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RESEARCH

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Developing the nurses' bond with HIV-positive pregnant women

A construção do vínculo das enfermeiras da estratégia de saúde da família com as gestantes HIV positivo

La construcción del vínculo de las enfermeras de la estrategia de salud de la familia com embarazadas VIH positivo

Flávia Alves Condé Pires Guelber¹; Marcelo da Silva Alves²; Carlos Podalirio Borges de Almeida³

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ABSTRACT

Objective: This study's goal has been to understand the nurses' perceptions of the bond formed when caring for HIV-positive pregnant women covered by the *Estratégia de Saúde da Família* [Family Health Strategy]. **Method:** Data were collected by using semi-structured interviews with ten volunteers. Sensitive Reason were used to analyze the data. **Results:** Two categories emerged from data analysis: 1) "Bond as humanistic and supportive care"; and 2) "Development of the bond as a link that promotes health actions". The nurses kept the bond after the pregnant women were transferred to a specialized service or developed this bond even after this event. **Conclusion:** The nurses hoped for staying together with the pregnant women in order to care for them within the unit.

Descriptors: Nursing, bond, pregnant woman.

RESUMO

Objetivo: conhecer a percepção das enfermeiras em relação à construção do vínculo na assistência prestada na Estratégia de Saúde da Família com as gestantes HIV positivo. **Método:** Para coleta das informações foi utilizada a entrevista semiestruturada com dez voluntárias. A análise das informações foi realizada sob a luz da Razão Sensível. **Resultados:** Após análise, emergiram duas categorias: 1) O vínculo vivido e pensado como cuidado solidário e humanístico; e 2) A construção do vínculo como elo que favorece o desenvolvimento das ações de saúde. Foi possível apreender que as enfermeiras mantêm o vínculo após encaminhar a gestante ao serviço especializado ou seria este vínculo passível de ser construído mesmo ao encaminhá-las. **Conclusão:** Nessa relação, a enfermeira visualiza a possibilidade de estar-junto à gestante, proporcionando ações que possibilitem mantê-la em acompanhamento na unidade.

Descritores: Enfermagem, Vínculo, Gestante.

RESUMEN

Objetivo: conocer la percepción de las enfermeras en relación a la construcción del vínculo em la asistencia prestada en la Estrategia de Salud de la Familia con embarazadas VIH positivo. **Método:** Para recoger las informaciones ha sido utilizado una entrevista

- 1 Nursing graduate by the Universidade Federal de Juiz de Fora (UFJF), MSc in Nursing by the UFJF, Nurse at Fundação Hospitalar do Estado de Minas Gerais.
- 2 Nursing graduate by the UFJF, PhD in Public Health by the Universidade Estadual do Rio de Janeiro (UERJ), Professor at UFJF.
- 3 Chiropractic graduate by the Universidade Feevale, PhD in Respiratory Sciences by the Universidade Federal do Rio Grande do Sul (UFRGS), Professor at UNIFESSPA.

semiestructurada com diez voluntarias. El análisis de las informaciones ha sido realizado bajo la luz de la Razón Sensible. **Resultados:** Tras el análisis, surgieron dos categorías: 1) El vínculo vivido y pensado como cuidado solidario y humanístico y; 2) La construcción del vínculo como enlace que favorece el desarrollo de las acciones de salud. Ha sido posible absorber que la enfermeiras mantienen el vínculo despues de encaminar la embarazada al servicio especializado o sería este vínculo posible de ser construido incluso tras encaminarlas. **Conclusión:** En esta relación, la enfermera visualiza la posibilidad de estar junto a la embarazada, proporcionando acciones que posibiliten mantenerla en acompañamiento en la unidad.

Palabras clave: Enfermería, Enlace, Embarazada.

INTRODUCTION

Pregnancy is a physiological phenomenon and must be seen by pregnant women and health professionals as part of a healthy life experience, involving social and emotional changes. For women, it is a period that represents the affirmation and/or the development of sexual identity, femininity and self-esteem, being a period in which they lose the status of daughter and wife and acquire the status of mother.^{1,2}

Quality care that addresses all these issues is necessary, since the emotional challenge imposed by pregnancy is very high, in which pre-existing intrapsychic contents, acquired throughout life, overlap with those of the pregnancy itself. This often causes emotional changes, sometimes with mostly psychic changes or somatic manifestations.²

Considering this particular world of pregnant women, reducing morbimortality in mothers and children and extending the quality access for them are important objectives. It is necessary to identify gestational risk factors as early as possible, and it is essential that risk assessment occurs throughout the appointment.³

High-risk pregnancies are associated with poor maternal and perinatal prognosis, requiring more frequent evaluations, often using procedures that require highly complex technologies. Even in cases in which there is no need for using high technological devices and maternal and perinatal morbidity and mortality are equal to or lower than those for the general population, pregnancies can be considered a common risk.³

However, the characterization of a risk situation does not necessarily imply the referral of the pregnant woman to high-risk prenatal follow-up. Situations that involve more relevant clinical factors (a real risk) and/or avoidable factors that require interventions with high technological devices should be referenced, but they may return to the primary level if the situation is resolved and/or the intervention is already concluded. In any case, the basic health unit should remain responsible for the follow-up of the pregnant woman referred to a different health service.³

There are many fantasies that pregnant women may experience, such as "the belief that the child will be the most beautiful, the most healthy, the most perfect, the one who will fill them with affection and attention and will take care of her forever."² In light of this, HIV-positive pregnant women can develop great suffering because

they want a beautiful, healthy and perfect child, but they are uncertain about the baby's contamination with the virus, or may reflect about their fragility due to the health condition, leading them to wonder if they will be able to take care of the child.

A study carried out by Padoim and Souza (2008)⁴ described this insecurity concerning to death, stating that HIV positive women are afraid to die and leave them, wondering about who will care for them.

The care for pregnant women demands that the follow-up of those at risk be performed by teams from the *Estratégia de Saúde da Família* (ESF) [Family Health Strategy] and by referral/specialized services together. It is important to emphasize the importance of the integral approach to women, considering the specificities related to gender, race, ethnicity, social class, education, marital and family status, work, income, work activities, possible domestic and sexual violence, abusive use of alcohol and other drugs, among others. This attention requires the valuation of practices that prioritize listening and the understanding of the various phenomena that determine a greater or lesser risk of pregnancy.¹

This research's relevance is due to the fact that there is an increasing number of people affected by or at risk of acquiring HIV, demanding more and more qualified professionals who carry out care actions with more efficiency and sensitivity in order to deal with the inherent aspects of the disease, especially for women since they are increasingly present in health institutions. Some of the reasons for this growing female presence in health institutions are the feminization of the Acquired Immunodeficiency Syndrome (AIDS); late diagnosis and opportunistic diseases by AIDS, such as gynecological cancer and those caused by vertical transmission; and social and psychological issues that women face such as prejudice, fear, hopelessness, and non-acceptance of the disease.⁵

This study aims to understand the nurses' perceptions of developing a bond with HIV-positive pregnant women covered by the *ESF* and how this bond is formed and understood by the nurses in their everyday lives.

METHODS

This study has a qualitative approach and according to Minayo:

[...] it is understood as the one capable of incorporating the question of meaning and intentionality as inherent in acts, relationships, and social structures, the latter being taken both in its advent and in its transformation, as meaningful human constructions.⁶

For this author, a qualitative research comprises the social representations in the actors' experience of objective relations, assigning them meaning since they belong to the universe of meanings, motives, aspirations, beliefs, and values. In addition, they allow the social reality to be reached beyond what can be observed and quantified.⁶

Sensitive reason and Michel Maffesoli's sociology of daily life were used for supporting the analysis. Sensitive reason goes against the rationalist process because it aims to move from concrete to abstract, from singular to plural, considering life in its complexity. It is necessary to relativize and take into consideration that existence is a constant mystical participation, in which there is an endless correspondence, in which interior and exterior, visible and invisible, and material and immaterial enter into a harmonious symphony.

The Maffesoli's understanding of sensible reason is closely related to this study's purpose, which is related to a social phenomenon linked to elements such as affection, sensations, feelings and collective emotions, which are considered by Maffesoli as methodological levers serving as epistemological reflection.⁷

This study was conducted in the *Unidades de Atendimento ao Público (UAPs)* [Public Service Units] of a municipality covered by the *ESF* in *Minas Gerais* State, Brazil. This municipality had 51 UAPs covered by the *ESF* which cared for HIV-positive pregnant women. Five UAPs were randomly selected and the interviews were scheduled with ten nurses who signed the Informed Consent Form. Also, the participants' anonymity was guaranteed.

This research was approved by the Ethics and Research Committee under the Legal Opinion No. 188.986/2013 and lasted three months. Data were collected by using semi-structured interviews recorded in mp4 devices.

Regarding the profile of the participants, they aged 28-50 years, graduated between five and 28 years ago, worked between six months and 14 years in the institution, and all of them received the Specialization's Degree.

The participants were labeled by using the sensitive reason approach, which states that things about passion are no longer in a specific domain since they serve as methodological levers to explain the multiple social phenomena. Thus, the participants were identified by elements in the relationships between people who establish deep life bonds such as happiness, enthusiasm, kindness, affection, sincerity, joy, warmth, dedication, friendship, and attention. The first participant was identified as Happiness because she received the Specialization's Degree in Family Health in the Residency and Public Health modalities. Enthusiasm received the Specialization's Degree in Mother and Child Management and Acupuncture. Kindness received the Specialization's Degree in Public Health and Sanitary Pulmonology. Affection, Sincerity, Joy, and Cordiality received the Specialization's Degree in Family Health. Dedication received the Specialization's Degree in Urgency and Emergency and Cardiology. Friendship received the Specialization's Degree in Family Health in the Residence modality; in Public Health; in Clinic Management in *APS*; and in Adult and Neonatal Intensive Care Unit. The last participant, Attention, received the Specialization's Degree in Public Health.

The inclusion criteria were: nurses working in UAPs covered by the *ESF* who cared or care for HIV-positive pregnant women. The exclusion criteria were: nurses

working in common UAPs or working in UAPs covered by the *ESF* but did not care for HIV-positive pregnant women despite the unit providing prenatal care.

The following guiding questions were used for data collection: "Have you ever care for, or are you caring for an HIV-positive pregnant woman?"; "What is bond to you?"; "How do you develop this bond with HIV-positive pregnant women after their referral?"; "What are the benefits of this bond for these pregnant women?"; "How do you define your role in monitoring these pregnant women?"; "Do you think that it is important to keep the HIV-positive pregnant in the unit? Why?"

The participants' speech was submitted to Content Analysis, which is defined as:

*A set of communication analysis techniques for obtaining, by means of systematic and objective procedures for describing the message content, indicators (being quantitative or not) that allow the inference of knowledge about the conditions of production/reception of these messages.*⁶

Then, the results were analyzed and interpreted by applying the theoretical background in order to clarify the questions.⁶

RESULTS AND DISCUSSIONS

The results were obtained through Content Analysis combined with Thematic Analysis. Thus, two categories emerged: 1) "Bond as humanistic and supportive care"; and 2) "Development of the bond as a link that promotes health actions".

Bond as humanistic and supportive care

The nurses valued their bond with HIV-positive pregnant women because of their health condition, regarding it as significant. Considering the reports, a screening study is carried out through dialogue and listening, caring actions, worries about prejudice and the HIV-positive condition, in offering support, being ready for what the pregnant woman needs, maintaining confidentiality and seeking information about the evolution of the disease.

In addition, the discussions on the bond described by the participants are supported by Maffesoli, who works on sensitive reason issues. For him, the world is a reflected image of the human brain and that representations are important in the construction of reality.⁷ Thus, it is possible to think the world by constructing and subjecting new experiences.

By analyzing the participants' speech, it was possible to perceive that nurses, when living with and thinking about the link, reflect on the questions about the condition of being an HIV-positive pregnant woman. Also, they are more concerned about the difficult consequences of this condition and seek to build this link in a more informal way, with the purpose of making these women feel more relaxed and welcomed. The nurses prioritized the empathic

care, which values listening, and tried to understand these women in their existential dimension as described in the following speech:

“The bond that I would have with her is to take care of her, minimize traumas and bad things, you know, know her concerns, what is this universe for her, her mother, if she wanted to be a mother before, being now mother bearing the HIV, how this universe would be, you know, how this concern would be [...]”. (Enthusiasm)

When we reflect on the Enthusiasm's speech, we realize that when she thinks about the bond she reflects on the care for this pregnant woman, how it will be for her to experience motherhood being HIV-positive, which made us understand that Enthusiasm has a sensitive eye for dealing with this pregnant woman due to her HIV-positive condition and the issues caused by the disease that can bring suffering and restlessness.

Regarding the apparently sensitive look of Enthusiasm, Maffesoli (1996)⁸ describes the term “aesthetics” as a set of feelings, sensations, and attractions, which is filled with sensibility, having a social aggregation function. In this perspective, aesthetics as everyday experiences refer to another conception of time, in which different social relationships, as well as those environmental ones, are important.

As a result, nurses think about their daily work as a new logic of being together, in which the sensitive becomes a condition for life and knowledge.⁸

Another element revealed by the interviewees' speech was the concern about confidentiality regarding the disease. We can verify this concern in the following report:

“I think the problem of confidentiality is fundamental, assuring that she's certain that the confidentiality is going to be kept and that she feels at ease in order to address the anxieties, the yearnings, of every problem she is experiencing, and that there is a counterpart, that she feels she's getting support, and that this support is helping her overcome, you know, seeking strategies to overcome that health difficulty she's having at that moment”. (Joy)

For Joy, confidentiality is a transversal issue for bond development because by guaranteeing it the pregnant woman will feel safe to talk about her problems and about a disease that is stigmatized and permeated with prejudice to this day. Ensuring confidentiality is to establish the bond through an open relationship, in which the nurse and pregnant woman are in a subjective transaction in order to overcome the problems experienced when living with the HIV.

Still, on the importance of confidentiality and the lack of prejudice in developing the bond, the following statements bring more discussions on these issues:

“I think that, especially about the HIV condition, this [the bond] is even more important, more serious, mainly because of confidentiality issues, prejudice, you know,

because of the situation that the person himself is already inferior, something bad when facing an illness, you know, and the bond, at that moment, in that condition, is still more important because of his needs. In my case, for example, it was a delicate moment, she was pregnant and found to be HIV-positive, I'm sure that if I didn't have a good bond with her and her whole family, it would've been much harder to plan, to plan some care for this pregnant woman”. (Friendship)

The Friendship's speech points out the importance of confidentiality in developing the bond because of the feelings of inferiority experienced by the HIV-positive women. Through the bonding and confidentiality maintenance, the nurse was successful in caring for this pregnant woman, since the focus on this relationship was the pregnant woman and the respect for her decisions.

Furthermore, the nurses showed concerns about prejudice issues and the confidentiality so that the bond could be developed, thus establishing a space in which the pregnant woman feels safe to speak, exposing her fears and anguish, know that there is someone who can be trusted, cares for her and worries about her health condition. As a result, she will feel safer to accept care actions and more confident throughout the treatment.

A study carried out by Padoim and Souza (2010)⁹ contributes to this issue of confidentiality and prejudice, since it has demonstrated that women who carry the HIV virus experience the fear of prejudice because of the stigma of the disease and because they already have experienced discrimination and the fear of losing friends, family, and children. Thus, it is necessary to carry out daily care that enables these women to be themselves, respecting their uniqueness, allowing them to make their choices for themselves. Also, it is necessary to respect human relationships and value the interaction between the professionals and HIV-positive pregnant women, based on a care that makes it possible to understand these women in her daily life.

Still, regarding the issue of confidentiality and prejudice, the following report brings more contributions:

“I think the pregnancy for an HIV-positive woman is very serious, she's very sensitive, it's more serious than a low-risk pregnancy, you know. Understanding, not judging, not having prejudice, welcoming, understanding both the pathology and pregnancy and its risks is an important factor, I think our continuing education is important, the way we are always studying this subject and not being afraid to receive this woman, you know, having security to give the necessary conditions is what I think”. (Attention)

Attention reports the importance of not showing prejudice when caring for a pregnant woman carrying the HIV. Accepting her, not judging her and having the fundamental scientific knowledge to develop the necessary care actions during the pregnancy are also important.

Unfortunately, the results of the study carried out by Darmont *et al.* (2010)¹⁰ are in agreement with the above report since they pointed out that some women reported suffering from discrimination from the health services because they had several children and because they were HIV-positive pregnant. Furthermore, they reported the lack of the professionals' understanding of the difficulties throughout pregnancy considering these women' social reality.

In addition to the confidentiality and the lack of prejudice, the nurses reported other important points in order to develop this supportive and humanistic care, which enables HIV-positive pregnant woman not be a mere object. These important points are offering the emotional or another type of support, having someone to count on, and feeling safe to deal with the situation, as described in the speech below:

"I think this bond has to be dealt with in a way that does not get in the way, that she can feel that here is a safe haven and the fact that she's close to the community means something more in order to solve her problem, you know, so that she could be able to be cared for, receiving a better emotional support". (Joy)

The study carried out by Scherer, Borenstein, and Padilha (2009)¹¹ supports this result since it highlights the importance of professional support for HIV-positive women and postpartum women and emphasizes that they should receive emotional and social support in addition to health care. The authors reported the professional and social commitment to the clients by the professionals, which was manifested by searching these clients when they did not attend the service, by delivering emotional support through listening and advice. The professionals received in return affective feedback and thanks.

Silva *et al.*¹² conducted a study in 2012 with 15 pregnant women at general risk. Their results showed that pregnant women have great satisfaction with the care delivered by physicians and nurses, and the main reasons that led them to join prenatal care at the unit were the treatment, the humanized care, and the unit being close to their residences.

The study conducted by Silva *et al.* (2012)¹² corroborate with the results presented in this research. They showed that despite being pregnant at risk and needing to be referred for high-risk prenatal care, the woman is part of the community covered by the UAPs and demands the same care as a regular one regarding treatment, dialogue, and humanized care.

However, the nurses stated that there are factors that raise more concern in developing the bond with HIV-positive pregnant women, since it is necessary to follow up them paying attention to medication, side-effects and adherence, baby care, and the guidelines for childbirth, puerperium, and breastfeeding, as can be seen in the following report:

"[...] it seems that it demands more of us, it raises our concerns about the person under (treatment), the person attending the appointments, undergoing exams, I think

this happens, so our responsibility increases, you know, and at the same time this concern with the other factors, which are risk factors". (Sincerity).

It was possible to perceive in the participants' speech that the nurses have an additional concern with pregnant women due to the HIV condition, realizing that bonding with this pregnant woman becomes even more important and fundamental. This allows the nurses being closer to them, developing a care that awakens the meaning of that moment within them so that they realize the importance of following the treatment for their health and the health of their baby.

In view of the nurses' reports and the literature, it was possible to perceive that the bond is formed and understood by means of an interpersonal relationship. Also, this bond is valued in the daily care through the sensitive, which is described by Maffesoli (1996) as "esthetics": "Human beings, in fact, recognizing that they are sensitive, access humanity, that is, the relationship with others".⁸

Development of the bond as a link that promotes health actions

The speech analysis showed the importance of the link between HIV-positive pregnant women and UAPs regarding specialized care, providing guidance required to face the issues from the HIV. This linking enables the nurse to be a reference for these women, knowing their reality and biopsychosocial condition in order to ease the implementation of better interventions adapted to their lives. The following report supports these results:

"[...] when the baby is born, she will have doubts about the follow-up, she will be frightened by some things, especially when she's primiparas, and thus, as she's having me as reference, perhaps it's easier for her to clear these doubts than attend the SAE (Serviço de Atenção Especializada) to discuss, look for something, mainly because it reaches a point in which the SAE no longer has any follow-up, she's no longer pregnant and receive the care for HIV-positive people, you know. Here, on the other hand, she'll receive the same treatment, because this care is for the family, it's for the routine, for everyday life, so she goes to receive the care suitable for her and the child, even if the child is referenced". (Kindness)

"The whole guidance issue I think it's very important, I know that in the SAE they also do it, but here we can give guidance regarding all aspects of breastfeeding, you know, which for her is a special situation of not being able to breastfeed, we can apply all this approach, the care for the baby, the care for her, how it will be from that moment she becomes pregnant, all her relationship with the family, with other people, if she has difficulties, many times she can't say it from where she is, then she comes and look for us here, with doubts, with anguish, how will the whole process of caring for herself, of taking

care of that child, guiding her in the issue of feeding the baby, considering all this situation, I think it's very important, you can't lose the sight of that". (Affection)

The interviewees' speech points out that it is possible to provide the necessary guidelines beyond the HIV issue by establishing the bond. This is in line with the principles of the *Sistema Único de Saúde (SUS)* [Unified Health System] and the expanded concept of health, offering care for preventing complications and for health promotion.

The above arguments can be contextualized when we analyze the Kindness' speech. She reported starting to receive care from the *Serviço de Atenção Especializada (SAE)* [Specialized Care Service] more focused on HIV issues and less on the fact that she is pregnant. By maintaining the link with the *UAPs*, she can possibly continue to receive care beyond this health model focused on the disease, receiving guidelines on breastfeeding, baby care, and self-care, as can be seen in the Affection's speech.

Also, the care for pregnant women within the family context was valued as described by Kindness, which provides a longitudinal follow-up maintained even after the child is born and during all phases of his/her life.

Thus, the *UAPs* constitute a space in which these women find a professional who is open to establishing with them an interaction in order to address important issues throughout this delicate and special period for a woman, aiming to offer a care that help them to experience this period in a full and conscious way.

Barros *et al.* (2011)¹³ discussed this issue, pointing out that it is essential to provide HIV-positive pregnant women with a space in which feelings can be expressed and processed so as to provide relief for anxiety.

This space can be understood by considering what Maffesoli (1996) defines as community re-centering, in which there are several elements that allow the birth, growth, and strengthening of inter-relationships as a way of being together through closer experiences. Thus, this space only makes sense when lived with others closely. The author further states that "the world that I am in, therefore, a set of references that I share with others"⁸. The *UAPs* are part of this community re-centering, in which the interrelationships emerge from the bond and being together, which makes it possible to feel and experience mutually. This is defined by Maffesoli (1998)⁷ as the "ethics of aesthetics", consisting of shared emotions, in which "aesthetics" is understood in its simplest sense as a shared vibration, feelings, and experiences, allowing each one to feel within this world and at home in this world. Thus, the author says that "the social bond is more and more dominated by affection, it is constituted by a strange and vigorous feeling of appearance"⁷.

In order for nurses to establish this bond permeated by affection, it is necessary to develop an empathy exercise and think about how being pregnant is for this HIV-positive woman, who thinks about future difficulties, such as the fear of the unknown, of a disease that she often does not understand. It is essential the professional support, helping

her to face this moment by following the guidelines during prenatal, childbirth and puerperium.

The speech analysis revealed the importance of the bond regarding treatment issues. The following statement demonstrates this concern:

"[...] on the issue of adhering the treatment, you know, maintaining, making sure if she's attending SAE regularly, if she's actually using the medications at home, then I think the bond only brought benefits, you know, great benefits, and we guided her much throughout prenatal care, dealing with the issue of testing the child, follow-up monitoring, the importance of childcare, and even investigating the possibility of the virus manifesting in the child and she understood this very well". (Friendship)

From Friendship' speech, it was possible to reflect that the bond is a facilitator to work on several issues, such as those related to treatment, medication adherence, and whether she is using medication at home or she is attending the specialized prenatal care regularly.

Barros *et al.* (2011)¹³ supplement this discussion by affirming that the bond with the HIV-positive pregnant woman is based on strengthening the relationship between professional and pregnant. In this interaction, the professional must know the culture, beliefs, perceptions, and conflicts of the pregnant woman in order to recognize the conditions that interfere negatively and those that motivate her to adhere to the treatment. Only in this way will it be possible to develop adequate care strategies and to help her to adhere to the health recommendations more effectively, for example, the antiretroviral treatment, which is a key factor in reducing the risks of vertical transmission.

In addition to the issue of treating the disease, nurses are also concerned with other important pregnancy problems during the lifetime of HIV as described in the statements below:

"Oh, I think the bond can improve even the prenatal care for her, it can improve her as a human being, you know, as a person, you know, it can complement the care for her, things that she doesn't have the courage to tell there (SAE), she tells us about them here. By having this bond, she has more freedom with us". (Sincerity)

"She's not only a person with the HIV, she's a woman, you know, a reproductive-age woman, with a sexually active life, she has a partner, she has a daughter, so there're many health programs for her, especially in the ESF, that still fits her needs and it will fit them throughout her life, she will enter the climacteric, menopause, that is, there's still a number of things, reproductive rights, hypertension, diabetes, care on demand, not only for control but for promoting self-care, you know, for making sure that she will adhere to the antiretroviral therapy, which is not easy, we know [...]". (Friendship)

From the Friendship's statements, it is possible to conclude that the nurses realize that the bond with this pregnant woman makes it possible to work on other issues, such as better the prenatal care reported by Sincerity, the preventive care and the possibility of this pregnant woman participating in other UAP activities.

For Friendship, it is important to work on HIV issues, but before being a carrier of the HIV, she is a woman who needs all the gender and pregnancy guidelines. In addition to these issue of providing guidance, the bond also allows the nurse to be a reference for this pregnant woman as shown below:

"[...] that we become a very important reference for her, it's when she looks for you, she knows who to look for, because you already know how you're going to lead that pregnant woman, so you create a very important bond, I think that without the link, there is no way you can work, especially in a very special condition". (Affection)

The above speech points out that the link enables the nurse to become a reference for the pregnant woman and develop care focused on the humanistic issues of our profession, experienced in the everyday life, being oblivious to the norms and protocols, and constructed from the woman's needs.

With regard to the development of these actions, attitudes, and behaviors based on science, experiences, intuition and critical thinking, health professionals make it possible for preventing health problems and the promoting health, producing important consequences in the daily care for the women's health.¹⁴

In this sense, the Dedication's speech showed her concerns with the prevention of diseases and the promotion of health. Furthermore, Dedication reported issues about self-care, sexuality, the virus transmission to the child and other people, developing a process of interactive care between professional and pregnant. The testimonial below shows this:

"[...] it's about this person, to know if this person is following the treatment strictly, you know, if she knows about the transmission. She is a very young girl, a beautiful girl, a beautiful girl, so we have to follow up her with her, the baby, and society, she is a person who, if she doesn't have awareness, can spread it to other people, you know, the benefit of having her with us is to ensure her health and the health of the baby, especially the health of the baby and other people too". (Dedication)

In this interactive care, the nurse develops care actions and the pregnant woman contributes to this care as she becomes responsible for it in situations of health education.¹⁵

Therefore, in order to promote self-care in HIV-positive patients, the nurse should provide as much information as possible regarding condom use and its direct association with the HIV. It is worth noting that the condom use, in addition to avoiding the infection of the seronegative

partner, also avoids the increase of the viral load when the partner is HIV-positive, since men increase the women's viral load by means of ejaculation, interfering with the women's clinical condition.¹¹

CONCLUSIONS

By analyzing the results, it was possible to understand that the participants visualized the development of the bond or think about it in consonance with the postmodern view and reported this relationship as something important in their daily work with these pregnant women, in which affection, solidarity, and emotion are constitutive elements of this relationship.

However, it is important to emphasize that this study's results are linked to the participants' realities, and it is inappropriate to extend the experience and image of these ten participants to other realities since we are not talking about numbers that represent reality. The methodology carried out does not allow one to make such an inference based on the cartesian and rationalist models. Instead, it allows one to relativize the results and understand that the issue of bonding may be different in other realities.

Also, the results showed that it is possible to maintain the bond and that the participants' concern is not limited to HIV-positive pregnant women, since many research participants reported the importance of maintaining the bond with the users who are referred to any type of follow-up outside the unit, such as hypertensives and diabetics. This reinforces, once again, the importance of the bond and that this concern is in line with what the Primary Health Care Policy advocates, which is the bond with the community.

In addition, the analysis of the statements showed that it is possible to build this link. The specialized attention is not the only responsible for this pregnant woman. This connection with pregnant women is very important, which can be seen in the participants' concerns with the pregnancy issues associated with the lifetime of the HIV.

It is important to emphasize the importance of more research on the complex subject of this study because the bond is a relationship that must be governed by elements of the human constitution, which has been already described throughout this study.

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Corresponding author

Carlos Podalirio Borges de Almeida

Address: Folha 31, Quadra 7, Lote Especial, s/n, Nova Marabá, Marabá, Pará, Brazil

Zip Code: 68.507-590

E-mail address: carlosalmeida1410@hotmail.com

Telephone number: +55 (94) 2101-7129

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