

Cuidados de enfermagem prestados à parturiente adolescente sob a luz da teoria de Wanda Horta

Nursing care to adolescent woman in labor in the light of Wanda Horta's theory

Cuidados de enfermería prestados a la parturienta adolescente a luz de la teoría de Wanda Hort

Suzyenney Rodrigues Correia¹; Jovânia Marques de Oliveira e Silva²; Amuzza Aylla Pereira dos Santos³; Isabel Comassetto⁴; Gésica Kyvia Soares de Lima⁵; Daniela Cristina da Silva Ferreira⁶

How to quote this article:

Correia SR; Silva JMO; Santos AAP; et al. Nursing care to adolescent woman in labor in the light of Wanda Horta's theory. Rev Fund Care Online. 2017 jul/sep; 9(3):857-866. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i3.857-866>

ABSTRACT

Objective: To know the nursing care of the teenager during labor, and thus to identify the factors influencing, and analyze the nursing care of the adolescent woman in labor. **Method:** It is an exploratory qualitative research through interviews with 08 midwives of the maternity ward of University Hospital Professor Alberto Antunes (UFAL). Data were categorized according to Bardin analysis technique and the theoretical reference the Theory of Basic Human Needs Wanda Horta. **Results:** It was possible to identify 03 thematic units that show the care of nursing to the adolescent parturient, emphasizing the reception, the approach of the team and formation of the bond and of the nurses, and the care itself. **Conclusion:** The study made it possible to highlight the care provided, which happens in a generalized way, thus making it possible to identify the factors that determine how care is provided and its difficulties.

Descriptors: Obstetric Nursing; Teenager; Pregnancy in Adolescence; Parturient; Nursing Care.

¹ Academic Nursing at the School of Nursing and Pharmacy, Federal University of Alagoas. E-mail: suzy.correia@hotmail.com.

² PhD in Nursing. Lecturer at the UFAL School of Nursing. E-mail: jovianasilva@gmail.com.

³ PhD student at the Graduate Program in Health Sciences. Professor at the UFAL School of Nursing. E-mail: amuzzasantos@bol.com.br.

⁴ PhD in Nursing. Lecturer at the UFAL School of Nursing. E-mail: Isabelcomassetto@gmail.com.

⁵ Academic Nursing at the School of Nursing and Pharmacy, Federal University of Alagoas. E-mail: gessica_kyvia@hotmail.com.

⁶ Academic Nursing at the School of Nursing and Pharmacy, Federal University of Alagoas. E-mail: Daniela_silva@hotmail.com.

RESUMO

Objetivo: Conhecer os cuidados de Enfermagem prestados à adolescente durante o trabalho de parto, e assim identificar os fatores os influenciaram, e analisar os cuidados de Enfermagem prestados à parturiente adolescente.

Método: É uma pesquisa qualitativa exploratória, realizada através de entrevista com 08 enfermeiras obstétricas da maternidade do Hospital Universitário Professor Alberto Antunes (UFAL). Os dados foram categorizados de acordo com a técnica de análise de Bardin e tendo como referencial teórico a Teoria das Necessidades Humanas Básicas de Wanda Horta. **Resultados:** Foi possível identificar 03 unidades temáticas que evidenciam o cuidado de Enfermagem à parturiente adolescente, destacando-se o acolhimento, a aproximação da equipe e formação do vínculo e das enfermeiras, e os cuidados em si. **Conclusão:** O estudo possibilitou evidenciar os cuidados prestados, que acontecem de forma generalizada, possibilitando assim identificar os fatores que determinam como os cuidados são prestados e suas dificuldades. **Descritores:** Enfermagem Obstétrica; Adolescente; Trabalho de parto; Parturiente; Cuidados de Enfermagem.

RESUMEN

Objetivo: Conocer los cuidados de enfermería de la adolescente durante el parto, y por lo tanto para identificar los factores que influyen y analizar los cuidados de enfermería a la mujer adolescentes en el trabajo. **Método:** Es una investigación cualitativa exploratoria a través de entrevistas con 08 parteras de la sala de maternidad del Hospital Universitario Profesor Alberto Antunes (UFAL). Los datos se clasifican de acuerdo a la técnica de análisis de Bardin y la referencia teórica la Teoría de las Necesidades Humanas Básicas de Wanda Horta. **Resultados:** Fue posible identificar 03 unidades temáticas que evidencian el cuidado de Enfermería a la parturiente adolescente, destacándose la acogida, la aproximación del equipo y la formación del vínculo y de las enfermeras, y los cuidados en sí. **Conclusión:** El estudio posibilitó evidenciar los cuidados prestados, que ocurren de forma generalizada, posibilitando así identificar los factores que determinan cómo los cuidados son prestados y sus dificultades. **Descriptor:** Enfermería Obstétrica; Adolescente. Embarazo en la Adolescencia. Parturiente. Los Cuidados de Enfermería.

INTRODUCTION

Although childbirth is a routine in hospitals and maternities, every woman should have different care; care and comfort should be performed aiming at the uniqueness of each parturient woman. It is also necessary to consider the fundamental points of caring for and welcoming women in the parturition process, since they are not in routines or facilities, but in situations in which professional and client correlate through satisfaction.¹

The World Health Organization (WHO) proposes that adolescence is the stage of life between childhood and adulthood, between 10 and 19 years, 11 months and 29 days.² In adolescence, the individual lives the loss of the child's body, with a child's mind and a body becoming more and more adult. By directing attention to adolescent women it is easy to understand that the adolescence process they live in is often characterized by the repression of their sexuality, the differentiation of behaviors in relation to men,

prohibitions, the notion of inferiority and passivity As well as the lack of dialogue and clarification of the biological, social and cultural events that are part of their lives.³

Although teenage pregnancy occurs more frequently in the most impoverished groups, it can not be denied that the phenomenon occurs in all population strata, but its consequences may be more negative for adolescents whose social insertion restricts access to material and immaterial goods.⁴

The intensity of pain experienced in labor and delivery is very variable, and is subject to behavioral, temperamental, cultural or educational influences, genetic constitution and possible imbalances of normality such as stress, in addition to other factors such as distractions, and release of endorphins.⁴ The nurse responds by maintaining the constant assessment of the mother and fetus, the development of mutual goals with the woman and her family, the elaboration of nursing diagnoses, the planning and implementation of nursing care, as well as the evaluation of the effects of care.⁵

Thus care and humanization are inseparable. Caring is not only a technical nursing procedure, in which the scientific technical aspect prevails, it is mainly to use the humanity of the professional to assist the other in their dignity. Therefore, care is supported by the nurse's conscience, expressed in her experience and shaped in her practice.⁶ The nurse plays a decisive role in the care of labor and delivery since the nursing team is the professionals who are closest to the parturient.⁷

Thus, taking into account that the nurse is not prepared to direct specific care to the adolescent during labor, the study has as a guiding question: What is the nursing care provided to the adolescent parturient? However the research has as object of study nursing care that are provided to adolescent parturients.

METHODS

It is a qualitative exploratory research according to the proposal, since it is concerned with aspects of reality that can not be quantified, focusing on the understanding and explanation of the dynamics of social relations that in turn present A universe of meanings, motives, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relationships, processes and phenomena that can not be reduced to the operationalization of variables.⁸

The research was approved by the Research Ethics Committee of the Federal University of Alagoas, based on the opinion issued by the rapporteur of the CAAE case 42349015.0.0000.5013 followed the recommendations of Resolution 466/12 of the National Health Council/Ministry of Health, which regulates the research on human beings, considering the respect for human dignity and the special protection due to the participants, and the development and ethical engagement inherent in scientific and technological development.⁹

The study was carried out in the maternity Mariano Teixeira from the University Hospital Prof. Alberto Antunes (HUPAA-UFAL), from August 2015 to February 2016. The maternity hospital is located between the 2nd and 6th floors of HUPAA. It presents the following sectors: on the 2nd floor the Triage and Risk Classification, Prepartum, PPP Room (prepartum, delivery and postpartum), Obstetric Center and on the 6th floor ALCON (Joint Housing) and Clinical Treatment.

The study included 08 Obstetric Nurses who work in the proposed maternity ward, providing direct assistance to in-patient women. Thus, the research was limited to the fact that although it was programmed to interview the 10 Obstetrician Nurses who work in the maternity hospital, it was not possible to perform 02 of the interviews, since they were not able to attend or participate in the study.

Data analysis was performed based on the analysis of the statements recorded in interviews, which were categorized according to the Bardin analysis technique. It states that for the coherence of the method it is necessary to have as its starting point a research organization in three stages: 1. Pre-analysis; 2. The exploitation of the material; and, finally, 3. The treatment of results: inference and interpretation. Thus the content analysis as a method becomes a set of communication analysis techniques that uses systematic procedures and objectives to describe the content of the messages. However, to perform the analysis of the study, it will be used the Basic Human Needs Theory of Wanda Horta.

Wanda de Aguiar Horta developed a conceptual model that is based on the laws of balance, adaptation and holism. Basic human needs are states of tensions, conscious or unconscious, resulting from the homeodynamic imbalances of vital phenomena. In states of dynamic equilibrium, the needs are not manifested but are latent and arise with varying degrees of intensity. Therefore, these are universal, common to all human beings from one individual to another their manifestation and the way of satisfying or serving it. They can be latent, universal, vital, flexible, constant. However, the assistance provided differs with the factors that interfere in the manifestation: individuality, age, sex, culture, schooling, socioeconomic factors, the health-illness cycle, the physical environment.¹¹

RESULTS AND DISCUSSION

The obstetric nurses interviewed were identified by names of roses. These work distributed in the maternity in triage, prepartum and PPP room (prepartum, delivery and postpartum). The content of the interviews was analyzed according to Bardin's analysis technique. Thus, three thematic units were extracted from the speeches of the interviewees: "The reception is to look beyond labor..."; "We have learned to provide assistance to the parturient as a whole."; "Talk, support and help in the best way".

"The welcoming is in the sense of looking beyond labor..."

The timing of labor is a very delicate moment for the woman, where her fragility and vulnerability are accentuated. The adolescent is still leaving her childhood to acquire maturity, presents children's traits such as insecurity and fear, attachment to the maternal figure and difficulty in discussing their complaints with anyone.

The welcoming consists of a set of actions that aims to make the individual feel welcome by the service in all places and times. This process, fundamental for the establishment of bonds and commitments, favors the resolution and the quality of the assistance.¹²

Welcoming is the result of the humanization of the relations between workers and the health service. The correlation between them has the purpose of listening and accountability in order to develop a work process centered on the users' interests.¹³

When questioned about the welcoming, the nurses stressed the importance of privacy, of trying to pay attention to what the adolescent has to say once this parturient arrives at the maternity with many fears, expectations and is faced with a different reality.

"The welcoming takes place from her entrance in the triage until here, here in the prepartum, we try to leave her, to the maximum, in comfort and privacy, to inform, because generally she comes very unprepared [...] We tried to let her familiar with the environment, with the professionals, so that the labor is not so suffered." (Rose)

"Only between professional and patient, to listen to her story [...] we try to better understand what is going on, the process, her little head." (Magnolia)

However, the nurses interviewed point out that the difference in welcoming between adolescent and adult parturients is in the observation of the emotional side, since due to the immaturity they present, they are often remembered and referred to as children. According to Wanda Horta's Theory of Basic Human Needs, it is characterized as the observation of psychobiological, psycho-spiritual and psychosocial needs.

"It is very generalized when we receive the woman, [...] they arrive with fear, because it is something different, but after all the pregnancy in adolescence brings a break of many things, it deals with this new reality, so it is quite different, there are adolescents who manage to unravel this situation more calmly, but there are teenagers that the confrontation is differentiated." (Freesia)

The welcoming consists of humanizing the relationships between workers and the health service with its users. The reception given to pregnant adolescents by health professionals should contain sensitive listening and accountability to the specifics of the demands, valuing the context in which they are generated.¹⁴

For some communities, teenage pregnancy is a common occurrence that has been repeated in the history of their grandmothers, in their own lives and in the stories of their daughters. Thus, teenage pregnancy has social acceptance by the family and community.¹⁵ Thus, it becomes fundamental to be aware of the social and family context in which they are inserted. Since the teenager suffers positive and negative influences from the environment in which she lives. And from that, one can analyze their beliefs and confrontations. It is possible through the understanding of the environment that adolescent parturients live to understand certain attitudes and reactions that they demonstrate.

"[...] She often undergoes pressure from her boyfriend to become pregnant or wants to leave the environment she lives in, the family environment of a father and mother that she does not want to live in anymore and ends up becoming pregnant to have her own life [...]" (Magnolia)

"Sometimes it is a teenage patient, coming from a community where it is normal for teenagers to have children, it comes with a differentiated head, although we know that it has a greater emotional fragility, but it already comes with that will..." (Lily)

The welcoming is expressed as an act or effect of welcoming, it is an action of approach, a "being with" and a "being close", that is, an action of inclusion. Acceptance implies, in turn, being in relation with something or someone. It is in this sense, from the action of "being with" or "being close to", that the welcoming is established as one of the most relevant ethical, aesthetic and political guidelines of the SUS National Humanization Policy.¹⁶

Discussed as a posture of the professionals in the reception the welcoming is considered positive when based on the respect, consideration and attention given to the users of the service. This also seems to be a reference in the help model, which requires professionals to have personal skills to become interested in, understand and take responsibility for user problems.¹⁷

The welcoming should be the responsibility of the entire health team, because only in this way it can actually meet the demands and needs of the real subjects of health work. Since in addition to the biological condition, other needs, such as psychosocial ones manifest, in fears and desires. There is a need to understand and support coping with the situation to achieve a less stressful condition during therapeutic interventions.¹²

Soon, the observation and the analysis that the nurse performs of the picture of the adolescent who is in labor becomes important. The conditions under which it is found will lead to the therapeutic conduct to be provided. In the nurses' remarks, we observed that in identifying the basic human needs of adolescents, ways are also analyzed to promote the necessary link to address such need.

"Sometimes we want to be so humanized that we end up not understanding what's behind her history [...], but we do not understand how that gestation was. So if we can identify these difficulties before labor and birth, we will understand that it needs time to accept the child, for example [...]. To give birth is not only having contraction, as we study: motor, path and object; if it were just like this everybody would give birth in normal birth. But first, for the woman to give birth, the head must be good, if the head is not good, she will not give birth [...]. So I can understand some things, we need to have a great insight to 'get in the air' some nuances that they do not put, but you can see." (Violet)

In observing the adolescent in the context of her basic human needs proposed by Horta, we need to understand that this still brings with it childishness and a maturing in formation. It is understood that the bond confers safety to the adolescents and allows the team to know it to better establish the priorities in the attention to their health. Thus, in welcoming the patient, the nurse is always in direct contact with the parturient, and it is possible to strengthen the bonds and gain the trust and support of the parturient.

According to the nurses interviewed, the best way to maintain the bond with the adolescent is through the companion. The companion requested by teenage parturients is most often the mother, and may also alternate between father, partner and friends. Thus having this already the confidence of the adolescent, it becomes a bridge between their fears and the attention provided and made available by the nursing team.

"With the adolescent we ask to be the companion trust, always stays when it is labor, and being a minor we ask that they stay at all times. Thus a bond is formed between us, the adolescent and the companion, mother, husband, or father." (Primrose)

Experiencing labor becomes more difficult if the woman is alone, without a companion, or family member of her choice, once feelings of anguish, anxiety and fear arise. It is understood that if there is no assistance that will assist the parturient in all her needs, mainly emotional, it will be possible to observe sensations of panic, lack of control and even alterations of the uterine contractility. Childbirth occurs more easily and naturally when the woman trusts and

feels safe and relaxed next to the person chosen to remain with her at this important moment.¹⁸

The precocity of pregnancy in adolescence refers to a restructuring of family values, the girl becomes a woman, a mother. This fact is often not well accepted by the family, which weakens the interaction between them. Thus, since this parturient is still under the responsibility of the family legally, even with the weakness of the bond, it is someone in the family.

Obstetric nurses report that certain adolescent and companion discomforts that are not verbalized are noticeable but are often demonstrated during labor. It is up to the nurse to observe how the relationship of the adolescent with the companion is and to elaborate an assistance that preserves the physical and emotional integrity of the adolescent.

“The welcome is to look beyond labor. [...] We go with all the goodwill of the world to teach the escort to do the massage in the region, but only that it is a patient who does not like to be touched by her mother, she has a conflict in her house with her mother, and who the one stayed to accompany was the mother, so I notice that I leave and come back the mother is not doing the massage, but how will she cooperate if they have a bad relationship, a conflict at home?!” (Violet)

Soon the nurse's understanding and abilities to dialogue and perceive what is happening around her will lead to a problem solving, thus starting with the elaboration of the nursing history, which will bring the entire clinical and personal history of this woman. And then elaborate the main diagnoses regarding their physiological complaints, which will be verbalized, and about the other complaints that are perceptible to the careful looks of the nurses, being these emotional and social.

“We have learned to provide assistance to the parturient as a whole.”

According to Wanda Horta, nursing as a science has accumulated a body of empirical knowledge and techniques and develops related theories that seek to explain these facts in the light of the natural universe. Thus, nursing seeks to understand and unveil the human being in its dimensions.

The nurse is the human being who studies, and through scientific knowledge is enabled to care for another human being. It aims to assist basic human needs. It is able to combine science and go beyond it, goes beyond obligation, committed, engaged in the profession and shares with each human being under their care the experience experienced in each moment.

Still under Horta's theory, the human being, with all its dimensions and restrictions, is open to life, and engages in it in the commitment assumed with nursing. This commitment leads him to receive knowledge and training of nurses,

sanctioned by the society that gives him the right to care for other human beings.

Currently in nursing, we have the National Curricular Guidelines for Nursing Graduation (DCN/ENF), which the basic ideal is the curricular flexibilization, with the purpose of enabling a solid formation according to the stage of knowledge of each area, allowing the graduate to face the rapid changes in the area of health and its reflexes in the world of work.¹⁹

According to the National Curricular Guidelines (DCN), the Nursing Undergraduate Course, in general, should aim at the training of generalist, humanist, critical and reflective nurses. It is believed that this professional will be able to know and intervene in the problems and situations of health and disease most prevalent in the national epidemiological profile, with emphasis in its region of action, valuing the biopsychosocial dimensions of human life and its determinants.²⁰

Thus, the nurse who graduates will be able to act with a sense of social responsibility and commitment to citizenship, promoting the integral health of the human being. That is, during graduation, the nurse in training learns to act in the various areas of knowledge in health, among them the Health of Children and Adolescents and Women's Health.

During the training of knowledge, the nurse who intends to work in Women's Health and the dimensions of the area experiences present experiences since the academic formation, strengthened with the *lato sensu* postgraduate program through nursing residency in obstetrics and post program-restriction *stricto sensu* through the master's degree, complemented during teaching.¹⁴

The nurses interviewed in this study have the degree of Obstetric Nurse, due to their graduate training. Thus, graduated in nursing, with specialization in Obstetric Nursing, they went through two levels of training, left the generalist scope and deepened their knowledge in a certain area with all the specifics of it.

When questioned about their training, about the knowledge they received in their work area, all nurses report that during their academic training they were instructed to define who is an adolescent and who is an adult. Some report that they did not receive specific education for the care of the adolescent parturient. It is possible to observe that these refer that during the formation, the knowledge in this area is given of generalized form. Parturition care is elaborated as a whole, regardless of age.

“Although in undergraduate studies we study the growth and development of the child and this includes the adolescence phase, in the specializations we do not have that much focused, we also see teenage pregnancy, but the care itself is not very focused by age group: adolescent, adult woman, child; in this sense it is not focused.” (Freesia)

“The residence focuses a lot on the pathologies, in the delivery assistance. We did seminars, but I do not remember that theme [...]. Is it in labor? It is for any woman, it is not differentiated.” (Rose)

However, these nurses mention in their academic formations a deficit in the knowledge of this area, and the need to direct studies to the subject, to promote the care in a satisfactory way, since according to them, they have no basis to promote this specific care.

“[...] Where we have to take greater care is in the emotional process, in the same physical process, we do not see in the graduation.” (Magnolia)

“There wasn't in my training, the residence, to give birth to give birth, regardless of age. When we see the outcome ahead, we go back and understand: why age is so much, so why she collaborated or not, so that's why she acted like this or not.” (Violet)

According to these nurses who are daily providing services to adolescent parturients, differentiation is necessary. Each phase of the woman's life has its specific characteristics, so adolescence must be remembered as the transition phase, not being able to categorize it as childhood or adulthood, but rather to give real importance to the transformations that this phase presents.

“Perceptions are differentiated, a woman of adult life has [...] a more firm view of the world. The adolescent parturient no longer has this maturity, everything is very new, the change in the body, the change in appearance, the change of status, because she stops being a teenager purely and starts to be a teenage mother.” (Freesia)

“Often they go unnoticed: ‘Oh, a patient of 18, third child, has given birth, so she knows how the process is...’ We ended up leaving there, I think that even if they are repeatedly, we have to have that care.” (Lily)

Thus, in the exercise of the profession, they observe the need to update themselves, to deepen the knowledge. They refer to the need for updating, training not only with obstetric nurses, but with the whole team, since the nursing team deals directly and constantly with the woman patient. Some nurses also report that the existence of a protocol to substantiate this care would increase the quality of the care developed.

“If there was a differentiated conduct it would be interesting to train the professionals, because then we

would show why it has to have this difference and we would follow, all for the benefit of the patient.” (Magnolia)

“Some form of empowerment, to show the difference in the emotional field, we nurses must be more involved in these aspects that we identify... because in the day-to-day running, it also changes the focus of these issues, which are very important.” (Violet)

Likewise, nurses must be aware of their obligations and firm in the knowledge they hold in order to elaborate the care plan with the necessary care for adolescent parturients. Horta says that to elaborate his plan of care, the nurse, being human, must observe the basic human needs of the other human, ally to the scientific knowledge acquired in its formation and to take due care.

Then, observing the reality described by the nurses interviewed, they were instructed to perceive the difference between the changes in each age group in the life of the woman, however, it was not passed to these as to how to do nursing care during labor in the specific phase of adolescence. However, they hold a broad scientific and personal knowledge. Thus, combining this scientific knowledge, lagged by the express lack of theoretical and academic base, to the perceptions that the conduct of reception and accompaniment allow, are thus elaborated the assistance and care plans.

“Talk, support and help in the best way...”

Human needs are universal, that is, common to all human beings, what varies is their manifestation and the way of satisfying or meeting this need. Several factors interfere in manifestation and care; among them we can mention the individuality, age, sex, culture, schooling, socioeconomic factors, the health-illness cycle, the physical environment.¹¹

Therefore, during labor, every woman needs specific care for that moment. These care, which should be developed to ensure a better development of labor, to a healthy, natural delivery aimed at promoting the wellbeing of the mother and the newborn. In this way, a humanized attention is sought, which praises the naturalization of childbirth, so that it develops with the least possible interventions, once the woman's body is prepared for such a situation.

According to the nurses, non-pharmacological methods of pain relief, monitoring of vital signs, auscultation of heart-fetal heartbeats, physical examination and guidance such as labor, privacy, hygiene and a calm environment are provided to all parturient women.

“In the question of obstetric nursing we can have a more differentiated look at Uterine Dynamics, obstetric auscultation [...], we will try to offer a humanization of labor assistance, with Good Obstetric Practices.” (Magnolia)

“There are performed: physical examination, conversation, emotional support. In the care is also to observed if there is loss of blood, of liquid, and the general state of the pregnant woman, if there is change in the pressure...” (Primrose)

“To all are offered the same possibilities, non-pharmacological techniques, guidance to labor.” (Violet)

Thus, the care provided to the parturient entails the humanization of care, and for this the professional is required to respect the aspects of the physiology of the woman, that does not perform unnecessary intervention, that recognizes the social and cultural aspects of childbirth and birth and offers the support needed for the woman and her family.²¹

For Wanda Horta, nursing as an integral part of the health team must maintain the dynamic balance of the human being, prevent imbalances and reverse imbalances into balance, in time and space. Thus, it must use methods that may help in obtaining such results.

“[...] Maintaining her privacy, she is entitled to accompany... we encourage her, depending on the stage of labor, to use the Swiss ball, the ladder to do squats, change of position, warm bath in the shower, massage, use of moisturizer to do lumbar massage, also has a ball that helps this massage, we also have a sound that we connect in the background, we leave the penumbra for her to calm down, these are the methods. (Rose)

Every woman in labor needs care, but each woman will have a different perception. In the different phases of a woman's life, that is no different and in order to establish the care that must be provided, it is necessary to know how each age group behaves. When pregnant, the woman presents her vulnerable side.

Considering the specificities of adolescence, a period of significant changes, the studies focused on gestation, delivery and puerperium in this period of life mainly address the physical, psychological and social risks of these conditions in adolescents' lives, not giving due importance to care in the pregnancy-puerperal cycle. Adequate care at the time of delivery is an important step to alleviate the problems that can accompany early pregnancy.²²

Among the nurses interviewed, some refer that there are no criteria for specifying the care of adolescent parturients. However, for others, it is criteria to elaborate the care of this adolescent's history and of her gestation the family support, how she has dealt with the precocious pregnancy, in order to try to differentiate one parturient woman from another.

“The criteria are the same, how it was given, what was the situations of this gestation, the acceptance of the family, the acceptance of the adolescent is. Family support, whether it was an oversight, whether it was a planned pregnancy.” (Lily)

“There are no criteria, it is much the professional that welcomes that patient.” (Rose)

“Actually this care is not so differentiated, but sometimes with the little minutiae that in the conversation we perceive we can differentiate a little bit.” (Magnolia)

To do this, it is necessary to know the changes that occur throughout a woman's life, and how she behaves. Thus, it is necessary to observe and classify the labor needs that are common to all women and to adolescents. It is known that the adolescent presents greater emotional instability, due to the changes that entail the phase, and that the body of the same is still going through the puberty where several hormonal changes happen that accelerate the physical growth as well as the development of the sexual characteristics.

In this way, the nursing care provided to the parturient described by obstetrical nurses was the same care given to adult women. However, they mention having a different emotional look, how this teenager behaves, what are her fears and desires and especially if the presence of the companion, promote her well-being.

“The difference is more focused on emotional complaints, because either she will be in the rebellion phase, not wanting to listen to the guidelines or will be in the stage of shyness, to be more withdrawn [...], paying more attention to the changes of humor.” (Violet)

“Usually the teenager's psychological preparation influences a lot, because depending on the threshold she has no preparation to suffer, most come without understanding what will happen [...] It should be better explained the moment she will go through.” (Sempere-Viva)

Health care delivery during labor is related to the well-being and satisfaction of adolescents. It is also observed that this satisfaction is related to the instructions received, the insecurity before a moment of life that was not yet experienced, it can be softened by the attention received from the health professionals, which serves as protection and attenuation of all fears that permeate the moment of childbirth.²³

For this, it is necessary that the professionals are prepared to attend the adolescent of individual form, being thus ready to handle the demands brought by these. Every form of generalization generates inappropriate postures towards

young people and thus fosters an inadequate characterization of this period of life in a restrictive and negative way.²⁴

The use of specific care can be performed, in addition to the empathic approach, which aims to relieve not only pain, but also to help in the interaction between professional and family. Thus, the delivery process will be less painful, since these parturients demand more attention to the welcoming, bond, and a greater ability of the nurse to communicate.

According to nurses, it is also necessary to differentiate the environment in which the adolescent parturient is, since she has a different perception, her fears can be aggravated, hindering the positive course of labor if installed with other adult parturients who are going through periods of increased tension in more specific clinical situations, such as with a dead fetus.

"[...] I see that it should be differentiated in the environment, in a quieter environment. Her environment should be prepared for her age, and not be with other women who have more maturity, because there is often a certain difficulty, for wanting to act like that other woman, and increases her anxiety." (Blue Sage)

"[...] It should not be mixed with other pregnant women who present pathologies, older pregnant women with a dead fetus, so she gets scared." (Sempre-Viva)

For these nurses to provide nursing care to the adolescent parturient is not always an easy task. The precocity of pregnancy in adolescence tends to meet values imposed by society. The adolescent is leaving childhood, but it is still common to judge her as a child, and in this way the judgment of the nurse can be influenced by the pre-defined beliefs and concepts, which justifies the common expression that "it is a child giving birth to another child".

"When a patient arrives we signal 'look it's a 14 years old', so we are already watching, that can be a patient that we look at and still have some childish tricks, that is very attached to the mother, who is very sensitive, closer to the adult. Even we play, 'it's a child taking care of another child.'" (Rose)

To see the adolescent is to go beyond childhood, but not to enter adulthood. Perhaps it is therefore difficult in daily practice to differentiate these three phases of a woman's life. Once the nurse is the holder of the scientific knowledge, she needs to give space to the knowledge of the other, let her know herself. It is necessary to know the adolescence and the adolescent, the stage and the being that is going through it. In this way, by individualizing care, the nurse will give space for basic human needs of this adolescent.

In giving proper care to adolescent parturients, some difficulties related to age and their mood swings are

presented by nurses. However, it is possible to observe that among the cited difficulties, we find not only those related to the adolescent's behavior, or the preparation of the team, as judgments on the part of some professionals.

"I see some judgments from the medical team, I've worked elsewhere and I realize that the doctors criticize a lot the fact that the teenager got pregnant soon, they criticize the parents for having given some freedom, and they already go with judgment, they already go with a certain violence." (Magnolia)

In the follow-up of labor, the presence of the obstetric nurse is constant and lasting, which makes the parturient more collaborative and safe, and ultimately influences the option of normal delivery. Once they monitor labor, they collaborate on a way to minimize or overcome negative feelings, preconceived conceptions and difficult experiences experienced, related to normal birth.²⁵ This makes the care more specific, more intense. For some, the ideal way to improve care for the adolescent parturient is through the search for knowledge, new sources that make it possible to complement this knowledge.

"[...] seeking to learn more about the specificities of adolescence, and to help in general, and to improve is to study, look for articles, new studies, even look for readings that teach new techniques of assistance humanization." (Lily)

"It is in the form of how to handle labor, be aware that it is at another stage of life, have awareness. Be sensitive not only to be judging the situation, to get involved with the patient, to investigate." (Rose)

For Wanda Horta, to be a nurse must transcend the obligation, give human warmth, become involved with each being and live each moment as the most important of their profession. Thus, we need to let know the other, as for nurses interviewed, that to improve nursing care for women during childbirth, you need to listen, help, guide, that is to raise awareness, to let be touched.

CONCLUSION

Pregnancy in adolescence is an increasingly common theme, consequently, it is common to find in the maternities a high number of adolescent parturients. The nursing team, under the supervision of the nurse remains by the side of the parturient woman, in this way the nurse, especially, needs to recognize the characteristics that define each phase of the woman's life.

Welcoming is a fundamental part of the development of care, since at this moment the nurse can hear the whole

story of the teenager, begin to understand how she got to that moment, her fears. Thus, it is fundamental the approach of the nursing team with the reality and the needs of this parturient, the formation of the bond between parturient, team and family. Increasingly, it is possible to note the importance of the presence of the companion, not only for the adolescent, but also for an aid to guarantee adherence to the proposed care.

It is possible to observe that during training, the nurse is prepared to act with social responsibility and to be committed to citizenship. However, it is not yet possible, during training, to perceive the differentiation of the care provided during labor, among adolescent and adult women. Although professionals who deal daily with these women report feeling the need to differentiate, they also do not have a theoretical base to help them. For this, the nursing schools should be attentive to a new way of uniting and complementing this knowledge.

Thus, however much we try to differentiate theoretically the adolescent woman and the adult woman, the basic and individual needs of each will be different. During the routines of maternity hospitals, the main care of the parturients is carried out in a general way, ie, equal to all other care provided. It will be specific care of the parturient adolescent greater attention to the psycho-emotional of this woman, once this is considered, by majority, a child developing for the adult phase, not like the adolescent that she is. It is important that the professional recognizes the needs of the adolescence phase and the moment of delivery, in order to assist this woman in a centralized way.

REFERENCES

1. Oliveira ASS, Rodrigues DP, Guedes MVC, Felipe GF. Percepção de mulheres sobre a vivência do trabalho de parto e parto. *Revista Rene*. 2010. Número Especial (11) : 32-41.
2. Brasil MS. *Cadernos de Atenção Básica: Saúde Sexual e Saúde Reprodutiva*. Brasília: Editora do Ministério da Saúde; 2010.
3. Ressel LB, Junges CF, Sehnem GD, Sanfelice C. A influência da família na vivência da sexualidade de mulheres adolescentes. *Esc Anna Nery (impr.)*. 2011 abr-jun; 15 (2): 245-250.
4. Nilsen E, Sabatino H, Lopes MHBM. Dor e comportamento de mulheres durante o trabalho de parto e parto em diferentes posições. *Rev Esc Enferm*. 2011; 45(3): 557-565.
5. Lowdermilk DL, Perry SE, Bobak IM. *O cuidado em enfermagem materna*. Porto Alegre: Artmed; 2002.
6. Corbani NMS, Brêtas MCP, Matheus MCC. Humanização do cuidado de enfermagem: o que é isso?. *Rev Bras Enferm*. 2009 maio-jun; 62(3): 349-54.
7. Frello AT, Carraro TE. Componentes do cuidado de enfermagem no processo de parto. *Rev. Eletr. Enf. [Internet]*. 2010 out/dez [citado 2016 fev 22]; 12(4): 660-8. Available at: <<http://dx.doi.org/10.5216/ree.v12i4.7056>>.
8. Gerhardt, T.E; Silveira D.T. *Métodos de pesquisa*. Universidade Aberta do Brasil – UAB/UFRGS e pelo Curso de Graduação Tecnológica – Planejamento e Gestão para o Desenvolvimento Rural da SEAD/UFRGS. – Porto Alegre: Editora da UFRGS, 2009.
9. Resolução nº 466, de 12 de dezembro de 2012 (BR). Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial da União [periódico na internet]*, Brasília (DF). 13 jun 2013. Available at: <http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html>.
10. Bardin L. *Análise de Conteúdo*. LDA, 2009.
11. Horta WA. *Processo de enfermagem*. Guanabara Koogan. 2012.
12. Queiroz MVO, Ribeiro, EMV, Pennafort VPS. Assistência ao adolescente em um serviço terciário: acesso, acolhimento e satisfação na produção do cuidado. *Texto Contexto Enferm*. Florianópolis, 2010 Abr-Jun; 19(2): 291-9.
13. Goulart CB, et al. Acolhimento como estratégia para alcançar a integralidade da assistência em hospital de média complexidade. *Semina: Ciências Biológicas e da Saúde*. 2013. jan./jul; 34(1): 91-96.
14. Medeiros AL, Santos SR, Cabral RWL. Sistematização da assistência de enfermagem na perspectiva dos enfermeiros: uma abordagem metodológica na teoria fundamentada. *Rev Gaúcha Enferm*, 2012; 33(3): 174-181.
15. Silva JMO. *Significado da gravidez para a adolescente quilombola: um olhar etnográfico da enfermagem [tese]*. Salvador (BA): Escola de Enfermagem, Universidade Federal da Bahia; 2012.
16. Brasil, MS. *Acolhimento nas práticas de produção de saúde*. Brasília: Editora do Ministério da Saúde; 2010.
17. Mitre SM, Andrade ELG, Cotta RMM. Avanços e desafios do acolhimento na operacionalização e qualificação do Sistema Único de Saúde na Atenção Primária: um resgate da produção bibliográfica do Brasil. *Ciência & Saúde Coletiva*. 2012; 17(8): 2071-2085.
18. Melo JS, Kerber NPC, Oliveira AMN, Bussanello J. Inserção do acompanhante no cuidado da adolescente em um centro obstétrico do sul do país. *Cienc Cuid Saude*. 2011; 10(4): 781-788.
19. Silva IJ, Oliveira MFV, Silva SED, Polaro SHI. Cuidado, autocuidado cuidado de si: uma compreensão paradigmática para o cuidado de enfermagem. *Rev. esc. enferm. USP [online]*. 2009 [citado 2016 fev 22]; 43(3): [aprox. 7 telas]. Available at: <<http://www.revistas.usp.br/reusp/article/viewFile/40411/43389>>.
20. Pires AS, Souza NVDO, Penna LHG, Tavares KFA, D'oliveira CAFB, Almeida CM. A formação de enfermagem na graduação: uma revisão integrativa da literatura. *Rev enferm UERJ*. 2014 set/out; 22(5): 705-711.
21. Brasil MS. *Cadernos Humaniza SUS. v.4: Humanização do parto e do nascimento*. Universidade Estadual do Ceará. Ministério da Saúde. 2014.
22. Busanello J, Kerber NPC, Mendoza-Sassi RA, Mano OS, Susin LRO, Gonçalves BG. Atenção humanizada ao parto de adolescentes: análise das práticas desenvolvidas em um Centro Obstétrico. *Rev Bras Enferm*. 2011 set-out; 64(5): 824-832.
23. Luz NF, Assis TR, Rezende FR. Puérperas adolescentes: percepções relacionadas ao pré-natal e ao parto. *ABCS Health Sci*. 2015; 40 (2): 80-84.
24. Costa RF, Queiroz MVO, Zeitoun RCG. Cuidado ao adolescente: contribuições para a enfermagem. *Rev. enferm. UERJ*. 2012 abr/jun; 20(2):197-202.
25. Velho MB, Oliveira ME, Santos EKA. Reflexões sobre a assistência de enfermagem prestada à parturiente. *Rev Bras Enferm*. 2010 jul-ago; 63(4): 652-9.

Received on: 27/05/2016

Reviews required: No

Approved on: 10/10/2016

Published on: 10/07/2017

Author responsible for correspondence:

Amuzza Aylla Pereira dos Santos

Avenida Lourival Melo Mota, sn

Cidade Universitária

Tabuleiro dos Martins. Maceió/AL. Brazil

ZIP-code: 57072-900

Telephone: (082) 8897-9745