

WEAKNESS OF HEALTH CARE FOR PREGNANT WOMEN: THE IMPORTANCE OF THE EXPERIENCE OF MEDICAL STUDENTS IN A REFERENCE MATERNITY

Letícia Diniz Aranda

Faculdade de Medicina Nova Esperança
(FAMENE)

João Pessoa – PB

<http://lattes.cnpq.br/5509035404885237>

Marina Feitosa Ramalho Galvão

Faculdade de Medicina Nova Esperança
(FAMENE)

João Pessoa – PB

<http://lattes.cnpq.br/0439581938281306>

Matheus de Sousa Carvalho

Faculdade de Medicina Nova Esperança
(FAMENE)

João Pessoa – PB

<http://lattes.cnpq.br/6220755811963160>

Mariana Thayná Oliveira

Faculdade de Medicina Nova Esperança
(FAMENE)

João Pessoa – PB

<http://lattes.cnpq.br/5476204570439770>

Thainá Lins de Figueiredo

Faculdade de Medicina Nova Esperança
(FAMENE)

João Pessoa – PB

<http://lattes.cnpq.br/7151511534598144>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



José Wilton Saraiva Cavalcanti Filho
Faculdade de Medicina Nova Esperança
(FAMENE)
João Pessoa – PB
<http://lattes.cnpq.br/1232569560187469>

Abstract: The following article is an academic experience report of the Extension Project Observatory of Care of the Nova Esperança Medical School, together with the Cândida Vargas Institute, targeting women with obstetric complaints. A methodology of weekly visits, in pairs, was established, where students could interact with users and have a complete experience. In view of the conversations developed, great vulnerability was observed, for which a posture of support, counseling and encouragement was adopted. The exchange of reports and the change in the way of looking at the patient brought benefits for both students, who improved the approach and care for the patient, and for pregnant women, who could have a more human and peaceful experience. This experience highlighted the deficit of present care and the importance of the experience of qualified listening and humanized care for training, making professional academics completer and more sensitive.

Keywords: Humanization of Assistance, Comprehensive Health Care, Pregnant Women.

INTRODUCTION

Among the main expectations of pregnant women when it comes to labor and delivery are: the possibility of active participation at all times, self-control (at the time of contractions) and the feeling of control of the environment, in addition to knowing the professional who will welcome her, be sure about the support you will receive from this professional and the expectation of having a companion. (THOMSON, 2001)

During the labor process, the woman still expects to receive information about what happens to her and her baby and how she can actively participate in this moment, as she wants to adapt to the current hospital model. The health professional has the ethical

and legal obligation to provide objective and complete information about care, treatments and alternatives, and to give the woman the opportunity to participate in decisions regarding what she was informed. (LIGHT, 2003)

The humanization of care reflects the need for changes in the understanding of childbirth, as a human experience and, for those who attend, a transformation “in what to do and what time to do it”, given the suffering of the other. (MODES, 2011)

With the “Care Observatory” extension project, it was possible to fully experience how this process of support to pregnant women takes place during the entire labor process, by the hospital team as a whole. The project aims at a unique experience for each student, who has the opportunity to interact with pregnant women and from qualified listening, not only see how the service works, but how it shows itself from the patient’s perspective.

This experience report was developed from careful observations, focused on the care of pregnant women by the entire hospital team, based on the experience in a reference maternity hospital in the city of João Pessoa, Paraíba.

METHOD

This is an experience report carried out by medical students from the Care Observatory Extension Project of the Nova Esperança Medical School (FACENE/FAMENE), together with the Cândida Vargas Institute, targeting women of childbearing age, service users and with obstetric complaints (ranging from the pre-delivery wards, such as puerperal women and pregnant women waiting for other clinical procedures), in greater João Pessoa, Paraíba.

The objective of the work arose from the need for the experience of medical students in the context of maternity, so that there is an

exchange of experiences, since the agenda of humanized childbirth deserves attention and a certain deficiency in the care of pregnant women was observed by the multidisciplinary team. The methodology applied was based on weekly visits in pairs to Instituto Cândida Vargas, where each student can draw their own experience from the interaction with the users, always limiting themselves to care and support and avoiding any medical procedure.

It was decided that visits would be made in pairs so that both students and pregnant women would feel more comfortable sharing experiences and moments, creating a more intimate bond. In this way, the user receives more attentive and humanized care, and the student has the opportunity to grow professionally, working on the human part and not just the academic part.

RESULTS AND DISCUSSION

In view of the well-known situation of carelessness and lack of health care for pregnant women and their exposure to an environment of violence, a situation where there is imposition of a significant degree of avoidable pain and suffering, (ZANARDO, 2017) we make ourselves available in order to build moments of care for the users of the Instituto Cândida Vargas service through dialogue, promotion of attention, listening and guidance. The activities of the Project had as pillars of operation small groups distributed throughout the week that presented themselves in the different sectors of the Maternity, these groups promoted, in their visits, conversations with women in the pre-partum period and with postpartum women.

When we came across women about to have their children, our dialogue sought to establish a bond and friendship, we introduced ourselves, shared a little of our experience and tried to find out from them how they

were really feeling, what their expectations were, among other questions, not if had a rigid script to follow; many reported to us a state of vulnerability and heightened fear, fearing the moment of pain during labor, others confessed their dissatisfaction for not understanding what was happening, a few confessed to feeling abused. In all of them we could see the eagerness to leave there in peace with their children, some already exhausted by their extended offspring, but no less excited than the first-time mothers.

When we talked to mothers with their children for a few hours, we saw the greatest discrepancy in feelings; women who had good family support and whose children were healthy in all aspects were the happiest, our dialogue flowed very smoothly, many reported difficulties in other pregnancies and early motherhood, which were overcome with the help of family members, In terms of time and experience, most of them told us that they didn't want more children, as income, a life troubled by work and difficulties in raising children weighed more heavily. On the other side of the spectrum, there were women whose family support was deficient or who had problems with them or their children so worried them that the joy of motherhood was dissipated in the cloud of worry; of these mothers, reports of frustration and depression were common along with factors related to poverty, such as low income, financial dependence, low education, school dropout and unemployment, being single, lack of social support, such as family and marital support, episodes stressful, such as relationship turmoil and unwanted pregnancy. (PEREIRA ET AL, 2010)

For the most vulnerable mothers, our project tried to put into practice a more attentive listening, understanding that a state of excessive vulnerability provided a negative experience to the act of mothering.

We also developed activities with these users in which mothers reported their complaints and anxieties and we presented counterpoints with guidelines and words of support and empathy; each one was available to look after each woman, to know their stories and expectations and to dialogue with their difficulties, difficulties that, now, would also become our due to the bond that had been formed.

We developed moments for the exchange of experiences among the Project's participants; each one had the opportunity to expose their perceptions of experiences in the Maternity, as well as hear from colleagues about other situations and difficulties. We also sought to promote, guided by the Project's supervisors, moments of reflection and discussion on the guiding lines of the project, in order to work in all of them, a more polished conscience about Health Care, basing us on the notion that knowledge is not worth keeping, but must spill over into countless spaces in order to transform them.

Our project was guided by the premise that all Obstetric Violence is born by a Careless and this is a product of Prejudice, therefore, we must act on these three problematic levels. In this project, we achieved the promotion of care for women, through which we obtained professional and personal growth, understanding the "pathological" process of poor service and how violence occurs in Maternity areas, we solidified in our practice the importance of listening, of empathy, of zeal for the patient and respect for him.

FINAL CONSIDERATIONS

The general scenario of health care for pregnant women is known to be an environment permeated by violence and misinformation, at all times in any maternity hospital in Brazil one can see numerous cases of deficient health care, in which women

are not informed about what is happening, there is no dialogue about the procedures and interventions, the woman arrives at the service and finds a distant team burdened by deplorable working conditions. The woman also arrives at the maternity hospitals in a situation of vulnerability, natural due to the gestational state, but also due to the lack of correct guidance and information, producing erroneous practices, and the institution of some measures by health professionals that are not proven to be beneficial, despite traditionally adopted.

The activity developed was based on offering women users of the Candida Vargas Institute service the promotion of care aimed at dialoguing with women, understanding their state of vulnerability and seeking to

develop empathy and respect for them. We, as students and future professionals, when understanding the question: Prejudice, which generates carelessness, which generates Obstetric Violence, we were able to intervene in the various levels of fragility of the service and users, understanding at what point the assistance to women failed, the baggage that the woman brought it when she arrived at the service and what changes could be made to offer the mothers a humanized and quality service.

REFERENCES

DIAS, M.A.B; DESLANDES, S.F. **Expectativas sobre a assistência ao parto de mulheres usuárias de uma maternidade pública do Rio de Janeiro, Brasil: os desafios de uma política pública de humanização da assistência.** Cad. Saúde Pública, Rio de Janeiro, 2006, Dez; v. 22, n. 12, p. 2647-2655. Disponível em: <<https://www.scielo.org/pdf/csp/2006.v22n12/2647-2655/pt>>. Acesso em: 3 set. 2018

LUZ, A.M.H; ARMELLINI, C.J. **Acolhimento: A percepção das mulheres na trajetória da parturição.** Rev Gaúcha Enferm, Porto Alegre, 2003, dez; v. 24, n.3, p.305-15. Disponível em: <<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwi00Zfu8afdaAhXGEZAKHdhgBFsQFjAAegQIABAC&url=http%3A%2F%2Fwww.seer.ufrgs.br%2FRevistaGauchadeEnfermagem%2Farticle%2Fdownload%2F4463%2F2401&usq=AOvVaw1HphrjtbUH-S61olp5I8cD>>. Acesso em: 3 set. 2018

MODES, P.S.S.A, GAIVA, M.A.M, PATRICIO, L.F.O. **Birth and newborn care: a path to humanization? Qualitative research.** Online Braz J Nurs. 2010; v. 9, n. 1. Disponível em: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2010.2715/html_78>. Acesso em: 4 set. 2018

PEREIRA, Priscila Krauss et al. **Complicações obstétricas, eventos estressantes, violência e depressão durante a gravidez em adolescentes atendidas em unidade básica de saúde.** Rev. psiquiatr. clín., São Paulo, v. 37, n. 5, p. 216-222, 2010. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-60832010000500006&lng=en&nrm=iso>. Acesso em: 03 set. 2018. <http://dx.doi.org/10.1590/S0101-60832010000500006>.

SODRE, T.M.; BONADIO, IC.; JESUS, MCP; et al. **Necessidade de Cuidado e Desejo de Participação no Parto de Gestantes Residentes em Londrina-Paraná.** Texto Contexto Enf, Florianópolis, 2010, Jul-Set; v. 19, n. 3, p.452-60. Disponível em: <<http://www.scielo.br/pdf/tce/v19n3/a06v19n3>>. Acesso em: 4 set. 2018

THOMSON, A.M.; GIBBINS, J. **Women's expectations and experiences of childbirth.** *Midwifery*. 2001 Dez; v. 17, n. 4, p. 302-13. Disponível em: <<https://www.ncbi.nlm.nih.gov/pubmed/11749063>>. Acesso em: 3 set. 2018

ZANARDO, Gabriela Lemos de Pinho et al. **VIOLÊNCIA OBSTÉTRICA NO BRASIL: UMA REVISÃO NARRATIVA.** *Psicol. Soc.*, Belo Horizonte, v. 29, e155043, 2017. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-71822017000100218&lng=en&nrm=iso>. Acesso em: 05 set. 2018. Epub July 10, 2017. <http://dx.doi.org/10.1590/1807-0310/2017v29155043>.