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PROFILE SOCIO-DEMOGRAPHIC, BIRTH AND MORBIDITY OF PREGNANT WOMEN ATTENDED IN A PRIMARY HEALTH CARE

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ABSTRACT

This research aims to identify the socio-demographic characteristics and obstetric history of pregnant women attended in a primary health care and to identify the morbidities that affected those pregnant women. This descriptive, retrospective, documentary, exploratory, quantitative study was conducted between August and December 2016, data collection was taken from the pregnant women medical records of those who received prenatal care and have been attended for the nurse. Outcomes pointed participants ranged in age from before 18 to 42 years. 48.3% of women were living with a partner, 38.3% were black women, 30% of them have a high school education. The obstetric history showed that 35% have had two childbirths before, 28.3% of the women had a miscarriage, 61.6% had caesarean section. Findings revealed that 6.6% of all women were affected by hypertension, 3.3% were diagnosed with gestational diabetes, 11.6% were with heart disease, 48.3% with urinary tract infection. Nurses play an essential role in prenatal care, they afford the development of a health pregnancy without risks.

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INTRODUCTION

The antenatal care has been theme of concern in public health and worthy highlight in respect of maternal-child health services in Brazil. This concern has generated discussions and solutions search for the insistent problem of women and children morbidity and mortality as a result of pregnancy and childbirth complications. These complications are among the ten major causes of women death, moreover, approximately 92% could have been prevented in light of adequate assistance (Ceron *et al.,* 2013).

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According to the Ministry of Health (MS) of Brazil, prenatal care is the first step to a healthy parturition and birth, that is, it promotes and maintain physical and emotional well-being over all the pregnancy process, parturition and birth, besides it bring information and guidance about pregnancy evolution and delivery labor (Brasil, 2013). One of the main goals of antenatal care is to welcome the woman since the beginning of her pregnancy, when she undergoes for great physical and emotional changes, beyond offer assistance in all her needs (Souza *et al.,* 2011). Antenatal consultations intend to promote the wellbeing for the mother and fetus, being an important condition to warrant effectiveness of the pregnant women care. Conforming to Health Ministry, antenatal consultations must to happen at least one of it on the first trimester, two on the

second trimester and three on the third trimester (Brasil, 2013). In this context, Family Health Strategy (FHS) developed in Basic Health Unit (BHU) represent the first access for the users of health services, providing a quality assistance, and establishing bond between professionals of BHU and community. In the same way, pregnant women should be recruited early for the realization of a quality prenatal care (Brasil, 2013). Among all the health team members, the nurse is whom stays longer time alongside of the pregnant women, becoming a great ally in the offered assistance, with valuable informations and of great impact to enhance continuity of one healthy pregnancy. Antenatal care of low risk can be accomplished by a nurse, obstetric or not, being supported by the Law of professional exercise of Nursing, decree nº 94.406/87 (Brasil, 2013; Brasil, 1987). Furthermore, nurses are apt to execute the Nursing consultation, Nursing prescribing, medications prescribing (since it is established in public health programs and routine based for the health care institution) they are also apt to assist a parturient/puerperal woman and accomplish health education. Likewise, antenatal care of low risk is a possible procedure to be performed for nurses (Rodrigues *et al.,* 2011). This follow-up must to be continuous once that during pregnancy organic and physiologic modifications are commons in the body of the pregnant woman, it is essential to comprehend who is this woman, in a way to decrease the morbidity and mortality maternal perinatal (Anversa *et al.,* 2012). In this perspective, this study aims to identify the socio-demographic characteristic and obstetric history of pregnant women attended in the municipality of interior of Northeastern Brazil.

MATERIAL AND METHOD

Type of Study

This was an exploratory, descriptive study, retrospective and documentary research type was held at a BHU. This study was carried out in the urban zone of Imperatriz, city of Maranhão, North-eastern Brazil, it has three teams of FHS, on each team there are a doctor, a nurse, a nurse technicians and four to five community health agents.

Participants

During the data collection, 90 pregnant women were been followed up in this basic health unit. As research subjects, 60 medical records of women in puerperal period were elected, those who the antenatal care has been accomplished through Nursing consultations. In the sample were added medical records of women that made antenatal care in the BHU, properly filled in, and as well as women those have attended to nursing consultation in any age range, race/ethnicity, marital status, education level, family history, obstetric and clinical history. Were excluded pregnant women who had not completed the prenatal care in the unit and that had not been attended by the professional nurse.

Data collection

Data collection was performed between August and December 2016 through of a structured questionnaire, filled with data from the nursing historical in medical records of pregnant women who have been attended by the nurse throughout the antenatal care of low risk.

Data analyses

Extracted data were tabulated on Excel spreadsheets (Microsoft Excel 2010) and afterward absolute and relative frequency distributions were analyzed.

Ethical Considerations

In this research all recommendations from Resolution 466/12 (Brasil, 2012a) of National Council of Health were accomplished and the study obtained Ethical approval by Ethics Committee in Research of University Federal of Maranhão under the number 1.999.545.

RESULTS

Socio-demographics characteristics of women showed that participants have ranged in age from 18 to 42 years old, 29 (48.3%) were living with a partner, 23 (38.3%) were black women and 27 women completed high school education (Table 1).

Table 1. Characteristics sociodemographics of women.Family Health Strategy, Imperatriz, Maranhão, Brasil, 2017

Sociodemographicvariables	n	%
Age		
18-28	31	51,7
29-37	19	31,7
38-42	10	16,6
Marital status		
Married	20	33,4
Single	11	18,3
Living with a partner	29	48,3
Race/Ethnicity		
White	15	25,0
Black	23	38,4
Brown	16	26,6
Aboriginal	6	10,0
Education level		
None	3	5,0
4 years of study	19	31,7
9 years of study	27	45,0
13 years of study	11	18,3
Total	60	100

Regarding the obstetric history, the majority of women have had a caesarean section (37, 61.6%), 21 women have had 2 early pregnancies (35%) and 17 had previously had a miscarriage (Table 2).

Table 2. Distribution of women according to obstetric history. Family Health Strategy, Imperatriz, Maranhão, Brasil, 2017

Obstetric Characteristics	n	%
Mode of delivery		
Caesarean section	37	61,7
Vaginal	23	38,3
Early gestation		
1	12	20
2	21	35
3	10	16,7
4	9	15
>5	8	13,3
Previously had a miscarriage		
Yes	17	28,3
No	43	71,7
Total	60	100

Turning now to the morbidities, the main diseases that have affected those women during pregnancy were: hypertension with 6.6% (4), heart disease with 11.6% (7), gestational

diabetes with 3.3% (2), urinary tract infection affecting 48.3% (29), the others women did not suffer any disease during the gestation (Table 3).

Table 3. Women distribution according to morbidities. Family Health Strategy, Imperatriz, MA, Brasil, 2017

Morbidities	n	%
Arterial Hypertension	04	6,6
Heart diseases	07	11,6
Gestacional diabetes	02	3,3
Urinary Tract Infection	29	48,3
Without problems	18	30

DISCUSSION

In this study, range age was 18 to 42, with the major quantity of participants within the range age of 18-28 years, corresponding to 51,7% (31 women).We believe that this age group was the major one because it is correlated with the most fertile period of women. On the other hand, there was a portion of pregnant women among the age group in 38-42 years, according of literature, pregnancy after 35 years old is associated with arterial hypertension, diabetes, malignant neoplasms and fetal death (Brasil, 2012b). When the subjects were asked about marital status, women in the majority were living with a partner, what shows that women are currently looking for a stable situation to have a child. Consensuals unions, those there is a stable relationship with or without a marriage license, represent more than one third of Brazil's unions, which has been raised from 28.6% to 36.4% in the period between 2000 to 2010 (Brazilian Institute for Geography and Statistics, 2010). The number of black pregnant women found in this research reveals a greater incidence of this group women seeking follow-up care than others women. Women health integral attention regards all the diversity and specific needs of this feminine group. Further, the Institute for Applied Economic Research showed that Brazilian feminine population amounts 51% of all population, and black women are 30% of this quantity, which is a vital factor to include race/ethnicity questions in every health condition (Brazil, 2011).

Most of the pregnant women had a nine years of study. The education level is worth noting during antenatal care consultations, because it has effects on information given comprehension through consultations, including those about healthy habits, reflecting on Family care and gestation (Brazil, 2012). During pregnancy, many changes take place in the woman's body, causing this period requires special care, such as healthy eating and personal hygiene products. It is important that during pregnancy, future mothers are well accompanied by health professionals. Before the emergence of a problem prenatal consultation can be made a continuous assessment of pregnant women (Castro *et al.,* 2012). So, the nursing must be attentive to the signs and symptoms of risk to adopt necessary interventions to ensure prenatal monitoring with quality. In the obstetric history, it was found that the higher proportion was multiparous women. The aim of knowing the number of pregnancies is decisive, once that women presenting higher number of gestation (five or more) present greater risk of morbidities and mortalities maternal (Soares *et al.,* 2008). Another key point to consider is the mode of delivery. Of the study population, 61.6% of the pregnant women have had caesarean section.

According to Health Ministry, surgical childbirth corresponds to 43% of all deliveries in public and private services in the country, and in Unified Health System caesarean section accounts for 26% (Victora, 2011). As is well known, the caesarean section is a recommended procedure to save the life when mother or baby health are at risk. On the other hand, natural childbirth shows many advantages for mother-child binomial and it is reported more safe (Brazil, 2012). Regarding previous spontaneous miscarriages, it was analyzed that 28.3% of followed-up women have gone through this experience. Research from Brazilian Institute for Geography and Statistics, reveals that 14% of Brazilian women in some moment of life have suffered trauma by previous spontaneous miscarriage (Cecatti *et al.,* 2010; Borsari *et al.,* 2013; Barbaresco *et al.,* 2014).

In this research, miscarriage rate increased among women with older age. Spontaneous miscarriage occurs due to several mechanisms, like congenital infection caused by microorganisms (*Toxoplasma gondii, Trypanosomacruzi, Rubella virus, Citomegalovirus, Treponemapallidum, among other infectious agent),* chromosomalanomalies andlow level progesterone (Cecatti *et al.,* 2010. Barbaresco *et al.,* 2014). In this respect, preconception care is pointed as an essential element for the development of a healthy pregnancy. However, preconception care is related to pregnancy planning, relatively low in Brazil (Borges *et al.,* 2016). In this way the nursing should drive family planning, with the preconception care and follow-up as early as possible. For morbidities diagnosed in gestational period, hypertensive disorders in pregnancy are the main cause of morbidity and mortality maternal and fetus nowadays, manifesting itself around 8% of pregnant women (Barra *et al.,* 2012). In terms of no communicable diseases, findings showed prevalence of arterial hypertension in 6.6% of the participants. Gestational diabetes mellitus is the metabolic illness commonest during pregnancy, with incidence reaching rates of 3 to 13% of gestations (Barra *et al.,* 2012), this result has also been found in this research (3,3%).

This study provide also data about heart diseases, which has affected 11.6% of pregnant women. In Brazil, the mean incidence of cardiac diseases throughout pregnancy is 4.2%, eight times higher than international mean. Heart disease is reported as the main indirect cause of maternal death in pregnancy and childbirth (Lage *et al.,* 2012). It is crucial, during antenatal, to assess pregnant women risk to present heart diseases. Through assessing urinary tract infection prevalence, of all studied women 48.3% had receive this diagnostic. Urinary tract infection is one of the most common clinical problem, reaching until 12% of pregnant women, it can be presented as a asymptomatic bacteriuria until a kidney infection, if untreated it can also cause sepsis (Schenkel *et al.,* 2014). Pregnant women while looking for a health service in the beginning of antenatal, at first moment they encounter the nurse professional, in this period he is the first member of health team to follow her up, and belong to them the important role which is improve the health of pregnant women. Through this research, we identified that it is necessary to know the profile of pregnant women so that the performance of the professionals are directed the characteristics identified ensuring individualized care and resolutive.

Conclusion

The profile of the studied population was of young women of fertile age, stable union and with nine years of study.

The cesarean sections rates were higher than natural childbirth, a great proportion of pregnant women were multiparous and some of them have had miscarriage previously. Regarding morbidities, the urinary tract infection were the most prevalent. With the knowledge of the profile of pregnant women, it is possible to plan the necessary assistance according to the reality of the health territory and thus ensure the prenatal follow-up with quality, not only preventing complications but also early identification of signs and symptoms of risk to carry out the appropriate interventions as early as possible. In this context, follow-up with health professionals is essential so that the health of women and their concept is adequate and of quality. It is important to emphasize the importance of nursing records during care as an essential part of quality care. It was understood that nurses should rethink the importance of their role as professionals who assist pregnant women during prenatal care. Conflict of interest: The authors certify that there is no conflict of interest.

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