196 - QUALITY OF LIFE OF PREGNANT WOMEN: FACTORS THAT INTERFERE

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INTRODUCTION

The gestational period is a phase that determines biological, psychological, inter-relational and socio-cultural changes in the life of the woman, requiring adjustment of pregnant women to face these changes. It is known that, by its modifier ability, pregnancy can bring both improvements and problems in the way women perceive their quality of life, especially those related to health (LIMA, 2006).

The health professional that assists pregnant women during prenatal care is a source of support, welcoming the woman and family, in seeking to understand his experience in social context that it strengthens family ties, a basic condition for the healthy development of any individual (BRASIL, 2005).

The prenatal care includes diagnostic, preventive, curative and dietary measures, among others, seeking the welfare of pregnant and her child (NEME, 2000). It is a factor of social cohesion, making nursing care humane and comprehensive, becoming an effective factor in reducing maternal and perinatal mortality, transforming reality into quality of life (BONADIO and TSUNECHIRO, 2003).

Therefore, quality of life is conceptualized by the World Health Organization (WHO) as the perception of any person on its position in the context of living culture and value systems in order to respect their goals, expectations and concerns (WHOQOL, 1995).

It is understood that the quality of life is a modern construct, but an old problem, since in each area of knowledge it expresses an appropriate direction for the humanization. The historicity of quality of life allows it to be understood as evolutionary changes that affect the history of civilizations (BAGNOLO, 2005). So, to the extent of the contemporary world, are seeking the quality of life for all parameters, which reflects the eagerness postmodern man's struggle against time and against the mysterious (BARBOSA, 1996).

The concept of quality of life can also is related to the humanization of care, consistently recommended, however, little running. In this case, most users' complaints can be resolved, or at least minimized, when the user feels heard, understood, accepted and respected by health professionals who serve them (GUALDA, 1997).

Given this, the individual characteristics and sociodemographic conditions of pregnancy are risk factors that can interfere with a healthy pregnancy, which should be screened during prenatal care, among others, such as biological, obstetric, current and past, as well as the clinical pathologies (NEME, 2000, BRASIL, 2005).

To be able to track these individual risk factors and socioeconomic factors is relevant to know the perception of the pregnant woman about her quality of life, especially about health, given that, impressed by the modifications pregnancy can cause changes to both perceptions of health as the quality of life. And therefore, the social and psychological support to pregnant women is a key part in the gestational period (ENKIN, et al., 2004).

It has been observed in a study conducted in Sweden, in Stockholm, on a sample of 200 pregnant women, the greatest concerns of women during pregnancy were related in order of importance: the baby's health, childbirth and the possibility of abortion. Also related their own health and financial matters such as work and money (OHMAN, GRUNEWALD and WALDENSTROM, 2003).

When carried out a study on quality of life related to health and physical ability among pregnant women with or without back pain in pregnancy at term, it was reported that, despite having back pain or not, the women studied had poor quality of life when compared to the findings of other studies on healthy women (OLSSON and NILSSON-WIKMAR, 2004).

Accordingly, due to the few studies that have been dedicated to evaluate the quality of life related to health of pregnant women, both in Brazil and other countries, has in mind the need to study what are the changes perceived by low-risk pregnant on their quality of life. Also a lack of normative data of low-risk pregnancy on quality of life related to health to make comparisons with groups of high-risk pregnancies, justifies this study in view of the experience of researchers in caring pregnant women at low risk in a service of prenatal care in a Basic Health Unit with assistance by the Unified Health System (SUS). In this service, it is observed that pregnant women manifest often biopsychic conditions, unfavorable socioeconomic and family, which, in most cases, are aggravated by changes in normal printed by pregnancy. Likewise, can often interfere with the course of the pregnancy process, and above all, the quality of life of these women.

Thus, this study was based on the conviction of collecting data in order to understand how pregnant realize their quality of life related to health in pregnancy and could contribute and assist health professionals in designing appropriate in formulating a more human approach to programs for prenatal care, to meet the needs of pregnant women in their socioeconomic and cultural reality. In addition, they will provide subsidies for the formulation of public policies aimed at improving the quality of life of low-income pregnant, taking into account their social and psycho-physiological aspects, greatly justifying the purpose of this research

Given this, had the following objectives for the research:

- Identify the factors that affect quality of life of pregnant women seen at a Basic Health Unit
- Identify what is important for the quality of life of pregnant women in prenatal care.
- Relate what women consider a good prenatal care.

MATERIAL AND METHODS

This is a descriptive research, with quantitative and investigative approach, aimed to study the issue of quality of life related to a group of women looking for a Basic Health Unit. The prenatal service belongs to a Basic Health Unit in the city of Parnamirim, Rio Grande do Norte state, in the Northeast of Brazil, becoming the research field. The attendance of users in the Unit is done exclusively by SUS, considered low-risk pregnant women who spontaneously seek the service.

The population consisted of low-risk pregnancies treated in the prenatal service, field of study, in 2008 and data collection occurred over a period of four months through a convenience sampling during the prenatal, held once a week with attendance of ten women, giving an approximate total of forty per month. As it was intended to take up a collection in a period of four months, this population resulted in one hundred and sixty women. For the sample was taken towards a percentage of 40% of this population, totaling sixty-four pregnant interviewed.

Inclusion criteria to participate in the research were to be enrolled in the program of prenatal in health care unit of Parnamirim; if under the age of 19 years, the consent to participate was of their legal guardian; be able to communicate with the researcher and be present in the institution in the days of data collection. And as exclusion criteria, pregnant in weakened physical condition or pain that does not allow responding to the interview and those who refused to participate in the study.

The variables for the study were: age in years; district of origin, marital status: with a steady partner or no partner, occupation and type of paid work, household activity, student; years of study, without laborious activity, type of housing: shed, tenement, house, apartment, housing conditions: owned, rented, loaned, lives with another person: Who; family income, number of people living in the same household, the family breadwinner; pregnancy: number of pregnancies including the present; Parity: number of previous deliveries, number of live births, gestational age in completed weeks; complaints in pregnancy: nausea, vomiting, pain on urination, back pain, pain in lower abdomen, other; number of prenatal care performed in the service; general health issues, social aspects, factors that influence the quality of life, importance of prenatal care in the quality of life, prenatal x quality of life.

The instrument for data collection consisted of an interview with closed questions related to variables and data related to quality of life during pregnancy. Data collection was performed over a period of four months in the year 2008, during the attendance of prenatal care of pregnant women.

Considering the ethical issues, prior to data collection was requested authorization from the Municipal Health Secretariat of Parnamirim/RN to perform the research as it has been submitted to the Ethics Committee of the Federal University of Rio Grande do Norte with Favorable Opinion, getting No. 215/2008 and Protocol No. 75/08 CEP-UFRN. We also followed the precepts observed in the Resolution 196/96 of the National Health Council (CNS) that regulates research involving human subjects. The interview with these women gave up the criteria of inclusion and exclusion and has voluntarily agreed to participate in the study by signing the Consent Form, or his legal representative, for those aged up to 19 years.

The voluntary participation of the patient was informed as well as preserving the confidentiality of information, as well as the possibility to withdraw from participation at any time, without prejudice to the care provided by the service.

The treatment procedure and data analysis was by SPSS 14.0 software, by descriptive statistics, pre-coded and organized in databases, using the program Microsoft Excel 2003, with absolute and percentage frequencies, based on the proposed objectives and the literature consulted.

RESULTS

The main results identified that the age of the women were mostly between 21 and 35 years (70%) and 30% between 16 and 20 years. Major origin of these women (81%) of Parnamirim/RN; regarding marital status, 56% were married and 44% lived with a partner. Regarding occupation, 54% were housewives and 17% had paid work and of these, 27% were sellers and 18% of teachers or receptionists. It was observed that 30% had incomplete average education, 27% medium and 21% complete primary school. The majority (71%) of these women lived at home, but 29% were settled. The minimum wage had mostly (29%) in 1, however 10% received up to 5 MWs. As for parity, we observed that 24 women had had more than one pregnancy, 67% were delivered vaginally and 29% of cesarean section, also giving a total of 100% of hospital deliveries. The biggest complaints of discomfort of women in prenatal care were related to nausea (62%), vomiting (59%), lower abdominal pain (48%), pain (30%), among others. 71% reported that pregnancy was not planned, but who are receiving support from family (89%). For these women, their health is good (44%) and very good (37%) and that emotional problems are not interfering with their normal social activities (56%), yet 11% of women said that emotional problems are a constant in their lives by interfering in the welfare of pregnancy.

These women consider important for a good quality of life during pregnancy: health (94%), nutrition and prenatal care at 84% each, and the family (76%), having a partner (73%), housing (67%), sleep (52%) and leisure (49%), among others. The opinion of such pregnant women which may be detrimental to the quality of life during pregnancy is related to domestic violence, overwork and disease (79% each), financial difficulties (73%), poor housing and few hours of sleep, with 60 % each. The host prenatal reported good in 98% and that this host is quality scored: clarification on the baby's health (83%); request USG exams and medical (79%) each; answer questions of pregnancy (75%), consultation of nurses (73%) and direction for the labor, postpartum and breastfeeding. What matters most to these women in a prenatal visit is health test requests (38%) answering questions (37%) and physical examination (35%).

These results can be understood that the concept of quality of life for these women during pregnancy should be related to humanization, which is just executed. Therefore, it is necessary that the quality of care in health services should be composed of both technical competence and the ability to interact. Most of the complaints and discomforts of these users can be resolved, or at least minimized, when it feels it is heard, understood, respected, welcomed and considered by all health professionals that are attending.

CONCLUSIONS

The guise of these results, we found that most women interviewed in the Basic Health Unit in the Municipality of Parnamirim, Rio Grande do Norte state, in Northeast of Brazil, is mostly young adults, married and common-law marriage, low income and low education.

The complaints of these women are usually considered the discomforts of pregnancy, however, indicated that, to have a good quality of life is necessary to have health, nutrition, prenatal care, family, partner, home, sleep and leisure. They also note that the good quality of life during pregnancy may be impaired if related to domestic violence, overwork, disease, financial difficulties, homelessness and little sleep.

Scored as good quality care during prenatal care: information about the health of the baby, USG request, laboratory tests, medical consultation, answer questions from pregnancy, nursing consultation, guidance on labor and delivery, postpartum and breastfeeding milk. What matters most to these women in a prenatal visit is the health test request, answering questions and physical examination.

It is after these considerations that, in caring for pregnant women during prenatal care, health professionals, especially nurses, are aware of the importance of quality of life of users and the service and reception should be planned with focus on their welfare, highlighting the difficulties in effecting this strategy due to lack of resources, lack of incentive for the

institutions, as well as lack of appreciation by the team aspects in interaction with these users.

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QUALITY OF LIFE OF PREGNANT WOMEN: FACTORS THAT INTERFERE

ABSTRACT

The gestational period is a phase that determines biological, psychological, inter-relational and socio-cultural changes in the life of women, including diagnostic, preventive, curative and diet measures, aiming at the well-being and quality of life of the pregnant woman and her child. Quality of life is conceptualized by WHO as the perception of any person of his life position in the cultural context and value systems in order to respect their goals, expectations and concerns. Descriptive quantitative approach, addressing quality of life of a group of pregnant women in a Basic Health Unit in the city of Parnamirim/RN, in Northeast Brazil, with SUS attendance, considered low-risk pregnancy. Data collection occurred over a period of 4 months during the prenatal visits with 64 women in 2008. It was identified that these women consider important for a good quality of life in pregnancy: health, food, family, partner, housing, sleep, leisure, and which could harm their quality of life: domestic violence, overwork, disease, financial hardship; homelessness and little sleep. Reported well-received prenatal and scored: clarification on the baby's healthmedical and nurse consultation, answering questions, guidance on labor and delivery, postpartum and breastfeeding, and what matters most in the prenatal care is test requests, answering questions and physical examination. These results mean that the concept of quality of life for these women should be related to humanization. It is necessary that the quality of care in health services should be composed of technical competence, ability to interact and that complaints and discomforts of these users are resolved, or at least minimized, when they are heard, understood, respected, welcomed and considered by all health professionals that are attending.

KEYWORDS: Quality of life, Prenatal, Pregnancy.

QUALITÉ DE VIE DES ENCEINTES: FACTEUR QUI INTERFÈRENT

RÉSUMÉ

La période de gestation est une phase qui détermine des transformations biologiques, psychiques, inter-rellationnelles et socio-culturelles dans vie de la femme, y compris des mesures diagnostiques, preventives, curatives et diététiques, ayant comme but le bien-être et la qualité de vie de l´enceinte et son conçu. La qualité de vie est conceptualisée par l´OMS comme la perception de n´importe qui sur sa position de vie dans le contexte culturel et dans les systèmes de valeurs selon le rapport entre ses objectifs, expectatives, modèles et préoccupations. Une recherche descriptive avec une approche quantitative, en abordant la qualité de vie d´un groupe d´enceintes d´une Unité Basique de Santé à la Commune de Parnamirim/RN, à la Région Nordest du Brésil, avec l´ assistance du SUS, considérées de bas risque de gestation. La cuillette des données a eu lieu dans une période de 4 mois pendant les consultations prénatales avec 64 enceintes à l´an de 2008. On a identifié que ces femmes considèrent important pour une bonne qualité de vie à la grossesse: santé; nourriture; famille; partenaire; logement; sommeil, loisir, et ce qui peut nuire cette qualité de vie: violence doméstique, travail en excès; maladie; difficultés financières; manque de logement et peu d´heures de sommeil. Elles se sont dirigées à la bonne réception au prénatal et ont déterminé: renseignements quant à la santé du bébé; demande d´examens; consultation médicale et de l´infirmier; éclaicissement de doutes; orientations quant au travail d´accouchement, post-accouchement et sévrage maternel et ce qui importe le plus au prénatal c´est la demande d´examens; l´éclaicissement de doutes et l´examen physique. Devant ces résultats

on comprend que le concept de qualité de vie pour ces femmes doit être relationné à l´humanisation. Il faut que la qualité de l´assistance dans les services de santé soit composée par la compétence technique, la capacité d´intéraction et que les plaintes et les malaises de ces usuaires soient réglés, ou au moins diminués lorsqu´elles sont écoutées, comprises, respectées, accueillies et considérées par tous les professionnels de santé qui leur donnent de l´assistance.

MOTS-CLÉS: Qualité de vie, Prénatal, Grossesse.

CUALIDAD DE VIDA DE EMBARAZADAS: FACTORES QUE INTERFIEREN

RESUMEN

El período de gestación es una fase que determina transformaciones biológicas, psíquicas, relacionáis y socio-culturales en la vida de la mujer, comprendiendo medidas que tiene el objetivo del diagnóstico, preventivas, que curan y dietéticas, visando el bienestar y cualidad de vida de la embarazada y su concepto. A cualidad de vida es conceptuada por la OMS como la percepción de quienquiera sobre su posición de vida en el contexto cultural y sistemas de valores, teniendo en vista la relación de sus objetivos, expectativas, padrones y preocupaciones. Pesquisa descriptiva con abordaje cuantitativo, abordando cualidad de vida de un grupo de embarazadas de una Unidad Básica de Salud en el Municipio de Parnamirim/RN, en la Región Nordeste de Brasil, con servicio por el SUS, consideradas bajo riesgo de gestación. A colecta de los datos ocurrió en un período de 4 meses durante las consultas prenatales con 64 embarazadas en el año de 2008. Se identificó que esas mujeres consideran importante para una buena cualidad de vida en la gestación: salud; alimentación; familia; compañero; morada; sueño, ocio, y lo que podrá perjudicar esa cualidad de vida: violencia doméstica, trabajo excesivo; enfermedad; dificultades financieras; falta de morada y pocas horas de sueño. Referieron buen recibimiento en el prenatal y puntuaron: aclaraciones en cuanto a la salud del bebé; solicitación de exámenes; consulta médica y del enfermero; aclaración de dudas; orientaciones en cuanto al trabajo de parto, pos-parto y amamantamiento y lo que más importa en el prenatal es solicitación de exámenes; aclaración de dudas y examen físico. Delante dieses resultados se entiende que el concepto de cualidad de vida para esas mujeres debe estar relacionado a la humanización. Es necesario que la cualidad de la asistencia en los servicios de salud sea compuesta por la competencia técnica, capacidad de interacción y que las quejas y incomodidades de ésas usuarias sean resueltas, o, por lo menos minimizadas, cuando son oídas, comprendidas, respetadas, acogidas y consideradas por todos los profesionales de la salud que la están atendiendo.

PALABRAS CLAVE: Cualidad de vida, Prenatal, Gestación.

QUALIDADE DE VIDA DE GESTANTES: FATORES QUE INTERFEREM

RESUMO

O período gestacional é uma fase que determina transformações biológicas, psíquicas, inter-relacionais e sócio-culturais na vida da mulher, compreendendo medidas diagnósticas, preventivas, curativas e dietéticas, visando o bem-estar e qualidade de vida da grávida e seu concepto. A qualidade de vida é conceituada pela OMS como a percepção de qualquer pessoa sobre sua posição de vida no contexto cultural e sistemas de valores, tendo em vista a relação de seus objetivos, expectativas, padrões e preocupações. Pesquisa descritiva com abordagem quantitativa, abordando qualidade de vida de um grupo de gestantes de uma Unidade Básica de Saúde no Município de Parnamirim/RN, na Região Nordeste do Brasil, com atendimento pelo SUS, consideradas de baixo risco gestacional. A coleta dos dados ocorreu num período de 4 meses durante as consultas pré-natais com 64 gestantes no ano de 2008. Identificou-se que essas mulheres consideram importante para uma boa qualidade de vida na gestação: saúde; alimentação; família; parceiro; moradia; sono, lazer, e o que poderá prejudicar essa qualidade de vida: violência doméstica, trabalho excessivo; doença; dificuldades financeiras; falta de moradia e poucas horas de sono. Referiram bom acolhimento no pré-natal e pontuaram: esclarecimentos quanto à saúde do bebê; solicitação de exames; consulta médica e do enfermeiro; esclarecimento de dúvidas; orientações quanto ao trabalho de parto, pós-parto e aleitamento materno e o que mais importa no pré-natal é solicitação de exames; esclarecimento de dúvidas e exame físico. Diante desses resultados entende-se que o conceito de qualidade de vida para essas mulheres deve estar relacionado à humanização. É necessário que a qualidade da assistência nos serviços de saúde seja composta pela competência técnica, capacidade de interação e que as queixas e desconfortos dessas usuárias sejam resolvidas, ou, pelo menos minimizadas, quando são ouvidas, compreendidas, respeitadas, acolhidas e consideradas por todos os profissionais da saúde que a estão atendendo.

PALAVRAS CHAVE: Qualidade de vida, Pré-natal, Gestação.

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