


EDUCATIONAL INSTRUMENT FOR PRENATAL, CHILDBIRTH AND PUERPERIUM SUPPORT NETWORK: AN EXPERIENCE REPORT

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ABSTRACT

This is an experience report where some particularities were observed in prenatal, postpartum, and childcare consultations and the moments of reproductive planning of the population and the postpartum period. Many myths, empirical knowledge, fear of the new, and doubts that are taken home for fear of clarification are striking today, and are worrying

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both for professionals who approach society and for the population itself, who often for various reasons do not clarify their doubts, thus cultivating ignorance in the family environment and society. Given this, after several analyses, mainly of the population that seeks care in the ESFs, the development of a project began. After a conversation with unit managers and other professionals who gathered knowledge within the scope of Primary Care, with E-mult all involved, each one contributed with their perception of humanized and comprehensive health education, focused on the area of activity involving puerperal women in the municipality. However, the optimization of the health education process was so that pregnant women and their families could develop a pregnancy with more knowledge and less fear, making the entire period healthier and safer, minimizing and preventing possible complications. A training course, updating knowledge and demystifying various subjects about the entire pregnancy process up to the postpartum period was developed. The main objective of the study was to develop tools, whether technological or not, for a better approach to health education for the pregnant population and their support network. Providing safe and specific knowledge with a scientific basis. However, offering the population the opportunity to safely take the lead in their actions and care.

Keywords: Nursing. Prenatal. Pregnancy. Postpartum. Health Education.

INTRODUCTION

Prenatal care is crucial for promoting health, preventing diseases and injuries, and for stratifying the gestational process into low-risk or high-risk. Despite high prenatal coverage, there are still gaps in adherence to the minimum number of consultations and the quality of care, especially in less developed areas. Studies show that, although 90% of pregnant women receive monitoring, the quality of care is still unsatisfactory, especially for young and low-income women (Amorim et al., 2022). The purpose of prenatal care is to identify complications and provide continuous monitoring, promoting the health of the pregnant woman and the baby during pregnancy and postpartum (Tomasi et al., 2021). Maternal and fetal deaths occur for several reasons, and approximately 70% of these deaths are directly related to inadequate prenatal, delivery, and postpartum care. Given these data, it is assumed that there are serious flaws in the care provided to pregnant women and babies, emphasizing that the flaw can be both on the part of professionals and the pregnant woman herself, who, in many cases, does not give due attention and does not regularly participate in consultations to monitor the pregnancy. Estimates from the World Health Organization (WHO) indicate that approximately 830 women die every day due to problems related to pregnancy and childbirth worldwide, and 90% of these deaths could be prevented (Toss et al., 2023). Primary Health Care (PHC) is the main gateway for the population to enter the health system in Brazil, and is essential in the care of pregnant women (Amorim et al., 2022). The Family Health Strategy (FHS) is responsible for coordinating health care and promotion, with health education being an important element for the success of this approach, providing knowledge to the population and aiming to train them to prevent diseases and adopt healthy habits, promoting active participation in health choices and being the protagonist of their effects (Fittipaldi; O'dwyer; Henriques, 2020). Health education can offer preventive care and guidance on warning signs, minimizing risks for the mother-child binomial, and ensuring a healthy birth and postpartum period (Tomasi et al., 2021).

Immediate postpartum care is highlighted by the importance of the first six weeks, a critical period for the health of mothers and babies. This time can include postnatal exams, breastfeeding support, and relief of perineal pain and breast engorgement. Monitoring of emotional contact between mother and child needs to be optimized, identifying the process of puerperal blues, postpartum depression (PPD), or maternal anxiety (WHO, 2022).

Pregnant women and their families must have access to clear and up-to-date information about monitoring during pregnancy, childbirth, the postpartum period, and newborn care. Disseminating this information plays a crucial role in improving the quality of maternal and child health care, as it allows pregnant women to better understand the stages of their journey. Warning signs and preventive measures to ensure the health and well-being of both mother and baby. Well-structured information contributes not only to adherence to consultations but also to women's active participation in caring for their health and making informed and safe decisions. In this context, educational booklets and other informational materials are valuable tools, as they help to standardize the information provided by health professionals, ensuring that everyone receives the same level of guidance, based on scientific evidence. Furthermore, these tools can be shared with pregnant women's support networks, expanding the scope of care and creating a support network for women throughout their pregnancy and postpartum journey.

In particular, educational booklets used as a tool to perpetuate information demonstrate their functionality in managing the health of women and babies. It is believed that the use of this educational technology will help improve the support provided to pregnant women, and can be used at any time/context in which the pregnant woman is inserted, extending the educational tool to the support network. However, it can standardize the information provided by health professionals on the subject, as it contains the most up-to-date data and best evidence available in the literature. It is expected that the booklet will increasingly encourage the practice of humanized care, help pregnant women in decision-making, and encourage and empower women's protagonism throughout the gestational period until the postpartum period. The dissemination of in-depth information about the importance of prenatal care, which directly impacts the health of the mother/child binomial, with direct effects on childbirth, the postpartum period, with the need for family involvement and support network, becomes a daily challenge. Rio.

Various forms and technologies have been shown to facilitate the health promotion process, providing knowledge and encouraging adherence and improvements in self-care, contributing to a better quality of life for people. They can be used as support in the teaching-learning process, when they present current, attractive information with scientific evidence, including meetings, discussion groups, with exchange of experiences, as well as informative booklets/prints (Santos et al., 2023).

In this sense, a course “THE ARRIVAL OF A BABY” was developed, whose objective was to educate pregnant women and their families about care during pregnancy, childbirth, postpartum, and with the newborn, through dynamics and educational booklets.

METHOD

This is an experience report from September to November, prepared and carried out between 5/6/ and 7 November 2024, prepared by a tenth-semester nursing student, together with her supervising professor. The method used is a descriptive research tool that presents a reflection on an action or set of actions that address a situation experienced in the professional field of interest to the scientific community (Cavalcante, Lima, 2012).

The idea that underpinned this report came from the student, during her mandatory curricular internship as a Family Health team, in the municipality in question, where she noticed the lack of adherence of pregnant women and their families to health education groups focused on this topic, held in health units. Given this, in partnership with the Municipal Health Department, through the Primary Health Care Department, and with academics from the State University of Minas Gerais (UEMG), a health education moment was developed, treated as a course, aimed at the entire population, not just pregnant women, on the topics of prenatal care, childbirth, postpartum care, newborn care (NB) and involvement of the support network. The health education strategy as a course had a formative intention, since when it was announced there was a promise of a certificate and many people value it for their resume.

The municipality where this health education was held is classified as small, located in the expanded western health region and the Divinópolis health region. The municipality in question has 23,479 inhabitants according to IBGE data in 2022, and has an infant mortality rate of 21.35 per 1,000 live births, during the awareness period the municipality had 187 pregnant women, 368 children under one-year-old, 1,508 children in the age group considered early childhood (0 to 5 years, 11 months and 29 days). The municipality's health services are structured in primary and secondary care. The municipality has 10 Family Health teams (eSF), with support from Oral Health teams (eSB) and a Multidisciplinary team (eMulti). It also organizes assistance with support from the Health Surveillance sector, Child Psychosocial Care Center (CAPS, modality I), Municipal Emergency Care, Municipal Clinical Analysis Laboratory, Therapeutic Residence Service,

and Out-of-Home Treatment (Specialties). The entire process began with the need to involve health education, and prevention of maternal, infant, and fetal deaths, to ensure that more qualified information reached the territory in various ways. The steps to optimize the strategy were taken in the following order: 1) First, the student carried out a literature review of the content, 2) After providing a basis, she created a course schedule (Figure 1), together with the supervising professor, listing the most important topics, inviting professionals working in the city's own PHC department and students from other universities, in addition to planning how the event would be, 3) The student created a booklet for patients (Figures 2 and 3), summarizing all the information that would be taught in the course, not only to be used on the day but to serve as health information material during the prenatal consultation, 4) And finally, the meeting took place (Figures 4), which was characterized as a conversation, transmission of knowledge, with the removal of doubts, demystification of myths and appreciation of experiences and popular knowledge. After the elaboration and planning of the topics to be covered, the event was publicized, and it will be held on the following days: November 5, 6, and 7, 2024, lasting 3 hours each day. The evening schedule was chosen, considering that it would facilitate access for those who worked during the day. The event was publicized through posts on Instagram (Figure 5) and a video, with a script created by the student, based on her literature review, recorded by her, edited by the communications department of the city hall in question, which circulated on the city's social networks, such as Instagram, WhatsApp and Facebook.

80 vacancies were opened with dates Registration from 10/21/24 to 10/25/24, from 8:00 a.m. to 3:00 p.m. Registration took place in the Primary Health Care Department room, where registration was open for completion by telephone due to low demand, with an extension of the deadline after the announced date. The announcement informed that at the end of the course, participants would receive a training certificate issued by the Primary Health Care Department of the municipality, with attendance confirmed by the individual attendance list for each day.

Figure 1: Schedule prepared by the event organizing committee, Carmo do Cajuru, MG, 2024.

CRONOGRAMA			
PERÍODO DE INSCRIÇÕES		Do dia 21 ao dia 25 de outubro de 2024 - 08:00 h - 15:00 h - no Departamento de Atenção Primária à Saúde - Serão disponibilizadas - 80 VAGAS.	
CRITÉRIOS PARA PARTICIPAÇÃO		- Ser maior de idade - Comprovar residência em Carmo do Cajuru - Saber ler e escrever.	
FORMA		- 05, 06 e 07/11/2024 - 18:30 h - 21:30 h	
LOCAL DO CURSO		Aldilene Lúcia Guimarães	
DATA	HORÁRIO	TEMA	PROFISSIONAL
05/11/2024 - TERÇA FEIRA	18:30 h - 20:30 h	Importância do planejamento reprodutivo - consulta pré concepcional - diagnóstico de gravidez	18:30 h - 19:00 h - Abertura: João Marcos ou Bia ou Patricia Kelly apresenta a cartilha.
05/11/2024 - TERÇA FEIRA	20:00 h - 21:30 h	Pré Natal: Importância de se consultar regularmente, pré natal de risco habitual e alto, exames, medicamentos / suplementos, imunização, alimentação saudável, atividade física.	Roberta, Bianca, Eduarda, Nara.
06/11/2024 - QUARTA-FEIRA	18:30 h - 20:00 h	Parto: tipos de parto, sinais / sintomas, cuidados, sinais de gravidez, apoio familiar, direitos da gestante, plano de parto, hora de parto.	Gabriela, Camila
06/11/2024 - QUARTA-FEIRA	20:00 h - 21:30 h	Pós parto / puerpério: Lúgams, cicatriz de cesárea, episiotomia, involução uterina, principais cuidados, importância da amamentação para a mãe, blues puerperal, depressão pós parto, bem estar materno.	Samuel, Laeny, Milene Psicóloga
07/11/2024 - QUINTA-FEIRA	18:30 h - 20:00 h	Cuidados com RN: amamentação, banho, coto umbilical, importância da amamentação, mitos e verdades.	Laeny, Samuel, Acadêmicos UFSJ, Acadêmicos UEMG, João Marcos
07/11/2024 - QUINTA-FEIRA	20:00 h - 21:30 h	Manejo e prevenção da dor	Marcella, Ana Flávia
		Principais urgências materno infantil.	Dara Dentista
		Oficina de Shantala e Oflurô	
		Exe Natal Odontológico	

Source: The authors. Authorized publication by the municipality.

Figure 2: Care booklet with summary of course content information, part 01, Carmo do Cajuru, MG, 2024.

CUIDADOS COM O RECÉM NASCIDO

- Manter ambiente tranquilo, calmo, limpo e organizado;
- Lavar as mãos e as superfícies antes de tocar o bebê;
- Banho pode ser dado a partir do primeiro dia de vida, utilizando sabão neutro (ou glicerinado);
- Molhar o bebê: normalizar, não-lo em água morna, usar sabão neutro (ou glicerinado) e enxugar com cuidado, utilizando toalha ou lençol "observar a pele";
- Mamãe: Atender a fome demanda, sem horários rígidos. A amamentação é um processo biológico mas não é fácil, não deve ser forçado, peça ajuda, o médico(a) deve ser consultado(a) em caso de dificuldade que pode ter durado desde a gestação e pós parto;
- Bebê em distresse: monitorar exclusão não precisa oferecer água / chá;
- Monitorar sinais de desidratação: olhos fundos, boca seca, urina escurecida ou sem quantidade suficiente;
- Posição para dormir: sempre de barriga para cima até o quarto mês;
- Estimular movimentos, reflexos e observar de descongelar no berço;
- Se o bebê dormir na cama dos pais, proporcionar segurança para evitar acidentes;
- Agasalhar conforme a temperatura, evitando superaquecimento;
- Choro pode indicar fome, calor, frio, dor, medo ou fome;
- A rotina da casa, deve se adaptar ao ritmo do bebê e da mãe nos primeiros meses.

SINAIS DE ALERTA PARA PROCURAR PELO SERVIÇO DE SAÚDE IMEDIATAMENTE

Se a criança tiver menos de 2 meses de idade, você deve procurar IMEDIATAMENTE o serviço de saúde mais próximo de sua casa quando observar algum dos seguintes sinais de perigo:

- Bebê muito "molinho" e "cansado" - movimentando-se menos que o normal;
- Bebê muito sonolento, com dificuldade para acordar;
- Comunicação (choro) ou perda de consciência;
- Dificuldade ou cessação para respirar ou respiração rápida;
- Não consegue mamar;
- Vermelho todo o que ingere;
- Umbigo com vermelhidão ao redor ou com secreção amarelada;
- Temperatura do corpo baixa, menor ou igual a 35,5°C;
- Falta - temperatura maior ou igual a 37,5°C;
- Pele amarela ou vermelha;
- Cor amarelada da pele (icterícia), atingindo os braços e as pernas do bebê;
- Cor amarelada da pele em crianças com mais de 2 semanas;
- Urina escurecida;
- Fezes escuras;

PLANEJAMENTO REPRODUTIVO

A gravidez planejada é importante para a divisão de família, saúde da mãe e do futuro bebê, procure o seu PSF, pois durante a consulta será informado:

- Sobre métodos contraceptivos disponíveis no SUS e os que não estão, que melhor adaptação para a mulher, paridade e família;
- Educação sexual e reprodutiva, com os métodos que aliam de prevenir gravidez, prevenir as infecções sexualmente transmissíveis (ISTs);
- Em Carmo do Cajuru temos disponíveis: pilulas, injeções, contraceptivos (condomínios, anéis ou inserções / feminino e masculino), DIU, com inserção no seu PSF, Igaflore (Ginecologia) e vasectomia (medicina masculina).

PROCURE O PSF DA SUA REFERÊNCIA:

PSF Alvorada: Rua Quatro, 530 - Bairro Jardim Alvorada, Fone: 3429-0224

PSF Bonfim: Rua Vicente Patricio, 171 - Bairro Bonfim, Fone: 3429-0524

PSF Capim: Rua Ezequiel Pereira, 135 - Bairro Centro, Fone: 3429-0050

PSF Cidade Nova: R. Rua Disarmos, 122 - Bairro Cidade Nova, Fone: 3429-0634

PSF Nossa Senhora do Carmo: Av. E. 365 - Bairro Nossa Senhora do Carmo, Fone: 3429-0672

PSF Salgado: Rua do Comércio, 160 - Centro - Distrito de São José dos Salgados, Fone: 3429-0223

PSF São Luís: Rua Carlos José Fernandes, sem número - Bairro São Luís, Fone: 3429-0029

PSF Vitória: Alameda dos Lirios, 155 - Bairro Vitória, Rural, Fone: 3429-0634

PSF Zona Rural: Angicos: R. São Vicente, 135 - Angicos - Fone: 3429-0634 - R. Santa Antônia da Serra: R. Santa Antônia, 46 - SAG, Fone: 3429-0414

Carmo do Cajuru, MG - CEP: 35.957-000

Realização:

Departamento de Atenção Primária à Saúde de Carmo do Cajuru

Referências:

A CHEGADA DE UM BEBÊ

Orientações gerais

Pré-natal, Parto, Pós-parto, Cuidados com recém nascido e Planejamento reprodutivo

Educação em Saúde

Gestantes bem informadas reconhecem sinais e sintomas de risco. Buscam serviços de saúde rapidamente, reduzindo agravos. Permitem a atuação imediata e resolutiva dos serviços de saúde.

Acadêmica: Kelly Ferreira Dutra
Orientador: João Marcos Alves Melo
Coordenadora: Fernanda Marcelino

Source Authors.

Figure 3: Care booklet with summary of course content information, part 02, Carmo do Cajuru, MG, 2024



Source Authors.

Figure 4: Set of photos about the event, part 02, Carmo do Cajuru, MG, 2024.



Source: The authors. Authorized publication by the municipality.

The booklet that was created covered assessments, prenatal consultations, necessary tests available or not in the Unified Health System (SUS), health problems, what to do in emergencies when faced with signs and symptoms that may pose risks to the mother and child, where and who to turn to in emergencies; measures to minimize risks and health

problems; clarifying guidelines on high-risk prenatal care; actors in the multidisciplinary team; preparation for the baby's arrival; immunization of pregnant women and newborns, breastfeeding; postpartum care, assessment of affection between mother and baby.

Figure 5: Promotional art for the event on the city's communication networks, 2024.



Source: The authors. Authorized publication by the municipality.

RESULTS AND DISCUSSION

PHC care for pregnant women goes beyond the clinics and should involve the entire health team, offering support in several areas and contributing to comprehensive prenatal care, with the responsibility of promoting health education regarding prenatal care, childbirth, puerperium, reproductive planning, and family engagement in the care process, including the health of the newborn/child (Freitas et al., 2024).

When thinking about the event, a schedule was also considered, where the strategy used was to involve professionals who work in Primary Care in the municipality and nursing students who were also interning in the municipality. In addition to expertise in the subject, the professional bond can help in the synthesis of knowledge and even make the user more comfortable with discussions. The effective bond between health professionals and patients is essential to ensure a person-centered approach and better quality of care, facilitating health promotion, for example, encouraging healthy habits that tend to prevent chronic and worsening conditions (Silva et al., 2024).

Then, the creation of the booklet was considered as a way to summarize the information and be an instrument for disseminating information in the territory, as well as

serving as a reference tool for these pregnant women. After the booklet was created and properly organized, it was sent to PHC professionals to suggest changes and adaptations according to the reality of the territory/network organization/health flows.

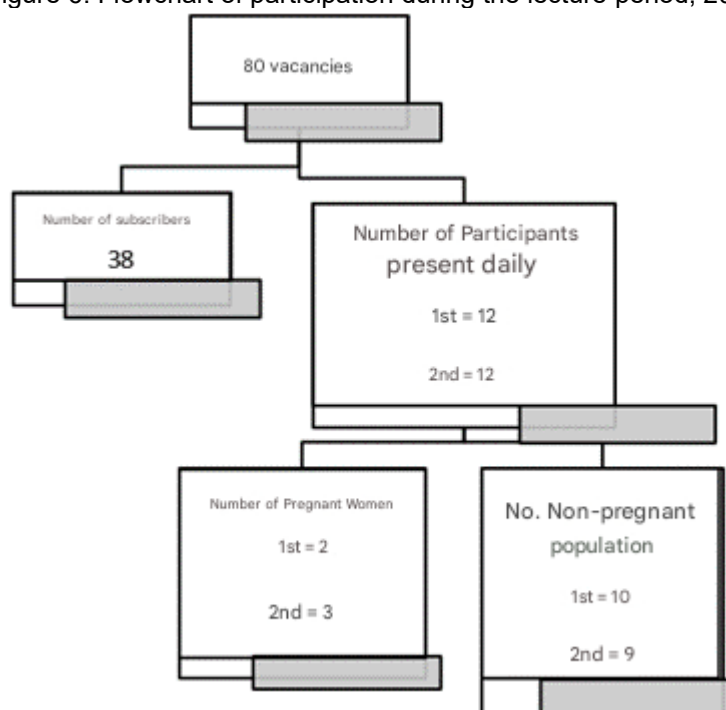
The booklet aimed to guide/reinforce the course content for pregnant women, postpartum women, companions, families, and health educators on the main doubts and concerns that comprise the pregnancy-puerperal process. It was evident that the construct does not replace prenatal consultations, but constitutes a guiding guide. Its implementation can not only strengthen the care provided but also facilitate the guidance of patients and family members, promoting an effective dissemination of information. Furthermore, educational initiatives such as this booklet offer significant benefits, in the sense of improving access to knowledge and developing essential skills in the teaching-learning process (Rosa, Trindade, Canabarro, 2024).

The recording of a video by the student with the support of the city hall's communications department for social media was intended to reinforce the importance of prenatal care and serve as an invitation for pregnant women, parents, and their support network to take the course. The development of this technology innovates the health education process, with the possibility of helping professionals get closer to patients and their families. It has the potential to reach a large audience and meet their needs, especially people with reading difficulties, because the videos are on digital platforms, accessible to those with visual impairments since the content is narrated; and those with hearing impairments since there is the option of viewing subtitles (Pontes et al., 2023).

The format of the course, which is open to everyone and emphasizes the pregnant woman's support network (fathers, mothers, uncles, grandparents, and friends), was strategic to consolidate assistance for them since pregnant women must have an emotional, physical, and practical support system during this period. Through this network, which can include family, friends, health professionals, and support groups, pregnant women find the necessary support to deal with physical and emotional changes and obtain information and guidance on prenatal, childbirth, and postpartum care, in addition to receiving encouragement and understanding. This network contributes to the mental health of pregnant women, thus promoting a safe and welcoming environment. Through sharing experiences and mutual support, the support network for pregnant women strengthens women's confidence and self-esteem (Abrantes et al., 2024).

The municipality in question has always acted effectively in health education processes. After the schedule was released, there were 38 registrants, with 12 people participating on the first day, 12 on the second day, and 10 on the last day. It is worth noting that among the findings, 03 pregnant women participated in the course, which is equivalent to (1.6%) of the number of pregnant women in the period. The summary of the registration information is expressed in the flowchart in Figure 6.

Figure 6: Flowchart of participation during the lecture period, 2024.



Source: The authors.

Considering the number of registrants, attendance at the event represented an average of 31.57%, which can be considered a low number. In order to improve health education and patient adherence to the proposed strategies, it is necessary to explore the potential of light technologies, which can act as facilitators in promoting health and strengthening bonds (Silva et al., 2024). One factor that may have hindered user adherence to the awareness-raising moment was the weather, which was very rainy.

The first day of the course was opened with the presentation of the booklet “THE ARRIVAL OF A BABY”, in which the topics to be addressed and their importance were discussed in advance. The professionals presented on reproductive planning, the importance of prenatal care, healthy habits, and childbirth. Questions were asked, including dispelling doubts about the postpartum period, timing, and sexual abstinence. It

was observed that after the participant's question, many expressed having the same doubt, concluding that it would be another collective clarification, enhancing the importance of community health education.

The puerperium is a period of vulnerability for women, or confinement, it is the forty-day postpartum period, marked by significant biopsychosocial changes in the woman's life. The physical and emotional support of the family is crucial during this period, helping women adapt and ensuring their recovery. The study concludes that confinement is a biological, social, and cultural process, in which the balance between sociocultural and scientific practices is fundamental for a calm and healthy experience (Baião et al., 2013).

Another discursive question was about the care of the umbilical stump, with the exposure of some common sense myths, such as: squeezing the navel with leather, cotton leaves, and other plants. Home care for the umbilical stump, based on popular practices, can be beneficial or harmful depending on how it is performed, as it often involves actions recommended by science, which can put the newborn's health at risk. These practices, passed down through generations, have been reinterpreted to ensure the baby's safety and well-being. It is recommended to clean the stump with water and mild soap, and keep it dry, use only dry cotton swabs, and clean the base of the navel, observing whether it is hyperemic or has a foul odor. The use of antiseptics, such as 70% or absolute alcohol, is no longer recommended, although some literature and institutions use it. After drying, it is recommended to leave diapers and other clothing below the navel, avoiding rubbing to prevent injuries (Silva, Costa; 2024).

On the second day, the topics covered were puerperium, newborn care, prevention and management of pain in early childhood, breastfeeding, and the main obstetric and child emergencies. The UFSJ academics brought up the subject of emergencies, where the subject of greatest emphasis was the Heimlich maneuver. Future mothers need to know how to act, and the Heimlich maneuver is a procedure that can be taught to this potential audience during prenatal consultations. It is a quick first-aid procedure to treat asphyxia due to obstruction of the upper respiratory tract by a foreign body, typically food or toys (Rodrigues, Silva, Moura, 2024).

The third day covered the methods of Chantal, ofurô, and the importance of prenatal dental care and dental care for children. It ended with thanks and the delivery of gifts. Shantala is a massage technique originally performed in India, specifically for babies and children, which brings several benefits to both the recipient and the person applying it.

It promotes the bonding of the child with the caregiver, improves the child's motor, physiological, emotional, and social development, and the fact that the technique is easy to learn (Melo et al., 2024). The ofuro bath has been widely used nowadays, bringing many benefits to the newborn, such as well-being, stress reduction, pain relief, and adaptation to life outside the womb. Immersion in heated water helps to promote a sense of security and relaxation, improves sleep patterns, reduces irritability and crying, and contributes to neuropsychomotor development. The technique also has positive physiological effects, such as peripheral vasodilation and strengthening of the respiratory muscles. These benefits, combined with the promotion of humanized care, help to reduce complications and the neonatal mortality rate (SILVA et al., 2024; MATOZINHOS et al., 2023).

Another strategic point noted during the course was the promotion of prenatal dental care since it is a topic whose importance is unknown to pregnant women and their support network. Among the physiological changes of pregnancy, the increase in periodontal inflammation levels stands out due to high hormone levels, with changes in diet and oral health habits, which can also impact the oral health conditions of pregnant women and lead to complications including prematurity (Maciel et al., 2023).

Some participants argued that although there was little adherence, the proposal should be maintained, and suggested that this course be held in alternating units, as this would provide access to participation since many pregnant women had difficulty getting around. The barriers to access to health are: geographic, demonstrated as physical aspects of the space that comprises the user's path to the health service; financial, which represents the impact that the user's socioeconomic situation has on their access to health; information, which includes the knowledge and cultural capital of the population and the health team, in addition to sharing among themselves; and organizational, which represent characteristics specific to the health service that facilitate or hinder its use by users, including human, physical, material and technological resources, such as opening hours, number and type of professionals available, quality of their professional practice, waiting time for care, implementation or not of a humanization policy, community participation (Travassos, Castro, 2012).

It is also worth highlighting a report from a couple, a wife who was 36 weeks pregnant and was very grateful for the opportunity to take the course. The pregnant woman and her husband reported that they had completed all their prenatal care in the

private health service, mentioned that their consultations lasted about 15 minutes or less and that the professionals who attended to them did not even ask them if they had any questions. Being a first-time mother, the pregnant woman confessed that she was approaching the end of her pregnancy still full of fears and doubts. In the end, she reported that the course had added a lot to her, as well as to her husband. Given this, the course identified the base unit for this pregnant woman, and she said that she would go to the unit the following week, as she wanted to make a parallel. The pregnant woman also reported that she was not aware that Primary Care had so many professionals to support her condition, and took the opportunity to congratulate her on her competence and preparation in addressing the issue. Finally, she mentioned that she will begin monitoring the unit with a focus on preventing early pregnancy in the postpartum period.

Preconception care aims to identify and reduce the risk to the woman's health and negative pregnancy outcomes, through interventions that should occur at any time that the health professional assists a woman of reproductive age, and aims to promote, prevent, and control health problems before and after conception. Preconception care aims to identify and reduce risks to women's health and negative pregnancy outcomes through interventions that should occur at any time a health professional assists a woman of reproductive age, and aims to promote, prevent, and control health problems before and between pregnancies. This care benefits women's health by promoting a healthy lifestyle, especially in the prevention of chronic noncommunicable diseases (NCDs), the main cause of morbidity and mortality for women worldwide, and is essential for a healthy pregnancy with positive outcomes (Santos et al., 2023).

The general feedback was very positive, with praise for the content covered by the speakers and for all the material provided with complete and relevant guidelines. The content and dynamics of the meeting for pregnant women reveal a reflective and evaluative process, both for professionals and users. Based on the central role of health educators and the unique needs of each pregnant woman, the meeting of pregnant women, which is considered a mechanism for joint mobilization and guidance on best practices, was reinforced (Pereira et al., 2018).

CONCLUSION

The study demonstrated the importance of health education in promoting care for pregnant women and newborns, highlighting the essential role of (PHC) in the process of

guidance and prevention of complications during pregnancy and postpartum. The PHC, through the (FHS), offers continuous support, integrating care with a multidisciplinary team. The “A Baby’s Arrival” project represents an intervention model that not only clarifies myths but also trains and empowers the community by providing up-to-date, scientifically based information. Although attendance at the event was affected by factors such as the weather, the training model, with its accessible and personalized approach, managed to achieve its objective of educating and clarifying doubts, in addition to stimulating interaction among participants, and facilitating the exchange of experiences.

The implementation of courses in different nts and at regular intervals, as suggested by the participants, can increase participation and promote access to health education for an even wider audience, thus strengthening the relationship between the community and health professionals in training pregnant women, family members and caregivers, which is essential to creating a solid support network that contributes to building a healthier and more informed society.

The positive feedback from participants reinforces the importance of continuing these educational actions, which must be adapted to reach a larger audience and ensure the sustainability of the initiatives. In this way, the PHC strengthens its role in comprehensive maternal and child health care, positively impacting the quality of life of the population served.

The health education course during prenatal to postpartum care, through a project “The Arrival of a Baby”, has great potential to support pregnant women and family members. It offers information based on scientific evidence, empowering women and clarifying myths about pregnancy, childbirth and postpartum care. The integration of PHC and ESF strengthens ongoing care, preventing complications. Training involves family members, thus creating a solid and essential support network for the care of the binomial.

Health education has a direct impact on the health of mother and child, preventing complications and improving quality of life. Well-informed pregnant women tend to have a pregnancy with fewer risks. The continuity of educational activities, with positive feedback from participants, reinforces the importance of holding events in different locations and more regularly, strengthening the relationship between health professionals and the community. Thus, health education contributes to a healthier and more informed society.

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