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Knowledge and practices of care for pregnant women with hypertension

Saberes e práticas de cuidado de gestantes com hipertensão

Conocimientos y prácticas asistenciales de gestantes con hipertensión arterial

ABSTRACT

Objective: To analyze the knowledge and care practices developed by pregnant women with hypertension. **Method:** Qualitative research, developed in Primary Care, with ten hypertensive pregnant women. Data were obtained through individual semi-structured interviews and submitted to thematic content analysis. **Results:** Although pregnant women recognize hypertension as a high-risk condition, they demonstrated basic and superficial knowledge. This condition required care practices, such as physical exercise, healthy eating, reduced salt in meals, increased water intake, daily blood pressure control and correct use of antihypertensive medications. **Final considerations:** The weaknesses identified in the knowledge of pregnant women indicate the need to promote health education and disease prevention actions, which can also contribute to greater adherence to care practices.

Descriptors: Women's health; Pregnancy; Hypertension; Nursing.

RESUMO

Objetivo: Analisar os saberes e as práticas de cuidados desenvolvidas por gestantes com hipertensão. **Método:** Pesquisa qualitativa, desenvolvida na Atenção Primária, com dez gestantes hipertensas. Os dados foram obtidos por meio de entrevista semiestruturada individual e submetidos à análise de conteúdo temática. **Resultados:** Embora as gestantes reconheçam a hipertensão como condição de alto risco, elas demonstraram conhecimento básico e superficial. Esse agravo demandou práticas de cuidado, como exercício físico, alimentação saudável, redução do sal nas refeições, aumento da ingesta hídrica, controle pressórico diário e uso correto das medicações anti-hipertensivas. **Considerações finais:** As fragilidades identificadas nos saberes das gestantes indicam a necessidade de fomentar ações de educação em saúde e prevenção de agravos, as quais podem contribuir também para maior adesão às práticas de cuidados.

Descritores: Saúde da mulher; Gravidez; Hipertensão; Enfermagem.

RESUMEN

Objetivo: Analizar los conocimientos y prácticas de cuidado desarrolladas por gestantes con hipertensión arterial. **Método:** Investigación cualitativa, desarrollada en Atención Primaria, con 10 mujeres embarazadas hipertensas. Los datos fueron obtenidos a través de entrevistas individuales semiestructuradas y sometidos a análisis de contenido temático. **Resultados:** Aunque las gestantes reconocen la hipertensión como una condición de alto riesgo, demostraron conocimientos básicos y superficiales. Esta condición exigió prácticas de cuidado, como ejercicio físico, alimentación saludable, reducción de sal en las comidas, aumento de la ingesta de líquidos, control diario de la presión arterial y uso correcto de medicamentos antihipertensivos. **Consideraciones finales:** Las debilidades identificadas en los conocimientos de las gestantes indican la necesidad de promover acciones de educación en salud y prevención de enfermedades, que también pueden contribuir para una mayor adherencia a las prácticas de cuidado.

Descriptores: Salud de la mujer; Embarazo; Hipertensión; Enfermería.

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INTRODUCTION

Pregnancy is a period in a woman's life cycle that usually occurs without health changes, but involves complex adaptive changes, such as physiological, emotional, interpersonal and sociodemographic transformations. However, during this phase, some pregnant women may develop complications that can generate risks and/or maternal-fetal sequelae. These imbalanced conditions require monitoring and are classified as high-risk pregnancies(1,2).

Among the problems that can arise during pregnancy is arterial hypertension (AH), which is a chronic, multifactorial and silent comorbidity. It is caused by the compromised balance of the vasodilator and vasoconstrictor systems, and is characterized by the presence of high and sustained blood pressure levels above or equal to 140/90 mmHg. The main risk factors for the development of AH are obesity, excessive consumption of alcoholic beverages and salt, a sedentary lifestyle, advanced age and stress. Treatment is pharmacological, with the use of antihypertensives, and non-pharmacological, with the adoption of a healthy diet, physical activity, control of body weight and reduction of salt and alcoholic beverage consumption(3).

Arterial Hypertension can be classified as chronic, when it is observed before pregnancy or before the 20th week of gestation, or it can manifest as Gestational Hypertensive Syndrome (GHS), which consists of an obstetric pathology that appears in the second half of pregnancy. GHS appears most frequently in the third quarter, and may remain until delivery or in the immediate postpartum period, disappearing by the 12th week postpartum(4,6).

GHS affects approximately 10-15% of pregnancies worldwide(7), and in developing countries, such as Brazil, this number may be even higher(8). It is also a condition capable of increasing the risk of future cardiovascular events. Therefore, treatment does not only involve immediate maternal and fetal health, but may impact long-term cardiovascular outcomes for women(9).

In view of this, GHS is recognized as the first and leading cause of maternal and perinatal mortality in the world, occurring in 6 to 17% of nulliparous pregnant women and in 2 to 4% of multiparous women(10-12). Maternal mortality is understood as the death of women during pregnancy or within 42 days after delivery, involving deaths resulting from causes related to or aggravated by the pregnancy-puerperal cycle or by measures taken in relation to it and that are not related to accidental or incidental causes(13).

Maternal morbidity and mortality represents an important health indicator that allows the analysis of people's social and economic conditions and quality of life, indicating the social inequalities of a country(14). Thus, understanding GHS as one of the most important complications in the pregnancy-puerperal period, one of the goals of the Sustainable Development Goals is to reduce maternal mortality rates by the year 2030(15).

To this end, the importance of the work of the professional who conducts prenatal care is recognized, who, among other actions, needs to identify and value the knowledge and care practices developed by women diagnosed with hyper-

tension during pregnancy. In this regard, it is worth noting that the literature on the knowledge and care practices developed by pregnant women with hypertension is incipient. One study found that the care provided to these women basically involves changing habits, especially those related to diet, alcohol consumption and smoking(16).

A controlled, randomized and longitudinal clinical trial, developed with 120 pregnant women in a public maternity hospital in Fortaleza-CE, Brazil, found that the pregnant women who participated in the educational intervention proposed in the study presented greater adequacy in relation to knowledge, attitude and practice regarding GH, when compared to the participants in the control group. From this, the importance of health education actions was confirmed, recognizing that pregnant women with adequate knowledge and attitudes may present fewer risks and complications throughout the pregnancy-puerperal experience(17).

Therefore, it is necessary recognizing the knowledge of pregnant women in relation to complications that occur in the pregnancy-puerperal cycle, including GHS, because when planning prevention and treatment actions it is necessary to consider the cultural and social environment in which these women live(17). In this context, in which the living conditions, experiences and interactions of pregnant women with other people, groups and institutions are produced, it is understood that care practices emerge as actions and interactions, supported by formal and informal care systems, aiming to reduce complications caused by GHS(16). In view of the above, this study proposed to answer the following research question: what are the knowledge and care practices developed by pregnant women with hypertension? The aim was to understand the knowledge and care practices developed by pregnant women with hypertension.

METHOD

Qualitative, descriptive and exploratory research, developed in four Family Health Strategies (FHSs), located in the Western Border of Rio Grande do Sul, between May and September 2022. According to information provided by the Municipal Health Department, these four FHSs had the largest number of pregnant women. Therefore, data collection in these services was prioritized.

The participants were women who met the following inclusion criteria: having a diagnosis of hypertension previously or developed during pregnancy, regardless of age group. Women who had been diagnosed with GHS less than a month ago were excluded, as it was understood that this minimum period was necessary for the woman to be able to understand the condition and develop care practices related to this health condition.

The data saturation criterion was adopted. In this sense, the recruitment of new participants was closed after the recruitment of the 10th participant, at the time when the research objective was achieved and repetition of information was verified between the statements[18].

Data collection was carried out by previously trained nursing students. They went to the FHSs and presented the project to the nurses in charge. Then, dates and times were agreed upon, as well as the room where data collection would

be carried out, emphasizing the need to guarantee the participants' privacy.

On the agreed days and times, the students went to the services. They asked the nurses to indicate whether any of the patients waiting for prenatal consultations were being monitored for hypertension. They then approached the participants and gave a brief explanation about the purpose of the research and data collection.

The Informed Consent Form (ICF) was presented to those who expressed interest. After this stage, data collection was carried out through individual semi-structured interviews. The instrument was structured by the researchers and contained closed questions, used to characterize the participants, and open questions, linked to the research purpose. The participant was asked to record the entire data production process, with an mean data collection time of 20 minutes.

All the material was subjected to thematic content analysis[19], and in the first stage, the organization and then the in-depth analysis of the data produced were carried out. In the second stage, the material was explored; the data were categorized into units of meaning and thematic categories. Finally, the results obtained were processed and the research results were interpreted, from the perspective of the theoretical frameworks of the area. In particular, it is worth highlighting that the theoretical framework of care practices was used, understanding that they encompass social, individual or collective actions, permeated by popular and scientific knowledge, which reflect the values and principles of a given group[20].

The standards contained in Resolution number 466/2012 of the National Health Council of the Ministry of Health, which govern research involving human beings, were respected. The project was approved by the Ethics and Research Committee on December 9, 2021, with CAAE No. 52604121.3.0000.5323 and Opinion number 5,154,875.

RESULTADOS

Ten pregnant women with hypertension participated in this study, aged between 23 and 41 years. The majority self-identified as white (n = 4), had completed high school (n = 9), were married (n = 9), had a steady paid job (n = 6), and lived with a partner and children (n = 4). All of them already had children.

None of them consumed alcohol or tobacco. Most did not exercise (n = 8). Seven developed hypertension during pregnancy and the others had chronic hypertension. The majority used continuous medication (n = 6), such as Methyldopa, Acetylsalicylic acid, Glucophage, Metformin and Hydrochlorothiazide.

The results were divided into three categories. The first was called "They say that when hypertension appears during pregnancy": pregnant women's knowledge about arterial hypertension; the second was called "The pressure was sky high": living with hypertension; and the third was named "I started to take much better care of myself": care practices developed by pregnant women with high blood pressure.

"They say that when hypertension appears during pregnancy": pregnant women's knowledge about high blood pressure

The pregnant women's knowledge about high blood pressure was basic and

superficial. In general, they emphasized that this chronic condition was serious during pregnancy, emphasizing the maternal-fetal risk and complications at the time of delivery: "They say that when hypertension appears during pregnancy it is much more serious, you have to be even more careful because of the baby" (P01). "The only thing I know is that it is a risk for me and the child" (P02). "I understand that high blood pressure is dangerous during delivery, because I can have eclampsia and it can interfere with my natural delivery, which is what I want" (P06). "What I know is that high blood pressure during pregnancy is dangerous and we have to take much more care, because of eclampsia" (P10).

All participants reported that, during prenatal care, health professionals only mentioned that they had high blood pressure. According to them, they did not provide any information about the disease:

"They said during the triage: your blood pressure is high, you have to take care of it! I'm going to refer you to the physician, but that was it" (P01). "At first, when I found out, no one said anything, but then I started researching" (P02).

"The nurse at the clinic said she thought I had high blood pressure. She referred me to the 'postão' [referral service for high-risk pregnancies]. There, the physician said that I really did have high blood pressure, but nothing more was said" (P05).

"I came to a prenatal appointment with the nurse and my blood pressure was 220/120. She sent me to the hospital, but no one explained anything to me" (P07).

"Before the appointment with the physician at the clinic, during the triage, the nurse said that my blood pressure was very high. She just asked if I wasn't feeling anything" (P09).

Next, they mentioned the complications resulting from hypertension during pregnancy. Three participants reported that uncontrolled blood pressure can cause maternal-fetal death and premature birth. Three other participants indicated the risk of PE or eclampsia, and four pointed out the possibility of complications during delivery, placental abruption, stroke and acute myocardial infarction (AMI):

"I think I could die [...] I heard that pregnant women can get eclampsia when they are close to having a baby and that it can be fatal. I heard that this eclampsia happens because of very high blood pressure and that both the mother and the baby can die" (P01).

"I know it is dangerous for my life and for my baby. We could both die [...] I believe I could even lose the baby" (P02). "I think it is even more dangerous during pregnancy, because of pre-eclampsia [...] the baby can also be born prematurely, like my last one was born" (P03).

"I think I can have placental abruption, pre-eclampsia, eclampsia [...] I also think he can be born before the right time" (P04).

"I think I can have a stroke or a heart attack, or something worse with me or the baby [...] I think the baby can go into fetal distress if the blood pressure is too high, when I was there at the hospital they told me this" (P07).

"I think it can cause some serious problem with me or my son during the delivery" (P08).

"I think I can have a heart attack or

a stroke [...] I also think it can affect the baby's health during the delivery and the mother's health, during the delivery and after delivery" (P09).

"The blood pressure was sky high": living with Hypertension

Eight participants discovered that they had hypertension during pregnancy during routine prenatal appointments; two of them had already had the condition. Those who discovered this condition during pregnancy mentioned the onset of symptoms, such as intense headaches, dizziness, and blurred vision, which led them to seek out the FHS:

"I discovered it during a routine prenatal appointment" (P02). "I discovered it during one of my routine prenatal appointments with the nurse" (P06).

"A few days ago, I had a lot of pain in my head and neck, and I felt very dizzy. So, I went to the health center to get checked" (P04).

"I started to feel very unwell, with a headache, and I even fainted once. I went to the health center and told the nurse that I was feeling that way. She advised me to have my blood pressure checked and sent me to the 'postão' [referral service for high-risk pregnancies] for an appointment with the physician" (P05). "I went to the physician for a routine checkup and my blood pressure was 'sky high'" (P08).

"I felt those classic symptoms of high blood pressure, which were pain in the back of my neck, dizziness, and I could see everything black" (P09).

Five participants believed that they developed hypertension due to inadequate eating habits, and the others indicated that it was a consequence of the pregnancy itself, family heredity, stress, a sedentary lifestyle or being overweight:

"Well, I don't know, maybe because of a poor diet, the pregnancy or because my mother has it and it runs in the family" (P01).

"I think I developed it because of the pregnancy itself" (P02).

"I developed it because of my family history and also because I didn't take care of my health, like my diet, I don't exercise" (P04).

"I think it was due to stress, nerves, because the whole pregnancy went very well" (P07).

"I think it was because of my weight, poor diet and I also don't do any type of physical exercise, I'm very sedentary" (P10).

"I started taking much better care of myself": self-care practices developed by pregnant women with hypertension

Eight participants used to measure their blood pressure daily, two to three times a day. The others did not monitor their blood pressure regularly, only when they returned for routine prenatal appointments.

In addition, it was found that all participants made changes to their lifestyle habits after discovering their hypertension, including physical exercise, healthy eating, reducing salt in meals, increasing water intake, daily blood pressure control, and correct use of antihypertensive medications. They also mentioned that they stopped drinking alcohol and smoking and started to avoid stressful situations:

"Since I discovered I had high blood pressure, I check my blood pressure every day [...] I check my blood pressure in the morning and in the afternoon [...] I

changed my habits a lot after the hypertension, in terms of my diet, I try to exercise, but I don't always have time" (P01).

"Sometimes I check my blood pressure because I don't have a blood pressure monitor at home [...] I've changed my routine and habits a lot, I've started to take better care of myself, especially with my diet" (P04).

"I only check my blood pressure when I go to the physician, or when I'm feeling unwell I go to the health center [...] I try to go to the health center two or three times a week to check it, but I don't always manage to do so" (P05).

"Now that I'm pregnant and have this problem with high blood pressure, I check it every day, morning and night [...] after the hypertension, I changed my lifestyle a lot, I started to take better care of myself, I watch what I eat, I drink a lot of water, I try not to get stressed, because that increases my blood pressure too" (P06).

"I have a blood pressure monitor at home, the one you put on your wrist, I always check it in the morning and at night before taking my medication [...] after I discovered I had hypertension, I started to take better care of myself, especially with my diet, I even lost weight" (P10). Three participants reported that they received help from a family member to care for their hypertension, while the others performed the care without help. Among those who had family support, it was found that this came from their partner and son and mainly involved preparing meals: "I am the only one who takes care of my blood pressure" (P03). "Now my husband helps me a lot [...] he cooks and doesn't add too much salt to the food. I think this is a way of helping me take care of myself" (P05). "My husband has helped me a lot [...] he eats the same food as me, without salt. Whenever he can, he takes me to have my blood pressure checked at the health center" (P06). "My husband and my oldest son help me a lot [...] he helps me mainly with the food, because he is the one who cooks most days of the week at home" (P08).

DISCUSSION

In view of the findings, it is considered essential to identify the knowledge of hypertensive pregnant women about the development of this condition at this stage, since, from this, it is possible to understand its relationship with the health and disease process and care practices[21]. In this sense, as verified in the participants' statements and reinforced by the literature, the knowledge of pregnant women about hypertension and its complications is still incipient, and this fragility may dificult adherence to treatment[22].

In the study in question, it was found that the knowledge of pregnant women about hypertension was basic and superficial. However, they recognize hypertension during pregnancy as a high-risk condition and emphasized the maternal-fetal risk, which is also supported by the High-Risk Pregnancy Manual of the Ministry of Health[4].

From this perspective, it is recognized that it is necessary to identify the knowledge of pregnant women, since this may affect their attitudes and care practices regarding GH. This perspective reinforces the importance of educational actions during high-risk prenatal care, allowing for the improvement of the care provided to pregnant women[17].

Following this, it was found that most

participants presented hypertension during pregnancy. The discovery of this condition was associated with the manifestation of symptoms, such as intense headache, blurred vision and dizziness. This is consistent with a study developed based on oral reports from 35 women, in which they also identified hypertensive syndromes during pregnancy when they noticed the symptoms, motivating them to seek health care[16]. Furthermore, this finding is consistent with the literature, which indicates a high incidence rate of GHS in Brazil and worldwide, configuring it as the leading cause of maternal death[23].

Most participants believed that they developed hypertension as a result of poor diet. Others considered that the condition occurred as a consequence of the pregnancy itself or due to family heredity, stress, sedentary lifestyle and overweight. In this sense, it is essential to carry out nutritional monitoring during pregnancy, as this care contributes to the prevention and control of chronic non-communicable conditions, in addition to reducing morbidity and mortality rates. Nutritional control is also associated with positive outcomes in maternal and child health, promoting a good prognosis in the first years of the child's and woman's life[24].

The literature also mentions other risk factors related to the development of hypertensive disorders during pregnancy. Among them, family history, overweight, sedentary lifestyle, ethnicity, maternal age, smoking and alcoholism[25], some of which were also mentioned by the participants.

It is worth emphasizing that maternal age over 35 years is a risk factor, due to vascular impairment. In these cases, multidisciplinary health monitoring is essential in order to avoid complications for maternal and fetal well-being. In addition, weight gain before or during the gestational period favors the development of several disorders, such as hypertension, and can cause complications in the pre- and postpartum period[25].

According to the participants, when decompensated, hypertension can cause maternal-fetal death, premature birth, PE, eclampsia, placental abruption, stroke and AMI. In this sense, it is worth highlighting that high blood pressure has a harmful effect on the various systems of the human body, especially the vascular, hepatic, renal and cerebral systems. Furthermore, it is worth highlighting that these complications are the main causes of maternal death in Brazil and worldwide. The fetus can also be affected by this lack of blood pressure control, presenting intrauterine growth restriction, fetal distress, intrauterine death, acute respiratory distress, low weight and prematurity[26]. Along the same lines, a study indicates that decompensated BP during pregnancy can cause PE and eclampsia, which are some of the main complications resulting from hypertension, and can lead to maternal-fetal death[5].

These obstetric complications justify the need for access to prenatal consultations at an opportune time. They also reinforce the need for qualified care that allows the identification of risk factors, adequate management, and continuous monitoring of the pregnant women[27].

Adequate prenatal care can contribute to the prevention of maternal and fetal complications, allowing the healthy development of pregnancy and reducing

morbidity and mortality rates. However, to achieve this, measures are still needed to promote improved access, coverage, and quality of care during pregnancy, delivery, and the postpartum period[27].

In this scenario, it is important to highlight that, when symptoms appeared and hypertension was discovered, the participants stated that they were not guided by health professionals in the services where they received prenatal care, mentioning that the professionals only reported the change in BP, but did not provide further details about the condition.

Regarding health care for pregnant women with hypertension, the authors emphasize the need to create a bond of trust with users and establish goals and care plans. From this perspective, the implementation of educational actions is essential to guide women about the risks and complications associated with this condition, as well as about the need for adherence to treatment[6].

A controlled, randomized, longitudinal clinical trial, developed with 120 pregnant women in a public maternity hospital in Fortaleza-CE, Brazil, reinforces the importance of educational actions carried out by nurses as strategies that need to be included in health services, aiming at quality assistance in promoting care. These findings were highlighted by the authors after carrying out an intervention, using educational technology in the form of an educational booklet, during high-risk prenatal care for hypertensive pregnant women. They state that carrying out educational actions contributes to the guidance and therapeutic adherence, allowing the prevention of complications throughout the pregnancy-puerperal cycle[17].

In the meantime, Nursing emerges as a profession that plays a fundamental role in the care of women who experience AH during pregnancy, both at the primary care level and in hospital admissions. Therefore, it is important to highlight that nurses are one of the professionals who are most closely involved in the care of hypertensive pregnant women. Therefore, they have the ability to identify early signs and symptoms characteristic of hypertensive conditions, intervening before complications set in. In addition, these professionals can develop educational activities that allow greater empowerment of users for self-care, being able to plan, together with hypertensive pregnant women and other professionals in the health team, necessary care actions[28,29].

Regarding the care practices developed by pregnant women, which could involve social actions, individual or collective, permeated by popular knowledge from the informal system, as well as scientific knowledge, from the formal or biomedical system[20], it was found that the care practices of the participants were limited to the guidelines provided by health professionals. In this sense, measuring blood pressure was the care practice most mentioned among the participants; however, it is observed that this practice is not always understood as necessary, as pointed out by a study[27] that found that pregnant women only measured their blood pressure during monthly prenatal consultations.

Next, the practice of physical exercise, healthy eating habits, increased water intake, correct use of antihypertensive medications, total restriction on the use

of alcoholic beverages and tobacco were other practices mentioned by the participants. A similar finding was identified in another study, in which changes in habits, especially those related to diet, alcohol consumption and smoking, were highlighted as the main care practice developed by hypertensive pregnant women[16].

However, the literature indicates that physical exercise represents the main care practice developed by pregnant women. Therefore, it is worth mentioning that this practice reduces pregnancy discomfort, improves weight control, helps maintain physical fitness and health, and aids venous return and placental irrigation. However, this practice must be accompanied and monitored by trained professionals, so as not to cause harm to maternal and fetal health[27]. Associated with exercise, the adoption of healthy eating habits, with the reduction and control of sodium intake, is essential to enhance positive health results[27].

In view of these findings, it is observed that among the participants in the study in question, care practices linked to professional systems, guided by biomedical knowledge, predominate. In contrast to these findings, research on the health care itineraries of women with a history of hypertensive syndromes during pregnancy identified other care practices that go beyond the formal system, involving resources learned in the family and community, including the ingestion of vegetable juices and teas of various types, consultations with healers and home remedies. According to the authors, these resources are used by pregnant women when they encounter difficulties in accessing and resolving their problems in health services[16].

It was observed that the majority of participants performed care for the control of hypertension independently. On the other hand, three of them stated that they had the help of their partners and children. It is worth noting that family participation contributes to adherence to care practices, bringing benefits and satisfactory results in the physical and psychological spheres[30]. In view of this, the importance of encouraging the participation of the social support network in the care of pregnant women living with hypertension is reinforced.

In addition to participation, it is important to note that care practices can be influenced by the dynamics of interaction established between the members of the family network. In this sense, in line with the findings of this study, research indicates that the partner is seen as an important figure in health care. In some situations, he or she can be highlighted as a motivating agent for the continuity of prenatal care and, in others, as a producer of stress, helplessness and violence, increasing the risk conditions for the pregnant woman[16].

FINAL CONSIDERATIONS

The study made it possible to analyze the knowledge and care practices of pregnant women with hypertension. Through the testimonies, it is clear that pregnant women have basic and deficient knowledge about the development of the disease during pregnancy. This fragility may be associated with the care provided to this population, which may not have been prioritized in health education actions. At the same time, it is necessary to consider that health professionals who

accompany prenatal care may also have deficient knowledge about the development of this chronic condition during pregnancy.

Such perspectives may justify the fact that health professionals were briefly mentioned in the participants' testimonies. According to them, they indicated the presence of blood pressure changes, but did not provide detailed information about this condition. However, it is necessary to point out that health professionals can act as health promoters and educators, promoting specific and individualized care, in addition to educational actions that allow for early identification of risk situations and empowering pregnant women with hypertension for self-care.

It is worth noting that the research was developed with pregnant women enrolled in Primary Health Care, which may represent a limitation of the study. Therefore, it is necessary to conduct studies with women who use the supplementary health system, since they may have different knowledge and care practices. It is also necessary to identify the knowledge of health professionals and how they have shared this knowledge with pregnant women.

With regard to health education, the need for studies on educational technologies is still recognized, understanding that these can be integrated into the care of women who experience hypertensive syndromes during pregnancy. It is considered that the creation and validation of educational technologies can contribute to the construction of knowledge and to the development of and adherence to care practices.

It is considered that the findings of this study can collaborate in health care by providing support for the development of strategies aimed at pregnant women who experience or develop hypertension, encouraging the development of and adherence to care practices. It is also assumed that the findings can raise awareness among health professionals about changing the health care model, with a greater focus on health education and disease prevention actions.

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