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Exame papanicolaou em gestantes: conhecimento dos enfermeiros atuantes em unidades de atenção primária à saúde¹

Pap smears in pregnant women: knowledge of nurses working in units of primary health care

Papanicolau en el embarazo: el conocimiento de enfermeras que trabajan en unidades de atención primaria

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RESUMO

Objetivo: investigar o conhecimento dos enfermeiros sobre o exame ginecológico Papanicolaou realizado em gestantes atendidas em Unidades de Atenção Primária à Saúde (UAPS) de Fortaleza-CE. **Métodos:** estudo descritivo, transversal, realizado em três UAPS, com amostra de 27 enfermeiros. Os dados foram obtidos por meio de questionário e para a análise utilizou-se o programa *epi-info*. **Resultados:** os dados mostraram que a maioria dos enfermeiros, 17 (62,97%), não realiza o exame ginecológico nas gestantes. Dos enfermeiros que realizam, três (7,4%) fazem a coleta de forma incorreta. No que se refere à participação em capacitações sobre pré-natal e exame ginecológico, 24 (88,8%) afirmaram ter participado anteriormente. **Conclusão:** dessa forma, fazem-se necessárias capacitações sistemáticas e eficazes com o intuito de reformular as práticas assistencialistas que se encontram estabelecidas nos programas de saúde da família.

Descritores: prevenção primária; cuidado pré-natal; gestantes; enfermagem.

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ABSTRACT

Objective: to investigate the nurses' knowledge of gynecological Pap smears performed in pregnant women attending Primary Health Units (UAPS), Fortaleza-CE. **Methods:** a descriptive, cross-sectional study conducted in three UAP, with a sample of 27 nurses. Data were obtained through a questionnaire and the analysis used was the Epi-info program. **Results:** the data showed that the majority of nurses, 17 (62.97%), does not perform the gynecological examination in pregnant women. From nurses who perform, 3 (7.4%) make the collection incorrectly. About participating in trainings on prenatal and gynecological examination, 24 (88.8%) reported previous participation. **Conclusion:** thus, systematic and effective training aiming to overhaul the welfare practices that are established in the family health programs are necessary. **Descriptors:** primary prevention; prenatal care; pregnant women; nursing.

RESUMEN

Objetivo: investigar el conocimiento de las enfermeras sobre el Papanicolaou realizado en mujeres embarazadas asistidas en las unidades Primaria de Salud (UAPS), Fortaleza-CE. **Métodos:** estudio descriptivo, transversal realizado en tres UAPS, con una muestra de 27 enfermeras. Los datos fueron obtenidos a través de un cuestionario y el análisis utilizó el programa Epi-Info. **Resultados:** los datos mostraron que la mayoría de las enfermeras, 17 (62,97%), no realiza un examen ginecológico en mujeres embarazadas. De las enfermeras que realizan, 3 (7,4%) hacen la recolección de forma incorrecta. Con respecto a la participación en la formación en la atención del prenatal y el examen ginecológico, 24 (88,8%) informaron haber participado anteriormente. **Conclusión:** por lo tanto, una formación sistemática y efectiva es necesaria con el objetivo de revisar las prácticas de bienestar que se establecen en los programas de salud familiar. **Descriptor:** prevención primaria; atención prenatal; mujeres embarazadas; enfermería.

INTRODUCTION

Women's health is gaining prominence within the scope of public health, targeted policies being created for this group, such as the National Policy for Integral Attention to Women's Health (PNAISM), established in 2004. The policy aims to ensure universality and equity in women care, understanding them as subjects of law. The effectiveness of this policy enables the launch of educational proposals through health promotion and prevention of diseases.¹ The policy covers important topics in health care of women, such as prenatal, delivery and postpartum; cervical cancer of uterus and breast cancer; among others.²

Care to pregnant women in prenatal consists in the hosting procedures throughout the pregnancy, and is essential to ensure maternal and fetal health. During prenatal, nurses should receive the mother and enable the construction of bonds to guide her and understand how she experiences the pregnancy with herself and with her family.³

During pregnancy, it is recommended that several tests be performed, including the pelvic exam, Pap smear or cytology, being an adequate time for the early detection of

uterus lesions precursor of cervical cancer.⁴ In this sense, the gynecological examination enables early detection of abnormal cells that may cause cervical cancer, being one of the most efficient methods in the diagnosis of this disease - which poses that the procedure should be done by all women with an active sexual life, including pregnant women.⁵ It is noted that this cancer has a high potential treatment and can be cured if detected early.⁶

The Pap smear consist in the examination through vaginal touch and in the insetion of a speculum into the vagina to collect material in three locations: the outside of the cervix (ectocervix), the inside of the cervix (endocervical). In the case of pregnant women, the test may be performed at any time during pregnancy, preferably during the seventh month. However, the collection is performed only with the Ayre spatula, avoiding the collection of endocervical.⁵

Cervical cancer is common in the female population. It is estimated, for 2014, 15 000 new cases being as the fourth leading cause of cancer in women, preceded by skin cancer, breast and colon and rectum. This represents a risk of 15.33 cases per 100,000 women. In the Northeast, it occupies second place in the most common types of cancer (18.79/100,000), and estimated 930 new cases in 2014 in the state of Ceará, with 280 cases in the city of Fortaleza.⁶

The main risk factor for cervical cancer is the infection with human papillomavirus (HPV). Aiming to reduce the occurrences of the disease, a vaccine that prevents four types of HPV⁶ is being distributed in 2014. Satisfactory results are seen in the population that received the vaccine.⁷

Among the main reasons for not performing the Pap test for pregnant women are: the ignorance regarding the importance of the test; the feeling of fear or shame of the examination; the lack of opportunity for access to health services, materials and personnel to perform it.⁸ Additionally, many pregnant women are afraid to take the exam for being pregnant, fearing that the examination may harm the progress of the pregnancy.⁴

Seeking to ensure the realization of the Pap test for pregnant women, a commitment is necessary from both the health staff and the pregnant women. Community health workers must conduct active surveillance of this population and professionals should clarify, encourage and ensure this exam.⁸

Thus, considering the importance of knowledge in nursing, the study was developed from the following questions: are nurses encouraging pregnant women to perform the Pap smear during the prenatal consultation? Does the professional nurse recognize the importance and purpose of having a gynecological exam? Are nurses performing the Pap smear during the prenatal? Do nurses participate in programs of training for the prenatal and gynecological exam?

Therefore, the study aimed to identify the knowledge of nursing professionals on the implementation of Pap Smear gynecological examination in pregnant women attending

Primary Health Care Units (UAP), in the city of Fortaleza - CE, featuring the professional profile of nurses working in the UAP; and investigate if they stimulate the realization of Pap smear in pregnant women during prenatal consultations.

METHODS

This study follows a quantitative, descriptive and cross-sectoral line. The survey was conducted in three UAPs of the Executive Secretary of the Regional V, in the city of Fortaleza-CE. The sample was composed of 27 nurses, randomly chosen, according to the following inclusion criteria: having a degree in nursing and carrying out an examination of cancer prevention of cervical, and prenatal consultation.

For data collection, structured interviews were performed, consisting of two phases: the first phase for professional identification data that grouped information about the professional level of education and their participation in previous trainings about the issues addressed in this study; the second phase was on multiple-choice questions regarding the peculiarities of gynecological preventive examination during pregnancy, drafted according to the Care Notebook Basic - control of cervical cancer and breast cancer.⁵

Data analysis was descriptively performed, through absolute and relative frequencies, analyzed through charts and graphs in the Epi Info programs for statistical analysis and information crossing, and Excel for tabulation and ordering of data.

The ethical aspects of the research were respected according to Resolution 466/12 of the National Health Council of the Ministry of health⁹ and was approved under Opinion 287/09. All professionals participating in the study signed the Informed Consent Term.

RESULTS

In the sample of 27 nurses, there was a higher prevalence of females, 24 of them (88.9%). About the position they occupied, all (100%) were clinical nurses, and 24 (88.9%) had a specialization.

In the analysis regarding the education time, it was observed that 09 (33.3%) nurses had from 4 to 7 years of graduated; in the same proportion, the other 09 (33.3%) nurses were classified in the range 08-11 years experience as professionals.

Table 1: characterization of nurses according to gender, position and education.

Characteristics	N	%
Gender		
Female	24	88.9
Male	03	11.1
Position		
Supervisor Nurse	0	0
Coordinator Nurse	0	0
Clinical Nurse	27	100
Education		
Graduation	02	7.4
Specialization	24	88.9
Master's degree	01	3.7
Doctorate degree	0	0
Time of education		
1 to 3 years	03	11.1
4 to 7 years	09	33.3
8 to 11 years	09	33.3
12 to 16 years	06	22.2

Table 2 identifies that 17 (62.9%) nurses surveyed do not perform Pap exam in pregnant women.

When asked about the gestational age for the exam, most nurses reported recommend to pregnant women gynecological examination in the first quarter, 21 (77.7%). However, 6 (22.2%) nurses sent pregnant women only in the second quarter to perform the gynecological examination.

Also, 24 (92.5%) nurses at the time of collection in pregnant women, did not use the cervical brush (endocervix); however, three (7.4%) used the brush.

Table 2: distribution of nurses on the performance of the Pap test in pregnant women, the quarter when it's performed, and the use of cervical brush (endocervix).

Characteristics	N	%
Test performance in pregnant women		
Yes	10	37.03
No	17	62.97
Quarter		
1 st Quarter	21	77.7
2 nd Quarter	06	22.2
3 rd Quarter	0	0
Any quarter	0	0
Use of cervical brush		
Yes	03	7.4
No	24	92.5

It was found that 25 (92.3%) respondents participate in training related to prenatal and 24 (88.8%) participate in training related to gynecological consultations.

Table 3: distribution of nurses who participate in training with the purpose of prenatal consultation and gynecological examination.

Characteristics	N	%
Prenatal Training		
Yes	25	92,3%
No	02	7,7%
Gynecological Examination Training		
Yes	24	88,8
No	03	11,1

DISCUSSION

Studies of the sample characterization on the professionals' gender showed similar results to this study, attributing the predominance of women to the very origin of the nursing profession, which is predominantly female. A study in Acre, with nursing professionals who provide care for pregnant women, pointed out that most professionals (91%) were female.¹⁰

A quality consultation is obtained not only through the practice but also through the constant qualification of health professionals, for the purpose of obtaining new knowledge and ways of applicability in practice.

Moreover, it is noteworthy that professional qualification in nursing is relevant, since the construction of knowledge should be continuous and built in a contextual and reflexive¹¹ way. Education is not just a requirement of life in society, it's also the process of providing the subjects with knowledge and cultural, scientific, moral and adaptive experiences that make them able to work in the social, global and planetary environment.

Study of the professionals who provide care to women during the prenatal showed that only 8.7% of the professionals had expertise in the area of operation, being told by others that consultations were carried out based on knowledge built during training.¹⁰ This presented reality differs from this research, once most professionals (88.9%) had expertise, combining academic knowledge with post-graduation towards ensuring quality care for the population.

In addition to specialized courses, there are other factors that contribute to the care with excellence: experience, education time, and service.

Studies associate a short period of training as a difficulty in the care provided, existing a study that highlights the fact that the majority of nurses (57%) had less than two years of service time, thus reiterating that nurses have little professional experience - which contributes negatively to the quality of care provided to pregnant women.¹²

However, in the analysis of this study, the training time positively reflected in the care of pregnant women present in the investigated units. Such care - and the practices related to it - was performed by nurses with more than three years of professional experience, with a total of 24 (88.9%) nurses with this training time.

Knowledge of nurses about Pap smears

The professional must be able to clarify and encourage women to perform the gynecological examination. A study conducted in the Northeast region of Brazil shows that the main causes for not performing the examination are: shame and lack of examination requesting by the health professional, being also seen that women have little knowledge about the exam.¹³ Thus, the study is similar to the posture adopted by professionals of this research and detected that less than half of the professionals perform the examination in pregnant women.

Only 37.03% of professionals perform pap smears in pregnant women. A study conducted in Rio Grande shows that many professionals are performing more sophisticated tests such as obstetric ultrasound, failing to pay attention to simple tests of great importance during pregnancy, such as clinical breast exam and pap smear.¹⁴

The Pap smear exam is essential for pregnant women, and can be performed in any quarter - although without the endocervical collection, following the current recommendations⁵ - being more frequently endured in the first trimester of pregnancy, 77.7%, according to this study

The collection should only be performed with the Ayre spatula, an instrument of care that although prevalent in this research, is still disregarded by a percentage of 7.4% of nurses - that use the endocervical brush in pregnant women. This data, though small, is worrisome because this procedure may cause a premature birth due to the stimulation of uterine contractions.⁵

Although women with cervical cancer rarely identified, it is important to perform Pap examination because in cases that are diagnosed with the disease, decision-making is required by the multidisciplinary team to choose the best solution - which may involve abortion.¹⁵

Given the context, it is worth highlighting the high frequency of HPV infection in high-risk pregnant women; likewise, HIV-positive pregnant women also have a high frequency of *C. trachomatis* infection. Such infection, in the light of present knowledge, is characterized as a high risk population regarding cervical cancer, thus such group needs to be monitored to prevent the malignant transformation process.¹⁶

A study conducted in the Northeast to investigate the coverage of performing the pelvic examination in women showed that about half of the female population was in the age group of risk (25 years older) to develop cervical cancer, showing exam coverage to 76.2% of women and adequacy of the periodicity of 71.8%.¹⁷ Thus, it is necessary that the health care team covers all women, considering prenatal care as an opportune time to carry out the gynecological examination because many women will not seek health unit another time.⁴

The active search for women by the professionals of the UAP is relevant, once it enables the health team to perform educational activities with this group to sensitize the people

involved about the importance in taking the examination for an early diagnosis of any changes that may occur.¹⁸

Training processes with health professionals generate positive results for professionals and society, making a comprehensive and effective assistance, minimizing health risks.¹⁹ The short-term training, sought by the professionals of this research, indicate a larger and common interest in prenatal theme and humanizing delivery in the sense of guiding and training professionals - given that courses are constantly offered by the Municipal Secretary of Fortaleza.

Similarly, nurses from other studies reported that they have endured short-term and long-term courses through the past five years, being Prevention of Gynecology Cancer¹² and Prenatal Care¹⁰ courses the most frequent among such professionals.

It is important that professionals seek the quality of care during the prenatal treatment, not only in the number of consultations endured by the patient, making this the appropriate time to perform the Pap smear - a great opportunity to foster women to take the exam since it is not sure when or if they will return to the health service.⁴

Given the above, it is worth mentioning the importance of differentiated performance of health professionals with women in the examination of prevention. The effective interpersonal relationships between users and health professionals is of paramount importance when one considers it is responsible for establishing links of empathy and trust, which may contribute to the tranquility during the examination and promote the health of human communities.²⁰

CONCLUSION

Prenatal care is an important strategy of preventive care to pregnant women since it aims to promote maternal and fetal health and well-being, since pregnant women who perform prenatal care have a lower disease risk. Therefore, it is necessary for the service to be effective, both qualitatively and quantitatively.

Thus, nurses need to recognize the importance of completing the Pap smear in pregnant women for an early detection of pathogens and diseases such as HPV and cervical cancer.

In conclusion, out of the 27 participating nurses, 17 (62.97%) did not perform Pap screening in pregnant women. From the professionals who performed the collection, three (7.4%) performed wrongly, with the use of the cervical brush. Most professionals (24 - 88.8%) participated in training to perform the gynecological examination.

It can be observed that nurses participate in training, but few perform Pap smear in pregnant women, a simple test that should be routine in primary care. Facing this reality, we realize the importance of systematic and effective training to reformulate rooted practice in the context of UAP, as well as sensitization of professionals to adopt preventive habits

in their daily practice, seeking to ensure quality care for the population.

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