

ORIGINAL ARTICLE

CONTRIBUTIONS FROM A GROUP OF PREGNANT WOMEN AND PREGNANT COUPLES TO THEIR PARTICIPANTS

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ABSTRACT

Objective: to know how a Group of Pregnant Women and Pregnant Couples has contributed to the experience of the process of pregnancy, childbirth and the puerperium in the perception of the participants.

Method: qualitative study, carried out with the group of pregnant women at a public university in the south of the country, with pregnant women and companions. Data were collected between October 2017 and March 2018 through document analysis and interview. The data were analyzed qualitatively.

Results: three categories related to pregnancy, childbirth and birth and the puerperium were generated, demonstrating the positive contributions of the group, assisting in the sharing of experiences by women and obtaining relevant knowledge and information to the processes experienced.

Final considerations: participation in the group in the pregnancy and puerperal cycle contributes to decision-making based on scientific knowledge and to changes in the birth process in the society.


DESCRIPTORS: Health Education; Obstetric Nursing; Prenatal care; Childbirth; Postpartum Period.

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CONTRIBUIÇÕES DE UM GRUPO DE GESTANTES E CASAIS GRÁVIDOS PARA SEUS PARTICIPANTES

RESUMO

Objetivo: conhecer como um Grupo de Gestantes e Casais Grávidos tem contribuído para a vivência do processo de gestação, parto e puerpério na percepção dos participantes.

Método: estudo qualitativo, realizado junto ao grupo de gestantes de uma Universidade pública do sul do país, com gestantes e acompanhantes. Os dados foram coletados entre outubro de 2017 e março de 2018 mediante análise documental e entrevista. Os dados foram analisados qualitativamente.

Resultados: foram geradas três categorias relativas à gestação, parto e nascimento e puerpério, demonstrando as contribuições positivas do grupo, auxiliando no compartilhamento de experiências pelas mulheres e obtenção de conhecimentos e informações relevantes para os processos vivenciados.

Considerações finais: a participação no grupo no ciclo gravídico e puerperal contribui para a tomada de decisões baseadas no conhecimento científico e para as transformações do processo de nascimento na sociedade.

DESCRIPTORIOS: Educação em Saúde; Enfermagem Obstétrica; Cuidado Pré-natal; Parto; Período Pós-Parto.

CONTRIBUCIONES DE UN GRUPO DE GESTANTES Y PAREJAS EMBARAZADAS A SUS PARTICIPANTES

RESUMEN:

Objetivo: saber cómo un Grupo de Mujeres Gestantes y Parejas Embarazadas contribuyó a la experiencia del proceso de embarazo, parto y puerperio en la percepción de los participantes.

Método: estudio cualitativo, realizado con el grupo de mujeres embarazadas en una universidad pública del sur del país, con mujeres embarazadas y acompañantes. Los datos se recopilaron entre octubre de 2017 y marzo de 2018 a través del análisis de documentos y entrevistas. Los datos fueron analizados desde un enfoque cualitativo.

Resultados: se generaron tres categorías relacionadas con el embarazo, parto y nacimiento y puerperio. Se demostró que las contribuciones del grupo fueron positivas, dado que a través del mismo es posible compartir las experiencias de las mujeres y obtener conocimientos e información relevantes para los procesos experimentados.

Consideraciones finales: la participación en el grupo durante el embarazo y el puerperio contribuye a la toma de decisiones basadas en el conocimiento científico y a la transformación del proceso de nacimiento en la sociedad.

DESCRIPTORIOS: Educación en Salud; Enfermería Obstétrica; Cuidado Prenatal; Parto Período Posparto.

INTRODUCTION

The pregnancy-puerperal process is a unique, indescribable and exciting experience, but it is often experienced with ambivalent feelings, such as fear, anxiety, happiness, joy and love. In addition, it is also a moment of great overcoming for women and men⁽¹⁾, as the arrival of a new member sets up a new family structure, with different demands, changes, transformations and challenges.

Despite the prenatal consultation being a space for health education, it has not been used to deepen these themes due to the fragility in the relationship established among pregnant women and professionals, making it difficult to stimulate women's autonomy and humanized care practices in the childbirth and birth⁽²⁾. Thus, it is necessary to build a respectful and bonding relationship among women and professionals, an essential and priority strategy for humanized care⁽³⁾.

Contributing to the qualification and complementation of prenatal care, participation in groups of pregnant women empowers women to choose how they will conduct their labor and childbirth⁽⁴⁾. Thus, the woman becomes an active subject in this process, through the knowledge acquired as a participant in educational activities such as groups of pregnant women⁽⁵⁾. It is also in this context that health education reflects on the transformation of perception and coping with events in the woman's pregnancy cycle, instigating the exchange of knowledge, the clarification of questions, the conduction of criticisms and the promotion of health⁽⁶⁾.

The groups of pregnant women enable the sharing of knowledge and interaction among the professionals who integrate the groups and their participants, corroborating for improvements in the physical, mental and emotional health of women in the pregnancy-puerperal cycle. In this perspective, health education activities act as tools to promote health and develop a critical and reflective awareness⁽⁷⁾.

Considering that the group of pregnant women and pregnant couples is an activity of health education complementary to prenatal care, and which has been stimulated by current public policies in the obstetric and neonatal area, for humanized and qualified care, it is believed that this study can contribute to modify ineffective obstetric practices and stimulate the creation of educational spaces that strengthen the experiences of women during pregnancy, childbirth and the puerperium.

Thus, the objective of this study is to know how a Group of Pregnant Women and Pregnant Couples has contributed to the experience of the process of pregnancy, childbirth and the puerperium in the perception of the participants.

METHOD

Exploratory-descriptive study, with a qualitative approach, carried out in a Group of Pregnant Women and Pregnant Couples, an extension project of a public University in southern Brazil.

The Group of Pregnant Women and Pregnant Couples involved in this research, founded in 1996, is an interdisciplinary extension activity, consolidated at the referred University, with the aim of promoting the exchange of knowledge and experiences about pregnancy, childbirth and the puerperium, allowing the expression of feelings, doubts and desires of women and their companions⁽⁸⁾.

Teachers, health professionals, undergraduate and graduate students, predominantly in nursing and psychology, participate in the educational activities. The project also offers paid and voluntary extension scholarships and scientific initiation scholarships⁽⁹⁾.

Pregnant women and their companions enrolled in the Group of Pregnant Women and Couples participated in the study in 2017. As a result of the group, the participants reunite parents and babies, approximately one month after the birth of the last baby of the group, in order to socialize the experiences about childbirth and the puerperium and identify the contributions of the educational activity to the pregnancy-puerperal cycle. The meetings are held in a room attached to the University Hospital, with the exception of the last meeting that takes place inside the hospital for the visit to the maternity. As an inclusion criterion, the participation of the puerperal woman and companions in the reunion of parents and babies was adopted.

Qualitative data were collected on the documental basis of the extension project, including the registration forms, attendance lists, group programs and testimonies of pregnant women and companions in the group's evaluation forms. The semi-structured individual interviews were carried out in the reunions of parents and babies in 2017 and 2018. The interview questions addressed the group's contribution to the experiences of pregnancy, childbirth and birth.

From the documents' and interviews' information, data analysis was performed according to Minayo's⁽¹⁰⁾, operationalized in the exploratory and interpretative phases of the data. Thus, the horizontal and exhaustive reading of the texts of the interviews and database documents was carried out, cross-sectional reading, final analysis and report of the study with presentation of the results according to the recent literature on the subject.

In order to preserve the anonymity of the participants, codes were used to identify pregnant women (G, gestantes), postpartum women (P, puérperas) and companions (A, acompanhantes), listing the participants according to the order of the interviews and the groups to which they belonged (GR) - groups 84, 85, 86 and 87.

This study is part of the Macroproject entitled "20 years of the Group of Pregnant Women and Pregnant Couples: historical trajectory, profile, impact, perceptions and contributions for those involved". The study was approved by the Human Research Ethics Committee under opinion n° 2,051,643.

RESULTS

A total of 96 pregnant women participated in the research, aged between 19 and 45 years old; of these, 18 pregnant women were single, 64 married, one divorced and 13 in a stable union; 77 had companions at meetings, 14 had no companions and five did not respond. The companions were aged between 19 and 46 years old or older.

As for the level of education, 80 pregnant women had higher education, 12 high school and one elementary school, three did not answer. The distribution of pregnant women according to religion showed that 31 were Catholic, 10 Christian, 11 Spiritist, two evangelical, 29 declared no religion, three other religions and ten did not respond. With regard to participation in a group of pregnant women, 16 respondents had already participated and 80 had not experienced this before.

Regarding the number of pregnancies, 81 of the women were pregnant for the first time, seven for the second time, two for the third time and six did not respond. As for the experience in childbirth, 81 were nulliparous, six primiparous and one multiparous. Of these, 62 pregnant women stated that the pregnancy was planned, 32 that it was not planned and two did not respond. 39 pregnant women used contraception, 56 did not use it and one did not respond.

With regard to prenatal care, all 96 pregnant women were performing prenatal. Of these, 57 performed it in a private health network, 29 in a public health network, five concurrently in both services and five did not respond.

Several themes were addressed at the group meetings in which the interviewees were present, each with its due importance, reaffirming the complementarity of this strategy for prenatal care. However, it is noteworthy that the themes most experienced by them concern pregnancy, childbirth, breastfeeding, the mother's diet, postpartum, care for the woman/couple and care for the baby.

From the analysis of the data, three categories that address the group's contribution to experiencing the process of pregnancy, childbirth and birth, and the puerperium were identified as described below.

Contribution of educational activity to experience the pregnancy process

In their statements, the participants highlight that the health education group is a space for learning and sharing information with experienced professionals, providing understanding about the different aspects of pregnancy, body knowledge, relationship with the baby and the experience of motherhood and fatherhood.

We had moments of great learning and sharing of doubts, anxieties and expectations (A1, GR84).

It was a special opportunity to gather theoretical and practical information about the different aspects that involve pregnancy (G4, GR85).

The group helped me a lot to know my body and mainly to understand that nature is in favor of the birth of my baby (G8, GR85).

A moment to learn about pregnancy, relationship with the baby, paternity/maternity and especially, preparation for that moment (A6, GR85).

An immersion on knowledge. Today I have a lot of information available and having professionals with so much experience was a privilege (G8, GR84).

The group approached several contents in didactically differentiated meetings, which allowed the sharing of doubts and experiences and enabled learning on the subject. It also allowed emotional strengthening for the gestational moment, evidenced in the following statements:

The couple's personal growth was the most significant in our participation (A1, GR84).

It was also a welcoming moment, it was very important for me (G4, GR85).

Opportunity for exchanges, to feel/enjoy the pregnancy adding knowledge, time to question myself and reframe some issues (G1, GR85).

[...] I also feel more connected with what I already believed, the importance of talking, living with the baby since pregnancy, as a presence that must belong to everyday life since the uterus (G10, GR85).

It was very important and enlightening, it made me feel more secure in relation to this moment that is so new and full of changes (G6, GR87).

It meant awareness of being pregnant, being a mother. It made me closer to my son and aroused a lot of love for him (G1, GR87).

It was noticed that the meetings collaborated to signify again women as pregnant women and future mothers, strengthened their marital and maternal bonds and emotionally prepared their participants for pregnancy.

Contribution of educational activity to experience the process of childbirth and birth

The activities developed in the Group of Pregnant Women and Pregnant Couples provided clarification of doubts and had important meanings for the participants, contributing to the woman feeling safe during childbirth and expanding the couple's view about it. The following statements stand out in this category:

In addition to a lot of learning, participation in the group brought a lot of security on the issue of labor [...] (G7, GR84).

It meant consolidating what we believe, that pregnancy and childbirth are natural events in our species (A6, GR84).

It meant having greater security, better understanding the pregnancy, the woman and planning our daughter's arrival in the best way (A4, GR85).

It directly helped us with our experience of waiting for a life, and made it possible to expand the vision we had of childbirth, [...] clarifying many doubts, through the attentive professionals we had contact with (A6, GR86).

In the group of pregnant women and pregnant couples, important points about childbirth and birth were addressed in the view of pregnant women and companions, highlighted in the statements below:

Myths and truths about childbirth procedures, care for the baby and the pregnant/postpartum woman (G4, GR84).

Encouraging women, working together with their partners and preparing for childbirth (A1, GR84).

For me it was the body awareness of the pregnant woman for the delivery and postpartum process. Emotional issues were raised in an important and significant way for the couple (G10, GR85).

How the woman's body prepares instinctively for childbirth and how we can prepare our psychological for the time of childbirth and breastfeeding (G3, GR86).

[...] exercises before and during labor... There were many! (G4, GR86).

Concerning breathing at the time of delivery, about the naturalness of this moment, the psychological factor of mother and father, and the care with the newborn (A6, GR86).

For me, the most touching were the psycho-affective relationships with the baby, positions for delivery and the rights of pregnant women (G4, GR85).

In this category, the participants brought in their speeches the group's contribution to knowledge about obstetric legislation, especially in relation to childbirth, emphasizing the approaches on the rights and duties of the pregnant woman at this time:

Childbirth preparation and rights and duties during childbirth of the pregnant woman, companion and medical team (G3, GR85).

I believe they were related to childbirth and what is involved in the current legislation on obstetrics (G5, GR85).

Very important to know the phases of labor, our rights and abilities to give birth (G11, GR84).

Among the phases of the pregnancy cycle, childbirth was the most evidenced by the interviewees, this is mainly due to the long wait for this moment, the meanings that are being dynamically constructed and reconstructed in the culture in which they are inserted and also according to the moments experienced by women.

Contribution of educational activity to experience the postpartum process

The participants highlight in their speeches the importance of the group in relation to the support offered through health education for the experience of puerperium and care for their babies:

[...] we had a lot of practical moments, how to take care of the baby, how things work and breastfeeding (P3, GR86).

[...] the group was very good even during the baby's first days, for us to be able to take care, because I remembered several tips from the group (P1, GR86).

[...] baby care. The way it was passed brought more reality and awareness about what came and will come (G2, GR86).

One of the contributions evidenced in the way of acting and in making decisions in the postpartum period included the breastfeeding process and all the care that this moment requires. It was evident in the speech of the participants how positive these contributions were:

The part that you explained about breastfeeding and the holding was very good, because she suckled right away, I had no problem (P2, GR86).

[...] the hours during the milk descent were a little despairing, but I was aware of what was happening, something I think was reinforced a lot here on the day of the breastfeeding conversation, it was fundamental and I always talk to all the friends who are going to have a baby, it's the question of milking [...] So I didn't have a crack, I didn't have mastitis, he gained a lot of weight, in the first month he grew eight centimeters (P7, GR86).

For me, it was about the importance of breastfeeding. Incredible (A3, GR84).

The puerperium was highlighted in the speeches of the participants with regard to emotional aspects, baby care and breastfeeding, facts that take the new routine of this new mother, guidance and support are paramount, since doubts and confrontations may arise and undermine this new family configuration.

DISCUSSION

It was possible to verify that the majority of the pregnant women were married, remained accompanied at meetings, had higher education, participated for the first time in a group of pregnant women, pregnant for the first time and nulliparous, with planned pregnancy not using contraceptive methods. As for prenatal care, all of them were doing it, but the majority were in the private health network. Knowing the profile of pregnant women allows health professionals to plan educational actions that contribute to the development of a healthy pregnancy⁽¹¹⁾.

Prenatal care that assists pregnant women only in their physiological dimension provides only partial attention to the needs of these women, leaving them unattended in other dimensions. The search for a better understanding of social, psychological and emotional aspects that can influence women's expectations about childbirth, the preparation for this moment throughout pregnancy and the experiences of parturition is essential⁽¹²⁾.

Pregnancy is the period between conception and childbirth, being a complex and unique phenomenon, during which women experience intense bodily, psychological and social changes, which affect the constitution of motherhood and the child's cognitive and emotional development⁽¹³⁾. In view of this, it is necessary to invest in educational practices acting in a dialogical, propositional, dynamic, creative and problematizing perspective,

aiming to build knowledge in a shared and reciprocal way among participants and professionals⁽¹⁴⁾.

Several themes were addressed in the groups and with the interviews it was possible to understand the importance of the group's contributions in the experience of pregnancy, childbirth, birth and puerperium. The women participating in the study believe that the group provided theoretical and practical learning, sharing and useful information, reinforcing the importance of health education in prenatal care.

In group discussions, dramatizations and dynamics are factors that facilitate the exchange of information among group participants and health professionals, acting as facilitators and avoiding the "lecture" style⁽¹⁵⁾. According to the results of this research, the group acts dynamically, offering opportunities for inquiries and space for participants to exchange information, collaborating for everyone's learning process.

The main purpose of developing a group of pregnant women is to complement the care provided in consultations⁽⁵⁾. Thus, the group assists women in all their biopsychosocial context, improving the habits of pregnant women for those considered more appropriate, reducing anxiety and better understanding the feelings that arise during this period, with the approximation among professionals and care recipients, creating space for the exchange of knowledge and experiences among the participants⁽⁵⁾.

Sharing feelings through groups help pregnant women to feel more relaxed, when they realize that other women share the same differences, concerns and anxieties⁽¹⁶⁾. In this sense, according to the statements of the participants and their companions, the group of pregnant women also allowed an emotional maturation to experience this phase of the pregnancy cycle, from the moment it provided security, self-knowledge, improvement in the marital relationship and greater connection with the baby.

Group activities help people during periods of adjustment and change, in maintaining or adapting to new situations, promoting development and, thus, gaining importance. The groups of pregnant women enhance knowledge that allows them to take care of their health according to the needs of each person, for coping and experiencing responsible motherhood and fatherhood, thus reaffirming the complementarity of this strategy for prenatal care⁽¹⁶⁾.

The theme of childbirth was the most evident by the interviewees, as it is usually the process that most concerns women. The participation of the pregnant woman in groups allows her to acquire scientific knowledge through health professionals about pregnancy, childbirth and birth, contributing to the reduction of fear, anxiety and sustaining her choices, especially during childbirth^(17,18).

From the moment that women perceive themselves as central subjects of pregnancy, childbirth and the puerperium, they become active in decisions related to their care. The information acquired is not only used to support their choices, but also to experience the birth process as they imagine; they end up being characterized as an essential factor, as the information constitutes the basis for the parturient woman to have autonomy in her pregnancy-puerperal process⁽¹⁸⁾.

From the perspective of comprehensive care, the Ministry of Health proposes policies and programs that guarantee women and children citizenship, sexual and reproductive rights, improving access, quality of care during childbirth and the puerperium, and monitoring the newborn⁽¹⁸⁾. The study identified that the group has contributed to learning in relation to obstetric legislation, rights and duties of the pregnant woman, providing a basis for the participants. Thus, educational practices must be understood as strategies with the potential to stimulate the protagonism and autonomy of women in the obstetric scenario and the realization of their rights⁽¹⁸⁾.

In relation to the puerperium, there is a gap between what is advocated by public policies and the daily practice of health. There is little visibility to the demands of the

puerperal women, resulting in the absence of a space for women to be welcomed in their anguishes, fears, desires and needs, and especially, that can legitimize their own existence beyond the condition of mother⁽¹⁹⁾.

The puerperium is a period during which internal and external changes occur, with many psychic changes, in which women continue to need care, protection and deserve special attention from health services. Quality and humanized puerperal care is essential for neonatal and maternal health. Thus, it is necessary to have a comprehensive view that values the subjective aspects involved, the establishment of new bases for the relationship among the subjects, and the construction of a culture of respect for human rights⁽²⁰⁾.

A limitation of this study is the fact that this research was carried out in a group of pregnant women with activities already consolidated and with a different way of working in the region. In this sense, it may not reflect the reality of other participants in other educational groups carried out with pregnant women and pregnant couples.

Therefore, it is recommended that new studies be developed in other realities so that they can have an overview of how the groups are contributing to the complementarity of prenatal care.

FINAL CONSIDERATIONS

The results of this study indicate that the Group of Pregnant Women and Pregnant Couples potentially contributes to the complementarity of the quality of prenatal care, to the experience of pregnancy, childbirth, birth and puerperium. The group has contributed positively to the mother-baby binomial and its family nucleus, adding knowledge, strengthening the psychological, emotional and sociocultural aspects of women and companions, contributing to decision-making based on scientific knowledge and to changes in the birth process in the society.

The organization of meetings and reunions of the Group of Pregnant Women and Pregnant Couples, according to the methodologies and themes evidenced in this research, allows the dissemination of this health education activity, so that it can be multiplied, improved and reflected to the point that these information promotes the construction of groups of pregnant women with different methodological strategies, according to the needs of each community, collaborating for excellence in the complementarity of prenatal care.

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