

## Experiências das puérperas adolescentes no processo de parturição

Experiences in the process of teenage pregnancy parturition

Experiencias de las puérperas adolescentes en el proceso de parto

Ana Paula de Lima Escobal<sup>1</sup>, Marilu Correa Soares<sup>2</sup>, Sonia Maria Konzgen Meincke<sup>3</sup>, Nalu Pereira da Costa Kerber<sup>4</sup>, Cristiano Pinto dos Santos<sup>5</sup>, Greice Carvalho de Matos<sup>6</sup>.

### Como citar este artigo:

Escobal APL; Soares MC; Meincke SMK; et al. Experiences in the process of teenage pregnancy parturition Rev Fund Care Online. 2016 jul/set; 8(3):4711-4716. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i3.4711-4716>

### ABSTRACT

**Objective:** to know the adolescent puerperae experiences in the parturition process. **Method:** it had a qualitative approach of a descriptive type, and it was a data clipping from the multicenter research “Humanized Attention for Adolescent Parturition”. The study participants were ten adolescent puerperae that had their parturitions

<sup>1</sup> Graduate in Nursing School, Federal University of Pelotas (2010) and master's degree in Nursing from the Federal University of Pelotas (2012). She is currently a doctoral student at the Federal University of Pelotas. CAPES scholarship holder.

<sup>2</sup> Graduate in Nursing from the Federal University of Pelotas (1981), Masters in Nursing in Nursing from the Federal University of Santa Catarina (2000) and PhD in Public Health Nursing from the University of São Paulo (2007). She is currently deputy director of the Nursing School of the Federal University of Pelotas, associate professor IV of the Federal University of Pelotas, coordinator of the Research Ethics Committee of the Nursing School of the Federal University of Pelotas. Leader of the Research Group and studies with children, adolescents, women and families (NUPECAMF). She has experience in nursing, with emphasis on Mother and Child, acting on the following topics: nursing, women's health, adolescence, nursing care and adolescent parenthood.

<sup>3</sup> Nurse, graduated in 1981 from the School of Nursing and Midwifery at the Federal University of Pelotas. Master in Nursing Care and PhD in Nursing from the Federal University of Santa Catarina (1999 and 2007). Associate Professor, Department of Nursing, School of Nursing and Midwifery at the Federal University of Pelotas. She has experience in nursing, with emphasis on Nursing in Prenatal Care, acting on the following topics: prenatal pregnancy and parenthood in adolescence, nursing care and family. Guidance Masters and Doctorate.

<sup>4</sup> She has degree in Nursing and Midwifery at the Federal University of Pelotas (1986) Undergraduate Full Degree in Nursing and Midwifery at the Federal University of Pelotas (1986), Masters in Nursing from the Federal University of Santa Catarina (1999), Ph.D. Philosophy, Health and Society at the Federal University of Santa Catarina and Post-Doctorate from Universidad de la Republica/UY. Adjunct professor at the Federal University of Rio Grande-FURG. It has experience in Nursing, acting on the following subjects: nursing, women's health, nursing care, family, humanization of assistance and home care.

<sup>5</sup> Graduate in Nursing from the Federal University of Rio Grande (2009), Specialist in Occupational Health Nursing Faculty Avantis (2010) and Master's Degree in Nursing from the Federal University of Rio Grande (2012). It has experience in nursing, with emphasis on Nursing, acting on the following topics: semiotics in nursing, nursing care, nursing research clinic, infection and clinical competence and surgical. PhD student PPGEnf - FURG, Specialization Advisor on Health of the Federal University of Pelotas (UFPEL) and Professor at the University of the Campaign Region (URCAMP).

<sup>6</sup> PhD in Nursing Graduate Program in Nursing at the Federal University of Pelotas/UFPEL. Master of Science at the Graduate Program in Nursing at the Federal University of Pelotas/UFPEL. graduate nurse from the Federal University of Pelotas/UFPEL. Educational Advisor at SENAC - Pelotas. Participates in the Center Research and Studies with children, adolescents, women and families - NUPECAMF/Fen. Member of the Technical Commission of the Journal of Nursing and Health - fen/UFPEL.

at the hospital participating in the research from november 2008 to november 2009, which were selected in the database of the multicenter research. For analysis, the data were grouped in accordance with Minayo (2010). **Results:** it was obtained two themes as a result; puerperas' perceptions on the obstetrical care received in the center and health professionals in the process of parturition. **Conclusion:** it was evidenced that adolescent mothers that received the care they deemed ideal and committed to them, experienced the parturition process in a more pleasurable way.

**Descriptors:** humanized parturition; adolescent pregnancy; adolescent.

## RESUMO

**Objetivo:** conhecer as experiências das puérperas adolescentes no processo de parturição. **Método:** abordagem qualitativa com caráter descritivo, trata-se de um recorte dos dados da pesquisa multicêntrica "Atenção Humanizada ao Parto de Adolescentes". Fizeram parte do estudo dez adolescentes que tiveram seus partos no hospital participante da pesquisa no período que compreendeu entre novembro de 2008 e novembro de 2009. As participantes foram selecionadas no banco de dados da pesquisa multicêntrica. Para análise, os dados foram agrupados em consonância com Minayo (2010). **Resultados:** foram obtidos como resultado dois temas; percepções das puérperas sobre o cuidado recebido no centro obstétrico e os profissionais de saúde no processo de parturição. **Conclusão:** constatou-se que as puérperas adolescentes que perceberam o comprometimento da equipe e julgaram que aquele cuidado fora o ideal experimentaram o processo de parturição de mais forma prazerosa. **Descritores:** parto humanizado; gravidez na adolescência; adolescente.

## RESUMEN:

**Objetivo:** conocer las experiencias de las puérperas adolescentes en el proceso de parturición. **Método:** enfoque cualitativo y descriptivo, es un recorte de los datos de la pesquisa multicéntrica, "Atención Humanizada a el Parto de Adolescentes". Fueron participantes del estudio diez puérperas adolescentes que tenían sus partos en el hospital participante en la pesquisa entre noviembre de 2008 a noviembre de 2009, que fueron seleccionadas en la base de datos de la pesquisa multicéntrica. Para el análisis, los datos se agruparon de acuerdo con Minayo (2010). **Resultados:** obteniéndose como resultado dos temas la percepción de las puérperas acerca de la atención recibida en el centro obstétrico y los profesionales de la salud en el proceso de parturición. **Conclusión:** Se ha verificado que las puérperas adolescentes que recibieron la atención que consideraban ideal y que percibirán el compromiso del equipo, experimentarán el proceso de parturición de manera más placentera. **Descritores:** parto humanizado; gravidez en la adolescencia; adolescente.

## INTRODUCTION

The motherhood is in the context of the lives of most women so, reflecting on its occurrence in early life will allow understanding how this event is interpreted and how it influences the lives of young women and the ripening process.

When experiencing motherhood, the adolescent faces all the changes attributed to pregnancy and childbirth and those that are assigned to the stage of adolescence.<sup>1</sup>

In a woman's life, it is understood that giving birth to a child is an episode filled with meanings constructed and reconstructed during pregnancy from the uniqueness and culture of the mother.<sup>2</sup>

Care in the context of parturition process is not linked only to the relief of labor pain, but to all actions that are carried out by the responsible staff for the benefit of the welfare of the mother and the birth of her son.<sup>3</sup>

The delivery needs to be understood as a human experience and not only a biological experiment, the woman must be the protagonist, having the opportunity to express their emotions, fears, and anxieties. The health team needs to provide emotional and technical subsidies to the woman so that moment can be of growth and achievement for the woman and her family.<sup>4</sup>

It is understood that for the humanization of labor and birth process, it is necessary to consider the woman in full, that is covering the physiological, psychological and social aspects, as it is believed that the woman, when choosing an institution for birth of her son, generally search, in addition to a good evolution of labor, attention and care of health professionals.

To humanize, it is necessary awareness, responsibility and commitment of health professionals with the mother, the child and the family. Thus, health professionals prepared to meet the woman's needs in labor - physiological, emotional or spiritual needs - enhance the chances for women to be active subjects in their labor and delivery process.<sup>5</sup>

The delivery process is a moment in which the woman is sensitive and fragile. This condition becomes more pronounced when the mother is a teenager. Thus, this study aimed at understanding the experiences of adolescent mothers in the parturition process.

## METHODS

This study is characterized by a qualitative descriptive approach. It is a clipping of multi-centric research "Humanized Attention to Adolescent Childbirth" developed in two teaching hospitals in the southern Rio Grande do Sul. The participants were ten adolescent mothers aged from 10 to 19 years old selected in the database.

The place of data collection from this study was the obstetrical unit of a small teaching hospital in a city in the southern Rio Grande do Sul that supports exclusively patients of the Unified Health System (SUS) in November 2008 to November 2009.

The interviews, lasting an average of thirty minutes, were performed after 24 hours of puerperal experience and had been developed through the application of an instrument with questions discoursed on the care received by the adolescent puerperal and the team's participation in the process of parturition.

The data were analyzed and organized according to the steps outlined by Minayo.<sup>6</sup> In this way, two themes emerged: perceptions of mothers on the care received at the Obstetric Center and professionals health acting in the parturition process.

In compliance with Resolution 196/96, the research "Humanized Attention to Adolescent Childbirth" was submitted to the Ethics Committee of Health Area of the Federal University of Rio Grande and approved under Opinion 031/2008. Initials of the name and last name plus the age identified mothers to guarantee anonymity to the adolescents. For adolescents under eighteen, it was requested the authorization of the parents or guardians to participate in the study.

## RESULTS AND DISCUSSION

The adolescent mothers were identified by the initials of the full name and followed by the age to understand better the results present in this study.

**C.C.G. - 17.** White, studied eight years with school approval, lives with parents without a partner, held caesarean delivery and did not perform a prenatal consultation.

**D.V.P - 18.** White, studied eight years with school approval, lives with her partner, conducted vaginal delivery and held six prenatal consultations.

**M.L.P.L - 17.** Mulatto/brown, studied four years with school approval, lives with the partner, held caesarean section and held nine prenatal consultations.

**E.C.F.A - 18.** White, studied seven years with school approval, lives with her partner and his family held vaginal delivery and held ten prenatal consultations.

**R.S.M - 16.** White, studies five years with school approval, lives with her parents without a partner, conducted vaginal delivery and held three prenatal consultations.

**N.C.S - 14.** Mulatto/brown, studied five years with school approval, lives with parents without a partner, conducted vaginal delivery and had four prenatal consultations.

**J.D.F - 19.** White, studied eight years with school approval, resides with her family without a partner, held cesarean delivery and held a prenatal consultation.

**N.G.B. - 17.** White, studied eight years with school approval, lives with parents without a partner, vaginal delivery and held ten prenatal consultations.

**J.J.G. - 18.** Black, studied seven years with school approval, lives with her partner and his family held caesarean section and held ten prenatal consultations.

**J.E.S - 18.** Black, studied twelve years with the approval of the school, lives with her partner, conducted vaginal delivery and held twelve prenatal consultations.

### Perceptions of mothers on the care received at the Obstetric Center

The word care is defined as watchfulness, caution, prudence, diligence and zeal.<sup>7</sup>

Care in the context of parturition process is not linked only to the relief of labor pain, but to all actions that are performed by the team for the benefit of the welfare of the mother and the birth of her son.<sup>3</sup>

During the interviews, the adolescent mothers shared their feelings about the way they were treated in the experience of the labor process and delivery and had referred that gestures like the attention, caring, listening for the professionals and the presence of a companion were essential for skilled care at times when one patient remained in the Obstetric Center (OC). The adolescent mothers reported having received the care they deemed as ideal, as can be seen in the following speech; "I do not know why for me it was all very good. I think we have to be very careful." (N.C.S.-14).

Reflecting on the lines of E.C.F.A-18 and N.C.S.-14, the optimal and quality care is understood as attention and care during the parturition process.

The laboring woman feels welcomed and cared for from the moment when she is heard, her doubts are clarified and also when she participates with professionals about the procedures to be performed in her delivery.<sup>8</sup>

It is understood that care is a subjective way to support the mother in the delivery path and thus enabling her to experience positively this period, since when such behavior is present, it is allowed to the mother and her family a more enjoyable experience in this stage of life.

The delivery in some situations leads to a moment in which the woman feels and demonstrates to be sensitive, fragile and fearful, needing special care, so the team must be attentive and willing to offer a skilled care.

This line of thinking with the interviewees are reinforced by the mothers reporting what they see as an ideal care for the period in which she stays at the hospital. "I think they must pay attention and care." (R.S.M.-16). "Hum, you got me now. I think we have to be well treated, that's all I think." (N.G.B.-17). "I think we have to have attention." (J.D.F.-19).

Women use the word "attention" when they realize that professionals, besides to performing their duties established by the institution, expressed interest in establishing a dialogue with them. From the moment they feel welcomed by professionals, women are free to ask for help and conduct inquiries.<sup>9</sup>

However, the opposite from what was described by RAM-16, GB-16 and JDF-19 can be observed when analyzing the CCG-17 experience with the parturition process: it appears that she was not heard by the staff nor informed about the procedures to be performed in its delivery. "I think they are doctors and everything, but I think they have to listen to the opinions of others. As in my case, a doctor examined me and said I would not go to the caesarean, and the other arrived and sent me for surgery." (C.C.G.-17).

Before this event, it is clear that the mother developed a negative feeling about the team, and this fact may contribute to that in a future pregnancy this woman does not choose this institution.

The pregnant patient seeks a compromised service to provide security for the birth of her son or daughter. Thus, at the time that she realizes the lack of team priority in the formation of the bond, the risk of cancelation or lower frequency of monitoring in future pregnancies increases.<sup>10</sup>

This fact is emphasized in the two mothers D.V.P -18 and M.L.P.L-17, who pointed to the presence of optimal care professionals during labor, which can be seen in their speeches; “The participation of the team in my delivery was zero. Because if it weren’t like that I wouldn’t have delivered my child alone.” (D.V.P-18). “They come more often here. They almost did not come. Let us crazy with pain.” (M.L.P.L-17).

The participation of the team is essential in times when mothers remain in OC, once the women who perceived to be assisted by professionals felt safe and supported at the time of delivery.

For the achievement of safe motherhood is important the formation of a link between health professionals and the mother to achieve the humanization of birth, in the same way, it is interesting that women are knowledgeable of their rights, as well as their bodies, to become active subjects in the parturition process.<sup>11</sup>

Another factor that contributes significantly to a good evolution of labor and childbirth is the participation of the family in times when the woman remains in OC, once when she has the company of a person who she trusts, it’s easier to feel safer and comfortable in the parturition process.

Only one teenage mother -, J.E.S-18 - claimed the companion motioned above as a quality care. “To permit a family member with the mother at the time of delivery.” (J.E.S-18).

The insertion of a companion chosen by the woman during labor and childbirth contributes significantly to the development of the baby’s birth process. It is noticed that the mother feels stronger and quiet with the presence of a partner that also contributes to the encouragement and comfort of women.<sup>12</sup>

The father’s presence during the parturition process is extremely important, because when he participates in the child’s birth there is a greater benefit to maternal and perinatal outcomes and to women’s satisfaction with the birth experience. Moreover, this fact, in a way, helps to rescue and strengthen the integration of the couple.<sup>13</sup>

It is known that decades ago the birth happened in the woman’s home in a warm atmosphere and with the presence of her family. We understand that for humanized care, it becomes necessary to rescue the presence of a companion in the OC.

Therefore, it is believed that for a comprehensive care to women in pregnancy and childbirth, it is necessary to offer beyond technological subsidies during this period, being extremely important to offer the woman and her family a humanized care, anchored in policies and movements that meet her individual needs - caring for her emotions, feelings,

desires and culture - valuing the woman in the gestational and birthing process as the subject of her life and choices.

## Health professionals acting in the parturition process

Teamwork requires the search for solutions from professionals to accommodate the needs of individuals and to propose new methods that include their participation. These changes will contribute to greater involvement of the team with the client, remove the traditional medical model, and thus contribute to the construction of a new reality.<sup>13</sup>

It is essential that health workers get multiple expertise to meet patients’ needs and the different situations that arise in the health services. Teamwork promotes a horizontal view of the individual, which is impossible to achieve when working alone on a singular subject full of experiences.<sup>14</sup>

It is believed that the health team must be prepared to meet the needs and desires that the mother may have during the delivery process. In this sense, the collective work in the reception of pregnant women is highlighted by encouraging the construction of transformation of care.

The teenage mothers R.S.M-16 and M.L.P.L-17, when questioned about the role of health professionals in their labor and delivery, regarded the influence of professionals as a positive aspect. “It helped because they were fast since I arrived getting the baby.” (R.S.M-16). “It helped making my delivery faster”. (M.L.P.L-17).

For J.E.S-18, J.J.G-18 and 18-E.C.F.A, professionals collaborated providing emotional support to calm them. “It influenced because everything went well, I was very nervous, and they calmed me down”. (J.E.S-18). “This specialist I told you helped me, asking if I was nervous and if I was feeling some pain or something. That calmed me down and made me less nervous too.” (J.J.G-18). “Always helps, right? It helped me to calm down.” (E.C.F.A-18).

During labor and childbirth women often experience anguish, fear, suffering, and pain. When the mother is an adolescent, these factors intensify those assigned to the stage, which is marked by numerous physical, social and psychological changes, often, needing to face and overcome situations that are assigned.<sup>15</sup>

Thus, it is understood that the participation of the team in the delivery process is of paramount importance, as the host in this women’s life period provides greater peace and security towards assisting women in overcoming interventions and procedures, sometimes uncomfortable. This can be evidenced in speech J.D.F -18. “Ah! It helped, they gave me attention and were nice to me and all, I just did not like the touching, many of them.” (J.D.F- 18).

During the birth trajectory, the mother is commonly much more fragile than the child, needing special care. With that, she expects the professional to accept and to assist in overcoming the difficulties that arise because of the new demands of motherhood.<sup>16</sup>

N.C.S-14 complements what was cited previously because the adolescence is a time of many changes. The pubescent in this period needs guidance on childbirth and baby care to best experience this new stage and, therefore, the staff needs to be sensitized to accept mother and child. "They told me about how it would be for me, they explained and demonstrated everything, and it helped to ease the process for me." (N.C.S-14).

In parturient care, issues that transcend the biological need to be part of the assistance, since they are significant demands and have repercussions for women.<sup>17</sup>

Provide skilled care to adolescent mothers is to realize that they are a singular, particular and unique subject. It is to understand that taking care of this universe requires the construction of an enhanced knowledge, much more than uniformed actions. Guaranteeing the necessary care in each case using a health team of workers who surely are active players in the process of care provided to adolescent mothers.

## CONCLUSION

It was showed on the reports of adolescent mothers that the obstetric center for most participants is presented as a scenario that aroused positive feelings in living the parturition process. In the opinion of pregnant women, attention, caring and consideration is needed when one regards their fears and anxieties, and the majority of adolescent mothers reported receiving the care that they regarded as ideal.

Regarding the participation of health professionals in the parturition process, the study revealed that there was a significant influence on the team, evident feature in most lines of adolescents, which suggests that the team has provided an important emotional support - in addition to the pharmacological actions - that made women calm during labor and delivery.

Thus, it is pointed out that the participation of the team is essential at times when the mother remains in OC. This is because the teenager feels safe and supported. However, the study showed that adolescent puerperal women who did not receive participation of professionals in their delivery, developed a sense of disappointment towards the health team.

It is known that at birth, the woman feels fragile and need staff assistance not only to relieve pain, but also to strengthen comfort, affection, attention, encouragement, and others. A qualified and practical team action that stimulates the formation of the bond has a positive influence on this unique moment of women's lives.

The study has some limitations, such as the fact that the participants are adolescents and perhaps for this reason, in some situations, they do not wish to expose their experiences - fact that contributed to their answers, as the questions were brief.

At the end of this study, it was found that adolescent mothers are receiving the care they judge appropriate

and noticing the team commitment towards making the parturition process more pleasant, which reinforces the importance of staff being trained to meet the needs of the individual woman and her family, and the importance of clarifying their rights as mothers.

## REFERENCES

1. Silva LA, Nakano A MS, Gomes FA, Stafannelo J. Significados atribuídos por puérperas adolescentes à maternidade: autocuidado e cuidado com o bebê. *Texto & contexto enferm.* 2009; 18(1):48-56.
2. Costa ES, Pinon GMB, Costa TS, Santos RCA, Nóbrega AR, Souza LB. Alterações fisiológicas na percepção de mulheres durante a gestação. *Rev RENE.* 2010; 11(2):86-93.
3. Sescato AC, Souza SSRK, Wall ML. Os cuidados não-farmacológicos para alívio da dor no trabalho de parto: Orientações da equipe enfermagem. *Cogitare enferm.* 2008; 13(4):585-90.
4. Rattner D. Humanização na atenção a nascimentos e partos ponderações sobre políticas públicas. *Interface comun saúde educ.* 2009; 13(1):759-68.
5. Nagahama EEI, Santiago SM. Práticas de atenção ao parto e os desafios para humanização do cuidado em dois hospitais vinculados ao Sistema Único de Saúde em município da Região Sul do Brasil. *Cad saúde pública.* 2008; 24(8):1859-68.
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 3ª ed. São Paulo (SP): Hucitec; 2010.
7. Ferreira ABH. Novo dicionário da língua portuguesa. 3ª ed. Curitiba: Positivo; 2014.
8. Priszjulnik G, Maia AC. Parto Humanizado: Influencias no segmento saúde. *Mundo saúde.* 2009; 33(1):80-8.
9. Frello AT, Carraro TE. Componentes fazer Cuidado de Enfermagem não Processo de parto. *Rev eletrônica enferm.* 2010; 2(4):660-8.
10. Almeida CAL, Tanaka OY. Perspectiva das mulheres na avaliação do Programa de Humanização do Pré-Natal e Nascimento. *Rev saúde pública.* 2009; 43(1):98-104.
11. Silveira SC, Camargo BV, Crepaldi MA. Assistência ao Parto na Maternidade: Representações Sociais de Mulheres Assistidas e Profissionais de Saúde. *Psicol reflex crit.* 2010; 23(1):1-10.
12. Longo CSM, Andraus LMS, Barbosa MA. Participação do acompanhante na humanização do parto e sua relação com a equipe de saúde. *Rev eletrônica enferm.* 2010;12(2):386-91.
13. Perdomini FRI, Bonilha AL. A participação do pai como acompanhante da mulher no parto. *Texto & contexto enferm.* 2011; 20(3):445-52.
14. Villa EA, Aranha AVS. A formação dos profissionais da saúde e a pedagogia inscrita no trabalho do Programa de Saúde da Família. *Texto & contexto enferm.* 2009; [access on march 12 2014]; 18(4):680-87.
15. Silva RC, Soares MC, Jardim VMR, Kerber NPC, Meincke SMK. O discurso e a prática do parto humanizado de adolescentes. *Texto & contexto enferm.* 2013; 22(3):629-36.
16. Ceccim RB. Boletim Integralidade em Saúde. [access on march 10 2010]. Available at: <http://www.lappis.org.br/cgi/cgilua.exe/sys/start.htm?infoid=548&sid=20>
17. Granato TMM, Aiello-Vaisberg TMJ. Maternidade e colapso: consultas terapêuticas na gestação e pós-parto. *Paideia.* 2009; 19(44):395-401.

Received on: 20/02/2015

Required for review: No

Approved on: 08/01/2016

Published on: 15/07/2016

---

**Contact of the corresponding author:**

Ana Paula de Lima Escobal

Rua Gomes Carneiro, 01- Centro.

Pelotas-RS, Brasil.

ZIP code: 96010-610

E-mail: [anapaulaescobal@hotmail.com](mailto:anapaulaescobal@hotmail.com)