ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 11, Issue, 06, pp. 47576-47579, June, 2021
https://doi.org/10.37118/ijdr.21941.06.2021

RESEARCH ARTICLE OPEN ACCESS

PRENATAL CARE FOR PREGNANT WOMEN: PERCEPTIONS AND LIMITATIONS

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ARTICLE INFO

Article History:
Received 14th March, 2021
Received in revised form
26th April, 2021
Accepted 05th May, 2021
Published online 20th June, 2021

Key Words:

Street People; Pregnancy; Prenatal care; Women's health; nursing professionals.

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ABSTRACT

Objective: Analyze prenatal care for homeless women during pregnancy. **Method:** a descriptive and qualitative study, carried out with nine pregnant women on the street, pregnant or puerperal women and two nurses who attended this clientele. The collection took place at strategic points for the homeless population of the municipality of Juiz de Fora, through semi-structured exchanges. The information was analyzed using Bardin's content analysistechnique. **Results:** four categories were obtained: prenatal care in the perception of homeless women; limitations for prenatal care; information received during prenatal care; and preparation of health professionals and services for the care of homeless women. **Conclusion:** there is a need for investment in public policies, specific health programs, as well as qualified and resolutive assistance from professionals and managers.

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Citation: Laís Celeste Medeiros Mendes da Fonseca; Maria das Dores de Souza; DenicyNazaré Pereira Chagas et al., 2021. "Prenatal care for pregnant women: perceptions and limitations", *International Journal of Development Research*, 11, (06), 47576-47579.

INTRODUCTION

In the last decade, the progressive impoverishment of the population has contributed to the high number of homeless people. Although there are studies with this population, specific studies with women in these conditions are uncommon, especially in pregnant women on the streets (Costa et al., 2015). In addition, pregnancy is a physiological and dynamic phenomenon and, normally, its outcome does not evolve with complications. However, it can represent a social risk factor in the sphere of public health in the context of marginality and poverty, especially about the pregnancy of women on the street, since the surroundings of the street for the pregnant woman represent precarious living conditions and difficulty in accessing services as risk factors for the mother and baby (Esen, 2017). In addition, the pregnant woman on the street is exposed to a series of risks, especially about the difficulty of building a bond with a primary care service that performs her prenatal care, since these services are territorial. In this context, several health policies have been implemented to better serve women throughout the gestational phase, such as the Maternal and Child Program; Policy of Comprehensive Assistance to Women's Health; National Program for the Humanization of Prenatal and Birth; National Policy for Neonatal Obstetric Care and Stork Network (Brasil, 2004; Brasil, 2014). However, the lack of specific health policies and programs to deal with the reality of homeless women still represents a challenge in the field of public health (Furtado et al., 2015), because despite the existence of programs aimed at the pre-natural, it is necessary to fill a gap in the care of pregnant women on the street, that is, it is essential to incorporate active strategies that reduce the barrier between pregnant women in a situation of social vulnerability and health services.In the continuity, the reflection on the reality of women on the street, reveals chaotic conditions such as violence and prejudice, conditions that strongly affect the emotional life of these women, which worsen during the gestational period that involves adaptations and changes that will occur, often without any satisfactory professional support (Biscotto et al., 2016).

Regarding the role of the nursing team in relation to this theme, studies claim that these professionals represent the main health class that works directly with health users in all social spheres, mainly through Primary Health Care, which, in turn, represents the place to identify and solve the main demands of the community.In addition, these professionals are responsible for monitoring the woman throughout the prenatal period, which consists of a set of care and procedures with the aim of preserving the health of the pregnant woman and her baby, detecting pregnancy complications early and offering the adequate treatment of existing maternal diseases that will help to reduce maternal mortality (Assunção et al., 2019; Muniz et al., 2018). In this context, there was an interest in conducting research with women on the street, when they realized that there are few studies on the subject and that the policies of attention to female health do not bring specific actions for this social group, although these women exercise their sexuality and are prone to pregnancy. However, due to the situation in which they find themselves, they go through several difficulties, mainly in relation to the performance of prenatal care and access to obstetric clinical care, conditions that influence the increase in maternal mortality rates (Akker et al., 2017).

Objective: Analyze prenatal care for homeless women during pregnancy.

MATERIALS AND METHODS

Participants: nine street women attended by the Street Population Reference Centers (POP) and Street Citizen and two nurses from the Family Health Strategy (FHS) participated in the study, in the municipality of Juiz de Fora, Minas Gerais, southeast of Brazil.

Ethical aspects: The project followed all the recommendations and ethical precepts of Resolution 466/2012 of the National Health Council, starting only after consideration by the Research Ethics Committee of the Federal University of Juiz de Fora, according to opinion no. 1,050,977 and CAAE: 20740913.5.0000.5147.

Study type: Descriptive study with a qualitative approach.

Methodological procedures

Study scenario: The study was carried out at the Reference Center for Population in Street Situation, Nucleus of Street Citizens and in the city streets (service stations), from December 2015 to June 2016.

Data source: It was used a script previously prepared by the research group for the sociodemographic characterization of women and a semi-structured script with guiding questions, seeking to understand the theme. From this, through the content analysis, the various elements of communication were classified, with this it was possible to identify the meaning of the ideas expressed by the interviewees and, thus, we constructed thematic categories raised to discover the "nuclei of meanings" of the observed conversations (Bardin, 2016).

Inclusion and exclusion criteria: As for the inclusion criteria, women on the street aged 18 or over, of reproductive age, who had become pregnant on the street or who were pregnant at the time of the survey, participated in the study. prenatal consultation at the Unified Health System (SUS) network. Nurses from the Family Health Strategy with experience in caring for homeless women were also influenced. As for the exclusion criteria, they were homeless women who were under the influence of alcohol and other drugs at the time of data collection.

Data collection and organization: The interviews were recorded on a digital device, with the consent of the participants, to ensure greater fluency, reliability, and agility to the process, in addition to better interaction between the interviewer and the interviewee. Then, the records were transcribed in full and, subsequently, went through an analytical and descriptive process based on the Bardin Content Analysis framework.

Analysis of the interview data: The data were treated according to the methodology proposed by (Bardin, 2016), which allowed the identification of three thematic categories. Resolutions 510/16 of the National Health Council (CNS) and the National Research Ethics Commission (CONEP) were respected. The acceptance of participation was signed by signing the Free and Informed Consent Term, in two copies. To guarantee the confidentiality and anonymity of women and nurses, it was decided to carry out the coding with the letters 'W' and 'N' to designate Women and Nurses, respectively, followed by ordinal numbers.

RESULTS

The study included nine homeless women with an average age of 33 ± 5.5 years and two nurses with an average age of 32.5 ± 6.3 years with experience in serving this target audience through the Health Strategy of the family. From this, the sociodemographic profile of the interviewed homeless women is described in Table 1. During the survey, four women (44.4%) were pregnant, while two (22.2%) had a child less than a year ago, one (11.1%) gave birth seven years ago and another (11, 1%) 18 years ago, the average number of children per woman was 4 ± 2.7. Although 44.4% had some occupation, at the time of the survey all were unemployed and did not have a fixed family income, only one (11.1%) request for social assistance (family allowance). Among the reasons that led these women to the street situation, the following were reported: unemployment and lack of resources; health problems like depression; separation from spouse; use of narcotics; and poor housing conditions. All of them reported having had an obstetric follow-up in previous pregnancies, with an average of three visits per woman. In continuity, the analysis of the data converged in four thematic categories that characterized the object of study: Prenatal care in the face of the perception of women

on the street; the limitations for monitoring prenatal care; Information received during prenatal care and; preparation of health professionals and services for the care of homeless women. These categories will be presented below:

Table 1. Socioeconomic characteristics of homeless women. Juiz de Fora, MG, Brazil, 2020

Features	N	%
Origin		
Municipality surveyed	6	66,7
Others	3	33,3
Marital status		
Not married	2	22,2
Married	1	11,1
Stable union	5	55,6
Divorced	1	11,1
Education		
Incomplete elementary school	6	66,7
Complete primary education	2	22,2
Complete high school	1	11,1
Fixed income		
Yes	1	11,1
No	8	88,9
Occupation		
Recyclable	2	22,2
General Services	2	22,2
None	5	55,6
Religion		
Catholic	4	44,4
Evangelical	4	44,4
Without religion	1	11,1

Source: Research data.

Prenatal care in the face of the perception of homeless women: In the first category, they were listed as women's perceptions of the importance of prenatal care and its effectiveness. We evidenced the interviewees' recognition of the need for prenatal care and the care directed to the mother and baby:

For me, it means doing well-being, the well-being of both the child and the mother. (W01).

Ah, prenatal care is follow-up. Follow-up that you have with the pregnant woman and the baby. (W02).

For me it is taking care of the child, taking care of the mother, taking care of the child. (W03).

The limitations of prenatal care for pregnant women living on the streets: Among the most observed limitations among the interviewees are financial issues, the use of medications, the difficulties faced in prenatal consultations and the prejudice suffered by these women by health professionals.

I used drugs and I was unable to take the exam, so they rescheduled for another exam. (W03).

“[...] They are women who use psychoactive substances at all times, which will alter and harm this pregnancy. They are people who have a lot of difficulty in adhering to the treatment, so they will not take the medicine as they should, they will continue using the substance [...]” (N01).

“[...] I refer for high-risk prenatal care, then I see that she is sent back to the basic unit. Sometimes she is a pregnant woman, who uses drugs, has hypertension, that is, she has other problems that justify referral to high-risk prenatal care, however, this patient is returned [...]” (N02).

[...] I can't do what is recommended, that is, seven prenatal consultations [...] (N01).

Information received during prenatal care: The third category refers to the guidelines received by pregnant women during prenatal care. Some women (n = 3) reported the guidance received from health professionals about not using drugs and alcohol during pregnancy.

I was advised not to use drugs, anything, not even alcohol, cigarettes, these things (W01).

I was told not to use drugs, which harm the baby during pregnancy and at the end of childbirth (W02).

They told me not to use drugs, not to drink (W03).

Preparation of health professionals and services to care for homeless women

We highlight the need for humanization in serving women who live or spend a significant part of their time on the streets. There is also discrimination by health professionals and limitations in the provision of services provided, as reported:

[...] As I am a homeless person, they do not accept me. I was in a lot of pain when I lost my daughter, a lot of contraction, mainly because I was a drug user, so I explained to the doctor that I was in a lot of pain, he barely touched me [...]” (W02).

[...] The network closes the doors a little, prenatal care is less difficult. We can schedule and consult. But you see the professionals' unpreparedness, a look of discrimination when they say that that person is on the street [...] (N01).

[...] In practice, the health network is very fragmented, if you have a pregnant woman who uses alcohol and drugs and who needs help, the network is totally fragmented.I have had this with pregnant women, who were doing well clinically, but used alcohol and drugs.In this case, the institution that could receive and accompany her was not prepared to assist this pregnant woman [...] (N02).

DISCUSSION

The number of national and international studies involving the process of pregnancy and monitoring prenatal care in homeless women is limited. Therefore, this study aims to discuss, reflect and mitigate this knowledge gap in the field of public health. The participants' perception of prenatal care involves multiple factors, from the real importance of prenatal care and the necessary care during pregnancy, to the obstacles that prevent them from attending scheduled appointments. Factors inherent in exposure to living on the streets are impediments, in addition to financial factors, chemical dependency and the prejudice suffered by health professionals. Homeless women experience social vulnerability in two aspects: the condition of life on the street and; the gender. The experience of the vulnerability process on the street is explained by the existential reasons, revealed in the process of coping with adversity on the street (Costa et al., 2015; Brasil, 2014). In addition, for women, this process becomes more complicated, from the moment they perceive themselves to be pregnant, in the context of social vulnerability in which they find themselves. In a study carried out with a pregnant woman on the street, of nine pregnant women seen in the office on the street, six had already made contact for prenatal care in a Basic Health Unit. However, the insufficient number of prenatal consultations represents the main risk factor for both maternal and neonatal mortality, and the lack of intervention at the right time of pregnancy can lead to premature birth (Araújo et al., 2017).

In continuity, the focal study by Ake et al. (2018), which dealt with the creation of a community health program for pregnant women on the street, identified social prejudice as a vulnerability factor for the effectiveness of prenatal and post-natal care for street pregnant women. Like the present study, economic difficulties, access / transport, education for pregnant women, communication, health care network, healthy eating, in addition to the needs for materials, stress control, housing and the internet were listed. Homeless women are less likely to receive antenatal care and their babies are at increased risk of malnutrition, growth restriction, fetal distress, prematurity and

low birth weight (Azarmehr et al., 2018). Some health policies were designed to assist women in the entire gestational process, from the discovery of pregnancy to puerperal care (Leal et al., 2018). However, health strategies and policies aimed at pregnant and homeless women are still deficient. Therefore, it is necessary to implement these policies according to the reality of these women so that they feel assisted and welcomed in their peculiarities.
In addition, it was highlighted in the statements of women and health professionals that humanization in the assistance received is lacking, since discrimination is frequent in the context of these women on the street and the supply of health services is limited. The service network is fragmented, lacking communication, articulation and resolution in serving this audience. Thus, it is not a question of qualifying or disqualifying the work that the nurse performs, it is essential to extend it to other professionals in the network and involve and qualify all elements of the health team so that they perform their care with excellence.

Nurses can play a fundamental role in addressing pregnant women on the street, as they can promote actions and strategies that increase the accessibility of these women to prenatal care, since this public encounter many logistical barriers in accessing health services (Azarmehr et al., 2018). In addition, the active search, followed by referral to other points in the network, is an essential strategy in linking and continuing to provide services to the homeless population, with the potential to facilitate the population's access to services (Ferreira; Rozendo; Melo, 2018). It is important that research involving the clientele in question is carried out in other locations, to obtain new research results, to compare different realities and perceptions. In addition to provoking reflections on health managers and authorities and facing the need for policies and programs that support, welcome and assist pregnant women in situations of vulnerability in the street situation.

CONCLUSION

Assistance to homeless pregnant women and social vulnerability requires special attention from health managers and services, through the provision of qualified and resolutive assistance, as a way of promoting health and preventing diseases during pregnancy, in addition to continuous care in the puerperium. In addition, investments should be made in health policies and programs that assist these women during pregnancy, with a focus on their particularities, making them feel humanized by health services and professionals. The nurse, when accompanying these pregnant women, must establish bonds of trust, from the reception to the final care, incorporating harm reduction, for the implementation of effective strategies in the prenatal consultation, in addition to performing an ethical action and minimizing risks for the health of the mother and child. This study contributes to scientific knowledge and aims to generate reflections and concerns, contributing to the implementation of public health strategies and policies.

REFERENCES

Ake, T. Diehr, S. Ruffalo, L. Farias, E. Fitzgerald, A. Good, S., D. et al. 2018. Needs Assessment for Creating a Patient-Centered, Community-Engaged Health Program for Homeless Pregnant Women. Journal of Patient-Centered Research and Reviews, 5:36–44.

Akker T., V., D. Nair M. Goedhart, M. Schutte, J. Schaap T, Knight, M. et al. 2017. Maternal mortality: direct or indirect has become irrelevant. The Lancet Global Health, 5:1181-1182.

Araujo, A., S. Santos, A., A., P. Lúcio, I., M., L. Tavares, C., M. Fidélis, E., P., B. 2017. O contexto da gestantenasituação de rua e vulnerabilidade: seuolharsobre o pré-natal. Rev enferm UFPE line, 11:4103-4110.

Azarmehr, H. Lowry, K. Sherman, A. Smith, C. Zuñiga, J., A. 2018. Nursing Practice Strategies for Prenatal Care of Homeless Pregnant Women. NursWomens Health, 22:489-498.

Bardin, L. Análise de conteúdo. Lisboa: Edições 70; 2016.

Biscotto, P., R. Jesus, M., C., P. Silva, M., H. Oliveira, D., M. Merighi, M., A., B. 2016. Understanding of the life experience of homeless women. Revista da Escola de Enfermagem da USP, 50:750-756.

Brasil. 2004. Secretaria de Atenção à Saúde. Departamento de AçõesProgramáticasEstratégicas. Políticanacional de atenção integral à saúde da mulher: princípios e diretrizes. Brasília: Ministério da Saúde. 82 p.

Brasil. 2014. Humanização do parto e do nascimento. UniversidadeEstadual do Ceará. Brasília: Ministério da Saúde. 465 p.

Costa, S., L. Vida, C., P., C. Gama, I., A. Locatelli, N., T. Karam, B., J. Ping, C., T. et al. 2015. Gestantesemsituação de rua no município de Santos, SP: reflexões e desafios para as políticaspúblicas. Saúde e Sociedade, 24:1089-1102.

Esen, U., I. 2017. The homeless pregnant woman. The Journal of Maternal-Fetal & Neonatal Medicine, 30: 2115-2118.

Ferreira, C., P., S. Rozendo, C., A. Melo, G., B. 2016. ConsultórionaRuaemuma capital do Nordestebrasileiro: o olhar de pessoasemsituação de vulnerabilidade social. Cadernos de SaúdePública, 32:1-10.

Jorge, H., M., F. Hipólito, M., C., V. Masson, V., A. Silva, R., M. 2015. Assistênciapré-natal e políticaspúblicas de saúde da mulher: revisãointegrativa. Rev Bras empromoção da Saúde, 28:140-148.

Leal, M., C. Szwarcwald, C., L. Almeida, P., V., B. Aquino, E., M., L. Barreto, M., L. Barros, F. et al. 2018. Saúdereprodutiva, materna, neonatal e infantilnos 30 anos do Sistema Único de Saúde (SUS). Ciência&SaúdeColetiva, 23:1915-1928.

Muniz, F., F., S. Rocha, F., C., G. Ramos, A., S., M., B. Nunes, S., F., L. 2018. Assistência de enfermagem no pré-natal de baixoriscoнаatençãoprimária. J Manag Prim Heal Care, 19:2179-6750.

Rizzo, E., R. Santos, M., E. Basílio, M., D. Messias, M., C. Carvalho, J., B. 2019. O Enfermeiro no Pré-Natal: Expectativas de Gestantes. J res fundam care online, 11:576-581.

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