



OPERATIVE GROUP OF PRIMIGRAVIDAE: A HEALTH PROMOTION STRATEGY

Grupo operativo com primigestas: uma estratégia de promoção à saúde

Grupo operante con primigestas: una estrategia de promoción de la salud

Maria Adelane Monteiro da Silva

State University of Vale do Acaraú (*Universidade Estadual Vale do Acaraú - UVA*) - Sobral - CE - Brazil

Flávia Martins Marques

State University of Vale do Acaraú (*Universidade Estadual Vale do Acaraú - UVA*) - Sobral - CE - Brazil

Maria da Conceição Coelho Brito

Ceará State University (*Universidade Estadual do Ceará - UECE*) - Fortaleza - CE - Brazil

Rebeca Sales Viana

State University of Vale do Acaraú (*Universidade Estadual Vale do Acaraú - UVA*) - Sobral - CE - Brazil

Anna Larissa Moraes Mesquita

State University of Vale do Acaraú (*Universidade Estadual Vale do Acaraú - UVA*) - Sobral - CE - Brazil

Antonia Smara Rodrigues Silva

State University of Vale do Acaraú (*Universidade Estadual Vale do Acaraú - UVA*) - Sobral - CE - Brazil

Lorena Carneiro Gomes

State University of Vale do Acaraú (*Universidade Estadual Vale do Acaraú - UVA*) - Sobral - CE - Brazil

ABSTRACT

Objective: To promote health education activities in an operative group of primigravidae served by the Family Health Strategy. **Methods:** Qualitative action research carried out in the second quarter of 2013. Data were collected from an operative group of 10 primigravidae at a Primary Health Care center located in the south of the municipality of Sobral, Ceará, Brazil. Thematic analysis was adopted as the data analysis technique. **Results:** The group of primigravidae highlighted several variables: fear of delivery; anxiety surrounding motherhood, which was identified through their learning needs; aspects that allowed the identification of the roles taken within the group; and the understanding of this space for health promotion. It is evident the importance of using a differentiated approach in addition to prenatal consultations by combining theory and practice. **Conclusion:** The operative group proved to be an educational and pedagogical tool that should be used in primigravidae served by the Family Health Strategy to promote their health. The group allowed to highlight anxieties/fears inherent to the first pregnancy and the opportunity to build collective knowledge.

Descriptors: Pregnant Women; Learning; Health Promotion; Primary Health Care.

RESUMO

Objetivo: Promover ações de educação em saúde por meio de grupo operativo com primigestas acompanhadas pela Estratégia Saúde da Família. **Métodos:** Pesquisa-ação com abordagem qualitativa, realizada no segundo trimestre de 2013. A coleta de informações ocorreu por meio de grupo operativo com dez primigestas, tendo como cenário a Unidade Básica de Saúde localizada na porção sul do município de Sobral, Ceará, Brasil. A análise temática foi adotada como técnica de análise de dados. **Resultados:** A ação do grupo operativo com as primigestas possibilitou a explicitação de variáveis relacionadas: ao medo do parto; à ansiedade diante da sensação de tornar-se mãe, identificada pelas necessidades de aprendizagem; à emissão de aspectos sinalizadores que permitiram a identificação de papéis assumidos no âmbito grupal e à compreensão desse espaço para a promoção da saúde. Evidenciou-se a importância da utilização de uma abordagem diferenciada no complemento às consultas de pré-natal, em que se associa a teoria com a prática. **Conclusão:** O grupo operativo se revelou como estratégia pedagógica e educativa a ser utilizada junto às primigestas na Estratégia Saúde da Família, no sentido da promoção à saúde. O espaço grupal possibilitou a explicitação de ansiedades/medos inerentes à primeira gestação e a oportunidade de uma construção de conhecimento coletivo.

Descritores: Gestantes; Aprendizagem; Promoção da Saúde; Atenção Primária à Saúde.



RESUMEN

Objetivo: Promover acciones de educación en salud a través de un grupo operante de primigestas asistidas por la Estrategia Salud de la Familia. **Métodos:** Investigación-acción de abordaje cualitativo realizada en el segundo trimestre de 2013. La recogida de las informaciones se dio a través de un grupo operante con diez primigestas en el escenario de la Unidad Básica de Salud localizada en la zona sur del municipio de Sobral, Ceará, Brasil. El análisis temático ha sido adoptado como la técnica para el análisis de los datos. **Resultados:** El abordaje de grupo operante con las primigestas ha posibilitado la evidencia de variables relacionadas al miedo del parto; la ansiedad delante la sensación de tornarse madre identificada por las necesidades de aprendizaje; a la emisión de aspectos que permitieron la identificación de papeles asumidos en el ámbito del grupo y la comprensión de ese espacio para la promoción de la salud. Se evidenció la importancia de la utilización de un abordaje diferenciado para el complemento de las consultas prenatal en el cual se asocia la teoría con la práctica. **Conclusión:** El grupo operante se ha revelado como estrategia pedagógica y educativa para ser utilizada con las primigestas de la Estrategia Salud de la Familia para la promoción de la salud. El espacio del grupo ha posibilitado la evidencia de ansiedades/miedos inherentes al primer embarazo y la oportunidad de una construcción del conocimiento colectivo.

Descriptor: Mujeres Embarazadas; Aprendizaje; Promoción de la Salud; Atención Primaria de Salud.

INTRODUCTION

Pregnancy is a physiological process involving many changes, with repercussions not only on physical and biological aspects, but also on the psychic dimension. It is a moment in a woman's life in which the body adapts to shelter the developing fetus, with changes in hormonal levels and various emotional changes. There is anxiety, fear and uncertainty in the face of the new, especially in primigravidae, because it is the first pregnancy experience and because in addition to the role of daughters and wives/partners, these women will become mothers⁽¹⁻³⁾.

Pregnancy monitoring in Primary Health Care (PHC) from prenatal consultations is essential to ensure a healthy pregnancy and a safe delivery. During prenatal care, the creation of spaces for health education is extremely important so that pregnant women can hear and talk about their experiences and exchange information about pregnancy and aspects that involve the health of the child. This process of sharing experiences, which occurs among women and health professionals, is the best way to promote understanding of the pregnancy process. Therefore, the participation of primigravidae in educational activities becomes essential as they are spaces for sharing doubts and experiences that are not usually discussed during consultations^(4,5).

The role of the health sector, in addition to its clinical responsibilities, should gradually move towards health promotion, supporting personal and social development through the dissemination of information and health education. Promoting health is to empower the community to work on improving their quality of life and health, including greater participation in the control of this process⁽⁶⁾. In this regard, the educational approach in the context of health services is considered a fundamental axis for health promotion⁽⁵⁾.

Among the different forms of educational work, group discussions stand out. These activities are aimed at facilitating discussion and exchange of experiences among the members of the group⁽⁵⁾. In PHC, nurses play an important role in the team and should promote interdisciplinary health education actions to raise the community's interest and knowledge⁽⁷⁾.

It should be noted that the care of pregnant women in health services during prenatal care is almost exclusively performed at individual moments in the form of consultations and that it involves care related to the biological aspects of the pregnancy process. Group activities with pregnant women – when they happen – are often focused on the transfer of information that does not contribute to the development of personal skills and does not happen in a systematic way that can lead to the reorientation of health services⁽⁸⁾.

Thus, we sought to highlight the interpersonal learning during the group process as an educational practice aimed at promoting the health of primigravidae. A resource that has been used in PHC and that has obtained positive results in the field of health promotion, disease prevention, and education⁽⁹⁾ is the operative group. Given this context, this study assumes that the use of an operative group can contribute to promote the health of primigravidae.

Thus, the present study aimed to promote health education activities in an operative group of primigravidae served by the Family Health Strategy.

METHODS

This is a qualitative research⁽¹⁰⁾ that used the action-research method to reach the proposed objectives as it allows researchers to play an active role in the reality of the observed facts⁽¹¹⁾.

The Pichon-Rivière operative group⁽¹²⁾ was adopted as a theoretical and methodological reference that defines group as a group of people gathered in time and space determined to perform a task, interacting in a network of roles and establishing

relational bonds between them. The group takes place in three different moments: the pre-task, the task and the project. The pre-task is the moment in which mechanisms of dissociation preponderate and is aimed at defending the feelings of guilt and ambivalence, the basic depressive situation, the difficulties of tolerance, the frustration and the postponement. The task is the period in which the stereotype is broken and the pre-task is organized, proceeding with the preparation of its goal. At that moment, greater operability and creativity is achieved and the group can systematize objectives and perform the proposed and/or new tasks. At the time of the project, once a level of operability has been reached the group can be planned⁽¹²⁾.

During the group process there are ambivalences, regression and dispersion in the face of the constant process of sustaining and predicting. The group needs to be reorganized always, a process called the dialectical spiral, which happens during the whole group process as a constant movement between internal processes of the group, which can be noted by checking the indicators of the group process, namely: affiliation/belonging, cooperation, communication, learning, pertinence and tele⁽¹²⁾.

Affiliation and belonging are related to the degree of identification of group members with one another and with the task. Cooperation implies mutual help and takes place through the performance of different roles and functions. Communication is a process that considers the communication networks in the group. Learning refers to the development of the capacity to idealize options, perceiving the degree of group plasticity in the face of obstacles and creativity in order to overcome contradictions and even integrate them. Relevance relates to the group's productivity and its ability to focus on its objectives in a manner consistent with its other processes. And tele emerges as a transfer network, which is translated by the positive or negative interactions of group members with one another⁽¹²⁾.

Data collection occurred in the second quarter of 2013 in a Primary Health Care center that serves the community of a neighborhood located in the southern portion of the municipality of Sobral, Ceará, Brazil. The municipality is located in the backlands of the Northwest portion of the state of Ceará, 235 km away from the capital Fortaleza and occupies an area of 2,129 square kilometers, with a population estimated by the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística – IBGE*) of 155,276 inhabitants and an altitude of 70 meters. In the health sector, it is a reference for the whole Northern region of the state and is considered a main health care center in the region⁽¹³⁾.

The interest in the present study came from experiences in the Primary Health Care centers of the municipality of Sobral, Ceará, Brazil, in which the duration of prenatal consultations is not enough to meet the health learning needs of the primigravidae. This initiative was also guided by the authors' participation in the Women's Health Extension Project and their involvement in this line of research since their experience in the Pregnancy, Birth and Child Development module, which is part of the curriculum of the Nursing school of a university in the region.

Study participants were primigravidae living in the neighborhood and served by the Family Health Strategy of that place. The number of primigravidae served was identified based on the available medical records. There were 42 pregnant women. The community health workers (CHWs) carried out an active search for pregnant women in the territory. Fourteen pregnant women were present in health education actions, but only those who regularly attended the meetings (at least three meetings) were included in the study. Thus, ten pregnant women participated in the study.

The research consisted of three phases, which corresponded to the phases of action research⁽¹¹⁾. Phase one was exploratory and consisted of the formulation of the research question and the first contact with the primigravidae, who were contacted individually for collection of personal and obstetric information (age, gestational age). After that, a talking circle was carried out to assess the participants' view on pregnancy and their learning needs. This moment also contributed to getting researchers and pregnant women closer. Phase two consisted of the elaboration of a plan of action for intervention in the reality. The ways in which the task would be carried out and the periodicity and duration of the meetings were defined. There were five weekly meetings lasting about one hour. These meetings were permeated by health education actions carried out with the group. The themes discussed included fetal development; myths and truths related to pregnancy; childbirth; breastfeeding and newborn care. Phase three was aimed at the evaluation of the group process based on primigravidae's accounts. This phase focused on the learning process during the operative group and participants' satisfaction with the experience. To assess that, the following question was asked: What did you learn and how satisfied were you with the issues discussed?

Participant observation and research fieldnotes were used to collect information. After that, Thematic Analysis⁽¹⁴⁾ was adopted as a research analysis technique, which is operationally deployed in three stages: pre-analysis, material exploration and treatment of the data obtained. Thus, the analysis of these implications allowed the constitution of three thematic categories: Making the implicit explicit in the group work with primigravidae; Group process: roles and vectors involved in a continuous spiral; The group as a space for learning and changes for primigravidae.

The study was carried out in accordance with Resolution 466/12⁽¹⁵⁾ and was approved by a Research Ethics Committee under Approval No. 420.428. Participants' anonymity was assured. They are identified in the research as Primigravida (P) followed by an ordinal number in ascending order (P1, P2, P3...). The pregnant women participated in the study after being informed about the research objectives and giving their consent by signing the Free and Informed Consent Form.

RESULTS AND DISCUSSION

This section describes the data on the identification of the pregnant women and the thematic categories that emerged the educational actions carried out with the primigravidae in the operative group.

Pregnant women's identification data

The age of the participants ranged 16 to 30 years and their gestational age ranged 16 to 28 weeks of pregnancy.

Making the implicit explicit in the group work with primigravidae

At first, the participants exhibited fear of exposing their thoughts, doubts, worries or life stories; they only agreed with what was said, mainly through nonverbal language. However, the primigravidae were encouraged to express their feelings and make emotions and sensations explicit. These feelings often go unnoticed – by themselves also – and are often not verbalized during prenatal follow-up.

During pregnancy the woman experiences a transition of feelings that may be negative at first – for instance, worries and fear. Depending on the social context in which she is inserted, these feeling can become positive – for instance, satisfaction with pregnancy. This transition is permeated by feelings of ambivalence⁽⁴⁾. Thus, it is important to consider the context in which pregnancies occur, since there may be maternal dissatisfaction due to separation from the partner, and not only with the unplanned pregnancy⁽¹⁶⁾.

Thus, feelings are not similar in all pregnant women and they can be expressed in different ways. Pregnancy is a period of emotional and social restructuring in the life of each woman, and, depending on the experience, positive and/or negative feelings can be manifested⁽⁸⁾:

“I really wanted to know how my baby is growing inside me” (P10).

“I think my insecurity is about the very moment to deliver the baby [...] because I saw it and I was afraid” (P3).

“I am too afraid to bathe the baby [...] I am afraid my son will cry and I will not know what it is about, what he is feeling” (P4).

“In November I dyed my hair without knowing that I was pregnant, because I was expecting my period. Have I done something wrong?” (P7).

In the group work with primigravidae, the implicit – fears, unsatisfactory situations or insecurities – became clear from the moment in which they began to talk about their anxieties, thus opening themselves to the new and unknown group space. It is agreed that the creation of a group of pregnant women can foster user embracement and interaction between the participants and favor the significant expression of their emotions. It is an opportunity to reveal hidden feelings and limitations, both individually and collectively⁽⁴⁾.

Fear of childbirth was an explicit feeling among the participants. Although access to information has currently spread through several sources, the information on normal delivery obtained did not have an educational nature that could favor the promotion of psychoemotional security among the primigravidae in relation to their future childbirth experience. Therefore, pregnant women construct ambiguous perceptions of pain according to their sociocultural environment and prenatal care, which have repercussions on feelings that are also dubious, such as restlessness, suffering and, at the same time, optimism⁽¹⁷⁾.

The social representation that primigravidae have about childbirth reveals feelings of fear, pain and suffering related to unpreparedness in relation to the type of delivery and the lack of resources for decision making when it is possible⁽¹⁸⁾. Fear was also highlighted in a study carried out in Switzerland with primigravidae. However, women expressed their belief that their bodies would deal positively with the childbirth experience⁽¹⁹⁾.

It should be noted that knowing the learning needs of pregnant women during prenatal care is to consider the importance of the client in determining their self-care⁽²⁰⁾. The participants of the present study mentioned aspects related to fetal development, myths and truths about pregnancy, the process of labor and delivery itself, breastfeeding and newborn care. From that moment on, it was possible to define the common goal of the group, which was learning. The goal was set through the sharing of fears and anxieties and with the participation of all the members.

It should be noted that a necessary condition for inclusion in groups is one's self-acceptance. The first step to achieve it is to expose oneself to oneself, and it is necessary to make the choice to expose oneself to or protect oneself from the other. In addition, in order to share experiences, the environment must be welcoming⁽²¹⁾. In this regard, it is important to promote a friendly and trustworthy environment, focusing on aspects that improve the ambience, such as illustrations, objects, musical background, and the disposition of the members in a circle in order to promote embracement and integration between the participants of the group, which contributes to the exposition of internalized aspects, thus allowing a collective construction.

Thus, working with groups of pregnant women, especially primigravidae, should seek to make the implicit explicit despite the predominance of the resistance to change, which is represented by fear and immersion in a new situation, which happens to

be experienced as a threat. In the case of the participants of the present study, the fear of childbirth and insecurity in relation to the care of the future child were considered and guided the action plan and the task. Making the implicit explicit is a factor that contributes to making the group move towards the task⁽²²⁾.

Group process: roles and vectors involved in a continuous spiral

In this category, the activities that comprised the action plan built together with the pregnant women are described to enhance the achievement of the objectives outlined for the group. The roles played by the participants and the interaction between them, which are essential for the execution of the task, are also highlighted.

In order to overcome the fear verbalized by the pregnant women, the facilitators sought to promote moments with relaxation techniques, breathing exercises and self-massage. They also sought to demystify established cultural patterns about the pain of childbirth through discussions permeated by reflection/problematization. This educational and dialogical movement of discussion permeated the group process.

The group process refers to everything, or almost everything, that happens during the operation of a group, including the content of what is said, the interaction between members and emerging roles⁽²³⁾. In this regard, studies that have experienced the effect of educational interventions on the preparation for childbirth in primigravidae have shown that prenatal health education provided women with a positive experience regarding childbirth because of the strategies for coping with fear and the physical well-being generated. The women engaged in control behaviors and attitudes and were encouraged to choose the position of normal delivery. Thus, continuous educational work with primigravidae was suggested to provide positive perceptions and decrease fear of labor pain^(24,25).

Other experiments have tested the effect of relaxation methods on the reduction of anxiety and stress in primigravidae. After two relaxation sessions and four weeks of home-based exercise, these methods have proven to be effective and easy to use, with no side effects. They have been recommended as an approach to reduce anxiety and stress in women during the first pregnancy⁽²⁶⁾.

The operative group allows the selection of appropriate techniques for group action, operating in a transformative perspective in which the participants of a group are seen as subjects capable of a joint construction⁽²¹⁾. The members should therefore be encouraged to change and adapt to the new reality, a process of continuous spiral learning through dialectic movements of inquiry⁽¹²⁾.

In this regard, throughout the operative group the participants assume different roles and positions in relation to the group task. These roles and positions must be identified as some may act as an obstacle to the completion of the task. During the work with the primigravidae analyzed in the present research, none of the roles was found to compromise the movement towards learning, a task that was listed by the participants. Thus, there was no crystallization of roles in the group; rather, there was the assumption and adjudication, which represent the spiral movement⁽¹²⁾.

The assumption of the role of a spokesperson by Primigravidae 3 became evident as she spoke at the beginning of the discussion about fear of pain during childbirth:

“[...] everyone here is afraid of everything, because it is the first pregnancy” (P3).

It can be noted that at that moment in the group she played a role of speaking for those who did not yet feel completely at ease. They all smiled, confirming that they agreed. Gradually, the participants reaffirmed what Primigravida 3 had said, which optimized the discussion of the myths about normal delivery.

This attitude of working verticality and horizontality and collaborating with the task allows the appearance of the figure of the change leader, resulting in the exchange of information.

Primigravida 6 assumed the role of leader in the face of a proposed activity when she suggested:

“[...] Let's make a poster in which everyone participates... gives their idea [...]” (P6).

The making of a poster was set up as a proposal to assess previous knowledge and beliefs regarding normal delivery. The joint creation of a poster in which each pregnant woman could participate favored the interaction between them and recognized individual knowledge in the construction of collective knowledge. In group dynamics, the creation of bonds, exchange of common experiences and the sense of belonging strengthens individual and collective capacities, encourages individuals to seek new strategies to understand their problems in order to minimize or solve them and strengthens them to face the challenges⁽²⁷⁾.

The sharing of experiences – as a way of signifying the issues discussed – was present during the moments of primigravidae' health promotion and favored the exposition of complementary experiences in their own family or in the circle of friends as a

way to reconstruct future attitudes. One of the discussions was about breastfeeding and the importance of the persistence of the maternal figure to overcome situations that arise in the process of caring for the baby:

“I saw a mother doing something beautiful. She gave the baby milk and he did not want it, he breastfed a few times, but she was dedicated and managed to give only breastmilk until six months of life” (P1).

“We will get through it and we will see that it is difficult. I have seen several women who cannot breastfeed and others who work out just fine. Do not think it is going to be wonderful. A mother must be very dedicated! Breastfeeding is very important for both the mother and the baby” (P7).

“I think that it is not easy, but if we have the willpower, then we can do it” (P2).

Motherhood is part of a woman's life cycle and requires dedication, readjustment of life and resilience so that this moment can be experienced in the most peaceful way possible. Therefore, the health professionals who serve these mothers must be sensitive to the needs of these women and provide quality care⁽⁸⁾.

The systematic and repeated observation of certain group phenomena that emerge in each session allows the classification of group behaviors or indicators of the group process called vectors. These vectors have already been mentioned: affiliation and belonging, tele (degree of positive or negative empathy among group members), pertinence, learning, cooperation and communication⁽¹²⁾.

The accounts of Primigravidae 1 and 2 demonstrate the cooperation climate established in the group work with regard to the achievement of the goal set and the sharing of an experience. In the moment of sharing, there was encouragement and support among the participants. Cooperation consists precisely of the interpersonal contribution with the task. It is through this vector that the interdisciplinary character of the operative group becomes manifest^(21,27).

Regarding pertinence, this is related to the degree of the group's focus on the task, which is demonstrated by the primigravidae's attendance to the group sessions for learning. Satisfaction with the knowledge-building process, based on the aspects that emerged during the transition from the pre-task phase to the task phase⁽¹²⁾, is demonstrated in several moments of the group work:

“It is good to come, I love being here, I always look forward to coming!” (P 8).

“I love the moments we spent together [...]” (P5).

“We have experienced fellowship and complicity here” (P6).

When the pre-task was resumed, another vector was present: affiliation and belonging. Affiliation is part of the history of every group and is later turned into belonging, i.e., into group interaction. In the moment of affiliation, the individual keeps a certain distance and does not totally include himself in the group. Pertinence is a greater integration into the group, which allows members to develop a strategy, a tactic, a technique, and logistics⁽²⁷⁾.

In this context, the accounts of Primigravidae 5 and 8 demonstrated one of the phases of the operative group, namely the project, which arises when group members exhibit a sense of belonging, i.e., a sense of “being integrated”⁽¹²⁾. The researchers noted a complete interaction of the primigravidae at the time intended to address breastfeeding, which resulted in the joint construction of a concept about the act of breastfeeding: “Breastfeeding is an act of dedication, emotion and love in our lives”.

It is understood that the constitution of a group and its cohesion occurs through the successive meeting between the participants and the team coordinating the group and is built through dialog and said and not said issues that are expressed in the group work. Likewise, the feeling of belonging indicates that the participants wish to remain in the groups due to the recognition of their knowledge and their affective, social and health needs⁽²⁸⁾.

The fellowship and complicity mentioned by Primigravida 6 demonstrates the nice and pleasant sensation of being able to share information and receive support from the other participants, which allows a useful environment of interest to pregnant women. There was, in fact, a positive tele throughout the course of the group. This vector refers to the group climate and is focused on the ability of each individual to work with other people⁽²¹⁾.

Feelings regarding the relationships established among the participants, such as empathy, affection and tenderness emerged in every session of the group of pregnant women, making them closer. The coexistence between women is strengthened when they build relationships based on fellowship, care and friendship that go beyond the group environment⁽⁸⁾.

Thus, it should be noted that several elements are involved in the process of a group of primigravidae. These elements must be identified so that the continuous spiral movement is maintained, thus allowing the exchange of experiences and favoring a healthy environment for learning about health in the search for personal transformations and construction of collective knowledge beyond the group space so that future mothers can carry this learning throughout their lives.

The group as a space for learning and changes for primigravidae

The results of the group experience are presented in this category. Learning was the goal set and achieved by the group and the task to be performed by the pregnant women.

Learning, which is one of the vectors involved in the group process, should be highlighted because it was task assigned by the primigravidae themselves. It should be noted that learning is one of the fundamental indicators in the group process⁽²⁹⁾. It is obtained by the sum of information shared among those who integrate the group, reinforcing the dialectic as a point of transformation of quantity into quality⁽²⁷⁾.

"It was very important for us to participate in the group. As it is our first pregnancy, we learned a lot" (P10).

"Participating in the group was a good experience. I did not know anything. I did not know how to bathe the baby, but now I know. I did not know how to breastfeed the baby..." (P7).

"I think the information you provided was very good. I really enjoyed the meetings, they made us feel more secure" (P3).

The account of Primigravida 10 regarding the attention that should be given to women who experience pregnancy for the first time should be highlighted. Identifying whether pregnancy is wanted or not and considering the social context⁽¹⁶⁾ in which the woman is inserted are as important as meeting her learning needs and make them feel more secure.

Studies that describe the experience of groups of pregnant women indicate that they expose their learning needs because they want the moments of dialog to involve the discussion about their problem. There is an eagerness for a meaningful learning adapted to each reality to meet what they are experiencing. It is believed that only an approach that takes these issues into consideration can help women during pregnancy and in the care of their child^(8,28).

The current paradigms of health education place the individual at the center of the learning process. The opportunity to exchange knowledge and experiences, express feelings and fears, get to know experiences and reflect on similar situations experienced by others allows the collective construction of knowledge, the strengthening of personal resources and the re-elaboration of understandings, thus making individuals active and protagonists in the production of their health^(30,31).

The pedagogical and educational process that permeated the group process took place through a dialogical, critical and reflexive approach that allowed the primigravidae to learn. For this purpose, active learning methodologies were employed during the meetings using the following resources: images, music, cards, signs with "yes" and "no" written on them, dramatization, posters, demonstration with mannequins, among others:

"We like this kind of presentation because we really learn, we see that putting theory and practice together is better" (P6).

"I thought those moments were going to be boring because sometimes when they ask us to come to the health center they only talk nonsense, they do not talk about this issue" (P1).

"It was very interesting, exciting, joyful, fun and profitable [...]. It was very good and very rewarding for me. It was not something monotonous. We laughed, we played" (P9).

The accounts of the primigravidae portray the importance of using a differentiated approach to prenatal consultations in which theory and practice are associated, thus emphasizing its importance for learning. The use of different resources in educational approaches is in line with what the Ministry of Health recommends for educational work. Group discussions, dramatizations and games that facilitate the exchange of information among the members of the group in which the health professional acts as a facilitator and avoids the "lecture" style should be highlighted. This model is still used and follows a pre-established script, which prevents the discussion of issues that are more relevant to the people present at the time, which ends up being, therefore, not very productive⁽³²⁾.

It is understood that group practice is part of the daily work of health professionals who work in the Family Health Strategy. However, group activities are often carried out without theoretical and/or methodological foundation, which makes it impossible to carry out assertive practices that lead to problematization and reflection on the reality of those involved. The groups usually take place without planning and are permeated by the transmission of knowledge without an active involvement of the participants, thus devaluing the practices that lead to the promotion of health⁽⁸⁾. It is agreed that disease-focused groups are not always attractive and may not be effective for this reason⁽²⁸⁾.

Thus, it is believed that the groups of primigravidae need to meet the needs highlighted in this study. In addition, the type of approach and relationships established in the group can be factors that contribute to the effective participation of the pregnant women in the search for change.

A study on the patterns of interaction between health professionals and users in educational practices with groups in Primary Health Care identified that there are still approaches that provide information based on the transmission of knowledge. However, professionals have also reported practices that can make users learn from each other and that foster knowledge production through problematization, i.e., the facilitator and users teach and learn together⁽³³⁾.

Educational practices were carried out with the primigravidae based on the interaction between technical and popular knowledge through dialog, respecting the reality of those involved. Participants used the term “month” to refer to gestational age; therefore, fetal development was discussed based on the month and not on the weeks of pregnancy, as it is estimated by health professionals. This process emphasizes an open dialog for a new participatory culture that welcomes and legitimizes the contribution of popular knowledge in addition to scientific and technical knowledge⁽⁵⁾.

This sharing of technical and popular knowledge facilitates the learning of both those who “teach” and those who “are willing to learn”. This point of view was exposed during the operative group with the primigravidae. It was also clear that the goal of the group, i.e., learning, was actually achieved:

“As we learned, you also learned from us” (P5).

“Everything I did not know I learned here! Today I want to learn more” (P4).

In this regard, group learning occurs in an interactional way between its members and also between them and their coordinators. This refers to a climate of full interaction that characterizes the teaching-learning unity, i.e., as they inquire, discover or rediscover themselves, they learn and teach^(27,31).

Another important issue pointed out by the pregnant women analyzed is the insufficient duration of prenatal consultations. This may be related to the large number of people seeking care, the organization of services and/or the reduced number of professionals who make up the health care team⁽³⁴⁾. These barriers contribute to making it difficult to meet the learning needs of the primigravidae:

“There is so much about prenatal care that nurses do not have enough time to talk about, and it is important to carry out activities like this so that we can learn. We have the right to clarify our doubts” (P3).

Studies on the importance of prenatal care, or specifically educational activities during prenatal care, show that even when consultations were carried out, pregnant women showed dissatisfaction with the information provided⁽²⁰⁾. It should be noted that mothers’ feelings about pregnancy and their baby are influenced not only by the type of prenatal care received, but also by its quality⁽³⁵⁾.

The development of health education actions must be based on a dialogic, emancipatory, participatory and creative perspective that contributes to the autonomy of users and professionals⁽⁵⁾. It should be noted that Primigravida 3 said that she has the right to clarify her doubts. It is understood that the term “clarify doubts” used herein expresses pregnant women’s need for learning and is an important part of their health and quality of life. This fact needs to be taken into account to improve the quality of care for primigravidae, which is considered a right.

Health professionals working in the Family Health Strategy can develop care practices for pregnant women using soft health technologies to strengthen interaction with professionals and establish relational bonds through quality listening, active participation and accountability for the care. The group is considered a soft technology that can be used to put pregnant women and health professionals closer. The group is valuable space for comprehensive care and as an important device for the empowerment of the human being^(8,28).

The present study describes a practice that can be replicated in PHC, based on the learning and knowledge built through interpersonal relationships, as a strategy that favors the empowerment of pregnant women. Therefore, this study is expected to contribute to the construction of a more humanized care, with an approach that differs from the traditional view of the biomedical model of care.

Health promotion actions targeted at pregnant women can be developed individually and also collectively in groups of pregnant women. It is believed that the group is a creative, interactive and opportune space for action focused on various aspects of health promotion, including among primigravidae.

Group sessions are important during the first pregnancy because it is at this stage in a woman’s life that she needs information so that there is an understanding about the pregnancy process, contributing to the healthy development of the fetus. Therefore, nurses, when performing their care-centered role, should seek knowledge and invest in the group space as a strategy for pregnant women to acquire autonomy and thus improve their capacity to solve problems. This proposed configuration allows nurses to address issues of interest to primigravidae based on the moment they are experiencing and on how they feel, which contributes to the differentiation in the work with health education. In addition, it is not up to the facilitator to decide and impose the themes to be addressed.

However, it is understood that actions targeted at pregnant women in PHC should be developed to promote health promotion, favor self-care and improve quality of life. Thus, it is important that health professionals, especially nurses, acknowledge the use of the group approach to pregnant women with regard to the listening and discussion of issues of interest to the participants, thus collaborating to promote health during this stage of a woman’s life. Nurses, while performing their care-focused role, must

carry out practices that promote the health of pregnant women, thus allowing the construction of collective knowledge, the acquisition of healthy habits and behaviors that can successfully solve their conditions.

FINAL CONSIDERATIONS

The operative group proved to be a pedagogical and educational strategy to be used with primigravidae in the Family Health Strategy to promote health. The group experience allowed the participants to expose anxieties/fears inherent to the first pregnancy and provided them with the opportunity for a collective construction of knowledge. The fear of childbirth and the need for learning about the care for the future child emerged during the sessions and served as basis for the definition of a common goal for the primigravidae. The involvement of the participants in a dialectical process, characterized by the spiral representation and marked by the sharing of experiences, listening and assumption and adjudication of roles allowed the achievement of this goal.

It should be noted that the group contributed not only to the primigravidae's learning process, who sought ways to cope with their needs; the group also provided a space of complicity and fellowship, a pleasant, interesting and nice environment that constitutes a motivational source for the continuity and completion of the task.

The operative group is a relevant educational strategy that can be used in a variety of contexts, including in the care for primigravidae in PHC, because it is focused on learning and transformation. It has proven to be effective in using resources not frequently adopted in educational approaches to health promotion in Primary Health Care.

Health professionals are expected to recognize the importance of adopting a methodological framework for conducting group activities and broaden their view of the variables involved during the group process so as to allow a creative and effective exchange of knowledge, foster user embracement and ensure a positive transformation of the reality of the people involved.

CONFLICTS OF INTEREST DECLARATION

The authors declare there are no conflicts of interest.

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Mailing address:

Maria Adelane Monteiro da Silva.
Universidade Estadual Vale do Acaraú - UVA
Centro de Ciências da Saúde
Av. Comandante Maurocéllo Rocha Ponte, 150
Bairro: Campus Derby
CEP: 62041-040 - Sobral - CE - Brasil
E-mail: adelanemonteiro@hotmail.com