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The importance of health education for pregnant women during the follow-up of the gravidic puerperal cycle

La importancia de la educación en salud para las mujeres embarazadas durante el seguimiento del ciclo puerperal gravídico A importância da educação em saúde para as gestantes durante o acompanhamento do ciclo gravídico puerperal

ABSTRACT

Introduction: Pregnancy is an event of great significance in a woman's life and permeated by values, transformations and special moments, being experienced in different ways in a woman's life. Objective: Describe the importance of health education for pregnant women during the monitoring of the pregnancy-puerperal cycle in a Basic Health Unit in Belém do Pará. Method: product of an extension project institutionalized by the Centro Universitário do Pará (CESUPA), composed of a multidisciplinary team of academics from the courses of: 7th period of Nursing, 4th period of Medicine, 6th period of Dentistry and 5th period of Nutrition. The action took place at the Basic Health Unit, in the neighborhood of Guamá in Belém-Pa. 12 pregnant women participated, those who regularly attended prenatal care were included, excluding those who started prenatal care in the 2nd trimester. The uptake was during consultations by health professionals. The analysis was by Bardin.Result: The knowledge of pregnant women about prenatal care contributes to the care of the mother-child binomial, university extension and a contributory factor to improve the inter-relationship with health professionals, academia and the community. Final consideration: We believe that the woman's knowledge in relation to prenatal care contributes to personal and baby care and that university extension is a contributory factor to improve the inter-relationship with health professionals, academia and the community. **DESCRIPTORS:** Health Education; Pregnant women; Puerperium.

RESUMEN

Introducción: el embarazo es un evento de gran importancia en la vida de una mujer e impregnado de valores, transformaciones y momentos especiales, que se experimenta de diferentes maneras en la vida de una mujer. Objetivo:Describir la importancia de la educación para la salud de las mujeres embarazadas durante el monitoreo del ciclo embarazo-puerperal en una Unidad Básica de Salud en Belém do Pará. Método: producto de un proyecto de extensión institucionalizado por el Centro Universitario del Pará (CESUPA), compuesto por un equipo multidisciplinario de académicos de los cursos de: 7º período de Enfermería, 4º período de Medicina, 6º período de Odontología y 5º período de Nutrición. La acción tuvo lugar en la Unidad Básica de Salud, en el barrio de Guamá en Belém-Pa. Participaron 12 mujeres embarazadas, se incluyeron aquellas que asistieron regularmente a la atención prenatal, excluyendo a aquellas que comenzaron la atención prenatal en el segundo trimestre. La aceptación fue durante las consultas de profesionales de la salud. El análisis fue de Bardin.Resultados: Las mujeres embarazadas deben tener acceso a la acción educativa para aclararlas y prepararlas mejor para los momentos que han estado viviendo, tomando decisiones sobre el parto, el puerperio y la lactancia.Considération finale: El conocimiento de las mujeres embarazadas sobre la atención prenatal contribuye a la atención del binomio madre-hijo, la extensión universitaria y un factor contribuyente para mejorar la interrelación con los profesionales de la salud, la academia y la comunidad.

DESCRIPTORES: Educación para la salud; Mujeres embarazadas; Puerperio.

RESUMO

Introdução: A gravidez é um evento de muita significação na vida da mulher e permeada por valores, transformações e momentos especiais, sendo experimentados de formas diferentes na vida de uma mulher. Objetivo: Descrever a importância da educação em saúde para as gestantes durante o acompanhamento do ciclo gravídico-puerperal em uma Unidade Básica de Saúde em Belém do Pará. Método: produto de um projeto de extensão institucionalizado pelo Centro Universitário do Pará (CESUPA), composto por uma equipe multidisciplinar de acadêmicos dos cursos de: do 7º período de Enfermagem, 4º período de Medicina, 6º período de Odontologia e 5º período de Nutrição. A ação foi na Unidade Básica de Saúde, no Bairro do Guamá em Belém-Pa. Participaram 12 gestantes, foram inclusas as que frequentavam regularmente o pré-natal, exclui-se as que iniciaram o pré-natal no 2º trimestre. A captação foi durante as consultas pelos profissionais de saúde. A análise foi de Bardin. Resultados: As gestantes devem ter acesso à ação educação para esclarecer e prepará-la para alterações vivenciadas, prepara-las para decisões ao parto, puerpério e amamentação. Considerações finais: O conhecimento das gestantes sobre o pré-natal contribui

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para o cuidado ao binômio mãe-filho, a extensão universitária e um fator contributivo para melhorar a inter-relação com os profissionais de saúde, academia e comunidade.

DESCRITORES: Educação em Saúde; Gestantes; Puerpério.

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INTRODUCTION

regnancy is an event of great significance in the woman's life and permeated by values, transformations and special moments, being experienced in different ways in the life of a woman. 1 It is characterized as a period of physical and emotional changes, which fortunately are considered normal changes, being temporal since they are based on hormonal changes.

The experience of changes by the pregnant woman varies each trimester, with manifestations of ambivalence, such as fear, anguish and doubts about being pregnant or not, as well as feelings of joy,

apprehension, unreality and, in some cases, rejection of the baby. ²

To ensure the proper development of pregnancy, enabling a normal delivery and a healthy child, it is recommended as early as possible to perform prenatal care, which is of fundamental importance in preventive measures, early diagnosis of any risk, as well as immediate diagnosis of silent pathologies during the puerperal pregnancy period, avoiding harmful situations for the mother-child binomial.

It is during prenatal care that it is necessary to clarify and assist in the diagnosis of any change in the health of the binomial. To better clarify doubts and misconceptions about the puerperal pregnancy cycle

of pregnant women, couples and/or family, nursing makes use of educational actions, which is facilitated by the approach and link with the population in carrying out mainly the promotion and prevention measures health, in addition to encouraging self-care during the puerperal pregnancy cycle. 3

When thinking about educational actions, he refers to the act of educating as positive and real concrete and effective actions, trying to be clear and precise without much ado, avoiding clarifying doubts, which must be continuous and reciprocal. These educational practices are part of the nurse's care work, in an attempt to emphasize the exchange/transmission

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of information and the change in behavior of pregnant women, aimed at health promotion, disease prevention, with emphasis on knowledge of the health-disease process for coping with their problems. ⁴

The initial training in nursing has an essential role in the formation of skills for educational action. The National Curricular Guidelines (Diretrizes Curriculares Nacionais - DCNs), in force since 2001, reaffirm the need and the duty of Higher Education Institutions to train health professionals focused on the needs of the Unified Health System (SUS), with the purpose of adapting training in health to the health needs of the Brazilian population. ⁵

The Federal Nursing Council (Conselho Federal de Enfermagem - COFEN), through its resolution No. 593/2018, attributes to the nursing professional the responsibility for the Nursing Permanent Education Service, carrying out educational actions addressing the promotion and prevention of diseases and conditions, in addition to issues ethical and disciplinary. 6 It is necessary to reiterate that the nursing professional must be able to develop the educational actions in a team in the search for integration and institutional support.

In this context, the educational action has been addressing social practice, contributing to better clarify pregnant women regarding their doubts and concerns that arise during the puerperal pregnancy cycle, which makes educational action one of the best ways to contribute to the prenatal care of the binomial.

OBJECTIVE

Describe the importance of health education for pregnant women during the monitoring of the postpartum pregnancy cycle in a Basic Health Unit in Belém do Pará.

METHOD

This article was the product of an institutionalized extension project by the Centro Universitário do Pará (CESUPA), composed of a multidisciplinary team of

academics from the courses of: 7th period of Nursing, 4th period of Medicine, 6th period of Dentistry and 5th period of Nutrition. Qualitative descriptive research, research-type participants. The action was developed in a Basic Health Unit, in the neighborhood of Guamá in Belém-Pa. At the UBS under study it is possible to make appointments for the areas of General Practice, Pediatrics and Gynecology. In addition, this unit is also prepared to provide medical, dental, nutritional, nursing and other care. In parallel to disease prevention, the Basic Health Unit works on other primary fronts to protect the health of users, such as providing accurate diagnosis and offering appropriate treatment and rehabilitation to users.

This Municipal Health Unit is part of the public service network, also with the operation of AMA (Ambulatory Medical Assistance), ESF (Estratégia de Saúde da Família - Family Health Strategy) and do PSF (Programas de Saúde da Família - Family Health Programs).

Twelve pregnant women who were experiencing the changes of a pregnancy participated. The inclusion of participants was to be enrolled in prenatal care with an active frequency in consultations. Exclusion occurred with pregnant women who started late prenatal care (second trimester).

The capture of the participants was through the scheduling of the pregnant women by the health professionals of the Basic Unit at the time of the prenatal consultation. The data were produced through group dynamics, organized intentionally in February 2020, aiming to understand knowledge, clarifying doubts and difficulties that may arise during the pregnancy-puerperal period, the meeting lasted approximately 60 minutes, between educational action, with group dynamics.

The approach was based on a guide script with open questions (elaborated by the components of the extension project), semi-structured, composing previously established questions, allowing the inclusion of addressing other issues during the

educational action to better clarify the questions, doubts and questions of pregnant women at the time of action.

The topics covered were: Importance of prenatal care; Importance of educational health action for pregnant women during prenatal care; Main bodily and emotional changes (what is felt / which symptoms) in pregnancy; Care you should take during pregnancy, childbirth and the puerperium (hygiene care, food, breast care, physical activity, sexuality); Importance, benefits and care of breastfeeding for the binomial, Legal benefits that the binomial is entitled to (choice of type of delivery, exams, vaccines, family planning).

To initiate the educational action, participants from the extension project and the objectives of the action were introduced, as well as the methodologies that would be used. In order to promote the presentation and socialization among the participants, a dynamic called "Who is she?" Was carried out, where each participant had 3 minutes to meet the colleague next to her and present her to the group. This dynamic had the following objectives: integration , interaction, relaxation, vitalizer, warm-up.

The participants sit in a circle, each one was randomly given a small paper with questions about the puerperal pregnancy period, and the answers were contained in the participant's card, seeking to better clarify and remove the doubts and/or existing difficulties. The corpus was organized and analyzed by the Bardin technique. ⁷

RESULT

In the approaches through an educational action and thinking about improvements in the quality of life directed to a certain population, the actions must also be used in an attempt to develop activities of various segments with the community, disseminating information aimed at health promotion measures, prevention diseases, minimize risks (Visible and Invisible), prevention and promotion of vulnerability, seeking to improve the quality of life in the use of self-care.

Consequently, the educational actions also aim to encourage the creation of spaces for social inclusion, with actions that expand the feeling of social belonging in the communities, in the search for the integration of the acquired knowledge, aiming at the reduction of problems and damages resulting from diseases (such as hypertension) , diabetes, depression, STIs/AIDS, etc.), activities and actions that favor the reduction of medication consumption, that favor the formation of social support networks and that allow the active participation of the participants. ⁸

The carrying out of educational actions during all the stages of the pregnant-puerperal cycle is very important, and must be valued by all health professionals, since the educational process is an instrument for the socialization of knowledge, health promotion and prevention of diseases. It can contribute to autonomy in acting, enabling those involved to become active subjects, insofar as it contributes to valuing skills, self-esteem, self-confidence and self-realization. ⁹

In order for the educational action to have a better participation by pregnant women and to facilitate learning through illustrations, the need was felt to carry out the actions using educational health technologies. Thus, this action was supported by the dialogues of Emerson Elias Merhy who classifies the technologies as: light, light-hard and hard. The technologies are comprehensive, through analysis of the entire production process, up to the final product. Light technologies are those of relationships; the soft--hard ones are those of structured knowledge, such as theories, and the hard ones are those of material resources. 10

The application/use of technologies reiterates and renews the value in the work process, aiming at a better understanding of health activities, being considered a process of restructuring health care models that can reinforce the colonization of health practices by an eminently economicist logic. The adoption of light technologies in health work permeates the processes of welcoming, bon-

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ding and comprehensive care as managers of health actions.

After the bibliographic survey and support of Merhy's reference, the participants of the extension project started the educational action using educational technology in health aiming at facilitating the understanding and stimulating the participation of pregnant women, through a serial album, illustrated with the themes to be addressed in the action. For illustration, the tools of the "Pixon" website (https://www.pixton.com/) were used and the layout was made using the Corel DRAW Graphics Suite X6 program.

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The participants are organized in a circle, each one received at random, a small paper with questions about the puerperal pregnancy period, and the answers were contained in the participant's card, to better clarify and remove the doubts and / or difficulties existing among the pregnant women.

Even though they were instructed about the importance of the partners and or the child's father participating in this moment, unfortunately we did not have any participation. The presence of the child's partner/father at all times scheduled during prenatal care is emphasized, as it can help during the difficulties, changes and doubts that arise at the time, and may also propose the bond with the baby and understand more about the cycle.

When approached regarding the importance of prenatal care, it was possible to identify that pregnant women are able to relate the importance of prenatal care to the health of her and her baby through

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examinations, consultations, monitoring with health professionals, reducing the risk of illness or any health problem for her and her child. They also reported that prenatal care can contribute to a normal delivery and a healthy child. In addition to addressing the obligation to perform prenatal care as a right to health. It was also evident in their speeches the need to have their partner at their side at this important moment, which made it difficult for them because of the need to be at work.

It is during prenatal care that health care opportunities are provided through observation, diagnosis and treatment of the binomial Mother and child during the pregnant puerperal cycle. Monitoring, guiding, supervising and maintaining normal pregnancy, avoiding and controlling risks, providing support and educating pregnant women and partners represent the foundations of good prenatal care.

The first visit to the health unit is very important because, from there, the doctor and / or the nurse can assess the pregnancy risk, even before having access to laboratory test results. To protect maternal and child health, the pregnant woman needs to know what is happening to herself and the fetus, what measures to take and what they mean. It is necessary that, after the first consultation, the pregnant woman can recognize dangerous symptoms, which require prompt care in the initial period of pregnancy. The same educational care must extend to subsequent visits and educational actions so that the child enjoys the benefits of a properly controlled pregnancy.¹¹

We can see that prenatal care is essential to improve care for pregnant women, reducing maternal and perinatal morbidity and mortality rates. This period is a "decoy" for pregnant women, as it is when they acquire the confidence that they will have a quality and well-observed pregnancy. ¹²

Emphasizing that this father's right to accompany in consultations and exams, the boss will not be able to deduct from his salary. The father has the right to pater-

nity leave for a period of five days, in accordance with federal constitution/88 in its article 7, XIX and art. 10, brought in the act of Transitional Constitutional Provisions, established by the magna cargo. On March 8th, 2016, law 13.257/2016 was published, the law establishes paternity leave for employees of companies that participate in the corporate citizen program. In accordance with Law No. 11.770 of September 9th, 2008, Articles 1, 3, 4 and 5 now make changes valid for 15 days, the duration of the license, in addition to the 5 days set out in Article 1 10 of the Transitional Constitutional Provisions Act. The right to extend from 5 days of leave to 20 days is only valid for employees working in companies that are part of the corporate citizen program. 13

When addressing the importance of educational health action for pregnant women during prenatal care, those reported again turned to prenatal care, where they highlighted the value of health education as part of the prenatal activities offered by services health in basic units; what comes to value and draw the attention of pregnant women to pay attention to prevention and risk recognition measures and diseases in pregnancy, making it necessary to learn the main care for the newborn, highlighting the concern of all pregnant women for the preparation of the baby's birth.

Women perceive the need and yearn to receive information during prenatal care, and at the same time end up being multipliers of knowledge with their peers, because when exchanging experiences and information they generate powerful transforming sources of their limitations and needs, acquiring control over their body and decision-making power over your pregnancy. ¹¹

When approached about the main physical and emotional changes (what is felt/which symptoms) in pregnancy, it

was evidenced that pregnant women undergo numerous changes and changes in their body and behavior. Although not all are apparent, the changes for some pregnant women are characterized as normal/physiological, being aware of the series of physical, hormonal and psychological changes that have been happening to them at the beginning of pregnancy.

It is noteworthy that it is time to clarify that these changes can be alleviated with adequate supplements, physical activities, meditation, yoga etc. There are also medications to relieve the symptoms of possible depression without risk to the baby, as long as it is prescribed by your doctor.

Importance, benefits and care of breastfeeding for the binomial, Legal benefits that the binomial is entitled to (choice of type of delivery, exams, vaccines, family planning). Care you should take during pregnancy, childbirth and the puerperium (hygiene care, food, breast care, physical activity, sexuality).

As for the care you should take during pregnancy, childbirth and the puerperium, addressing hygiene care, food, breast care, physical activity, sexuality. At this point, several doubts arose regarding dietary guidelines, and it was clarified that at this time it should be avoided: fatty, spicy food, sweets and caffeine, pay attention to the care with raw foods, you should eat in small quantities several times a day. Recommends suspending heavy sports activities until the beginning of the 2nd quarter; when completing 2nd semester you can do activities without impact. Pay attention to the vaccine scheme, folic acid (in the 1st trimester); Vitamin supplement for pregnant women until breastfeeding is interrupted (Y/N). Sexual activities, released if there is no bleeding or other complications.

Thus, it becomes necessary for the health sector to be open to social changes and to fulfill its role of educator more broadly in the search for health promotion and disease prevention. Pregnant women are an important group in the learning process, but it is worth reinforcing the need to get together with partners and family.

Through talking about women during the educational action and performing group dynamics, it was evident that: during the puerperium, the greatest difficulty was the need to better clarify the doubts faced at the beginning of breastfeeding, since they complain of pain when breastfeeding, the baby cries a lot, has difficulty picking up the breast, finds the milk weak and does not feed the baby well, which perceives the need to better clarify doubts and try to reduce them, continuity of breastfeeding must be inserted and will depend on good integration: mother, newborn, family and health professional. However, there are maternal situations that indicate it, such as women who are under treatment or have been treated for breast cancer, treatment of pulmonary tuberculosis, HIV positive, types of nipples (introverted), doubts that must be clarified as early as possible so that it cannot bring harm to these pregnant women.

Breastfeeding is the act of feeding a baby with maternal milk, through the mother's breasts, being the best option to nourish the baby in the first years, which has been recommended for its exclusivity until the first 6 months, not being recommended during this period. time, no supplement, not even water, should be offered. Breast milk already has all the necessary nutrients to feed and hydrate the baby. 15

It is noteworthy that the first feeding can take place right in the delivery room. When the baby is born, the ideal is to be placed skin to skin with its mother, when it will seek the breast through the sucking reflex, as breastfeeding is something natural and physiological for humans, it should be learned and taught, defines Loretta Campos, pediatrician and international breastfeeding consultant. 16

With the handling of the dynamics during health education, it was expressed with the papers asking the questions that got the answers on the pregnant women answer card, the other difficulties reported by the pregnant women in the pregnancy-puerperal period were: adequate food, personal hygiene, exerIt is noteworthy that the first feeding can take place right in the delivery room. When the baby is born, the ideal is to be placed skin to skin with its mother. when it will seek the breast through the sucking reflex, as breastfeeding is something natural and physiological for humans, it should be learned and taught, defines Loretta Campos, pediatrician and international breastfeeding consultant.

cises, clothing, family support, among others where the group aimed at the interaction of both primiparous mothers, and secondary pregnancies, multiparous mothers who were present in order to clarify both the minimum doubts and the most complex doubts that could come to have.

Among the doubts and difficulties clarified to the group of women were: breastfeeding and related doubts at the time of breastfeeding, of the correct grip, of instructing them regarding the types of nipples that each woman may have (protrusion, plan, vested), there were also doubts about which foods they could avoid or prefer, in terms of clothing, doubts related to physical exercise.

It is noteworthy that in several studies it has been addressing the importance of the care that must be taken during the pregnancy-puerperal cycle, these must be individualized, in order to meet the needs of the mother-baby pair, respecting the beliefs and opinions of the woman and of her family about care at this stage of life, reinforcing the need for immunizations as a specific form of protection and giving the pregnant woman freedom to choose the type of delivery of her choice.

CONCLUSION

The importance of educational action in line with the prenatal period and an important activity in the identification of factors that may increase the risk of complications during pregnancy and assist in decision making in the appropriate measures.

The educational activities with the pregnant women to be carried out must have a clear, precise and understandable language, in order to meet the demand to be worked on, and must be aimed at promoting general guidance on pregnancy care, physiological and emotional changes, care with the newborn, breastfeeding, exams, vaccines, physical activities, feeding, sexual life and family planning, as well as seeking the involvement of the partner / father and family, considering the contribution they can make during

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the pregnant puerperal cycle. It is also necessary to know and respect culture, belief, religions and popular knowledge to facilitate the active participation of women during the cycle and the right to choose the type of delivery, treatment and rehabilitation.

It is important to address that during the puerperal pregnancy period there are several difficulties and doubts and physical, emotional and routine changes for the arrival of the new family member. In addition, puerperal women tend to focus attention on the newborn, which favors the appearance of stressful/disruptive situations in their new daily lives, such as changes in psychosocial behavior.

Therefore, it is necessary to infer the needs and desire of pregnant women to receive information during educational activities, which can be knowledge multipliers, since, when exchanging experiences and information, they generate sources that transform their limitations and needs, acquiring mastery to face changes in the environment. puerperal pregnancy cycle and decision-making power over your pregnancy. Communication and health information (professionals/pregnant women/family members) must be prioritized in the course of prenatal care in any service, information and experiences through educational actions promote understanding during the cycle.

Thus it can be said that it is through educational actions that the difficulties/ doubts of pregnant women are also evidenced and clarified, since they are very relaxed and working in group dynamics that bring people together and awaken them to speak through reports of experiences lived previously what was discussed by the group participants. Thus, educational actions through group dynamics encourage the identification process by strengthening training both individually and collectively in the group.

Thus, health education actions must be carried out from the beginning of prenatal care for pregnant women by health professionals, especially nurses, because through education this woman acquires more knowledge to experience childbirth in a positive way, having less risk of complications in the puerperium and more successful breastfeeding and being able to experience a pregnancy, childbirth and puerperium with knowledge and prepared for all moments, being better prepared for this confrontation.

It is also noteworthy that the extension project will reinforce the idea of creating a better rapport in the interpersonal relationship with the professionals and manager of the health unit, academia community. It is reinforced that when developing the activity of educational action being considered a historical practice developed by Nursing, where in its pedagogical project care is focused on a holistic and humanized approach, educational action for professional assistance is necessary and essential differentiated, as well as contributing to the training of this professional and to the teaching-learning process in academic and health spaces.

REFERENCES

- 1. Mendes PDG., et al. O papel educativo e assistencial de enfermeiros durante o ciclo gravídico-puerperal: a percepção de puérperas. Rev. Interd. v. 9, n. 3, p. 49-56, jul. ago. set. 2016.
- 2. Ramos, GC; Jesus, MMT de; Mellin, AS. Pré-natal: ação educativa do enfermeiro na Unidade Básica de Saúde. Faculdade de Enfermagem. Revista Baiana de Enfermagem, Salvador, v. 24, n. 1, 2, 3, p. 11-22, jan ./dez. 2016.
- 3. Peixoto, S. Manual de assistência pré-natal / Sérgio Peixoto. -- 2a. ed. -- São Paulo : Federação Brasileira das Associações de Ginecologia e Obstetrícia (FEBRASGO), 2014.
- 4. Minello, RD. Práticas Educativas: A Interdisciplinaridade como Estratégia para a Aprendizagem no Ensino Fundamental. Revista Científica Multidisciplinar Núcleo do Conhecimento. Ano 2, Ed. 01, Vol. 1. pp 220-239, Abril de 2017.
- 5. DIÁRIO OFICIAL DA UNIÃO. Ministério da Saúde. Conselho Nacional de Saúde. Resolução Nº 573, de 31 de Janeiro de 2018. Publicado em: 06/11/2018. Edição: 213. Seção: 1. P. 38.
- 6. Conselho Federal de Enfermagem (COFEN). Resolução COFEN N° 593/2018. 09/11/2018
- 7. Bardin L. Analise de Conteúdo. São Paulo: Edições 70, 2011, 229 p.
- 8. Zampieri MFM, Gregório VRP, Custódio, ZAO, Regis MI, Brasil C. Processo educativo com gestantes e casais grávidos: possibi-

- lidade para transformação e reflexão da realidade. Texto contexto. enferm. vol.19, n°4. Florianópolis. Oct./Dec. 2010.
- 9. Merhy EE. Saúde: a cartografia do trabalho vivo. 2ª ed. São Paulo: Hucitec; 2005. [Links].
- 10. Souza VB., Roecher S., Marcon SS. Ações educativas durante a assistência ao pré-natal: Percepção das gestantes atendidas na rede básica de Maringá- PR. Revista Eletrônica de Enfermagem, Goiânia, v.13, n.2, p. 199-210. 2011.
- 11. Anversa ETR. Qualidade do processo da assistência prénatal: unidades básicas de saúde e unidades de Estratégia Saúde da Família em município no Sul do Brasil. Cad Saúde Pública [serial on the internet]. 2012 [cited 2014 Oct 17];28(4):789-800. Available from: http://www.scielo.br/pdf/csp/v28n4/18.pdf
- 12. Santos, VS dos. "Amamentação"; Brasil Escola. 01/08/2018. Disponível em: https://brasilescola.uol.com.br/biologia/amamentacao.htm. Acesso em 02 de agosto de 2020.
- 13. Hospital Universitário da Universidade Federal da Grande Dourados. Filial da Empresa Brasileira de Serviços Hospitalares. Ministério da Educação Manual de Normas e Rotinas de Aleitamento Materno do HU-UFGD/EBSERH, 2017. 102 páginas. Aprovado pela portaria 22 em 22 de fevereiro de 2019, publicado no Boletim de Serviço nº 178, de 25 de fevereiro de 2019, anexo à Portaria nº 22.