

PREVENÇÃO DO CONSUMO DE BEBIDA ALCOÓLICA DURANTE A GESTAÇÃO: ATUAÇÃO DE ENFERMEIRAS NO PRÉ-NATAL

PREVENTION OF ALCOHOLIC DRINK CONSUMPTION DURING PREGNANCY: NURSES' PERFORMANCE IN PRENATAL CARE

PREVENCIÓN DEL CONSUMO DE BEBIDA ALCOHÓLICA DURANTE LA GESTACIÓN: ACTUACIÓN DE ENFERMERAS EN EL PRE-NATAL

Tharine Louise Gonçalves Caires¹, Rosângela da Silva Santos², Liliane da Consolação Campos Ribeiro³.

RESUMO

Objetivo: compreender a atuação de enfermeiras, em consultas de pré-natal, no que tange à prevenção do consumo de bebida alcoólica por gestantes. **Método:** trata-se de uma pesquisa qualitativa, que utilizou o método Narrativa de Vida. Os dados foram coletados por meio de entrevista aberta e gravada com enfermeiras responsáveis por equipes de saúde. **Resultados:** os resultados apontaram que as mulheres omitem o consumo de álcool, em consultas de pré-natal, e as enfermeiras entrevistadas não possuem estratégias capazes de detectar esse consumo. Não tiveram formação profissional, para esse atendimento e concordam que beber socialmente não acarreta prejuízos à gestante e ao feto. O consumo de bebidas alcoólicas pelas gestantes está subdiagnosticado por profissionais que atuam no serviço de pré-natal e, quando diagnosticado, não é registrado nos prontuários. **Conclusão:** o estudo contribuiu, para ampliar a discussão sobre a importância da prevenção do consumo de álcool por gestantes, durante a consulta de pré-natal realizada pelas enfermeiras, a necessidade de instrumentalizá-las sobre esta temática, durante a sua formação profissional e, para incentivar o desenvolvimento de pesquisas nessa área, de modo a melhor subsidiar a atuação dos profissionais de saúde junto às gestantes.

Descritores: Gestantes; Alcoolismo; Enfermagem.

ABSTRACT

Objective: to understand the performance of nurses in prenatal consultations regarding the prevention of alcoholic drink consumption by pregnant women. **Methods:** qualitative research that used the Life Story method. Data were collected through an open interview recorded with nurses responsible for health teams. **Results:** the results pointed out that women omit alcohol consumption in prenatal consultations and the nurses interviewed do not have strategies capable of detecting this consumption; moreover, they did not have a professional training for this service and accept that drinking socially does not cause damages to the pregnant woman and the fetus. The consumption of alcoholic drinks by pregnant women is underdiagnosed by professionals who work in the prenatal service and, when diagnosed, it is not recorded in the medical records. **Conclusion:** the study contributed to broaden the discussion about the importance of preventing alcohol consumption by pregnant women during prenatal consultations performed by nurses, the need to qualify them about this theme, during professional education, and to encourage the development of researches in this area, in order to better subsidize the performance of health professionals with pregnant women.

Descriptors: Pregnant women; Alcoholism; Nursing.

RESUMEN

Objetivo: comprender la actuación de enfermeras en las consultas de prenatal en lo que se refiere a la prevención del consumo de bebidas alcohólicas por gestantes. **Método:** Se trata de una investigación cualitativa, que utilizó el método Narrativa de Vida. Los datos fueron recolectados a través de una entrevista abierta grabada con enfermeras responsables de equipos de salud. **Resultados:** Los resultados apuntaron que las mujeres omiten el consumo de alcohol en las consultas de prenatal y las enfermeras entrevistadas no poseen estrategias capaces de detectar ese consumo, además, no tuvieron una formación profesional para esa atención y aceptan que beber socialmente no acarrea perjuicios a la salud gestante ni al feto. El consumo de bebidas alcohólicas por las gestantes esta subdiagnosticado por profesionales que actúan en el servicio de prenatal y cuando se diagnostica no se registra en los prontuarios. **Conclusión:** El estudio contribuyó a ampliar la discusión sobre la importancia de la prevención del consumo de alcohol por gestantes durante la consulta de prenatal realizadas por enfermeras, la necesidad de instrumentalizarlas sobre esta temática durante su formación profesional, y incentivar el desarrollo de investigaciones en esa área, de modo a mejor subsidiar la actuación de los profesionales de la salud junto a las gestantes.

Descriptor: Mujeres embarazadas; Alcoholismo; Enfermería.

¹Enfermeira. Doutora em Enfermagem pela Universidade do Estado do Rio de Janeiro. ²Enfermeira. Doutora em Enfermagem. Professora Adjunta da Universidade do Estado do Rio de Janeiro. ³Enfermeira. Doutora em Ciências da Saúde. Docente do Departamento de Enfermagem da UFVJM.

Como citar este artigo:

Caires, TLG, Santos RS, Ribeiro, LCC. Prevenção do Consumo de Bebida Alcoólica Durante a Gestação: Atuação de Enfermeiras no Pré-natal. Revista de Enfermagem do Centro Oeste Mineiro. 2019;9:e2938. [Access _____]; Available in: _____. DOI: <http://dx.doi.org/10.19175/recom.v9i0.2938>

INTRODUCTION

Pregnant women tend to omit the consumption of alcohol during prenatal consultations due to the social stigma associated with the concept of immorality, aggression and inappropriate sexual behavior. These women usually have feelings of guilt and shame, apart from the fear of losing the custody of their children⁽¹⁾. Pregnant women addicted to drugs, on the other hand, have low adherence to prenatal care, higher incidence of obstetrical and gynecological complications and tend not to report the consumption of drugs, especially alcohol and cocaine⁽²⁾.

Among the complications and because of exposure to alcohol during pregnancy, there stands out a higher risk of malformations, spontaneous abortion, cognitive deficit and non-hereditary congenital anomalies⁽³⁾. Children of mothers dependent on psychoactive substances present a high risk of severe perinatal diseases, such as prematurity, intrauterine and extrauterine growth retardation, fetal distress and infections, with respiratory and neurological sequelae. In addition, vertical transmission of infections related to the use of drugs such as HIV, hepatitis B and C and syphilis, is also increased⁽²⁾.

The Ministry of Health (MH) emphasizes the importance of a low-risk prenatal care, pre-conceptive activities, highlighting that the use of medicines, the habit of smoking and the use of alcohol and illicit drugs need to be verified, and the mother should be guided regarding adverse effects associated⁽⁴⁾.

Low-risk prenatal care may be performed by a nurse, obstetric or not, backed by the law of the Nursing Professional Practice, n. 7.498/86 and Decree n. 94.406/87. Furthermore, the nurse is responsible for performing the nursing consultation and prescription; prescribing medicines when established in public health programs and routine approved by the health institution; providing assistance to parturients, puerperal women and carrying out health education.

In Brazil, nurses perform low-risk prenatal care with greater frequency, at Basic Health Units (BHU) or Family Health Strategy (FHS). In case is detected some factor that can cause damage to the mother and the fetus in this assistance, there is the reference and counter-reference to another service⁽⁵⁾.

Nursing care to pregnant women who consume alcoholic drinks must be, among other aspects, focused on the early adherence to prenatal consultations. In many cases, this adherence occurs in the second or third trimester of pregnancy. Regarding the professional who will perform pre-natal care, he/she must be qualified for this practice and may be obstetric doctor, nurses and obstetric nurses. Importantly, their assistance must base on identification, treatment and control of diseases, prevention of complications, promotion of the well-being of the mother and the baby and reduction of maternal-fetal morbidity and mortality⁽⁶⁾.

Thus, the following question arises: are nurses working with pregnant women to prevent the consumption of alcoholic drink?

In this way, knowing the professional life story of nurses may provide subsidies to draw the attention of health professionals who work in prenatal care for the need to identify the consumption of alcoholic drinks, and to encourage the development of researches in this area, to better support health professionals' actions along with pregnant women.

Therefore, the objective of this study was to understand nurses' actions in pre-natal consultations regarding the prevention of alcoholic drink consumption.

METHODS

This is a qualitative, descriptive, exploratory research, with understanding basis, on the issues that involve women who consumed alcohol during pregnancy. The method used was the Life Story as a way to deepen the knowledge of the theme. This method results in a particular form of interview, called narrative interview, in which the researcher asks a person to tell the whole or part of his/her experience⁽⁷⁾. In this case: nurses' life story regarding their activities in pre-natal care with a focus on prevention of alcohol consumption.

This expression "life story" was introduced in France more than 20 years ago. Until then, the term, enshrined in the field of social sciences by French sociologist Daniel Bertaux, was Life History. This word, in turn, comes from the French word *histoire* and was translated into English in 1970, by the American sociologist Norman K. Denzin. He proposed a distinction with the use of two terms: life history and life story. The first is a literal translation and does not distinguish between the

story lived by a person and a narrative he/she could make about his/her life⁽⁸⁾.

In respect to the attentive listening, Nursing occupies a prominent place. The nurse uses and develops the sensitivity to understand the reality of the client, listening to his/her complaints and find, along with him/her, strategies that facilitate acceptance and understanding, contributing to the adaptation and modifications that, perhaps, have to be made because of his/her problem⁽⁹⁾. This fact, therefore, reiterates the importance of the method in the Nursing field.

Other studies that used life stories as a method, even with female alcoholics (without, however, contemplating pregnant women) have demonstrated that the participants felt at ease to express their experience with respect to the use of alcoholic drink, redeeming stories of the past, reflecting on the present and projecting into the future life prospects⁽¹⁰⁾.

Study participants were four nurses who performed pre-natal consultations at four Basic Health Units (BHU) in each region of the city of Rio de Janeiro: north, south, west and east zone (considered central region). This diversification was chosen to cover the actions of nurses in pre-natal care throughout the territory of Rio de Janeiro and not restricting to only one area of the city.

The choice of each BHU occurred randomly, separating them just by region and selecting those located closer to the Psychosocial Care Center for alcohol and drugs (CAPSad - *Centro de Atenção Psicossocial Álcool e Drogas*, in Portuguese). Only one nurse from each BHU was interviewed because not all BHU have more than one nurse for the pre-natal care. The selection in different locations is recommended in the Life Story method, once it favors the diversification of participants. Thus, nursing mode of action is not restricted to certain research scenario⁽⁷⁾.

The method provides for the researcher's need to become familiar with the research scenario, so that she learns about people and their daily lives. This occurred through the exposition of the research theme by through the BHU director. All interviews were recorded and performed on the same day of the exposition.

The collection of stories used an instrument composed of a header and questions relevant to their characterization: identification, time since graduation (in years), time working in

basic care (in years) and if an expertise, in addition to the guiding question: "Tell me about your work with pregnant women who consume alcoholic drinks during pregnancy".

The stories were identified with the pseudonyms: Nur1, Nur2, Nur3 and Nur4, according to the order of the interview.

The nurses felt uncomfortable with the researcher. They seemed to be feeling accused, assessed, which resulted in a tension when narrating their stories, evidenced by bodily movements, such as busy hands, legs shaking, concern to use other things (paper and computer). Despite being in a separate room, with doors closed and having the guarantee of non-interruption, because they were in a recorded interview.

As the method advocates, the researcher may not interfere with the narration of the participants, just showing them, by means of bodily expressions, the willingness to listen to them, exercising, in this way, the attentive listening. Moreover, if related to the proposed theme, something already said by the participant can be resumes, asking for further clarification, without, however, introducing new questions, in addition to the guiding question of the interview.

The research project was assessed by the Research Ethics Committee (REC) of the Health and Civil Defense City Department of Rio de Janeiro (SMSDC/RJ), with opinion approved under the number 1.205.233 on 28 August 2015. Participation was voluntary, respecting the anonymity of the interviewees and of the information supplied, according to the Resolution 466/12 of the National Health Council.

The recorded material will be retained in the possession of the researcher, in scanned file, for a period of five years, and then destroyed.

All interviews were fully transcribed, soon after their completion, preserving the errors and defects in the Portuguese language. Soon after, a floating reading of the narratives was made in order to identify those that approached by similarity. Thus, the cores of meanings contained in the narratives could be identified. The presence and frequency of the meaning cores, present in a narrative, consist of a pre-analysis⁽⁷⁾. In this phase, the fragments of narrative are read in conjunction in order to deplete all of the material.

This observation was marked in a fragment of transcribed narrative itself by using the same color, and received the same title. This step,

called coding, originated the meaning cores: (a) pregnant women's lack of knowledge about alcohol consumption; b) lack of knowledge about harmful effects of alcohol during pregnancy; c) (non) guidance on alcohol in pregnancy; d) accepted to drink socially in pregnancy; e) only alcohol dependence leads to problems in pregnancy; f) fear of interference in the professional-patient relationship; (g) alcohol is bad only at the beginning of pregnancy; h)

alcohol is not considered a drug; (i) no guidelines explaining that women will not understand it; j) acknowledgement about the inability to properly guide; k) deviation from the focus on alcohol, focusing on cigarette/tobacco.

Next, there was the recoding, which consists of rereading and comparing the meaning cores. The number of times they appeared was counted in order to characterize their recurrence, according to Frame 1.

Frame 1 - Nurses' meaning cores.

	N1	N2	N3	N4	Total
Pregnant women's lack of knowledge about alcohol consumption	x	x	x	x	4
Lack of knowledge about harmful effects of alcohol consumption during pregnancy	x	x	x	x	4
Guidance on alcohol in pregnancy	x	x	x	x	4
Accepting to drink socially in pregnancy	x		x	x	3
Only alcohol dependence leads to problems in pregnancy	x		x	x	3
Fear of interference in the professional-patient relationship	x	x	x		3
Alcohol is bad only at the beginning of pregnancy	x		x	x	3
Alcohol is not considered a drug				x	1
No guidelines explaining that women will not understand it	x			x	2
Acknowledgement about the inability to properly guide	x				1
Deviation from the focus on alcohol, focusing on cigarette/tobacco		x		x	2

After re-transcriptions, re-readings and re-codifications were grouped and summarized, originating the analytical categories that were compared and analyzed by thematic analysis. In this technique, data were grouped by topic and reviewed by the researcher to be sure that all manifestations were included and compared⁽⁷⁾.

RESULTS AND DISCUSSION

Four nurses were interviewed. The time since graduation varied: one had finished graduation six years before (with less than two years working in basic care), whereas another had finished graduation 30 years before, with 20 of them dedicated to basic care. All nurses had post-graduation, being the specialization in Family Health the most frequent one (Figure 1).

Figure 1 - Characterization of nurses participating in the study.

Code	Graduation	Time working in the Primary Care	Specialization
Nur1	6 years	1 year and seven months	- Health Audit and Systems. - Health Management. - Family Health (in progress).
Nur2	10 years	5 years	- Family Health
Nur3	13 years	3 years	- Collective Health.
Nur4	31 years	19 years	- Collective Health. - Occupational Nursing. - Family Health. - Community Health.

Source: prepared by the authors.

Some pregnant women feel constrained to reveal their dependence for health professionals in primary care. They feel afraid of being judged, which can contribute to the lack of access to information regarding the possibility of obstetric complications and cognitive problems in children

in the long term⁽¹¹⁾. In addition, health professionals face difficulties in the identification and intervention in matters relating to the use of alcohol, especially doctors and nurses, especially those inserted in the Family Health Strategies⁽¹²⁾.

In this way, this study found that women omit consumption, as narratives show: "I didn't meet any pregnant woman who mentioned really making use of alcoholic drink [...] none of them came to tell me that was making use of alcoholic drink" (Nur1). "I mean, to tell us, they don't say... we cannot say we have a pregnant woman who speaks openly that makes use of an alcoholic beverage, we don't have" (Nur2). "So many of them hide it from us. Some feel very ashamed, some arrive here and do not say anything. They do not even mention they smoke, even less mentioning alcoholic drinks". (Nur3). "I have never met one, at least during the interview, they never mention making use of alcoholic drink" (Nur4).

The MH emphasizes that among the risk factors for pregnancy is dependence of licit drugs (including alcohol) or illicit drugs. If one or more risk factors are identified, the pregnant woman must be treated in the BHU. Cases not provided for shall be forwarded to the specialized care, which will make the appropriate evaluations and follow to the monitoring during the prenatal period⁽¹³⁾. However, this study showed that nurses find numerous difficulties to address the prevention of problems and the recovery of diseases caused by alcohol consumption, especially in pregnant women.

The consumption of alcoholic drinks by pregnant women is being underdiagnosed by professionals who work in prenatal care services. At the same time, consumption can be detected, but not recorded in the medical records, which means a devaluation of the data relating to the life style of these pregnant women as influential factor in gestational development⁽¹⁶⁾. The lack of academic training of health professionals to detect consumption, along with the absence of practical and sensitive tools, allow for the development of serious problems that could affect the health and its biopsychosocial aspects⁽¹⁷⁾.

The lack of professional training to address and detect the consumption of alcoholic drinks begins in the graduation, once this matter is not addressed and encouraged during undergraduate studies. A study conducted in 2010 in João Pessoa found that nurses' professional training lack the approach to the use of alcohol and other drugs. The nurse's role is restricted to sending those users to more specialized services, in mental health, and, in some cases, advising to seek these services⁽¹⁸⁾. Modifying the profile of the

professional under training will change indicators of quality of care to the health of the mother-infant segment⁽¹⁹⁾.

Research conducted in Rio Grande do Sul demonstrated that the approach to combating the use and abuse of alcohol by nurses of Basic Care focuses on teenagers and schoolchildren/university students⁽¹⁶⁾. A study conducted in Paraná underlined that the confirmation of ethyl consumption during pregnancy is not easy to be obtained, relating it to the probable embarrassment of women to inform their real consumption, or also the professional's unpreparedness to investigate or value complaints that could be linked to the habit of drinking⁽¹⁸⁾.

Another study in Australia revealed that, although the Nursing looks at the problem of alcohol consumption, it does not feel the need, by lack of guidance in their academic training, to screen users of illicit drugs in pregnancy⁽¹⁹⁾.

In this way, corroborating the literature, the interviewed nurses, in this study, perform pre-natal care with an emphasis on content covered in their graduation, i.e., guided by the subjects of women's health, covering aspects of the pregnancy-puerperal cycle, without, however covering alcohol consumption during pregnancy. They reported not being able to know about this consumption, unless the woman expose this fact: "Because we don't receive training for this, directly addressing alcohol, right?... so, it depends on the conducts of each professional... because the training we receive is overall pre-natal" (Nur1). "But, in fact, I can't know... and I have everything well written, this will always be missing. Because I depend on her sincerity with me, you know? I can't know if they drink or not [...]" (Nur2). "Well, I work with community and with community something very common to happen is a pregnant woman with alcohol use. I mean, to tell us, they don't say [...], so we cannot know if they drink or not" (Nur3).

A nurse interviewed in this study stated that a course focused on the work with alcohol and drug users is essential. However, even instigated by the researcher to provide more data about this course and how it can assist in the practice to prevent alcohol consumption during prenatal care, she did not describe effective strategies for prevention/early detection: "Today I have another luggage, because I ended up attending the course on alcohol and drugs... which brought me a lot of luggage, too much

information... with which I could help these patients. So, when we get to this unit, some employees have already attended the course... And when it comes to pre-natal care, when she says something that gives me space, we address these issues, we talk... many times I only listen, I listen more than I speak. Then, I approach them... if they say something like this: "Oh, I smoke a lot!!" Then I ask, why? The cigarette gives you pleasure? It makes you comfortable... so they say: "Ah, I use marijuana"! And I say, explain it to me... naturally. It is natural... I ask: how do you use it? What do you use? Have you been drinking alcohol, why? How many times do you use it... When did you begin to drink? When did you feel the first desire to consume alcohol? Did you use it only at the beginning of pregnancy? This is my approach" (Nur4).

The narratives presented show the inability of the nurses interviewed in this study to ascertain the real use of alcohol by pregnant women they meet. They consider that the only way is the women's narratives. In its absence, they infer they do not use alcohol. Only one nurse considered herself able to detect this consumption, after attending a course offered in the city of Rio de Janeiro. Nevertheless, her narrative showed that her strategy to identify alcohol consumption depends on the spontaneous report of the pregnant woman on this consumption.

The direct questioning about the use of alcohol seems to be the least effective strategy to identify the problem. On the contrary, it tends to hinder the professional-client relationship, since pregnant women using drugs already have low adherence to prenatal care and tend not to report the consumption of drugs, especially alcohol and cocaine, to professionals meeting them⁽²⁰⁾.

MH recommends that pregnant women and their companions should receive guidelines, as well as the joint construction of strategies for prevention of alcohol use, in order to promote the reduction of its complications. In this sense, one of the strategies that can be used by professionals of the FHS consists of health education⁽¹³⁾ during the home visits, for example, when they must elucidate for pregnant women the effects and consequences of such use for them and for the conceptus. They also must establish dialog between professional/client and promote the exchange of information relating to the monitoring of pre-natal care⁽⁸⁾.

Strategies such as open listening and frank dialog, without the presence of prejudices and judgments, can be used, in order to allow for the explanation of pregnant women about their needs, allowing for the establishment and strengthening of the bond with the health care professional⁽²¹⁾.

Furthermore, specifically for women in more advanced stages in the consumption of this drug, there is the strategy of harm reduction (used in CAPSad) that seeks to minimize the physical, psychological and social harms, aiming at the psychosocial rehabilitation and reinsertion. Such strategy should act as the natural need of women, in order to ensure the promotion of their citizenship rights⁽²²⁾.

This study revealed the omission of women about the consumption of alcoholic drinks and the nurse's non-detection of this matter. And, once more become evident the nurses' expectations that pregnant women manifest, spontaneously and openly, the consumption of alcoholic drink: "All I have asked, as I recall, they say they do not drink... some had smoked before, but then, after finding out about pregnancy, quitted smoking... but none of them mentioned alcoholic drink" (Nur1). "They don't talk...currently, we have one that has been missing the appointments, we perform her follow-up, but she has missed the appointments... and we have asked the CHA to do the active search for her, because she has not been attending and making the correct follow-up. But, I mean, saying we have a pregnant woman who speaks openly about alcoholic drinks, we don't have. If they do not speak, we cannot help them" (Nur2). "They say in the interview that they do not use, they know it is bad... it is what they say... then we have no other choice but to believe them..."(Nur3).

The narratives found in this study show that, if pregnant women do not speak openly about alcohol consumption, the nurses may not help them regarding prevention. That is, there was no focus on adherence nor women's participation in their own care. This participation was still hampered as regards information received about harmful effects of alcohol use, because some nurses consider that the harm to the fetus will occur if the pregnant woman make constant/daily use, i.e., is dependent: "They always say they drink only once in a while, a beer or another, so nothing about drinking every day, you know?" (Nur1). "Then I say: but if you drink

beer on Saturday and are pregnant, then you drink beer on other days as well? But I know they are not dependent" (Nur3).

Another problem found in this study reflects the unpreparedness of nurses in the prevention of alcohol consumption during pregnancy, referring to the idea that the sporadic drink (which, in their conception, fits into the meaning of social drinking) would not harm pregnant women and fetuses (or, at least, the losses would be lower than if they were dependent), as can be observed in the narratives below: "I always ask during the first consultation, when we get to meet the pregnant woman, I always ask... then, sometimes, they say they drink socially, at the weekend" (Nur1). "And they say: "ah, only during meals... once in a while... socially..." these are the basic answers. Or: "ah, a beer because everyone needs a break!" (Nur2). "Or they say: "no, when I found out I was pregnant I stopped... or they say they reduced... that they began to drink socially... you know." I say: "Ah, ok!, it's ok..." (Nur4).

For the common sense, drinking in moderation is to drink socially. But the concept of social drinking is subjective and depends on the point of view of each person and means drinking the acceptable by society. On the other hand, moderate drinking represents, implicitly, the idea that there is no harm to anyone who consumes the drink, which is not correct.

The safe amount of alcohol that a pregnant woman can consume is not defined in the literature, which justifies the recommended total abstinence during the whole gestation. Not only for women who are pregnant, but also before conception, because a good part of the effects are in the early stages of embryonic development leading to serious chromosomal aberrations⁽²³⁾.

Alcohol in the form of drinks (wine, beer, whiskey, gin, vodka, and liqueur) causes damage, regardless of the amount or alcoholic level. A proportional standard dose of beer, wine or *cachaça* has the same amount of pure alcohol: 0,2g⁽²³⁾. In contrast, the nurses interviewed in this study believe that the type and/or amount of alcohol consumed during pregnancy is responsible for causing damage to the pregnant woman and the fetus, as well as the fact of being dependent or not: "[...] and I think that drinking a beer at weekends, those that are not dependent, that can spend a long time without drinking, have no dependence" (Nur1) "[...] So, I really do not

see you as an effective alcohol of alcohol, you know?" (Nur3). "[...] because we know that the use of alcohol, depending on its doses, will interfere with the glucose consumption, in the formation of the liver [...]" (Nur4).

A big mistake, especially in primary care professionals, consists of being concerned with the problem of alcohol only when the user is already dependent on drugs. The professional must have tools to identify the level of use of alcohol and other drugs, especially in pregnant women, and may define more appropriate intervention strategies⁽²⁵⁾.

In this context, the Ministry of Health has made a commitment to ensure, together with health professionals, safe motherhood for all women, including those who make use of alcohol and other drugs. For this purpose, it proposes actions focused on prenatal care, childbirth and puerperium, in humanized environment and service focused on listening, without discrimination for women users of drugs, since they tend to develop complications during pregnancy and require greater attention⁽²⁵⁾.

Nonetheless, this study showed that health services and professionals are not prepared to deal with the specificities of women and promote personalized service geared to their needs.

The mistaken knowledge leads nurses interviewed in this study to ineffective and inefficient guidelines to pregnant women. Their (non-) guidelines go through various paths, lose themselves in the midst of their narratives and cannot reproduce, with accuracy and objectivity, the harm caused by alcohol: "Yeah... I always address it in the first consultation, what the drink represents to her... to know if there is some degree of dependence or not... I guide the pros and cons, what we can do to try to reduce as much as possible, the issue of harm reduction, right? Try to improve as much as possible not to harm the baby... we also have to talk more about it, but the baby's development is very important"(Nur1). "Normally, we ask if she knows how bad it is to consume alcoholic drinks during this period... we ask why she consumes that... they are usually very young girls from communities, so it is really very difficult people for us to put it into their head, the harm of consuming alcoholic drinks [...]" (Nur2). "[...] my guidance was that now is the time to take care of the baby, it's another life, so the best is to avoid... I tell her that I'm not going to approach her and say "Look, you cannot drink" (increases the voice

tone) because I never know what is going to happen when she is at a party... but the best is not to consume alcoholic drink. Pregnancy and alcohol do not mix. As well as alcoholic drink does not combine with direction. So, I say it... then they begin to laugh!!! So, I advised in the sense... (pause to think) of the malaise, fatigue. Not because of prejudice. We know that, indeed, alcohol brings consequences... I know it brings. And many. Then they ask me: "Ah, will my baby be born with two heads?" I say: no. It's not like this. Your baby will not be born with two heads. But you will harm its entire development that could be very healthy... without having an interference of the alcohol. Alcohol is a drug. It is ethyl, we know it brings consequences..." (Nur3). "[...] during the reception, during the consultations, I reinforce, at least, the importance of not making use of drinks...not smoking [...]. Then I explain what it can cause to the baby... I talk about alcohol ingestion, what it can cause to the baby... and the importance of not using it, you know? This is what I talk about..." (Nur4)

Another misguided information found in this study regards the fact of believing that the alcohol only causes harm at the beginning of pregnancy: "Why are you consuming alcohol? How many times do you use it... When did you start drinking? When was the first time you felt like drinking alcohol? Did you use it at the beginning of pregnancy?" (Nur1). "Then she said that she was able to pass through, because in the first two months she drank it [...]" (Nur3). "[...] But you know it is complicated for the fetus, mainly in the first trimester because the baby is beginning its development... and this interferes with it [...]" (Nur4).

In fact, the first trimester of pregnancy is characterized by the formation of the structures of the fetus, such as the development of the neural tube, and alcohol consumption in this period can affect this entire process. Moreover, the abusive use of alcohol in the first weeks of pregnancy may be related to cases of spontaneous abortion, and its consumption between the 3rd and 8th weeks may cause greater risk of physical deformations. However, the consumption of alcohol during the pregnancy may also bring other injuries: during the second and third trimesters, it causes growth and development disturbances, in addition to compromising factors during childbirth, such as risk of infections, placenta praevia, uterine

hypertonia, premature labor and meconium-stained amniotic fluid⁽²⁵⁾.

Although the nurse has great potential to recognize the problems related to the use of alcohol and other drugs, as well as to develop care actions, this study showed that they were not able to portray in their narratives their conducts with respect to the prevention of the use and abuse of alcohol during pregnancy.

CONCLUSION

The study contributed to broaden the discussion about the importance of preventing alcohol consumption by pregnant women during prenatal consultation, performed by nurses, the need to guide them on this issue, during their professional training and to encourage the development of researches in this area, in order to better support health professionals' actions together with pregnant women.

Nurses' narratives demonstrated the fragility of knowledge and conduct in relation to the prevention/early detection of alcohol consumption during pregnancy. The interviewed nurses do not have strategies that are capable of detecting the consumption of alcoholic drinks. This is restricted only to the negative responses of pregnant women when asked about the consumption of alcoholic drinks. They did not describe, in their narratives, which harms alcohol can bring to the pregnant woman and the fetus.

The nurses in this study are vulnerable in their working environment. Despite having public policies directed to the problem of alcohol, they did not report how they combine these public health policies with their practice with pregnant women who consume alcoholic drinks.

This study pointed to the fragility of the process of recognition of alcohol consumption during pregnancy. The nursing assistance has been offered, but still with parsimony.

The narratives of the four nurses who perform prenatal care in the Basic Health Units revealed they are not prepared and are not aware of this limitation since they do not feel the need to improve the ability to detect the consumption of alcoholic drinks during pregnancy and how to intervene in each case. They restrict to accept the negative response from their clients, while they omit with fear of reprisals or losses in the services of pre and post-natal care.

Despite the limited number of interviews, the research has brought many thoughts to the

practice of prenatal care and for professional training in health. The theme here addressed is of universal character, and the literature still records important gaps of knowledge in the area. There is need for more qualitative studies discussing the life context of women who consume alcohol during pregnancy. These researches also need to value more the particularities in this life phase in order to obtain results that favor better and greater adherence to prenatal care.

REFERENCES

- 1- Carvalho JES, Liotti DBM, Lenz MCR. CAPS AD e alcoólicos anônimos: o processo de tratamento sob o ponto de vista dos usuários. *Cad Bras Saúde Mental* 2015 [citado em 15 jan 2018]; 7(16):41-61. Available in: incubadora.periodicos.ufsc.br/index.php/cbsm/article/viewFile/2339/4326
- 2- Rodrigues LPS. Efeitos no feto da ingestão de álcool durante a gravidez [dissertação]. Porto: Universidade Fernando Pessoa; 2014.
- 3- Zanoti-Jeronymo DV, Nicolau JF, Botti ML, Soares LG. Repercussões do consumo de álcool na gestação—estudo dos efeitos no feto. *Braz J Surg Clin Res.* 2014 [citado em 15 jan 2018]; 6(3):40-6. Available in: https://www.mastereditora.com.br/periodico/20140501_181135.pdf
- 4- Brasil. Ministério da Saúde. Atenção ao pré-natal de baixo risco. Brasília: Ministério da Saúde; 2012.
- 5- Carvalho GM, Folco G, Barros LMR, Merighi MAB. Análise dos registros nos cartões de pré-natal como fonte de informação para a continuidade da assistência à mulher no período gravídico-puerperal. *Rev Min Enferm.* 2014 [citado em 21 jan 2019]; 8(4):449-54. Available in: <http://www.reme.org.br/artigo/detalhes/704>
- 6- Rocha RS, Bezerra SC, Lima JWO, Costa FS. Consumo de medicamentos, álcool e fumo na gestação e avaliação dos riscos teratogênicos. *Rev Gaúcha Enferm.* 2013;34(2):37-45. DOI: [10.1590/S1983-14472013000200005](https://doi.org/10.1590/S1983-14472013000200005)
- 7- Bertaux D. Narrativas de vida: A pesquisa e seus métodos. Natal: Paulus; 2010.
- 8- Rodrigues LPS. Efeitos no feto da ingestão de álcool durante a gravidez [dissertação]. Porto: Universidade Fernando Pessoa; 2014.
- 9- Camilo SO, Maiorino FT. A importância da escuta no cuidado de enfermagem. *Cogitare Enferm.* 2012;17(3):549-55. DOI: [10.5380/ce.v17i3.27826](https://doi.org/10.5380/ce.v17i3.27826)
- 10- Aguiar DO. Narrativas de vida de mulheres alcoolistas: Contribuições para a prática da enfermeira no CAPS AD [dissertação]. Rio de Janeiro: Universidade do Estado do Rio de Janeiro; 2014.
- 11- Kassada DS, Macon SS, Waidman MA. Percepções e práticas de gestantes atendidas na atenção primária frente ao uso de drogas. *Esc Anna Nery* 2014;18(3):428-34. DOI: [10.5935/1414-8145.20140061](https://doi.org/10.5935/1414-8145.20140061)
- 12- Baptista FH, Rocha KBB, Martinelli JL, Avó LR, Ferreira RA, Germano CMR. Prevalência e fatores associados ao consumo de álcool durante a gravidez. *Rev Bras Saúde Mater Infant.* 2017;17(2):271-9. DOI: [10.1590/1806-93042017000200004](https://doi.org/10.1590/1806-93042017000200004)
- 13- Oliveira EC, Barbosa SM, Melo SEP. A importância do acompanhamento pré-natal realizado por enfermeiros. *Rev Cient FacMais* 2016 [citado em 15 mar 2018]; 7(3):1-15. Available in: <http://revistacientifica.facmais.com.br/wp-content/uploads/2017/01/Artigo-02-A-import%C3%A2ncia-do-acompanhamentopr%C3%A9natal-realizado-por-enfermeiros.pdf>
- 14- Santos RMS, Gavioli A. Risco relacionado ao consumo de drogas de abuso em gestantes. *Rev Rene* 2017 [citado em 15 mar 2018]; 18(1):35-42. Available in: <http://www.periodicos.ufc.br/rene/article/view/18864/29597>
- 15- Varela DSS, Sales IMM, Silva FMD, Monteiro CFS. Rede de saúde no atendimento ao usuário de álcool, crack e outras drogas. *Esc Anna Nery* 2016;20(2):296-302. DOI: [10.5935/1414-8145.20160040](https://doi.org/10.5935/1414-8145.20160040)
- 16- Portela GLC, Barros LM, Frota NM, Landim APP, Caetano JA, Farias FLR. Percepção da gestante sobre o consumo de drogas ilícitas na gestação. *SMAD, Rev Eletrônica Saúde Mental Álcool Drog.* 2013;9(2):58-63. DOI: [10.11606/issn.1806-6976.v9i2p58-63](https://doi.org/10.11606/issn.1806-6976.v9i2p58-63)
- 17- Pinheiro TM, Marques SIR, Matão MEL, Miranda DB. Fatores que influenciam na indicação da via de parto. *Rev Enferm Cent-Oeste Min.* 2016;1(6):2066-80. DOI: [10.19175/recom.v0i0.986](https://doi.org/10.19175/recom.v0i0.986)
- 18- Sabino VGRS, Costa NS, Bracarense CF, Duarte JMG, Simões ALA. A percepção das puérperas sobre a assistência recebida durante o parto. *Rev Enferm UFPE* 2017;11(10):3913-9. DOI: [10.5205/reuol.12834-30982-1-SM.1110201728](https://doi.org/10.5205/reuol.12834-30982-1-SM.1110201728)

19- Araújo AJS. Vulnerabilidades de gestantes envolvidas com álcool e outras drogas [dissertação]. Salvador: Universidade Federal da Bahia; 2014.

20- Rocha PC, Alves MTSSB, Chagas DC, Silva AAM, Batista RFL, Silva RA. Prevalência e fatores associados ao uso de drogas ilícitas em gestantes da coorte BRISA. Cad Saúde Pública 2016;32(1):1-13. DOI: [10.1590/0102-311X00192714](https://doi.org/10.1590/0102-311X00192714)

21- Alencar Junior H, Ferraz RRN, Rodrigues FSM, Errante PR, Zanato LE, Silva RN. Conhecimento de alunos ingressantes de cursos da área da saúde sobre a síndrome alcoólica fetal. Rev. Unilus 2015 [citado em 15 mar 2018]; 12(27):32-5. Available in:

<http://revista.unilus.edu.br/index.php/ruep/articloe/view/377>

22- Bucher B. Alcoolismo feminino e gestação: Prazer e deficiência andam juntos. Rev Conexão 2015 [citado em 15 mar 2018]; 12(1):1-13. Available in: revistaconexao.aems.edu.br/wpcontent/plugins/download.../download.php?id=1156

23- Brasil. Secretaria Nacional de Políticas sobre Drogas. Detecção do uso e diagnóstico da dependência de substâncias psicoativas: Módulo 3. 9a ed. Brasília, DF: Secretaria Nacional de Políticas sobre Drogas; 2016.

24- Brasil. Ministério da Saúde. Política Nacional de promoção da saúde. 3a ed. Brasília, DF: Ministério da Saúde; 2010.

25- Zerbetto SR, Maciel LD. Importância de capacitação sobre a problemática do álcool: Percepção crítica dos profissionais de saúde. Saúde 2017;43(1):31-40. DOI: [10.5902/2236583421115](https://doi.org/10.5902/2236583421115)

Note: Development Agency: Qualitec Higher Level Scholarship (UERJ-InovUerj-Innovation Department and Higher Education Personnel Improvement Coordination (CAPES).

Doctoral Thesis Partial Report entitled: Alcohol consumption during pregnancy from the perspective of Afaf Meleis: contribution to nursing.

Received in: 21/11/2018

Approved in: 16/09/2019

Mailing address:

Tharine Louise Gonçalves Caires
Rua Professor Francisco Victor Rodrigues, 231 block A fit 1005

ZIP CODE: 75701-130 – Catalão/GO - Brazil

E-mail: tharinecaires@yahoo.com.br