

## The Nurse's Contributions in Prenatal Care Towards Achieving the Pregnant Women Empowerment

Contribuições do Enfermeiro no Pré-Natal para a Conquista do Empoderamento da Gestante

Contribuciones de Enfermería Prenatal para Conquista de Habilitación de la Embarazada

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### ABSTRACT

**Objective:** The study's purpose has been to further understand the nurse's contributions in prenatal care in order to encourage female empowerment during the process of natural parturition by taking the pregnant woman perspective. **Methods:** It is a descriptive-exploratory study with a qualitative approach, which was carried out in a Family Health Unit at *São Luís* city, *Maranhão* State, Brazil, and having pregnant women who performed prenatal care as participants. For the testimonies' analysis, the Content Analysis Technique was used. **Results:** The nurses provided guidelines allude to many aspects of pregnancy, but it does not show that pregnant women have used the information in order to achieve empowerment during childbirth. Furthermore, it was not identified the accomplishment of educational actions aiming to obtain this empowerment. **Conclusions:** The strategies used by the nurses to encourage empowerment are considered as fragmented practices, thus reflecting the absence of dialogue between the pregnant women and the professionals, and also not offering sufficient knowledge to arrange the female autonomy implementation.

**Descriptors:** Nursing Care, Prenatal Care, Power.

Article derived from the Master's Thesis entitled, Female empowerment: the nurse's contributions in prenatal care towards the process of natural parturition under the pregnant woman perspective, which was presented in 2017 at *Universidade Federal do Maranhão*.

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## RESUMO

**Objetivo:** Compreender as contribuições do enfermeiro no pré-natal para o incentivo ao empoderamento feminino no processo de parturição natural, sob a ótica da gestante. **Métodos:** Estudo descritivo exploratório com abordagem qualitativa, desenvolvido em uma Unidade de Saúde da Família, em São Luís/MA, com gestantes que realizavam o pré-natal. Para análise dos depoimentos utilizou-se o referencial teórico *Empowerment*. **Resultados:** As orientações fornecidas pelos enfermeiros fazem alusão a muitos aspectos da gravidez, porém não evidencia que as gestantes se utilizaram das informações para alcançar o empoderamento no parto. Ademais, não se identificou a realização de ações educativas que visem à obtenção do empoderamento. **Conclusão:** As estratégias utilizadas pelo enfermeiro para o incentivo ao empoderamento caracterizam-se como práticas fragmentadas, refletindo ausência de diálogo entre gestante e profissional e não oferecendo o conhecimento suficiente para o preparo do exercício da autonomia feminina.

**Descritores:** Cuidados de Enfermagem, Cuidado Pré-Natal, Poder.

## RESUMEN

**Objetivo:** La comprensión de las contribuciones de las enfermeras en el cuidado prenatal para fomentar la autonomía de la mujer en el proceso del parto natural desde la perspectiva de la mujer embarazada. **Métodos:** Estudio exploratorio descriptivo con un enfoque cualitativo, desarrollado en una Unidad de Salud de la Familia en São Luís/MA, con las mujeres embarazadas que realizaron allí prenatal. Para el análisis de los informes se utilizó la técnica de análisis de contenido. **Resultados:** Las directrices proporcionadas por enfermeras aluden a muchos aspectos del embarazo, pero no hay evidencia de que las mujeres embarazadas se utilizaron la información para lograr la potenciación en el parto. Por otra parte, no se identifica la realización de actividades educativas dirigidas a la consecución de este empoderamiento. **Conclusión:** Las estrategias utilizadas por las enfermeras para fomentar la potenciación se caracterizan por prácticas fragmentadas, lo que refleja la ausencia de diálogo entre la madre y profesional y no proporcionar suficiente conocimiento para preparar el ejercicio de la autonomía de la mujer.

**Descritores:** Atención de Enfermería, Atención Prenatal, Poder.

## INTRODUCTION

The nurses' contribution towards prenatal care aiming to encourage the empowerment of pregnant women in the preparation for natural childbirth has been evidenced as a positive reflex in the experience of gestation. This preparation should promote female autonomy, stimulating the informed choice, rescuing the care centered on the needs of the pregnant woman, respecting the right to her own body and exercising an ethical practice based on evidence.<sup>1</sup>

This care is necessary due to situations of female submission still present, especially in the puerperal pregnancy cycle. Over time, it was discussed how the loss of female protagonism in childbirth and birth influenced in a negative way the experiences of motherhood and, currently, it raises new understandings about the gravidic- puerperal cycle.<sup>2</sup>

In this perspective, the Health Ministry in recent years has been stimulating the practice of nurses in qualified

assistance to pregnant women, as a way to enhance the natural and innate capacity of women to give birth. As a result, it launched, through the Ordinance No. 1459 of 2011, the Stork Network, which aims to implement a network of care to ensure women the right to reproductive planning and humanized attention to pregnancy, childbirth and the puerperium and children, the right to safe birth and to healthy growth and development.<sup>3</sup>

In this initiative, which constitutes the current national policy on maternal health care in Brazil, the nurse's role as the agent for the effectiveness of the host, bond and humanized practices is emphasized, presenting the potential to seek a resumption of integral health care in the country. And to recover their role in the gravidic-puerperal period.<sup>3-4</sup>

In order to respond to the demands that this task imposes, different actions must be developed that are capable of increasing women's knowledge of reproductive rights at all levels of attention, then stimulating them and empowering them to have normal childbirth.<sup>4</sup>

Empowerment should then be understood as the result of the distribution of information, resources and opportunities in order to strengthen the knowledge, participation, and rights of health service users regarding childbirth decisions.<sup>5</sup>

Given this scenario, it is necessary that health professionals, especially the nurse, develop educational actions for the empowerment process, because effective communication provides greater confidence in the nurses-pregnant relationship and makes it possible to recognize the needs and concerns of women in this phase of life, which consequently can reduce their subordination to the organization of health processes.<sup>6</sup>

Hence, the urgent need of encouragement by the nurse, to the female empowerment during the prenatal period for the natural parturition process is observed, since a good part of the care to the woman during the gestation still configures in the principle of that the female body is usually defective and dependent on the medical-surgical guardianship to give birth.<sup>5</sup>

In this sense, the study's goal has been to further understand the nurse's contributions in prenatal care in order to encourage female empowerment during the process of natural parturition by taking the pregnant woman perspective.

## METHODS

The present study is derived from the Master's Thesis entitled, Female empowerment: the nurse's contributions in prenatal care towards the process of natural parturition under the pregnant woman perspective, from the research line "The Care in Health and Nursing" belonging to the Nursing Postgraduate Program at *Universidade Federal do Maranhão (UFMA)*.

It is a descriptive-exploratory study with a qualitative approach,<sup>7</sup> analyzed in the light of the theoretical reference of Empowerment. The scenario of this research was set up in a Family Health Unit, located in the *Bequimão* district from the municipality of *São Luís*, *Maranhão* State, Brazil. The choice of location was by done randomly, among health units that perform a significant number of nursing consultations performed during prenatal care.

Eighteen pregnant women participated in the study according to the following inclusion criteria: minimum age of 18 years old, who were in the third trimester of pregnancy and with a minimum of three nursing consultations. After being clarified all the aspects related to the research, the pregnant women read the Free and Informed Consent Term and then signed expressing their agreement.

The instrument used for the data collection, which was carried out from August to October 2016, was the semi-structured interview and composed of two parts, as follows: the first one is related to socio-economic and obstetric variables aiming to characterize the participants. The second one is composed of guiding questions written through open questions. It is worth mentioning that in August 2016 a pilot test was performed with pregnant women who met all the inclusion criteria in a Basic Health Unit with the same characteristics of the study unit for the consolidation of the instrument.

For the organization of the data, thematic content analysis was used,<sup>8</sup> following the methodological steps of the technique, until the formation of the categories, proceeding with the analysis of the discourses in light of the Empowerment Theory.

Empowerment is a multidimensional, modifiable variable that divides into components, dimensions and sub-dimensions that intersect and give rise to three factors of operationalization, as follows: access to the necessary resources, capacity for decision and problem solving, and achievement of instrumental behavior necessary to interact with others to obtain resources, and, in this way, characterizing their construction process in the most diverse contexts.<sup>9-10</sup>

The development of these factors is a gradual process that allows the achievement of empowerment, while developing skills and abilities to expand the roles played in interpersonal relationships.<sup>11-12</sup>

The present research was performed according to the Resolution No. 196/96 from the National Commission of Ethics in Research, both in the procedures and in the participants' anonymity. The Research Ethics Committee from the *Universidade Federal do Maranhão (UFMA)*, received, analyzed and issued the consolidated approval through the Legal Opinion No. 1.625.950.

## RESULTS AND DISCUSSION

Based on the pregnant women discourses analysis, which

is based on the three factors of Empowerment<sup>10</sup>, then the following three categories came about: **(Re)building paths through the empowerment endeavor, taking the offensive direction and reaching the final destination.**

### **(Re)building paths through the empowerment endeavor**

In the light of the reports, the influence that prenatal care can exert on autonomy for natural childbirth and the knowledge of pregnant women about the rights of the gravidic-puerperal period was perceptible. This autonomy is related to the guidelines and strategies used in the propagation of information by professionals.

For the pregnant woman to have a positive pregnancy experience, it is necessary, among other things, to provide an effective transition to labor and delivery and to encourage self-esteem, competence and maternal autonomy during the prenatal period.<sup>13-14</sup> This stimulus to the power of decision on the body and the childbirth, is part of the objectives of the Network for the Humanization of Childbirth and is inherent to the guidelines of the Stork Network.<sup>15-16-17</sup>

Prenatal care is the first step towards a healthy birth and delivery, which aims to welcome the woman from the beginning of gestation. Its importance is to provide the maintenance of the physical and emotional well-being of the pregnant woman and to provide information and guidance on the evolution of pregnancy.<sup>18-19-20</sup>

The following reports contextualize what the pregnant women envision of a qualified prenatal care. This allows the actuation in the face of the sociocultural, economic and emotional needs of the pregnant woman. In addition to offering women the possibility of becoming the protagonist of their childbirth experience, facing it as a physiological and transformative process.<sup>21-22</sup>

*For me, I consider it important because if you do not, you will not know if your baby is well... at the beginning of pregnancy you have to do all the exams... so I think it's important (G1).*

*It's important, right, because we have been following the baby from the beginning, to know if everything is normal (G12).*

The interviewees were unanimous in linking prenatal care with the word monitoring, highlighting its importance in the discovery and prevention of common adverse events of the pregnancy period, both for her and for the child.

Adequate care can avoid significant negative outcomes in the mother and newborn, contributing to the reduction not only of morbidity, but also of maternal and infant mortality.<sup>23</sup> Therefore, the most appropriate way that the pregnant woman can use to ensure the good development of her gestation is the follow-up through prenatal consultations.

The discourses also allowed us to identify the importance of the early initiation of this assistance, which is fundamental for the humanization of childbirth and is characterized as

the preparation for the moment of birth, since it allows access to the necessary resources for this purpose.<sup>21</sup>

Other reports relate the importance of prenatal care to childbirth labor and delivery, believing that it is possible to have a calm and safe delivery based on the care performed in this follow-up:

*Yes, it is important because we will know... how will the delivery be, whether it will be a quiet delivery, a complicated one (G3).*

*For me it is important because it is my first pregnancy, and it brings all the knowledge that a pregnant woman needs in order to have a healthy pregnancy, to be able to have a healthy birth (G17).*

*It's important, because it's very difficult for us to go to a maternity without having done prenatal care. Because, they might not attend to us. That's why I do everything right (G8).*

Although all pregnant women considered prenatal care important for disease tracing and childbirth safety, it was not found in the practical assistance narratives that favor the autonomy of the pregnant woman as a participant in the process. Consequently, it is inferred that these remain as submissive figures to institutional practices in the process of gestating and giving birth.<sup>24</sup>

From the reports obtained, it was possible to perceive that pregnant women recognize the value of prenatal care for the health of the mother and the baby, but they do not associate the actions of this monitoring with the construction of their autonomy in the face of the decisions to be made.

Throughout the process of parturition, the woman expects to receive information about what happens to her and her baby, seeking the opportunity to participate in decisions based on the scientific evidence received by health professionals.<sup>26</sup> To this end, these professionals must assume the role of educators, sharing knowledge and seeking to encourage women's self-confidence to live gestation and childbirth in a safe and secure manner.<sup>22</sup>

Given that maternal rights provide pregnant women with more space and freedom in the context of health care, they sought to explore their knowledge of their social, labor and welfare rights, since access to the necessary information makes possible social empowerment:

*I only know the right to sit on the bus that we have priority; it is in the lines that we have already guaranteed (G18).*

*I only know about maternity aid, which I even have (G9). I've heard about the companion, but I have doubts, I even go to the nurse. In relation to the place we already know where the baby will be, she has already put it in the pregnant woman's book and it gives us a bigger security (G2).*

The most reported law by the deponents was the social one, referring to the preferential care in public agencies,

commercial establishments and preference seat. These rights were won by the Law No. 10.048 from November 8<sup>th</sup>, 2000 and are assured from the moment the woman becomes pregnant.<sup>19,27</sup>

With respect to labor rights, as reported by the participant (G9), the Federal Constitution and the *Consolidação das Leis Trabalhistas (CLT)* [Consolidation of Labor Laws] guarantee benefits to mothers who work, such as maternity leave; stability in employment, where job dismissal without just cause is prohibited; right to breastfeed during normal working hours, and among others.<sup>28</sup>

Regarding the right to free and quality prenatal care, the pregnant woman should be followed up by the doctor or nurse, as mentioned in the above statements by the participant (G5), who should request the initial examinations, advise her on healthy habits and make all referrals required.<sup>1,16,29</sup>

Concerning the knowledge about the presence of a chaperone during gestation, childbirth and puerperium, only one deponent mentioned this right. In the G2 report it was possible to verify the deficiency of this information, which was still surrounded by many doubts. The presence of the companion during prenatal consultations, labor, delivery and immediate postpartum in the *Sistema Único de Saúde (SUS)* [Unified Health System] is guaranteed by the Federal Law No. 11.108/2005 and may be chosen by the pregnant woman, and it is not necessary to take consideration of relationship or sex.<sup>30</sup>

It was evident through the statements, the low disclosure and orientation of the rights of pregnant women by professionals in prenatal care. As a result, they have limited access to the information necessary to create arguments for collecting and negotiating their rights, especially labor and social rights, becoming passive agents during the gravidic-puerperal process. Therefore, it is important to implement policies and strategies to promote and expand autonomy through educational practices, so that these rights are instituted with the objective of humanizing care, making it essential for pregnant women to know and to know how to demand them.<sup>31-32</sup>

When questioning pregnant women about the clarification of their doubts during prenatal care, most reported that the nurse is the main responsible for transmitting information and elucidating knowledge about pregnancy and childbirth, as we can see in the following statements:

*She always elucidates all my doubts (G1).*

*Many things I did not know, but they [the nurses] are clarifying everything (G14 and G15).*

According to the above statements, it is verified that the doubts of the pregnant women were clarified particularly by the nursing professional. Thus, taking women's doubts by providing them with adequate information and instituting

a cycle of trust results in more harmonious relationships and the possibility of making choices with more autonomy, favoring empowerment and reducing the subordinate position of women in the process of childbirth.<sup>33</sup>

Additionally, nurses must carry out their educational practices in order to address the incentive to breastfeeding, healthy habits of life, evaluation of nutritional status and monitoring of weight gain during pregnancy; the identification of warning signs in pregnancy and the recognition of labor; the importance of prenatal care, puerperal consultation and family planning; the rights of the pregnant woman and the father; among many other information.<sup>1</sup>

It is noticeable that the pregnant women in the study did not have access to many of these data, which may be due to the simple transmission of information from professional to pregnant, excluding the dialogue based on the exchange of experiences and knowledge in a flexible, dynamic, reflexive and With the objective of achieving women's autonomy in the face of the gestational process.

Considering the factors of the Empowerment Theory, it can be inferred that access to information during prenatal care is exactly as a resource for building the empowerment of pregnant women.

### Taking the offensive direction

Concerning the parturition process, there is a multiple range of alternatives available to the pregnant woman that must be presented to them in prenatal care so that it can be based on scientific evidences and their rights, discuss and decide with the professional for what will make her more tranquil and secure.

The woman can choose the type of delivery, the ambience, the professional that will assist her, the companion, the procedures to which she wants to be submitted, among other choices. In order to do this, she must be aware of her rights as a patient, thus improving her communication with health professional.<sup>6</sup>

When asked if they had already chosen the companion for the childbirth, the pregnant women stated:

*I have chosen already, I will take my mother (G6)  
To accompany me at the time of childbirth I do not want anyone (G1).*

It was possible to notice in the speeches that some pregnant women were decided by the company of somebody at the moment of the delivery; nonetheless, others chose not to accept companion. It is known that the participation of the family member significantly contributes to make the pregnant woman feel safer and more comfortable in the process of labor and delivery.<sup>34</sup> Given this, the reality expressed in the above statements shows the importance of this information as a way of empowering the during the prenatal period to make decisions with rationality, as well

as to demand from the health professional the respect to the freedom of choice of the pregnant woman in front of the presence or not of the companion, as seen in the (G1) reports.

Regarding the type of delivery, the choices and decisions of the woman come from factors such as socio-economic conditions, schooling, birth stories she heard or lived with a relative, personal experiences and knowledge about the conditions of childbirth care.<sup>35</sup> Although most participants of this study opt for normal birth, it is believed that their preferences did not start from a discussion with professionals about the innumerable benefits of this type of delivery.

This makes it possible for women to lose or lose their autonomy in this event, which may be subject to the decision made by the prenatal care professional or to be uninformed about the innumerable advantages of normal birth, as we can see in the following statements:

*I preferred cesarean section (C-section), but I think it's going to be normal, because the nurse said that it's okay with me and the baby (G15).*

*I'm going to have a C-section because I'm going to call you and have no more [children] (G10).*

*I'm going to want a C-section, I'm afraid I'm normal (G13).*

As can be seen in (G11) and (G15) reports, information on risks and indications also interfere with the decision-making process for the type of delivery, but are generally inaccessible for the majority of pregnant women.<sup>36</sup> This deprivation of information is often, the technical and political unpreparedness of the professionals that in this case can be proven in the guidelines passed by the nurse, when associating the possibility of normal delivery only to the well-being of the mother and the baby.

The desire of many women to perform tubal ligation as a pretense for not having more children emerges as one of the main factors that influence pregnant women in the choice of cesarean section as the desired delivery type.<sup>37-38</sup> In Brazilian society normal delivery has in the its representation a feeling of overcoming coupled with the suffering imposed by pain. Alongside this is culturally rooted, the fear of not "going along" and not "handle" the birth, as can be seen in (G13) speech.<sup>35</sup>

The woman has the right to always be informed about the reasons that prevent her from choosing normal birth, since the lack of consistent information is a determining factor in the decision-making process on the choice of delivery type.

When questioned about the ability to choose the best position during the natural parturition process, there was a discourse of ineptitude in the speeches of some deponents to assume the best position in the process of childbirth labor and delivery:

*When we get there, they put us on that leg stretcher up, and I think that's the right position. That's why I do not feel capable (G12).*

*I do not feel, because I'm not aware of it, I only know about the delivery that we put the bed and feel pain (G17).*

It can be seen from the testimonials above that, despite several recommendations, many women are still required to stay in a lithotomy or supine position at delivery. This practice may be motivated by the lack of knowledge of pregnant women about other positions, by the health service organization itself or even by the comfort of the professionals, even though there are losses in parturition dynamics, such as the mother's discomfort and the baby's oxygenation. Put the woman in a position of submission to the figure of the professional who is assisting you.

The woman has the freedom to adopt the position that she wishes and which suits her best, and this possibility of choice must be respected and stimulated, since it can provide the pregnant woman with a shorter duration of childbirth labor and a reduction in the need for analgesia, besides promoting the women's role in the health team.<sup>21</sup> Thus, prenatal care should prepare the woman so that her voice is considered, respecting the right to exercise female autonomy and the right to choose informed and consented at the moment of childbirth.<sup>25</sup>

As a way to contribute to the empowerment of women in the process of childbirth, especially proactively, professionals should inform them, during prenatal care, of the signs that may indicate the onset of childbirth labor, and the time to go to the maternity hospital. When asked about this, it was possible to verify the following:

*By the time I feel the first pain, I'm going to the hospital (G1, G6 and G14).*

*When you have white or yellow discharge, as if it were an egg white (G18).*

*The nurse explained to me that she will go down the mucous cap first and then burst the bag or not, and then the pain comes. When it is very intense it is time to go to the maternity hospital (G16)*

The lack of information about the right time to go to the maternity can lead to early admission of the pregnant woman, with unnecessary interventions and family stress, generating a negative experience of childbirth labor, childbirth and birth.

The Health Ministry in the manual of labor, abortion and puerperium, says that loss of mucosal plug or "signal" is a less precise indicator of childbirth labor, since there are large individual variations between the appearance of this signal and the beginning of childbirth labor.<sup>21</sup> This information corroborates with the (G16) statement, which addresses all the steps of the onset of childbirth labor, focusing on the importance of displacement according to the signs

presented.

In prenatal care, the woman should also be informed about the possible interventions to be performed during the period of parturition and the real reason for their adoption, in order to enable the pregnant woman's reaction to these events, and consequently, the exercise of the Empowerment.

When questioned about what they knew about the procedures performed during labor, most of the pregnant women presented ignorance on the subject, as can be seen in the following speeches:

*I only know what my friends told me, that they give an injection to give more strength to the woman. Then if there is not much passage, they cut off so the baby can pass (G3).*

*I know what happened from my previous experience, which left me in a room feeling pain and did the test to know if it was on time (G8).*

It is observed that the pregnant women externalized their perceptions based on unpleasant experiences that were heard or lived by them, and that confirm the importance of the open and enlightening dialogue between professionals and pregnant/family about the unnecessary interventions in labor and the necessity of their in some cases.

It is necessary to emphasize that quality and humanized perinatal care depends on the provision of the necessary resources, the implementation of welcoming behaviors with proven beneficial procedures, avoiding unnecessary interventions and establishing relationships based on ethical principles, guaranteeing privacy and autonomy and sharing with the woman the decisions about the behaviors to be adopted.<sup>20,24</sup>

### **Reaching the final destination**

It is understood that nurses have great importance in the dissemination of knowledge about the course of parturition and in strengthening the pregnant woman as the subject and protagonist of her history. This action allows the exercise of the third factor of empowerment,<sup>10</sup> which is characterized as the acquisition of the behavior and tools necessary for the effective interaction of the pregnant woman with the other people involved in this phenomenon, trying to reach some resources aiming to have autonomy.

All professionals involved in prenatal care should promote health education practices as a means of guiding and clarifying doubts and fears about gestation, childbirth labor, childbirth and puerperium period, and to encourage the autonomy of pregnant women, allowing believe in their own power of action.

When asked about the guidelines received by health professionals, the deponents cited the following:

*Nurses who are informing me about everything, gave me information about feeding, place of birth and the importance of normal delivery (G2).*

*The nurse gave me very important information about the tests that the Stork Network makes available to people (G13).*

*Information about the dental accompaniment that I just went to know in this pregnancy (G15).*

*They guided me mainly in relation to the positions for the preparation of the delivery, the position of lying down, getting up, sitting; everything is helping me (G17).*

It is observed that the statements of the pregnant women portray the orientations passed on by the nurse during prenatal consultations and are part of a qualified care, yet, they are fragmented and isolated practices, which may be insufficient for the exercise of female autonomy during the process of natural parturition.

The nurse plays a fundamental role in the development of basic health care activities for women and should act as a promoter of good practices in prenatal care, because they have technical, scientific and humanistic training capable of fulfilling this task.<sup>39</sup> Some reports related the importance that this professional has in the follow-up of pregnancy:

*They are important, because they clarify many doubts and make us safer (G7).*

*It is important, because they accompany, guide and we still have more accessibility to them (G15).*

It is remarkable that the recognition of nurses' contributions during prenatal care is significant within the testimonies, characterized by follow-up, guidance, clarification of doubts and increased safety during pregnancy. These characteristics are related to the holistic and humanistic formation of this professional, which allows a careful and immersed attention to the needs and desires of the pregnant woman.

It is pointed out that nurses are one of the best prepared professionals for prenatal care and that they have a privileged role in the promotion of health, by the close and close contact with the pregnant woman, allowing the creation of bonds of support and trust between them. It is then realized that it is involved in several dimensions of caring for the ability to prevent, protect, treat, recover, promote and produce health.<sup>22,40</sup>

Thus, it is observed that the nurse's posture can influence the reach of the instrumental empowerment of the pregnant woman, producing a sense of self-realization and greater independence, acquired through interaction with the environment and with other individuals, leading to an increase in psychological energy in order to achieve the so desired pregnancy and childbirth.<sup>41</sup>

Seeking to know the real capacity of pregnant women to experience natural childbirth, they asked about their own confidence to give birth and what motivated them to do so. It is possible to observe some arguments as the following:

*God gave the gift, so I have the capacity, yes (G5).*

*I'm sorry, I already had the first one and I know that I am capable (G8).*

*Oh, I do not feel sorry. Because I suffered a lot from the first child and it was a feeling that I do not want to feel other times. It was horrible (G13).*

It is observed in the above speeches that the positioning of the majority of pregnant women about the ability to give birth does not seem to have been favored by the nurses' orientations. The pregnant women thought they were prepared to experience the process of labor and delivery and attributed various justifications to this capacity, for instance, the (G5) related their power to give birth to a spiritual meaning, showing their religiosity in this process.

The experiences previously experienced by the pregnant woman also influenced some responses, as can be seen in the (G8) speech. These data confirm that previous childbirth experience, knowledge acquired in the groups, reading books, and referencing the experiences of other women contribute to the idealization of the childbirth experience.<sup>42</sup>

When the pregnant woman is not empowered with herself and with the development of the pregnancy, she really believes that she is not able to give birth, so the kind of care given to the woman in the moments surrounding the delivery is fundamental for her self-confidence in parting.

The empowerment process therefore requires an attitude of communication, negotiation and correlation between health professionals and the pregnant woman, as well as the recognition of the potentialities and the socio-economic scope of each of them. For this, the process also requires the autonomy of the nurse, since this professional needs to know the information in order to be able to enable them to the pregnant women.

Hence, empowerment implies achievement, advancement and overcoming by the one that empowers, then being the result of the association of all components, categories and factors addressed in this study. Therefore, the empowerment of the pregnant woman allows her to interact with the environment in which she is inserted, thus providing solutions for the parturition process related issues.

## CONCLUSIONS

It was corroborated through this study that the pregnant women were unanimous in recognizing the importance of the prenatal follow-up, relating this relevance to the discovery and prevention of common adverse events of the pregnancy period and the early onset of the accompaniment of the woman and the baby. They correlated the care performed during prenatal care with safe labor and delivery and the reduction of the pregnancy from the mother to the child.

It was also evidenced that the pregnant women did not use the information provided by the nurses to achieve empowerment at childbirth, reflecting in their speeches the absence of

a dialogue with the professional, based on scientific evidence and reflections on their protagonism.

It can be inferred that the strategies used by the nurse to encourage empowerment are characterized as fragmented practices that did not offer sufficient knowledge to prepare the exercise of female autonomy. These results demonstrate a deficit in puerperal pregnancy care, contributing to the submission of women to the wishes of health professionals since the implementation of education strategies has the objective of guiding, educating, rehabilitating and providing subsidies so that the women served have autonomy and co-responsibility in the care of their health.

Regarding the ability of pregnant women to experience the experience of natural childbirth, it was evidenced that the majority affirmed that they were able to give birth naturally attributing this force to several factors, such as spiritual support, previous experiences, innate capacity and access to information. Still, others said they were incapable of experiencing the process of natural parturition.

It can be concluded that the contribution of the nurse in the construction of the empowerment of the pregnant woman to experience natural childbirth is timid, modest and often focused only on technical knowledge, then forgetting to attend to the psychological, emotional and spiritual needs of the woman who is in parturition process.

Therefore, it is considered urgent the need for interaction between the nurse and the pregnant, so that the professional knows the deficiencies presented by them during the prenatal care, and then can provide the necessary guidelines for the autonomy acquisition. This interaction can occur through the implantation of prenatal discussion spaces that take into account the beliefs, values and desires of the pregnant woman, which should provide the practice of health education as a strategy for the decision-making process in the promotion of their maternal health, thus propitiating the exercise of their citizenship and the humanized experience throughout the parturition cycle.

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