Report on a multiprofessional experience with a group of high-risk pregnant women

Relato de experiência multiprofissional com grupo de gestantes de alto-risco

Relato de experiencia multiprofesional con un grupo de gestantes de alto riesgo

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Abstract

Introduction: The mother’s attitudes and choices during pregnancy reflect on the baby’s growth and development, which makes it essential to have educational and health promotion actions. When developed by a multiprofessional team, such actions are even more efficient, as they have a greater diversity of information for pregnant women. Objective: To describe the multiprofessional experience of health promotion actions with high-risk pregnant women and their companions. Methods: This is an experience report of meetings held weekly in the rooming-in ward of a university hospital, in which four beds are available to high-risk pregnant women. Conversation groups were organized with pregnant women and their companions, speech-language-hearing students and professors, and the hospital’s nurses. Informational material was developed for the participants, as well as a poster exposed to the public in the rooming-in ward. Results: Participants were receptive to and interested in the conversation group topics, which were gradually developed as each one shared their experiences and questions. Conclusion: The

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AAB, CJ, EP, IR, JIS, JW and LM: were responsible for study conceptualization; methodology; data collection; article outline, and participated in the approval of the final version for publication.
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multiprofessional work led to reflections on breastfeeding and the stomatognathic system, expanding the dialog about other speech-language-hearing topics. Health-promotion actions empower participants to actively contribute to their understanding of health needs, such as mother/baby care.

Keywords: High-Risk Pregnancy; University Hospitals; Health promotion; Health Education.

Resumo

Introdução: A gestação é um período onde as atitudes e escolhas da mãe irão refletir no crescimento e desenvolvimento do bebê, por isso as ações educativas e promocionais da saúde são fundamentais. Essas ações, desenvolvidas por uma equipe multiprofissional, são ainda mais eficientes, por ter uma diversidade maior de informações para a gestante. Objetivo: Descrever a experiência multiprofissional de ações de promoção da saúde com gestantes de alto risco e seus acompanhantes. Métodos: Trata-se de um relato de experiência que contempla encontros realizados semanalmente em um Hospital Universitário, no setor de alojamento conjunto, que comporta quatro leitos para gestantes de alto risco. Os momentos dialógicos ocorreram em rodas de conversa, com as gestantes e acompanhantes, discentes e docentes de fonoaudiologia e enfermeiros da equipe local. Foram desenvolvidos materiais informativos para os participantes e um pôster que permaneceu disponível ao público no setor. Resultados: Notou-se que os participantes se apresentaram receptivos e interessados nos assuntos da roda de conversa propostos, que foram gradativamente trabalhados, cada um contribuindo com suas vivências, bem como com suas dúvidas e questionamentos. Conclusão: O trabalho multiprofissional gerou reflexões sobre a amamentação e o sistema estomatognático, expandindo o diálogo sobre outros temas de abordagem fonoaudiológica. Ações promotoras da saúde podem empoderar os participantes para intervirem como agentes na compreensão das necessidades de saúde, como o cuidado com o binômio mãe-bebê.

Palavras-chave: Gravidez de Alto Risco; Hospitais Universitários; Promoção da Saúde; Educação em Saúde.

Resumen

Introducción: El embarazo es un período en el que las actitudes y elecciones de la madre se reflejarán en el crecimiento y desarrollo del bebé, por lo que las acciones educativas y promocionales de la salud son fundamentales. Estas acciones, desarrolladas por un equipo multiprofesional, son aún más eficientes, ya que cuentan con una mayor diversidad de información para la gestante. Objetivo: Describir la experiencia multiprofesional de acciones de promoción de la salud con gestantes de alto riesgo y sus acompañantes. Métodos: Se trata de un relato de experiencia que incluye reuniones que se realizan semanalmente en un Hospital Universitario, en el sector de alojamiento conjunto, que comprende cuatro camas para gestantes de alto riesgo. Los momentos dialógicos se desarrollaron en círculos de conversación, con gestantes y acompañantes, estudiantes y profesores de logopedia y enfermeras del equipo. Se desarrollaron materiales informativos para los participantes y una pancarta que quedó a disposición del público del sector. Resultados: Se notó que los participantes se mostraron receptivos e interesados en los temas del círculo de conversación propuesto, los cuales se fueron trabajando paulatinamente, cada uno aportando con sus vivencias, así como con sus dudas y preguntas. Conclusión: El trabajo multiprofesional generó reflexiones sobre la lactancia materna y el sistema estomatognático, ampliando el diálogo sobre otros temas. Las acciones de promoción de la salud pueden empoderar a los participantes para que intervengan como agentes en la comprensión de las necesidades de salud, como el cuidado del binomio madre-bebé.

Palabras clave: Embarazo de Alto Riesgo; Hospitales Universitarios; Promoción de la salud; Educación en Salud.
**Introduction**

Health promotion is a process that addresses various health problems in different populations, spreading technical and popular knowledge to ensure their health and quality of life. The Ottawa Charter, one of the first health promotion documents, defines health promotion as the process that enables communities to actively improve their quality of life and health, including greater control of this process.

Speech-language-hearing (SLH) therapists have increasingly used health promotion in healthcare services. Such professionals have a significant role in providing care and quality of life, which requires their ethics and commitment to meet the needs of those who seek services for health promotion and injury prevention through measures and strategies that help empower the population. The work of SLH therapists encompasses issues such as social and emotional aspects, anatomy and its changes throughout pregnancy, child development patterns, hearing, and so forth.

High-risk pregnancy may pose risks to both the mother and fetus, who is more likely to have an unfavorable development due to certain characteristics. Pregnancy is an ideal period to raise awareness of healthy habits and include them in daily life, as pregnant women are usually more sensitive to seeking new knowledge. Hence, besides giving them training and instructions and raising their awareness, special attention is given to pregnant women who have risk factors that may affect their pregnancy.

The mother’s attitudes and choices during this period reflect on the baby’s healthy growth and development. Thus, educational and health-promotion measures are essential for mothers to be aware of the baby’s ideal development and all processes involved in this period and acquire good habits from the child’s earliest days. Such health education practices are more efficient when developed and provided by multidisciplinary teams because they encompass a wider range of information. Nevertheless, despite the great importance of such educational measures, both studies and multiprofessional practice suggest that these interventions are mostly concentrated in some areas, such as medicine and nursing. Thus, the responsibility for such work is unevenly distributed, impairing the follow-up of the target population.

Given the above, the objective of this study was to describe the experiences of a multiprofessional team regarding health-promotion measures with high-risk pregnant women and their companions.

**Method**

This descriptive study is based on the report of multiprofessional experience at the Hospital, in the South Region of the country. The activities were part of a university public outreach program and aimed to carry out health-promotion measures focused on high-risk pregnant women and their companions in the rooming-in ward.

This institution was accredited as a Child-Friendly Hospital in 1997 for encouraging, promoting, and ensuring breastfeeding, normal birth, and humanized treatment to mothers and newborns.

Since its inauguration, the rooming-in ward has received medical, nursing, psychology, social work, nutrition, and SLH students in required internships and other universities in the Santa Catarina state partnered with the hospital. Thus, it plays its role as a teaching maternity hospital, approaching pregnancy as a process, aiming for interdisciplinary practice, and coordinating professionals, students, and services.

Weekly 90-minute conversation groups encouraged communication between pregnant women, companions, SLH and nutrition students, two SLH professors, and hospital nurses. Besides these meetings, informational material was developed for the participants, along with a poster exposed to the public in the rooming-in ward.

The topics addressed issues pointed out by participants and/or that were in the interest of most of them. However, the conversation was sometimes directed to SLH and nursing topics, addressing issues such as child development milestones, baby hearing perception in the first years of life, exclusive breastfeeding and its association with the structural and functional development of the stomatognathic system, possible implications of lingual frenulum changes to breastfeeding and speech, and so on.

The group was mediated by the professors and university hospital nurses who joined the group, stimulating their participation and instructing, overseeing, and helping them (when necessary) in daily care – e.g., measuring their systemic arterial
pressure, verifying medication use, and referring for examinations.

The meetings were conducted with the participative method, which was deemed the most adequate for this type of experience. According to Milet & Marconi (1992), this method helps integrate educators and educatees, enabling all group members’ participation, thus improving their learning. It also ensures they receive the information they need and the assurance of belonging to a group, enabling open communication and questions on the topic under discussion, and helping them learn better.

Discussion

Pregnancy is surrounded by many myths, questions, beliefs, and expectations, which makes prenatal health promotion highly important to ensure healthy newborns. Thus, health professionals must take measures to clarify pregnant women’s questions with adequate communication and humanization in their procedures.

These aspects are in line with health promotion measures in which professionals and patients talk and reflect on real situations of interest to the group. Such a process is presented in this report, with an exchange of knowledge and experiences, listening to different opinions, and aiming to solve them. This dialog must not be based on the banking model of education, which Freire conceptualized as focused solely on the educator’s discourse, with no participation of educatees.

Professionals must provide welcoming and humanized follow-up, which can take place in various forms – e.g., attention focused on listening to pregnant women’s complaints, wishes, and concerns and clarifying pregnancy myths. It is also relevant to stimulate their companion’s participation to build rapport between health professionals, pregnant women, and their family.

The objective of group work with pregnant women is to complement the attention given in visits, discuss pregnancy issues (physical and emotional changes, preparation for delivery and post-delivery period, and baby care), encourage health care habits, and minimize the characteristic anxiety and fears of the period. Hence, pregnant women and companions must participate in educational activities developed and proposed by health teams.

Most participants were unaware that SLH therapy is related to breastfeeding and stomatognathic system development. They used to link SLH therapy to speech difficulties, but it was found that after the conversation moments they understood the relationship between SLH therapy and prenatal development.

On certain days, the meetings were not held because there were no pregnant women in the rooming-in ward, activities had been temporarily canceled in the obstetric department due to local logistics, or contact with the pregnant women was not feasible at the moment. Moreover, meetings were indefinitely canceled due to COVID-19, which has prevented the continuity of the group up to the present.

Results

This multiprofessional experience demonstrated that participants were receptive to and interested in the topics approached in the conversation group. They were gradually addressed as each member shared their experiences and questions.

Altogether, 11 meetings were held between March and June 2019, with an average of four people per meeting, in which the pregnant women and their companions talked openly about pregnancy risk factors and various other related topics.

The following topics stood out: breastfeeding, mother/baby bonding, oral habits related to orofacial structure development, and neonatal tongue screening and hearing screening tests. They talked about the topics as the nurses and nutrition students complemented with information on child physical, immune, and cognitive development, breast care, and latch. All students and professionals helped clarify myths and superstitions; there were also moments of relaxation when the conversation flowed with greater motivation and spontaneity. The topics they addressed demonstrate the potentiality of multiprofessional work in health promotion, as they importantly encourage breastfeeding and help mothers begin and continue this process.

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they talked in the meetings added to that of the participants.

The stomatognathic system is a multiprofessional topic that stood out in the meetings, as it deals with bone structure and orofacial function impairments (due to deleterious oral habits), impacts on speech changes, and occlusion. Moreover, deleterious oral habits are risk factors for mouth breathing and mastication and swallowing changes. These aspects are related to the frequency, duration, and intensity of such habits, as well as individual genetic predisposition.

SLH therapists stand out among mother/child health care professionals, as they develop measures to guide puerperal and pregnant women regarding prenatal care toward child neuropsychomotor development, breastfeeding benefits and management, deleterious oral habits, hearing health, and clarifications about risk factors for human communication disorders. These aspects are also essential to high-risk pregnant women because health professionals’ prenatal attention and guidance importantly minimize women’s fear, anxiety, and worries in high-risk pregnancies.

Thus, SLH therapists’ practice with preventive and educational activities is relevant and necessary for pregnant women, as in pregnancy they are more prone to pattern changes that can influence child development. Multiprofessional breastfeeding promotion can both support this practice and clarify the questions of pregnant women and their companions. SLH therapists’ participation in multiprofessional teams potentializes their health promotion work, bringing new perspectives and meanings to each participant’s heterogeneous history, and reorganizing past memories, current experiences, and future actions.

The limitations of this study include the few participants in the group, the selection of a specific university hospital in Southern Santa Catarina, and the interruption of meetings due to technical and epidemiological problems.

Conclusion

The multiprofessional work led to reflections on breastfeeding and the stomatognathic system, expanding the conversation to other SLH topics. Health promotion measures empower participants to actively contribute to their understanding of health needs, such as mother/baby care.

The COVID-19 pandemic affected many everyday activities in the life of the world population. It was likewise impossible to continue these meetings, which hindered the expansion of health promotion measures for high-risk pregnant women.

References


