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PRENATAL CARE: A VALUE IN QUESTION*

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ABSTRACT: The study aimed to comprehend the values established in the discourses of health professionals regarding prenatal care. This phenomenological study was conducted using the semi-structured interview technique, from January to April 2015, with 14 health professionals (physicians and nurses) from four Primary Care Units of the city of Niterói, Rio de Janeiro, Brazil. The statements were submitted to comprehensive analysis and interpreted based on Max Scheler's Theory of Values, allowing two categories to emerge: The bond as the process of quality for prenatal monitoring; the affective value; The perspective of prevention as the vital value in the prenatal consultation. Thus, the professionals reported a vital concept of their values based on Schelerian thinking and added that the prenatal care network has a woman-centered approach towards a qualified advance in prenatal care.

DESCRIPTORS: Obstetrics; Prenatal care; Nursing; Social values.

O CUIDADO NO PRÉ-NATAL: UM VALOR EM QUESTÃO

RESUMO: O estudo objetivou compreender os valores instituídos nos discursos dos profissionais da saúde sobre a assistência pré-natal. Estudo fenomenológico, realizado com a técnica da entrevista semiestruturada, no período de janeiro a abril de 2015, com 14 profissionais de saúde (médicos e enfermeiros) de quatro Unidades da Atenção Básica do município de Niterói, Rio de Janeiro, Brasil. Os depoimentos foram submetidos à análise compreensiva e interpretados com base na Teoria dos Valores de Max Scheler, permitindo emergir duas categorias: O valor vínculo como processo de qualidade para o acompanhamento pré-natal; o valor afetivo; O olhar para a prevenção como valor vital na consulta do pré-natal. Desse modo, os profissionais relataram uma concepção vital de seus valores com base no pensamento Scheleriano, e somados para que a rede de atenção ao pré-natal tenha uma adequação com foco na mulher, em prol de um avanço qualificado da assistência pré-natal.

DESCRIPTORES: Obstetrícia; Cuidado pré-natal; Enfermagem; Valores sociais.

EL CUIDADO EN PRENATAL: UN VALOR EN CUESTIÓN

RESUMEN: Estudio cuya finalidad fue comprender los valores implícitos en los discursos de los profesionales de salud acerca de la asistencia prenatal. Estudio fenomenológico, realizado con la técnica de entrevista semi estructurada, en periodo de enero a abril de 2015, con 14 profesionales de salud (médicos y enfermeros) de cuatro Unidades de Atención Básica del municipio de Niterói, Rio de Janeiro, Brasil. Los testimonios fueron sometidos al análisis comprensivo e interpretados con base en la Teoría de los Valores de Max Scheler, resultando en dos categorías: El valor del vínculo como proceso de cualidad para el acompañamiento prenatal; el valor afectivo; La prevención como valor vital en la consulta del prenatal. De ese modo, los profesionales relataron una concepción vital de sus valores con base en el pensamiento scheleriano, añadidos para que la red de atención al prenatal tenga una adecuación con énfasis en la mujer, a favor de un desarrollo cualificado de la asistencia prenatal.

DESCRIPTORES: Obstetrícia; Cuidado prenatal; Enfermería; Valores sociales.

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● INTRODUCTION

Prenatal care has proven to be a strong ally in the fight against maternal, perinatal and neonatal morbidity and mortality and, from the perspective of care and its acceptance potentials, this knowledge has provoked important reflections and questions regarding the performance of professionals in the area of Women's Health. In this sense, the greater proximity between professionals and pregnant women is extremely relevant, since it favors the bond and provides the humanization of the care⁽¹⁾.

Humanized care makes the necessary approximation possible, so that the relationship between caregiver and the person cared for is established in order to meet the complexity of the pregnancy period, because "feeling" and "living" the same as the other occurs through sympathy, with love being a consequence of sympathetic behavior⁽²⁾.

Public policies corroborate the perspective that humanization and quality of healthcare are closely linked, with it being essential for health actions to focus on solving identified problems, as well as user satisfaction; and elucidate that humanization and quality are human rights issues. Therefore, humanizing and qualifying healthcare is learning to share knowledge and recognize rights⁽¹⁾.

The "techno-bureaucratic" logic centered on the current biomedical model, engages care based on the interventionism predominant in techniques that isolate the clients, treating them as receivers of protocols and procedures (invasive or not)⁽³⁾. Furthermore, this technocratic model prioritizes the body of the woman as something pathological, which requires intervention and that influences the life of the woman in the process of giving birth⁽⁴⁾.

There is a great challenge to promote the humanization of care, and one of the difficulties is to understand the importance of the other person's speech, that is, to identify whether the speech of the other person is disqualified, unrecognized, or whether their arguments are even put forward, thus rendering any hypothesis of understanding or emancipatory communicative action impossible^(1,3-5).

Thus, as can be seen, the change of the care model is a complex process that depends on the incorporation of changes in the healthcare work process related its purposes, objects, environment and, especially, the relationships between professionals and the service user population. This change will only take place when the central role of the subject in the care is recognized⁽⁶⁾.

The aim of this study was to increase knowledge in the prenatal area, since its results allowed the identification of the practices of health professionals in the care process, making it possible to think of strategies to strengthen subsidies for delivering qualified care for pregnant women.

In this line of reasoning, the study had as its guiding question: "What are the values intuited in the discourses of the health professionals who perform prenatal care?" and, as the objective, to understand the values related to prenatal care established in the discourses of the health professionals.

● METHOD

This was a descriptive, exploratory, phenomenological study with a qualitative approach in the field of Max Scheler's Theory of Values. The theorist put forward the hypothesis that values come from the emotional intuition, being contrary to the Kantian thought that values comes from the perspective of reason, and from this intuition, and because of the dimension of the subject, this adds the values together having the purpose of fulfilling the needs in order to become a being in plenitude⁽⁷⁾.

Participants of the study were 14 health professionals, six nurses and eight physicians. All of them performed prenatal monitoring in primary care at the Municipal Health Foundation of Niterói, a city that is part of the Metropolitan Region II of the state of Rio de Janeiro, Brazil. The scenarios chosen for the study were: the Regional Polyclinic of Itaipu; the Dr. Sérgio Arouca Regional Polyclinic; the Regional Polyclinic of the Largo da Batalha; and the Dr. Carlos Antônio da Silva Regional Polyclinic. These units are of the secondary care level and do not belong to the Family Health Strategy (FHS) network of the municipality.

The eligibility criteria in the study were to be a health professional that performs consultations and/or hosts prenatal groups and to have been working with prenatal care for at least six months. Professionals who were on medical leave, maternity leave or vacation during the data collection period were excluded, as were those in the process of training because they had been working in the service for less than six months. All those who fulfilled the criteria described were interviewed.

To illustrate the participants, the following is a list of the Units with their respective number of professionals. It was decided to refer to the Units as I, II, III and IV to preserve the names of the institutions.

Table I - Number of professionals per unit studied. Niterói, RJ, Brazil, 2015

Professional	Unit I	Unit II	Unit III	Unit IV
Nurse	3	1	1	1
Physician	2	3	3	3

Based on the above data, the number of professionals in the Units totaled 17, however, one was on vacation and two did not agree to participate in the study. Thus, these three professionals were excluded, giving a total number of participants of 14.

The acceptance of the health professionals to participate in the study was based on the explanation of the topic to be approached and the request for signing the consent form, a document that detailed the voluntary nature of the study participation. The anonymity and confidentiality of the information was assured by the use of an alphanumeric code (E1 ... E14) according to the interviews, thus enabling the application of the data collection instrument.

In accordance with Resolution No. 466 of December 12, 2012, of the National Health Council⁽⁸⁾, the study was approved, on 2nd December 2014, by the Research Ethics Committee of the Faculty of Medicine of the Antônio Pedro University Hospital of the Fluminense Federal University, under Authorization No. 895.033/2014.

The technique used for the data collection was the individual semi-structured interview, based on a script with closed and open questions, allowing the participants to talk about the subject in question, without being tied to the question asked. The interviews were carried out at the location of the service of the health professionals, with prior scheduling, and occurred in the period from January to April 2015.

The interviews contained questions related to the professional training, practice in the prenatal consultations, description of the importance of the consultation in women's health, steps performed in the consultation and opinions about the difficulties in prenatal care in the municipality, based on their reality.

The statements of the health professionals were recorded on a digital device, with the prior authorization of each interviewee, and transcribed in full by the researcher in order to ensure the reliability of the recordings. The transcripts produced the valorative meanings⁽⁹⁾ of the study, which were organized according to the comprehensive analysis technique⁽⁹⁾ and interpreted based on Max Scheler's Theory of Values⁽⁷⁾.

The valorative meanings led to the construction of the following categories: 1st) The bond as the process of quality for prenatal monitoring: the affective value; 2nd) The perspective of prevention as the vital value in the prenatal consultation.

● RESULTS

Among the 14 health professionals, there were a total of six nurses and eight physicians, with a predominant age group between 41 and 54 years, including eight participants, of the remainder, three were between 32 and 35 years of age and three were over 61 years of age. Regarding gender, there were 12 women and two men.

With regard to specializations, 11 professionals had performed this, with seven being in the Women's Health Area. In relation to the time since completion of the course, four professionals had completed it between one and three years previously; one between four and 10 years; and six over 10 years. When questioned about the performance of update courses, 10 participants responded affirmatively, with the majority (11) having done the last course between one and three years previously.

The bond as the process of quality for prenatal monitoring: the affective value

In this first category, the bond value was shown to be rooted in the emotional feelings of the participants, a value for maintaining life, vital for quality prenatal monitoring. Thus, the valorative meaning for integral prenatal care; the value of trust in the care process; the welcome in the prenatal care; to know the pregnant woman in order to offer her care, were contemplated in the following statements:

The welcome of the pregnant woman is fundamental, [...] the better I welcome her, the more I guarantee that she will do the recommended consultations.(E2)

We create a bond, they know me from the first contact [...] some become close. Many things are discovered like that.(E4)

It is very satisfying because there are a lot of pregnant women who come for the consultations and they adhere to them, they do not miss them, they bring their husbands, they bring the other children, [...] when it is very disorganized, the people feel a bit lost. (E7)

In this sense, it can be perceived that the health professionals used the idea of the bond, emphasizing the need and importance of establishing an empathic relationship with the women in their care, as shown in the report:

From the moment you manage to gain the confidence of this patient so that she comes every month normally, she will do the prenatal care well [...]. (E8)

When I have any problem and I have to be away, they [the pregnant women] are always asking me to come back soon, they bring a present for me, bring a present for my children.(E12)

Regarding the difficulties in creating the bond and their consequences, the participants reported:

I work in a public maternity ward, and to this day I still see childbirth without care, a patient without prenatal care. We still have all of that, because unfortunately patients are not going to the consultations. [...] I think they don't want to accept that they are pregnant [...] or it is the multiparous woman that thinks she knows everything [...]. (E3)

We have to keep calling, asking them to come, and they will not come. So it is very difficult to show them the importance of prenatal care [...] and it is difficult for them to accept this. (E14)

Convincing all women to participate is a challenge, I see a lot of evasion [...]. That's why it's important to make them have greater adherence, not everyone thinks it's important, no matter how much you explain. (E11)

The value in its vital essence can be experienced by the health professionals, when they care about the lives of these women in a comprehensive way, according to their statements:

I deal with the complaints, I see all the exams, I make referrals, I ask for new exams, I give guidance as to when the baby will arrive, they ask a lot, they want to know, I explain the ultrasound, as well as preparation for breastfeeding [...]. (E5)

I hardly ever refer the patient to high-risk prenatal care, and I think this is because of the attention and

guidance we give the patient, the husbands always come, I ask them to come along, to help the wife. (E6)

And the important thing is to prepare them psychologically for a normal birth, to guide them toward a normal birth, [...] it is more physiological [...]. (E9)

It is a challenge to look at her as a whole [...] but to try to be more attentive within what is possible, and when to answer, to talk, to see what is happening, because sometimes they do not say. (E10)

The perspective of prevention as the vital value in the prenatal consultation

In this second category, the values of prevention of the organic (related to the organism) are rooted as a matter of vital value and for the quality of prenatal monitoring, according to the statements of the interviewees:

It is from the prenatal period that we can detect changes in the formation of the baby that, even when we cannot treat in prenatal care, the patient can be aware of, infectious diseases such as syphilis can be treated, so that the child does not have sequela, I think the prenatal care is very important. (E1)

When we can do the right prenatal care [...], theoretically it decreases the chances of any complications during childbirth and postpartum. When we cannot, there is a child with syphilis, a mother with AIDS without prophylaxis, that's very bad. (E3)

We screen for syphilis and the diagnosis for HIV [...] this is having a good result, referring, avoiding congenital syphilis. (E4)

As soon as the woman realizes her menstruation is late she should immediately seek medical attention, to make the first examinations. And this first trimester is of vital importance for the baby because of these viruses. (E6)

● DISCUSSION

In the statements of the health professionals, there was a value of unity, that is, a concern for the integral care of the pregnant women, detached from particular interests, evidencing the vital values of the bond and the welcome, taking into consideration their integrality. The welcome is an important topic in the public policies of women's care that guide all the logic of integral care for their health. Thus, the welcome of the pregnant woman must demonstrate commitment to the totality of the care, from her arrival at the health service, with qualified listening that favors the creation of a bond, thus allowing the best evaluation of the vulnerabilities that she presents, consistent with her social context⁽¹⁰⁾.

The feeling of the pleasure is visible in the statements when the health professionals mention the effort for acceptance, and the result subsequently achieved, which is the creation of a bond and the consequent maintenance of the prenatal care, considered an achievement. This is a value vital to the feelings. In this way, the advantage of the feeling of pleasure is directed by the fact that it facilitates the growth of the vital values⁽⁷⁾.

The word "bond" refers to the link, having the following meanings: everything that binds, links or tightens, that which binds or establishes a relationship⁽¹¹⁾.

In the statements of the health professionals, the importance of creating bonds in the development of trust is visible, resulting in better quality prenatal care, in which there is a two-way path with regard to the care in the professional-user relationship. As this link is implemented, consultations become more effective and, consequently, a "safe haven" for pregnant women⁽¹²⁾.

However, in order to create a bond, there must be investment in a humanized relationship of quality. This has been the constant focus of public healthcare policies, specifically in prenatal care: the professional must allow the pregnant woman to express her worries and anxieties, enabling the creation of a bond with the health team⁽¹²⁾.

Humanization is a fundamental part of this process, considering that a person only bonds with another to the extent to which there is commitment in the relationship, that is, investment in actions that focus on the well-being of the other. The pregnant woman will not expose her questions of any nature if she feels uncomfortable doing this. Only in this way will the relationship between professional and pregnant woman be effective and useful⁽¹⁾.

However, difficulties for the creation of the bond were evidenced by some participants, as mentioned in the first category: *"the patients do not go to the consultations"* (E6), *"it is very difficult to show them the importance of prenatal care"* (E2), *"not everyone thinks it is important"* (E8). In these statements, a certain distance in the relationship between the professional and the pregnant woman can be seen. However, the interviewees tone of concern can be noted regarding the progress of the prenatal care, due to the difficulty of maintaining the attendance of the pregnant women in the prenatal consultations, as shown in the statements: *"we have to keep calling, asking them to come"*, *"I still see childbirth without care, a patient without prenatal care"*, *"it's important to make them have greater adherence"* (E13).

In this sense, the phenomenon of sympathy studied by Max Scheler⁽⁷⁾ can clarify this point, since it is through sympathy that the other is recognized, and also, faced with sympathy that 'we feel with' and 'sympathize with', which allows us to speak to others and emotionally carry out humanity⁽¹³⁾. Reflecting on Scheler's thinking, with respect to sympathy, this corroborates the idea that it is through a true connection that the bond is constructed between those involved in the care process⁽⁷⁾.

Thus, quality care becomes essential in the first consultation, with clear dialogue and a welcoming attitude, positively influencing the decision of the pregnant woman to linked herself to the prenatal care and ensuring continuity of the monitoring⁽¹⁾. The sympathy of the professionals who accompany the prenatal care is essential for the continuity of this care, because from the moment "we feel with" the other, the two parts connect and the exchanges occur more easily.

In the prenatal consultation it is important that the health professional consider the various aspects of the pregnant woman's life so that the care is carried out covering her individuality. In addition, the life history and the context of pregnancy reported by the woman at the time of the consultation should be taken into account^(10,12). In this way, care that will transcend the pregnancy becomes possible.

In the hierarchy of Schelerian values, the value of expansion represents growth in several senses, being, therefore, a value for the vital essence⁽⁷⁾. This valuation of the expansion will provide, through the conversations and exchanges of knowledge, a perspective of understanding between the professionals and users of the service, and, consequently, the maintenance of the bond established between them.

Good health professionals are always attentive to any report because they understand that social, affective and spiritual factors will affect the development of the pregnancy, how this woman sees herself and how she feels about the changes related to the pregnancy period and, later, to the puerperal period. For this reason, this issue cannot be lost from sight, with prenatal care needing to become a link between the health professionals and the pregnant women. Then, there will be care beyond the biological.

Following the logic of Max Scheler's Theory of Values, these categories are likewise found in the field of vital values related to the values of vital sensibility, which are represented by the noble-common antithesis, encompassing all those values of the sphere of the well and well-being, and also the states of vital feeling, such as health and disease⁽¹³⁾.

The prevention of health problems is an essential aspect of prenatal care, since any infection that affects the pregnant woman can result in harm to her, to the fetus, and may even cause premature birth. In more severe cases, it may result in maternal and/or neonatal death. It is known that the majority of the deaths and complications that arise during pregnancy, childbirth and the puerperium are preventable, however, this requires the active participation of the health system⁽¹⁴⁾.

Therefore, preventive actions should be programmed, promoted and defined as interventions aimed at avoiding the emergence of specific diseases, reducing their incidence and prevalence in populations⁽¹⁵⁾. This idea of prevention allows us to anticipate measures to prevent possible illnesses from reaching women and their babies through specific tests for the detection and early treatment of

diseases through immunizations and healthy living habits that prevent infections.

Based on these statements, demonstrated in the second category, it was possible to assess the degree of concern of those responsible for the prenatal monitoring with the prevention of diseases and possible diseases, when there are no early detection and treatment actions.

The document of the Ministry of Health entitled "Summary of Evidence for Health Policies - Perinatal Mortality", regarding the avoidability of infant deaths in Brazil, highlights that the main problems leading to the negative outcome of pregnancy are related to failures in the prevention and response capacity, due to interurrences during the pregnancy, delivery and puerperium, coinciding with the perinatal period⁽¹⁶⁾.

As mentioned, the prevention of harm is essential, however, regarding this aspect, there is much to be done in the day to day of the consultations, with more "sympathetic" approaches (2) focused on health education, with it also being necessary to operationalize the provision of examinations, vaccines and the access of the pregnant women to these procedures.

In this way, it is possible to promote and favor a situation in which health is seen not only as an absence of disease, but rather from an expanded vision of integrality and health promotion as the guiding principles of the care⁽³⁾. In this sense, all professionals should make the effort so that the view of each one is directed towards the person who is the target of care, overcoming the limits of the purely biological.

The impossibility of observing the practice of the health professionals in the prenatal consultation configures a limitation of the study.

● CONCLUSION

In essence, prenatal care is directed toward the well-being of the mother-baby binomial throughout the pregnancy, aiming for an adequate outcome. For this, both the consultation itself and the preparation for the subsequent moments of this period become essential components. It is up to the professional, therefore, to support and protect the health of the pregnant women, scientifically basing their guidance and behavior, always aiming to fulfill the expectations of these women, respecting their choices and preferences.

It was observed that the health professionals, physicians and nurses, presented themselves with the intention of providing prenatal care in the best possible way. Such an effort should undoubtedly emerge from a variety of fields, in particular with regard to the universities, providing training geared to humanistic precepts; in relation to the health service network, the accessibility to examinations and their results, as well as human and material resources should be guaranteed.

The aim of this study was to sensitize nursing professionals regarding the need for change in the health actions linked to prenatal care, with a view to promoting a more humanized relationship, thus contributing to the qualification of the monitoring of the pregnant woman.

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