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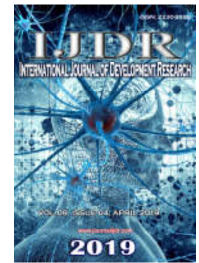

RESEARCH ARTICLE OPEN ACCESS

EVALUATION OF RECORDS ON THE ADOLESCENT PREGNANCY CARD AND SATISFACTION WITH THE PRE-NATAL CONSULTATION

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ABSTRACT

This is an evaluative study that aimed to evaluate the records of prenatal care in the adolescent pregnancy card and the degree of satisfaction of pregnant adolescent women with prenatal consultation. The sample consisted of 70 pregnant adolescents in a municipality in the Southern state of Piauí. Data were collected in the households through a form, from November to December 2014. Data were analyzed in the Statistical Package for the Social Science version 22. The results were arranged in illustrative tables and graphs. It was found that no card had the degree of completion considered as "excellent." The majority of cards had an absence of records with a percentage of completeness considered as "bad" (45.7%) and "very bad" (47.1%). However, pregnant adolescents were satisfied with the ease of accessibility to consultations (60%), waiting room time (40%), and attention to complaints (63%). They had a good impression of the procedures performed during the consultation (70%), and perceived trust from health professionals (63%). Participants were also satisfied with the explanations of the health professional (60%) and scheduling for consultations (56%). None of the adolescent pregnancy card had complete information; however, pregnant adolescent women reported overall satisfaction with prenatal consultations.

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INTRODUCTION

Adolescence, a period of transition from childhood to adulthood, is characterized by marked biopsychosocial development and the individual's efforts to achieve the goals related to the cultural expectations of society. This phase is understood as the second decade of life, ranging from 10 to 19 years according to the definition adopted in Brazil by the Adolescent Health Program of the Ministry of Health, following the definitions of the World Health Organization (WHO) (Health, 2007a, WHO, 2002).

At this stage, it is possible to observe the precociousness in the beginning of the sexual life among adolescents, and this reality is becoming more and more notorious. The earlier the adolescent starts his/her sexual life, the higher is the risk to (RODRIGUES, 2018) the adoption of sexual practices that put them in vulnerability (multiple partners and no condom use). This group is a priority in discussions on health actions. In addition to these unsafe practices, early sexual initiation is associated with some undesirable events in which the lack of knowledge of preventive methods contributes to the high transmission of Sexually Transmitted Infections (STIs) and

pregnancy (KERNTOPF *et al*. 2016). Data from the last survey of the IBGE Census show that the rate of teenage pregnancy in Brazil was 16.4%.InFloriano, Piaui, Brazil, 331 pregnant women were registered in prenatal care from January to May 2014. Among these, there were 76 pregnant women aged between 10 and 19 years old (IBGE, 2014, Ministry of Health, 2014). Therefore, the nursing consultation should line up with prenatal guidelines to monitor the well-being of pregnant women, fetal development, and the detection of any problems early in the gestational period (Pereira NM, Guimarães BNS, Lanza FM, 2013). Thus, the adolescent pregnancy card is indispensable in recording the care provided in the prenatal consultations and necessary for an adequate follow-up of the pregnancy. The lack of data in these registries may compromise care when there are no records about previous consultations (Ministry of Health, 2006). It is essential to evaluate thehealth records developed by the nurse practitioner on the adolescent pregnancy card. An analysis of the records of the actions performed in the prenatal consultations, to evaluate the assistance provided to the adolescents, assures the quality of care and adequate monitoring for maternal and neonatal health. Thus, the objective of the study was to evaluate the completeness of the adolescent pregnancy card data and its relationship with the degree of satisfaction with the prenatal consultation.

MATERIALS AND METHODS

This is an evaluative study with a quantitative approach. The study was carried out in the Family Health Strategy (FHS) in a municipality in the Southern state of Piauí, which has twenty-four ESF teams. Seventeen of these teams are located in the urban area and seven in the rural area. In some cases, more than one team works in the same Basic Health Unit (UBS). All teams have as the basis for prenatal care the use of the adolescent pregnancy card and protocol instituted by the Ministry of Health since the assistance is performed by the medical professionals and nurses who work at this level of care. The population consisted of 82 adolescent pregnant women enrolled in the Primary Care Information System (SIAB) and prenatal care in the city's FHS, from October to November 2014. However, 78 pregnant women attended in Floriano according to a previous survey authorized by the Municipal Health Department (SMS) in May 2014. Data were consolidated by the Coordination of Women's Health with the collaboration with nurses from the 24 FHS teams. Thus, the sample was composed of 70 adolescent pregnant women, considering that there was a sample loss of 8 adolescents (10%). Of these losses, 4 (5.0%) occurred due to the change of addresses, 2 (2.5%) due to the difficult access to the residences of pregnant women and 2 (2.5%) due to incorrect addresses. For the adequacy of the data collection instrument, a pilot test was performed with 4 (5%) pregnant adolescents who had prenatal follow-up at a UBS in Floriano, chosen for convenience.

The following inclusion criteria were considered: 1) being a pregnant woman who underwent prenatal consultation at the FHT with ages ranging from 10 to 19 according to the WHO age group; 2) being registered in the SIAB; 3) carrying the card of pregnant women during home visit; and 4) accepting to participate in the research and signing the Term of Assent (for those under 18 years) or Term of Free and Informed Consent (for those over 18 years old), after the clarification of the objectives of the study. Pregnant women who refused to participate in the survey or who were absent from home at the time of the visit, after two consecutive visits, were excluded from the study. Data collection happened from November to December 2014, through a structured form that included variables related to the analysis of completeness and to the information of the adolescent pregnancy card, such as socioeconomic profile of pregnant women (age, marital status, level of schooling, and race/ skin color), and data regarding the attendance during prenatal consultations. We also included information that is not mentioned in the adolescent pregnancy card (family income, occupation, with whom she lives, residence, and the degree of satisfaction of the adolescents with the consultation prenatal).

Adolescents' satisfaction with the prenatal visit were evaluated according to the following items: 1) Ease of access to the consultation; 2)Wasted time in the waiting room; 3) Attention given to complaints, 4. Perception regarding procedures performed in the prenatal meeting; 5) Feeling of trusttowards the health professional in the prenatal consultation; 6) Explanations of the health professional during the prenatal consultation regarding complaints; 7) Satisfaction with scheduling; and 8) General evaluation of prenatal consultation. Data were collected at home, where the adolescent pregnant women were invited to participate in the study. Soon after the previous contact with the pregnant woman and authorization to carry out the research, the adolescent pregnancy card was requested for evaluation and analysis. Data were then entered and stored in a spreadsheet (Excel -Microsoft Office 2003), and then transported to StatisticalPackage for Social Science (SPSS) software version 22.0, in which if statistical tests were performed. A descriptive analysis of the variables was carried out, respecting the normality and linearity assumptions. The linear regression model is a method to estimate the conditional (expected value) of a variable Y, given the values of other variables X. This method was used to correlate the dependent variable (general evaluation of prenatal consultation) with the independent variables (ease of access to the consultation, time in the waiting room, attention to complaints, procedures performed, trust in relation to the health professional, explanations of the health professional regarding complaints, and satisfaction with scheduling). Data collection was authorized by the Health Education Permanent Nucleus (NEPS) of Floriano's SMS. The project was also approved by the Research Ethics Committee of the Federal University of Piauí (CEP-UFPI / CAFS) protocol (CAAE 37210314.0.0000.5660).

RESULTS

Pregnant adolescents (Table 1) aged 16 to 19 years (85.7%) prevailed, but 14.3% of the participants were between 10 and 15 years of age, which means that the percentage of pregnancy in early adolescence is still high. There was greater representativeness of adolescent mothers who had no family income (41.4%), were single (60.0%), brown (44.3%), black (28.6%), and parents (64.3%). Regarding the completion of the adolescent pregnancy card (Chart 1), it was verified that no card had the degree of achievement considered excellent (> 95%). The findings of this study showed that 33 (47.1%) of the cards had a very poor filling, and 32 (45.7%) had a poor filling. When analyzing the degree of satisfaction of pregnant adolescents with the prenatal visit (Chart 2), it was observed that they value the general evaluation, and it was evidenced that 45 (64%) pregnant women were satisfied according to the parameter analyzed. It was observed that attention to the

complaints of pregnant women during prenatal consultations (63%), the printing of the procedures performed at the consultation (70%), and the trust aroused by the health professional in the prenatal consultation (63%) were the items that generated the highest satisfaction among the interviewed women. The main positive points highlighted by the adolescents participating in this study were: availability of enough and clear information about the health care of the mother-child binomial, safety, and competence by the professionals during the consultation, which contributed to high adolescent satisfaction rates.

DISCUSSION

Regarding the characterization of the pregnant women who participated in the present study, the results showed a considerable number of adolescents from low-income families. This fact becomes worrisome since the lower the socioeconomic condition of adolescents; the higher is the chance of these adolescents become pregnant. This finding corroborates the study of Baba, Iso and Fujiwara (Baba S, Iso H, & Fujiwara T, 2016). Most teenagers were single and resided with their parents. The lack of enough financial support contributes to them staying in the parents' home since they cannot afford the expenses of a house and those expenses that will come with the birth of the child. Thus, the results of this study showed that adolescent pregnant women experience unfavourable socioeconomic conditions. Such data are worrisome due to the possible psychosocial repercussions caused by precocious gestation. It is thus essential the creation of a joint effort by various sectors of the municipality to organize their services in a differentiated way to meet the needs of this age group.

Some factors are mentioned in the literature as predisposing to teenage pregnancy such as early onset of sexual life, lack of use of contraceptive methods, and difficulty in accessing family planning programs. Besides, these pregnant adolescents may come from families whose mothers also started their sexual life early in life and became pregnant during adolescence (Carvalho AYC, Ximenes LB, Fontenele FC, Dodt, RCM, 2009). Regarding the objectives of the present study, the results evidenced the absence of registration of the actions on cards of pregnant women. This lack of recordscan jeopardize humanized care in prenatal caremainly because the records are an active instrument that must be updated to each query. However, it was verified that the adolescents are satisfied with the attention received by the health professional and with the procedures performed in the prenatal consultation. Therefore, there is a good interaction amonghealth professionals and pregnant women during consultations. These results are like those found by Neto ETS *et al*. (2012).Usually, the amount of information on the cards of pregnant women is insufficient (incompleteness > 20%). However, Carvalho DSD, &Novaes HMD, (2004) verified 408 cards of pregnant women in Curitiba, Paraná, and they found that 95.3% of the cardspresented with excellent completion.
A study carried out in public health institutions in South Africa aimed at analyzing records in prenatal care identified the incompleteness and absence of records related to attention and orientation during antenatal care (Segatto MJ *et al*., 2015). Due tohigh demands in health services, some professionals do not have enough agility during the prenatal visit to perform all obstetric procedures such as uterine height verification, fetal heart rate, weight, and blood pressure. Additionally, the professional must request the laboratory tests, prescribe medicines and fill out a series of records (registration of the pregnant woman, risk assessment, and E-SUS individual report card). Due to this high number of activities, the professional may end out forgetting to record the information on the patient's chart and/or pregnant card. The lack of knowledge of health professionals who collect or generate data, the presence of underreported details, and the unreliability of the data in health information systems affect the evaluation of health services (Nyamtema AS, 2010).

The correct filling of the adolescent pregnancy card helps professionals in the evaluation of obstetric and perinatal risk. The professional must observe risk factors in the prenatal card, which are identified by the yellow colour. Health professionals should interpret the presence of these highlights on the card as a warning sign at each consultation (Ministry of Health, 2006). Gouveia GC, *et al*., (2009) mentions in his study that satisfaction is a judgment about the characteristics and quality of the services. Thus, the user's perspective provides essential information to complete and improve the quality of services.
Another aspect analyzed in this study was the time in the waiting room in which the majority (42%) of adolescents were dissatisfied with the service. The survey by Ferri SMN, *et al*. (2007), carried out in a city in the interior of São Paulo, showed that the delay in attendance caused great dissatisfaction among those who use health services. The authors stated that the waiting time should be a concern of the team, regarding the service, since long waiting times negatively affects the quality of the service.

According to this study, the planning in scheduling prenatal consultations, without a specific day for priority group, would reduce time wasted in the waiting room. Consequently, pregnant women would experience less psychological and physical damages due to service readiness. Results from the study by Costa CSC, *et al*. (2013) showed the satisfaction of postpartum women with both medical (79.8%) and nursing consultation (84.3%), corroborating with the results of the present study. Therefore, it was verified that the adolescents are satisfied with the care received by the professional and with the procedures performed in prenatal consultation, demonstrating a good interaction between the professional and pregnant woman. Most study participants reported being satisfied (56%) with the following consultation schedule. However, a percentage of 44% was still dissatisfied with this schedule. We can infer that despite the rate of satisfaction being the majority, the percentage of unsatisfied pregnant women is still considerable.

It is established by the Ministry of Health (2002) that, soon after the end of each prenatal visit, an appointment should be scheduled according to the priorities of each pregnant woman and the marking is informed together with the records on the card of a pregnant woman. For 64% of the pregnant adolescents, the prenatal evaluation was satisfactory. Similar results were found in the study by Shimizu HE, & Lima MGD, (2009), in which pregnant women who underwent prenatal care with nurses declared themselves satisfied with the consultations due to the communication focused on welcoming and listening. According to the regression model, the seven parameters evaluated demonstrated the satisfaction of pregnant women with prenatal consultation. Therefore, this statistical test is important for the evaluation of prenatal care offered by health professionals in the municipality of Floriano -PI.

Conclusion

The results showed that the records on the adolescent pregnancy card are incomplete, which hampers the information necessary for follow-up of the adolescents in the gestational period. It was verified the need for the valorization of the registration of information in the card of the pregnant woman by the professionals since it is an essential instrument for the referral and counter-referral system in services like maternity and hospitals. Among the cards of pregnant adolescents, none had complete information. However, the participants reported satisfaction with prenatal consultations, which suggests that despite the lack of essential information on records for follow-up, the procedures, requests for exams, guidelines, and behaviours are being performed but not recorded. Thus, it becomes important to educate the professionals of the multidisciplinary team that perform the prenatal consultation, especially for adolescents. Permanent health education actions are suggested for the health professionals who carry out the consultations focusing on the importance of the records of the steps performed during the care given to pregnant adolescents.
The results obtained are relevant to improve prenatal care and to sensitize health professionals who assist pregnant women during antenatal care to incorporate actions recommended by the Humanization Program Prenatal and Birth (PHPN) into their work process, especially when it comes to filling the adolescent pregnancy card. Also, more efforts are needed from managers and other professionals who work in primary care in the sense of incorporating daily evaluation of their actions.

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