

Pregnant adolescents' perceptions of reception and risk classification in obstetrics

Percepções de gestantes adolescentes sobre o acolhimento e classificação de risco obstétrico

Percepciones de adolescentes embarazadas sobre acogida y clasificación de riesgo obstétrico

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ABSTRACT

Objective: to understand how pregnant adolescents perceive receptiveness and risk classification in obstetrics services. **Method:** this qualitative study was conducted at a maternity hospital in Fortaleza, Ceará, between June and July 2018. Information obtained in individual interviews of 14 participants was subjected to thematic content analysis and interpreted in the light of the assumptions of Humanistic Nursing Theory. **Results:** the following categories emerged from the interviews: It's just to check the risk, fit a bracelet and on your way: receptiveness is lost as practices become automatic; Ways of being and repercussions of being with others: voices that point to weaknesses and possibilities in reception, discussing aspects of the encounter between nurse and adolescent and possibilities for openness to a dialogical relationship able to contemplate the adolescents' needs. **Conclusion:** the arrangement was not recognized as a welcoming space, evidencing the need to rethink professional attitudes and practices to establish a genuine encounter.

Descriptors: Pregnancy in Adolescence; User Embracement; Triage; Hospitals, Maternity; Nursing Care.

RESUMO

Objetivo: compreender as percepções de gestantes adolescentes sobre o acolhimento com classificação de risco obstétrico. **Método:** estudo de abordagem qualitativa realizado em maternidade de Fortaleza, Ceará, Brasil, entre junho e julho de 2018. As informações obtidas em entrevista individual com quatorze participantes foram submetidas à análise de conteúdo temática e interpretadas à luz dos pressupostos da Teoria Humanística de Enfermagem. **Resultados:** dos discursos emergiram as categorias: É só ver o risco, pulseira e tchau: um acolhimento perdido na automatização das práticas; Modos de ser e repercussões no estar com o outro: vozes que sinalizam fragilidades e possibilidades para o acolhimento, nas quais discutiram-se aspectos do encontro enfermeiro-adolescente e das possibilidades de abertura para uma relação dialógica capaz de acolher necessidades das adolescentes. **Conclusão:** o dispositivo não foi reconhecido como espaço de acolhimento, evidenciando a necessidade de repensar posturas e práticas profissionais para estabelecer um encontro genuíno.

Descritores: Gravidez na Adolescência; Acolhimento; Triagem; Maternidades; Cuidados de Enfermagem.

RESUMEN

Objetivo: comprender percepciones de adolescentes embarazadas sobre acogida con clasificación de riesgo obstétrico. **Método:** estudio de abordaje cualitativo realizado en maternidad de Fortaleza, Ceará, Brasil, entre junio y julio de 2018. Las informaciones obtenidas en entrevista individual junto a catorce participantes fueron sometidas a análisis de contenido temático, interpretadas a la luz de supuestos de la Teoría Humanística de Enfermería. **Resultados:** de los discursos surgieron las siguientes categorías: Basta con mirar el riesgo, brazalete y ¡chau!: una acogida perdida en la automatización de prácticas; Modos de ser y repercusiones del estar con el otro: voces que señalan debilidades y posibilidades de acogida, en el que se discutieron aspectos del encuentro enfermero-adolescente y las posibilidades de abrirse a una relación dialógica capaz de atender necesidades de los adolescentes. **Conclusión:** el dispositivo no fue reconocido como espacio acogedor, evidenciando la necesidad de repensar actitudes y prácticas profesionales para establecer un encuentro genuino.

Descriptores: Embarazo en Adolescencia; Acogimiento; Triaje; Maternidades; Atención de Enfermería.

INTRODUCTION

The Embracement and Risk Classification in Obstetrics (*Acolhimento e Classificação de Risco em Obstetrícia - ACRO*) is a technical-assistance device with the objective of guaranteeing access and humanized care in a timely manner to pregnant women who seek Brazilian obstetric emergencies, with nurses being the professional responsible for conducting it¹.

The proposal of a receptive environment and qualified listening in *ACRO* brings with it possibilities of a nursing work process aimed at identifying and meeting the individual needs of pregnant teenagers, a group that requires greater attention due to biological, psychocognitive and socio-behavioral particularities which may be associated with increased risks and adverse maternal and neonatal outcomes^{1,2}.

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A lack of understanding of warning signs and labor and the opportune moment to seek maternity stand out among the needs of this group, generating doubts as well as feelings of fear and anxiety³. Such conditions have contributed to this clientele recurrently seeking obstetric emergencies, increasing the chances of greater exposure to contraindicated or unnecessary practices, as well as an unsatisfactory experience with pregnancy and/or childbirth^{4,5}.

In this context, it is considered that the *ACRO* moment may be opportune for a nurse-adolescent encounter whose essence is centered on dialogue and on the perceptive field of needs and experiences lived by them. However, it is known that the success of this meeting is determined by the person's ability to be open and available to the other person in order to express their calls (needs) and understand the responses (support/guidance) of the other⁶.

It is understood that it is important to know the perception of adolescents about the availability and the role of nurses in this scenario to understand the importance given to the moment and the possibility of recognizing it as opportune to meet their demands. However, no research on *ACRO* carried out with pregnant teenagers or directed to the aforementioned clientele was found when carrying out a search in national and international databases. Furthermore, it was observed that there is a predilection in the most recent works on *ACRO* for an isolated assessment of the risk classification system (RC) to the detriment of care relationships^{4,7,8}.

Therefore, this study has an unprecedented approach in the field of nursing care for pregnant adolescents, addressing a gap in knowledge. In turn, this study aimed to understand the perceptions of pregnant adolescents about user embracement and risk classification in obstetrics.

THEORETICAL REFERENCE

The Humanistic Nursing Theory (HNT) was developed in the 1960s by nurses Josephine Paterson and Loretta Zderad, and is essentially concerned with the meaning of experiences lived by individuals, the nature of dialogue and the perceptive field⁶. The choice for the HNT is due to a certain alignment between the theoretical assumptions and the characteristics of *ACRO*, since its development will take place through communication between those involved, and must be fundamentally established through dialogue.

The assumptions of HNT are: the human being, considered unique, capable of interacting with themselves and with other beings, of affecting and being affected by the world, which is herein represented by adolescents and nurses; the meeting, which is the opportunity to bring beings closer together, contemplated in the moment destined for *ACRO*; dialogue, which includes two types of relationships: intersubjective (welcoming) and subject-object (classifying), both fundamental to the dialogic relationship; presence, which is the quality of being open and available to the other person in a reciprocal way; the calls and responses which are the expression forms of beings, which can happen verbally or not⁶.

METHOD

This is a descriptive study with a qualitative approach conducted between June and July 2018 in the obstetric emergency of a public maternity hospital in Fortaleza, Ceará, Brazil. *ACRO* has been operating in this scenario since 2013, being carried out by nurses in their own room and complying with the ambience specifications proposed by the Ministry of Health¹.

The approach and selection of the adolescents to participate in the study was by convenience on the premises of the service after their passage through the *ACRO*, while the sampling was carried out by theoretical saturation, meaning when the ideas became repetitive and did not add new elements to the study questions⁹.

Next, the following inclusion criteria were observed in selecting the participants: pregnant women in any period of pregnancy, between 10 and 19 years of age, and at least one previous appointment at the service's *ACRO*; and the following exclusion criteria: interrupted pregnancy, active phase of labor (>5 centimeters of dilation) and obstetric emergency situations such as eclampsia, severe pre-eclampsia, hemorrhages or acute fetal distress. In this context, the 15 adolescents who were approached agreed to participate in the study and only one was excluded because she was in the active phase of labor, resulting in the participation of 14 adolescents.

The individual interviews lasted between 20 and 62 minutes, were held in a private place within the service and conducted by a student of a postgraduate program in Nursing, not personally connected to any of the adolescents and previously trained in the theoretical-methodological framework, the approach strategy in the interview and the instrument for collecting information. A semi-structured script was used, with the first part addressing information about the adolescent's sociodemographic and obstetric characterization, and the second part with the following guiding questions: What do you understand about *ACRO*? Tell me about the care received in *ACRO*?

The audios of the interviews were recorded on an mp3 player and the three steps of the thematic content analysis technique were followed for processing the information¹⁰. Transcription of the audio recordings was carried out in the pre-analysis, and the transcript lines were identified by the letter “A” followed by the number corresponding to the sequence of the interview to guarantee anonymity of the participants. The reliability of the information collected was also maintained, with only grammatical corrections being made, without compromising the meanings of the speeches.

The recording units were then extracted in the material exploration stage and thematic coding was carried out with the help of the Atlas.ti® program (version 8.0), resulting in two categories. Writing of the categories was organized in the last stage based on the inferences taken from the driving questions of the study and on the assumptions of HNT.

It should be noted that this study was only started after approval by the Research Ethics Committee and two copies of the Informed Consent Form (ICF) were signed by adult adolescents. The ICF was also signed by the guardian in the case of participants under 18 years old, but they did not participate at the time of the interview.

RESULTS

Two categories emerged with the analytical treatment of the information, entitled: “Just check the risk, hospital bracelet and bye: an embracement lost in the automation of biomedical practices” and “The ways of being and their repercussions in being with the other: voices that indicate fragilities and possibilities for embracement”.

Just check the risk, hospital bracelet and bye: an embracement lost in the automation of biomedical practices

The meeting for the adolescents with the nurse in the ACRO was marked by quick, punctual approaches and directed at obstetric clinical complaints.

It's fast. They ask your name and what you're feeling. Take your pressure, look at the card and write everything down on the computer. Just check the risk, bracelet and bye. (A9)

The speeches emphasized the view that the moment of meeting with the nurse did not generate greater expectations because it was limited to the purpose of organizing care, with some speeches making the desire for a medical consultation evident, a professional appointed as experienced and capable of providing answers to presented complaints.

It's normal. She [nurse] only sees if the patient is well to refer her to the doctor, who is a more experienced person. (A7)

“No big deal [...] The nurse assesses whether it can wait or if the doctor needs to see her soon to solve the problem. (A10)

Some speeches revealed nursing practices that contributed to weakening recognition of the device as a space for receiving demands that go beyond the clinical and obstetric aspects.

I think I had even heard about it [embracement], or read about it, I don't know [...] But the nurse doesn't talk. She just says that she will see the risk of care. (A3)

Another teenager even suggested that the purpose of embracement be displayed on a banner to encourage this professional-patient interaction.

I know this now because you told me. On the posters at the entrance and in the [ACRO] room, they only talk about checking the risk. Then we understand that she is just to see what she has and give the bracelet. It could be there too. (A7)

The ways of being and their repercussions in being with the other: voices that indicate fragilities and possibilities for embracement

This category added perceptions of the adolescents about what could have a positive or negative impact on embracement, with emphasis on the ways of being and being with the other, both of themselves and of the nurses.

I'm afraid to ask. I don't know, maybe she thinks like: Ugh, don't you know that? (A11).

I'm very shy, I say little and I keep to myself. But, if the person is nice, then it breaks the ice, right?? (A13)

The adolescents recognized that they had withdrawn behaviors, motivated by shyness and fear of judgments, which could interfere with the relationship with the professional. Some postures of professionals that contributed to weaken the approach between them were also mentioned by the adolescents.

There are nurses who are very silent, with a closed face, it seems that they are in a bad mood. She seems to bring her problems from home here and take it out on us (A1).

They spend more time on the computer asking questions and taking notes. They barely look us in the face. (A12)

Despite not being aware of the welcoming purpose of the moment, some of the interviewees reported receptive nursing postures and attitudes that worked as an icebreaker at the time of the meeting, enabling to create bonds.

There are nurses who are nicer, they talk to make the person feel more comfortable. She is playful [...] she doesn't treat us like just a patient, she treats us like a friend. Seems like she's known you for a while. (A1)

The nurse yesterday made a joke because I keep coming. Not this one today! She understood that I was afraid of my son dying in the belly, because this pain does not go away. She looked at me, held my hand and explained to me how it was going to be, then I calmed down more. (A5)

DISCUSSION

As a theoretical framework, the HNT provides nurses with support to guide them in providing care to pregnant teenagers during their time at ACRO so that it is a moment of encounter marked by an existential experience of exchange based on a true and genuine dialogue between those involved⁶.

However, it is important to consider that the care process according to the HNT is complex, since the existential relationship with one another as proposed by the theory requires availability of the individuals involved^{6,11}. Thus, it is reiterated that both the adolescent and the nurse participating in the meeting are unique beings endowed with varied expectations, interpretations, values and postures which may interfere to a lesser or greater degree in the availability for dialogical care, meaning in the possibility of revealing oneself or of containing oneself during the encounter^{6,12}.

That said, in the studied context, it was observed that the adolescents' ways of being in their relationship with the nurse were influenced by both personal aspects and by the experiences lived in the place. The predominant decision to restrain themselves in front of the nurse was revealed by adopting reticent postures justified by the lack of knowledge of the tool, by the difficulty and/or fear of expressing themselves, by shyness or feeling of less value when faced with some postures and professional practices.

Reports of fast, automated professional approaches and listening centered on complaints pointed to the predominance of the subject-object relationship in ACRO. The doing-with was outlined in the fulfillment of the necessary demands to classify the risk of care and was structured in unilateral communication in which the adolescent's expressiveness was restricted to the possibility of being an interlocutor, sometimes sending, sometimes receiving messages restricted to the biological condition of being^{6,12,14}.

Such professional behavior and the operationalization of work processes possibly contributed to the adolescents' expectations in passing through ACRO being limited to the exposure of immediate demands necessary for the risk stratification process and organization for medical care. The tendency towards adopting passive postures by the adolescents was, above all, a consequence of the degree of asymmetry modulated by the smaller or larger space offered by the professionals for speaking and listening. It was also apprehended that the absence of looking and touching during the dialogue was understood by the adolescents as a condition of lack of interest on the part of the professional for the person and for everything that they bring in his world of particularities, making the intersubjective relationship difficult⁶.

It is known that the development of a careful, attentive and judgment-free listening by the professional during ACRO favors dialogic construction, opening spaces for the subjective type relationship^{1,11,13}. The empathetic encounter outlined in this type of relationship works as a powerful resource that contributes to the intuitive apprehension of the essence of being a teenager, of the meaning of the experience lived in the current and previous moment in ACRO^{11,12}.

Among the necessary conditions for the adolescent's availability for dialogical care is also the awareness of this possibility, which involves (among other things) recognizing the device's purpose. However, the results found in this study revealed a limited perception of the adolescents about ACRO, which is a reflection of their lack of knowledge of the tool as a space for accepting demands which go beyond the biological nature.

Indeed, as in this study, other studies have also shown greater concern on the part of professionals to work on the user's understanding of how the RC works in view of the close relationship between user satisfaction with the device, the rating received and the time spent on medical care^{4,13}. The health professionals themselves who work in similar spaces recognize that there is greater involvement of the team with the RC activities, while embrace and humanization actions are put in the background, even though they recognize their importance^{14,15}.

In the HNT, the concept of environment transcends the concept of physical space with a fixed purpose and approaches a manifestation of an active presence between the ways of being and of being of those involved, providing exchange and reciprocal commitment between them^{6,12,16}. Thus, it is considered important to have greater dissemination of embracement in its relational essence, mainly through a dialogical presentation in which the *ACRO* nurse is freed from prejudices and paradigms and is open and available to listen to the needs of the adolescent.

Finally, it is understood that in the relationship emphasized in the HNT from a philosophical and phenomenological perspective, it is essential that the nurse knows how to balance the fusion of intuitive and scientific dialogues, since both are indispensable for humanized and safe care of pregnant teenagers.

Study limitations

The limitations of this study were associated with the moment experienced by the adolescents and the nature of the method, since the results only enabled understanding the phenomenon in the contexts in which it was studied. On the other hand, the potentialities stand out as the possibility that the results may go beyond the limits of the local reality and generate concerns which stimulate new studies that reverberate in the strategic planning for managing care for adolescent pregnant women within the scope of *ACRO*.

CONCLUSION

The study explored the perceptions of the adolescents about *ACRO* based on their experiences there and based on the assumptions of the HNT, identified that *ACRO* was not recognized and/or valued as a welcoming space, evidencing the need for the genuine presence of the nurse which should be expressed in more embracing postures, ranging from touch to active listening, in addition to a concern to encourage participation and development of the adolescent's autonomy in her obstetric experience.

Bearing in mind that adolescents tend to recurrently seek maternity hospitals, which increases risk and vulnerability conditions, this study's contribution is highlighted by leading the reader to rethink attitudes and professional practices to enhance opportunities for embracement in emergency obstetric care to pregnant teenagers, a clientele which is the target of concern of health professionals due to particularities, vulnerabilities and specific needs of the age group.

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