revista de pesquisa ISSN 2175-5361

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH DOI: 10.9789/2175-5361.rpcfo.v14.11510

NURSING DIAGNOSES IN HIGH-RISK PREGNANT WOMEN HOSPITALIZED IN MATERNITY

Diagnósticos de enfermagem em gestantes de alto risco hospitalizadas em maternidade

Diagnóstico de enfermería en mujeres embarazadas de alto riesgo hospitalizadas en maternidad

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ABSTRACT

Objective: to describe the nursing diagnoses in pregnant women hospitalized in a maternity hospital. **Method:** quantitative approach study, developed during August 2017 to July 2018, in a maternity hospital in the municipality of the state of Ceará. The sample consisted of 181 hospitalized pregnant women. For the collection, a structured instrument was used. The information was compiled and stored in Excel. **Results:** of the 24 nursing diagnostic titles identified, 14 are real diagnoses and 10 are risks. The most prevalent related factors were threats to the current condition (89), followed by insufficient privacy and environmental barriers (75). Among the characteristics, changes in gait (42.54%), changes in sleep patterns (41.43%), the current location do not allow involvement in activities (35.91%) and edema (33.14) %). Invasive procedures and unplanned pregnancies predominated as risk factors for 55.24%. **Conclusion:** the clinical situations of high-risk pregnant women represented the main biopsychospiritual problems.

DESCRIPTORS: Pregnancy, High-risk; Hospitalization; Nursing; Diagnosis; Hospitals, maternity.

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Received: 11/10/2021; Accepted: 01/03/2022; Published online: 09/28/2022

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How cited: Mendes IL, Dourado JVL, Silva MAM, Moreira ACA, Teixeira IX. Nursing diagnoses in high-risk pregnant women hospitalized. *R Pesq Cuid Fundam* [Internet]. 2022 [cited year mouth day];14:e11510. Available from: https://doi.org/10.9789/2175-5361.rpcfo.v14.11510

RESUMO

Objetivo: descrever os diagnósticos de enfermagem em gestantes hospitalizadas em maternidade. **Método:** estudo de abordagem quantitativa, desenvolvido durante agosto de 2017 a julho de 2018, em maternidade de município do estado do Ceará. Constituiu-se como amostra 181 gestantes hospitalizadas. Para a coleta, utilizou-se de um instrumento estruturado. As informações foram compiladas e armazenadas no Excel. **Resultados:** dos 24 títulos diagnósticos de enfermagem identificados, 14 tratam-se de diagnósticos reais e 10 de riscos. Os fatores relacionados mais predominantes foram ameaça à condição atual (89), seguida da privacidade insuficiente e barreira ambiental (75). Entre as características, destacam-se alteração na marcha, (42,54%), alteração no padrão de sono (41,43%), o local atual não possibilita envolvimento em atividades (35,91%) e edema (33,14%). Predominaram como fatores de risco procedimento invasivo e gravidez não planejada por 55,24%. **Conclusão:** as situações clínicas das gestantes de alto risco representaram os principais problemas biopsicoespirituais.

DESCRITORES: Gravidez de alto risco; Hospitalização; Enfermagem; Diagnóstico; Maternidades.

RESUMEN

Objetivo: describir los diagnósticos de enfermería en gestantes hospitalizadas en una maternidad. **Método:** estudio de abordaje cuantitativo, desarrollado durante agosto de 2017 a julio de 2018, en una maternidad del municipio del estado de Ceará. La muestra estuvo constituida por 181 gestantes hospitalizadas. Para la colección se utilizó un instrumento estructurado. La información se recopiló y almacenó en Excel. **Resultados:** de los 24 títulos de diagnóstico de enfermería identificados, 14 son diagnósticos reales y 10 son riesgos. Los factores relacionados más prevalentes fueron las amenazas a la condición actual (89), seguidas de la privacidad insuficiente y las barreras ambientales (75). Entre las características, cambios en la marcha (42,54%), cambios en los patrones de sueño (41,43%), la ubicación actual no permiten la participación en actividades (35,91%) y edema (33,14) %). Los procedimientos invasivos y los embarazos no planeados predominaron como factores de riesgo para el 55,24%. **Conclusión:** las situaciones clínicas de las gestantes de alto riesgo representaron los principales problemas biopsicoespirituales.

DESCRIPTORES: Embarazo de alto riesgo; Hospitalización; Enfermería; Diagnóstico; Maternidades.

INTRODUCTION

During the course of pregnancy, whether in the beginning, middle, or end, each woman's characteristics can bring complications and risks to the health of the mother and/or fetus, thus differentiating it as high-risk pregnancy. It is often characterized by a sociobiological condition and/or maternal comorbidity, which can maximize the risks of complications.[1]

Gestational hypertension and gestational diabetes mellitus are specific conditions of the gravidic-puerperal cycle and are the main reasons for maternal and perinatal morbidity and mortality. Pregnancy hypertensive disorders occur in 10% of all pregnancies worldwide, and the occurrence of diabetes mellitus ranges from 1 to 14% of these.2 In studies conducted in Brazil, the prevalence of gestational hypertension ranges from 0.6 to 31.1% and gestational diabetes mellitus from 0.2 to 3.4%.[3]

In view of the occurrence of maternal mortality, prenatal care cannot predict birth complications in most women; however, health promotion and risk identification may favor the maternal prognosis. The detection of any risk implies the need for specialized care and, if necessary, referral from primary care to a more complex level service.[4]

In this way, high-risk prenatal care is performed by a multidisciplinary team and the nurse is an integral part, and it is up to the professional to welcome the patient to evaluate the priorities according to the diseases and through the evaluation establish care. As a consequence of the several problems that affect hospitalized pregnant women, the nurse has used the Systematization of Nursing Care (SAE) to improve the assistance to the client, considering the health team.[5]

It is through this tool that nursing care becomes more organized, both in terms of instrumental and personal methods. The Nursing Process (NP) is a standardized strategy with interdependent and interdisciplinary actions, facilitating better communication between the nursing team and other professionals. It is composed of six interrelated steps: nursing history, nursing diagnosis, nursing prescription, nursing intervention, and nursing assessment.[6]

The Nursing Diagnosis (ND) is the basis for the NP, since it is from this diagnosis that the clinical assessment is made using criteria to guide the expected outcomes and interventions. According to the North American Nursing Diagnosis Association (NANDA),[7] NDs are the clinical analysis of responses to actual or potential health problems, and are the basis for selecting interventions to obtain results for which nursing is responsible.

In a search on electronic sites about care processes incorporated by technologies, especially those of the nursing area, such as the NP and the SAE, it was found the use for various clinical conditions of patients. However, in the maternal and child health care it was evidenced the deficiency of investigations about the applicability of this approach, presenting itself discrete in the field of production of scientific knowledge.

Therefore, we sought to know: which are the most prevalent NDs in high-risk pregnant women in hospitalization? Thus, this study aims to describe the ND in pregnant women hospitalized in a maternity hospital in the northern region of the state of Ceará.

METHOD

This is a descriptive study with a quantitative approach, developed between August 2017 and July 2018, in a maternity hospital located in a medium-sized municipality in the State of Ceará, Brazil.

This belongs to a philanthropic hospital institution and partnered with the Unified Health System (SUS). It is considered a secondary and tertiary reference for 55 municipalities of the 11th macro-region of the state. It is estimated that since the beginning of 2019, 13,676 consultations, 5,355 hospitalizations, and 4,020 deliveries have been performed.[8]

The sample consisted of 181 pregnant women hospitalized in the high-risk wards of that hospital. Inclusion criteria were: high-risk pregnant women, admitted for clinical or obstetric reasons and staying at the unit for 24 hours or more. Pregnant women under 18 years old were excluded, due to the need of legal guardian's consent and the inclusion of specific characteristics.

For data collection, an instrument was used with aspects about anamnesis and physical examination and a structured interview was applied with questions about the socio-demographic profile, obstetric history, clinical aspects and biopsychospiritual needs, based on the Theory of Basic Human Needs by Wanda Horta.[6]

The information was compiled and stored in the Microsoft Office Excel 2016 spreadsheet program and, subsequently, a descriptive analysis of the variables collected was performed, which were expressed in absolute and relative frequency.

From the sociodemographic, obstetric, clinical characterization and biopsychospiritual needs, the defining characteristics, related and risk factors were identified, followed by nursing diagnoses according to the domains and classes of NANDA Taxonomy II – I through three stages.

In a first step, from the search for defining characteristics and risk factors of the taxonomy, a list of possible NDs was selected. In the second step, through clinical reasoning and critical thinking, the frequent NDs in the study sample were validated. This was carried out independently by two nurse-researchers with experience in the subject area, and later by six care nurses who worked at the study site; thus, the divergent validations were decided by consensus between the groups. The third step consisted in calculating the prevalence of each validated ND from the frequency of the defining characteristics and risk factors found in each ND.

The study respected the ethical aspects postulated in Resolution 466/12 of the National Health Council and all participants signed the Informed Consent Form. A favorable opinion was obtained from the Research Ethics Committee no. 1,218,248.

RESULTS

They identified 24 NDs, distributed in 12 of the 13 domains of the NANDA-I taxonomy, with the activity/rest, safety/security, nutrition, comfort, roles, and relationships domains standing out, as shown in Table 1.

Table 1 – Distribution of ND titles according to NANDA-I, according to domains of the basic human needs theory. Sobral, CE, Brazil, 2018

Nursing diagnostic titles	n	%
Psychosocial needs		
Real Diagnostics		
Anxiety (00146)	102	56,35
Poor knowledge (00126)	64	35,35
Interrupted family processes (00060)	29	16,02
Psychospiritual needs		
Potential diagnosis		
Risk of impaired religiosity (00170)	15	8,28
Psychobiological needs		
Real Diagnostics		
Sleep pattern disturbance (00198)	75	41,43
Involvement in recreational activities decreased (00097)	69	38,12
Excessive liquid volume (00026)	68	37,56
Obesity (00232)	48	26,51
Physical mobility impaired (00085)	32	17,67
Constipation (00011)	33	18,23
Impaired dentition (00048)	30	16,57
Unbalanced nutrition: less than body needs(00002)	21	11,60
Acute pain (00132)	09	4,97
Nausea (00134)	06	3,31
Potential Diagnoses		
Risk of ineffective peripheral tissue perfusion (00228)	158	87,29
Risk of decreased cardiac tissue perfusion (00200)	158	87,29
Risk of paternity or maternity impairment (00057)	139	76,79
Risk of impaired skin integrity (00047)	105	58,01
Risk of Infection (00004)	100	55,24
Risk of falls (00155)	73	40,33
Risk of disturbed mother-infant binomial (00209)	40	22,09
Risk of bleeding (00206)	30	16,57
Risk of unstable blood glucose (00179)	10	5,52
Risk of electrolyte imbalance (00195)	03	1,65

Source: survey data, 2018.

Of the 24 ND titles identified, 14 (70%) were real diagnoses and 10 (30%) were risks. Considering psychosocial needs, the ND 'anxiety' (n=102, 56.35%) was the most prevalent; in psychospiritual needs, the ND that stood out was the risk of 'impaired religiosity' (n=15, 8.88%) and; In psychobiological needs the ND 'disturbed sleep pattern' (n=75, 41.43%); 'decreased involvement in recreational activities' (n=69, 38.12%) and 'excessive fluid volume' (n=68, 37.56%) were the most prevalent, these being actual diagnoses.

As for the potential diagnoses, the most prevalent were: 'risk of ineffective peripheral tissue perfusion' and 'risk of decreased cardiac tissue perfusion', present in 87.29%, followed by 'risk of impaired parenthood' with 76.79%, 'risk of impaired skin integrity' with 58.01%, 'risk of infection' with 55.24% and 'risk of falls' with 40.33% of the study sample.

Table 2 shows that the most predominant related factors among pregnant women were: 'threat to current condition' 49.17% (89), followed by 'insufficient privacy' and 'environmental barrier' presented by 41.43% (75), 'insufficient recreational activity' and 'impaired regulatory mechanism', both with 35.91% (65).

Among the characteristics most identified in the sample, the most prevalent are: 'gait alteration' (42.54%), 'sleep pattern alteration' (41.43%), 'current location does not allow involvement in activities' (35.91%), and 'edema' (33.14%), shown in Table 3.

Table 2 – Distribution of related factors presented by hospitalized high-risk pregnant women. Sobral, CE, Brazil, 2018

Related factors	n	%
Threat to the current condition	89	49,17
Insufficient privacy	75	41,43
Environmental Barrier	75	41,43
Insufficient recreational activity	65	35,91
Compromised regulatory mechanism	65	35,91
Insufficient environmental control	60	33,14
Sedentary behavior	48	26,51
Inadequate eating behavior	48	26,51
Insufficient information	35	19,33
Prescribed movement restrictions	32	17,67
Situational crisis	28	15,46
Inadequate eating habits	23	12,70
Injurious agent (biological, physical and chemical)	19	10,49
Insufficient food intake	16	8,83
Recent environmental change	10	5,51
Important change	13	7,18
Improper oral hygiene	07	3,86
Pregnancy	06	3,31
Prolonged hospitalization	03	1,65

Source: survey data, 2018.

Table 3 – Distribution of the defining characteristics present in hospitalized high-risk pregnant women. Sobral, CE, Brazil, 2018

Defining characteristics	n	%
Change in gait	77	42,54
Change in sleep pattern	75	41,43
The current location does not make it possible to engage in activities	65	35,91
Edema	60	33,14
Nervousness	50	27,62
Fear	51	28,17
Adult: BMI>30kg/M2	46	25,41
Discomfort with the situation	45	24,86
Inadequate following of instructions	36	19,88
Worries due to changes in life events	36	19,88
Insufficient knowledge	35	19,33
Reduced frequency of stool	32	17,67
Changes in satisfaction with family	32	17,67
Pain self-report	26	14,36
Missing teeth	20	11,04
Food intake lower than RDS*	18	9,94
Anguish	13	7,18
Abdominal tenderness with palpable muscle resistance	13	7,18
Restlessness	07	3,86
Adult: BMI>25kg/M2	07	3,86
Feeling like vomiting	04	2,20
Nausea	02	1,10
Agony	01	0,55

*Recommended daily serving size.
Source: survey data, 2018

Among the risk factors found in the sample presented in Table 4, 'invasive procedure' and 'unplanned pregnancy' predominated, presented by 55.24% (100), followed by 'lack of sleep' and 'disorganized environment', both in 41.43% (75) and 'sedentary lifestyle', corresponding to 24.86% (45) of the sample.

DISCUSSION

When considering the experience of high-risk pregnant women in the hospital environment, overwhelmed with ambivalent emotions about the hospitalization and the health status of the binomial, the importance of the NP as a strategy to ensure individual care plans is revealed, according to the biological, psychological and social needs.

The nurse as a health professional who has direct contact with the patient and who prioritizes the production of care for the maintenance of life, by prioritizing comprehensive care from a holistic view of the individual, deals with human responses under the social determinants and vulnerabilities in health, thus identifying the needs and factors.

Table 4 – Distribution of risk factors to the diagnoses present in hospitalized high-risk pregnant women. Sobral, CE, Brazil, 2018

Risk Factors	n	%
Invasive procedure	100	55,24
Unplanned Pregnancy	100	55,24
Absence of sleep	75	41,43
Disorganized environment or full of objects	75	41,43
Sedentary lifestyle	45	24,86
Unwanted Pregnancy	39	21,54
Prematurity	32	17,67
Complication of pregnancy	31	17,12
Premature rupture of membranes	29	16,02
Systemic Arterial Hypertension	27	14,91
Pregnancy-related complications	23	12,70
Insufficient control of diabetes	08	4,41
Smoking	07	3,86
Inadequate Nutrition	07	3,86
Change in skin turgor	07	3,86
Pharmacological agent	06	3,31
Vomiting	03	1,65
Immunosuppression	02	1,10

Source: survey data, 2018.

From the characteristics listed by the anamnesis and physical examination, it is possible to select the diagnostic indicators that include defining characteristics and related factors to compose the NDs focusing on the nursing problem, as well as the vulnerabilities, which indicate the risk diagnoses. This diagnostic phase is the guiding phase for obtaining the results that are sensitive to nursing interventions.

Thus, among the most frequent actual NDs in the study, we found anxiety, defined as "vague and uncomfortable feeling of discomfort or fear, accompanied by autonomic response, of apprehension caused by anticipation of danger".[7] It is associated with fear (28.17%), nervousness (27.62%), and anguish (7.18%), which are defining characteristics for this diagnosis.

The existence of anxiety among women is probably related to the cognitive, affective, physiological, and behavioral response to the experience of pregnancy in the hospital environment and to highly unpredictable and uncontrollable circumstances of health status, which have the possibility of being a threat to the patient's interests.

A study developed in the city of Vancouver, British Columbia, with 115 pregnant women with varying levels of maternal risk, showed that women with a medical diagnosis of moderate or high risk pregnancy were five to seven times more likely to develop anxiety compared to women with clinically low risk.[9]

Maternal anxiety as presented in another study[10] is correlated to obstetric and fetal complications, such as high incidence of threatened miscarriage; risk of premature delivery and low birth weight; presence of neonatal sepsis and transient tachypnea in the newborn; slower development of the hippocampus and delays in child development; and risks to the child's motor development.

The ND entitled poor knowledge was present in more than half of the study sample and is defined as "the absence of cognitive information or acquisition of knowledge regarding a specific aspect".[7] It has as related factor insufficient information and defining characteristic insufficient knowledge, both in 35 (19.3%) of hospitalized pregnant women.

This is a broad diagnostic category that can be identified in different situations and patient groups. Regarding the health of the binomial, it makes it impossible for high-risk pregnant women to recognize deleterious behaviors that compromise the quality of life and the development of the fetus. With regard to high-risk pregnant women, accommodation in the obstetric unit and relationship with the health team may also limit the appreciation of autonomy, protagonism of women, establishment of co-responsibilities and implementation of care.

In a study developed in a maternity hospital of the University Hospital of the Universidade Federal Fluminense, with 10 hospitalized pregnant women, it was evidenced that the health professionals understood the pregnant woman at risk. However, they did not privilege their condition during pregnancy, did not give them the opportunity to become active subjects and did not promote care focused on the emotional aspects during hospitalization.[11]

In this context, the insufficiency of knowledge of pregnant patients exposes them to the apartment of the protagonism that should belong to them by constitutional right and by the political proposals in effect, and brings them closer to the medicalizing, interventionist, and hospital-centric model, sometimes arbitrary and abusive, still present in health services.

However, it is emphasized that when a pregnancy is classified as high risk, hospitals must be properly organized to meet the needs of the binomial, preventing complications, assisting complications and preserving life. It is expected, more than just techno-scientific competence, that in this care space the team moves around the obstetric care of non-technical aspects capable of producing practical meaning to its application.[12]

The ND entitled sleep pattern disorder was present in more than half of the study sample, being defined as "waking up with limited time due to several external factors".[7] This has as related factors the environmental barrier and insufficient privacy, both identified in 75 (41.43%). Thus, the admission of pregnant women to the obstetric unit is configured as an experience that may be accompanied by events that interfere with the good quality of the hospitalization process.

When dealing with this theme, it is verified that the literature has emphasized the appropriate attention during prenatal care in Primary Health Care and at the time of labor, delivery and birth in the maternity unit. However, it should be noted that during the hospitalization process, this is an important factor to ensure the quality of maternal health care, the rights of women assured by public and institutional policies, and especially the minimization of negative experiences that may have an effect on the well-being.[12]

The National Humanization Policy,[13] instituted by the Ministry of Health in 2003, proposes to put into practice the principles of SUS in everyday health care spaces. Among its guidelines, it highlights ambience through the construction of healthy, welcoming, and comfortable spaces that respect privacy, promote changes in the work process, and are meeting places for people. To this end, it recommends shared discussion of the architectural project, the renovations, and the use of the spaces according to the particularities of users and workers of each service.

The ND called decreased involvement in recreational activities is characterized as "reduced stimulation, interest or participation in recreational or leisure activities".[7] A study conducted with pregnant women hospitalized in a maternity ward of a University Hospital revealed that the diagnosis of high-risk pregnancy and the experience of the hospitalization process reflect directly in the modification of social aspects. In fact, if the participants present the removal from home and from daily activities and from their partner, this inhibits their quality of life through the personal satisfaction of being a mother.[14]

The ND entitled excessive fluid volume is described as "excessive fluid intake and/or retention".[7] For this, compromised regulatory mechanism was identified as a related factor (35.91%) and defining characteristic was edema (33.14). This diagnosis should be interpreted as a physiological phenomenon of pregnancy. However, in hypertensive pregnant women, as found in 27 (14.91%) of the participants, edema constitutes one of the signs for the possibility of Hypertensive Pregnancy Disease.

The resulting changes in water and electrolyte metabolism are important in understanding the presence of edema among women in pregnancy. The additional water supplementation in pregnancy will require proportional retention of sodium to maintain osmolarity. To conserve sodium, in addition to the natriuretic effect of progesterone, a compensatory mechanism represented by the renin-angiotensin-aldosterone system arises in the gestational period.[15]

The presence of edema can also be explained by the fact that pregnancy succeeds to the compression of the inferior vena cava and iliac veins by the uterus, especially in the standing and stationary position. As a consequence, there is an increase in venous pressure (about three times) and reduced blood flow to the lower limbs, which contributes to edema, formation of varicose veins and hemorrhoids.[16]

Among the ND referring to psychobiological needs, a large number of risk (potential) diagnoses were found among hospitalized pregnant women, which aggregate possible clinical and obstetric complications. The ND called risk of ineffective peripheral tissue perfusion is defined as "susceptibility to a reduction in blood flow to the periphery that may compromise health",[7] while, the risk of decreased cardiac tissue perfusion as "susceptibility to a reduction in cardiac circulation that may compromise health". [7] These are presented in 87.29% of the study sample and are related to the comorbidities present in pregnant women, namely: sedentary life (24.86%), hypertension (14.91%), diabetes mellitus (5.52%), and smoking (3.86%).

A study conducted in a reference hospital in the capital of Pernambuco showed that among the direct causes of maternal deaths, 20.4% are associated with cardiovascular diseases.[17] In São Paulo, another study showed that the most frequent obstetric complications are related to the causes of maternal mortality in Brazil and worldwide. It was found that the most prevalent diagnoses of obstetric hospitalizations are for infections, hypertensive diseases, diabetes, and hemorrhages.[18] Thus, it is recognized that these complications in hospital admissions should be treated as a severity of maternal morbidity, diabetes mellitus being the third most prevalent. Although it does not stand out in the causes of maternal death, diabetic pregnant women with infectious and hypertensive conditions are more common.[19]

The ND called impaired parenthood risk is defined as "susceptibility to difficulties of the primary caregiver to create, maintain, or restore an environment that promotes the optimal growth and development of the child, which may compromise its well-being. "7 It is associated with the risk factors unplanned (55.24%) and unwanted (21.54%) pregnancy, both found in the study sample.

In Brazil, unplanned pregnancy is considered a public health problem. This occurrence is an important indicator of failure to control the reproductive process. It is considered that an unplanned pregnancy has a major impact on the provision of care during the pregnancy-puerperal cycle. Although little investigated, this permeates intrinsic and extrinsic factors related to social, cultural, environmental, and health issues.[20]

A study indicated a significant difference between the groups of women with planned and unplanned pregnancy regarding complications during pregnancy, with a higher frequency in the group of unplanned pregnancy. Among the complications found, urinary tract infection, gestational diabetes, syphilis in pregnant women, pre-eclampsia, toxoplasmosis, anemia and hyperthyroidism can be highlighted.[21] That is, women with unplanned pregnancy have practical and clinical importance in the emergence of complications during pregnancy.

The ND called risk of impaired skin integrity is defined as "susceptibility to alterations in the epidermis and/or dermis that can compromise health "7 and has as related factors inappropriate eating habits and harmful agent, both found in the study with a frequency of 23 (12.70%) and 19 (10.49%).

This diagnosis is associated with increased levels of estrogen and progesterone, and mechanical distension of the integumentary system predisposes to the appearance of angiomas on the face, upper limbs, and chest, increases the allergic response and the appearance of erythema and pruritus. The increase in placental steroids in late pregnancy induces increased bile in the liver, causing pruritus gravidarum with or without jaundice.[22]

The ND entitled risk of infection is characterized as "susceptibility to invasion and multiplication of pathogenic organisms that may compromise health".[7] It is basically related to the inherent issues that hospitalization itself imposes, such as the semi-critical environment of the inpatient unit, favorable to contact with agents that transmit diseases and to invasive procedures resulting from the need of intravenous drug therapy.[23-24] In addition to common

events of pregnancy, such as premature rupture of the amniotic membranes and the high number of vaginal touches.[24]

A study developed with a sample of 1000 medical records of the Maternity Hospital of the Complexo Hospitalar de Cruz das Armas, located in the city of João Pessoa, Paraíba, which assists low- and high-risk pregnant and parturient women, identified the same diagnosis in 90 (82%) of the records associated with invasive procedures performed in women with high-risk pregnancy.[24]

The ND entitled risk of falls is described as "increased susceptibility to falls that may cause physical damage and compromise health".[7] Studies show that falls are one of the most prevalent adverse events in the hospital space, representing about 70% of the cases,[25] with rates ranging from 1.4 to 10.7 falls for every 1,000 patients/day, depending on the type of patient and hospital. These can cause injuries, increase clinical complications and the length of patient stay, in addition to hospital treatment costs.

In view of the above, it is important for the nursing team to be vigilant on a daily basis about the undesirable occurrences that may take place during the hospitalization period. The assistance to high-risk pregnant women requires from the nurse technical-scientific competence, skill and effectiveness in the management of emergency or potentially complicating situations during the pregnancy cycle.

CONCLUSION

This research made it possible to identify clinical situations of high-risk pregnant women hospitalized and susceptible to nursing interventions and verify their relationship with 24 NANDA-I ND titles, considering for discussion 10 of them, which represented the main biopsychospiritual problems.

It is considered that the listed ND do not exhaust the domain of this health priority. Thus, the development of other investigations is suggested in order to structure a terminological set, with the perspective of evidencing elements of nursing competencies.

It is believed that, given the results, it will be possible to elaborate care planning for pregnant women in hospitalized conditions, as well as to organize nursing care, aiming at improving the quality of care and optimizing the team's time.

The limitations of the study are linked to the methodological choices that do not allow generalizing the information to other scenarios; however, it is recognized that the conjuncture presented is analogous to the daily life of other regions.

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