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Institutionalization Of Nursing Care For Expectant Mothers In The City Of Chilpancingo Gro. Mexico

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ABSTRACT

Introduction: Nursing care to pregnant women in Mexico is governed by the standard NOM-007-SSA2- 2010. In Guerrero, 50% of pregnant women seeking consultation during the first trimester, refer delay contact with health services for poor correspondence between services offered and expectations. **Objectives:** To describe and analyze instituted, instituting and institutionalization of nursing care process to pregnant women. **Methodology:** qualitative, descriptive research; ten nurses, four medical doctors and ten pregnant women in their third trimester were selected for convenience during prenatal consultation. A depth interview was used, prior informed consent. Scenario: seven health centers. Thematic analysis was used, considering ethical principles and criteria of rigor. **Results and discussion:** three categories: 1 nursing care instituted. Subcategories: 1.1 nursing care routinized as official standard; 1.2 Nursing care as a horizontal vs. vertical exercise power. Category 2: instituting nursing care received by the mother. 2.1 subcategories (In) satisfaction of nursing care; 2.2. Practice positive dialogue vs. negative. 2.3 Dynamic restrictive nursing care Vs humanized. Category 3. Processes of institutionalization of care for expectant mothers. 3.1 subcategories. Monitoring care facility in the gestating 3.2 Family involvement in the care of the mother. **Conclusions:** Nurses meet the instituted, applying treatment protocols and imposing the power structure of the institution. Care is more instrumental to pregnant with good treatment, satisfaction with care and good communication.

Keywords: Institutionalized care, pregnant care, nursing care, prenatal care.

Introduction

Maternal health care in Mexico is a public health problem, as evidenced by data such as: failure of the goal of one of the Millennium Development Goals relating to maternal mortality, (Undersecretary of Prevention and Health Promotion, 2007). There are references which states that access to prenatal care has contributed to the decline in maternal mortality: in general in the country has decreased by 50.7 per 100 thousand live births between 2007 and 2011; in the case of Guerrero it has decreased by 73.08 MMR between 1990 and 2014 (Freyermuth *et al*., 2015).

As for prenatal care in Mexico, Gutierrez, J.P., *et al.* (2012) refers in the National Health and Nutrition Examination Survey (ENSANUT, 2012). In the first trimester of pregnancy, in women aged 12 to 19 years, there was an increase of ten percent in the last twelve years, from 64.7% in 2000, to reach 74.4% in 2012. On the other hand, INEGI (2014) in the National Demographic and Dynamic-ENADID (2014) reports that women from 15 to 49 years with pregnancy in the period, received 8.5 consultations on average; About 80% of these women had their first prenatal screening during the first trimester.

And 78.4% of women aged 45 to 49 years had prenatal screening and 10.3% did not have. In the case of adolescents 17.6% are between attending prenatal screening after the first quarter and 19.6% reported taking folic acid in the last 12 months, lower than 27.3% nationwide results. Of all pregnant teenagers in the past five years, 97.3% received prenatal care during pregnancy, mainly by physicians in 91.2% of cases and 7.2% by nurses; only 1% by a traditional midwife and, the rest by other health personnel. (Gutierrez, J.P., *et al*., 2012) Regarding the average number of prenatal consultations for pregnant women attended in institutions of the National Health System, by State of Mexico, evaluating the highest average was between 7.5 to 6.2 while states with lower average were: 4.6 to 4.0, Guerrero is in this group (Freyermuth *et al*, 2015).

In Guerrero there are factors that are heightened for several decades; It is among the three poorest states in the country[1]; the 42.44% of the state population lives in towns of 2,500 people or less; the four indigenous peoples of Guerrero[2] representing 16.91% of the state total and, in marginalized areas, lags are greater for women; 28% only speak an indigenous language; 23% are illiterate; (Bulletin of mortality, 2015) .In relation to teen pregnancy, the results show that 45.6% of women 12 to 19 years, They have ever been pregnant, and women aged 20 to 49 pregnant ever was 82.6%; lower than the national 87.8% and higher than that recorded by the ENSANUT (2006) which was 76.3% data. (Gutierrez, J.P., *et al*., 2012).

[1]The three poorest states in Mexico are Guerrero, Chiapas and Oaxaca, where three-quarters of its population 76.3% has no right to medical attention and on the other hand, those who have no right to care is in the rural population (Ministry of health, 2013).
[2]The indigenous population or native state of Guerrero consists mainly of four ethnic groups, namely: amuzgos (ñomndaa), Mixtec (na Savi), Tlapanec (me'phaa) and Nahuatl. In total, totaling 463,633 inhabitants, distributed in seven regions: geographical, geoeconomic and cultural or geopolitical, the entity is divided: Mountain, Costa Chica, Centro, Acapulco, Costa Grande, Tierra Caliente and North.

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Table 1: Characteristics of pregnant women

Pregnant Women	Age	Scholarship	Civil status	Month of pregnancy	No. Consultation	First query
G. Orquídea	20	Primary	Married	6	3	2 months
G. Cala	17	High school	Married	8	9	1 month
G. Bromelia	17	Primary	Free union	6	6	1 month
G. Rosa	22	Baccalaureate	Married	7	6	2 months
G. Azucena	21	None	Free union	8	4	4 months
G. Adelfa	18	Accountant	Free union	6	3	2 months
G. Girasol	22	Baccalaureate	Married	6	4	1 month
G. Hortensia	19	Primary	Married	6	3	3 months
G. Azalea	25	Primary	Married	7	8	2 months
G. Gazania	19	High school	Married	7	5	2 months
G. Ixora	25	High school	Free union	8	4	4 months
G. Magnolia	17	Baccalaureate	Married	6	6	1 month
G. Lantana	25	Primary	Married	8	5	2 months

Ethical Aspects

The research was conducted in adherence to the provisions of the Regulations of the General Health Act (2000), in research for health in Mexico, Title I, Article 1 and Title II, Chapter I, Article 13, 14, 16 and 20, in order to respect the confidentiality of information and preserving anonymity. Informed consent was made in writing, for the acceptance of pregnant women, nurses and medical, complying with the observation of ethical principles, articles 21 and 22 of that Regulation in research, besides the criteria of rigor were considered: Credibility, confirmability, reliability, portability.

Results And Discussion

After analyzing the interviews and speeches taking the object of study related to the institutionalization of care for expectant mothers, it was to determine the three categories and subcategories theoretical approach taken by Lourau entitled:

Category 1: Nursing Care Instituted

This category refers to nursing care which is governed by standards, manuals and procedures implemented in their daily routine during the institutional action, providing care, sometimes more vertically than horizontally and exercising power on pregnant women, as demonstrated in the following speeches:

If there are rules, I do not remember what it says, because my work was done by my experience, more than anything, because we know what will be done to the patient and according to the training. E Turquesa.

On the other hand, Lourau (2007) considers the presence of ambiguous reference to the variation of the concept of institution, which states that the institution for the subject is the thing established the instituted. This can be seen in the following nurse's speech:

As nurse, we take vital signs, integrate their file, are appended lifeline pregnant and her pregnancy confirmatory test, the HIV test AIDS and syphilis are done at the end. E. Esmeralda.

This speech shows that the dominant ideology, formed by an authoritarian group (nurse), can lead to other subject groups (pregnant), a generalization of rules and distorted concepts that are only consistent with their purpose.

Subcategory 1.1: Routinized Nursing Care As Official Standard

Describe the usual care actions carried out by the nurse to the pregnant woman, when attending for the first time and subsequent to their prenatal care; They manifested when nurses perform actions of questions to the pregnant, problem identification or warning signs, taking vital signs; without considering the needs manifest by pregnant women, among others.

[...] First take data [...] it is essential to identify the warning signs and have them present for care, if they have had symptoms that may cause problems during pregnancy. E Alexandrita.

They ask me the file number, take the pressure and glucose, then weighs me. I was ordered to do laboratory test to see if I had urinary tract infection and it went well. I got vitamins and folic acid, if I have a pain, their ask me to come back. G Orquídea.

Mexican Official Standard (NOM-007-SSA2-2010) mentions that pregnant women should be informed of possible complications during pregnancy; make the measurement and recording and interpretation of weight, height, blood pressure and other records when necessary; detecting gestational diabetes; guidance and promotion of parental involvement; the promotion of exclusive breastfeeding; information on methods of family planning and implementation of immunization; as expressed in the following speeches:

I was given guidance at the time of admission, about the warning signs of pregnancy; I speak of eclampsia and pre-

eclampsia, to take precaution during pregnancy [...] I tell them, there are unfortunate pregnancies with complications. E Esmeralda.

The vital signs are taken, also I was given guidance on breastfeeding and family planning. E Turquesa.

The nurse weighed me and took my blood pressure, I have been vaccinated against tetanus once, I did a urine test. G Bromelia.

If I feel dizzy, feeling sick, if I have bleeding or fluid watered, I go fast to the general hospital emergency department. G Adelfa.

There are nurses who do not give guidance, only make matters stationery and others who do [...] here, the health center stayed a month without medical [...] I asked them, that gave them or told the nurse [...] we came, you would check us. M Cisne.

Subcategory 1.2: Nursing Care As An Exercise Of Power Vertical Vs. Horizontal

This subcategory refers to autonomy and power exercised by the nurse for her know, through the exercise of authority, is presented in three levels: one, in coordination with the doctor; two dominant and vertical, holding the nurse on the mother in the development of their work; and three, delegation of tasks to facilitate their work with pregnant women.

Regard to the exercise of power, at the level of coordination, the following speeches are shown:

When the doctor are not found, we check the heartbeat of the pregnant women, we also give them iron and folic acid: we only do this on their first appointment and their second appointment, i tell the doctor what i have give them earlier. E Topacio.

There are places where the nurse makes doctor function, makes stationery, medical care, to attend births reached; then there is a matter of attitude of each person, if they actually performs its functions by vocation and not obligation. M Cisne.

Sometimes I arrive, greet and I barely get an answer; I would like they answer me happy; maybe we do not pay them, but the government is paying them to listen to us; to be seen to serve their patients well ... I mean, if they get angry because of patients, why do they took those nurse or doctor career. G Ixora.

These speeches are consistent with Lourau (2007) when characterizes transversality as the immediate relations, unmediated by the institution; in which the horizontal dimension automation leads to a libidinal level; there is nothing more than the immediate relationships, such as those presented in coordinating nurse-doctor relations.

Regard to exercise dominant and vertical power of the nurse on the mother, we have the following speeches:

The nurse behaved very bad vibes, she said wait a minute, I have to work, you can go there [...] I do not like, because they do not behave nicely. G Cala.

The nurse gave me the brochure where are the warning signs, I asked, why it was important to know that, she said, you have to read it, she does not tell me anything. G Girasol.

Category 2: Institutive Nursing Care Perceived By Pregnant Women

This category seeks to understand the thoughts and feelings of the mother, in relation to the service offering, granted at the time of contact; its related expectations with what they think or what do they expect to find when they get to the health center; her experiences of how she was treated: do not provide information about their pregnancy, signs of risks, care for their baby; the lack of explanation of brochures or showing little patience in care; or in the case of very few pregnant women who report good care nurse and explained in the following speeches:

They have to explain me, I do not like because it does not tell me anything, then they are as annoying [...] I do not like anything. G Sunflower.

I would like, that the nurse had more participation, initiative; every time they come to see pregnant women, she remind them of the warning signs, vaccines; It is filled with so much information in the first query, that you forget [...] each month that comes to query, go changing topics; information that is gradual; They do not take it for granted that they already know; especially with young people, when they come to me, and do not remember. M Paloma.

[...] That attend patiently, as if it were a family. M Quetzal.

Subcategory 2.1: (Un) Satisfaction Of Nursing Care

This subcategory refers to the perception of the user expressed on care nurse at the time of care, either as a satisfactory attention, as to the interest; attention to their demands; expression of confidence, among others; as manifestations of complaints about the delay in care, anger, unkindness.

They treat us good, I like that all pay attention; when I feel bad, I'll look, it takes a little more, when people arrive with some urgency and they are passing. G Orquidea.

We must give them confidence, to talk like her friend, her confidant, to tell us how they feel ... then it depends on the confidence that we have. E Jade.

There are places with high demand for the nurse, but even she wanted to give the attention as it should, she can not give [...] as doctors, we also have much consultation, we have no longer time and we do not do the note, so it remains underreported. M Gaviota.

Pregnant women manifest satisfaction when they received attention, as indicated by (G) Orchid. (E) Jade says that there must be a relationship of trust, which fosters greater communication, commitment, interest, which will allow pregnant women to feel welcome to the health centers. Presented speeches showing dissatisfaction of nursing care:

[...] Explain to me how to take care, to give us more information. G Adelfa.

I do not like, because it does not solve my doubts [...] hardly talk with pregnant women. G Rosa.

I would like the nurse to be kind, to ask how is my pregnancy, to give me advice to know how to take care myself at this stage. G Magnolia.

I do not like that take a while to pass query sometimes get people who are passing and will taking. G Orchid.

There are pregnant women who do not want to come here, because they take a lot and so I will prefer to go to a private physician. E Alejandrita.

Not all nurses, of course they do, but they can orient them about oral hygiene, prevent some diseases during pregnancy sometimes give a little more confidence, it is important to see the face, because she sees that you're worried about your condition. M Gaviota.

These results obtained by dissatisfaction regarding long wait, improper treatment of staff and lack of information about her pregnancy, is shared, as manifested by pregnant women in the following speeches:

Sometimes we have to wait because we are several pregnant women, we're in the same month of appointment, I would like the nurse to be kind, do not put angry face. The nurse do not talk nor smile and that I do not like. G Ixora.

They have a lot of time outside the office, to guide the patient, consultations are scheduled [...] a pregnant, cited half an hour before and at that time give guidance, about 10 minutes of conversation at every visit, it would be good. M Paloma.

Also consistent with research Lopez (2014), in Chiapas, Mexico, on: perceptions of pregnant women on interaction with nurses in prenatal care; It concludes that nurses do not have warmth in their dealings and do not provide information about the process of pregnancy; pregnant women who want a friendly and respectful treatment; on the role of nurse, she is perceived as a physician assistant, without specific functions related to maternal and child care, and that one of the functions of the nursing staff, should be the guidance and clarification of doubts and fears that are not they are covering.

These perceptions are reflected in the following speeches:

I wish the nurse to have a conversation with me about how to take care of myself, to give us information [...] in my case, as is the first baby, had no guidance on pregnancy care; Also, I need to know care after pregnancy, after birth of the baby. G Cala.

Instituting action is limited to situations of crisis, of change, of revolutions, as manifested in the following speeches:

I would like, that a nurse should be devoted exclusively to pregnant women, to give them good care and keep a good control of their pregnancy. E Zafiro.

Category 3: Institutionalization Processes Of Care To Pregnant

It refers to strengthen nursing care that meets the needs of the mother, so that it appropriates care (self-care). On the other hand, considers the importance of the participation of the mother, husband and mother in the care of pregnant women, who influence mainly on nutrition, exercise and domestic activities.

About care, I know I should not carry heavy things, be at rest; I have looked, as in my other pregnancies; I eat lots of fruit, vegetables, drink fluids, no soft drinks, no alcohol, no smoking. G Azucena.

My mom says I have to eat vegetables and fruits that do good for the baby, do not drink coffee, soda; not eat fat and salt. G Adelfa.

The institutionalization process is the moment of singular concrete encounter of the instituting and the instituted (Lourou, 2007).

Subcategory 3.1 Monitoring Care Facility In Pregnant

This subcategory refers to observe, monitor, be careful and follow up care actions as a result of the orientation that the nurse manifests to the mother; but that does not keep track of the activities of the expectant mother at home. As expressed in the following addresses:

I was told to learn the warning signs, but I have not read; that if there was bleeding knee, pain in the belly. G Cala.

We must take care, when we have a headache, bleeding and swell, we must go to the health center ... if we lowered the pressure also must lie down carefully. G Azucena.

In the health center they tell us that we should know alerts, as if our baby is not moving, bleeding, dizziness, tinnitus. G Hortensia.

The care I know, are eating fruits and vegetables, drink plenty of fluids, do not eat salty, no bread and soda, take folic acid, lie down carefully. G Rosa.

I would like they teach pregnants women the warning signs, how to take care of themselves; because the nurse is not going to be with her; spends a little time and as long as, what happens in your home. M Quetzal.

Care in action, means that the nurse should not only provide care to pregnant women, but it is important to follow up, because even performing the action, not always do what is taught, as G Cala says.

Knowledge, while, reducing the vulnerability of the patient; the caregiver must reduce the gap in knowledge, training to be careful; implying reach her and make the patient an agent of their own care, considering the variables of self care, previous experiences, knowledge, expectations, habits and family; to ensure that current care is meaningful, personalized, developing a relationship object / subject and not see the subject as object (Waldow, 2008), as the following speeches:

I know I should take folic acid, ferrous fumarate, no heavy load, no refreshments, and I do not. During a urinary tract infection not to have sex. G Bromelia.

No heavy lifting, take rest, drink plenty of fluids, no soft drinks, no alcohol, no smoking. G Adelfa.

We must take care, when we have a headache, bleeding and feet swell us; if we lower the pressure, we must go to the health center. G Rosa.

Upon questioning, sometimes they are ashamed to tell the doctor and I have to go talk to him first and then they are present. E Gema.

Waldow (2008) notes that past experiences, called background, include the patient's life history, medical history, values, rituals of care, in short, everything that might interest the care process. Knowledge of the caregiver about the patient, helps the care process, influencing in the patient's response and their expectations.

The following testimonies are consistent with the results of research Rativa & Ruiz (2009), in Bolivar city, which concludes on the protection domain of the mother, which states that to protect develops practices not straining, exercise, personal care, skin care, avoid non-beneficial substance and rest. The family plays a very important role because interest is observed to offer pregnant women the best advice and care.

Below it is presented speeches about:

No heavy lifting, take rest, drink plenty of fluids, no drinking soda and alcohol, no smoking. I asked if someone in my family have diabetes. G Adelfa.

I know I should eat well, a vegetable dish, an apple at noon, a glass of milk, a natural juice; not eat too much salt, sugars; check the pressure, not drinking alcohol, soda, coffee and smoking. G Lantana.

In the subsequent consultation it ensures that pregnant women have their vaccine against tetanus and check if she has all her shots. The vaccine is applied, the first contact with the health center; but if it captures the expectant mother in the first quarter, we prefer to put later, as they may have a problem, not the vaccine, but for another reason and they relate it to the vaccine; to avoid any confusion, vaccinated after three months. E Alejandrita.

Identify if she has had symptoms that may cause problems during pregnancy; is paramount, identify warning signs; that she has present. E Jade.

The speeches are related to institutionalization, according Lourau (2007), is the recovery of the innovative strength of the instituting so instituted; and new rules appear; but allow the institution perpetuated.

Subcategory 3.2: Considering The Family Involvement In Care Of The Pregnant

This subcategory shows the confidence of the mother in her family, especially her mother, then her husband and, in some circumstances, her mother in law, who recommend not stop eating, do not make much effort, answer questions, do not carry heavy things, not take alcohol or smoke, as shown in the following speeches:

I spent a week with a lot of nausea and vomit; my mom said she did not stop eating because it was for my baby, to do it so he was okay. G Girasol.

My doubts me solve my mom or my mother in law, I ask them about, childbirth, what I care during pregnancy ... for example when you get sick, you should not take drugs, because it is bad; if before carrying heavy, no longer do it, because you can come the baby. G Rosa.

Taking folic acid, ferrous sulfate, vitamins, see how is the baby is doing each month through ultrasound; that I know of care, do not make much effort; when you feel any pain, I immediately tell my mom. G Girasol.

According Waldow (2008), the presence and love of the family, with the patient are fundamental and equipment must be attentive, explaining, informing, giving support, then, it is helpful for growth to be careful. If the family does not quite understand the situation if the team members are indifferent to their feelings or needs, rather than help, you can hinder the process of caring.

In subsequent speeches the presence of the family in the care of pregnant women are shown:

My mom says I have to eat vegetables and fruits that will make the baby well, not coffee, sodas, not to eat fat and salt. G Adelfa.

When I go to see, my husband is with me; It is important because it also finds, as the baby develops. G Cala.

My mother in law tells me not to eat pozole, enchilada meat, sausage, pig meat, and I can eat fruits and vegetables, can eat boiled. G Azalea.

Analyzing the institutionalization of nurse work is to analyze the reality through the constant questioning of what happens in her; finding contradictions between instituted and instituting, in the care of pregnant women enables the recognition of these contradictions by staff or group of nursing and care facilitates all processes of self-management, towards achieving an appropriate climate between the people who work and users, being participants and favoring change, depending on institutional development and increasing service quality of the population.

Conclusions

Nurses follow the protocol of the procedures in compliance with the Official Mexican Standard NOM-007-SSA2-2010 for pregnancy care, childbirth and postpartum; that is, their activities are guided by the forms that are filled, for the actions reported to the health jurisdiction on a priority basis, rather than identifying the perceived needs of pregnant women.

Regarding the nursing care instituted in health centers is manifested in the actions of instrumental type (techniques and procedures) that day by day are repeated mechanically as to the assessment and care actions, imposing its power that intimidates to pregnant women to ask, clarify doubts or obtain information; Likewise, the actions of health education, when using the security plan to raise awareness of the warning signs of pregnancy, in which not all nurses explained pregnant or clearing their doubts, in seeking to fulfill NOM goals that imposes compulsory. These actions, carried out by nurses, are compatible with consideration to pregnant women as objects rather than subjects of attention, which manifested justification is the excessive number of patients attending establishments in relation to the number of nurses, which does not allow them give quality care.

On the other hand, it instituted in the administrative organization in health centers is vertical type, manifested in the doctor-nurse-user relationship which is shown when the nurse receives an irrefutable doctor's orders and, in turn, she imposed to pregnant women giving orders, in their role of health personnel, how to care, feeding, warning signs, identify risks, without considering their demands and expectations,

as manifested pregnant; and the power exercised by the nurse on the mother, is inflexible, vertical, which does not allow a relationship of kindness and respect.

Another important aspect to consider is that even if didactically the three moments of institutional analysis is separated: the instituted, instituting and institutionalization, in reality is not possible as simultaneously these moments are presented, as when note that the nurse in the doctor's absence, is committed to attend, apply their knowledge and decide what to do, that's when emerges institutive in this creative force, desiring to give attention to pregnant women, producing a new form of attention, contrary to the instituted shown when in the presence of the doctor feels the tightness act, the doctor does not think, her knowledge is not heard.

In the instituting moment, the nurse must leave as part of the instituted, the passive attitude of technical instrumental care or, expressed in protests and the desire of pregnant women to observe an active, creative attitude of kindness, to provide enough information about their pregnancies; Desiring forces that allow to emerge the aspirations of changes in care to pregnant women by nurses, as manifest their speeches: technical care, accompanied by love, respect, imbued with values, empowerment of their knowledge, being and doing, demonstrated greater visibility when there is no doctor, and finally, where the tightness of the standard and creative care by nurses, produces the dialectic between instituted and instituting, with the transformation of the change that comes from the instituting.

The practices of dialogue between nurse- pregnant, are more negative than positive, so pregnant women expressed their protests on body language used by the nurse, with attitudes of trouble, marking a barrier to the expectant mother cannot ask about their doubts , which it is perceived as being ignored or that they do not listen. Faced with these protests pregnant women discuss their desires, be reconsidered as people who demand information, to receive as first contact welcome, establish a friendly communication, a cordial dialogue, special treatment for being a pregnant, driving a positive body language, opening communication channels that favor the comfortable feel and thereby achieve a better understanding.

From the perspective of the nurse, justify these attitudes by excess demand for labor, which does not allow her to have enough time to provide satisfactory services for expectant mothers care and develop practices of dialogue, communication and coordination immediately with responsible for core medical care; however, only on some occasions, communication or dialogue became positive with some pregnant women through appropriate responses to questions about her pregnancy.

The speeches demonstrate the skills of pregnant women to internalize and practice the information provided by nurses, for their family members or previous experiences related to alarm signals and care in space, health facility or at home and in time pregnant. The nurse should not only provide information, but it is important to monitor the actions, because the mother will not do always what is taught.

In the case of the information given by the nurse, there are rare situations in which monitoring is done at home and is only done in the vaccination schedule, when does not attend consultation for expectant mothers and when there is a counter referral hospital, but that has not been revealed by pregnant women. Addition there are generalizes care nurse, however should consider individualized care according to the needs of each pregnant woman.

Institutional analysis aims to identify problems, needs and project-related activities or accomplishments; there is a need to widely inform pregnant women, since knowledge reduces vulnerability in a risky pregnancy. The nurse should consider past experiences, variables to be careful to ensure meaningful knowledge.

According to the speeches of pregnant women, when we speak of family involvement in their care, the mother becomes the primary caregiver of pregnant women; by the mother-daughter affective link; by their experience according to their beliefs, values and past practices, which are of great importance to prevent possible complications. However, the influence of the mother is underestimated by health services, including the nurse, who ignored her speeches. The husband is in second place, with advice and support his wife, in this process of gestation, being considered by the nurse, as the nexus at home.

This informal situation, related to the mother of the pregnant supports her prenatal care, well regarded by health centers; it is proposed, it becomes formal and practice and achieve stable institutional character, it means, be institutionalized.

The findings substantiate the thesis that nursing care for expectant mothers, requires human care. Nurses must demonstrate behaviors and actions that include: knowledge, skills, attitudes, values, solidarity, brotherhood, love and respect; undertaken in the sense of favoring the potential of people. Love must be manifested by very small things like listen, support, cherish, know your feelings; do feel safe and confident pregnant, in this way, no longer she has feelings of weakness or rejection of her situation.

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