

108 - HUMANIZED PRENATAL: A RIGHT FOR EVERY PREGNANT WOMAN

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INTRODUCTION

The period of the pregnancy is considered special in the woman's life. Although it is not characterized as pathological state, happen, in this phase of the life, important organic and emotional modifications, turning the pregnant woman's health, of the parturient and of the vulnerable woman after the parturition to the risk.

Most of the time, those risk can be avoided through an attendance returned for the promotion of the health, prevention, diagnosis and precocious treatment of preexistent diseases and/or incidents in that period.

Ministry of Health (MH) it threw some programs focusing the humanized attention. In May of 2000 it presented the National Program of Humanization of the Attendance Hospitalar (PNHAH), that it was instituted in 2001. This program was substituted in 2004 by the National Politics of Humanization of the Attention and Administration in Health in the Unique system of Health (SUS) - Humanizes SUS (PNH), that has the "Humanization" as traverse politics in the net of SUS. MS also created in 1999-2000 Norm of Humanized Attention of Newborn of Low Weight and in 2000 the Program Humanization of the Prenatal and Birth (PHPN) (BELFORT, 1998; BRAZIL, 2000; BRAZIL, 2001a; BRAZIL, 2001b; BRAZIL, 2002).

PHPN enlarged the coverings of the services of preventive medicine for the maternal-infantile population, which include prenatal service, immunization and monitorization of the growth and the child's development. Epidemic studies have been demonstrating that the practice of the prenatal takes the smaller taxes of maternal mortality and gestational, and that effect is directly related to the quality consultation and to the age gestational (BRAZIL, 2002; BRAZIL, 2006; DUARTE; ANDRADE, 2008).

To humanize the service, it is necessary to recognize the individuality and to establish less unequal and less authoritarian relationships, the professional instead of "assuming the command of the situation" starts to adopt conducts that involve the pregnant woman as responsible member for the accomplished work (BRAZIL, 2000).

The knowledge that a humanized attendance is fundamental for the obtaining of good results of the gestation, that work had as purpose to accompany the prenatal in a Basic Unit of the Health Program of the Family, where all were observed of the activities developed with the pregnant woman and also the acting of the team during the accomplishment of the consultations.

METHODOLOGY

It was treated of a longitudinal study with quality and quantitative and descriptive approach that it was accomplished in the Basic Unit of the Health Program of the Family, in the neighborhood of Nova Brasília in Campina Grande - PB, in the period of February to October of 2008, and it involved 31 pregnant all registered and accompanied by the team of health.

The data were collected through a questionnaire structured with open and closed questions. In the beginning of the research, the customers answered the a questionnaire with objective and subjective questions and, monthly, during each service, new data were registered, regarding the attention to pregnant and the acting of the team of health.

The study was accomplished after approval of the Committee of Ethics in Research of the Universidade Estadual da Paraíba (UEPB) through the protocol no. 109/02. The participants were informed the about of the objectives, of the methodology of the research and after they agree signed the Term of Free and Illustrious Consent.

The analysis of the data followed criteria of the percentual statistics and the results were presented in form of illustrations.

RESULTS AND DISCUSSION

In the Illustration 1, we can observe that, during the research, were accompanied pregnant with ages among 14 and more than 35 years. For Belfort (1998) and Johnson; Walker; Niebyl (1999) the age ends are factors of obstetric risks. Of the assisted pregnant women, 39% were adolescent and 6% had superior age to 35 years. Both cases presented risks of they have children with abnormalities chromosomics, for that, it is to owe of the team of health to question on family histories of Syndrome of Down, defect of the tube neural, hemophilia, diseases of the blood of genetic origin and other defects from birth, including mental retard.



In agreement with the accompanied pregnant women 68% had more than one gestation, among them, 5% had not only breastfed (ILLUSTRATION 2). An understanding work was accomplished to stimulate the pregnant to the maternal breast feeding, once the children fed to the breast possess larger resistance to the infections, smaller incidence of intestinal gastric infections, medium otitis and breathing infections. The colostrums contains immunoglobulin and antibodies with antibacterial and anti-viral specific activity, inexistent in the cow milk or in the artificial.

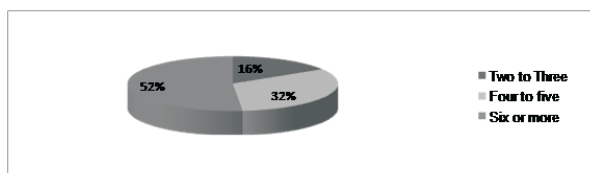


Illustration 2: Percentual of the pregnant women with more than one gestation that breastfed.

Regarding the number of consultations of prenatal, it is important to verify that 52% of the women accomplished six or more consultations (ILLUSTRATION 3), that demonstrates that the team of PSF is working in agreement with the demands PHPN, that extols, at least, 6 consultations (BRAZIL, 2002).

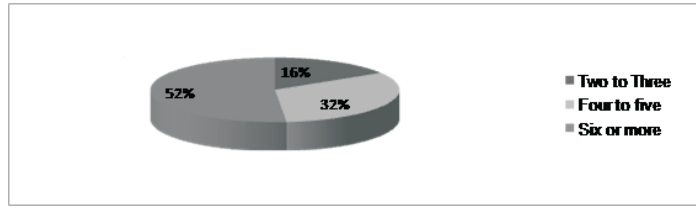


Illustration 3: Number of consultations accomplished during the prenatal.

In the consultations, the exams form requested in agreement with Ministry of Health: ABO-Rh (1), VDRL (2), urine summary (2), glycemia (2), blood count (2), test of HIV (1), and appraised for the nurse and for the doctor. The test for HIV, in spite of obligatory for the cities with more than fifty thousand habitants, it was not accomplished by all the pregnant women, some resisted. This fact is preoccupying, once authors as Zugaib and Sancovski (1994); Johnson; Walker; Niebyl (1999); and MH, they affirm that it is necessary to accomplish it, because, when the result is positive, the pregnant are treated with anti-retrovirais looking for to reduce the vertical transmission.

The use of salts of iron and vitamins were prescribed by the nurse during the consultations, as routine intervention. Some authors commented on that the supplementation of iron should be restricted to those pregnant ones that, confirmedly, presented deficiency of iron (MENGUE et al., 2001). However, Horn (1988) it commented on that the costs involved in the diagnosis and in the attendance of that evaluation they would be larger than the costs with the supplementation.

All of the women participate in education activities and health with lectures, orientations on the pregnancy, childbirth, the woman after the gestation and they were immunized with the antitetanic vaccine (dT).

The Illustration 4 demonstrates the evaluation of the team of PSF, which is responsible for the service to the pregnant women, whose classification is great, according to the opinion of 68% of the women.

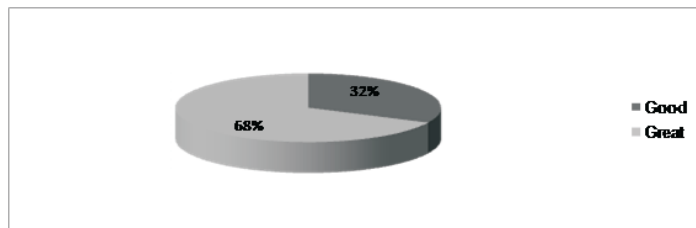


Illustration 4: Evaluation of the responsible team for the prenatal.

The professional relationship of health/pregnant is necessary, because the history that each pregnant woman brings should be welcomed integrally, starting from her report and of their companions. They are parts of this history facts, emotions or feelings, starting from which the pregnant hope to share experiences and to obtain help. Like this, the prenatal attendance becomes one moment privileged to discuss and to explain subjects that are only to each woman, appearing in way individualized even for whom already had other children (BRAZIL, 2001b).

The frank dialogue, the sensibility and the perception capacity of who it accompanies the prenatal are basic conditions so that the knowledge in health is put to the woman's disposition and of her family, turning the humanized attendance, so that the pregnant woman is not just an agent and yes participant of the process.

It is necessary to observe that doesn't work about the customer, but with the customer! The humanization of the prenatal concerns the defense of the customer's values and the service of their expectations and needs (WALNUT, 2008).

The Illustration 5 shows the differences of the prenatal current for the previous, accomplished by the woman that had more than one gestation. All of the done placements demonstrated that the largest search and the participation of the pregnant woman to the unit of health happened not only for the fact of being waiting for a son, but also for the received service.

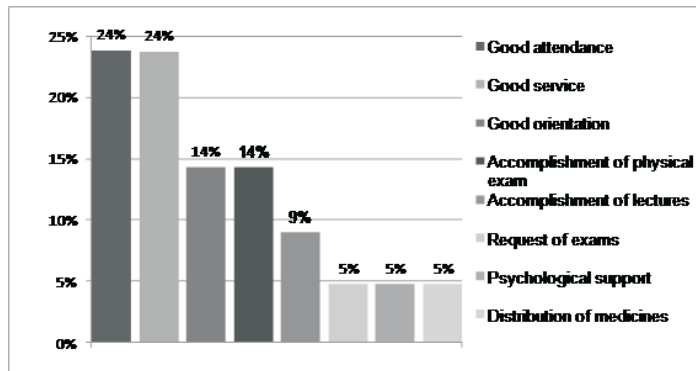


Illustration 5: Differences of the prenatal current in relation to the previous.

So that the attendance is rendered with quality is necessary to know what the pregnant women think regarding the prenatal, to practice the reception, to create bonds with them and to offer them accesses to the necessary information, so that

they can understand those information (SAINTS et al., 2000).

Nogueira (2008) and Brazil (2006) they commented on that humanization is a new vision of the gestation of the woman's childbirth, that humanizes in the anthropological and psychological sense all the participants of the event. It humanizes them because it turns them richer in humanity, in sensibility, in effectiveness, brings to her surface greatness, it forces and wisdom, because it allows them the experience of the mystery of the life, of the pain and of the victory, of the risk and of the happiness. Humanizes the nurse and other professionals of health, giving them more depth, understanding of the gestation-childbirth process and more safety, turning them fuller people. It humanizes the woman making to try her kept secret, her hidden force, her active participation in the process of creation of the life, inaugurating, like this, her maternity and relationship with her son. humanizes the father, giving him the present of to accompany the gestation and to witness his son's birth, his wife's victory.

Therefore, humanization is not what is known, but as that knowledge is used.

CONCLUSION

The woman that had more than one gestation evaluated that in the prenatal current they received better service, orientation, attendance and psychological support, resulting from a humanized attendance and integrated. In the general, the attendance was considered great or good for all the pregnant women.

The humanization of the prenatal is a new form of seeing the gestation and the childbirth, where it integrates not only the mother, but also the father and the whole family in that process. It allows the woman a more active participation during this apprenticeship of her life, not being just "object" of manipulation of the team of health.

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HUMANIZED PRENATAL: A RIGHT FOR EVERY PREGNANT WOMAN

SUMMARY

Prenatal care comprises an entire assistance behavior to the pregnant woman before childbirth; with the purpose of diminishing the neonatal and motherly mortality. To have a humanized and effective assistance, a precocious identification of every pregnant woman is required to start the accompaniment in the first quarter.

The health group has to carry out a periodic and continuous attention to assist the woman in the health unity as well as in her house, giving clarifications and relevant information about all the pregnancy stages and the fetus development. Since the Health Ministry created through GM law nº 569 on August 18, 2000, the Humanization in the Prenatal and Birth Program (HPBP), the assistance of the health services has expanded in all country. The present work evaluated the prenatal quality carried out by a health group in the Basic Unity of Family Health Program, in the district of Nova Brasília from Campina Grande-PB, Brazil. The study was a descriptive and quantitative search that utilized formularies with objective and subjective questions. The sample was comprised of 31 pregnant women from 14-20 years (39%), 21-27 years (42%), 28-34 years (13%) and 35 years and more (6%). The pregnant women that had others sons corresponded to 68% and all participants breast-fed in the other pregnancy. The consultations were made by nurses and doctors. About the pregnant women questioned, 16% made two or three consultations; 32%, four or five, and 52%, six or more as the Health Ministry determined. The number of exams was solicited according to what is determined by HPBP: ABO-Rh (1), VDRL (2), Urine Summary (2), Blood Glucose (2), blood count (2) and HIV test (1). The HIV was not performed to every pregnant woman, since some did not want it performed. Pregnant women were advised to receive an anti-tetanus vaccine (dt) and they participated in educational and health discussions. The behavior of the health group was evaluated as very good by 68% of women. Concerning actual prenatal care, the participants mentioned that they received a humanized assistance, good attendance, orientation, accompaniment and psychological care.

KEY-WORDS: Pregnancy, Prenatal, Humanization. PRÉ-NATAL HUMANISÉ : UN DROIT DE TOUTE ENCEINTE

PRÉ-NATAL HUMANISÉ : UN DROIT DE TOUTE ENCEINTE**RÉSUMÉ**

Prénatal comprend une intégralité de conduites d'assistance à l'encontre avant de l'accouchement, en vue de diminuer la mortalité néo-natale et maternelle. Pour avoir une assistance humanisée et efficace est nécessaire une identification précoce de chaque enceinte pour commencer l'accompagnement dans le premier trimestre cependant. Le groupe de la santé doit emporter une attention périodique et continué, pour l'aider dans l'unité de la santé comme dans sa maison, donner clarifié et information au sujet de toute la grossesse et du développement du fœtus. Savant que le Ministère de la santé a créé par la loi GM n° 569 à 18 de août de 2000, l'Humanisation dans le Prénatal et Programme de la Naissance (HPBP), et que l'assistance aux services de la santé a étendu dans tout le pays. Ce travail a évalué la qualité prénatale portée dehors par groupe de la santé dans l'Unité de base de Programme de la Santé de la Famille, dans le district de Nova Brasilia de Campina Grande-PB, Brésil. C'était une recherche descriptive et quantitative qui a utilisé un formulaire avec objectif et questions subjectives pour rassembler de l'information. L'échantillon a été composé pour 31 enceinte avec âges de 14-20 années (39%), 21-27 années (42%), 28-34 années (13%) et 35 années et plus (6%). L'enceinte cela ont des autres les fils ont correspondu à 68% et toutes avait allaiter dans l'autre grossesse. Les consultations ont été faites par infirmière et docteur. Au sujet de l'enceinte a accompagné 16% avait faire deux ou trois consultations ; 32% quatre ou cinq et 52% six ou plus comme détermine le Ministère de la santé. Le nombre d'examen a été sollicité avec ce qui est déterminé par HPBP; ABO-Rh (1), VDRL (2), échantillon d'urine (2), Glucose dans le sang (2), compte du sang (2) et HIV teste (1). Seulement ce dernier n'est pas fait par chaque enceinte, parce que quelques-uns que les leurs ont fait ne voulu pas le fait. Enceinte a été orienté à application vaccination antitétanique (dt) et ils ont participé d'éducation et activités de la santé comme conversations. Le suppléant de groupe de la santé a été évalué comme très bon par 68% de femmes. Au sujet de réel prénatal, les clients ont parlé qu'ils ont reçu une assistance humanisée, résultat d'une bonne assistance, orientation, accompagnement et soin Psychologique.

MOTS-CLEF: Grossesse, Prénatal, Humanisation.

HUMANIZADO PRENATAL: UN DERECHO DE CADA EMBARAZADA**EL RESUMEN**

Prenatal comprende una integridad de conductas de la ayuda al embarazada antes de del parto, con el propósito de disminuir el neonatal y la mortalidad materno. Para tener un humanizado y la ayuda eficaz es necesaria una identificación precoz de cada embarazada para para empezar el acompañamiento todavía en el primer cuarto. El grupo de salud tiene que llevar a cabo una atención periódica y continua, para ayudarla tanto en la unidad de salud como en el su casa, donde clarifican la información sobre todo el embarazo y del desarrollo del feto. Conociendo que el Ministerio de salud creó através de de la Ley GM n° 569 a las 18 de agosto de 2000, la Humanización en el Prenatal y Programa del Nacimiento (HPBP), y que la ayuda a los servicios de salud ha extendido en todo el país. Este trabajo evaluó la calidad prenatal llevada a cabo por el grupo de salud en la Unidad Básica de Programa de Salud Familiar, en el distrito de Nova Brasilia de Campina Grande-PB, Brasil. Era una búsqueda descriptiva y cuantitativa que utilizó un formulario con el objetivo y las preguntas subjetivas coleccionar la información. La muestra estaba compuesta de 31 embarazada con las edades de 14-20 años (39%), 21-27 años (42%), 28-34 años (13%) y 35 años y más (6%). La embarazadas que tienen otros hijos, correspondio a 68% y todos pecho-alimentamos en el otro embarazo. Las consultas eran hechas por enfermeras y doctores. Sobre la embarazada, acompañó 16% dos o tres consultas hechas; 32% cuatro o cinco y 52% seis o más como determinó el Ministerio de Salud. El número de exámenes se solicitó con lo que es determinado por HPBP; ABO-Rh (1), VDRL (2), haga pis el Resumen (2), Glucosa en la sangre (2), la cuenta de sangre (2) y VIH prueba (1). Sólo esto último no es hecho por cada embarazada, porque algunos que los suyos hicieron no querían hacerlo. La embarazada se orientó a la aplicación de anti - la vacuna del tétano (el dt) y ellos participaron de educación y actividades de salud como las conversaciones. La acción de grupo de salud se evaluó como muy bueno por 68% de mujeres. Sobre real prenatal, los clientes hablaron que ellos recibieron una ayuda humanizada, el resultado de una asistencia buena, orientación, acompañamiento y cuidado psicológico.

LAS PALABRAS CLAVES: El embarazo, Prenatal, la Humanización.

PRÉ-NATAL HUMANIZADO: UM DIREITO DE TODA GESTANTE**RESUMO**

O pré-natal engloba conjunto de condutas assistenciais à gestante antes do parto visando diminuir a morbimortalidade perinatal e materna. Sabendo que o Ministério da Saúde criou através da Portaria GM n° 569 de 18 de agosto de 2000, o Programa de Humanização no Pré-Natal e Nascimento (PHPN) e que os serviços de assistência à saúde tem se expandido em todo país, este trabalho avaliou a qualidade do pré-natal desenvolvido por uma equipe do Programa Saúde da Família. Foi uma pesquisa longitudinal, descritiva e quantitativa realizada de agosto a dezembro de 2008. Envolveu 31 gestantes, com faixas etárias de 14-20 anos (39%), 21-27 anos (42%), 28-34 anos (13%) e 35 anos e mais (6%). As multigestas corresponderam a 68% e todas amamentaram nas outras gestações. Das gestantes acompanhadas 16% fizeram entre duas a três consultas; 32% de quatro a cinco e 52% entre seis ou mais de acordo com o que preconiza o Ministério da Saúde. Os exames foram solicitados com base no que determina o PHPN. As grávidas foram orientadas a receber a vacina antitetânica e a participar de atividade de educação e saúde. Todas afirmaram que receberam assistência humanizada, resultante do bom atendimento, orientação, acompanhamento e apoio psicológico.

PALAVRAS-CHAVE: Gravidez, Pré-Natal, Humanização.

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