

PREPARATION OF NURSING STUDENTS FOR THE CARE OF PREGNANT ADOLESCENTS

PREPARO DE ACADÊMICOS DE ENFERMAGEM PARA O CUIDADO A ADOLESCENTES GRÁVIDAS

PREPARACIÓN DE ESTUDIANTES DE ENFERMERÍA PARA LA ATENCIÓN DE ADOLESCENTES EMBARAZADAS

William da Silva Coimbra ¹
Helen Campos Ferreira ¹
Edmar Jorge Feijó ²
Robson Damiano de Souza ¹
Laiza Lopes de Medeiros Coimbra ³

¹ Universidade Federal Fluminense – UFF, Escola de Enfermagem Aurora de Afonso Costa. Niterói, RJ – Brazil.

² Universidade Salgado de Oliveira-Universo, Curso de Enfermagem. São Gonçalo, RJ – Brazil.

³ Hospital Municipal Souza Aguiar. Rio de Janeiro, RJ – Brazil.

Corresponding author: William da Silva Coimbra. E-mail: william.coimbra@yahoo.com.br

Submitted on: 2017/07/08

Approved on: 2018/06/11

ABSTRACT

Objective: to identify the perception of the nursing students about their preparation in the scope of graduation for the care of pregnant adolescents. **Method:** qualitative and descriptive research, of the case study type, which had as scenario a nursing undergraduate course in the state of Rio de Janeiro. A total of 57 nursing students enrolled in the last two semesters of the course participated in the study, through structured interviews, developed in the second semester of 2016. The data produced were treated by content analysis. **Results:** three categories of analysis emerged: Conception of adolescence, in which it was found that the students have a lived perception about this being a phase of conflicts and discoveries; Nursing consultation to pregnant adolescents, whose testimonies point to the preparation/unpreparation associated mainly with the receipt of theoretical guidance on the theme and experience in the internship; and The training for nursing care and consultation to pregnant adolescents, which revealed that the content is not offered in a sufficient way to support the nursing practice to this public. Nonetheless, it was perceived the concern of the students with the aspects related to a humanized service to this clientele. **Conclusion:** it is confirmed that there is a need for alignment and integration between the disciplines, aiming to narrow the relationship between theory and practice and the acquisition of skills consistent with the needs of pregnant adolescents.

Keywords: Nursing; Education, Higher; Pregnancy in Adolescence.

RESUMO

Objetivo: identificar a percepção de acadêmicos de enfermagem sobre o seu preparo no âmbito de graduação para o cuidado de adolescentes grávidas. **Método:** pesquisa qualitativa, descritiva, do tipo estudo de caso, que teve como cenário um curso de graduação em Enfermagem do estado do Rio de Janeiro. Participaram do estudo 57 acadêmicos de enfermagem, matriculados nos dois últimos semestres de formação, por meio de entrevistas estruturadas, desenvolvidas no segundo semestre de 2016. Os dados produzidos foram tratados por análise de conteúdo. **Resultados:** emergiram três categorias de análise: concepção de adolescência, em que se constatou que os acadêmicos têm uma percepção vivida sobre essa ser uma fase de conflitos e de descobertas; consulta de enfermagem a adolescentes grávidas, cujos depoimentos evidenciaram o preparo/despreparo associado principalmente ao recebimento de orientação teórica na temática e vivência nos estágios; e formação para o cuidado e consulta de enfermagem a adolescentes grávidas, que revelou que o conteúdo não é oferecido de maneira suficiente para embasar a prática de enfermagem a esse público. Não obstante, percebeu-se preocupação dos acadêmicos com os aspectos relacionados a um atendimento humanizado a essa clientela. **Conclusão:** confirmou-se que há necessidade de alinhamento e integração entre as disciplinas, visando ao estreitamento da relação entre a teoria e a prática e à aquisição de competências coerentes com as necessidades das adolescentes gestantes.

Palavras-chave: Enfermagem; Educação Superior; Gravidez na Adolescência.

How to cite this article:

Coimbra WS, Ferreira HC, Feijó EJ, Souza RD, Coimbra LLM. Preparation of nursing students for the care of pregnant adolescents. REME – Rev Min Enferm. 2018[cited ____ _];22:e-1102. Available from: _____. DOI: 10.5935/1415-2762.20180030

RESUMEN

Objetivo: identificar la percepción de los estudiantes de grado de enfermería sobre su preparación para atender a adolescentes embarazadas. **Método:** investigación descriptiva cualitativa tipo estudio de caso, cuyo escenario fue un curso de grado en enfermería en el estado de Rio de Janeiro. Participaron 57 estudiantes de enfermería inscritos en los dos últimos semestres del curso, a través de entrevistas estructuradas durante el segundo semestre de 2016. Los datos producidos fueron tratados por análisis de contenido. **Resultados:** surgieron tres categorías de análisis: concepción de la adolescencia, que constató que para los alumnos significa una etapa de conflictos y descubrimientos; consulta de enfermería a adolescentes embarazadas, referente a la preparación/no preparación asociada principalmente a cómo reciben la orientación teórica sobre el tema y a la experiencia en la práctica y capacitación para la atención y consulta de enfermería a adolescentes embarazadas, que indicó que el contenido no se ofrece de forma tal como para apoyar la práctica de enfermería a este público. Los alumnos, sin embargo, demostraron inquietud con los aspectos relacionados con el servicio humanizado a esta clientela. **Conclusión:** se confirma la necesidad de alineamiento e integración entre las asignaturas con miras a estrechar la relación entre la teoría y la práctica y la adquisición de destrezas compatibles con las necesidades de las adolescentes embarazadas.

Palabras clave: Enfermería; Educación Superior; Embarazo en Adolescencia.

INTRODUCTION

The adolescence, which happens between the ages of 10 and 19, is an important stage in the human development in order to reach the bio-psycho-social maturity. It is during this phase that the sexuality manifests itself in new needs, desires and bodily sensations, and in the search for affection, contact and intimacy, caused by the hormonal changes of puberty.^{1,2} Because of these conditions, the adolescence is a rather peculiar phase, which demands care because of the vulnerability due to the risk of an unwanted pregnancy and sexually transmitted infections (STIs).³

In 2011, in Brazil, there were 2,913,160 births; of these, 560,888 resulted from adolescents' gestations. Although the numbers indicate the decrease of live births in this age group in the last 10 years, the percentages are still extremely worrisome, with particular attention to those under 15 years old, which gestated 0.9% of the total births.⁴ These data should not be seen with naturally, since in addition to physical complications for the mother and the newborn, the early pregnancy leads to biological, psychological, educational, social and economic consequences.⁵

The adolescent pregnancy, considered to be of high-risk due to the complexity of factors, is the element with the highest concentration of maternal health and perinatal complications, being directly associated with the incidence of low birth weight, prematurity, preeclampsia and neonatal mortality.⁶ For these reasons, the adolescent pregnancy has been the subject of concern from government agencies, health and education professionals, and the whole society. Many programs to reduce its prevalence have been implemented in the last two decades, with a special focus on prevention and sexual orientation actions.⁷

Nursing has responsibility and participation in the development of these actions, however, because it is a specific clientele, particular skills are necessary, which requires qualification and development of abilities aligned to the needs of the adolescent.⁸ The process of training of nurses should then promote the development of skills and abilities that qualify them to provide nursing care to all the age groups, including adolescence.

It is understood that a critical and reflexive education favors the training of nurses, making them aware and critical regarding the process of health and work production. Thus, nurses will be able to seek, both ethically and politically, resolutions for adolescents regarding their health demands, as the determining purpose of the health production process in its entirety.⁹

Nevertheless, it is observed that when nursing students are followed up in prenatal nursing consultations or in health education practices with adolescent pregnant women, many of them demonstrate the need for specific training. In an aggravating way, many nurses who work in practice locations also present deficits in skills and, sometimes, skills to deal with and care for adolescents and their families.¹⁰

In this context, it is believed that it is necessary to consider the nurses' training regarding the prenatal care for pregnant adolescents. Thus, it is questioned: do nursing students receive adequate instrumentalization during the graduation for the prenatal consultation of the adolescents? In order to answer this question, this study was outlined, whose objective was: to identify the perception of nursing students regarding their preparation in the graduation course for the care of pregnant adolescents.

METHOD

This is a descriptive, cross-sectional and qualitative research, of the case study type. The case study presupposes analyzing in a descriptive and interpretive way an individual unit, with the aim of understanding a contemporary phenomenon starting from its real context.¹¹ The scenario unit of this study was a private undergraduate course in Nursing, located in the state of Rio de Janeiro.

The subjects of the study were 57 Nursing students, included for being enrolled in the last two semesters of the graduation, that is, seventh or eighth period, in the first semester of 2016; and attending the supervised internship in basic health units. From this intentional sample, nursing technicians, com-

munity health agents and those who previously experienced the adolescent health care provision were excluded, because it was understood that they had already developed a critical-reflexive thinking about the care provided for these clients.

The data were collected through interviews, the main source of information in case studies.¹¹ Through them, the interviewee expresses their opinion on a particular topic, using their own interpretations. In this study, the interviews were conducted with the support of a script composed of 12 open questions related to the concept of adolescence, to the perception of the preparation for the prenatal consultation, to the learning about the subject during graduation and the knowledge for the nursing actions towards pregnant adolescents. Because it is an instrument made specifically for this study, before its application to the target audience, it was validated by 10 students from the eighth period of the second semester of 2015.

The interviews took place in the first semester of 2016, within the university, on different days and times, according to the participants' preference and with a maximum duration of 10 minutes. At the time of the interview, the students were received individually and the setting was produced through a journalistic article, which addressed the pregnancy in adolescence. When already mentally warmed up on the subject, the recording device was tested and the interview started. Some students requested the reading of the interview script and began to answer the questions spontaneously. The statements were recorded using an MP4 device, aiming at guaranteeing the authenticity represented by the interviewees' speeches and then being transcribed according to their consents, maintaining the fidelity and readiness for them to listen to the recordings of their speeches at any time during the survey.

The methodological procedure used in the interpretation of the testimonies was based on the Bardin's proposal of content analysis,¹² going through three steps. The pre-analysis, first step, deals with the organization of the material, composition of the *corpus* of analysis and formulation of hypotheses and indicators, by means of a floating reading. Subsequently, the material was explored, in which the data were coded, process by which they were systematically transformed and aggregated into register units (RU). Finally, the treatment of the results was performed, stage at which interpretations were inferred from the information produced.

In compliance with the ethical precepts, the project of this study was submitted, evaluated and approved by the Research Ethics Committee of the Federal Fluminense University, through the Opinion No. 1.409,230, dated from September 28, 2015. It is clarified that all the participants have signed the Free and Informed Consent Term, guaranteeing their anonymity, reason for which the names were suppressed and replaced by initials.

RESULTS

Twenty-four nursing students from the seventh period, and 33 from the eighth period, participated in the study, aiming at capturing and describing the experiences during the training that refer to their understanding about adolescent pregnancy and how to conduct prenatal consultations with this clientele.

Regarding the profile, there was a predominance of women (n=48; 85.7%); workers (n=56; 100%); who started the nursing course in 2012 (n=28; 50%). The age ranged from 21 to 55 years old, with a higher proportion of young adults, aged between 20 and 30 years old (n=30, 53.6%). The average age was 31.25 years old.

From the material exploration, 569 RU were computed, which gave rise to three categories of analysis: conception of adolescence (57 RU); nursing consultation to pregnant adolescents (227 RU); and the training for nursing care and consultation to pregnant adolescents (285 RU).

CONCEPTION OF ADOLESCENCE

As far as the conception of adolescence is concerned, there is in the group an experienced perception about this being a phase of conflicts and discoveries, in which the adolescent perceives and changes according to the social standards imposed by the society in which they live.

It is a transition from the infantile part to the adult part (AKSC).

Phase of innocence, phase of unconcern with life (CRFS).

It is a period in which several conflicts happen (DD).

Passage from one phase to another (leaving the childish things behind) (MM).

It is a person who is getting to know the changes of their body (MLO).

NURSING CONSULTATION TO PREGNANT ADOLESCENTS

When analyzing the data about the prenatal nursing consultation to the adolescent public, in their personal and professional dimensions, it was possible to observe answers with an emphasis on the know-how. The feeling of technical (20 RU) and psychological (31 RU) preparation reported by the students was mainly associated to the reception of theoretical orientation on the theme and experience in the internships.

I was guided and evaluated in the basic health unit (GOR).

Because in the Nursing course we were technically prepared to serve them (ART).

With the preparation that I had in the supervised internship (MRC).

In contrast, the insecurity demonstrated by another group of students (63 RU) may indicate lack of technical-scientific preparation related to few practical experiences in internship fields, and the absence of a specific approach on the subject, compromising the acquisition of skills to provide adequate care to this clientele.

I think it is necessary a specific preparation (ECS).

I have to prepare myself more (TCC).

The formation was very vague (IMS).

Few practices performed during the internship field (GHB).

I feel (sic) unsure about the theoretical question (LMC).

This subject has been superficially approached (CRC).

Questioned about what they consider to be essential in the care of pregnant adolescents and items that cannot be missed in the nursing consultation, 113 RUs were identified, as can be seen in Table 1.

Table 1 - Register units representative of the actions that are essential to the nursing care and consultation to pregnant adolescents. Rio de Janeiro, 2016

Register units	n
Essential in the care of pregnant adolescents	
Keep control of the biological body in the consultations	20
Treat as a unique being	13
Speak the same language, open dialogue	8
Psychological approach in lectures and debates	6
Listening, knowing how to embrace	4
Create an environment of trust	6
Items that cannot be missed in nursing consultations with pregnant adolescents	
Guidance on self-care during pregnancy	10
Psychological support	9
Guidance on care to the newborn	8
Information on sexually transmitted diseases and contraceptive methods	3
Encouragement to breastfeeding	1
Total RU	113

Source: research data, 2016.

It is observed that the aspects related to the humanization of care were mentioned many times as essential for the care of pregnant women and nursing consultations, without prejudice to the necessary attention to the biological factors, which leads us to believe that there are principles introjected in the students, which will direct them to holistic practices in the professional activity.

THE FORMATION FOR NURSING CARE AND CONSULTATION TO PREGNANT ADOLESCENTS

In order to find out if the syllabus content proposed in the curriculum of the course proposed learning related to the subject, the students were questioned about their training process. According to them, only two disciplines deal with nursing care for adolescents, which are: Child and Adolescent's Health (47 RUs) and Family Health (10 RUs). However, according to the curricular proposal of the course, there are four disciplines that foresee this approach, two of them already mentioned; Women's Health which, according to its proposal, presents the public policies and the themes of gender and sexuality; and Nursing in Gynecology and Obstetrics, which is dedicated specifically to the gestational state.

Regarding the sufficiency of content offered on the subject during the course, the students state that there is little time for learning (10 RUs) because the content is extensive (5 RUs); absence of integration between theory and practice (10 RUs); superficial approach (4 RUs); and little field research on the subject (8 RUs). On the other hand, a group of students recognized the effort of the professors in order to intensify the content (8 RUs), to elaborate and explain the content appropriately (4 RUs) and to reinforce the lessons in the practice field (2 RUs). Others also stated that the course offers the basics for further studies by the student/professional (6 RUs).

Questioned about having the opportunity to perform the consultation to pregnant adolescents in the clinical field, some of the students recognize the practices as deficient (15 RUs), others said they did not know how to apply their knowledge because they believe that they have not been able to develop skills for that (10 RUs), for considering the action with this clientele very complex (3 RUs) or because they feel constrained in dealing with this population that they consider to be differentiated (3 RUs). Doubts about the conduction of care were also evidenced, represented by the RUs "I do not know if I communicate to parents or if I respect her individuality", mentioned by three students, and "the professors did not demonstrate and did not teach how to embrace such clientele (1 RU).

It should be mentioned that the basic units where the students develop the supervised internship are located in communities, which have specificities, so that the approach, the embracement, the listening and even the consultation should fit a reality most of the times never experienced by the student. In

addition, each professional who accompanies the student (preceptor, nurse or teacher) has their own way of “providing” the care. This specificity has several tones and is subject to several syntonomies of caring experiences.

Some students recognize this perspective and are attentive to the details of the learning, valuing the initial approach to the group of adolescents, which is a favorable factor to the creation of bond, critically and reflexively discussing the social reality, adapting the language in the approach during the service (22 RU).

The learning and the critical reflection emphasize the role of the nurse educator and it is possible to verify that the student recognize that several competences are necessary and intrinsic to the care when they mention strategies that are necessary for capturing and maintaining the pregnant adolescents in primary care: guidance to these adolescents' parents (3 RU), home visit (9 RU), lectures and campaigns in schools and community (21 RU), use of accessible language, empathy, embracement and listening (11 RU), dynamics of educational groups in the waiting rooms (5 RU) and professional training (8 RU).

The evaluated group showed sensitivity for health education, with indicative of co-responsible health actions. And it seems particularly interesting to include the care for the family of the pregnant adolescents. While there are ethical and legal constraints that surround the health care of this group, the students demonstrate the transfer of theory to reality as they are concerned with promoting a network of adolescent support.

It was also requested that the students make suggestions to improve the training, from what was obtained: increase the time to pass content (9 RUs), more time of experience in the clinical field (17 RUs), training of nurses (10 RUs), practical class in laboratories (10 RUs), specific discipline on the subject (4 RUs) and review lessons to solve doubts (6 RUs).

DISCUSSION

In the last decades there has been much discussion about adolescence, with more emphasis on the complexity and repercussions of pregnancy in this phase, and it should be seen from a broad perspective, so as to involve not only the adolescent mother, but all her social context. In Brazil, this phenomenon is considered a public health problem due to the associated complications. Nevertheless, considering it a risk factor for adverse outcomes is too reductive, since it occurs in a multiplicity of transactions and scenarios and that the vulnerability of the mother-baby binomial can be attenuated through protective factors.⁶

The care provided to pregnant adolescents is still a challenge for primary health care professionals, since there is a low adherence to prenatal consultations, as pointed out in a study developed in Teresina, Piauí, on the evaluation of the quality of health care of adolescents in the prenatal and puerperium.

From the sample of 174 adolescent pregnant women, the survey found that the number of prenatal consultations was inadequate and that the puerperal care was intermediate for 38.6% of the women, 52.3% of whom did not return to the health unit, nor did they receive a home visit.¹³

In the adolescent pregnancy, the accountability for the low adherence to the prenatal care is often attributed to adolescents. The difficulties of the professionals in establishing bonds and a relationship of trust with the pregnant adolescent are hardly taken into account.¹⁴ Regarding this, there is certain immobility for the development of specific actions for this public, especially those for the prevention and health promotion, which is reinforced by a conception of biological adolescence that attributes as inherent to this phase of pathological characteristics. This conception tends to universalize the sensations of this population as being conflicting, to the detriment of the individuality of each subject.¹⁵

In the current study, this conception of adolescence was also observed, whether due to the professional immaturity of the students, which have not yet been more deeply related to this population, which has particular health needs; either because common sense and the experience, as an adolescent, marked the production of meanings of the students.

Given this, it is urgent that the training tools attend to this social group, not only in its epidemiological aspect, providing technical practices, but also that it devotes itself to the different spheres that surround adolescence, in the perspective of the comprehensiveness of the adolescent being, but also of the health care.¹⁶

When looking at the training of nurses, this study identified that most of the students feel unprepared for the care of this population, confirming the initial hypothesis that they do not receive adequate theoretical and practical instrumentalization during the course to promote care for pregnant adolescents.

The mismatch between the theoretical and practical teaching needs to be reviewed in order to ensure the curricular integration and interdisciplinarity, and as a consequence, the development of skills, abilities and professional attitudes. This interaction can and should be evaluated in a continuous process of contemplation of the reality and of proposing actions of health production in the space object of the student's experience.

The recognition by students of only two disciplines as learning spaces on the subject denotes the absence of curricular integration, in which the disciplines, divided into sub areas, are basically related to a life stage of the subject, fragmenting it into child, adult, elderly and woman. It is also important to highlight that the two disciplines focused on women (Women's Health and Nursing in Gynecology and Obstetrics) were not mentioned by the students.

Despite this, it is relevant to discuss that the Family Health and Child Health disciplines, evidenced by the students, can

play a significant role in the knowledge acquisition of the adolescent population, as long as they do not minimize this subject as the last stage of child development.

It is important to highlight that, despite the deficiency in the training mentioned by the students, they were able to recognize care actions that are essential to the pregnant adolescent, which include in the prenatal care scope, techniques, tests, health education, emotional support, family inclusion, and community involvement. These aspects, together, have the power to positively influence the adjustment of the adolescent to this new process that she is experiencing,¹⁷ as well as guarantee the comprehensiveness and quality of the care in the pregnancy-puerperal cycle.¹³

Although adolescence is not considered a risk factor for gestation, the events that may emanate from it require more attention, so attention should be paid to the peculiarities of this phase and to consider possible emotional immaturity.¹⁸ That being said, pregnant adolescents, as well as their partners, should not be treated as adults, given the situational complexity that may involve the family financial dependence, relational difficulties, contexts of violence and the specifics of the age group, which require differentiated care at all the stages of the gestation and delivery.¹

Thus, the prenatal nursing consultation is an important tool for the clinical care of pregnant women, and it should fully involve the person in its biological, psychological, social and spiritual dimensions. Regarding this, most of the students of this study recognize the nursing consultation as a space that is conducive to the maintenance of the biological body, which involves technical actions such as physical examination, clinical exams, risk analysis and vaccination, demonstrating that the Flexnerian model of teaching is still strongly present in the training of health professionals.¹⁹ This training model is also highlighted by health managers as one of the main difficulties related to the management of the work in the basic health care.²⁰

It is known that all these actions need to be carried out in the context of the prenatal care; however, it is not possible to minimize the care provided to the biological dimension, perpetuating a traditional model of care in which the psychosocial, cultural and spiritual aspects are not sufficiently considered.²¹ These actions should emerge from a set of unique practices developed with adolescents.

Even in a diffuse way, the nursing consultation was also associated by students with educational processes related to feeding, family planning and contraception, STI prevention, breastfeeding and newborn care; to the psychological support; to non-judgment; and awareness raising, embracing and active listening. Such actions demarcate the co-responsibility between client and nurse, promoting the autonomy of women for their self-care, as suggested by the Prenatal Care Policy.^{1,20}

In view of the above, the challenge is to recognize the deficiencies of the nursing education and to promote teaching strategies that can contribute to a formative process that

considers the needs of the adolescent population, and which is based on the Brazilian health model. In this sense, it is necessary to create links between the university and the health network, so that students can come into contact, in a more vivid and lasting way, with the reality of the population.²⁰

It is also reinforced the need to use the supervised internship as a rich moment of learning opportunities, as it happens in the professional practice. For it is in it that the student develops their process of professional autonomy and puts into practice the theoretical knowledge acquired during the course of graduation.²²

Regardless of the richness of the results that emerged from this study, it is necessary to emphasize its limitations, which are especially related to the method adopted. The main limitation is the fact that, because it is a study delimited by the specific case of a Nursing course, it is not possible to generalize the results obtained here. Another limitation can be attributed to the analysis of the qualitative data that depending on the researcher's interpretation of the statements, may have been influenced by the researchers' own perception.

CONCLUSION

The adolescent pregnancy is a subject of great relevance in the Brazilian social reality, not only because of its high rate, but also because of the context surrounding this phase of life. Because it is a population that is biologically, physically and sexually immature, this phenomenon, which is multi causal, demands differentiated health care and, consequently, health professionals trained to meet this demand.

In this sense, this study aimed to identify how Nursing students perceive their preparation to provide care to this clientele. It has been identified that most of them feel technically and psychologically unprepared due to the poor contact with this audience during the internships, and due to the lack of a specific approach on the subject during training. In addition, they managed to identify several actions that are essential to the care of pregnant teenagers, especially those related to the maintenance of the biological body, without prejudice, however, to promotion and prevention actions.

From the results obtained, it is possible to confirm the need for alignment and integration among the disciplines, aiming at a closer relationship between theory and practice, and the acquisition of competences that are consistent with the needs of pregnant adolescents.

Considering the limitations related to the case study research, it is recommended that further studies are conducted in order to deepen the phenomenon in the same scenario, starting with the adoption of different methods and data collection techniques and the inclusion of new actors imbricated in the process of formation. It is also important to deepen the theme

in other realities, in order to compare results and to propose interventions that are appropriate to the needs of each context.

REFERENCES

1. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Brasília: Ministério da Saúde; 2012.
2. Souza V, Pimenta AM, Caetano LC, Cardoso JSR, Beinner MA, Villela LCM. Conhecimentos, vivências e crenças no campo sexual: um estudo com alunos do ensino médio com perfis socioeconômicos diferenciados. *Reme - Rev Min Enferm.* 2017[cited 2017 June 20];21:e-991. Available from: <http://www.reme.org.br/artigo/detalhes/1134>
3. Beserra EP, Sousa LB, Cardoso VP, Alves MDS. Percepção de adolescentes acerca da atividade de vida "expressar sexualidade". *Rev Fund Care Online.* 2017[cited 2017 June 20];9(2):340-6. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4472>
4. Vaz RF, Monteiro DLM, Rodrigues NCP. Trends of teenage pregnancy in Brazil, 2000-2011. *Rev Assoc Med Bras.* 2016[cited 2017 June 30];62(4):330-5. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-42302016000400330
5. Rede Nacional da Primeira Infância (RNPI). Primeira infância e gravidez na adolescência. Rio de Janeiro: RNPI; 2015.
6. Azevedo WF, Diniz MB, Fonseca ESVB, Azevedo LMR, Evangelista CB. Complications in adolescent pregnancy: systematic review of the literature. *Einstein.* 2015[cited 2017 July 03];13(4):618-26. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1679-45082015000400618&lng=en&nrm=iso&tlng=en&ORIGINALLANG=en
7. Guanabens MFG, Gomes AM, Mata ME, Reis ZSN. Gravidez na adolescência: um desafio à promoção da saúde integral do adolescente. *Rev Bras Educ Med.* 2012[cited 2017 July 03];36(1):20-4. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022012000300004
8. Gurgel GI, Alves MDS, Ximenes LB, Vieira NFC, Beserra EP, Gubert FA. Integrative review: prevention of teenage pregnancy and competencies of the nurse to the promotion of health. *Online Braz J Nurs.* 2011[cited 2017 July 02];10(3). Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/3586/1111>
9. Ibiapiana LG, Nery IS, Rocha SS, Nogueira LT, Araújo AKL, Santiago AKC. Assistência de enfermagem às adolescentes gestantes sob a ótica de Callista Roy. *Enferm Foco.* 2017[cited 2018 Apr 10];7(3/4):46-50. Available from: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/viewFile/915/345>
10. Tôres TRF, Nascimento EGC, Alchieri JC. O cuidado de enfermagem na saúde sexual e reprodutiva dos adolescentes. *Adolesc Saúde.* 2013[cited 2017 Jan 18];10(suppl.1):16-26. Available from: http://www.adolescenciaesauade.com/detalhe_artigo.asp?id=391
11. Yin RK. Estudo de caso: planejamento e métodos. 2ª ed. Porto Alegre: Bookman; 2001.
12. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011.
13. Vilarinho LM, Nogueira, LT, Nagahama, EEI. Avaliação da qualidade da atenção à saúde de adolescentes no pré-natal e puerpério. *Esc Anna Nery Rev Enferm.* 2012[cited 2017 July 03];16(2):312-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452012000200015
14. Salcedo-Barrientos DM, Miura PO, Macedo VD, Egly EY. How do primary health care professionals deal with pregnant women who are victims of domestic violence? *Rev Latino-Am Enferm.* 2014[cited 2018 Apr 10];22(3):448-53. Available from: <http://www.revistas.usp.br/rlae/article/view/86598/89507>
15. Melo AKS, Adolfo J, Moreira V. Depressão em adolescentes: revisão da literatura e o lugar da pesquisa fenomenológica. *Psicol Ciênc Prof.* 2017[cited 2018 Apr 10];37(1):18-34. Available from: <https://dx.doi.org/10.1590/1982-37030001712014>
16. Jorge KJ, Rodrigues RM, Toso BRGO, Viera CS. Integralidade e formação do enfermeiro para o cuidado a criança e adolescente. *Variá Scientia.* 2016[cited 2018 July 10];2(2):127-37. Available from: <http://e-revista.unioeste.br/index.php/variasaude/article/view/15478/10779>
17. Cabral ACF, Araújo VS, Braga LS, Cordeiro CA, Moraes MN, Dias MD. Perceptions of pregnancy in pregnant adolescents. *Rev Pesqui Cuid Fundam Online.* 2015[cited 2017 July 02];7(2):2526-36. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3709>
18. Ministério da Saúde (BR). Gestação de alto risco: manual técnico. Brasília: Ministério da Saúde; 2012.
19. Hora DL, Erthal RMC, Souza CTV, Hora EL. Propostas inovadoras na formação do profissional para o sistema único de saúde. *Trab Educ Saúde.* 2013[cited 2017 July 02];11(3):471-86. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1981-77462013000300002
20. Magnago C, Pierantoni CR. Dificuldades e estratégias de enfrentamento referentes à gestão do trabalho na Estratégia Saúde da Família, na perspectiva dos gestores locais: a experiência dos municípios do Rio de Janeiro (RJ) e Duque de Caxias (RJ). *Saúde Debate.* 2015[cited 2017 July 01];39(104):9-17. Available from: http://www.scielo.br/scielo.php?pid=S0103-11042015000100009&script=sci_abstract&tlng=pt
21. Arrais AR, Araujo TCCF. Pré-Natal psicológico: perspectivas para atuação do psicólogo em saúde materna no Brasil. *Rev SBPH.* 2016[cited 2018 Apr 10];19(1):103-16. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582016000100007&lng=pt
22. Evangelista DL, Ivo OP. Contribuições do estágio supervisionado para a formação do profissional de enfermagem: expectativas e desafios. *Rev Enferm Contemp.* 2014[cited 2017 July 01];3(2):123-30. Available from: <https://www5.bahiana.edu.br/index.php/enfermagem/article/view/391/340>