

CHARACTERISTICS OF ANTENATAL CARE FOR ADOLESCENTS FROM STATE CAPITALS IN SOUTHERN AND NORTHEASTERN BRAZIL¹

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ABSTRACT: Quantitative and descriptive study that intended to describe some aspects of antenatal care for adolescents at teaching hospitals in the South and Northeast of Brazil, based on the quality criteria established by the Humanization Program of Antenatal and Birth Care. This is an excerpt from the research "Social support networks for fatherhood during adolescence". The data collection occurred between December 2008 and December 2009. The sample consisted of 559 puerperal adolescents. The results showed that 98% of the interviewees received antenatal care, 67.2% attended six or more consultations and 62.5% started the care in the first pregnancy terms. As regards the routine exams, not all of them were done, and 41.8% denied having received any kind of information about labor and delivery during the antenatal consultations. In conclusion, most of the adolescents received antenatal care according to the criteria recommended in the Program. Nevertheless, educational actions and orientations are needed during the consultations.

DESCRIPTORS: Pregnancy in adolescence. Humanizing delivery. Nursing.

CARACTERÍSTICAS DO PRÉ-NATAL DE ADOLESCENTES EM CAPITALS DAS REGIÕES SUL E NORDESTE DO BRASIL

RESUMO: Estudo quantitativo descritivo, que objetivou descrever alguns aspectos da atenção pré-natal de adolescentes em hospitais de ensino da Região Sul e Nordeste do Brasil, com base nos critérios de qualidade do Programa de Humanização do Pré-natal e Nascimento. É um recorte da pesquisa "Redes sociais de apoio à paternidade na adolescência". A coleta dos dados ocorreu de dezembro de 2008 a dezembro de 2009. A amostra constituiu-se de 559 puérperas adolescentes. Os resultados evidenciaram que 98% das pesquisadas realizaram pré-natal, 67,2% frequentaram seis ou mais consultas e 62,5% iniciaram no 1º trimestre gestacional. Quanto aos exames de rotina, nem todos foram realizados e 41,8% negaram ter recebido informações sobre o trabalho de parto e parto durante as consultas pré-natais. Conclui-se neste estudo que a maioria das adolescentes realizou pré-natal conforme os critérios preconizados pelo Programa, porém, há necessidade de ações educativas e orientações durante as consultas.

DESCRIPTORIOS: Gravidez na adolescência. Parto humanizado. Enfermagem.

CARACTERÍSTICAS DEL PRENATAL DE ADOLESCENTES EN CAPITALS DE LAS REGIONES SUR Y NORDESTE DE BRASIL

RESUMEN: Estudio cuantitativo descriptivo que objetivó describir algunos aspectos de la atención prenatal de adolescentes en hospitales de enseñanza de la región Sur y Nordeste de Brasil, basado en los criterios de calidad del Programa de Humanización del Prenatal. Es un recorte de la investigación "Redes sociales de apoyo a la paternidad en la adolescencia". La colecta de los datos ocurrió de diciembre de 2008 a diciembre de 2009. La muestra se constituyó de 559 puérperas adolescentes. Los resultados evidenciaron que 98% de las pesquisadas realizaron prenatal, 67,2% frecuentaron seis o más consultas médicas y 62,5% empezaron en el primer trimestre de gestación. Quanto a los análisis de rutina, ni todos fueron realizados y 41,8% negaron haber recibido informaciones acerca del trabajo de parto y parto durante las consultas prenatales. Se concluye que la mayoría de las adolescentes realizó el prenatal conforme los criterios preconizados por el Programa, pero todavía hacen falta acciones educativas y orientaciones durante las consultas.

DESCRIPTORIOS: Embarazo en la adolescencia. Parto humanizado. Enfermería.

INTRODUCTION

Antenatal care includes a set of care focused on maternal and fetal health, permitting appropriate actions and orientations for women to live their pregnancy and delivery in a positive and enriching manner, reducing the risks of delivery and puerperal complications.¹ Most health problems of pregnant women can be avoided, detected or treated through antenatal consultations. Antenatal care permits reaching pregnant women with multiple interventions, which can be vital to the mother and infant's wellbeing.²

In Brazil, to improve antenatal care, in 2000, the Ministry of Health¹ proposed the Humanization Program of Antenatal and Birth Care (PHPN), which sets directives and guiding principles, highlighting the early contact, educational actions, supply of routine tests and orientation on the puerperal woman's return to the health service for the puerperal consultation within 42 days after birth. This Program was based on the analyses of the pregnant women, infants and postpartum women's specific care needs, in the attempt to reduce the high maternal and perinatal morbidity and mortality rates.¹⁻³

When considering adolescent pregnancy, it is highlighted that, although early pregnancy rates have been dropping in recent years, the country still displays high levels. In Brazil, one out of every five children born comes from an adolescent mother.⁴

Authors mention the biological risks of adolescent pregnancy, such as spontaneous abortion, premature birth, low birth weight, problems for the mother and child's health, risks during delivery and maternal mortality.⁵⁻⁸ Therefore, if the adolescent pregnant woman received appropriate antenatal care, this will have a positive impact and can minimize possible disadvantages typical of her young age.⁹ This evidences the importance of comprehensive and problem-solving antenatal care during pregnancy, mainly for the adolescents attended in public teaching services. The findings can support continuing education programs, with a view to qualifying the work process at the institutions. The objective in this study was to get to know the demographic and socioeconomic profile of the adolescent puerperal women attended in public teaching hospitals and investigate whether the quality of the antenatal care related to the access to consultations and accomplishment of complementary tests attends to the standards set in the PHPN.

METHOD

Quantitative and descriptive study, undertaken at three obstetric services of teaching hospitals in the cities of Pelotas-RS, Florianópolis-SC and João Pessoa-PB, between December 2008 and December 2009.

The study is part of the multicenter research called Social support networks for fatherhood during adolescence (RAPAD), funded by the National Council for Scientific and Technological Development (CNPq).

The convenience sample consisted of 559 adolescent puerperal women who gave birth at the hospitals mentioned. Any puerperal women with some kind of severe pathology that would interfere in communication, making it impossible for them to answer the questionnaire. The same was true for cases of fetal death.

The variables selected for this analysis, through documentary analysis, based on the quality criteria established in the PHPN, were: received antenatal care during this pregnancy (yes; no), number of consultations (none; between one and five consultations; six or more consultations), start of antenatal care (first term; second term; third term), took tests during the pregnancy (yes; no), tests taken (urine test; anti-HIV; fasting glucose; serology for syphilis/VDRL; complete blood count; blood typing), and information and educational actions during antenatal consultations.

To identify the adolescent puerperal women, all hospital charts were reviewed to detect the adolescent mothers. After clarifying doubts and giving advice about the study, the signing of the Free and Informed Consent Form was requested and an instrument was applied to the puerperal adolescents. Besides the interview with the adolescents, data were collected from the pregnant woman's antenatal card. The instruments were coded and reviewed, followed by double data entry and analysis in the software EPI-INFO 6.04 to detect errors and preserve the reliability of the data.

Descriptive statistics were used for data analysis, including the distribution of proportions for categorical variables.

The RAPAD research project received approval from the Ethics Committee at the School of Dentistry of Universidade Federal de Pelotas, under Opinion 007/2008.

RESULTS AND DISCUSSION

The data were grouped into demographic and socioeconomic characteristics and data related to antenatal care during the adolescent pregnancy, based on the quality criteria established by the PHPN.

The city of Pelotas-RS was the place with the highest prevalence of adolescent pregnancy, totaling 21.4% of all births at the hospital that participated in the research, followed by Florianópolis-SC, 16.2% and João Pessoa-PB, 12.9%. The predominant age was between 15 and 19 years, but puerperal girls of 12 years of age were interviewed at the three cities that participated in the study. As regards the skin color, about half were white (Table 1), but six adolescents in Florianópolis could not answer their skin color. Concerning the marital status, the majority was married or lived with their partner at the time of the interview, similar

to the findings in other studies.¹⁰⁻¹¹ Living with a partner or being married represents a risk factor for repeated adolescent pregnancy.¹²

What education is concerned, 64.6% had between zero and eight years of education, corresponding to primary education (Table 1). Most of the investigated adolescents therefore had a low education level, considering that, in the predominant age range (15-19 years), they should be taking secondary education. Only one puerperal adolescent in Florianópolis was in higher education. In addition, two thirds of all adolescents interviewed indicated they had dropped out of school, similar to other studies.¹¹⁻¹³ When asked about why they were not studying, the current pregnancy was appointed as the main cause of school drop-out in 40.1% of the interviewees, followed by 20.8% out of their own free will, 11% for family reasons and 9.4% because they had already concluded secondary education.

Table 1 - Sociodemographic characteristics of puerperal adolescents (n=559). RAPAD, Brazil, 2008-2009

Variable	Pelotas		Florianópolis		João Pessoa		Total	
	n	%	n	%	n	%	n	%
Age								
10 to 14 years	9	5.0	9	3.1	5	5.8	23	4.1
15 to 19 years	172	95.0	283	96.9	81	94.2	536	95.9
Skin color								
White	110	60.8	148	51.7	21	24.4	279	50.5
Non white	71	39.2	138	48.3	65	75.6	274	49.5
Marital status								
Single	42	23.2	60	20.5	14	16.3	116	20.7
Married or with partner	139	76.8	231	79.1	71	82.5	441	78.9
Separated/widowed	-	-	1	0.4	1	1.2	2	0.4
Studies								
Yes	35	19.3	87	29.8	24	27.9	146	26.1
No	146	80.7	205	70.2	62	72.1	413	73.9
Full years of education								
Between 0 and 4 years	24	13.3	7	2.4	6	7.0	37	6.6
Between 5 and 8 years	114	63.0	164	56.2	46	53.5	324	58.0
≥ 9 years	43	23.7	121	41.4	34	39.5	198	35.4
Work								
Yes	9	5.0	53	18.2	8	9.3	70	12.5
No	172	95.0	239	81.8	78	90.7	489	87.5
Main source of income of puerperal adolescent								
Employment	3	1.7	42	14.4	07	8.2	52	9.3
Partner's income	101	55.8	155	53.1	46	53.5	302	54.0
Family income	61	33.7	87	29.8	29	33.7	177	31.7
Alimony	11	6.1	6	2.0	2	2.3	19	3.4
Other income sources	5	2.7	2	0.7	2	2.3	9	1.6
Family income*								
< 1 minimum wage	38	22.7	16	6.3	27	37.5	81	16.5
1 to 3 minimum wages	121	72.5	157	62.1	33	45.8	311	63.2
3.1 to 5 minimum wages	6	3.6	55	21.7	10	13.9	71	14.4

* 67 of all interviewees did not know the monthly family income.

In the total group of puerperal adolescents, 87.5% indicated they were not working (Table 1), similar to other findings.^{10,13}

As regards the socioeconomic characteristics, it is highlighted that, in 54%, the interviewed adolescents' main income source was the husband/partner, similar to the data found in another research,¹² and 31.7% lived from the family income.

In addition, 16.5% of all interviewees had a monthly family income inferior to one minimum wage and 63.2% between one and three minimum

wages. The city of João Pessoa-PB stood out because of the higher prevalence of puerperal adolescents who lived on a monthly family income of less than one minimum wage, while Florianópolis showed the largest number of puerperal adolescents with an income of more than three minimum wages. The adolescents' socioeconomic situation indicates that they belong to the lower middle class. Earlier studies evidenced these findings.^{10,12,14} Poverty and social exclusion should be considered as causes as well as consequences of early pregnancy.^{13,15}

Table 2 - Data on antenatal care of puerperal adolescents, according to the quality criteria of the PHPN (n=559). RAPAD, Brazil, 2008-2009

Variable	Pelotas		Florianópolis		João Pessoa		Total	
	n	%	n	%	n	%	n	%
Number of prenatal consultations								
None	4	2.2	6	2.1	1	1.2	11	2
Between 1 and 5 consultations	42	23.2	107	36.6	23	26.7	172	31
6 or more consultations	135	74.6	179	61.3	62	72.1	376	67
Start of antenatal care								
1 st term	96	58.2	174	61.3	64	75.3	334	63
2 nd term	60	36.4	94	33.1	17	20	171	32
3 rd term	9	5.4	16	5.6	4	4.7	29	5.5
Place of antenatal care*								
Primary Care service	115	65	249	87.1	49	57.6	413	75
Hospital	60	33.9	26	9.1	43	50.6	129	24
Health insurance	4	2.3	3	1	-	-	7	1.3
Private	5	2.8	6	2.1	4	4.7	15	2.7
Other places	12	6.8	16	5.6	1	1.2	29	5.3

* In the total group of puerperal adolescents who received antenatal care (n=548), 45 attended more than one place, which is why the sum is always higher than 100%.

In the total group of interviewees, 98% attended antenatal consultations. Similar results were found in another study.¹¹

As regards the number of antenatal consultations, 67.2% of the puerperal adolescents received six or more consultations, according to the Ministry of Health recommendations, and the majority attended the primary healthcare service (UBS). The city of Pelotas-RS stands out because of the high prevalence of adolescents who attended six or more antenatal consultations (Table 2).

On the opposite, in a study¹⁶ that assessed the implementation of the PHPN in 2001 and 2002, it was verified that about 20% of the women attended six antenatal consultations in the two years studied. The same authors indicate that the percentage of at least six consultations per woman remains very

low, indicating that attending six consultations remains a challenge for antenatal care.

Another study⁶ undertaken in Montes Claros-MG, in which the antenatal care of adult and adolescents pregnant women was compared, also showed high proportions of inappropriate antenatal care, with variations according to the maternal age. The authors consider that inappropriate antenatal care, with less than six consultations, led to an increased chance of premature birth and low birth weight among the adolescent mothers. In the city of São Paulo, the prevalence corresponded to 65.5%, similar to the present study findings.¹¹ The number of prenatal consultations does not guarantee the quality of care though.¹⁷

It is emphasized that, according to the PHPN, the pregnant woman is recommended to

start antenatal care in the first term of the pregnancy cycle. Differently from other study findings, this study indicated that 62.5% of all adolescents started antenatal monitoring early, that is, while still in the first pregnancy term.

Among the adolescents who received antenatal care, 14 could not answer in what period

of the pregnancy they started the antenatal care and this information was not registered on the antenatal card. Some authors indicate, however, that the adolescent mothers start their antenatal care late and correlate the adherence to antenatal care with the quality of care delivered by health professionals and services.^{10,13}

Table 3 - Data related to the tests during antenatal care for puerperal adolescents according to the quality criteria of the PHPN (n=548). RAPAD, Brasil, 2008-2009

Variable	Pelotas		Florianópolis		João Pessoa		Total	
	n	%	n	%	n	%	n	%
Took tests during antenatal care								
Yes	176	99.4	282	98.6	85	100.0	543	99.1
No	1	0.6	4	1.4	-	-	5	0.9
Test taken (n=543)								
Urine type I	143	81.2	257	91.1	74	87.1	474	87.3
Anti-HIV	145	82.4	269	95.4	78	91.8	492	90.6
Glucose	143	81.2	251	89.0	72	84.7	466	85.8
Serology against syphilis (VDRL)	134	76.1	257	91.1	62	72.9	453	83.4
COOMBS	17	9.7	25	8.9	11	12.9	53	9.8
Toxoplasmosis	126	71.6	230	81.6	47	55.3	403	74.2
Complete blood count	144	81.8	263	93.3	76	89.4	483	88.9
Blood typing	136	77.3	254	90.1	75	88.2	465	85.6
Hepatitis B	137	77.8	236	83.7	56	65.9	429	79.0
Cytopathological cervix screening	37	21.0	76	26.9	29	34.1	142	26.1
Obstetric ultrasound	138	78.4	203	72.0	74	87.1	415	76.4
Others*	31	17.6	183	64.9	23	27.1	237	43.6
Received orientations about the tests requested								
Yes	130	73.9	246	87.2	66	77.6	442	81.4
No	46	26.1	36	12.8	19	22.4	101	18.6

* The other tests taken included: rubella, Hepatitis C, Cytomegalovirus, TSH, Stool test, Bilirubin, TGO-TGP, HPV, Vaginal secretion and Platelets.

Based on the data available in Table 3, almost all adolescents took the tests recommended during antenatal care. For the five adolescents who reported not having taken tests during antenatal monitoring, the reasons were justified as difficulty to access the health system and/or the health professional requested the test, but the adolescent did not take it.

The accomplishment of some basic tests serves as a quality marker of the PHPN. According to the program, a fundamental criterion for antenatal monitoring is the request of the following tests: Blood group and Rh factor; serology for syphilis; urine type I; blood count (Hb/Ht); fasting glucose and anti-HIV test with pretest counseling and the woman's consent.³ In this study, practically 90% of the interviewees took the basic tests recommended by the Ministry of Health. The anti-HIV test was the most prevalent test among the

puerperal adolescents, going against the findings in a study that indicated that only about 40% of the pregnant women took the anti-HIV test.¹⁶ As to the blood count, recommended for all pregnant women to detect and prevent anemia, 88.9% took this test. According to the United Nations, pregnant adolescents are more prone to the development of anemia than older women, and normally receive less care.²

Only 26.1% of the interviewed adolescents reported having collected the pap smear, which can be included in the routine antenatal tests. Two-thirds submitted to an obstetric ultrasound. In a research developed at the General Hospital of the *Universidade de Caxias do Sul*, the rates were higher, with 51% of the interviewed pregnant women having taking the cytopathology test and 96.8% the ultrasound during pregnancy.¹⁰ Regarding information about the tests requested, most of

the puerperal women mentioned having received some type of information.

As regards the receipt of information about delivery and birth during the antenatal consultations, 41.8% denied having received any. Among those who did, 15% indicated that the orientations received did not help them during delivery and birth. Twenty-five percent considered that the main reason was the lack of clarity in the information received, 18.7% the short length of the consultation, 8.3% that the attending health professional did not provide orientations and 8.3% mentioned receiving a lot of information at the same time, without understanding it.

The Ministry of Health¹ has highlighted the importance of educational activities during antenatal monitoring. The level of information, both during the pregnancy and during labor and birth, is very relevant for the women, as it permits greater participation in the decision process and enhances their perceived control over the situation, influencing the satisfaction with the delivery.¹⁸ Pregnancy care, when mediated by dialogue and respect between the health professionals and the pregnant women, represents the first step towards humanized birth.¹⁹ Nevertheless, only a limited number of women receive appropriate antenatal care.¹⁶ The health professionals' insensitivity, the lack of information, insecurity and fear end up producing frustrations in the pregnant women.²⁰

Antenatal care should be an educational space, as it allows the pregnant adolescents to express their fears, doubts and anguish, permitting clarifications and orientations about the pregnancy-puerperal cycle.

FINAL CONSIDERATIONS

Pregnancy is a unique phenomenon that is specific to each woman, whether adolescent or not. Therefore, antenatal care during adolescence is extremely important to advise the mothers on pregnancy care, the signs and symptoms of the onset of labor, birth and the puerperal period.

Based on the results found, it is concluded that most of the puerperal adolescents studied in this research received antenatal care, which started in the first pregnancy term with six or more consultations and the basic tests, according to the Ministry of Health's recommendations in the PHPN. On the opposite, practically half of the puerperal adolescents indicated they did not receive any type of educational information about delivery and

birth during the antenatal consultations, which suggests that the professionals are unprepared to attend to these pregnant girls, despite the Ministry of Health programs, proposals and dissemination.

In that context, antenatal care deserves special emphasis in maternal and child health care, as an important factor in public health. It is fundamental for the pregnant women to receive high-quality care in compliance with all SUS principles, i.e. integrality, equity and universality, thus minimizing the risks and complications they may suffer during this period.

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