



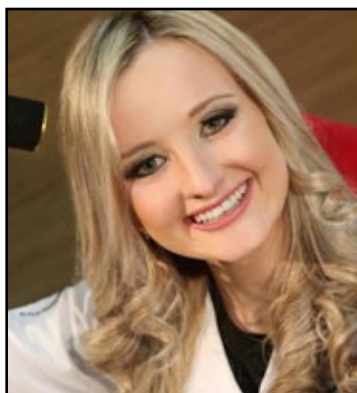
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Humanization of prenatal care from the point of view of pregnant women: a descriptive study

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ABSTRACT

Aim: to know the meaning of humanization in prenatal care for pregnant women. **Method:** Qualitative descriptive study, to be developed with pregnant women in prenatal care services linked to the Primary Care services of a city in Southern Brazil. For the production of data, the Almanac creativity and sensitivity technique will be used associated with semi-structured individual interviews. The analysis will use the operative proposal as reference. **Expected results:** to produce more knowledge about the subject and promote discussions and reflections that allow the qualification of prenatal care, as well as to provide support for health professionals and make them agents of change in the reality of prenatal care services humanization.

Descriptors: Humanization of Assistance; Prenatal Care; Primary Health Care; Women's Health

SITUATION AND ITS SIGNIFICANCE

The Prenatal care appointment should not be a technical time focused on biological issues, because this relationship does not allow the making of bonds, acceptance and trust between the health professional and the pregnant woman⁽¹⁾. This attention must seek the humanization, in order to ensure the quality of care and to highlight the role of the women. Thus, it appears that the theme of humanization should be encouraged and discussed during the prenatal period, given that it can be an ally for quality medical care and can help to ensure a healthy pregnancy.

However, although we have national programs and policies that establish guidelines for the humanization of care in this scenario, the actions taken by health professionals in prenatal care still do not converge to humanization, as noted in a study of pregnant women in prenatal care⁽²⁾. Authors also claim that this philosophy of care is under construction, since health professionals' practices, when compared to the assumptions of humanization, is presented as below the desired range, being still based in the biomedical model⁽³⁾.

Given these considerations, we spot the need to invest in studies involving the humanization of prenatal care in order to produce more knowledge about the subject and to promote discussions and reflections that allow the qualification of prenatal care. We consider that unveiling the meaning of humanization in the point of view of the pregnant women, we can develop a more humanized care and that meet their real needs.

GUIDING QUESTION

What is the meaning of humanization in prenatal care for pregnant women?

GOAL

To know the meaning of humanization in prenatal care for pregnant women.

METHOD

A qualitative and descriptive study, to be developed with pregnant women in prenatal care. The study will be conducted in four Primary Care (AB) units of a city in Southern Brazil. In this municipality, AB consists of 32 health service units, as follows: 13 Health Strategy units of the Family and 19 Basic Health Units (BHU). Sites will be randomly chosen by lottery, drawing four names between the papers that cover the names of the 32 health services.

The study inclusion criteria are the following: being pregnant and undergoing prenatal care in one of the randomly selected health units to develop the study. Exclusion criteria as follows: not being able to understand researcher's questions. For sample size, the study will follow the criterion of saturation proposed by Minayo, who suggests stopping the collection when the data starts to be redundant or repetitive, or also when the purpose of the study is reached.

The researcher will visit the BHUs selected, as an approximation, and will get in contact with the responsible for the service, informing about the study, its purpose and its relevance. Following this approach the researcher will start to collect participants,

in the this same health unit in an available room while pregnant women expect the medical consultation, nursing consultation, vaccination or other activities, or in the domicile of the participants, according to their preferences.

For the production of data, researchers will use a Creativity and Sensitivity Technique called "Almanac." Its development will be individual for each participant. The CST chosen consists of cutting and pasting of pictures, phrases and varied words for making an "Almanac" that addresses a theme or central question raised by the researcher. We believe that the almanac will allow the participants to reveal their subjectivity and discuss better on the main question of this study. The semi-structured individual interviews will also be used in association with the Almanac.

The audio produced in data collection will be recorded with the permission of the interviewees, and then transcribed for analysis and interpretation by the researcher. The data analysis will use Minayo's operative proposition as reference. This project was approved by the Ethics Committee on Human Research of the Federal University of Santa Maria, under opinion number 1.499.235, and will comply with the legal requirements of Resolution 466/2012 of the National Health Council.

EXPECTED RESULTS

We understand that unveiling the meaning of humanization of prenatal care for pregnant women we can understand their needs and singularities, and thus work on targeted and humanized care actions to this

group of women. This way, we expect that this study will produce more knowledge about the theme, providing resources to make health professionals agents of change in the reality of humanization in prenatal care services.

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AUTHORS' PARTICIPATION

Marcella Simões Timm participated in project conception, preparation of the manuscript, critical review and approval of the submitted version; Lisie Alende Prates and Lúcia Beatriz Ressel participated in design, drafting and approval of the submitted version; Gabriela Oliveira, Luiza Cremonese and Andressa Batista Possati participated in the critical review and approval of the content.

All authors participated in the phases of this publication in one or more of the following steps, in According to the recommendations of the International Committee of Medical Journal Editors (ICMJE, 2013): (a) substantial involvement in the planning or preparation of the manuscript or in the collection, analysis or interpretation of data; (b) preparation of the manuscript or conducting critical revision of intellectual content; (c) approval of the versión submitted of this manuscript. All authors declare for the appropriate purposes that the responsibilities related to all aspects of the manuscript submitted to OBJN are yours. They ensure that issues related to the accuracy or integrity of any part of the article were properly investigated and resolved. Therefore, they exempt the OBJN of any participation whatsoever in any imbroglios concerning the content under consideration. All authors declare that they have no conflict of interest of financial or personal nature concerning this manuscript which may influence the writing and/or interpretation of the findings. This statement has been digitally signed by all authors as recommended by the ICMJE, whose model is available in http://www.objnursing.uff.br/normas/DUDE_eng_13-06-2013.pdf

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