policies aimed at maternal and child care in Brazil.

It is noteworthy that the request for tests to check blood glucose was cited as the gold standard in the diagnosis of gestational diabetes. As noted in the nurses' reports:

> [...] During prenatal consultations, we request the tests for fasting glucose, glycemic curve and glucose intolerance test for the identification of gestational diabetes mellitus. [...] (N16)

> [...] With the request for specific tests, such as fasting glucose and glucose tolerance test, glycemic curve, etc. [...] (N17)

According to the statements, no protocols for the diagnosis of gestational diabetes mellitus were mentioned by any interviewee. Research can be based on the criteria of the World Health Organization [11], but also by the criterion of financial viability and total or partial technical availability. [5]

Category 02 - Monitoring and referral

Participating nurses, when identifying a pregnant woman with gestational diabetes mellitus, refer them to high-risk monitoring at the city's reference unit. In the health care network, services are planned according to the user's needs criteria and stratifying the risks with a view to qualified service. [12]

> [...] high-risk pregnancies are followed up and referred to the doctor. Because then the doctor will explain all the risks and will provide more specialized follow-up and monitoring, according to the changes found in the pregnant woman's exams. [...] (N5)

Associated with the health of the pregnant woman, high-risk care is essential to reduce infant-maternal morbidity and mortality, as high-risk pregnancies affect the health of the mother and / or the fetus and / or the newborn, reaching their growth and development, causing diseases throughout life. [13]

Assistance during prenatal care has the purpose of identifying problems, preventing an unfavorable result later, however, failure to control prenatal care can strengthen maternal and child risks, contributing to the occurrence of complications and making assistance capable of avoid serious morbidity, maternal or fetal death. [14]

Category - Risk behavior

Healthy habits, such as food and exercise, were mentioned by nurses, especially when pregnant women are monitored during prenatal care:

> [...] The decrease in the intake of foods rich in sugars, generates one linked to the gestational period, with a greater probability of macrosomia, hypoglycemia and prematurity. [...] (N9)

> [...] we advise on the importance of healthy eating and the introduction of exercises in the pregnant woman's routine. [...] (N18)

The implementation of healthy food consumption and the introduction of physical exercises directly contribute to maternal well-being by improving aerobic capacity, helping control type II and gestational diabetes, preventing weight gain and increasing the functionality of the gastrointestinal system. Emphasizing also the importance of professional guidance in the choice of exercises to respect the physical limits of pregnant women. [15]

Category - "Many cannot follow because they cannot afford it"

According to the Brazilian Diabetes Society, gestational diabetes tre-

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atment is carried out based on three modalities: health education, self-monitoring strategies and pharmacological actions. To this end, the interdisciplinary team must appropriate the necessary qualifications and practical experiences in health education activities for successful therapy. [16]

It was observed in one of the statements how important it is to consider the living conditions of the family that has a pregnant woman with diabetes. Studies show a deficit in carrying out consultations in pregnant women with lower socioeconomic status. [17] Thus, the socioeconomic factor is closely linked to the successful treatment of gestational diabetes:

[...] sometimes the nutritionist prescribes that diet and many cannot follow it because they cannot afford it, as this food is more expensive and pregnant women cannot afford to do it. I already had a pregnant patient here who was diabetic and I was giving her guidance, worrying because every consultation that she came with the weight increased in the month 3 to 4 kilos and I would advise her on healthy eating, right! And she said: Yes, there are days that I eat bread because the neighbors give it to me, and my husband is unemployed, how am I going to diet? And that shocked me a lot, because sometimes we impose something and it is not the user's reality and from that day on I started working differently, talking, and listening to what he can eat [...] (N1)

CONCLUSION

Qualified prenatal care with differential strategies for the prevention of gestational diabetes is decisive for the successful glycemic control of pregnant women, always aiming at free access to the nursing care offered by family health units.

The result of this study points out that nurses have adequate knowledge on the subject. However, it is important that they participate in ongoing updates and training. Despite the existing limitations, this study provides health professionals with an understanding of the deficiencies in care and access of users to health units, contributing to the lack of adequate monitoring during the prenatal period. ■

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