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# Pregnant adolescents who experienced premature birth: perceptions about prenatal care[a]

## *Adolescentes grávidas que experienciaram o nascimento prematuro: percepções acerca do cuidado pré-natal*

## *Adolescentes embarazadas que experimentaron un nacimiento prematuro: percepciones acerca del cuidado prenatal*

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## Abstract

Objective: to know the meanings attributed to prenatal care by adolescents who gave birth prematurely and their reaches to labor and birth. Method: qualitative study that adopted the Symbolic Interactionism and Thematic Content Analysis as theoretical and methodological references and the open interview as a data collection tool. Eleven adolescents living in a municipality in the interior of São Paulo integrated the study throughout the year 2018. Results: the adolescents pointed out limited relationships with professionals with obstacles to the development of autonomy for the issues of pregnancy, delivery and birth, as well as for the establishment of social support. Three thematic categories emerged: 'Beginning of prenatal care: reflections and future projections'; 'Insufficiencies in prenatal care' and '(un) welcoming in labor and birth'. Conclusion: knowing the meanings attributed to prenatal care by adolescents who gave birth prematurely, favored points to the attitudinal of the professional regarding the consideration of the adolescent as an individual who directs care through her place of speech and in the exercise of her rights in order to promote a positive experience and qualify prenatal care.

**Keywords:** Adolescent; Prenatal care; Nursing; Teenage pregnancy; Premature birth.

## Resumo

Objetivo: conhecer os significados atribuídos ao pré-natal por adolescentes que pariram prematuramente e seus alcances ao parto e nascimento. Método: estudo qualitativo que adotou o Interacionismo Simbólico e a Análise de Conteúdo Temática como referenciais teóricos e metodológicos e a entrevista aberta como instrumento de coleta de dados. Onze adolescentes residentes em um município do interior paulista integraram o estudo ao longo do ano de 2018. Resultados: as adolescentes apontaram relações limitadas com os profissionais com obstáculos ao desenvolvimento da autonomia para as questões da gestação, parto e nascimento, assim como para o estabelecimento do apoio social. Emergiram três categorias temáticas: 'Início do pré-natal: reflexões e projeções futuras'; 'Insuficiências na atenção pré-natal' e '(Des) acolhimento no parto e nascimento'. Conclusão: conhecer os significados atribuídos ao pré-natal por adolescentes que pariram prematuramente favoreceu apontamentos ao atitudinal do profissional em relação à consideração da adolescente enquanto indivíduo que direciona o cuidado por meio de seu lugar de fala e no exercício dos seus direitos no sentido de promover uma experiência positiva e qualificar o pré-natal.

**Palavras-chave:** Adolescente; Cuidado pré-natal; Enfermagem; Gravidez na adolescência; Nascimento prematuro.

## Resumen

Objetivo: conocer los significados atribuidos a la atención prenatal por las adolescentes que dieron a luz prematuramente y su alcance durante el parto y el nacimiento. Método: estudio cualitativo que adoptó el Interaccionismo Simbólico y el Análisis de Contenido Temático como referenciales teóricos y metodológicos y la entrevista abierta como instrumento de recolección de datos. Once adolescentes residentes en una ciudad del interior de São Paulo participaron del estudio a lo largo de 2018. Resultados: las adolescentes señalaron relaciones limitadas con profesionales con obstáculos al desarrollo de la autonomía para los temas de embarazo, parto y nacimiento, así como para el establecimiento de apoyo social. Surgieron tres categorías temáticas: 'Inicio de la atención prenatal: reflexiones y proyecciones de futuro'; 'Insuficiencias en la atención prenatal' y '(Des) acogida en el parto y el nacimiento'. Conclusión: conocer los significados atribuidos a la atención prenatal por las adolescentes que dieron a luz prematuramente favoreció la actitud del profesional de considerar a la adolescente como un individuo que dirige el cuidado a través de su lugar de expresión y en el ejercicio de sus derechos para promover una experiencia positiva y calificar el prenatal.

**Palabras clave:** Adolescente; Cuidado prenatal; Embarazo en la adolescencia; Enfermería; Nacimiento prematuro.

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## INTRODUCTION

Premature birth occurs before 37 weeks gestation, is related to neonatal morbidity and mortality, chronic conditions in childhood, and is the leading cause of hospitalization in neonatal units[1]. Among the factors that contribute to the event is maternal age, with a 75% risk of occurrence in adolescence[2], considered here as the period from ten to 24 years of age, meeting the determination to expand health care to this age group, recognizing the moment of vulnerability in the health-disease process for this population[3].

Adolescent pregnancy involves a tangle of issues that articulate themselves, from aspects of sexuality and reproductive rights to socioeconomic conditions and the multiple relations of inequality present in the social life of adolescents[4], so that the integration of public policies is necessary to meet the plurality of experiences, such as the National Health Policy for Women, Men's Health, Children's Health, and Breastfeeding[3].

Adolescents have risk factors, such as uterine immaturity and/or inadequate blood supply to the cervix, which can have a negative impact on the pregnancy outcome, favoring premature birth. Added to this are the characteristic contexts of vulnerability, associated with exposure to health problems, such as violence and drug use[5]. Despite the susceptibilities intrinsic to the age group, these are still taken in a marginalized way in health care, remembered from risk behaviors, even in this condition, and health actions are still flawed, not valuing the dialogue and the adolescent's person in the construction of care, which keeps them away from health services[6].

Health care in the context of teenage pregnancy is described as incipient, with prenatal care with truncated access, inadequate and late[5], sometimes without reaching the minimum number of recommended consultations[7].

In view of the essential need to qualify health care in prenatal care for adolescents from their voices, their subjectivities and experiences, this study aimed to understand the meanings attributed to prenatal care by adolescents who gave birth prematurely and their implications for labor and birth.

## METHOD

Study conducted according to the Consolidated Criteria for Reporting Qualitative Research (COREQ), a qualitative approach that explores the experiences of social actors in the direction of pointers for transformation[8], in this case, prenatal care for adolescents. Symbolic Interactionism (SI) was the theoretical framework selected for favoring a look at human actions, the meanings that sustain them, and the interactional processes that determine them[9].

The study comprised 11 adolescent women whose children used the Neonatal Intensive Care Unit (NICU) of a public hospital in a city in the interior of São Paulo in 2018. The municipality is about 200 km from the capital city of São Paulo. Its total population was, at the time of the study, 134,236 inhabitants and, of this total, 18,053 were adolescents[10], with a record of 522 births to adolescent mothers, 64 of which were premature[11]. The participants' institution is a reference for premature births in the municipality and surroundings.

Data collection was developed by the first author, who established contact with the person in charge of the NICU and the latter, knowing the criteria of this study, mediated the invitation and the initial contact with the researcher. The invitation was made to 24 women, 13 of whom did not return after three contact attempts, although they had initially confirmed their availability, an aspect taken as an exclusion criterion. Inclusion criteria were: being an adolescent; living in the study city or in reference micro-regions; having given birth to a premature child who had been in the NICU for at least seven days and being with the child at home, recently discharged from the NICU.

The number of participants was determined by the saturation criterion[12], when the constructs of the phenomenon and its relations are extracted, reaching the meaning of that experience.

The open interview was the data collection strategy, carried out after the consent and signing of the Free and Informed Consent Term (FICT) by the guardian and the Free and Informed Consent Term by the adolescent. When she was emancipated, a FICT was adopted. The triggering question for the interview was, "Tell me about your prenatal care and what it meant to you." The interviews were conducted throughout 2018 and took place at the participant's home, in a single meeting, lasting an average of 30 minutes, and were audio recorded.

The interviews were fully transcribed and analyzed in light of the Thematic Content Analysis, adopting the three analytical phases: (1) pre-analysis - in which occurred the floating reading of the data, the organization of the material and the formulation of hypotheses and objectives; (2) exploration of the material - when re-readings were conducted, listing significant expressions of the interviews, classification and integration of the data into categories; (3) treatment of the results - in which occurred inferences and interpretations of the findings in the previous phases[13].

The study was approved by the Ethics and Research with Human Beings Committee and registered under number 2.353.432 and CAAE 72795517.2.0000.5504. The identity of the participants was respected and the speech excerpts are identified by random letters followed by the age of the adolescents.

## RESULTS

Eleven adolescents were part of the study, aged between 15 and 18 years. The average number of prenatal visits was five, starting between the first and second months of pregnancy for most of them (n=9), except for two, which started in the third and fourth months. The gestational age at birth was between 26 and 35 weeks, being that: one delivered at 26 weeks, one at 30 weeks, one at 33 weeks, one at 34 weeks, two at 31 weeks, two at 35 weeks and three at 32 weeks.

In terms of complications during pregnancy, seven highlighted urinary tract infection and, of these, four reported that they were recurrent, with successive visits to the health service and hospitalizations in some cases.

From the apprehension of the experience of adolescents who gave birth prematurely, in order to express the meanings attributed to labor and birth, under the assumptions of SI, which states that the actions of individuals are directed by social interactions when interpreting and defining the situations experienced in the context in which they are inserted, the thematic categories were listed: 'Start of prenatal care: reflections and future projections'; 'Insufficiencies in prenatal care' and '(Un)welcoming in labor and birth'.

## Beginning of prenatal care: reflections and future projections

For most of the adolescents in this study, the discovery of pregnancy occurred from typical pregnancy signs and symptoms. When they sought the health services, they were notified of the pregnancy, a fact that surprised them and caused dual feelings, because, in internalized reflection, they prospected the repercussions for their lives and the reactions of people around them. Self-reflection reinforces the role of the 'Mind', central concept of SI, and determines the feelings and actions in face of the projected situation.

> *I found out I was pregnant in the hospital, it was a scare, I was having a very bad time and I went to the hospital directly until they did an exam* [...]. (K, 16 years old)
>
> *I was happy and sad. I was happy because I like babies and nervous because I imagined what my father would say and all the tension at home. And that was it, but afterwards it was calm. It is not easy, many things go through your head, good and bad. I thought all the time how it was going to be, there was joy and sadness, fear, you know?* (P, 15 years old)

Once pregnant, they begin to live with the comments of the people around them, often harsh and of great emotional impact, especially when they point out the changes in their freedom and responsibilities.

> *People kept talking because I was young, saying that my life wouldn't be the same, and we end up taking that as truth because we know that, with the arrival of a baby, everything changes* [...] *I won't have the freedom I had before*. (M, 17 years old)

When inserted into a family nucleus, the arrival of a new member in the family and facing the situation impose changes in the family dynamics and in the way they relate to each other. The sharing of beliefs, rituals, and information was common. For most of them, the experience was marked with joy and closer bonds, especially between the women and the child's grandparents, with repercussions for the experience, the acceptance of pregnancy, and parenthood. The partner, the child's father, was mentioned in this direction.

> *Everyone was very happy. The first granddaughter of the family was well accepted. When I went to the consultation, they always asked me how it had been. At the ultrasound, the whole family wanted to go*. (D, 18 years old)
>
> *My mother is super my friend, above all, she helped me a lot, she went along, saw, liked, I think she was the person, along with his father* (the child's grandfather)*, who helped me to get all that bad stuff out of my head. She helps me with everything I need* [...]. (M, 17 years old)
>
> *My boyfriend was, at first, the one who supported me, and he is still the one who supports me the most, psychologically. He doesn't make hurtful comments. You know, he says: "You will manage to take care of it, you will manage to deliver". He says everything like this, this helps. In the prenatal consultations, he came in, but he didn't say anything, after we talked. At the birth, he was the one I wanted to be close to*. (P, 15 years old)

In this process, the interaction with the pregnant child, both by listening to the heartbeat during prenatal consultations and by the ultrasound, contributes to the accommodation of their new condition, pushing them to face it. These interactions are spaces for establishing meaning and inner calm.

> *I only started to believe* (in the pregnancy) *after I heard his little heart* (at the consultation). (K, 16 years old)
>
> *When I did the first ultrasound I realized I had a baby* [...] *I didn't believe I was pregnant, only when I saw the ultrasound I believed*. (F, 15 years old)

## Insufficiencies in prenatal care

In the interaction with the professional, the participants glimpsed and praised the actions that little supported them in their needs and possibilities. One of the adolescents described an initial obstacle with the health service when she was required to be accompanied by an 'adult', with the refusal of care until she was able to get one.

> [...] *I had to go with my mother to the clinic in my neighborhood, but my stepmother and my father were working and couldn't go. So, my mother's neighbor from the back street went with me. Only then did I pass* (a consultation), *the woman did blood and urine tests, then she discovered* (the pregnancy). *I was two months pregnant, I started the prenatal care*. (E, 15 years old)

The prenatal care was developed from quick interactions with the professionals, not meant as welcoming and resoluteness. Seven adolescents experienced the urinary infection as a pregnancy complication. The complaint was perceived as little valued, an aspect that correlates with the comings and goings to the service and, somehow, to premature birth.

> *I had a urinary infection three times, I treated it and after a while it came back*. (F, 15 years old)
>
> *I started to complain of pain in my belly. My mother took me to the hospital one day, it was a Friday, the doctor did a urine test, I had a very strong infection, and started to treat it, but there was no time, I was already in premature labor*. (K, 16 years old)

It is a care meant as centered on protocols and procedures, with informational incipiencies and, for some, immersed in stigmas and judgments. As a consequence, the reach of the actions was fragile when faced with the needs involving the adolescent and being pregnant.

> *At the appointment, the doctor said that the baby's little heart was fine, measured my belly, my blood pressure, weighed me and said that everything was fine. He asked me if I felt any pain, I said no and he sent me on my way. The consultation was very quick. They didn't explain properly, they lacked a lot of information. It was always very quick* (the consultation), *I entered the room, weighed myself, checked my blood pressure, if it was low or high, measured my belly and that was it, goodbye!* (C, 18 years old)
>
> *They never said anything to me, but there is always prejudice. Some people looked differently, but most of the girls there were teenagers and they always said: "You are pregnant, but so young!* (M, 17 years old)
>
> *Now, what I really didn't like were the nurses because, every time we got there, they said something. I can't say that they were all, but there were some that did this, judged me for being pregnant.* (A, 18 years old)

The presence and participation of the partner in prenatal care was thematized when they perceived the professional to be a promoter or restrictor of this. Few of them experienced the possibility of the companion or a family member with her in the consultations.

> *He* (husband) *went about three times with me, he came to the consultation, he went to the two ultrasounds, he participated a lot. When I had the baby, he stayed with me in the hospital. He would visit the girl with me*. (A, 18 years old)
>
> *I liked there (health service) for the simple fact that they make the father go along in the prenatal care*. [...] *the nurse that did the prenatal care always explained everything to me, made my husband know everything, I liked it better there (service used in the prenatal care) than here (city service), they don't call the father to participat*e. (B, 18 years old)

The informational support on the topic of childbirth was felt to be incipient. In this context, adolescents resort to the Internet and social networks, especially mothers and friends. Overall, the information is of a popular nature and does little to empower the adolescent to make an autonomous decision.

> *I think they* (health professionals) *would talk about the deliveries at the very end. The information that I know is from my mother and the birth that I had. My mother kept saying: hers was never a c-section, she only had a normal birth. She said that it hurt at the time, but that the recovery was much faster and that a c-section didn't hurt at the time, but afterwards you could do almost nothing. I always really preferred normal birth and my first child was also norma*l. (D, 18 years old)
>
> *Sometimes, there were things that I didn't understand that they told me in the prenatal, but I asked my mother-in-law and my mother. Sometimes, I asked the doctor, but I was also a little bit in doubt. About childbirth, nobody explained it to me, but I researched it on the internet* [...] *my mother told me that with a cesarean section I wouldn't feel much pain, but she didn't explain normal childbirth very well. I was afraid of the time of delivery, of childbirth itself. Each person spoke in a different way: some said it hurt, others said it didn't hurt at all, I was confused*. (F, 15 years old)
>
> *There was a friend who had a private delivery and said how she wanted the birth to go. I didn't have this, they barely talked about childbirth, they didn't talk about childbirth, I was looking on the internet and asking friends. They* (prenatal professionals) *didn't tell me, not that I remember*. (P, 15 years old)

## (Un) welcoming in labor and birth

The adolescents identify signs suggestive of premature labor, which show to be little valued and welcomed in the interactions with professionals. In view of this, they come and go to the hospital, when they highlight the recurrence of the undervaluation of their complaints, read as "normal" and expected. For some adolescents, this professional attitude unfolds in the modification of their understanding about the signs, starting to mean them as expected and delaying the entrance to the services. The symbols of these interactions are individual to each adolescent and modified according to the interpretation of the situation in which they find themselves, guiding their actions.

> *I was feeling a lot of pain, I went to the* (name of institution), *they gave me IV drip and we went back, we went again, they said: "You are entering the eighth month, it is not time for the baby to be born,* [...] *it is normal for you to feel pain"; we went home, I think I went to the hospital three times a week and they sent me home. There was one day that I was there at home and I started to feel a little pain, but I thought it was normal because they always said it was normal and I wouldn't go to the doctor for nothing. Then, I thought I was peeing and I couldn't hold it in, then I went*

*to take a shower, I went back to do the housework, I had stopped, then it came back again, then that liquid came down, I took a shower again, then I thought: "It is not right"* [...] *after a while, it came down with blood, then I went to my mother-in-law and she said: "You took too long, maybe it is an abortion"* [...] (A, 18 years old)

*One day, I was feeling pain in my stomach, I went several times to* [name of institution] *because I was losing fluid, they examined me and said it was nothing and released me home. Then one day I went to the hospital and there was a doctor, he said: "Gee, you are losing fluid, I have to refer you urgently". They referred me, I got there, they put me on a serum drip and I was on total rest for three weeks in the hospital. At the last ultrasound, there was no fluid, they performed a cesarean section*. (C, 18 years old)

The professionals conduct the interactions in labor and delivery scenes focused on the gestational conditions and complaints presented by the adolescents, but they take them with suspicion. In any case, they determine behaviors with little dialogue and little opportunity for the adolescent and her companion to participate and decide. Sometimes, the companion needs to actively search for assistance. There was an adolescent who experienced the refusal of the presence of her companion justified by the fact that it was a premature birth and, in this case, the nursing professional was meant as an emotional support to the moment experienced. This interactional context of labor and delivery has a meaning that results in feelings of tension, anxiety, and fear.

[...] *When I arrived at the hospital, the doctor said: "Are you pregnant? But you don't have a belly. I don't think you are. He saw the card and said: "You are not all this week". I told him that I was going there with pain and they only gave me serum and released me, he went to do some research and said that the baby seemed very small, I gave him the first ultrasound, he saw it and said there was something wrong and asked me if there was a second ultrasound. I told him I would pick it up the next day, he asked who was with me, I told him it was my sister-in-law, he talked to her and she went to get the other ultrasound. He saw that I was less than a week along and told me that there was no ICU and that he would send me to another city, he admitted me and gave me a serum to hold the baby. He said that the bag was already ruptured, there was almost no fluid left. On the same day, they transferred me, I arrived at 11 PM and when it was midnight she was born*. (A, 18 years old)

*I arrived at the hospital and I had a very strong contraction, it hurt too much. When we arrived, we went to take the papers and the nurses weren't there, they were in the rooms, my mother saw one, called her and gave her the papers because the contractions were coming every few minutes, I couldn't stand the pain. Then we went to the waiting room, waiting for the doctor and, as I was crying with pain, my mother called the doctor, they did the exam, he told her to take me straight to the delivery room because I was almost fully dilated and he put me in an IV to try to hold it. The nurse did the test again and said that the serum wouldn't help, that my baby was already there, that the only thing that was really holding me was the bag. Then she called the doctor and he delivered me, they didn't let my mother into the delivery room because I was premature. I was more afraid because you see people you don't know, you are already scared because you have heard many stories, I was afraid. This nurse had taken care of me in another week that I was hospitalized, so, she was like a mother to me, she was calming me down, she was guiding me what to do, so, it was calmer, he was born quickly, I think I stayed about 15 minutes in the delivery room* [...]. *When I was in the delivery room, I think it was a pediatrician, she talked to me, but I was very scared, I know they can't give us hope, say that everything will be fine, but she spoke to me in a way that seemed that everything would be bad, she said that the baby could be born purple, without breathing, she didn't want the baby to be born at that time because the chances were minimal, so it scared me a lot* [...]. (M, 17 years old)

## DISCUSSION

The adolescents' pregnancies were experienced under a fragile interactional context with the health professional and of support with the women's family and partner, although these were little involved in the care.

Prenatal care, besides having the objective of evaluating and monitoring the health of the woman and her child[14], should consider the support to the process of parenthood and empowerment of women, including with regard to childbirth. As in this study, the Brazilian literature reinforces incipiencies in the care of pregnant adolescents, highlighting the limitation of care when assistance is restricted to the biological aspects of pregnancy, disregarding the broader aspects related to the pregnant woman and her family[15,16].

The adolescent and her family are building the meanings and senses about pregnancy and parenthood, when social interactions, including those with professionals, determine the understandings and actions. The lack of attention to the needs of these women and families, reducing the interaction to prenatal procedures and protocols, moves the care away from the guiding principles of the Brazilian health system, including humanization and integrality[17].

Considering that men are also experiencing a transition in their social roles, it is urgent to insert them in the context of maternal and child health care[18]. It is her right to be part of the prenatal consultations and the professional's duty to promote her participation, since she becomes an emotional and informational support[19] and there is a link to childcare[20]. The results of this study make up the literature[18-21], that denounces the marginalization and

exclusion of this social actor in the gestational cycle and during childbirth, with negative ramifications to the paternity process.

The interactions in the spaces of prenatal care can build meanings that favor a more autonomous, comfortable and participatory attitude of the man, with the probability of promoting a collaborative interactional process between him, the adolescent and the health professional.

Social support emerges from and in the relationships established in the social network, this being understood as the people with whom one maintains contact, be it family or institutions[22]. Social networks are conceptualized as specific resources for social support because they have effects on individual well-being and health[23], but were not, according to the participants' reports, intended by the professionals, on the contrary, they were hindered.

Facing the insufficiencies of professional support in the demands of pregnancy, adolescents seek information for understanding and decision-making from their social support network. The women in the family[24] and friendship circle were highlighted, as were cyberspaces. Adolescents' networks should be named and materialized in prenatal care[25], since giving visibility and promoting them can be powerful strategies in the search for positive and autonomous experiences in pregnancy and childbirth. In line with this, people who are significant for the adolescent must have their participation favored since the time before pregnancy, for example, issues related to sexual and reproductive rights and family planning[25].

In everyday social interactions, in an active process of interpreting symbols, adolescents assign meanings and engage in an internalized conversation in the self for taking action[9,26]. Therefore, delving into the history and life context of adolescents who become pregnant promotes access to and approximation of the values, beliefs, and other social constructs that drive their behavior and their social support network.

Strategies to address the issues raised in the previous paragraph are to give voice to the adolescent, ensure their participation in care, as well as exercise their right to have a companion of their choice. The results denounced interactional barriers for adolescents to create dialogue with the professional during prenatal consultations when opportunities to expose themselves and their doubts are reduced.

The document that guides the healthcare practice in Primary Care points out, to the professionals, the adolescents' right to choose to be alone or accompanied in the consultations, as well as to be active and protagonists in the construction of care[4], also, in childbirth[16,17].

Prenatal care recommends increased efforts to bond with women who present risk factors for premature birth, with a view to a more specific and qualified attention[27]. The issue of the relationship with the professional is recurrently pointed out as a deficit, especially due to the persistence of the biomedical paradigm in prenatal practices[15], as well as in this study.

It is worth mentioning that even the situations theoretically contemplated in face of this paradigm, such as urinary tract infections, were insufficiently handled in prenatal care in this study. The data show the (un)welcoming and denounce an itinerary of comings and goings to the services in search of a solution. This is in line with the results and discussions of the integrative review, indicating that the detection and treatment of urinary tract and vaginal infections during pregnancy need to be the core of attention, especially among teenage pregnant women, with direct contribution to the prevention of premature birth[28].

The primary care nurse was not highlighted by the adolescents in this study, a critical aspect that raises questions about how they have been getting involved and taking responsibility for adolescence, getting pregnant and giving birth at this stage of life. The policies that guide health actions in primary care, especially Women's Health and Prenatal and Puerperal Care, need to be articulated to the National Guidelines for Adolescent and Youth Health Care, especially with regard to youth protagonism, sexual and reproductive rights, and life project, thus avoiding rigid practices and protocols for prenatal care, childbirth, and puerperium. There are several themes to be explored in the context of pregnancy in adolescence[29], which need to be understood and mobilized in the uniqueness of each adolescent and his family. Thus, the investment in sensitive, horizontalized relationships that favor interactional comfort needs to be prioritized.

Adolescent pregnancy in Brazil is a fact understood by the government as a public health problem. It is related to the precocity of sexual activities and misinformation, but also to insufficient attention to adolescent health and prenatal care[28,29]. The participants of this study revealed and denounced the weakened relationships that had repercussions on their gestational experiences and effected insufficiencies in the prenatal care received, from the discovery of pregnancy to childbirth care. Relationships with professionals did not favor self-disclosure and were little interested in the history and needs of adolescents.

The distancing of Brazilian adolescents from health services is well known[7] and may reflect some characteristic data of the participants, such as the beginning of prenatal care at the end of the first trimester of pregnancy, as well as the number of consultations close to the minimum recommended. The average start of prenatal care found in a national study developed in the Southeast region was similar to this study, with about three months of gestation[30], and another brought that early initiation did not occur for 56.9% of pregnant adolescents[5]. Furthermore, late initiation of prenatal care for adolescents is directly related to unfavorable outcomes, reducing the scope of care and impacting informational support[5,18,20].

In light of all the above, it is understandable that these times are immersed in dual feelings of apprehension, fear, anxiety and worry[31]. The feelings translate the set of interactional experiences[26], which, specifically in this study, integrates the process of adolescence, pregnancy and childbirth and the social interactions that support it. The professionals of the various health care facilities are potential actors in this relational context when the co-responsibility of care is prospected. The results of this study indicate the need to review values, meanings and practices.

## FINAL CONSIDERATIONS

The revelations of this study compromise the positive gestational experience, since they depend on social interactions, including those provided during prenatal care. In general, adolescents experience an incipient care to health needs, an aspect that unfolded in negative access, fragility in the support, reception, and prematurity.

The findings allow recommending that health professionals approach and take an interest in adolescents in their specificities, which calls for dialogical meetings with the intention of positive experiences of pregnancy and quality of care. It also points out the urgency of considering the people revealed as a social support network in the weaving of prenatal care. The incorporation of these elements in health practices with teenage pregnant women and their social support network has chances of transformations in the scope and quality of care, especially when recognizing them as actors and drivers of health care.

As for the limitations, the fact that the study expected prematurity to emerge in the adolescents' statements stands out, but this did not happen. Apparently, they do not weave a relation between the gestational experience, prenatal care, and premature birth in such a way as to suggest studies in this direction. The knowledge produced here, despite coming from a specific context and being derived from the adolescent's voice, adds to other existing knowledge. It is necessary to explore the perspective of the people named by the adolescents, namely: father of the child, their parents and close friends in order to compose the knowledge about the experience of pregnancy during adolescence.

## AUTHOR'S CONTRIBUTIONS

Study design: Tatiane Montelatto Marques; Monika Wernet

Data collection: Tatiane Montelatto Marques.

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