

# GROUP OF PREGNANT WOMEN: CONTRIBUTIONS AND POTENTIAL COMPLEMENTARITY OF PRENATAL CARE

*Grupo de gestantes: contribuições e potencialidades na complementaridade da assistência pré-natal*

*Grupo de embarazadas: contribuciones y potencialidades en la complementariedad de la atención prenatal*

Original Article

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## ABSTRACT

**Objective:** To assess the contributions and potentialities of a Group of Pregnant Women as a complementary subsidy to prenatal care. **Methods:** This is a study of exploratory nature, with qualitative approach, developed in a group of pregnant women in the city of Picuí, PB, Brazil. The study included eight pregnant women. Data was collected between July and September 2012, through a semi-structured interview, and analysed according to the Collective Subject Discourse (CSD) technique. **Results:** The speeches evidenced the women's knowledge about the meaning of a group of pregnant women, as well as the complementarity that this represents within prenatal care, and the improved experience of pregnancy in result of the participation in group meetings, enabling socialization of the gestational experience, and experience and knowledge exchanges between the participants. **Conclusion:** The group acted as an effective complementary tool for prenatal care, as it allowed a safer and more informed experience of the pregnancy-puerperium cycle. It is necessary to encourage the dissemination of pregnant women groups in order to render women active in the process of pregnancy.

**Descriptors:** Pregnant Women; Prenatal Care; Primary Health Care; Group Practice; Health Promotion.

## RESUMO

**Objetivo:** Verificar as contribuições e potencialidades de um grupo de gestantes enquanto subsidio complementar à assistência pré-natal. **Métodos:** Trata-se de um estudo de natureza exploratória, com abordagem qualitativa, desenvolvido em um grupo de gestantes do município de Picuí-PB. Participaram do estudo oito gestantes, sendo os dados coletados entre os meses de julho e setembro de 2012, por meio de um roteiro semiestruturado, e analisados segundo a técnica do Discurso do Sujeito Coletivo (DSC). **Resultados:** Os discursos evidenciaram o conhecimento das mulheres acerca do significado de grupo de gestantes, como o também o complemento que este representa na assistência pré-natal e a melhor vivência da gravidez, em decorrência da participação nas reuniões do grupo, permitindo a socialização da vivência gestacional e as trocas de experiências e conhecimentos entre as participantes. **Conclusão:** O grupo atuou como uma ferramenta complementar eficaz para o pré-natal, à medida que permitiu uma vivência mais segura e informada do ciclo gravídico-puerperal. É preciso incentivar a disseminação dos grupos de gestantes, a fim de tornar as mulheres ativas no processo gestatório.

**Descritores:** Gestantes; Cuidado Pré-Natal; Atenção Primária à Saúde; Prática de Grupo; Promoção da Saúde.

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Received on: 06/27/2014  
Revised on: 08/11/2014  
Accepted on: 11/30/2014

## RESUMEN

**Objetivo:** Verificar las contribuciones y las potencialidades de un grupo de embarazadas como subsidio complementario de la atención prenatal. **Métodos:** Se trata de un estudio de naturaleza exploratoria de abordaje cualitativo desarrollado con un grupo de embarazadas del municipio de Picuí-PB. Ocho embarazadas participaron del estudio que tuvo los datos recogidos entre los meses de julio y septiembre de 2012 a través de una guía semi-estructurada y analizados según la técnica del Discurso del Sujeto Colectivo (DSC) **Resultados:** Los discursos evidenciaron el conocimiento de las mujeres sobre el significado de grupo de embarazadas así como el complemento que lo mismo representa para la atención prenatal y mejor vivencia del embarazo decurrente de la participación en las reuniones del grupo que permiten la socialización de la experiencia de la gestación y los cambios de experiencia y conocimientos de las participantes. **Conclusión:** El grupo fue una herramienta complementaria eficaz para el prenatal al paso que permitió una vivencia más segura e informada del ciclo gravido-puerperal. Es necesario el incentivo de la diseminación de grupos de embarazadas para hacer de las mujeres personas más activas en el proceso de la gestación.

**Descriptor:** Mujeres embarazadas; Atención Prenatal; Atención Primaria de Salud; Práctica de Grupo; Promoción de la Salud.

## INTRODUCTION

Pregnancy and its context are characterized by different feelings, doubts, anxieties, fears, emotions and anguishes, making it necessary for women to have a comprehensive and quality monitoring of aspects that are beyond the physical changes that happen to the body so that they can be heard and informed about everything that ails them and experience such moment as best as possible, becoming active in this process<sup>(1,2)</sup>.

Prenatal care consists of care, conducts and procedures to promote the health of the mother-child binomial. It aims to: identify, treat or control diseases; prevent complications during pregnancy and childbirth; ensure good maternal health; promote good fetal development; reduce rates of maternal and fetal morbidity and mortality; and prepare the couple for parenthood<sup>(3,4)</sup>.

The monitoring should be started as early as possible in the first trimester; it should be regular and complete. It is recommended at least six consultations, one in the first trimester, two in the second, and three in the last trimester<sup>(4,5)</sup>. Prenatal care cannot be restricted to clinical and obstetric actions because there is a whole context of pregnancy around the woman that needs to be assisted, recognized and investigated by health professionals in order to understand them and care for them comprehensively<sup>(5)</sup>.

Therefore, a qualified and humanized care takes place through: the incorporation of user embracement conducts and without unnecessary interventions; easy access to quality health services, which actions integrating all levels of care: promotion, prevention and health care to the mother and the newborn, from basic outpatient care to high-risk hospital care<sup>(3,4)</sup>.

However, currently, prenatal consultations have become shorter and technically oriented, with the fragmentation of health care and, especially, health education activities. There is no qualified listening or open dialogue focused on the needs of pregnant women, who are predominantly passive in the gestational process and whose knowledge is not taken into account. Thus, the care provided to these women leaves much to be desired<sup>(6,7)</sup>.

The lack of user embracement and bonding, the indiscriminate use of unnecessary technologies and interventions, decreased autonomy and the expropriation of the right to be the main subject in the process generate discontent on the part of women and affect the quality and humanization of care<sup>(7,8)</sup>.

Therefore, attention should be continuously given to the quality of prenatal consultations, given that we are still faced with high rates of maternal and perinatal morbidity and mortality nowadays, according to the 2009 Ministry of Health Report<sup>(9)</sup>.

The report highlights that, in Brazil, more than half of maternal and neonatal deaths occur during a woman's hospitalization for labor and delivery, with 70% of due to direct obstetric causes, 15% of deaths from unsafe abortion, 51% of neonatal deaths in the first week of life – mostly due to problems during childbirth. For every maternal death, another thirty women suffer consequences or chronic health problems arising from complications that occur during pregnancy, delivery or postpartum. These data point, therefore, to a reorganization of health care, not only in prenatal care, but also throughout the entire pregnancy and postpartum, under the logic of longitudinality, comprehensiveness and humanization of care<sup>(5,7-12)</sup>.

To complement and support the care offered in prenatal consultations, and in order to ensure the quality of services provided by health centers, support groups for pregnant women have been created. They are dynamic spaces that aim to promote maternal health comprehensively, individually and collectively, involving pregnant women, family and community<sup>(13,14)</sup>.

Group activities have gained importance because they help people during periods of adjustments and changes. They also help maintain or adapt to new situations, promoting people's development, increasing the knowledge that enable them to care for their health according to their

needs, and raising awareness of responsible parenthood, highlighting that the father can and should be participate in the meetings<sup>(14)</sup>.

In general, the groups for pregnant women are developed to: complement the care provided in the consultations, caring for women within their whole biopsychosocial context; improve pregnant women's adherence to more adequate habits; reduce anxiety and understand more clearly the feelings that arise during this period, allowing a close relationship between caregivers and care recipients; and provide a space for the exchange of knowledge and experiences among the participants<sup>(15,16)</sup>.

Given the above, the present study focused on the group for pregnant women as an object of study from the perspective of women participating in this space for knowledge, listing the promotion of health of this population as an assumption of this study.

In an attempt to valorize the theme and generate discussions on the contributions and potentialities of this complementary strategy for prenatal care, this study aimed to assess the contributions and potentialities of a group for pregnant women as a complementary subsidy for prenatal care.

## METHODS

This was a qualitative exploratory study conducted in a group for pregnant women in the city of Picuí, PB. The group meetings were held monthly with the participation of pregnant women assisted at Primary Care Centers (*Unidades Básicas de Saúde – UBS*) of the municipality; there were about 20-30 participants per meeting. The municipality has eight UBS, four located in urban areas and four in rural areas, the latter being more precarious with regard to human, material and infrastructure resources.

In this study, the population consisted of all women who participated in the meetings of the local group, and the sample totaled eight pregnant women who were 18 years old and older and had attended at least three meetings of the group. These criteria were used to ensure a better quality and distribution of reports. All the women accepted to participate in the research and signed the Free Informed Consent Form.

The analyzed material was derived from primary data collected between July and September 2012 through a semi-structured questionnaire. Interviews were recorded using a digital recorder to facilitate further transcription of the speech of research participants.

The semi-structured questionnaire was composed of two sections. The first section assessed obstetric data of pregnant women, addressing variables such as age, number

of pregnancies, vaginal deliveries, cesarean sections, and abortions. To achieve the research objectives, the second section of the questionnaire included the following guiding questions: how do you rate the meetings of the group for pregnant women? What are the topics addressed in the group? What does the “group for pregnant women” mean to you? How do you think the group complements the prenatal care you received? Do you believe your participation in the group meetings contributed to a better experience of pregnancy?

Data related to the topics addressed in the group for pregnant women were collected using a checklist that included several themes, such as the importance of breastfeeding, mother's physical and emotional changes, preparing for delivery, and care of the newborn. It also included topics about the importance of the father and family during pregnancy and postpartum, vaccination of the pregnant woman and child, information about hygiene, physical activity and sexuality during pregnancy. Additionally, there was the response option “other” and also a space for women to report any other issue not included in the checklist. With regard to the question “How do you rate the meeting of the group for pregnant women?”, they had the following response options: regular, good, and excellent.

Obstetric data, classification and checklist were presented as descriptive text, highlighting the key information collected and analyzed based on the qualitative method and relevant literature.

The material obtained from the other guiding questions was presented in charts with key ideas for each question and analyzed according to the Discourse of the Collective Subject technique (*Discurso do Sujeito Coletivo – DSC*); it was then discussed in the light of the relevant literature. The DSC is a method that portrays the figures of speech of research participants in summary and in first person singular, which represents the collective thought in a single speech and allows interpretations to substantiate results<sup>(17)</sup>.

Descriptions of collective thoughts, beliefs and values were obtained by the sum of individual speeches using the DSC method, a methodological qualitative procedure used in empirical social research that provides a qualitative way to represent the thought of a collectivity. This is possible only through aggregation of similar methodological approaches (central ideas, anchors, key expressions and DSC) in one single speech synthesis issued by different people, like the responses to the open-ended questions of the questionnaire<sup>(17)</sup>.

Thus, the individual speeches of pregnant women were read and identified by a word, concept or expression should reveal the essence of the meaning of the response. This word represented well the reports in which several speeches with similar ideas were framed.

The study respected all the ethical aspects of Resolution 466/12 of the National Health Council, which regulates research involving human beings, and Resolution 311/2007 of the Nursing Federal Council (*Conselho Federal de Enfermagem – COFEN*), which provides for the Code of Ethics for Nursing Professionals<sup>(18,19)</sup>. The research was approved by the Research Ethics Committee of the Santa Emília de Rodat Nursing School (*Faculdade de Enfermagem Santa Emília de Rodat – FASER*) under Opinion No. 066/2011.

## RESULTS AND DISCUSSION

For the explanation of the study results, we first present obstetric data of the participants and then the data obtained from the research guiding questions.

Regarding the age of the study participants, five of the eight women were under 23 years old, two were between 24 and 28 years old, and only one woman was aged between 29 and 32 years. With regard to women who had experienced previous pregnancies, which corresponded to six of the interviewees, three have had cesarean sections and the other three have had vaginal delivery. The remaining participants, i.e., two women, experienced their first pregnancy.

According to the distribution of age and number of pregnancies of the study participants, it is evident a higher incidence of pregnant young women and women who have experienced pregnancy more than once. These results are in line with the current data, which represent the high incidence of teenage pregnancy, particularly in the poorest layers of the population, as a result of the limited access to information regarding contraception and family planning, constituting a public health problem<sup>(20)</sup>.

According to the National Survey on Demography and Health (*Pesquisa Nacional sobre Demografia e Saúde - PNDS*) held in 1996, 18% of Brazilian teens aged 15 to 19 have had at least one child or were pregnant. Additionally, according to the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística - IBGE*), over 20% of all Brazilian children are born to teenage mothers. Studies on factors associated with the causes and consequences of pregnancy need to consider that this is a complex phenomenon associated with various economic, educational and behavioral factors, such as social and economic inequality, early onset of sexual intercourse, family history of teen pregnancy, inadequate prenatal care, nonuse or inconsistent use of contraception and frequent use of illicit drugs by family members<sup>(20-23)</sup>.

The high rates of teenage pregnancy in Brazil indicate that one in five Brazilian women have their first child before they turn 20 years old. This scenario is accompanied by negative aspects, given that it is related to high rates

of preterm births and low birth weight, and inadequate prenatal care, which leads to fewer prenatal consultations, late initiation of prenatal care, and low performance of complementary tests. Added to these factors are the lack of information about the benefits of prenatal care and the teenagers' sense of shame for seeking care, particularly among the poorest ones. In addition, they breastfeed their children for shorter periods of time. All this context leads to a higher infant mortality among their children<sup>(24,25)</sup>.

Regarding the equivalence between the types of delivery (vaginal and caesarean), we noticed that the data differ from other studies in which cesarean section rates are much higher. This may be explained by the fact that the study was conducted in a country town where access to advanced support technologies for obstetrics is limited, which may have influenced the results.

Brazil has one of the highest cesarean rates in the world and has been cited as a clear example of abuse of this procedure, reaching much higher levels in the private sector (80%) when compared to public services (35%). This fact occurs more due to reasons related to socioeconomic and cultural factors, as well as the preferences of doctors and mothers, rather than due to obstetric risks and adverse clinical conditions<sup>(26-28)</sup>.

This high rate of cesarean sections exceeds the 10-15% rates established by the World Health Organization (WHO) in 1985 – with a growing rate being consolidated over the years. It is estimated that in Brazil, where 2.5 million children are born each year, there are 560,000 unnecessary cesarean sections at a cost of nearly R\$ 84 million – a problem that is beyond the financial loss, permeating the culture of delivery types disseminated in our country<sup>(26-29)</sup>.

Abortion is the termination of pregnancy or expulsion (spontaneous or induced) of the fetus up to 22 weeks of gestational age (GA), or a dead fetus weighting less than 500g or measuring less than 16 centimeters<sup>(30)</sup>. Regarding abortions experienced by the study participants, we found a very low incidence, given that only one participant claimed to have experienced a spontaneous abortion.

This figure may be linked to the legal restrictions on abortion in Brazil, which often affects the veracity of the data. According to the Brazilian Penal Code, termination of pregnancy is allowed only in cases of rape or when the mother's life is in danger, and, more recently, in situations involving severe fetal abnormalities such as anencephaly (without brain) – under judicial authorization<sup>(20,31)</sup>. However, illegality does not prevent abortions from being done, which contributes to the use of unsafe procedures and restricts the reliability of statistics on this practice.

To justify this contradiction, researchers ensure that abortion should be a priority in the public health agenda in Brazil. According to the National Abortion Survey

(*Pesquisa Nacional de Aborto – PNA*), a survey using a random selection of households conducted in 2010 with women aged 18 to 39 years in all urban areas of Brazil, more than one in five women have had an abortion. It usually happens at ages that make up women’s most reproductive age (between 18 and 29 years), particularly among women with low education level<sup>(31)</sup>.

With regard to the rating (excellent, regular or good) of the meetings of the group for pregnant women, all the interviewees rated the meeting as excellent, indicating, at first glance, the effectiveness of the group. The importance of the group work lies on its positive contribution to promoting the health of the participants and benefiting the members through the exchange of experience and knowledge and through information provided by healthcare professionals, which complements each individual’s personal knowledge<sup>(13-15)</sup>.

From the fact that the study participants have rated the meetings as great, it can be inferred that the group for pregnant women is an important strategy for promoting maternal health given the contribution of the exchange of information and experiences shared. The group provides the participants with a safer and guided experience of their pregnancies, as well as a quality and humanized care to the mother-child binomial.

According to the Ministry of Health, the development of the group for pregnant women is an important resource to promote the individualized and comprehensive care of pregnant women, partners and other people involved to complement the services provided in the consultations, improve women’s adherence to more adequate habits, and reduce anxieties and fears related to pregnancy and postpartum<sup>(3)</sup>.

Several themes were addressed in the group meetings that the interviewees participated. Each theme was given its due importance, reaffirming the complementarity of this strategy for prenatal care. However, most of themes addressed are about the importance of breastfeeding, the preparation for delivery, and the first care of newborn.

It is essential to address breastfeeding in the group for pregnant women, given that breastfeeding, in addition to nourishing and providing antibodies necessary for the baby’s protection against several diseases, is one way to establish an affective and security bond between mother and child – furthermore, it is practical and economical. Because of the various myths, beliefs and findings about breastfeeding, this context must be known and understood by health professionals involved in prenatal care of pregnant women so they can provide these women with better information about the importance of breastfeeding<sup>(32)</sup>.

The preparation for delivery, with an emphasis on the appreciation of the vaginal delivery, is reported by the interviewees as a safe and favorable option for the mother and child. Demystifying the idea that “normal delivery” is painful for the mother is seen here as an essential factor for helping participants choose the type of delivery they would like to have – a cesarean section should be an emergency option in specific cases, when there are risks to the health of the mother and/or child.

Educational activities for pregnant women carried out in groups or individually should therefore have a clear and understandable language in order to promote general guidelines on care during pregnancy, physiological and emotional changes, care of newborn, breastfeeding, and family planning. They should also involve the father, respecting the popular culture and knowledge to facilitate the active participation of women during childbirth<sup>(33)</sup>.

Moreover, educational activities during prenatal care in the group for pregnant women can still address a variety of themes, like the importance of prenatal care, healthy eating, hygiene, breast care, physical activity, sexuality, legal benefits to which pregnant women are entitled, the importance of family planning, the importance of monitoring the child’s growth and development, and other themes chosen by the participants<sup>(34,35)</sup>.

Chart I - Discourse of the Collective Subject regarding the response to the question: what does the group for pregnant women mean to you? Picuí, PB, 2012.

Key Idea – 1	Discourse of the Collective Subject
A Space for Knowledge and Information	[...] The group of pregnant women is where pregnant women come together with health professionals to provide information... given that we cannot do so in prenatal care, because there is not enough time... which is quite important [...]
Key Idea – 2	Discourse of the Collective Subject
Space for the Exchange of Experiences	[...] It is a group of women in the same situation, experiencing pregnancy, who are there seeking further information about their pregnancies. Thus, everyone has a different experience to talk about to one another, to share, the ones who know more teach those who do not know anything. It serves exactly to make this exchange of experiences. There, I learned a lot [...]

The Discourses of the Collective Subject (*Discursos dos Sujeitos Coletivos – DSC*) presented in Chart I lead us to recognize the group for pregnant women as a space for knowledge and information (Key Idea 1) and as space for the exchange of experiences (Key Idea 2).

The groups are composed of people with different life stories – but with similar interests – who get together to reflect critically on common themes and can collectively build joint knowledge, overcome their limitations and recognize their social roles. Therefore, the group for pregnant women is seen as a space for knowledge and acquisition of new information and exchange of experiences and relationships among participants that contribute positively to the experience of pregnancy<sup>(36)</sup>.

From this perspective, the group works as an interdisciplinary, interactive, dynamic and complex environment for the promotion of health, humanized care, and autonomy of its members<sup>(36)</sup>, helping each participant to face situations of change and give a “new meaning” to their experiences through the recognition of others and themselves<sup>(37)</sup>.

Chart II - Discourse of the Collective Subject regarding the response to the question: how do you think the group complements the prenatal care you received? Picuí, PB, 2012.

Key Idea - 1	Discourse of the Collective Subject
Informative Complement	[...] It complemented with a bunch of very important information, for example, about breastfeeding (...) delivery (...) mother’s physical and emotional changes (...) general care and hygiene of the child [...]
Key Idea – 2	Discourse of the Collective Subject
Enlightening Complement	[...] The meetings clarified many things. By attending the talks, I removed many doubts, because there were many things I did not know, then they brought many answers, information I did not know. It gave me a lot of confidence, I felt very confident after I went to the group [...]

The discourses presented in Chart II, based on the speech of interviewees, lead us to see the group for pregnant women as both an informative (Key Idea 1) and Enlightening (Key Idea 2) complement to prenatal care.

The first key idea of the group as an informative complement is grounded on authors’ assumption of the group experience as a possibility to build knowledge based on the exchange of knowledge between the group

participants - and not only between health professionals. Thus, the group participants become active to express their needs, expectations, opinions, fears and experiences<sup>(38)</sup>.

The second key idea provides a view of the group for pregnant women as an enlightening complement, removing doubts, giving answers and transmitting peace and confidence to the participants. Thus, it is noted that group activities with pregnant women lead them to a better experience of pregnancy and postpartum, as they get to know themselves better and also the fetus growing in her womb<sup>(37)</sup>.

Therefore, the group enables the exchange of experiences, information and knowledge. For that reason, it is considered the best way to promote the understanding of pregnancy, a moment when information on the different experiences should be exchanged among women, partners and health professionals, stimulating the presence and participation of fathers in prenatal and meetings<sup>(4,13)</sup>.

Chart III - Discourse of the Collective Subject regarding the response to the question: do you believe your participation in the group meetings contributed to a better experience of pregnancy? Picuí, PB, 2012.

Key Idea	Discourse of the Collective Subject
Positive Contribution	[...] It contributed a lot to my pregnancy (...) getting informed about all the pregnancy stuff I did not know, and there I learned a lot, it was excellent, very good, really good. Next pregnancy I will be there in all the meetings [...]

According to the DSC presented in Chart III, the study participants believe that participating in the group was extremely important and had a positive impact on the experience of pregnancy and maternity, as the group for pregnant women provides therapeutic and support aspects through information, knowledge and exchange of experience among the participants.

The group provides the possibility of expressing each one’s doubts and difficulties, since participants can talk about their problems and reflect on them. An idea of the future situations regarding pregnancy and even of what will take place after it will provide mothers with well-being and tranquility, preventing unnecessary anxieties caused by ignorance of situations related to pregnancy, delivery and postpartum<sup>(13,14,16)</sup>.

In general, the groups for pregnant women work in order to complement the care provided in prenatal consultations and contribute to the overall well-being of women so that

they can express their needs, resulting in their involvement and interest in the themes addressed, which leads to a deeper understanding of the themes discussed and a positive evaluation of the process.

Thus, the group has been contributing to a better experience of pregnancy, delivery and postpartum among its participants; therefore, it also contributes to the preparation for motherhood, fatherhood and the constitution of a new family with the arrival of the child.

One limitation of this study was the small number of participants. However, this is justified by the saturation of the results obtained from the interviewees' responses and mainly by the fact that the study population did not meet all the pre-established inclusion criteria, which focused on the minimum requirement of having participated in three group meetings – many of the women participated in only one or two meetings.

## FINAL CONSIDERATIONS

At the end of the study, we realized that the group for pregnant women developed in the city where the research took place contributes significantly – as a complementary support – to the quality of prenatal care offered by Primary Care Units to the pregnant women of the city.

The actions taken in the group had, in general, positive impacts on the well-being of participants. No weaknesses were reported by the participants because, for most of them, the group meant a space for knowledge, information and exchange of experience.

The Discourses of the Collective Subjects, formulated from the individual speech of each participant, showed their knowledge about the meaning of the group for pregnant women and the complement it is to prenatal care and better experience of pregnancy – the knowledge resulted from the participation in the group meetings.

Therefore, the educational process should be an essential part of health care in prenatal care in order to allow the pregnant woman – through the knowledge acquired – to become active in the pregnancy process and thereby empower themselves to take care of themselves and the child.

Regarding the limitation found in the development of this research, we highlight the small sample size, which was due to the fact that the group participants should meet the pre-established inclusion criteria. However, at the end of this study, after reaching the established goal, we identified the important contribution of the group for pregnant women to a safer and informed experience of pregnancy and postpartum among the participants. We appreciate the work

done at this space and reaffirm the complementarity that the group presents to the prenatal care offered to pregnant women of this community.

Given the above, the results of this research are expected to contribute to the improvement and development of scientific knowledge on the importance of groups for pregnant women as a complementary support for prenatal care. Thus, this study is expected to become a tool for disseminating these groups and encouraging further research to be undertaken, given not only its scientific relevance, but also the social relevance regarding the care offered to pregnant women, their partners and family.

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