

ACTION RESEARCH AS A STRATEGY TO IMPLEMENTING A GROUP OF PREGNANT WOMEN: AN ANALYSIS ACCORDING TO THE PARTICIPANTS' STANDPOINT

Pesquisa-ação enquanto estratégia para implantar grupo de gestantes: uma análise sobre a percepção das participantes

Investigación-acción entre estrategia para implantar grupo de gestantes: un análisis sobre la percepción de las participantes

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ABSTRACT

Objective: The study's main purpose has been to verify women's viewpoint vis-à-vis the use of action research methodology towards the development of a group of pregnant women. **Methods:** It is a descriptive study with a qualitative approach, which was performed at the Integrated Health Clinic from the *Universidade Potiguar (UnP)*, Campus in Mossoró city, Rio Grande do Norte State, Brazil. This research counted with participation of five pregnant women who underwent prenatal care in aforesaid unit. Data collection took place through semi-structured interviews, and their analysis performed via the Collective Subject Discourse. **Results:** It was evidenced that the group supported pregnant women in breaking taboos and strengthening the mother-child bonding, therefore, offering peacefulness in such important phase of their lives. This allowed the mother to express her fears, longings and expectations, as well as to experience a life sharing moment. **Conclusion:** It was found that the group is a learning space for pregnant women and health professionals, bringing robust improvements towards the development of pregnancy.

Descriptors: Pregnancy, Women's health, Prenatal care, Health education, Interdisciplinarity.

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RESUMO

Objetivo: Verificar a percepção das mulheres relativa ao emprego da metodologia de pesquisa-ação no desenvolvimento de um grupo de gestantes.

Método: Pesquisa de abordagem qualitativa e tem como cenário a clínica integrada de saúde da Universidade Potiguar, na cidade de Mossoró-RN. Participaram do estudo cinco gestantes que realizaram o pré-natal nesta unidade. Para a coleta de dados foi utilizada a metodologia da entrevista semiestruturada e a análise realizada através do Discurso do Sujeito Coletivo.

Resultados: Evidenciou-se que o grupo auxiliou as gestantes na quebra de tabus e fortalecimento do vínculo materno infantil, oferecendo maior tranquilidade nessa fase importante da vida familiar, permitindo a ela expressar os seus medos, anseios e expectativas, além de proporcionar troca de experiências. **Conclusão:** Considera-se que o grupo é um espaço de aprendizagem para as gestantes e profissionais de saúde e que trazem melhorias consubstanciais no desenvolvimento da gravidez.

Descritores: Gravidez, Saúde da mulher, Assistência pré-natal, Educação em saúde, Interdisciplinaridade.

RESUMEN

Objetivo: Verificar la percepción de las mujeres relativa del empleo de la metodología investigación-acción en el desarrollo de un grupo de gestantes.

Método: Investigación de abordaje cualitativo y tiene como escenario la clínica integrada de salud de la Universidad Potiguar, en la ciudad de Mossoró-RN. Participaron del estudio cinco gestantes que realizaron el prenatal en esta unidad. Para la recolección de datos se utilizó la metodología de la entrevista semiestructurada y el análisis realizado a través del Discurso del Sujeto Colectivo. **Resultados:** Se evidenció que el grupo ayudó a las gestantes en la quiebra de tabúes y fortalecimiento del vínculo materno infantil, ofreciendo mayor tranquilidad en esta fase importante de la vida familiar, permitiendo a ella expresar sus miedos, anhelos y expectativas, además de proporcionar intercambio de experiencias. **Conclusión:** Se considera que el grupo es un espacio de aprendizaje para las gestantes y profesionales de la salud y que traen mejoras consustanciales en el desarrollo del embarazo.

Descriptores: Embarazo, Salud de la mujer, Asistencia prenatal, Educación en salud, Multidisciplinaria.

INTRODUCTION

It is well known that pregnancy is a special phase of the woman's health process and is characterized by being a period of biopsychosocial, emotional, and cultural changes. So, it is acknowledged that these transformations imply redefining and adapting to new social roles for the pregnant woman and her family, with their fears, doubts, anxieties, fantasies, and expectations about what is to come.¹

The experience of the entire birth process, from the prenatal to the postpartum period, is experienced according to the uniqueness of each mother-woman and everyone involved in this process, which contributes to its complexity, thus, it is clear that this existential stage requires monitoring and support. Frank dialogue, listening, and the creation of spaces for the expression of concerns and feelings are actions that favor the health promotion for the mother-woman.²

Pregnancy and childbirth are unique experiences, of

psychological significance, which can leave positive or negative marks, depending on the woman's experiences. It is a process, in addition to physiological, full of meanings, and the woman must be the protagonist of this event.³

In health care, group activities are fundamental parts to support the desires and needs of individuals who need support. This occurs because the group is a number of people gathered among themselves. After all, goals and/or ideals are put in common and they recognize themselves interconnected by such things, which results in support for each member, then making the group space a privileged place for listening and reflection.⁴

The human being seeks to live in certain groups, which are more specific at certain stages of his life, especially during crisis, when he feels the need to be welcomed and identified with people who experience the same situations as his own.⁵ The stage of pregnancy is one of these situations, when the woman, partner, and family go through a series of changes in their lives. In such period, in addition to the woman's bodily changes, emotional mobilizations will take place to adapt to the new role given to her from that experience. This adaptation might create anxiety and fear for those who live it.⁵

It is worth considering that, over the years, pregnancy is no longer an exclusive subject for women. It transforms the identity of both men and women and is influenced by several aspects that encompass the couple and the family, then requiring adaptations to the new life framework.⁶

Given the above-mentioned, the following questions were elaborated: What is the importance of action research for the development of a group of pregnant women? What knowledge and practices are necessary for the development of a group of pregnant women? What is the importance of a group of pregnant women in carrying out prenatal care? What is the women's standpoint regarding their participation in a group of pregnant women?

It is believed that the present study can contribute to raise new discussions addressing the subject and serve as a source of research for the reflection of health professionals and society in general, concerning the importance of groups of pregnant women in prenatal care.

It is assumed that any project that implies changes in thinking faces resistance, which should not be translated into the impossibility of building the new. Therefore, it is a reform of thought that brings about a knowledge capable of linking, contextualizing and globalizing human actions, their knowledge and practices.⁷ As advocated by Morin,⁸ great reforms always start with the decision of a small set of spirits.

Recognizing the relevance of listening and creating connections between health professionals and users for the development of comprehensive and humanized care, this research meant to verify women's viewpoint vis-à-vis the use of action research methodology towards the development of a group of pregnant women, at the Integrated Health

Clinic from the *Universidade Potiguar (UnP)*, Campus in *Mossoró* city, *Rio Grande do Norte* State, Brazil.

METHODS

It is a descriptive study with a qualitative approach that uses the action research technique, aiming to promote a better articulation between teaching and researching. Action research allows participants to become aware of reality, identify difficulties, solve problems identified through action, in addition to producing knowledge.⁹ This approach, which has an exploratory characteristic, has the assumption of associating the action with an activity of research in the conduct of group sessions.⁹ This work was approved by the Research Ethics Committee from the *UnP*, under the Legal Opinion No. 2.384.533 and the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 78948217.0.0000.5296

The study was undertaken at the Integrated Health Clinic from the *UnP*, specifically, in the Campus located in the *Nova Betânia* neighborhood, *Mossoró* city, *Rio Grande do Norte* State, over the period from 2017.1 to 2017.2 semesters. The inclusion criteria were as follows: pregnant women over 18 years old, members of the group of pregnant women “Happy Childbirth” from the *UnP*, who accepted to participate of this study. The pregnant women were invited by the information release that took place in the Primary Health Care network in *Mossoró* city, clinics, hospitals, maternity hospitals in *Mossoró* city, as well as in the *UnP* Campus for both students and employees.

The participants were five pregnant women who were part of the group of pregnant women followed by the Integrated Health Clinic from the *UnP*. The participants were coded with names of superheroines.

The participants were subject to the questionnaire that was applied both at the beginning and at the end of the course. It served to obtain satisfaction and repercussion, favoring the evaluation of the practices planned and performed in the group. The audio resource (portable recorder) was used to record the speeches, which were later transcribed.

The collected data were analyzed according to the Collective Subject Discourse (CSD), in which the data collected from the survey were reviewed, subsequently, performing the content interpretation using the participants’ statements. The discussion was made according to the researchers’ reflections along with the relevant literature for this research.¹⁰

The CSD is a tabulation technique and organization of qualitative data, which is based on the Social Representation Theory. It consists of analyzing the material collected from interviews made from a script of open questions, extracting from each of the answers the Central Ideas, which is a name or linguistic expression that reveals, describes and names, from as concisely and precisely as possible, the

meaning(s) present in each of the analyzed responses and in each homogeneous set of Key Expressions, which leads to the CSD. Anchorages, which is the expression of a given theory or ideology that the author of the speech advocates, which is embedded in his speech as if it were any statement and their corresponding Key Expressions, which are fragments and pieces of speech that should be underlined by the researcher, and that reveal the speech essence or the underlying theory.¹⁰

RESULTS AND DISCUSSION

For data analysis, the CSD were categorized by the questions guided by the data collection instrument. Each CSD was associated with key expressions and the corresponding central idea, so that it was possible to analyze the statements collected, using the current scientific literature addressing the theme.

Women’s perception towards their posture concerning the care of oneself and their future child based on the undertaken actions

Table 1 – CSD for the idea of the knowledge that generates healthy thoughts and behavior.

Main Idea	Collective Subject Discourse (CSD)
The knowledge that generates healthy thoughts and behavior.	<i>I found it critical, because as my first child, I had many doubts, mainly about my body, how it would change, what I would eat, the care I would have to take during my pregnancy, and all of that was addressed in the group.</i> <i>The questions that were raised about breastfeeding, hormonal changes, which were the things we experienced, it helped a lot, in a way, they did.</i>

By having little information, women are exposed to new problems, physical, psycho-emotional, and lack possibilities of protecting themselves and their children. Not understanding the intimacy of their bodies, the dangers to which they are subjected, what they need to do to better take care of themselves and their children, and ignoring resources and care, make them susceptible to new incidents. For instance, the unwanted pregnancy under adverse physical conditions.¹¹

The pregnant woman’s access to detailed information about her health and her child’s health is a very important component of prenatal care. In many contexts, due to lack of information, women experience a condition of dependence, lack of autonomy and, even, mistreatment.¹²

The sharing of information between health professionals and women, at the right time and in a personalized manner, not only guides the communication between them but also provides the satisfaction of the need for knowledge that they have and empower them. In other words, it strengthens the ability of pregnant women to decide on their bodies and take care of themselves with autonomy.¹³

Furthermore, feelings of anxiety and insecurity are common in women when caring for the newborn. This

is associated with the new situation, which requires the woman and her companion a slow and gradual process of incorporating the new state, being parents. To care for and understand the baby, parents are forced to review their role in the family, incorporating a new identification, being caregivers, which can produce internal conflicts concerning their performance.¹⁴

Women’s perception towards their preparation for childbirth and puerperium period based on the undertaken actions

Table 2 – CSD for the idea of childbirth and puerperium period.

Main Idea	Collective Subject Discourse (DSC)
Childbirth	<i>Yes, for sure. As soon as I knew I was pregnant, I got scared, the first thing I thought was: “Oh my God, will I need to have a normal delivery?”. Because everyone said that it hurts too much, Holy Mary! It was something from another world; but not in the group, over there I was told that normal delivery has many benefits, both for me and my baby.</i>
Puerperium period	<i>[...], regarding the puerperium, some difficulties, what could happen, they explained everything very well. And as for my experience with childbirth and the puerperium period, I am already thirty days after the childbirth, and so far, thanks God, everything is fine.</i>

Learning about pregnancy and childbirth is often implemented incorrectly and empirically, internalized by stories related to complicated pregnancies and births, mainly through oral tradition. If this learning is not carried out progressively and coherently, according to the level of understanding of the adolescent and the woman, at appropriate places, such as at school, for instance, it happens that many women become pregnant without knowing their body, unaware about what is happening with them, which may lead to insecurity and anxiety.¹⁵

As a moment of education, the preparation for Childbirth has several viewpoints and understandings of its scientific conceptualization. Nevertheless, there are concrete definitions accepted by the scientific world, which present the Preparation for Childbirth as a “program of educational sessions for pregnant women and their partners that encourages active participation in the birth process”.¹⁶

It can also be added to the notion of Childbirth Preparation that “many women, especially nulliparous ones, do actively prepare for childbirth”. They read books, watch movies, go to Preparation classes, and talk to other women (mothers, sisters, friends, others). They seek the best professional for counseling, surveillance and care.¹⁷

Nevertheless, in the postpartum period, women are subject to various vulnerabilities and problems that need to be perceived and taken care of properly, by health services and by the women themselves. Reproductive and motherhood experiences commonly result in new conditions for families to exist, personal and relational changes, and adaptations.¹⁸

Evidence indicates that women undergoing the postpartum period have increased vulnerabilities and risks for physical, mental and social problems that, in addition to

the possibility of impacting both family and child, are often manifested as pain/uncomfortable fears/concerns, sexual mishaps reduction of self-esteem, self-care, depression, interaction difficulties with family and/or child, among others.¹⁹

Assessment of women concerning the presence of multiprofessional teams during the meetings of the group of pregnant women

Table 3 – CSD for the idea of the transdisciplinary actions as a way to assist everyone.

Main Idea	Collective Subject Discourse (CSD)
The transdisciplinary actions as a way to assist everyone.	<i>The participation of students from different courses has been important because each one can bring a little of what their courses offer; physiotherapy, which shows us how to behave, how to sit, how to get up; nutrition, which shows how we should eat; the psychology thing, of how the mother’s head looks like both during pregnancy and after it; nursing, which helps us with the breastfeeding issue. So, it is important that each one can pass on a little of the information that they have been receiving over the course.</i>

Numerous scientists pursue to understand the collective work in multiprofessional teams in the systemic and complex context of the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System].²⁰ Other academics have investigated the different forms of relationship and disciplinary integration. These different forms of relationship between disciplines generate different processes and organizations at work among health professionals.²¹

This segmented practice that appears in the teams’ interprofessional work process runs into the possibility of comprehensiveness, one of the guiding principles from the *SUS*. As a guideline and also as a central concept in the construction of the *SUS*, the comprehensiveness means the organization of professional activity, the organization of the work process and public health policy.²²

In this reorientation of the care model that presupposes working in teams, a change in the institutional culture is proposed, which predominantly favors the holding of greater power/knowledge due to a specialty in health care processes. When the caring provision is focused on the disease, generally the medical professional can make resources and/or technologies available to the treatment and, thus, become the holder of a position of power/knowledge hierarchically superior to other workers.²³

This power is instituted by other workers and/or users, in other words, a culture that is fed back by the delegation to a specific professional of referrals about a life situation. Nonetheless, when attention is directed to health, based on the transdisciplinary logic, all workers are included in the power of the work process.²⁴ Hence, attention to multiple human dimensions is contemplated, whether they are individual, emotional, subjective, cultural, and social. In such relationships, users, managers, and workers can be providers for themselves and of health as a whole.²⁴

General assessment of the undertaken actions towards

the group of pregnant women

Table 4 – CSD for the idea of the collective living as a requirement to support individual growth.

Main Idea	Collective Subject Discourse (CSD)
The collective living as a requirement to support individual growth.	<p><i>I think this group is superb and I would like it very much to continue because it is very good for mothers, for pregnant women in the health area; it is because, formerly, a woman did not understand anything about what she was going to face, what she was going to feel... so, this is being essential, very important, because mothers are increasingly curious and they will want to participate in all this.</i></p> <p><i>I have been enjoying the course a lot, because, in addition to providing us with knowledge, especially for first-time mothers like me, it comes to provide us with knowledge of the whole, from the beginning to the postpartum period. And also, the contact we have with other mothers, sharing life experiences. So, even after the children are born, we still have the contact to know how it is going. For me, it has been worthwhile and important as well.</i></p>

The group of pregnant women holds a therapeutic influence, because in these spaces the participants can re-elaborate their feelings about childbirth, they can also face crises, rethink their experiences, through the recognition of others and of themselves. In the group methodology, it is possible to produce knowledge by sharing both experiences and feelings.²⁵

Accordingly, it is reasserted that the group of pregnant women is a space in which women can prepare for the parturition process, as information and the exchange of experiences offer and reinforce the subsidies for their choices and decision-making process concerning the birth of their children.²⁵

In this respect, it was understood that effective participation in the group of pregnant women allows those women to know the birth process stages, their rights, strengthen their personal resources, reconstruct their understanding regarding this topic, or even choose healthy alternatives to experience this unique experience and still have subsidies to overcome limitations and opportunities, aiming to participate actively and safely during the pre-delivery, childbirth and puerperium period.²⁶

CONCLUSIONS

By employing the action research strategy, the development of research in the group of pregnant women was considered a positive experience by the participants. The speeches agree to reaffirm that by sharing experiences the subjects come to realize that they experience similar situations, therefore, allowing mutual understanding and pondering towards the Collective Subject Discourse. It was also observed that the meetings were characterized by freedom of expression, which enhanced the welcoming feeling among the participants.

It is considered that the health education strategy used by the multiprofessional team during the meetings of the group of pregnant women, provided the fulfillment of individual demands, by stimulating in each participant the expression of their conceptions and needs concerning the addressed topic.

The importance of action research in groups of pregnant women is notorious, mainly because it allows the production of knowledge on several matters, such as: the prevention of diseases and injuries during pregnancy, the care of oneself and the baby during pregnancy and postpartum period, feeding, the importance of breastfeeding and pain relief techniques during labor.

Throughout this research, a transformation of reality was visible, both individual and collective, which promoted the interaction between the participants and consequently the growth of discussions and reflections originating from the sharing of mutual experiences.

Bearing the aforementioned in mind, it can be inferred that action research provides a broader knowledge of the investigated reality, then increasing the pool of ideas and possibilities for action/transformation within the scope of health care for pregnant women and their families.

REFERENCES

1. Maron LC, Cabral FB, Cristina I, Hildebrandt LM. Motivos e repercussões da participação de gestantes em grupo operativo no pré-natal. Rev Enferm UFSM [internet] 2014 [acesso em 17 mar 2017]; 4(3):519-528. Disponível em: <https://periodicos.ufsm.br/reufsm/article/view/10827>
2. Silva MZN, Andrade AB, Bosi MLM. Acesso e acolhimento no cuidado pré-natal à luz de experiências de gestantes na atenção básica. Saúde Debate [internet] 2014 [acesso em 31 mar 2017]; 38(103):805- 16. Disponível em: <http://dx.doi.org/10.5935/0103-1104.20140073>
3. Santos RB, Ramos KS. Sistematização da Assistência de enfermagem em centro obstétrico. Rev Bras Enferm [internet] 2012 [acesso em 23 fev 2018]; 65(1): 13-8. Disponível em: <http://www.scielo.br/pdf/reben/v65n1/02.pdf>
4. Morais FRR. A humanização no parto e nascimento: os saberes e as práticas no contexto de uma maternidade pública brasileira [tese]. Natal (RN): Universidade Federal do Rio Grande do Norte; 2010.
5. Silvestrini MS, Cardoso ML, Rego BR. Desafios na construção de um grupo de gestante na unidade de saúde da família. Cad Ter Ocup. [internet] 2014 [acesso em 23 fev 2018]; 22(3): 603-607. Disponível em: <http://doi.editoracubo.com.br/10.4322/cto.2014.082>
6. Tostes NA. Percepção de gestantes acerca da assistência pré-natal, seus sentimentos e expectativas quanto ao preparo para o parto. Brasília. Dissertação [Mestrado] – Universidade de Brasília; 2012.
7. Germano RM. O ensino de enfermagem em tempos de mudança. Rev Bras Enferm. [internet] 2003 [acesso em 13 jan 2018]; 56(4): 365-368. Disponível em: <http://www.scielo.br/pdf/reben/v56n4/a10v56n4.pdf>
8. Morin E. A cabeça bem-feita: repensar a reforma, reformar o pensamento. Rio de Janeiro: Bertrand Brasil; 2001.
9. Thiollent M. Metodologia da pesquisa-ação. 18 ed. São Paulo: Cortez; 2011.
10. Lefevre F, Lefevre AMC. O sujeito coletivo que fala. Interface. 2006;10(20): 517- 24.
11. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde (BR). Gravidez, parto e nascimento com saúde, qualidade de vida e bem-estar. Brasília: MS; 2013.
12. Oliveira VJ, Madeira AMF. Interagindo com a equipe multiprofissional: as interfaces da assistência na gestação de alto risco. Esc Anna Nery. [internet] 2011 [acesso em 13 jan 2018];15(1): 103-109. Disponível em: <https://www.redalyc.org/pdf/1277/127718940015.pdf>
13. Oliveira DC, Mandu ENT. Mulheres com gravidez de maior risco: vivências e percepções de necessidades e cuidado. Esc Anna Nery. [internet] 2015 [acesso em 10 dez 2017];19(1): 93-101. Disponível em: <http://www.scielo.br/pdf/ean/v19n1/1414-8145-ean-19-01-0093.pdf>

14. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Brasília (DF): MS; 2012.
15. Hoffman EM. Implantação do grupo de gestantes no PSF de Chapada dos Guimarães – MT [monografia]. Mato Grosso: Universidade Federal de Santa Catarina; 2014.
16. Vasconcelos EM. Redefinindo as práticas de saúde a partir da educação popular nos serviços de saúde. In: A saúde nas palavras e nos gestos: reflexões da rede de educação popular e saúde. São Paulo: Hucitec; 2001. p.11-9.
17. Lafaurie MM, Castañeda KV, Castro DM, et al. Vivências de gestantes con embarazo de alto riesgo. Rev Colomb Enferm. [internet] 2011[acesso em 10 dez 2017]; 6(6): 15-28. Disponível em: http://www.uelbosque.edu.co/sites/default/files/publicaciones/revistas/revista_colombiana_enfermeria/volumen6/vivencias_gestantes.pdf
18. Silva EM, Marcolino E, Ganassin GS, et al. Participação do companheiro nos cuidados do binômio mãe e filho: percepção de puérperas. Rev Pesq Cuid Fundam. [internet] 2016 [acesso em 10 dez 2017]; 8(1): 3991-4003. Disponível em:http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/5015/pdf_1824
19. Dessen MA, Oliveira MR. Envolvimento paterno durante o nascimento dos filhos: pai “real” e “ideal” na perspectiva materna. Psicol Reflex Crit. [internet] 2013 [acesso em 10 out 2017]; 26(1): 184-92. Disponível em:http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-79722013000100020&lng=pt&nrm=iso&tlng=en
20. Malheiros PA, Alves VH, Rangel TSA, Vargens OMC. Parto e nascimento: saberes e práticas humanizadas. Texto Contexto Enferm. [internet] 2012 Abr-Jun [acesso em 02 dez 2017]; 21(2): 329-37. Disponível em: <http://www.scielo.br/pdf/tce/v21n2/a10v21n2.pdf>
21. Silva MZN, Andrade AB, Bosi MLM. Acesso e acolhimento no cuidado pré-natal à luz de experiências de gestantes na atenção básica. Saúde Debate [internet] 2014 [acesso em 02 dez 2017]; 38(103):805- 16. Disponível em: <http://dx.doi.org/10.5935/0103-1104.20140073>
22. Pinheiro R, Mattos RA. Cuidado: as fronteiras da integralidade. São Paulo: Hucitec; 2004.
23. Teixeira RC, Mandú ENT, Corrêa ÁCP, Marcon SS. Necessidades de saúde de mulheres em pós-parto. Esc Anna Nery. [internet] 2015 [acesso em 02 dez 2017]; 19(4): 621-628. Disponível em: <http://www.scielo.br/pdf/ean/v19n4/1414-8145-ean-19-04-0621.pdf>
24. Mattos RA. Os sentidos da integralidade: algumas reflexões acerca de valores que merecem ser defendidos. In: Pinheiro R, Mattos RA. Os sentidos da integralidade na atenção e no cuidado à saúde. Rio de Janeiro: IMS-UERJ; 2001. p. 39-64.
25. Zampieri MFM, Gregório VRP, Custódio ZAO, Regis MI, Brasil C. Processo educativo com gestantes e casais grávidos: possibilidade para transformação e reflexão da realidade. Texto Contexto Enferm. [internet] 2010; [acesso em 02 dez 2017];19(4): 719-27. Disponível em:<http://www.scielo.br/pdf/tce/v19n4/15.pdf>
26. Souza VB, Roecker S, Marcon SS. Ações educativas durante a assistência pré-natal: percepção de gestantes atendidas na rede básica de Maringá-PR. Rev Eletr Enferm [internet] 2011 [acesso em 31 jan 2017]; 13(2):199-210. Disponível em: <https://www.fen.ufg.br/revista/v13/n2/v13n2a06.htm>

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