

Health education for pregnant women: the search for maternal empowerment over the puerperal-pregnancy cycle

Educação em saúde para gestantes: a busca pelo empoderamento materno no ciclo gravídico-puerperal

Educación para la salud para mujeres embarazadas: la búsqueda de habilitación materna en el ciclo gravídico-puerperal

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ABSTRACT

Objective: The study's purpose has been to describe the development of educational strategies used in an educational group for pregnant women. **Methods:** It is a descriptive study that was carried out during eight weekly meetings over the period from January to March 2015, in *Acarape* city, *Ceará* State. At each meeting, were performed dynamics of presentation; exhibition of the proposed theme in dialogues and activities towards the knowledge capturing process. **Results:** The women were very receptive showing both interest and satisfaction concerning the activities. The women were already aware of some information, nonetheless, other kinds of information needed to be more detailed in order to provide subsidies, so that women could self-care and care for their children in a better way. **Conclusion:** The activity provided an opportunity to meeting primiparous and multiparous women, and this experience was considered very appropriate to share experiences, and also to learn and promote the care during pregnancy and postpartum period.

Descriptors: Nursing, prenatal care, self-care, health education, maternal and child health.

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RESUMO

Objetivo: Descrever o desenvolvimento de estratégias educativas utilizadas em um grupo educativo para gestantes. **Métodos:** Estudo descritivo, desenvolvido em Acarape/CE, no qual foram realizados oito encontros semanais no período de janeiro a março de 2015. Em cada encontro, foram realizadas dinâmicas de apresentação, exposição do tema proposto em forma de diálogo e atividades para fixação do conhecimento.

Resultados: As mulheres foram muito receptivas demonstrando interesse e satisfação com as atividades. Algumas informações já eram de conhecimento das participantes e outras precisaram ser mais detalhadas, no intuito de fornecer subsídios para que elas pudessem se auto cuidar e cuidar de seus filhos com mais propriedade. **Conclusão:** A atividade oportunizou a reunião de primíparas e multíparas, sendo esta vivência recomendada e considerada muito apropriada ao compartilhamento de experiências, ao aprendizado e à promoção do cuidado na gestação e no puerpério.

Descritores: Enfermagem, Assistência pré-natal, Autocuidado, Educação em Saúde, Saúde materno-infantil.

RESUMEN

Objetivo: Describir el desarrollo de estrategias educativas utilizadas en un grupo educativo para mujeres embarazadas. **Métodos:** Estudio descriptivo, desarrollo en Acarape-Ce, donde se realizaron ocho reuniones semanales en el período de enero a marzo de 2015. En cada encuentro, se realizaron dinámicas de presentación, exposición del tema propuesto en diálogo y actividades para fijación del conocimiento. **Resultados:** Las mujeres fueron muy receptivas demostrando interés y satisfacción con las actividades. Algunas informaciones ya eran conocidas por las mujeres y otras necesitaron ser más detalladas, con el fin de proporcionar subsidios para que las mujeres pudieran autocuidarse y cuidar de sus hijos con más propiedad. **Conclusión:** La actividad oportunizó la reunión de primíparas y multíparas, siendo esta vivencia recomendada y considerada muy apropiada al compartir experiencias, al aprendizaje y la promoción del cuidado durante el embarazo y el puerpério.

Descriptores: De enfermería, Atención prenatal, Autocuidado, Educación en salud, Salud materno-infantil.

INTRODUCTION

Throughout the three quarters that constitute the gestational period, the changes suffered by the woman trigger feelings of fear, insecurity, and anxiety, arising from the expectation related to concerns about pregnancy, childbirth, puerperium and care of the newborn; consequently it is necessary for the pregnant woman to have health support in a comprehensive way, aiming at the health of the mother-child binomial.¹

Being aware of the vulnerability to which many women may be subjected at this stage of their lives, usually related to insecure information, it is essential to provide health education to pregnant women in an attempt to reduce the negative repercussions of the weaknesses when facing doubts and apprehensions.

Health promotion, based on the Ottawa Charter (1986), which emerged from the perspective of changes in public health, is a process in which the community, inserted in an environment conducive to its learning and that meets the pre-basic requirements for its implementation, it is stimulated to carry out actions that aim at a better quality

of life and health, through the identification of problems and the capacity to modify them.²

Therefore, health promotion provides the empowerment of individuals, and through this process, people gain greater control over decisions and actions related to their health. Therefore, the concept of empowerment for health is essential in the practice of health education as a strategy for health promotion. This concept can be defined as a process that enables the ability of individuals and social groups to express needs and concerns, create strategies to promote action in decision making and obtain political, social and cultural actions that meet these needs.³

Education is a community-undertaking task, exchanging life experiences, valuing interpersonal relationships in the community and these should be maintained in a deep and interesting way, in which the human being is the basis for new educational perspectives. The dialogue between educators and learners is a commonly used strategy in groups, which enables and promotes reciprocal understanding.⁴

The realization of educational groups for pregnant women is an essential strategy for the promotion of maternal and child health, since it can empower women to develop their own strategies through active reflection that reinforces the importance of the prenatal care and prepare them to manage the care of their health and the neonate through their insertion in a welcoming environment that has the necessary resources to facilitate learning.

Health education is fundamental to the practice of sharing experiences. Teaching is not simply the transfer of certain knowledge, but it is possible to construct it.⁴ Thus, health education becomes an instrument, which allows pregnant women to expose their possible doubts and questions, aiming at reducing uncertainties through orientations in health, making possible the construction of the autonomy of the pregnant women, contributing to promoting the empowerment of the guidelines given.

Health education activities rely on health professionals to be facilitators of the groups and to build the trustworthy knowledge these women have about prevention, promotion and treatment; supervisors in support of professionals; and the community to expand knowledge and empowerment.⁵

The purpose of health education practices is to provide moments of reflection and action that enable people to learn consciously without the intention of controlling their lives. Health education, seen in this context, can be understood in order to facilitate meetings between professionals and users of the health service. This face-to-face relationship represents a way of fostering dialogue and the exchange of experiences.⁶ It is through dialogues that occur in groups that we can detect health problems, through facial expressions of patients and their physical and psychosocial dimensions; In this space, certain taboos are also demystified and certain beliefs are understood, enabling the comprehension of the pregnant woman in her completeness.

Considering the importance of health education, the present study aimed to describe the development of educational strategies for pregnant women through group

activities of interactive and free configuration, providing the capacity for understanding and empowerment of fundamental information, thus providing confidence and security for the autonomous practice of care for the health of the pregnant woman herself and her child.

METHODS

It is a descriptive study, which aims to describe the performance of an educational group offered at the *Centro de Referência da Assistência Social (CRAS)* [Social Assistance Reference Center] located in *Acarape* city, *Ceará* State, where eight weekly meetings were held with pregnant women from January to March 2015, with each meeting the duration of three hours. It is noteworthy that the pregnant women who participated in the educational meetings are all residents of the municipality.

For the implementation of the group, a partnership was formed between the coordination of the *CRAS* and the group of facilitators of educational activities, and it was found that it was a necessity of the municipality that there was the implantation of this type of activities with these women, activities that have the support of *CRAS* and the Municipality of *Acarape*, *Ceará* State. The pregnant women were invited through a folder of dissemination of the educational group, fixed at the place where the meetings were held.

Eighteen pregnant women participated in each meeting, and although this number is considered beyond the ideal for the realization of educational groups, it was decided to welcome all the pregnant women who came to the place in order to consolidate the group throughout the activities.

The educational activities were structured in three different and interdependent moments. At the beginning of each meeting, the pregnant women were stimulated to interact through presentation dynamics, where it was possible to know a little of each participant and the peculiarities of their gestation. After this moment, the presentation of the theme of the meeting began, always giving the possibility of each one to express their previous knowledge about the subject addressed. At the end of the dialogue, activities were proposed that established the knowledge acquired, aiming to understand what the pregnant women understood and the awareness to follow the guidelines offered in the meetings that were held.

The themes presented throughout the course were selected considering their relevance during the pregnancy process, proposing the health of the mother-child binomial, so that eight main themes were addressed. Nevertheless, during the first meeting, participants were proposed changes or additions to the topics discussed. So, the topics covered in the course are shown in **Table 1**.

Table 1 - Topics addressed in the pregnant group, named “*Mamãe Me Quer*”, *Acarape* city, *Ceará* State, 2015.

Topic
Importance of prenatal care
Gestational changes
Food and physical exercise
Oral health of pregnant women and newborns
Breastfeeding
Childbirth
Puerperium period
Newborn care

Source: Authors.

Each meeting had educational strategies aiming to promote a better understanding of the participants. Moreover, in all the topics covered, priority was given to the use of accessible language. The following technologies were used as resources and facilitators of the empowerment process: conversation circles, group dynamics, building and exposition of posters by pregnant women and images exposure. The themes addressed in the group with their respective educational strategies, with the purpose of a better organization are shown in **Table 2**.

Table 2 - Description of the educational strategies carried out in the group of pregnant women, named “*Mamãe Me Quer*”, *Acarape* city, *Ceará* State, 2015.

Meeting	Topic	Strategy
1st meeting	Importance of prenatal care	Presentation dynamics; conversation circle.
2nd meeting	Gestational changes	Conversation circle; exhibition of posters; exposure of images; knowledge-setting activity.
3rd meeting	Food and physical exercise	Conversation circle; group dynamic; physical exercises.
4th meeting	Oral health of pregnant women and newborns	Conversation circle; exposure of materials suitable for oral hygiene; demonstration of adequate oral hygiene.
5th meeting	Breastfeeding	Conversation circle; display of posters; exposure of images; practice with dolls; knowledge-setting activity.
6th meeting	Childbirth	Conversation circle; dialogues, exhibition of images.
7th meeting	Puerperium period	Conversation circle; speech dialogue; demonstration of puerperal care; instructions for family planning.
8th meeting	Newborn care	Conversation circle; exposure of materials needed to care for the newborn; demonstration of appropriate care.

Source: Authors.

After the meetings ended, the pregnant women had a snack, as a way to stimulate the intake of healthy foods and a moment of intercourse among women, in which affective bonds could be established between them, favoring the permanence of the same in the educational group, as well as the attempt to form a social network of support among the participants.

In all the meetings, the pregnant women were motivated to express doubts, experiences, wishes, and perceptions in general, aiming to constitute through dialogue a better approximation between the pregnant women and the facilitators, contributing significantly to the establishment of confidence and knowledge building.

The present study followed the research ethics precepts according to the Resolution No. 466 of December 12th, 2012, from the National Health Council, under the approval protocol No. 857.445.

RESULTS

During the eight meetings, the themes considered relevant to the pregnant women who were selected were successfully explored. Opening space for the pregnant women to explain their main doubts and needs was an important factor for the planning of the activities developed, considering the particularities of the women, who in turn were very receptive demonstrating interest and satisfaction with the development of the activities.

Throughout the meetings were provided moments of interaction, learning, knowledge-setting activity, and relaxation, favoring the rapprochement between participants and facilitators, enabling a greater participation and understanding of pregnant women regarding the topics addressed. All strategies aimed at encouraging the participants' ability to express needs and concerns, materializing as a first step in the process of health promotion to reach the proposal of empowerment.

In addressing the topic "The importance of prenatal care", it was observed, through the participants' reports, that there is a lack of guidelines on prenatal care, revealing a failure of the health service responsible for prenatal care in the region, information necessary to promote the health of the mother-child binomial. From then on, it was necessary to carry out a simple approach to the subjects during the following meetings, but to include the main needs of pregnant women for a pregnancy with the minimum of possible risks.

During the explanation of the theme "Anatomical and physiological changes occurred during pregnancy", the pregnant women reported experiencing most of the exposed alterations, however, the knowledge about methods to avoid or ameliorate the symptoms were insufficient. Furthermore, it was found that, during prenatal care, women were not clarified about the change peculiar to the gestational period or when it represents a health risk of the binomial, requiring specialized assistance. These points were clarified by the facilitators. A positive point during the exposition of this theme was the sharing of previous experiences by parts of the multiparous, a factor

that contributed to the primiparous feel safer about the changes of the gestational period.

Knowledge of the needs, which is one of the factors for obtaining health empowerment, has enabled the construction of strategies that meet these needs. In this meeting, the conversation wheel was used to identify the changes experienced and previous knowledge about these, being evidenced a high level of participation when using this educational technology.

In the third meeting, the group approached the content: "Food and physical exercise". It was possible to know the eating habits of the members, and from the knowledge about the foods most used in the social environment, in particular, were given guidelines on the adequate intake of foods that were within the reach of the participants, adapting to the socioeconomic conditions. In addition to dietary habits, there was the approach related to the practice of physical exercise, proving to be essential to improve the condition of life and reduction of uncomfortable symptoms during pregnancy.

After exposing the forms of feeding performed by the pregnant women, there was the exhibition of illustrative plates containing vitamins important for health. As the plaques were exposed, the pregnant women were asked, according to their experience, which foods they should ingest in order to get the vitamin exposed. As women participated, the facilitators clarified the true foods that were adequate for the intake, making it clear why they should be inserted into the diet during pregnancy. After the report, it was exposed the importance that is in the practice of adequate physical exercises and directed to the period of gestation, improving the pains in the spine and edema, being still worried about the excesses of activities, avoiding an excess of physical effort.

At the meeting on "Childbirth", the pregnant women were encouraged to share their history of previous births or of their own birth or a case that they are aware. Such dynamics was important for the evaluation and identification of the main fears and doubts of the pregnant women related to the delivery, so, as doubts arose, they were clarified. The main alterations evidencing the diagnosis of labor and delivery were presented, where more frequent events related to contractions, vaginal examination, and the fetus were discussed. There was an encouragement to the pregnant women not to remain restricted to the bed during labor, so that they were stimulated in the bath as a form of hygiene, important for comfort and well-being, since, during labor, there is an increase of vaginal secretion and intense sweating.

In the meetings that dealt with the themes "Oral health of the pregnant woman and the newborn", "Puerperium and Care of the newborn", the strategy of demonstration of care with the oral hygiene of the pregnant woman and of the newborn was carried out. As well as, the newborn care and self-care of the woman during the puerperal period, contributing to improvements in the understanding of the participants, who reported that they did not have previous knowledge about the care actions as they were shown.

During the discussion of the aforementioned themes, there was also an exposition of the necessary materials to perform the procedures, such as dolls, toothbrush, silicone

dressings, anatomical model of the mouth, toothpaste, 70% alcohol, allowing the participants not only knowledge of how to perform the care, but to recognize what materials are indispensable for the effectiveness of this process.

At the meeting that approached the “Breastfeeding”, there were demonstrations of breastfeeding positions guided through the group facilitators in which the pregnant women were able to learn and pass on some positions they already knew about using dolls, in order to reinforce the importance of the act of breastfeeding and to facilitate women’s understanding of the subject. Through the demonstrations of some positions that women believed to be appropriate for breastfeeding, the facilitators were able to adjust the dolls, demonstrating how it would be of better accommodation and acceptance for the mother and the baby. During this process, the pregnant women were surprised by the examples of exposed positions they did not know and when tested they realized that it would be comfortable for themselves and for the newborn.

Faced with this, the facilitators used the moment to cite some accessories that would aid and facilitate breastfeeding according to the socioeconomic needs of these women, such as cushions, rocking chairs, among others. The dolls were also used to explain and demonstrate the breast exchange, such as initiating a new breastfeeding, ending the breastfeed and removing the breast from the child’s mouth so that the baby does not wake up if she has fallen asleep, as well as

not trapping the nipple, which may cause fissures. Using the dolls, and the facilitators used this occasion also to show the proper way to put the baby to burp, and how to act in cases of choking.

Throughout the meeting, the main idea was based on reinforcing the importance of breastfeeding through guidelines on the numerous benefits and risk prevention, with the use of knowledge-setting strategies, as the demonstrations already cited. Again, the experience of multiparous women was essential to demonstrate to pregnant women, especially to adolescents, the difficulties and benefits of breastfeeding.

The group dynamics were used in four meetings, being used to present the pregnant women and the facilitators, familiarizing the group, establishing the dialogue theme, explaining the benefits of breastfeeding and clarifying positions for breastfeeding.

The strategies were presented in a satisfactory way, both to identify the needs of each woman, and to promote their performance in decision-making, through the construction of measures to meet those needs, achieving the main objective, the autonomy in health provided empowerment process.

The empowerment of the participants was noticeable through the knowledge-setting activities proposed at the end of each meeting, where women answered questions on the topic and also had time for questioning and clarification of any doubts that might arise during each activity.

Figure 1 - Health education activities during the group of pregnant women, named “*Mamãe Me Quer*”, Acarape city, Ceará State, 2015.



Source: Authors.

DISCUSSION

Health education provides the necessary subsidies to obtain new habits and behaviors in health. The gestational period is characterized as a propitious moment for the development of activities in health education that allow the acquisition and formation of new knowledge.⁷

Hence, the development of the group with pregnant women can be considered an important resource to promote the personalized and integral care of the needs of pregnant women and other people involved in this process. Participation in a group helps the woman to face the situations of change that goes through this period so peculiar that is the pregnancy.

The conversation wheel has been demonstrated as an active learning methodology essential because it allows a broad group thinking to capture, reflect, intervene and change actions and thoughts already built throughout their lives. Participants become leaders of the conversation by stimulating the subject's autonomy.⁸ The discussion wheel consists of a method of collective participation in a debate about a certain subject in which it is possible to dialogue with the subjects, who express themselves and listen to their peers and themselves through reflexive exercise. One of its goals is to socialize knowledge and to implement the exchange of experiences, conversations, dissemination, and knowledge among those involved, with a view to constructing and reconstructing new knowledge about the proposed theme.⁹

These groups are developed with the purpose of complementing the care provided in the consultations, improving the adherence of women to the habits considered more adequate and decreasing anxieties and fears related to the pregnancy-puerperal period.¹⁰

A study carried out with pregnant women enrolled in the prenatal program of a public maternity hospital in *Salvador* city, *Bahia* State, pursued to know the experience in the participation of educational activities developed during prenatal care, demonstrated in their results that women reach the puerperal pregnancy period, information on aspects relevant to healthy gestation and delivery, equally uninformed to choose their appropriate delivery type.¹¹

It is necessary that, during the gestational period, the woman receives orientations and encouragement related to the search for measures to prevent intercurrents in the growth and development of the baby.¹² This aspect highlights the importance of prenatal care, a topic addressed in the first meeting with pregnant women. The Ministry of Health recommends that during the prenatal period the pregnant woman should receive guidelines with the purpose of receiving, assisting, giving answers and support to the woman's feelings for a gestation, delivery, and puerperium appropriate to the mother's health and the concept.¹³

Prenatal care, childbirth, and the puerperium require a problematic approach in order to understand and meet the needs of the woman. Through this approach, the pregnant woman can be led to receive her child effectively, both physically and mentally. Therefore, the

health education strategy is defended throughout the pregnancy-puerperal period.¹⁴

The implication of the various changes that occurred in the body and in the life of the woman due to gestation also became indispensable to approach the theme "gestational changes". During the activity, facilitators and pregnant women learned the importance of the topic, especially from the comments that many of the aspects covered were not contemplated in prenatal care and from the wealth that was the moment of sharing experiences among pregnant women.

Intercurrences in the pregnancy-puerperal period can weaken the woman and her family and often lead to the peak of psychic suffering. Offering psychological care in this context enables the pregnant woman to elaborate and reflect on coping strategies in the face of her clinical condition.¹⁵

During activities carried out in a group of pregnant women performed at a Basic Health Family Unit in *Fortaleza* city, *Ceará* State, results similar to those described in this study were found, regarding the ambivalence of feelings, such as joy, fear, worrying about the childbirth, anxiety, among others showed by women in the gestational period.¹⁶

Another group of pregnant women, carried out in a maternity home in *São Paulo*, confirmed the importance of its implementation, through reports from women about the need for information received to assist in gestation, delivery and puerperium. Furthermore, it was verified the opportunity to share experiences with other pregnant women, which was a reassuring factor for them, in agreement with the present study, since it allows identification with similar situations among the participants.¹⁷

Another subject that could not be considered among the subjects is related to Healthy Eating and Physical Exercise, essential practices for health as a whole, being related to a better quality of life, based on the effect that the maternal diet has on epigenetic changes (permanent changes in DNA function that do not involve sequence changes) that result in the susceptibility of some children to obesity, diabetes, cardiovascular disease and atherosclerosis, as well as depression, anxiety, and schizophrenia.¹⁸

Proper nutrition is one of the main goals during prenatal care. To reach the ideal nutritional status, the pregnant woman needs an adequate follow-up, with strategies for food education, thus supplying all the needs of the woman and the fetus in the gestational period. Primary Care is closely related to these actions. The health team should provide the reception and guidance of this woman on the importance of nutritional monitoring, explaining the risks and benefits of adequate nutrition.¹⁹

A study carried out in basic health units in *Porto Alegre* and *Bento Gonçalves*, *Rio Grande do Sul* State, aiming to assess the overall quality of the diet in a sample of Brazilian pregnant women, classified the quality of the diet of most pregnant women at the end of the study as "needing improvements", which refers to the need to work on food education more specifically during the gestational period.²⁰

Physical activity during pregnancy brings numerous benefits to both the mother and the fetus, provided that

due care is taken. Therefore, the obstetrician should be consulted for an adequate indication, aiming in a unique way for each woman and her gestation to recommend the type, frequency, intensity and ideal moment for the practice of physical exercise.²¹

It was also understood the need to present in the group the importance of oral health during pregnancy, confirming the reports of non-knowledge about this topic.

A descriptive study carried out in *São Luís* city, capital of *Maranhão* State, showed that a high number of pregnant women did not perform dental consultations during pregnancy and were unaware of the possibility of an increase in gingival bleeding during the gestational period, evidencing the importance of approaching the topic in educational activities.²²

The need for educational actions on breastfeeding was also evidenced, because this subject, despite being widely publicized in the media, still brings many doubts and fears to pregnant women.

In order to do breastfeeding, women feel helpless in regard to active listening by professionals and guidelines since the beginning of prenatal care, and the implementation of these guidelines can prepare pregnant women for the moment when they arise numerous difficulties, often responsible for the failure of breastfeeding.²³

Health education is an important work tool that provides both the identification of a problem and the search for solutions. Considering the importance of breastfeeding and the intention to reduce early weaning, this tool is even more important, taking into account that lack of knowledge is one of the most important factors in interrupting breastfeeding.²⁴

It is noticed that there is a need to strengthen the professional-patient relationship in order to create confidence and thus to highlight the benefits brought by the act of breastfeeding by developing in the pregnant woman a critical sense of the importance of exclusive breastfeeding. Thus, health education allows the development of activities directed to the principles of educating, thus facilitating the awareness of the mothers to the awareness of these values.²⁵

A descriptive study, conducted in the interior of the *Bahia* State, promoted a project of educational actions focused on the main care with the umbilical stump and other care of corporal hygiene, given to pregnant women and puerperal women. The study found that the majority of women were unaware of care, thus emphasizing the importance of health education actions aimed at reducing morbidity and mortality due to neonatal onphalitis and tetanus.²⁶

Bearing in mind the aforesaid, the Registered Nurse needs to be aware of the needs of pregnant women and changes that may negatively influence the development of pregnancy. Without disregarding the reality and experiences of the pregnant woman.²⁷ It is also the responsibility of the nurse, as well as of all health professionals, to raise awareness among pregnant women in any instance of care, regarding the importance of performing prenatal care, so that you feel safe and well oriented to experience with quality and responsibility this moment.

A study conducted concurrently in Brazil and Portugal allowed us to know the potential of pregnant women groups and discuss issues related to women's health in all dimensions, learning the importance of collective actions in primary care, since these groups had a reduced possibility reflection and empowerment of women.²⁸

Given the aforementioned, the present study focused on the preparation of these women to adequately experience prenatal, delivery and puerperium, being empowered for the necessary actions during this period, since several studies prove high numbers of pregnant women who are either unaware or are not assisted with regards to the indispensable care during the women gestational period.

CONCLUSIONS

Through the health education was possible to disseminate simple techniques and actions aimed at improving the quality of life of groups of pregnant women, then complementing prenatal care experienced by these women.

The educational actions were presented as quite relevant to the clarification of women's doubts and contributed to their knowledge regarding the aspects that involve their status as a pregnant woman. The activities developed in the form of group discussions, conversation circles, dramatizations or other mechanisms in a dynamic way, greatly contributed to facilitate interaction with the topics addressed and the exchange of experiences among all those involved in the group.

Having the opportunity to unite primiparous and multiparous women of different ages and gestational ages in a single group was a rich experience in sharing experiences, learning and promoting self-care during pregnancy, childbirth and puerperium. Participation in the group allowed the pregnant woman to understand herself in its entirety.

Therefore, it is necessary to offer more groups, with new participants, in view of the benefits this action has brought to the diffusion of health education in the gestational period. The knowledge on the part of the pregnant women to diverse topics treated in this work was limited, and in this context, the nurse becomes an important figure in guiding them, in order to reduce the complications during this period.

Nursing can greatly contribute to the health promotion of the pregnant woman during prenatal care, because having an idea of future pregnancy situations and even what will occur after pregnancy will bring to these pregnant women well-being and tranquility, preventing unnecessary anxieties caused by unawareness of pregnancy intrinsic events, childbirth, and puerperium period.

Hence, it is proposed that group activities must be more explored by nurses and health professionals since they can be an important resource to assisting pregnant women and their families during this special phase.

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