

## NURSING CARE FOR ADOLESCENTS IN PRENATAL

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**Abstract:** The problematization of teenage pregnancy and its care through prenatal care, being multifactorial, permeated by social and cultural prejudices, poses challenging factors for the practice of nurses in Primary Care. Objective: Highlight the role of the nurse in the sensitized reflection of care, to establish bonds and trust, fundamental for the humanization of this process. Methodology: Integrative review of the literature developed with original articles, published between 2018 and 2023, with the theme of teenage pregnancy and nursing care. Results: It was constructed from this study that the concept of sensitized reflection on the care of pregnant adolescents must value their biographies, their values, their fears and desires; characterizing the nurse's performance

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free from prejudice and prejudgment, stigma, aggression or discrimination. Final considerations: It is suggested that the role of nurses working in Primary Health Care is to recommend and ensure that care for pregnant adolescent women, a population so fragile and vulnerable, is more welcoming, attentive, warm, harmonious and humanized than their current practices.

**Keywords:** Pregnancy, Adolescence, Women's health, Adolescent health, Nursing care.

## Introduction

Teenage pregnancy is a major challenge for public health in Brazil and is approached as a global problem. In Brazil, the Child and Adolescent Statute (ECA), Law 8,069, of 1990, considers a person to be a person up to 12 years of age and defines adolescence as the age group from 12 to 18 years of age (article 2) , and, in exceptional cases and when provided by law, the statute is applicable until the age of 21 (articles 121 and 142). The Ministry of Health warns that pregnancy in this age group can have an impact on the health of mothers and newborns, considering that the adolescent's body is not always physiologically prepared for the development of pregnancy. Other risks, in addition to the biological, are also highlighted, such as greater vulnerability related to the social situation, lack of information and lack of emotional competence, which can cause aggravating factors in the pregnancy-puerperal cycle, in the care of the newborn and in self-care. maternal.

Assistance to pregnant teenagers generally takes place in the Primary Health Care Unit through prenatal consultations with nurses. Monitoring activities include providing guidance on the specific aspects of pregnancy, care for yourself and the baby, so that pregnancy and childbirth occur with less risk of complications.

On the other hand, prenatal care for adolescents still falls far short of what is recommended, especially in terms of offering guidance, early recruitment and continuity of care. Guidance/education activities are neglected due to excessive professional duties, other demands and restricted time



for prenatal consultations. In view of what has been said, nursing has an important role through humanized reception, attracts trust, ensuring that prenatal care is carried out with total transparency and on a monthly basis.

There are principles that must be obeyed and respected in part of the assistance when seeking the quality of the service applied to the ESF - Family Health Strategy, such as: first contact, which is access to the use of services for which care is sought health; longitudinality , characterized by the regulatory and consistent provision of care by the healthcare team, in a humanized environment, with a mutual relationship between healthcare teams, individuals and families; comprehensiveness, which is the set of services that address the population's most common problems, both in terms of biological and psychological and social problems, which are the cause of the disease, and coordination, which is the ability to guarantee continuity of care.

## **Methodology**

This is an integrative review of the literature, carried out in five stages: identification of the topic, selection of the research question, establishment of inclusion and exclusion criteria, categorization of selected studies, analysis and interpretation of results and presentation of the review-synthesis of knowledge.

As an exclusion criterion, publications that did not fit the thematic proposal were discarded from the research, that is, they did not fit into the time frame between 2019 - 2023, publications that did not have authors and dates, and duplicate publications were excluded. Materials that address the male gender, elderly people and children and publications that do not have at least one of the selected descriptors were excluded. We used: complete scientific articles that presented the nurse as a provider of prenatal care.

The theme determined the construction, which represents an acronym for Patient/problem of pregnant teenager obtaining interest from prenatal nursing care.



As this is a narrative literature review research, it presents a minimum risk, as it does not use a direct sample with human beings and plagiarism should be considered a risk when the author of the publication from which it was consulted is not referenced.

The benefits for the researcher correspond to highlighting the scientific improvement of the topic addressed; collecting data to understand the strategies used by nurses in adhering to prenatal care for pregnant teenagers. Thus, the data collected aims to improve basic care for pregnant teenagers.

## **Analyzes**

Adolescence is the period in which the transition from childhood to adulthood occurs. During this period, biological, psychological and social transformations occur related to physical growth, sexual maturation, acquisition of reproductive capacity that allow the development of an adult identity inserted in the social environment.

It can be said that adolescence is nothing more than a period of transitions, mainly physiological and psychological, encompassing numerous transformations, including bodily ones. In the case of female adolescents, changes occur in hormonal levels, which favor changes in the breasts, voice, hip, with menarche appearing, which would be her first menstruation, which indicates that the teenager has reached sexual maturity, reaching her reproductive capacity (MOREIRA et al, 2008).

Pregnancy and/or gestation is nothing more than the current condition in which a woman finds herself, where the product resulting from conception is under the process of evolution and development. Regarding teenage pregnancy, the significant changes in the lives of young women can be highlighted, as they are not prepared to assume the following roles of woman, wife and mother, imposed by society, as pregnancy at this stage occurs early and without planning. becoming unwanted (NOBREGA; BEZERRA, 2010).

Pregnancy in this population group has been considered a public health problem. It is common and most often preventable and associated with negative consequences for teenagers who



become pregnant and for their children. It can lead to obstetric complications, with repercussions for the mother and the newborn, as well as psychosocial and economic problems (LANGILLE, 2007 apud DOMINGOS, 2010).

According to Moreira et al. (2008, p.319):

The conflicts experienced by teenagers upon discovering pregnancy occur in the perception of this pregnancy as an unwanted event, in the fear of facing such a situation in front of their family or partner, in the parents' reaction to the discovery of teenage pregnancy and are also highlighted below family socioeconomic level, determinants of non-acceptance of pregnancy in these adolescents.

In this way, teenagers will live in a world of doubts, perspectives and afflictions, they will try to become "mature" in a way, to be responsible even if this attempt becomes frustrated, they will look for ways to deal with pregnancy and changes to their body. , as well as seeking resources to earn income, whether through the help of their parents, their partner or their own means. Many of the young women will try to deal with this process and others will not, as a pregnancy at a young age would mean the end of their "freedom", their studies or even their social ties (HOGA, 2008).

According to Domingos (2010), abortion is often the only way out for teenagers and in this challenge, they risk their own lives when they decide to terminate the pregnancy, using whatever resources they have at hand. Regarding the negative repercussions of early pregnancy, it is also stated according to Silva et al. (2012) that the consequences are identified as problems in the growth and development of the adolescent as a whole, in addition to birth complications that generate risk factors for the newborn such as prematurity, low birth weight, low agar index, among other complications.

Among the transformations that occur during pregnancy, we can mention the interaction of these young women with the environment in which they live and their adaptation to society now as a mother. Dropping out of school more and more frequently can mean dissatisfaction and lack of personal fulfillment for these women. according to Menezes et al. (2012), everyone's support is essential for young mothers and/or pregnant women to continue their studies if they wish, as dropping



out of school leads to failure, limiting the possibility of building financial independence.

The life changes generated by pregnancy are closely associated with the socioeconomic level of origin; at higher socioeconomic levels; pregnancy generated fewer changes in the marital status of adolescents; There is no need to interfere with your individual development plan. However, the same does not happen at lower socioeconomic levels, where the adolescent is considered fully responsible for the baby. Unplanned pregnancy is responsible for a series of problems linked to maternal and perinatal reproductive health and presents several risks. (DINIZ; KOLLER et al., 2012, p. 311).

Physiological and psychological characteristics are altered, at this stage anxiety and stress are present; Therefore, the occurrence has important impacts on the provision of prenatal care, guidance on breastfeeding and child morbidity rates (ARAUJO et al., 2015).

While feelings characterized as bad are generated in some teenagers, such as fear, doubt, uncertainty, insecurity, sadness, discouragement, abandonment, among others that are so common, we see a different repercussion in another group of teenagers, as they appear satisfied, happy, complete, joyful.

Hoga 's perception (2008, p.5):

In other adolescents, the feelings expressed regarding pregnancy were different; as many of them changed their lifestyle after incorporating the maternal role, they distanced themselves from the streets and certain friends to dedicate themselves and pay attention to their children, these changes represented a significant qualitative leap in the lives of these young women, with a feeling of happiness and satisfaction in relation to “being a mother”.

The feelings expressed by the young women depend to some extent on the reaction of their partners and other family members in relation to their pregnancy. The dreams often reported by young women and then “moms” consist of priorities such as promoting their own living conditions and that of their children to guarantee a future for both and maintain the family (HOGA, 2008).

As much as pregnancy becomes a disorder even in its initial phase due to the lack of support from the partner who was previously also responsible for what happened; as well as the family's non-



acceptance and even denial of the pregnancy, young women are able to realize, even if belatedly, that if a plan is not drawn up for them and a goal created so that they can reach the end of this process “well”; they will not be able to promote means to guarantee the quality of life of this conceived being, willpower and desire then grow within these future mothers; making the child desired, wanted and loved while still in the womb.

However, when this young woman does not become sufficiently mature and suffers greatly from rejection or assimilates that this being has become an “evil”, directly affecting her relationships, her dating life, her studies, her bonds between them and the bonds of friendship; If she tries to put an end to all this or closes herself in a world of disappointments for the rest of her life, her health will not be restored, which could lead to disorders, including psychological ones. The burden will fall on the child, such as detachment, lack of love, recursiveness, lack of care, among other factors considered unacceptable for the development and growth of this being considered fragile and without understanding about the new world that awaits him.

According to Rocha (2013, p.14):

Teenagers, who become pregnant and publicly engage in clandestine behavior, quickly go from being daughters to mothers, from wanting to be held to being held, in a violent transformation from a woman still in training to an adult woman, a mother, living in a conflicting and , in most cases, painful. “If being a mother is difficult for an adult woman, she has difficulty intervening with her partner, but it is difficult for a teenager to take on the new role.” (ROCHA, 2013, p.14)

It is very important that the teenager has the opportunity to put her pieces together and fulfill her role as a woman, teenager and citizen. She needs to be whole and fulfill her role as a woman, teenager and citizen. She needs to be whole to live the role of mother and allow herself to have new relationships or not, plan her sexual activity, rethink her school and professional life, reacquire and stimulate her self-esteem so that she can, as is her right, live fully. According to Rocha (2013, p. 14)



Around the world, around 10% of total annual births are to teenagers. Of the total live births in 2000 in Brazil, 0.9% of live births were identified to mothers between 10 and 14 years of age and 22.4% of live births to mothers between 15 and 19 years of age (ARAUJO et al., 2015 ).

According to the Ministry of Health (MS), the number of pregnant teenagers in Brazil fell by around 17% between 2004 and 2015, the information was evaluated based on the Live Births Information System ( Sinasc ), the drop indicated was from 661.2 thousand live births in 2004 to 546.5 thousand in 2015 among teenage mothers aged 10 to 19 years. Since the highest concentration in the number of pregnant women belongs to the Northeast region, there are 180 thousand births which corresponds to 32% of the total, the remaining positions are occupied by the Southeast Region 179.2 thousand (32%); North Region 81.4 thousand (14%); South Region 62,475 (11%) and Central West 43,342 (8%).

Nursing care during pregnancy during adolescence is a recurrent and current problem in public health, each year the rates have increased, the immaturity of the still young mother and the non-solidification of the alternating changes in relation to the transition from childhood to adult life leads to several problems including psychological and family issues, these adolescents often try to hide their pregnancy and this makes it difficult for them to be included in prenatal care programs, so that there is safe monitoring of the mother-child binomial and identification of a risky pregnancy or not for referral to reference units with specialized support (FERREIRA; RIBEIRO, 2010).

The nursing care provided to pregnant teenagers occurs in the primary health sector, the basic care units, the famous ESF (Family Health and Strategy), formerly known as the PSF (Family Health Program), whose objective is to monitor every pregnancy through from the knowledge of its existence until the end, as long as it is proven that it does not pose fetal and/or maternal risks.

The care provided by the health team that makes up the ESF in its routine consists of collecting data such as family history, history of current or previous illnesses, number of pregnancies, socioeconomic history, use of contraceptive methods or not, among other information pertinent to





know the health-illness relationship of the young woman, identifies the gestation period in weeks, requests exams such as (ultrasound, preventive and blood analysis) and guides the young woman about each trimester and the changes in her body, thus scheduling subsequent consultations (return according to gestational age).

According to Silva et al. (2016), prenatal care is legally supported in relation to the nurse's professional performance, so that there is full monitoring of low-risk pregnant women in the basic health network and in the Family Health Strategy Program, in this way the nurse makes it capable of carrying out women's health care actions during prenatal care, it would be expected in a certain way that these professionals would be responsible for the type of assistance then provided.

In accordance with Law 7,498 of July 25, 1986, which regulates the Professional Practice of Nursing and describes that:

The nurse is responsible for carrying out nursing consultations and prescribing nursing care; as a member of the health team: prescribe medications, as long as they are established in Public Health Programs and in a routine approved by the health institution; offer nursing care to pregnant women, women in labor and women who have recently given birth and carry out health education activities (BRASIL, 1986, p. 9273).

For the prenatal consultation to occur in a humanized and quality manner, it is essential that there is organization of health services at all stages of care from the first consultation to be carried out, obeying all the rules and routines of the institutions providing the services. said services. According to Silva et al. (2016), it is necessary to prepare professionals who are attentive and sensitive to the needs of women and their families; the use of health technologies that allow progress and good consultation terms, and finally, the follow-up of care in a holistic and comprehensive manner.

According to Silva et al. (2016, p. 4091), the limits of the nurse's role in carrying out prenatal consultations are described in the following sub-items:

- a) prenatal care centered on the biomedical model; b) the precariousness of



resources related to the physical area, human and material resources; c) lack of knowledge of the nurse's work and the nursing consultation; d) the need for greater professional qualification; e) the educational model based on the traditional model; f) the lack of systematization of assistance.

The assistance provided throughout the pregnancy period should not be restricted to the biomedical model, as it ends up becoming mechanized assistance focused only on biological and physiological aspects, which contributes to the removal of clients/patients from prenatal care, as no bonds are established. In this way, the distance between professionals and women becomes evident, since their needs are put aside, which undermines the relationship of trust between professional and patient (SILVA et al., 2016).

Care must be centered on welcoming, communication (listening), interaction, the nurse's commitment and the establishment of bonds, the pregnant woman must become an "active being" in the process of being a mother, throughout the care she must respect their privacy. The adequacy of consultations takes place through the human and material resources available, as well as the space available for care and to carry out educational activities. In relation to the space, this must provide security for the adolescent and the service provider, since your thoughts, your doubts, your fears will be exposed; where the professional will provide clarifications regarding the health education variant in each case presented, it is understood that this young person is an integral being with a particular history (SILVA et al., 2016).

According to Silva et al. (2016), it is during the nursing consultation that relevant information about the gestational process is collected, it is where the necessary support and guidance is given, the prevention of injuries is sought, the development of group activities is established for stimulation and inclusion of adolescents in prenatal care, thus favoring a peaceful and safe gestational period by providing a safe and favorable environment for educational actions aimed at promoting health.

According to Bittencourt (2010, p. 40), the nurse is responsible for Pre-Natal Care:

Early detection, Pregnancy diagnosis – BHCG (Beta Chorionic Gonadotro-



pin Hormone), Health information/guidance, Low-risk prenatal consultation, Classification of gestational risk, Request and evaluation of routine laboratory tests and obstetric USG, Request for complementary exams, Prescription of Folic Acid and Ferrous Sulfate (according to the institution's rules and routines), Prescription of tetanus vaccination (double adult), Home visit, Registration in the card and perinatal form, Referrals for a visit to the maternity ward, Registration in SISPRENATAL, Referral dentistry and nutrition.

According to the Ministry of Health (2012), prenatal care can be provided in health units or during home visits, with the care schedule being programmed according to the gestational periods that determine greater maternal and perinatal risk, however The calendar must start as early as possible, preferably in the first trimester, which must be regular, as the assessments proposed must be carried out and recorded correctly in both the Pregnant Woman's Card and the Pre-Natal Record.

The Ministry of Health also recommends a minimum of 6 (six) consultations; whenever possible, they should be carried out according to the pre-established schedule: Up to the 28th week – monthly; From the 28th to the 36th week every two weeks; From the 36th to the 41st week – weekly. The increase in visits at the end of pregnancy is determined by the assessment of the risks that precede the birth of the baby and clinical-obstetric complications, the most common in the trimester being premature labor, pre-eclampsia and eclampsia, premature amniorrhexis and death. fetal. When labor does not begin until the 41st week, it is necessary to evaluate the fetus, including the assessment of the amniotic fluid index and fetal heart monitoring. Therefore, it is necessary to refer the pregnant woman to the care unit.

The role of a nurse also includes acting as an educator because “health education is important for nursing care, as it can determine how individuals and families are capable of engaging in behaviors that lead to excellent self-care” (ROCHA, 2013, p.16).

Health education should not be provided exclusively, requiring multidisciplinary participation, that is, from all categories that work in health and provide assistance during the gestational period, such as psychologists, social workers, obstetricians, dentists, nurses, healthcare technicians, nursing among others.



“The nurse, as a health educator, works to prepare the individual for self-care and not for dependence, therefore being a facilitator in decision-making” (ROCHA,2013, p. 17).

According to Andrade (2015, p. 22):

The nurse, as a professional trained to assist individuals at all stages of life, needs to be included in the schools’ Sexual Education Program. Providing actions and programs aimed at the health of adolescents and their families, which must meet the real needs of both. It is essential that everyone, government, health and education professionals, family, school and society do not save money, not only to exercise their sexuality, but mainly to exercise their rights responsibly, being respected and respecting others.

Measures to prevent and/or minimize the number of pregnant teenagers include implementing education about sexuality, knowledge of the body and human reproduction. This education should be included in schools, as well as other social issues such as drugs and teenage pregnancy, since it is in schools that the largest number of young people are concentrated, however it is essential that there is involvement of parents in this process . Among the proposals to intervene in early pregnancy, one can try to delay the beginning of sexual activities, but for those who are already sexually active, it is expected to adopt individual measures, which would be sexual education and the use of contraceptives. Support groups could then be developed and recommended for adolescents who have already confirmed their pregnancy (ANDRADE, 2015).

## **Final considerations**

After explaining the topic, it is concluded that teenage pregnancy is directly related to several social, emotional, economic and cultural factors. Therefore, nursing care should become a link between young people and the outside world in order to minimize the number of teenage pregnancies,



since the local ESF becomes a reference, always seeking to understand and respond to the role of the nursing team in this assistance, always aiming to promote quality of life.

It is the nurse's role to present to these adolescents what contraceptive methods are and how they should be handled, thus becoming the primary instrument in preventing the health of all young people, even if at the moment adherence is low. The situation can be changed as soon as new intervention and health promotion proposals are implemented.

Identification through literature of the number of pregnant teenagers in Brazil allows us to collect data, enabling us to know which regions most need attention and which factors worsen this situation, although the ministry records and reports the decrease. In most cases, there is no guarantee that this value will one day become null.

The development of activities aimed at adolescents during pregnancy is extremely important to better capture them, direct care, the establishment of bonds and goals, allow them to understand their life history and organize a camp according to their needs. The guidelines must always be clear for better service, procedures should never be carried out that are not supported by the law on professional practice (Law No. 7,498/86) and when characterized as high risk they will need to be referred to a specialized service. Addressing teenage pregnancy involves identifying several factors that lead a teenager to getting pregnant early, one of these factors being misinformation about sexual health and sexuality, in addition to the erroneous use of contraceptives or lack thereof and limited access to the health system, often due to shame, lack of family support and the partner when going to appointments or due to psychological, social, emotional and economic factors.

The research found that, when teenagers are going through this phase of pregnancy, they have to take on greater responsibility with the arrival of the baby and in many cases, they are not psychologically prepared to respond to such responsibility. Such responsibilities are already identified when attending consultations, which are sometimes accessed late and, as a result, risks and complications can occur throughout the pregnancy process, and these risks are minimized if followed in adherence to Prenatal Care by a health professional, in this case the importance of the Nursing team



was highlighted, in other words. the nurse.

In the studies surveyed, Nursing is related to health care and care, with nurses enabling the use of affective communication, qualified listening, educational practice actions, welcoming consultations, the development of preventive actions and offering quality care as a strategy. outpatient or emergency. Therefore, with this nursing care, the importance of these health professionals was verified, that is, the nurse who preventively provides assistance to the mother, the baby, the partner, that is, actions that encompass the entire family with the objective of avoiding risks and complications during pregnancy, mainly educational and preventive actions.

In short, it is suggested that this article will contribute in the future to the area of Nursing and thus, nurses or professionals linked to the health area who provide care to adolescents in pregnancy will be successful in capturing this demand to adhere to Pre-Natal, in the first months of pregnancy. Furthermore, those who have access to this publication should explore it in a way that absorbs the knowledge that was synthesized by future nursing professionals

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