

# Report of a Collective Construction of a New Educational Tool for Preventing Hypertension in Pregnancy

Dear Editor,

Adequate prenatal care consists of preventing, diagnosing, and treating undesired events in pregnancy, parturition, and the postpartum period.<sup>[1]</sup> These actions are important to decrease maternal and neonatal morbi-mortality.<sup>[2]</sup> The pregnancy card (PC) was created in Brazil in 1988, with the purpose of storing information and facilitating communication among professionals in prenatal care.<sup>[3]</sup> This is a registry document that must contain information about all procedures performed during pregnancy follow-up.<sup>[4]</sup>

We conducted a quantitative and qualitative study in primary healthcare units in the city of Fortaleza, Northeast of Brazil, where we have assessed the opinions of 90 professionals from the Family Health Team (68 nurses and 22 physicians) about implementing an educational tool for preventing hypertension in pregnancy, which would be attached to the PC. This tool contained information about hypertension preventive measures, including dietary healthy habits, avoidance of alcoholic beverages, tobacco and illicit drugs, physical exercise practice, stress management, sleep quality, the importance of going to medical and nurse consult, and regular use of prescribed medications.

The proposed educational tool was considered feasible and applicable by the majority of professionals interviewed (97% of nurses and 100% of physicians). The interviewed professionals suggested the insertion of the tool in the electronic medical record. According to the majority of interviewed professionals (82.3% of nurses and 86.3% of physicians), the proposed tool includes all preventive and control measures for hypertension in pregnancy. It presents a broad quantity of information required for patients' education in this field.

In Brazil, there is still poor assistance for prenatal care in some regions, including difficulty in access to health care, high distances between patients' homes and healthcare facilities, and low income, all of which result in difficulty in providing good prenatal care. The interviewed health professionals suggested the education of patients' spouses and family because they participate in pregnancy care. Some nurses (12.3%) and physicians (13.6%) pointed out that there

were pitfalls regarding preventive measures that should be adopted during prenatal care such as the importance of routine laboratory tests, immunization, child-bearing, and other specific tests required when hypertension is already in course.

The structure of the tool consists of the organization of its contents and articulation with images. The health professionals suggested the inclusion of a space to write notes and other advice given to the women. The contributions of nurses and physicians from the Family Health Team enabled the construction of the final version of the patients' educational tool for preventing hypertension in pregnancy. There was a consensus regarding the general structure of the tool, feasibility, and applicability. They advised the implementation of this tool as quickly as possible in clinical practice.

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Nil.

## Conflicts of interest

There are no conflicts of interest.

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## References

1. Uchoa JL, Sales AA, Joventino ES, Ximenes LB. Indicators of quality of prenatal assistance: Pregnants at family. *Rev Enferm UFPE Online* 2010;4:209-17.
2. World Health Organization. What is the Effectiveness of Antenatal Care? (Supplement). Copenhagen: WHO Regional Office for Europe's Health Evidence Networks; 2005.
3. Ministry of Health. National Institute of Medical Assistance of

Social Security. Prenatal care. Brasilia: National Maternal and Child Health Division, National Secretariat for Special Health Programs, Ministry of Health; 1988.

4. Dias-Da-Costa JS, Madeira AC, Luz RM, Britto MA. Medical audit: Prenatal care program in a health center in Southern Brazil. Rev Saude Publica 2000;34:329-36.

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