

Knowledge of Pregnant Women About Gestational Hypertension Syndrome Conhecimento de Gestantes Sobre a Síndrome Hipertensiva Gestacional

Lia Maristela da Silva Jacob ¹

Daniela Gardano Bucharles Mont'Alverne ²

Maura Cristiane e Silva Figueira ³

Reginaldo Roque Mafetoni ⁴

Cláudia Jeane Lopes Pimenta ⁵

Antonieta Keiko Kakuda Shimo ⁶

¹Nurse-Midwife. PhD student of Health Sciences (FENF/UNICAMP). SP, Brazil. E-mail: lia-maristela@hotmail.com. Corresponding author

²Physiotherapist. PhD in Sciences (USP). Physiotherapy Course Professor (UFC). SP, Brazil. E-mail: daniela.gardano@hotmail.com.

³Nurse. PhD student of Health Sciences (FENF/UNICAMP). SP, Brazil. E-mail: mauracsf@gmail.com.

⁴Nurse. PhD in Health Sciences (FENF/UNICAMP). SP, Brazil. E-mail: mafetoni.cps@gmail.com.

⁵Nurse. PhD student of Nursing (UFPB). PB, Brazil. E-mail: claudinhajeane8@hotmail.com.

⁶Nurse. PhD in Nursing (USP). Nursing School Professor (UNICAMP). SP, Brazil. E-mail: akkshimo@gmail.com.

Abstract

This study aims to analyze the knowledge of pregnant women about gestational hypertensive syndrome to create and validate a booklet about the theme according to the experienced context. This is a descriptive-exploratory, qualitative study using focal groups with pregnant women assisted in prenatal care in Fortaleza, Ceará, Brazil. Participants were eight pregnant women attending low-risk prenatal care. During the focus group two categories emerged: (Des) knowledge about high pressure in pregnancy and Difficulties in treatment/follow-up. The results indicated insufficient knowledge, causing doubts about the causes, evolution and treatment of hypertensive syndromes. It is noticed the need of the primary care professionals to adapt assistance strategies more focused on the knowledge and the socioeconomic and cultural context of the pregnant women, carrying out educational actions that are understood and possible to implement.

Keywords: Pregnant Women; Hypertension, Pregnancy-Induced; Health Promotion; Health Education.

Resumo

Este estudo objetiva analisar os saberes de gestantes sobre a síndrome hipertensiva da gestação para criar e validar uma cartilha sobre o tema de acordo com o contexto vivenciado. Trata-se de um estudo descritivo-exploratório, qualitativo, utilizando grupos focais com gestantes assistidas no pré-natal em Fortaleza, Ceará, Brasil. Participaram oito gestantes em acompanhamento do pré-natal de baixo risco. Durante o grupo focal emergiram duas categorias: (Des) saberes sobre a pressão alta na gravidez e Dificuldades no tratamento/acompanhamento. Os resultados apontaram saberes insuficientes, ocasionando dúvidas sobre as causas, evolução e tratamento das síndromes hipertensivas. Percebe-se a necessidade dos profissionais da atenção básica adequarem estratégias de assistência mais voltadas aos saberes e ao contexto socioeconômico e cultural das gestantes realizando ações educativas que sejam compreendidas e possíveis de implementação.

Palavras-chave: Gestantes; Hipertensão Induzida pela Gravidez; Promoção à saúde; Educação em Saúde.

Introduction

Pregnancy-Related Hypertension Syndrome (PRHS), also known as Gestational Hypertension, is a high-risk disease that usually occurs in the third trimester of gestation, characterized by the appearance of hypertension, edema and proteinuria(1). PRHS affects about 10% of pregnant women and may present in several clinical forms, such as gestational hypertension, chronic hypertension, preeclampsia, eclampsia, as well as overlapping forms(2-3). Its most frequent complications are maternal mortality, death and fetal prematurity (4).

According to the World Health Organization - WHO(5), in 2008, 358,000 women died during and after pregnancy and childbirth, the majority of which are preventable and among those deaths, PRHSs are the most frequent.

In prenatal care, the absence of dialogue between professionals and users results in a gap between the actual health needs of pregnant women and what is offered by health care services, originated from the technicity training system, and the services organization and work processes focused on obtaining indicators and goals, due to the constitution of the Unified Health System (UHS) without splitting with the neoliberal ideology(6).

Because it is an avoidable death cause during pregnancy, it is necessary for health professionals involved in prenatal care to establish educational actions, such as facilitating and sharing strategies, providing knowledge to pregnant women, so that they can participate directly in the hypertensive syndrome prevention process and from this perspective were justified this study. Thus, the study aims to analyze the knowledge of pregnant women about hypertensive syndrome to create and validate a booklet on the theme appropriated to the reality experienced in Fortaleza, Ceará, Brazil, using as a theoretical reference the Health Promotion and the National Policy on Popular Education in Health - NPPEH(7-8).

Method

This is a descriptive-exploratory study with a qualitative approach, using the focal group

technique, with pregnant women in prenatal monitoring in one unit of Primary Health Care (PHC), in Fortaleza, Ceará, Brazil. This article discusses the conduct of focus groups to understand the knowledge of pregnant women on the subject, and the creation and validation of a booklet were discussed in another publication⁽⁹⁾.

The focal group, as a data collection procedure, is a technique in which the researcher has the opportunity to hear several subjects at the same time, a homogenous group, planned to be features of group process interactions on a same theme⁽¹⁰⁾. Were carried out in a room of the health unit, after accepting the invitation, the eight entered in the low-risk prenatal, participated in four meetings, which occurred in the period of August and September, 2014.

Included pregnant women over the age of 18 years, between 20 and 36 weeks and frequent monitoring in the unit; being excluded the with the top 36 weeks gestational age, by proximity to the birth and absence in the meetings. Thus, eight women participated in this study.

Initially were collected information related to the pregnant women profile, such as age, education level, marital status and occupation. The focus group was developed by two researchers, a mediator of the discussion and another one as an observer. The development followed a script drawn from trigger questions: "What do you know about high blood pressure in pregnancy?"; "Can you cite the causes of this disease?"; "Do you think is possible to treat or prevent high blood pressure during pregnancy?".

The collective records were carried out in two ways: by recording, transcription and subsequent observer registration, and in a journal, the non-verbal perceptions of participants.

After, were validate the same, through your return for each pregnant woman in each subsequent meeting to obtain the rectification and your approval on the content registered. The data were analyzed and discussed simultaneously through content analysis⁽¹¹⁾, taking the theoretical references for analysis. On content analysis, considers the presence or absence of a particular characteristic or set of it in a given message fragment, allowing in a practical and objective way,

produce inferences of the contents of a text communication to your social context replicable⁽¹¹⁾.

To preserve the identity of pregnant women, have been adopted fictitious names of typical fruits of the Northeast region (cashew, hog plum, spondias purpurea, jaca, sapoti, pitomba, cajarana and bacuri). The participants agreed to participate and signed the Free and Informed Consent Term (FICT), having the approval of the Research Ethics Committee of the University of Fortaleza, under opinion No. 652,103, governed by Resolution No. 466/2012 of the National Health Council (NHC).

Results

Pregnant women were between 18 and 25 years old, all resided in the city of Fortaleza, Ceará. Of these, three were single, the rest were married or living in a stable for over a year. In relation to occupation, six were housewives, a seamstress and a cashier. Two patients had complete high school, three incomplete elementary school, two completed high school and one elementary school. From the focus groups content emerged two themes "(Des) knowledge about high blood pressure in pregnancy" and "Difficulties in treatment/monitoring of high blood pressure".

(Des) knowledge about high blood pressure in pregnancy

When questioned about who understood about hypertensive syndrome in pregnancy, it was observed a fragmented known, with short answers and many times, with the feeling of doubt to answer:

"It's just the pressure, the pressure rises in pregnancy and gives dizziness. I've seen a friend who passed out with high pressure and went to the hospital to have the baby." [Hog]

"Is when a person has high blood pressure and gets pregnant and this can be bad for the baby, right?". [Bacuri]

"That's when we come to the consultation and the pressure's high and the nurse says not to eat salt". [Cashews]

It was noticed that there's an insecurity about the knowledge on the hypertensive syndromes related symptoms, evidenced also by facial expression and mutterings among pregnant women, registered on the observation during group. With regard to the disease causes, the discussions did not flow to the satisfaction, in referring to the scarce presented known:

"I'm not sure, I've heard that the danger of pregnant women has high blood pressure it's only when you've had high blood pressure in another pregnancy and don't know very well explain what happens". [Pitomba]

"That's when we put too much salt on food and sleep a lot. But it gives very sleepy and we have to sleep. Never said anything like that to us." [Cajarana]

"Is it because to be chubby? Had a fat friend who got high blood pressure, but I don't know if it was just for that. Is there another name for it?". [Sapoti]

Difficulties in treatment/monitoring of high blood pressure

When questioned about the preventions related to hypertensive syndromes, just two pregnant women revealed satisfactory knowledge, as evidenced in the following lines:

"We can prevent this disease, just eating a little salt, don't get really fat, do some light activity. I saw it in my neighbor's pregnant magazine". [Spondias purpurea]

"I think we need to eat plenty of fruit and vegetables, so this ailment does not appear". [Sapoti]

Regarding the treatment, the participants reported little knowledge and insecurity in the lines:

"To treat is just eat little salt, huh?". [Hog]

"Medicine can't, right? Because all pregnant women, I don't know, I don't understand some things they speak". [Sapoti]

"I don't know, is that treatable?". [Cashews]

During the interview, the pregnant women reported difficulties to maintain a healthy diet and a diet with reduced amount of salt, which is a risk factor for the hypertensive syndromes development:

"It's hard to eat without salt at home, when I do nobody likes, they just complain, nobody likes tasteless food [salt-free]". [Cajarana]

"It's very expensive to do this diet. Very hard! Back home the money is short, buy only what is necessary, then it gets complicated." [Pitomba]

Discussion

It was observed a low knowledge about the hypertensive syndromes among investigated pregnant women, which refers to the need to adopt actions to improve the quality of health and increase the accessibility to assistance during pregnancy, childbirth, puerperium and the newborn period. In this sense, even with the actions implementation and health programs in the country, as the Prenatal and Birth Humanization Program (PBHP), there was improvement in maternal and neonatal health indicators, however, much more remains to be done⁽⁴⁾.

It was evidenced that there is uncertainty as to the knowledge about the symptoms related to hypertensive syndromes, perceived by facial expression and mutterings among the participants registered in the observation during the group. Insufficient knowledge or not compatible with the real needs of health of every pregnant woman can generate doubts about the causes and developments of PRHS and this can affect the irreversible self-care, resulting sometimes in hospitalization and early delivery⁽¹²⁾.

The etiology of hypertension during pregnancy is described by many scholars as unknown, but it is known that some factors exert

certain influence on the occurrence of these diseases: primigestation, nulliparity, twin pregnancy, background personal and family of preeclampsia or eclampsia, history of hypertensive syndrome in previous pregnancies, hypertension presence, neuropathy, lupus or diabetes, pregnancy at the extremes of age and diverse fatherhood - what are known as risk factors for occurrence and worsening PRHS⁽¹³⁾.

However, the health team involved in prenatal monitoring, should also prioritize the health education actions, among the other pipes attached to this assistance. National Policies of Health Promotion and Popular Education in Health need to be inserted in the assistance context, with the aim of providing the knowledge and empowerment of the subject in self-care⁽⁷⁻⁸⁾, mainly in the gestational period, focusing on prevention of changes that lead to fetal and maternal mortality.

The educational activities carried out by professionals, when on approach to health education, enable reflection, the knowledge and the transformation of reality through the interaction of the individual in your entirety, and the skills development that promote the body knowledge and the harms to health in your broader sense⁽¹⁴⁾. The quality prenatal care includes providing necessary support so that the woman can experience, actively and autonomous, a process that is unique in the woman's life⁽¹⁵⁾.

Prenatal care is intended to accompany the woman throughout your pregnancy, guiding and helping to prevent diseases and/or complications, such as PRHS, and creating a bond of trust between pregnant women and professionals⁽¹²⁾. Accordingly, health professionals must look the gestation of risk more broadly and get to understand the great variability of constructed meanings, regarding to the life experiences of each pregnant woman⁽¹⁶⁻¹⁷⁾.

Educational activities should be more valued by health professionals and by users with hypertension, since there are necessary moments so that the team can play in prevention and health promotion by means of guidelines related to health-disease⁽¹⁸⁾. So, compliance to the treatment is a multifactorial process that is structured in a partnership between who assists and who is

assisted and concerns the frequency, constancy and perseverance in relationship with care in search of health⁽¹⁶⁾.

Membership includes educational and therapeutic factors related to patients, involving aspects of the recognition and acceptance of their health conditions, the active adaptation to these conditions, the risk factors identification, lifestyle cultivation of habits and attitudes promoters of life quality, and the development of consciousness for self-care⁽¹⁶⁾. In view of the above, the health service should address more efficiently the benefits of membership of healthy eating in pregnancy and unravel the myths that may exist in each family bosom, working from the prenatal period along with the father, as well as including the escorts in care already in maternity and conducting visits to puerperal evaluation of the context in which it operates every bounteous, driving its guidelines for caregivers⁽¹⁹⁻²⁰⁾.

By analyzing the lines, it was noticed the presence of difficulties that interfere in direct and indirect ways in the treatment and/or follow-up of hypertensive syndromes, such as maintaining a healthy diet. Maternal conflict has been identified in relation to food, due to the high financial cost. Such understanding brings us the importance of implementation of: comprehensive dialogue, listening, link, knowledge of the social and economic realities of the families' lived context, considered in health education⁽⁸⁾. Knowing the context in which the woman is inserted can subsidize the development of real and effective educational practices, also the creation of dynamic, educational materials and practices more accessible to the understanding and spread in the community.

The demographic profile presented depicts the reality already known about the lives of women who live in poorer urban areas, since they face difficulties in access to education, the presence of fewer job opportunities, pregnancy in adolescence, "assumed pregnancy" and, often, full responsibility for child-rearing⁽¹⁴⁻¹⁷⁾.

In this sense, conducting educational activities during all stages of pregnancy and puerperal cycle becomes important, but it's in the woman's prenatal should be better targeted so you can live the birth of positively, have less risk of

complications in the puerperium. Considering the prenatal care and birth as unique moments for every woman and a special experience in the feminine universe, healthcare professionals should take the attitude of educators that share knowledge, seeking to return to the woman your self-confidence to live pregnancy, childbirth and the puerperium⁽¹⁶⁻¹⁷⁾.

Conclusion

The results made us realize that there are lack and inadequacy of knowledge on the part of pregnant women compared to hypertensive syndrome, since your definition, prevention, risk factors and treatment.

Were observed that these women are "in need" of information in relation to hypertensive syndromes, requiring the more effective performance of professionals with regard to the prevention and health promotion, focusing on possible complications and proper treatment.

Were realized that, for pregnant women, the hypertensive syndromes may not present complications, her knowledge deficit or lack of awareness about the risks, as well as ignorance by health professionals, who provide prenatal care, the high rate of maternal and fetal morbidity and mortality for these causes, caused by the gap between basic care and high complexity, suggesting more studies on this approach.

With the realization of the focus groups, we were able to seize anguish, knowing, doing, everyday experiences and local popular language terms used and understood to improve communication of professionals with pregnant women. This step provided us, subsequently, prepare and validate a booklet with guidelines for pregnant women on the hypertensive syndromes and the precautions to be taken during pregnancy, being the focus in another publication.

The findings point to the need of professionals in the primary health care rethink service strategies geared to knowledge of pregnant women in relation to possible changes and complications that occur in gestational period, and puerperium. Therefore, we suggest that when begins a tracking, professionals should conduct group discussions with pregnant women to trace a

profile, so that the educational approach can be productive and positive in self-care.

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