

Nursing care for pregnant women who use alcohol and other drugs in primary care: An instructional video for nursing students



<https://doi.org/10.56238/chaandieducasc-011>

Mariane Alves Corrêa Bittencourt

Student of the Professional Master's Program in Health Teaching-UFF

Nurse, Specialist in Neonatal and Pediatric Nursing; Fluminense Federal University, Professional Master's Program in Health Teaching

Niterói - Rio de Janeiro

ORCID: 0000-0001-6589-1885

Helen Campos Ferreira

PhD in Nursing-USP

Professor of the Professional Master's Degree in Health Teaching - Research line: Pedagogical Training - UFF

Fluminense Federal University, Professional Master's Degree in Health Teaching

Niterói - Rio de Janeiro

ORCID: 0000-0001-6383-5839

ABSTRACT

BITTENCOURT, M. A. C. Elaboration of an instructional video for nursing students about the care of pregnant women who use alcohol and other drugs in Primary Health Care. 2023. 134f. Dissertation (Professional Master's Program in Health Education: Interdisciplinary Teacher Training for the Unified Health System (SUS)) – Fluminense Federal University, Niterói, 2023.

Consumption and abuse of alcohol and other drugs during pregnancy constitute one of the most frequent psychiatric disorders during pregnancy. From the assumption of the existence of gaps related to the training of nurses on this subject, a research problem emerged: Are nursing students clearly prepared to act, in primary care, to pregnant women who use alcohol and other drugs? The objective was: to produce a video, as a teaching strategy, to help preceptors and professors in promoting the development of competences of nursing students on primary care for pregnant women who use alcohol and other drugs in CAPS

AD; identify gaps in knowledge about the skills of nursing students for nursing care for pregnant women; bring nursing students closer to the subject in question, bringing to reflection the relevance of nurses' work with pregnant women who use alcohol and other drugs and bringing up the discussion about the demands of this population and the possibilities of nursing actions in the adequate care of pregnant users of alcohol and drugs in primary care. As a method, action research was used, a case study, with an exploratory, descriptive and qualitative approach. The research subjects were 07 professionals from the multidisciplinary team of a Psychosocial Care Center for alcohol and drugs (CAPS Ad) in the city of Nova Friburgo, RJ and 05 nursing students who use this health device as a clinical internship field. Data collection took place from an interview with professionals and the application of a questionnaire to nursing students. The following results were obtained: the data were developed in Bardin's thematic perspective and grouped into 03 categories of analysis: Living with a pregnant woman who used alcohol and drugs; Assistance to pregnant women who use alcohol and drugs by health services and experiencing the constructed strategy - instructional video. This study shows that health professionals have a gap in their academic training on adequate training related to the care of pregnant women who use alcohol and other drugs. With regard to nursing students, this fact was also evidenced, as they revealed that the approach to this subject in training was superficial and general. In addition, they also mentioned that they did not feel prepared to work professionally in assisting these pregnant women. The need to produce a didactic-pedagogical tool was evidenced to assist in the teaching-learning process in the training of nurses.

Keywords: Knowledge, Nursing teaching, Pregnant women, Drug users.

LIST OF ABBREVIATIONS AND ACRONYMS

CHA	Community Health Worker
APS	Primary Health Care
BM	World Bank



BDEnf	Nursing Database
VHL	Virtual Health Library
CAISM	Comprehensive Care Center to Health Women's
CAPS AD	Psychosocial Care Center for Alcohol and Drugs
CAPS i	Psychosocial Care Center Children-juvenile
CAPS	Psychosocial Care Centers
CAE	Specialized Care Centers
Zip code	Research Ethics Committee
CT	Therapeutic Communities
CONAD	National Anti-Drug Council
CNS	National Health Council
CNPq	National Council for Scientific and Technological Development
DCN's	National Curriculum Guidelines
STD	Sexually Transmitted Diseases
EAAAC	Aurora de Afonso Costa School of Nursing
ESF	Family Health Strategy
FMUFF	Faculty of Medicine of the Fluminense Federal University
FIOCRUZ	Oswaldo Cruz Foundation
GSIPR	Cabinet Security Institutional of the Presidency of the Republic
HM	Maternity Hospital
IES	Higher Education Institutions
IDT	Institute of Drugs and Drugs Drug addiction
LILACS	Latin American Literature in Biological Sciences Health
MEC	Ministry of Education and Culture
MEDLINE	Medical Literature Analysis and Retrieval System Online
MS	Ministry of Health
MSES	Professional Master's Degree in Health Education
NV	Live Births
NASF	Family Health Support Centers
UNO	United Nations
WHO	World Health Organization
PAHO	Pan American Health Organization
PAIUAD	Policy for Comprehensive Care for the Use of Alcohol and Other Drugs
PRD	Harm Reduction Policy
PNA	National Anti-Drug Policy
PNPSR	National Policy for the Homeless Population
SNE	National Drug Policy
PTS	Singular Therapeutic Project
RMM	Maternal Mortality Ratio
RAPS	Psychosocial Care Network
SciELO	Scientific Electronic Library Online
SENAD	National Secretariat for Drug Policy
SAF	Fetal Alcohol Syndrome
AIDS	Acquired Immunodeficiency Syndrome
SUS	Unified Health System
LEAVES	Systematization of Nursing Care
SPA	Psychoactive Substances
ICT	Information and Communication Technologies
TICPES	Information and Communication Technologies in Health Education Processes
UFF	Fluminense Federal University
UNICAMP	State University of Campinas
UBS	Basic Health Units
AU	Reception Units
UNODC	United Nations Office on Drugs and Crime
UNESA	Estácio de Sá University
HIV	Human Immunodeficiency Virus
VD	Home Visit



1 INTRODUCTION

1.1 THEME

In a state of physiological gestation, women's health needs care that guarantees their health and that of the fetus, but not specific with detailed monitoring. Common emotional changes arising from this state are: ambiguity, sadness, euphoria and deficit in self-esteem. Physiologically, such feelings and emotions are overcome and leave no sequelae for either the mother or the fetus after labor and birth.

However, there are those women who need physiological and psychic follow-up due to health conditions resulting from biological and/or acquired processes in life. That somehow imprinted on them bad habits that implicate maternal and fetal health.

In this study, those who are users of alcohol and other drugs stand out, as they have psychiatric and psychological disorders that compromise the health of the fetus and the woman as well. Thus, such disorders can be the object of therapy in primary care by the multidisciplinary team.

According to the Ministry of Health (MH) (BRASIL, 2012a), among the most frequent psychiatric disorders during pregnancy are the use, abuse, and dependence of alcohol and other drugs. This fact is significantly relevant and has generated concerns in several social spheres, since the use of these substances during pregnancy entails potentially serious risks and consequences for maternal and fetal health.

It can be seen that the use of drugs in Brazil, both licit and illicit, has had a significant increase among the female population. According to the Ministry of Health, the inappropriate consumption of psychoactive substances (PAS) is a problem of great relevance in public health today (BRASIL, 2014).

Data provided by the Center for Comprehensive Attention to Women's Health (CAISM) – UNICAMP, revealed that in 2012, of 1285 women who received prenatal care at the institution, 7.7% stated that they used alcohol, 13.9% tobacco and 4.7% other drugs during pregnancy (CAISM, 2013 *apud* TAMASHIRO, 2015).

A survey conducted by the Oswaldo Cruz Foundation (BRASIL, 2014) mentions that 20% of crack users are women, of which 10% reported being pregnant at the time of the interview and more than half of the users reported having been pregnant at least once since they started using crack (BRASIL, 2014 *apud* LOPES *et. al.*, 2016).

Studies indicate that the use of psychoactive substances during pregnancy has shown a significant increase in recent decades (MEDEIROS; M; SOUZA, 2017; TURNER 2018; DE SOUZA, 2019). According to Popova *et. al.* (2017 *apud* DE SOUZA, 2019), the worldwide prevalence of women who use alcohol during pregnancy is 9.8%. In Brazil, a study conducted by Kassada *et. al.* (2013), in the municipality of Maringá in Paraná, with 394 women participating in the research, in the period of June 2012, found that 18.28% of them used drugs during pregnancy. A survey conducted by



researchers from the Oswaldo Cruz Foundation (BRASIL, 2014) on crack use, with approximately 370,000 crack users in the country, revealed that 21.3% are women, of whom 61% were pregnant at the time of data collection.

The use of alcohol and other drugs by pregnant women can result in significant maternal, fetal and neonatal morbidity and mortality, due to the effects directly caused by the use of the substance associated with the fact that these pregnant women are less likely to seek prenatal care (KASSADA; MARCON; WAIDMAN, 2014; ROCHA, 2016; MARANGONI *et. al.*, 2017).

According to Zhang *et. al. apud* Teixeira, Lucena and Echer (2014), in Brazil, approximately 1,600 women die per year due to pregnancy, childbirth and puerperium and 50 thousand children up to one year old. Among the causes are complications associated with the consumption of psychoactive substances during pregnancy.

Maternal death is defined by the World Health Organization (WHO) as the death of a woman during pregnancy or up to 42 days after delivery, regardless of the duration or location of the pregnancy, due to a cause related to or aggravated by the pregnancy or by measures related to it, however, except for accidental or incidental causes (MARTINS; SILVA *apud* DUARTE *et. al.*, 2020).

The high Maternal Mortality Ratio (MMR) is directly related to precarious socioeconomic conditions, low levels of information and education, family dynamics in which violence is present and, above all, difficulties in accessing quality health services (BRASIL, 2009 *apud* DUARTE *et. al.*, 2020).

In view of the seriousness of maternal mortality worldwide, the United Nations (UN) drafted, in 2000, the Millennium Declaration, which presents the "Millennium Development Goals". Its fifth objective presents the goals for improving women's health by the year 2015, including the reduction of maternal mortality by three-quarters, as well as universal access to reproductive health (UNRIC, 2010 *apud* DUARTE *et. al.*, 2020).

Despite these efforts, Brazil did not achieve this goal, with a maternal death rate of 57.59 per 100,000 live births (LB) in 2015 (BRASIL, 2019 *apud* DUARTE *et. al.*, 2020).

In 2015, the Pan American Health Organization (PAHO) launched the 2030 Agenda for Sustainable Development, addressing its third goal on health and well-being, whose goals are to reduce global maternal mortality to less than 70 deaths per 100,000 live births. In addition, to ensure investment in policies that allow the reduction of maternal and infant mortality, in order to put an end to deaths from preventable obstetric causes, among others (ONUBR, 2015 *apud* DUARTE *et. al.*, 2020).

Due to the obstetric and neonatal risks and complications resulting from the use of alcohol and drugs during pregnancy, associated with the social context in which they are inserted, these pregnant women are considered to be at high risk and should receive appropriate care throughout the pregnancy, peripartum and puerperal periods.



The treatment of pregnant women who use alcohol and other drugs is extremely complex. It involves diverse knowledge and professional skills from different specialties, which contemplate the needs of the pregnant woman as a woman, the fetus and her family, which aim at an expanded and longitudinal approach to health care.

This theme absorbed my thoughts, considering that I am currently a nurse at the Psychosocial Care Center for Alcohol and Drugs (CAPS AD) in the municipality of Nova Friburgo. This health unit provides care to users with disorders resulting from the use of alcohol and psychoactive substances. The care provided to the users of the Unified Health System (SUS) is provided by a multidisciplinary team consisting of psychologists, social workers, psychiatrists, nurses, nursing technicians, therapeutic companions, artisans and workshop workers.

In addition to this unit, I also work as a nurse in a Maternity Hospital in the municipality of Nova Friburgo. In this institution I had the opportunity to work in the high-risk prenatal service of the municipality and I work in direct care for newborns in the neonatal unit.

In view of my professional experiences in both services, I had the opportunity to assist pregnant women, parturients and puerperal women who used alcohol and other drugs, as well as neonates whose mothers were users. In mental health, I was able to observe the late arrival of these women at specialized services, which occurs more frequently after the birth of the baby.

From these experiences, I had the opportunity to get closer to women whose life situations aroused reflections on the care offered to them by health professionals and how they are prepared to act in their care.

Both scenarios of my professional performance constitute spaces for academic training, as a clinical field for internships of nursing students in the city of Nova Friburgo-RJ. Thus, based on my observation, although empirical, it emerged as a concern whether the students, in their academic training, at the time of the internship and the adequate preparation about the nurse's performance with these pregnant women. However, due to my work as a nurse at CAPS AD, to which I directly follow the internships of nursing students in the clinical field, together with the respective preceptor, I chose this scenario to carry out this study in order to seek a facilitating tool for the teaching-learning process that would promote students' skills on this theme.

1.2 PROBLEM SITUATION

When reflecting on the care provided to pregnant women who use alcohol and other drugs, it was observed the need to address the subject during the academic training of health professionals, given the lack of knowledge on substance use management by the various actors, including nursing, at all levels of health care (ROSENSTOCK; NEVES, 2010; BLESSLER, 2018).

Considering the commitment to the training of nurses for adequate care to pregnant women



who use these substances, and based on the assumption of the existence of gaps related to their professional performance with users of alcohol and other drugs in their training, the following research problems emerged: Nursing students feel prepared to work in primary care. pregnant women who use alcohol and other drugs?

And as the object of study, the creation of a facilitating pedagogical didactic material was defined, which, applied by preceptors and professors, could promote the acquisition of competencies by nursing students about nursing care to this clientele, in primary health care, related to CAPS AD.

Thus, the following guiding question was defined: What strategy of the teaching-learning process can be used to facilitate the acquisition of nursing students' competencies regarding nursing care for pregnant women who use alcohol and other drugs in the CAPS AD?

1.3 OBJECTIVES

1.3.1 Objective general

Produce a video, as a teaching strategy, to assist preceptors and professors in promoting the development of nursing students' competencies about primary care for pregnant women who use alcohol and other drugs in CAPS AD.

1.3.2 Specific objectives

- To identify the gaps in knowledge about the competencies of nursing students for nursing care to pregnant women who use alcohol and other drugs, who use the CAPS AD as a clinical field, about the proposed theme;
- To bring nursing students closer to the theme in question, bringing to reflection the relevance of the nurse's work with pregnant women who use alcohol and other drugs;
- To discuss the demands of this population and the possibilities of nursing actions in the adequate care of pregnant women who use alcohol and drugs in primary care.

1.4 PRODUCT

As a product, it was proposed the production of didactic material in the form of an educational video to be used by nursing professors and preceptors, in order to favor the approximation and deepening of nursing students on the theme, bringing to their reflection the need to acquire competencies for nurses to act in the care of pregnant women who use alcohol and other drugs.

The use of videos and films in the classroom emerges as a tool that provides opportunities for socialization, learning and the development of various knowledge and skills. It is highlighted that it is of fundamental importance to outline the objectives and goals that must be met in the classroom, as well as the importance of the role of the teacher, who must act as a mediator so that students understand



the objective of such choice and, in this sense, continuous pedagogical training becomes an essential element for the teacher.

The audiovisual resource can be an important tool, providing learning through play, in order to expand the methodologies and possibilities of learning and teaching, contributing to the intellectual development of the student, in addition to the understanding and assimilation of the contents, in order to motivate him and bring him closer to reality.

It is noteworthy that teaching should encompass the student's knowledge based on their lived experiences and should occur in a contextualized way, with playful materials, for example, films and videos. I believe that this practice demystifies the traditional teaching model, which has had for a long time and still has a rigid disciplinary character, with little significant value for the student to build their knowledge.

It is in this sense that Libâneo (1998, p. 26) shows that:

The school needs to cease to be merely an agency that transmits information and become a place of critical analysis and production of information, where knowledge enables the attribution of meaning to information. In this school, students learn to search for information (in class, in textbooks, on TV, on the radio, in newspapers, in videos, on the computer, etc.) and the cognitive elements to critically analyze it in order to give it a personal meaning.

Technology in education needs different strategies, methodologies and attitudes, because a poorly structured class, even with the use of the most modern resource, does not make pedagogical sense for the student. According to Moran (2009, p. 68) "technologies help us to find what is consolidated and to organize what is confused, chaotic, dispersed. That's why it's so important to master information search tools and know how to interpret what you choose."

Thus, the importance of the audiovisual tool to facilitate learning implies. in the planning of teaching, so that the learning experiences are well worked and explored, demanding from the teacher a keen critical sense as to the relevance of the choice of the video taken to be worked on in the classroom. Therefore, he must ask whether such a choice collaborates in the student's learning or only offers entertainment, so I consider that this study will be of great contribution to teachers and students as it favors a new look at the new possibilities of learning about nursing care for pregnant women who are clients of CAPS AD. I recognize, therefore, that it is necessary to go beyond the merely instrumental aspect in order to make technologies become working tools that expand the critical and creative capacities of young people.

1.5 RATIONALE AND RELEVANCE

In order to provide comprehensive quality care to pregnant women who use alcohol and other drugs, health units must work together directly with specialized mental health care centers. The most indicated specialized care service for the treatment of disorders resulting from the use and abuse of



alcohol and psychoactive substances are the Psychosocial Care Center for Alcohol and other Drugs, the CAPS AD.

These are strategic devices in the organization of the gateway, evaluation, reception and follow-up, with the objective of promoting access to health services for users and their families, preventing consumption and promoting the rehabilitation and reintegration of these people into society, through a unique therapeutic project, in addition to determining actions aimed at reducing social and health damage due to substance use (BRASIL, 2010).

However, in view of the problem presented, the subject was searched in the scientific literature, in an attempt to elucidate this issue and offer elements that favor the planning and advancement of tools and strategies for the care of these pregnant women, aiming at strengthening a policy of qualified and humanized care. Thus, a survey of the State of the Art was carried out, shown below, and there was a scarcity of studies on the subject.

The search for articles that exposed the training of nursing students about the care of pregnant women who use alcohol and other drugs was carried out by surveying the literature in the Virtual Health Library (VHL), Latin American Literature in Health Sciences (LILACS), Specialized Bibliographic Database in the Nursing Area in Brazil (BDenf), Online System for Search and Analysis of Medical Literature - Medical Literature Analysis and Retrieval System Online (MEDLINE) and Scientific Electronic Library Online (SCIELO). To search for the articles, the following descriptors were used: "Nursing education", "Nursing education", "Drug users" and "Pregnant women". The descriptors were grouped using the Boolean operator "and". Initially, the studies were selected according to the critical analysis of the titles, application of the inclusion and exclusion criteria, then the abstracts were read and, finally, the full articles were analyzed.

The authors and the selection of articles related to the theme followed inclusion and exclusion criteria. The aim of this study was to analyze the publications in the national literature. Thus, the inclusion studies adopted were: Productions published in Portuguese, with full text available in the databases, from 2011 to 2021 and related to the theme. As exclusion criteria, duplicate publications were determined by indexing in different databases and those that request payment for access to the text.

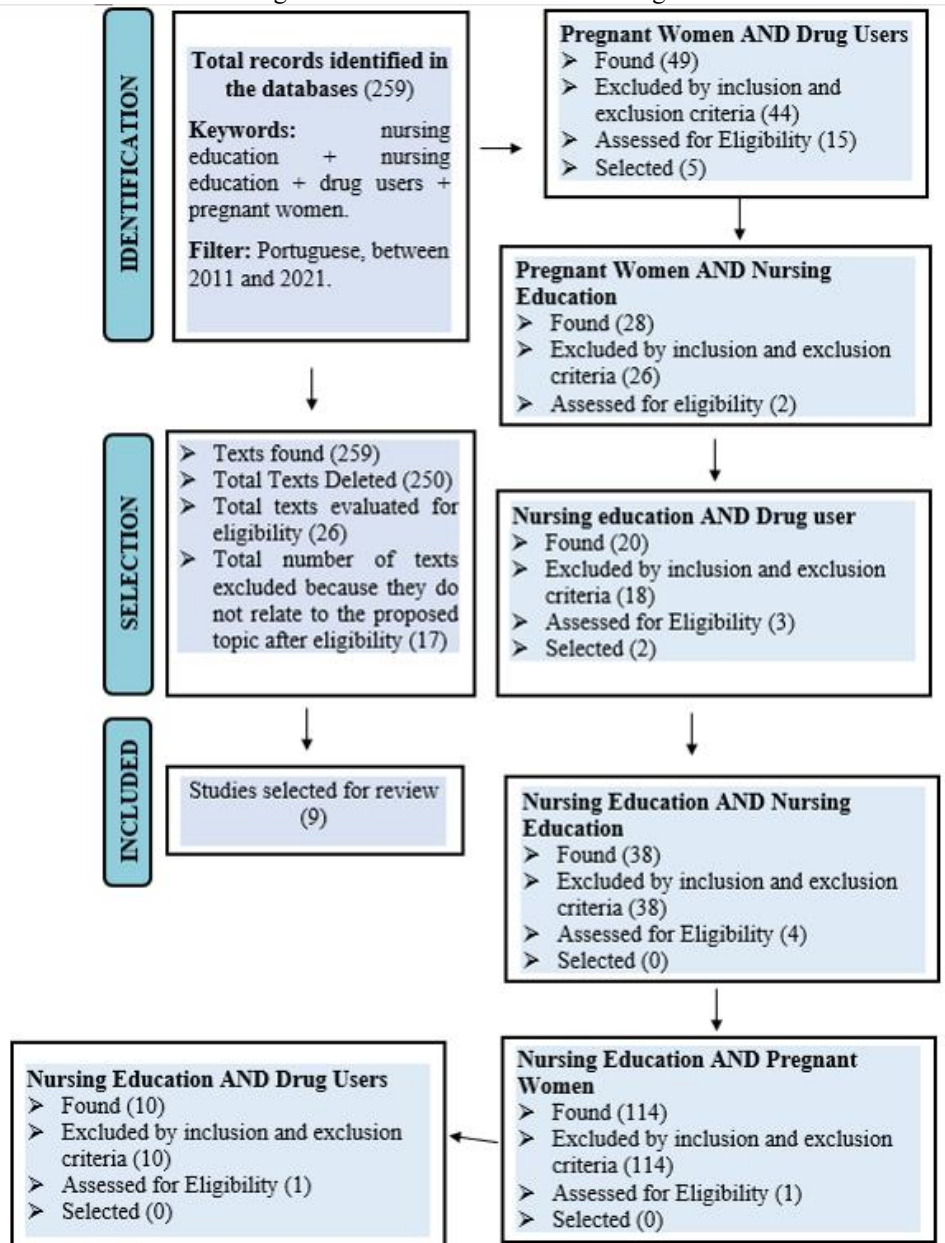
The research was carried out based on the elaboration of 06 search strategies, elucidated below in flowcharts. A total of 259 publications were found from the integration of the descriptors. Despite this number, 27 were selected through a thorough reading of the abstracts, as the others did not meet the selection: the objectives and themes addressed were not correlated with this study, in addition to the repeated texts and paywalls.

After the analysis, through the application of the inclusion and exclusion criteria adopted, 09 works were selected to compose the study sample, as they met the research objectives and met the



previously established criteria. The next stage consisted of the categorization and analysis of the studies, a stage that presents their characteristics and their respective findings, based on the definition of the information to be extracted. To this end, the following variables were used: Title, year, authors, methods, objectives and results. Subsequently, the synoptic table of the texts selected in this review was prepared (Chart 1).

Figure 1 – Flowchart for search strategies.



Source: the author, 2023.



Chart 1 – Synoptic table of the publications selected for the study.

Authors Year Magazine	Title	Method	Objectives	Results
LOPES, K. B.; RIBEIRO, J. P.; PORTO, A. R. 2020. BDENF.	Care strategies for pregnant and postpartum women who use psychoactive substances.	Integrative literature review.	Parse the production of knowledge about care strategies aimed at pregnant and postpartum women who use psychoactive substances.	A total of 16 articles were collected, of which five were part of the review. As care strategies, the following were identified: early uptake in prenatal care, health education actions, nutritional monitoring, Cognitive Behavioral Replacement and Therapy.
LIMA, M. G. T. <i>et. al.</i> ; 2021. LILACS.	Qualified assistance to pregnant women using alcohol and drugs.	Qualitative research.	OBJECTIVE: To analyze the nursing care provided to pregnant women who abuse alcohol and other drugs.	Three themes were highlighted: a focus on the scope of harm reduction; the integrality of being; and the nursing process vs. the integration of care. The study demonstrated that there is a failure in the care of pregnant women who use drugs, considering that one of the principles of the Unified Health System, comprehensiveness, is still far from being met, because the pregnant woman is assisted only on the aspects of alcohol and other drug use.
CHIQUETTO, C. M. 2018. LILACS.	Postpartum women with a history of cocaine and crack use: Perception of care received during pregnancy and puerperium.	Qualitative and quantitative research.	OBJECTIVE: To identify the perception of 16 postpartum women who reported the use of cocaine/crack in relation to the care received in health institutions during pregnancy and the postpartum period.	The centrality of the baby was present in both prenatal and postpartum care. In prenatal care, the approach regarding use was made in a punctual manner; In hospital care, the importance of a judgment-free approach articulated with other health services was highlighted. There was a need to think about more integrated and longitudinal practices in the face of the mother-baby binomial in cases of cocaine/crack use, as well as training appropriate for health professionals.
RODRIGUES, P. de M.; ZERBETTO, S. R.; CICCILINI, M. F. 2015. SCIELO.	Nursing team's perception of risk factors for drug use by pregnant women.	Qualitative research.	OBJECTIVE: To identify the perception of nursing professionals from Family Health Units in a city in the interior of São Paulo about the risk factors for the use of psychoactive substances in pregnant women.	The results showed that the risk factors are related to family, socioeconomic, cultural and biopsychological issues. Professionals should pay attention to prenatal care, living conditions and dynamics family members of pregnant women.



KASSADA, D. S.; MARCON, S. S.; PAGLIARINI, M. A. 2014. SCIELO.	Perceptions and practices of pregnant women treated in primary care in the face of drug use.	Qualitative research.	To identify perceptions and practices of pregnant women treated in primary care regarding the use of drugs of abuse.	The pregnant women reported difficulty in quitting the use of drugs and that the information about this during the care prenatal care is insufficient. It was observed that some feel fear and guilt due to the possibility of harm to the fetus and others do not worry about this possibility, and that illicit drug users feel judged and not supported by professionals.
SILVA, E. A. L.; AMPARO, G. K. S.; SANTOS, E. B. dos. 2017. BDEFN.	Nursing education in the pregnancy-puerperal cycle.	Qualitative research.	To report the experience of the "G-Day of the pregnant woman" in the training process of nursing students.	It was possible to establish a dialogue with the users of prenatal care about the pregnancy-puerperal cycle; provide a greater link between SUS users and the family health team; develop conceptual, procedural and attitudinal skills/competencies for the promotion of health and work education Interdisciplinary.
LIMA, M. E. M. <i>de et. al.</i> 2018. SCIELO.	Contribution of extension in a group of pregnant women and pregnant couples to the training of nurses.	Qualitative research.	To know how the participation of nursing students in the group of pregnant women and pregnant couples contributes to their training process and professional performance.	The analysis explained the reasons that lead the scholarship holder to apply for the extension vacancy, the perception of the nursing student about the group of pregnant women, the contribution of the extension experience to life academic and professional.
SANTOS, F. R. dos; FERLA, A. A. 2017. LILACS.	Mental health and primary care for alcohol and other drug users.	Qualitative research.	Address the integration between mental health care and primary care in the Unified Health System (SUS). To discuss the participation of the tutors of the Pathways of Care Project - Training in crack, alcohol and other drugs for Community Health Agents and Nursing Assistants and Technicians, and the contribution of training in Mental Health to their professional life.	Of the 890 questionnaires After completing the questionnaire, three open questions were analyzed, using Content Analysis as a method. The training proved to be able to transform the image of prejudice in relation to users of alcohol and other drugs; this change has awakened new possibilities for care in Primary Care, in addition to developing pedagogical capacities for continuing education in health.
ROCHA, F. M. <i>et. al.</i> ; 2012. LILACS.	Caring for psychoactive substance dependents: perceptions of nursing students.	Qualitative research.	To know the perceptions of nursing students regarding the care of the dependent chemist.	The content analysis technique was used and the evaluation of the statements allowed us to show that the care of the drug addict was considered interesting, but difficult and exhausting. As

Challenges and Innovations in Education: Scientific Perspectives

Nursing care for pregnant women who use alcohol and other drugs in primary care: An instructional video for nursing students



				positive points, the students pointed out the discussion about theory and experience, which enabled the transformation of conceptions linked to a moral model to others, based on technical, scientific and ethical models.
--	--	--	--	---

Source: the author, 2023.

From the results, it can be seen that, in the Brazilian literature, regarding the years of publication, the works are distributed within the ten years established as inclusion criteria. In addition, regarding the databases, the following databases were indexed: LILACS, SCIELO and BDENF.

It is evident that there have been few studies specifically focused on this theme. The selected articles portray that the theme: "Training about nursing care for pregnant women who use alcohol and other drugs" is little explored in the scientific literature; bring some aspects related to weaknesses in nursing care for pregnant women who use substances, which is reflected through fragmented care. And, they point out gaps in the care provided by the health networks that occur in a fragmented way, with deficiencies in the comprehensiveness of care for pregnant women who use alcohol and other drugs.

The present review highlighted the existence of a lack of information in the literature related to the competencies necessary for nursing care in the care of these pregnant women, with the respective care strategies, so that no articles were found that address these issues and that presented specific actions for such care.

The selected studies confirm the need to prepare health professionals, still in their academic training, about the phenomenon of alcohol and other drug use during pregnancy, which highlights the training of nurses.

It is believed that, based on a more comprehensive focus during professional training, it can awaken in students reflections on care strategies for this population and provoke changes in conceptions linked to a model of morality about this clientele, favoring changes in perception, paradigms, and expanding the way of care possibilities.

The appropriation of this subject in the academic environment favors the preparation of these professionals for the development of humanized and qualified care for pregnant women who use substances, through effective and efficient interventions that contemplate all their individualities and needs based on their various aspects and contexts.

It should be noted that the studies also point to the need for qualification of health professionals, through permanent education actions, in order to qualify early recruitment and offer reception that is sensitive to the demands and specificities of health care in pregnant and postpartum women who use alcohol and other drugs.



These findings suggest the possibility of studies that can bring the theme to discussion and propose strategies for including the theme in the education of nurses.

It was admitted that there is a possibility of contributing to the professional training of nurses, because it was thought of an educational product that allows students to appropriate the complexity involved in the care of pregnant women who use alcohol and other drugs. From this perspective, it will also allow, in addition to the acquisition of knowledge, to generate adequate skills and attitudes of approach, helping to prepare them for their performance in their care practice.

In addition, this study proposes to contribute to the training of a professional able to develop qualified and humanized nursing care for pregnant women who are in use and abuse of alcohol and other drugs.

The intention was to awaken professional skills in the students so that future nurses can perform their praxis that reaches the pregnant woman who uses alcohol and drugs in her singularity as a person, considering her social context and valuing the joint construction of health actions from the perspective of the subject's autonomy and co-responsibility for care.

It was intended to bring the theme for discussion in academic environments and in health care spaces, in order to minimize the social stigma that permeates the surroundings of these pregnant women, in addition to re-signifying health actions for this public.

This study is in line with the research line Pedagogical Training of the Professional Master's Program in Health Education, resulting from the CNPq Research Group Information and Communication Technologies in Health Education Processes, whose assumption is that information technology is the basic tool for all other fields of knowledge. enabling the integration of knowledge, practices and know-how in health education. Therefore, this study was constructed by the members of the Pedagogical Training in Health research line who are concerned with social needs, that is, with the ability to learn to learn, work in a team, communicate, be agile in the face of situations and have the capacity to propose, many institutions are beginning to discuss pedagogical changes, as these characteristics do not match the traditional training and the pedagogy of transmission that predominates in universities.

The creation of processes, products and managerial actions in health education is considered, with real use of processes, products and education actions that translate knowledge to the training of people. Training here is understood as the capacity for development and continuous learning.

It aims to innovate in the pedagogical, technological and educational management training of health professionals, through the development, application, training, dissemination and evaluation of the use of ICTs in health education. As a product, innovations in pedagogical strategies and/or methodologies using ICTs, innovations in work processes, products such as: learning objects, virtual learning environments, applications for mobile devices, simulators, digital games, virtual laboratories,



among others, as well as innovation in management actions, with the use of ICTs, which stimulate and enable pedagogical practices, are admitted. the control and monitoring of academic and/or professional training activities.

The composition of this research was: an introduction, contextualizing the theme, the proposed objectives, the theoretical arguments and the references used to achieve the objectives, the action research methodology, the results, which contemplate the product, the discussion about the results found and the conclusion.

2 THEORETICAL-CONCEPTUAL FRAMEWORK

2.1 THE USE OF ALCOHOL AND OTHER DRUGS BY PREGNANT WOMEN

The World Health Organization (WHO, 2002 *apud* LIMA, 2013) defines "drug" as any psychoactive substance introduced into the living organism that alters one or more of its functions.

Drugs of abuse are classified according to the legal status of the substances, through their commercialization, into licit and illicit. Licit substances are those that have permission from the State to be marketed and consumed, with or without a medical prescription, containing psychoactive substances, whose production, commercialization and use are not criminalized. They are mainly represented by alcohol, tobacco, caffeine, hallucinogenic plants and psychoactive drugs (CEBRID, 2010; KASSADA; MARCON; WAIDMAN, 2014).

From a legal point of view, in this classification, illicit drugs are those whose use, production and commercialization are prohibited by law and, consequently, are not socially accepted. They are represented by marijuana, cocaine, crack, among others (CEBRID, 2010).

It should be noted that this legal classification has become culturally accepted by society, and from this point of view, licit drugs are safe and illicit drugs are dangerous. However, alcohol and tobacco are the substances that cause the most preventable deaths in the world.

Therefore, it is not a question of criminalizing or minimizing these substances, as they all cause harm that must be considered, regardless of a division between licit and illicit (CEBRID, 2010; KASSADA; MARCON; WAIDMAN, 2014).

With regard to the female population, it is estimated that approximately 20% of women consume substances during pregnancy. As a result of the increasing use of alcohol and drugs by women during pregnancy, although it varies in form and intensity, there has been an increase in evidence of negative effects related to consumption, both low and moderate, during pregnancy (BRASIL, 2009; LIMA *et. al.*, 2015; SILVA; PROP; SANTOS, 2017). These effects include physical health problems, malnutrition, and susceptibility to infections, which can be transmitted to the developing fetus (BRASIL, 2012a).

The increase in the use of alcohol and other drugs by the world population is a public health



problem, especially in Brazil, where a large number of communities are concentrated, in a scenario permeated by low life expectancies that can favor the consumption of substances and involvement with crime (MAIA *et. al.*, 2019).

The issue of the use of alcohol and other drugs in society is a taboo, especially when related to women, especially pregnant women. They carry stigmas related to aggressiveness, promiscuity, and negligence. And, according to Bastos and Bertoni (2014), drug use is related in different aspects, including gender. In this sense, they are in a context of greater social vulnerability in relation to the male population.

They are mostly black, of low socioeconomic status, young, users of multiple substances and have a family and personal history of drug use, with a history of robbery, prostitution, violence, sexual abuse and HIV. (LOPES *et. al.*, 2016).

The use of alcohol and other drugs, especially crack cocaine, leads to an increase in the rate of prostitution and sexual exploitation. The sale of one's own body is, in many cases, the way to maintain the consumption of the substance. This leads to unwanted pregnancies, sexually transmitted infections, especially HIV and syphilis (VALENTE, 2017).

The results of a national survey on crack use, carried out in 2013 by the Institute for Scientific and Technological Communication and Information in Health (ICICT/FIOCRUZ), indicate that among female users, 8.17% were HIV carriers, a rate that, in men, reached 4.01%. With hepatitis C, women accounted for 2.23% of those infected and men, 2.75%. Other numbers that draw attention is that in the age group between 18 and 24 years old, women represent 37.41% of consumers, against 29.67% of men. Or that of all the interviewees, 55.36% stated that they had had sex or performed sex work in exchange for money to buy the drug or crack itself, and that 40.04% of the interviewees had suffered sexual violence in the last 12 months, a number as high as that of men, who responded positively to this item in the survey: 37.79% (BASTOS; BERTONI, 2013).

The presence of pregnancy can also represent another factor of vulnerability. Within this vulnerable group, women who find themselves homeless and become pregnant end up becoming a fraction that highlights the need for greater care (SOUZA, 2019).

However, they have lower adherence to health services and are less likely to seek prenatal care, aggravating the risks of maternal and fetal complications, being considered high-risk pregnant women.

In this context, they may be considered by the courts as incapable of managing the care of their children, which can lead to the loss of custody or removal of family power (MARANGONI *et. al.*, 2017; MENANDRO, *et. al.*, 2019). In addition, the abandonment of the baby by the mother may also occur (MAIA *et. al.*, 2019).

Among the factors associated with drug use during pregnancy are the conditions of social and health vulnerability in which they live, situations of violence, psychosocial aspects such as stress,



anxiety, depression, and social support for women, such as social network and social support. In addition, studies show that they have low adherence to the treatments offered. (ROCK *et. al.*, 2016).

Furthermore, as a result of these factors, current studies show an increase in substance consumption in the high-income population and an increase in use in women of all social classes, including during the gestational period (POPOVA *et. al.*, 2017; PAIVA *et. al.*, 2021).

Among the most consumed substances during pregnancy are: alcohol, cigarettes, marijuana, cocaine and crack (BRASIL, 2012a; KASSADA *et. al.*, 2013; MAIA *et. al.*, 2019).

The effects and damage caused by the consumption of alcohol and other drugs during pregnancy are extremely harmful to fetal and maternal health, with a greater probability of neonatal and obstetric complications.

The use of these drugs during pregnancy has a great impact, especially in the early stages of pregnancy. The first three months are the most critical, mainly because they are the ones for the formation of the nervous system of the fetus. In the face of any abnormality, the result will be an abortion or a child with sequelae in physical or mental development (MURTA *et. al.*, 2018)

The consumption of psychoactive substances during pregnancy (whether licit or illicit drugs) is directly related to the etiology of preterm birth. Especially, when associated with other risk factors such as: infections, multiple deliveries, pregnancy-induced hypertension, strenuous work, low body mass index, insufficient weight gain during pregnancy, assisted reproduction, short cervix, short interpartal interval, low education, black race, and previous history of preterm birth (ROCHA *et. al.*, 2016).

In addition, the literature also indicates that its use can lead to malnutrition, susceptibility to infections, respiratory distress, low birth weight, short stature, decreased head circumference, and neurobehavioral changes in childhood (BRASIL, 2012a; KASSADA; MARCON; WAIDMAN, 2014; MURTA *et. al.*, 2018; MAIA *et. al.*, 2019; TAMASHIRO; MILANEZ; AZEVEDO, 2020).

Exposure to alcohol during pregnancy can cause miscarriage, factors that compromise childbirth, increased risk of malformations, low birth weight, prematurity, asphyxia and perinatal mortality, in addition to causing organic and neurological lesions in the fetus, and the newborn may present a set of signs and symptoms called fetal alcohol syndrome (FAS) (ROCHA *et. al.*, 2016).

In the Technical Manual of High-Risk Pregnancy (BRASIL, 2012a), Fetal Alcohol Syndrome (FAS) consists of any combination of the following components: low weight for gestational age, malformations in the facial structure, defects in the cardiac ventricular septum, malformations of the hands and feet (especially syndactyly), mental retardation ranging from mild to moderate, in addition to problems in behavior and learning that may persist, at least, during childhood.

According to the Manual, cocaine consumption during pregnancy is related to intrauterine growth restriction due to maternal vasoconstriction, in addition to preterm labor, premature rupture of



membranes, low birth weight, short stature, decreased head circumference, and neurobehavioral changes.

Tobacco is one of the most consumed substances due to its ease of access, it is a habit generally accepted by society, due to the lack of knowledge of the effects it can cause (CAPELETTI; LINS; GIOTTO, 2019).

The use of cigarettes compromises fetal health, due to the effects of carbon monoxide and nicotine, and is the cause of reduced placental blood flow, causing uterine vasoconstriction and, consequently, reduces the supply of oxygen and nutrients to the fetus (MAIA *et. al.*, 2019).

The use of marijuana affects the central nervous system of the fetus, as a result of the effects of tetrahydrocannabinol, the active ingredient of the drug that causes differentiation in neuronal cells, which can cause malformations and damage in development. In pregnant women, it affects the brain and cardiovascular system, causing tremors, psychic symptoms, reduced reflexes, and exacerbation of feelings (MAIA *et. al.*, 2019).

In addition to the potential risks involving the length of gestation and the health of the fetus, crack cocaine causes the pregnant woman to become debilitated and malnourished (MURTA *et. al.*, 2018). While the use of alcohol can cause brain damage, liver damage, resulting from an accumulation of fat in the liver, which ends up leading to irreversible necrosis and fibrosis (TEIXEIRA *et. al.*, 2015).

The use of crack cocaine during pregnancy has extremely harmful repercussions for the mother and fetus, due to the speed with which this substance reaches the bloodstream and crosses the transplacental barrier, reaching the fetus. Its direct action on blood vessels can cause placental abruption, intracranial hemorrhage, miscarriage, congenital malformations, and preterm labor (MAIA *et. al.*, 2019).

Substance abuse can also lead to a higher risk of certain conditions, such as mental illness, or certain situations, such as unprotected sex and exposure to infectious diseases caused by the human immunodeficiency virus (HIV), hepatitis B and C (BASTOS; BERTONI, 2013; TAMASHIRO, 2015).

Marques *et. al.* (2012) warns that cocaine can cause an increase in HIV replication *in vitro* and that the cells of chronic cocaine users favor viral replication. Perinatal transmission can occur through three mechanisms: transplacental, during labor, and after birth, through breastfeeding.

The effect of drugs can alter the perception of judgment, increasing the condition of vulnerability to which these women are inserted. Thus, they have an increased risk for the development of Sexually Transmitted Infections (STIs) and unwanted pregnancies (SERRADILLA; GOMES; VILA REAL, 2012 *apud* BLESSLER, 2018).

In addition, the consumption of alcohol and other drugs may be inserted in a context that involves a situation of violence, where the use and abuse of substances can both be conducive to family violence and represent a triggering factor to endure a violent and unstructured family scenario



(RODRIGUES; NAKANO, 2007 *apud* BLESSLER, 2018).

It is important to consider that these pregnant women also experience feelings of worry, insecurity, responsibilities like any other pregnant woman. However, due to the consumption of substances, they also feel guilt, embarrassment and helplessness, for not representing the figure of a "good mother" (CAMARGO *et. al.*, 2018).

When promoting health care for pregnant women who use alcohol and other drugs, it is necessary for health professionals to be aware of the effects that consumption can cause to pregnant women and fetuses. However, such information is null and void if the context of psychosocial and vulnerability involving the use and abuse of substances is not considered. It is necessary for professionals to be able to understand this scenario, in order to develop care practices based on care, without value judgments and considering the individuality and life history of the subjects.

In addition to health promotion, considering physiological aspects, these practices should include psychological, social, and cultural aspects and involve respect for citizenship and human rights (BLESSLER, 2018; CAMARGO *et. al.*, 2018).

2.2 PUBLIC MENTAL HEALTH POLICIES FOR PREGNANT WOMEN WHO USE ALCOHOL AND OTHER DRUGS

Historically, the issue of alcohol and other drug abuse has been approached from a predominantly psychiatric or medical perspective. The social, psychological, economic and political implications are evident and should be considered in the global understanding of this problem (BRASIL, 2003).

This theme was associated with criminality and antisocial practices and the offer of "treatments" inspired by models of exclusion/separation of users from social life, whose proposals constituted "care alternatives" of a total, closed nature and having abstinence as the main objective to be achieved (BRASIL, 2003).

Initially in Brazil, the approach to the problem of alcohol and other drugs began in the 1920s, with the creation of a legal-institutional apparatus aimed at prohibiting the production, trade and use of drugs. Influenced by conventions, international treaties and geopolitical issues, this "prohibitionist" stance was strengthened during the twentieth century. It was only from the 1970s onwards that the discussion on care gained prominence, initially based on medical (psychiatric) knowledge that reinforced the exclusion of drug users, criminals and/or patients (MACHADO; MIRANDA, 2007 *apud* COSTA; RONZANI; COLUGNATI, 2017; ALVES, 2009 *apud* COSTA; RONZANI; COLUGNATI, 2017; BASTOS, 2015 *apud* COSTA; RONZANI; COLUGNATI, 2017).

As a result of this scenario, criminalization as issues related to health remained with care gaps. In this context, non-governmental devices have emerged, such as Therapeutic Communities (TC),



mutual aid groups, etc., which aggregate moralizing views based on the imperativeness of abstinence and, to a large extent, based on religious assumptions (MACHADO; MIRANDA, 2007 *apud* COSTA; RONZANI; COLUGNATI, 2017; ALVES, 2009 *apud* COSTA; RONZANI; COLUGNATI, 2017).

Andrade (2011) states that at the end of the eighties, under the coordination of the Ministry of Health, particularly the National Coordination of STD/AIDS, the first meetings were initiated motivated by the increase in the prevalence of HIV/AIDS among injecting drug users.

The same author points out that only in the first half of the nineties, an agreement between the Brazilian Government and the World Bank, involving resources from *the United Nations Office on Drugs and Crime* (UNODC), enabled a series of projects to address the use of injectable drugs, including needle exchanges. Thus, harm reduction actions aimed at the control of HIV and other parenteral infections among injecting drug users were initiated.

From a sanitary practice of HIV/AIDS prevention, through the exchange of syringes, throughout its execution, harm reduction evolved to the current conception of a health policy whose principles and practices do not condition abstinence (FERNANDES, 2009 *apud* ANDRADE, 2011).

In 2002, the National Anti-Drug Council (CONAD) formulated the National Anti- Drug Policy, instituted by Decree No. 4,345/2002, initiating a real fight against the problem of drugs, through the search for an ideal based on the construction of a society free of the use of illicit drugs and misuse of licit drugs. In the same year, Law No. 10,409 was instituted, which states that the treatment of alcohol and other drug users must be carried out by a multidisciplinary team, with the assistance of their family (BRASIL, 2002 *apud* BLESSLER, 2018).

At the same time, in March 2002, the CAPS Ad (Psychosocial Care Center for Alcohol and Drugs) was created, which are psychosocial care services for the care of patients with disorders resulting from the use of alcohol and other drugs (LARENTIS; MAGGI, 2012).

It should be noted that the CAPS (Psychosocial Care Center) emerged as an important change in the treatment of people with mental disorders, from Law 10.216 of 2001, with the consolidation of these services (LARENTIS; MAGGI, 2012).

CAPS are institutions designed to welcome users with mental disorders, stimulate their social and family integration, support them in their efforts to seek autonomy, and offer them comprehensive and multidisciplinary care. Its main characteristic is the search for sociocultural and family integration in the search for user autonomy (BRASIL, 2004).

They offer care to users who make a harmful use of alcohol and other drugs, allowing therapeutic planning within an individualized perspective of continuous evolution. It also enables early interventions, limiting the stigma associated with treatment.

According to Ordinance GM No. 336, of 02/19/2002, the CAPS AD, according to the premises of the psychiatric reform, is a public service, of daily care, focused not only on the treatment of users



in relation to drug use, but also on their family, social and community reintegration. It proposes to break the traditional care model, changing the way mental suffering and its determinants are dealt with. The care provided to the users is now provided in these services of community logic, aiming at acting in the territory of coverage itself and expanding the process of care for family members and social issues (BRASIL, 2002; 2003; L; FUENTES, 2017).

The CAPS AD offer daily care to users who make harmful use of alcohol and other drugs, allowing therapeutic planning within an individualized perspective of continuous evolution. It also enables early interventions, limiting the stigma associated with treatment. Thus, the proposed network is based on these community services, supported by psychiatric beds in a general hospital and other community care practices (e.g., home care, community insertion of services), according to the needs of the target population of the work. These units develop various activities ranging from individual care (medication, psychotherapy, guidance, among others) to group care or therapeutic workshops and home visits. They should also offer conditions for rest, as well as for outpatient detoxification of patients who need this type of care and who do not require hospital clinical care (BRASIL, 2004).

In 2003, the need to build a new National Agenda for the reduction of the demand and supply of drugs in the country emerged, which could include three main points: the integration of sectoral public policies with the National Anti-Drug Policy, aiming to expand the scope of the actions; the decentralization of these policies at the municipal level, allowing the local conduction of demand reduction activities; duly adapted to the reality of each municipality and the strengthening of relations with society and the scientific community (BRASIL, 2013 *apud* BARCELLOS, 2018).

The Policy for Comprehensive Care for the Use of Alcohol and Other Drugs emerged in an attempt to subsidize the collective construction of coping with the problem of alcohol and other drug abuse, now recognized as a serious public health problem. Its objectives are: To provide treatment in primary care, ensure access to medicines; ensure care in the community; provide health education to the population; involve communities/family/users; train human resources; create links with other sectors; monitor mental health in the community; give more support to research; and establish specific programs (BRASIL, 2003 *apud* VASCONCELOS *et. al.*, 2018).

Based on this policy, the actions of Harm Reduction were guided, recognizing them as a promising path. Thus, Harm Reduction recognizes each user in their singularities, in order to outline strategies with them that are not aimed at abstinence as a goal to be achieved, but at the defense of their life. This method is linked to the direction of the treatment in the establishment of a bond with the professionals, who also become co-responsible for the paths to be built by the life of that user, by the many lives that are linked to him and by those that are expressed in him (BRASIL, 2003).

Ordinance GM/MS No. 130 of January 26, 2012, instituted the CAPS AD III, which is a CAPS modality that provides continuous care to people with needs related to the consumption of alcohol and



other drugs, 24 hours a day, every day of the week, including weekends and holidays (BARCELLOS, 2018).

The CAPS AD III offer care to the population, providing clinical follow-up as well as the social reintegration of users through access to work, leisure, exercise of civil rights and strengthening of family and community ties. This service also offers assistance to users in their moments of crisis, being able to offer night shelter for a short period of days. The projects of these services go beyond their physical structure, in search of a social support network that can guarantee the success of their actions, being concerned with the person, their history, their culture and their daily life (BRASIL, 2011; VASCONCELOS *et. al.*, 2018).

According to Vasconcelos *et. al.* (2018, p. 41):

The CAPS play a strategic role in the articulation of the RAPS, both with regard to direct care aimed at promoting community life and the autonomy of users; as well as in the organization of care, working together with the Family Health Teams and Community Health Agents, articulating the existing resources in other networks, as well as in the territories. The network responsible for the reception of alcohol and other drug users has several devices, namely: CAPS AD, Street Clinics, Family Health Strategy (ESF) Teams, Family Health Support Centers (NASF), Basic Health Units (UBS) and Reception Units (UA).

According to Vasconcelos *et. al.* (2018), the definition of the Harm Reduction policy aims for the user to acquire their autonomy and verify the difference between drug use and abuse, so that they are able to decide whether or not to consume in order not to compromise their daily lives.

Harm reduction is used by CAPS ADs as an important health care strategy in relation to the consumption of alcohol and other drugs, in order to intensify and diversify actions aimed at prevention, health promotion and reduction of risks associated with the consumption of these substances.

According to Coelho and Soares (2014 *apud* GOMES; VECCHIA, 2018, p. 2329):

One of the main points of this practice is the uniqueness of the subject and his rights as a citizen. Harm reduction programmes invoke ethical and humanitarian reasons, health promotion and human rights in their favour. Health promotion implies the protagonism of social actors in their quality of life and health, as a counterpoint to the medicalization of care, aiming at autonomy and emancipation. Individuals and groups should be the means to identify aspirations, needs and to modify their living, health and working conditions favorably.

Regarding the context of the use of alcohol and other drugs by pregnant women, as a way to ensure maternal and fetal safety and well-being, Harm Reduction is included, which favors the promotion of actions aimed at reducing the dependence relationship of the subjects involved, seeking to reduce the harmful effects for the mother-child binomial.

Harm Reduction repudiates the abandonment and discrimination of people who experience problems due to the use of alcohol and other drugs, who have experienced failures regarding the impossibility of immediate abstinence, or who are not yet in a position to adhere to treatment. It aims to offer greater visibility to the user as a subject of rights, putting into discussion individual and



criminal responsibility, freedom of choice, self-care, and diversification of care modalities (COELHO; SOARES, 2014 *apud* GOMES; VECHIA, 2018).

Therefore, the care provided by the CAPS AD emerges as an alternative to expand health care for pregnant women who use alcohol and drugs, in order to promote continuous and integrated care, promoting the articulation and mobilization of the care network, in order to ensure greater quality of care and promote conditions that respect these users as a person. enabling their social, professional and family reinclusion through the Singular Therapeutic Project, considering the context of the sociocultural context in which they are inserted and the analysis and intervention of their social risks and vulnerabilities (KASSADA; MARCON; WAIDMAN, 2014).

Throughout the first years of the existence of the National Anti-Drug Policy, the topic of drugs remained on the agenda, and so did the need to deepen the subject. Thus, it was necessary to reassess and update the fundamentals of the PNAD, taking into account the social, political, and economic transformations that the country and the world had been going through (BARCELLOS, 2018).

In 2005, the creation of the National Policy on Drugs establishes foundations, objectives, guidelines, and strategies that are indispensable for efforts related to the reduction of drug demand and supply to be conducted in a planned and articulated manner (BRASIL, 2004a *apud* BLESSLER, 2018).

Law No. 11,343/2006 institutes measures for the prevention of misuse, care and social reintegration of drug users, in line with the current drug policy. It contemplated the laws n°. 6.368/1976 and 10.409/2002, repealing them. From its edition, the recognition of the differences between the figure of the trafficker and that of the user was established, which began to be treated differently and to occupy different chapters of the law (BARCELLOS, 2018). The country understood that users and dependents should not be penalized by the courts with the deprivation of liberty. Thus, retributive justice, based on punishment, is replaced by restorative justice, which aims at resocialization through alternative punishments (BRASIL, 2006 *apud* BESSLER, 2018).

In 2008, Law No. 11,754 linked the National Council on Drug Policies (CONAD) and the National Secretariat for Drug Policies (SENAD) of the Office of Institutional Security of the Presidency of the Republic. Changes the name of the National Secretariat for Anti-Drug Policies to the National Secretariat for Drug Policies (SENAD). CONAD and its actions become decentralized through State Councils and Municipal Councils, granting municipalities and states autonomy (BARCELOS, 2018).

Andrade (2011, p. 4668) adds that:

Among the actions developed by SENAD are the realignment of the National Anti-Drug Policy, the creation of the Research Network on Drugs, in partnership with the Institute of Drugs and Toxidependence – IDT of Portugal, and the creation of SUPERA – System for the Detection of Abusive Use and Dependence of Psychoactive Substances: Referral, Brief Intervention, Social Reintegration and Follow-up, A distance learning course involving 5,000 health and social care professionals, currently in its fourth edition. Among the actions



developed by the National Coordination of Mental Health, Alcohol and Other Drugs, we highlight the expansion of the CAPS AD network – Psychosocial Care Center for Alcohol and Other Drugs as care devices for the population of drug users from 2002 onwards, which, although still far short of the need, in December 2010 had 258 Centers of this nature.

With the progressive increase and visibility of crack cocaine consumption, in 2009 the Federal Government launched the PEAD - Emergency Plan for Expanding Access to Treatment and Prevention in Alcohol and Other Drugs, followed in 2010 by the "Crack Plan" - Plan for the integration of actions aimed at the prevention, treatment and social reintegration of crack and other drug users (ANDRADE, 2011).

This Plan aimed to develop an integrated set of actions for the prevention, treatment, and social reintegration of crack and other drug users, as well as to confront trafficking in partnership with States, the Federal District, Municipalities, and Civil Society, aiming to reduce crime associated with the consumption of these substances among the population (BARCELLOS, 2018).

On December 23, 2011, the Psychosocial Care Network/RAPS was established through Ordinance GM/MS No. 3,088. Its objectives are: To expand access to psychosocial care for the general population; promote the connection of people with mental disorders and with needs resulting from the use of crack, alcohol and other drugs and their families to the points of care; ensure the articulation and integration of the points of care of the health networks in the territory, qualifying care through welcoming, continuous monitoring and emergency care (AMARANTE, 2019).

In accordance with this policy, hospitalization is indicated only when out-of-hospital resources are insufficient. The CAPS AD is the device that has the competence and technical responsibility to assess the demand for hospitalization for users with problems of harmful use of alcohol and other drugs (BARCELLOS, 2018).

Despite the existence of programs and policies aimed separately at women's health or drug use, in short, care for pregnant women who use alcohol and other drugs is permeated by deficiencies and obstacles (DIAS *et. al.*, 2013; KASSADA; MARCON; WAIDMAN, 2014; LIMA *et. al.*, 2015).

Thus, despite the advances in public policies, it is perceived that they still do not meet the citizens' demands according to their demands, due to the existence of conflicting moments of interests that involve ideologies and values. When thinking about women, pregnant women, users of alcohol and other drugs, in addition to dealing with all the difficulties that permeate the pregnancy process, in unfavorable social conditions, they still need to face the weaknesses related to the legislation and the figure of the State as a protector of the rights and values of the citizen (GARCIA; FAITHFUL; ABREU, 2008 *apud* BLESSLER, 2018).

The study by Pogetto (2016) reinforces the need for integration of health care networks (HCN), especially between the areas of mental health and maternal and child health, so that there is qualified care for pregnant women who use substances.



From the perspective of public health policies for the use of alcohol and other drugs specifically aimed at the female population, including pregnant women, there is a lack of government programs and proposals, even though the need for differentiated care for this clientele is known.

The Policy that comes close to this issue is the National Policy for the Homeless Population, which determines a stereotype that places pregnant women who use alcohol and drugs in a place of vulnerability, as they do not fit into a social profile (BLESSLER, 2018).

Thus, it is proposed to develop specific public policies and care programs, more appropriate and directed to pregnant women with regard to the prevention and treatment of drug use, since these allow the establishment of prevention strategies that minimize the effects and consequences caused by the use of substances (MAIA *et. al.*, 2019).

However, studies such as the one carried out by Marcolino *et. al.* (2018), with 19 women who used psychoactive substances during pregnancy, in a municipality in the state of São Paulo, aimed to describe the characteristics of prenatal health care from the perspective of these women, and revealed that the care offered is focused only on the obstetric clinic, with relational and communicational insufficiencies, which did not reach the woman as a person, nor her life context and possibilities, in addition to a reception that did not include the needs related to both gestational and humanitarian development.

In view of this information, the identification of pregnant women who use alcohol and drugs should occur as soon as possible, in order to favor possibilities of treatment, coping and prevention of use. When they are admitted to the Basic Health Unit, they should be referred to a specialized service, where the appropriate evaluations will be made to continue prenatal care as provided for in the protocol of the Ministry of Health (MOTA *et. al.*, 2019).

In order to provide comprehensive quality care to pregnant women who use alcohol and other drugs, health units must work together directly with specialized mental health care centers.

The most indicated specialized care service for the treatment of disorders resulting from the use and abuse of alcohol and psychoactive substances is the Psychosocial Care Center for Alcohol and Other Drugs, the CAPS AD. They are strategic devices in the organization of the gateway, evaluation, reception and follow-up, with the objective of promoting the access of users and their families to health services, prevention of consumption and promoting the rehabilitation and reintegration of these people into society, through a unique therapeutic project, in addition to determining actions aimed at reducing social and health damage due to substance use (BRASIL, 2010).

However, pregnant women who use alcohol and drugs have low adherence to health services, especially due to the difficulties related to their living conditions (SIQUEIRA, 2017) and, associated with the potential risks, they are considered high risk.

Another factor that corroborates this problem occurs as a result of the attitude of professionals



who stigmatize them, making them feel judged, in addition to not receiving adequate support and information to cope with their use (KASSADA; MARCON; WAIDMAN, 2014), causing them not to seek health services, or when this occurs, they do not continue care.

Health professionals play an important role in preventing the damage that the consumption of alcohol and other drugs during pregnancy can cause. However, the detection of alcohol and other drug consumption during pregnancy, an extremely relevant and highly complex action, is permeated by inexperience and prejudgments on the part of professionals and can cause a great influence on the omission of use by pregnant women, interfering with access to and adherence to treatment (DIAS *et al.*, 2013).

The lack of support and a judgmental posture adopted by health professionals can cause the embarrassment of the pregnant woman to disclose the use of substances to health professionals during prenatal care. This fact leads to a lack of access to specialized health services or late search and, in most cases, they do not carry out adequate prenatal care and CAPSAD follow-up. Thus, it can be considered that the punitive posture of the professional towards the pregnant woman is the main barrier in the monitoring of the health of women who use alcohol and other drugs (KASSADA; MARCON; WAIDMAN, 2014).

In addition, Blessler (2018) states the existence of gaps in health care policies, which do not address the needs of these pregnant women, who need differentiated care, as they are also in conditions of vulnerability.

According to the author, these pregnant women are cared for by primary care, which often does not provide comprehensive care for a population at risk, simply because this risk is not identified. Another factor is related to the lack of dialogue between primary care and the referral hospital network. In this way, these pregnant women can arrive at the maternity hospitals without a previous history or without actions that potentially modify this context (BLESSLER, 2016).

The support and treatment interventions offered to these pregnant women should include actions aimed at minimizing the harmful effects caused by the use of alcohol and other drugs during pregnancy, through articulated actions between primary care services and CAPS AD, aiming to warn and guide about the dangers of alcohol and drug use. as well as ensuring multidisciplinary care for the well-being of the mother-baby binomial.

Such actions should take place in a way that avoids stigma, discrimination, marginalization and promotes family, community and social support. Pregnant women need to be informed about the treatment and therapeutic options available when making decisions about their health care (WHO, 2014 *apud* SIQUEIRA, 2017).

The literature points to deficiencies in the academic training and training of health teams that work with chemical dependence, creating a barrier to access to the service by drug users. Users have



many difficulties in seeking specialized treatment since these services do not offer interventions adjusted to their needs, associated with prejudice, which multiplies when referring to pregnant women (MARQUES *et. al.*, 2012; KASSADA *et. al.*, 2013; FONSECA *et. al.*, 2017).

Regarding the nursing category, it is evident that nurses have limited knowledge about the problem of psychoactive substances (KASSADA *et. al.*, 2013; LIMA *et. al.*, 2015; SIQUEIRA, 2017).

A study carried out in 2007 with 16 nurses from the CAPS AD in the city of São Paulo, with the objective of evaluating the knowledge acquired about the problems related to alcohol use by nurses from a Brazilian public university during educational training, showed the existence of deficiency in the formal education of these professionals, since most of the study participants demonstrated little or no knowledge about the theme of alcohol use and its consequences (VARGAS; OLIVE TREE; DUARTE, 2011).

Lima *et. al.* (2015) corroborate in their study, confirming this issue and, together with Siqueira (2017), point out the need for knowledge on this topic to be widely disseminated so that professionals and subjects involved can discuss better ways of conducting.

Another factor evidenced in my professional experience, albeit empirically, which hinders the training of health professionals on the subject is the scarcity of scientific literature and specialized courses on the care of pregnant women who use alcohol and other drugs.

There is a need for training and sensitization of professionals who work in the care of pregnant women who use these substances, so that health professionals can reassess their conduct in relation to the consumption of alcohol and other drugs and develop care in a humanized way, without judgments of morals and value to these pregnant women.

When providing care holistically, the professional nurse must contemplate the needs of these pregnant women, the context in which they are inserted, their history, behavior and activities of daily living, knowing how to identify risk situations and developing interventions directed to the problems, in the face of the unstructured family environment, impaired socioeconomic conditions and the entire context of vulnerability and violence in which the pregnant woman is inserted.

As a professional who works directly in prenatal care, the nurse should act in the orientation of the pregnant woman and her family; performing low-risk prenatal consultations; requesting routine exams and prescription of medications according to the protocol of the Ministry of Health and referring high-risk pregnant women to the referral service; carrying out educational activities, registering the data of the consultation on the pregnant woman's card, as well as early recruitment for prenatal care and establishment of the bond through welcoming.

Together with other professionals of the multidisciplinary team, a process of therapeutic relationship is built with the establishment of a bond, through welcoming, active listening, allowing individualized and directed attention to the needs of pregnant women who use alcohol and other drugs



(BRASIL, 2012a; SOUZA *et. al.*, 2011 *apud* LIMA *et. al.*, 2015).

It is necessary for nursing professionals to be able to develop effective strategies for health promotion and improvement in the quality of care. To this end, it is extremely important to invest in the qualification of health professionals, adopting integrated care models of health education (TEIXEIRA *et. al.*, 2015).

2.3 NURSING ACTIONS IN THE CARE OF PREGNANT WOMEN WHO USE ALCOHOL AND OTHER DRUGS

Alcohol and other drug use during pregnancy is associated with potentially serious obstetric and neonatal risks and complications. Thus, it is necessary that the identification of the use occurs as soon as possible, in order to favor the appropriate interventions and create possibilities for the pregnant woman to have access to specialized services at the Psychosocial Care Centers in alcohol and drugs (CAPS-AD), allowing the creation of alternatives to cope with drug use during pregnancy. avoiding maternal and fetal complications (FONSECA *et. al.*, 2017).

Prenatal care proves to be an excellent time for identification, intervention, and prevention of drug use by pregnant women, resulting from the bond that occurs with health professionals in the unit, especially nurses who work directly in maternal and fetal care (MAIA *et. al.*, 2019).

Nursing has in its essence the care that involves dexterity, skill, technical-scientific knowledge, comprehension and observation. The nurse is the professional who acts directly in the care of pregnant women who use alcohol and other drugs, and their role during prenatal care is extremely relevant (DIAS *et. al.*, 2013).

In order to provide qualified nursing care to these pregnant women, nurses must perform their actions in a systematic manner, in order to contemplate all their needs.

In view of this reality, it is essential that nurses provide care to pregnant women who use alcohol and other drugs based on the Systematization of Nursing Care (NCS), as it allows the professional to incorporate the stages of the scientific method and clinical judgment, attending to the ethical-legal devices through the history, planning, implementation and evaluation of care, providing comprehensive care to the patient. humanized and focused on their specific needs (TEIXEIRA *et. al.*, 2015).

The systematization of nursing care (NCS) is the work methodology of the nursing professional, in order to promote coherence between the activities performed by the nursing team, capable of directing these professionals to the physical, psychological, social and spiritual needs of patients and their families and members of the community where they live (TANNURE; PINHEIRO, 2019).

The Nursing Process is the dynamics of systematized and interrelated actions whose focus is



to provide care to human beings and consists of the following stages: Nursing History or Data Collection, Nursing Diagnoses, Care Plan, Nursing Prescription, Nursing Evolution and Nursing Prognosis (HORTA, 2011).

By favoring the organization of the activities performed by the nursing team, the NCS contributes to the improvement of the care provided, bringing positive implications for all those involved, as well as for the health services (TANNURE; PINHEIRO, 2019).

Thus, the nurse's work should be based on careful screening during the prenatal consultation with these pregnant women in order to identify early situations that may put the maternal and fetal health at risk (DIAS *et. al.*, 2013).

According to the recommendations of the Ministry of Health (BRASIL, 2012a), prenatal care should be provided in Primary Care by the Family Health Strategy (FHS), which is composed of a multidisciplinary team that works in a defined area. Assistance is guided by welcoming behaviors; with the increase of educational and preventive actions; in the early detection of pathologies and conditions of gestational risk; in the formation of a bond with the place of delivery and access to quality health services, from primary care as well as at levels of greater complexity, with the participation of a multidisciplinary team.

Prenatal care is performed by the nurse and aims to welcome the pregnant woman, ensuring humanized and welcoming care, ensuring maternal and baby health.

From the Nursing Consultation, there is an exchange of information between the nurse, the user and their family, enabling the systematization of care aimed at health promotion and prevention of diseases and injuries, promoted through health education, as well as actions that focus on knowing and doing, understanding the care of human beings and their particularities. Thus, nurses contribute to good health practices and change in behaviors that are unfavorable to the well-being of pregnant women (MELO *et. al.*, 2020).

With regard to pregnant women who use alcohol and drugs, in addition to the guidelines recommended by routine prenatal care. Lopes *et. al.* (2016) and Xavier *et. al.* (2019) recommend addressing some specific elements during the nursing consultation in order to carry out a complete history that includes not only the physical and obstetric evaluation of the pregnant woman, but also information:

Blood pressure measurement of the patients followed by their records, in which if there is a change in the normal value, the patient should be sent for cardiology consultation; verification of the patient's weight followed by a record, which should inform if there is malnutrition; questioning about the total time that the pregnant woman has been a drug user; if there is the use of any other type of psychotropic substance, such as antidepressants and anxiolytics; referral for urine, feces, and blood tests, which will show the absence or presence of toxins in the body from chemical substances, as well as referrals to psychologists and psychiatrists so that there is a diagnosis, support, and treatment directed to any psychic disorder caused by drug use (XAVIER *et. al.*, 2019, p. 4).



The nurse should also request multidisciplinary and inter-institutional follow-up, specific guidance on pregnancy, with emphasis on mother-child bonding and/or parent/family repetition, and linking the partner, if any, to prenatal care. There should also be a link between the reference maternity hospital for childbirth and/or obstetric emergency, and the offer of rapid tests (syphilis, HIV, Hepatitis B and C), vaccination, recommended exams, gynecological and dental consultations (BARROS *et. al.*, 2020).

In order to achieve the expected results through the interventions performed, during the consultations, the nurse should, through active listening and a holistic look, pay attention to the questions, anxieties and complaints of the pregnant woman, through a participatory and contextualized approach, promoting the creation and strengthening of the bond between professional and user (TEIXEIRA, 2015).

The nursing consultation is an important care practice. Often, when starting prenatal care, for these women it can mean the first contact with nursing practices. Another extremely relevant practice is the educational activities, which represent a favorable moment for the general guidelines: Health promotion, prevention and control of diseases and self-care. They should be seen by the professional as a propitious moment to strengthen bonding, listening, conflict orientation and search for the resolution of problems such as the consumption of alcohol and other drugs during pregnancy (ACIOLI *et. al.*, 2014 apud BESSLER, 2018).

Through educational actions, nurses have the opportunity to approach and build alternatives for prevention and treatment of alcohol and drug use with pregnant women, in addition to guiding them about harm reduction. Groups, waiting rooms and conversation circles can be alternatives to guide and clarify pregnant women about the use of drugs of abuse, their effects on maternal and fetal health, in order to sensitize them to the importance of interrupting use during pregnancy (KASSADA *et. al.*, 2013; LIMA *et. al.*, 2015; MARCOLINO *et. al.*, 2018). It should be noted that educational practices can also be developed during the nursing consultation (BESSLER, 2018).

During the follow-up of the pregnant woman, the nurse should identify her needs as a woman, so that the nurse can assess the risk factors and plan a therapeutic scheme, together with the other members of the health team, in order to promote awareness of the use and encourage them to actively integrate educational activities for health promotion (LOPES, 2016).

In some cases, it is necessary to carry out an active search for the pregnant woman by the health service team, which can be performed by a community health agent (CHA) or harm reductionist, together with the nurse. Pregnant women who use alcohol and other drugs usually have low adherence to prenatal care. Thus, in the search for the absent pregnant woman, the nurse has the possibility of identifying the environment in which the pregnant woman is inserted and promoting individualized care, acting directly on her habits and life context (BESSLER, 2018).



In this context, the nurse stands out as a member of the health team and, as the coordinator of the nursing team, he or she should prepare the nursing team and the community health agents (CHA) to cope with the use of alcohol and drugs by pregnant women, aiming at promoting health care, continuity of treatment through actions in their territory (FONSECA *et. al.*, 2017).

It is important to emphasize that, in addition to the actions aimed at clinical and obstetric care, the nurse must adopt a welcoming and unprejudiced posture in all actions performed with pregnant women who use alcohol and other drugs, and sensitize their entire team and guide them on the importance of welcoming and supporting pregnant women in order to maintain continuity of care (MOTA *et. al.*, 2019).

One of the places of care for these pregnant women is the Center for Psychosocial Care for Alcohol and Drugs (CAPS AD). This center – which is an offshoot of the Psychosocial Care Center (CAPS), one of the main tools in the Brazilian psychiatric reform – initiated a change in the scenario of care for users of alcohol and other drugs (CAIRES; SANTOS, 2020).

However, the adherence of pregnant women to treatment in these centers is still low. In addition to the stigmas that are reproduced by society, there is a concern about exposing oneself to treatment in which one should come across other people (CAIRES; SANTOS, 2020).

With regard to the nurse's work at the Psychosocial Care Center for Alcohol and Drugs (CAPS AD), the insertion of nurses is marked by the proposal of interdisciplinarity, allowing them more professional autonomy, by allowing this professional to interfere and conduct the process of care and follow-up of users of mental health services. Embracement is the user's first contact with the service, ensuring the possibility of proposing and coordinating the user's therapeutic project, configuring himself as a reference technician within the CAPS AD (FERNANDES, 2012).

During the embracement, the nurse should try to maintain a dialogue that allows free expression in the pregnant woman's speech and feelings. Thus, it is possible to perceive that communication represents a pillar in the nurse-pregnant relationship, especially in the gestational process, in order to face it with more tranquility (SANTANA; OLIVE TREE; BISHOP, 2016).

The basic principles for the care of pregnant women who use alcohol and other drugs in this service are to favor a therapeutic alliance in order to promote a welcoming environment, with availability of listening, that is, good communication and the nurse's ability to understand the pregnant woman are essential during the treatment (GONÇALVES *et. al.*, 2016).

Nurses are also included in the context of CAPS AD through therapeutic groups, workshops and meetings. The therapeutic groups help the pregnant woman through emotional support, leading her to reflect on care during pregnancy, in order to help maintain abstinence and cope with clefs, providing satisfaction in the treatment, through the recovery of self-esteem and care. Also through family groups, it promotes integration with the family, with the objective of offering support and a



support network, leading to reflection and stimulating the structuring and maintenance of a healthy family bond, which were often weakened (CAIRES; SANTOS, 2018).

The interventions of the mental health team should be based on the strategy of harm reduction and risk minimization, based on individual possibilities and needs. The team will be able to identify the pattern of use, the risks related to the use, in addition to providing information to the user of the service, in order to support their choices and provide adherence in the construction of the singular therapeutic project (PTS).

In this context, the role of the nurse is highlighted, considering that this professional is a reference for the follow-up of pregnant women in the CAPS AD. Considering that in her practice, the nurse maintains direct contact with pregnant women and their families, they have the possibility of identifying and intervening in situations involving drug use.

The possibility of establishing a relationship based on the horizontality of care, without issuing value judgments, allows us to contribute to the potential of the care scenario of this pregnant woman, which is fundamental for her to feel welcomed considering her singularities and specificities (PORTO *et. al.*, 2019).

The educational actions promoted by the nurse, whether in therapeutic groups or during the nursing consultation, promote the establishment of early intervention strategies in situations of alcohol and drug use and abuse among pregnant women. With a view to preventing the use of alcohol and other drugs, it brings to this scenario the possibility of minimizing both the damage to the pregnant woman and the fetus.

In addition, it allows the increase in the quality of the bond, as well as the preparation of the mother to offer support and care to her child, helping in the formation of their morals and personality (GONÇALVES *et. al.*, 2016).

Nursing actions, in all spheres, are of great relevance in the process of care and social transformation of pregnant women who use alcohol and drugs, through planning and development of actions focused on health promotion, integrating the prevention of use and its rehabilitation. In addition, it is essential to network professionals and health units, as they strengthen care and assistance to pregnant women who use substances and their families (MOTA *et. al.*, 2019).

Thus, its performance is a strategic tool in the elimination of barriers to the care of these pregnant women. Combined with the professional bond and with an articulated network in favor of ensuring a safe and possible maternity, the look at pregnant women who use substances should be that of offering possibilities, protagonist of a new beginning based on social resources (SOUZA, 2019).



2.4 COMPETENCIES IN THE TRAINING OF NURSES FOR THE CARE OF PREGNANT WOMEN WHO USE ALCOHOL AND OTHER DRUGS

Faced with the problem of the use and abuse of alcohol and other drugs during pregnancy, nurses should develop professional skills and competencies in order to provide comprehensive and individualized care to each pregnant woman. As this is an extremely complex clientele that requires specific care, it is necessary for these professionals to learn to consider the peculiar characteristics of each one of them, based on their uniqueness and considering their life context.

It is known that the professional nurse has a responsibility not only focused on technical management, but also on the use of soft technologies, such as bonding and welcoming, as strategies for care and coping with specific social realities in which the pregnant woman is inserted. It is the nurses who usually make the first contact with the pregnant women in the health services and the creation of a bond between them and the nurse are indispensable for the treatment (FONSECA *et. al.*, 2017).

In this way, professional competence is defined as a mobilization, particularly by the professional in his productive action, of a set of knowledge of different natures that form intellectual, technical-functional, behavioral, ethical and political competences, in order to generate results recognized individually or collectively (CAMELO; ANGERAMI, 2013).

In this sense, in addition to the ideological issues juxtaposed to the discussion about competencies, the National Curriculum Guidelines (DCN's) of the Undergraduate Nursing Courses reoriented the training of nurses in the area towards the development of skills and competencies in the various orders, including health care, decision-making, communication, leadership, administration and management (OLIVEIRA *et. al.*, 2015).

These guidelines point to specific skills of nurses, among them, acting as a subject in the formation of human resources, interventions in the health-disease process, prioritizing the quality of nursing care provided in its entirety; ensuring compatibility between nursing care provided and the different needs of each individual, family and community groups, in addition to recognizing oneself as an important agent in determining the work dynamics (BRASIL, 2001 *apud* DANTAS, 2013).

Based on the DCN's, the training of the nursing professional should meet the social needs of health, with emphasis on the Unified Health System (SUS), ensuring the comprehensiveness of care and the quality and humanization of care (BRASIL, 2001).

Regarding the teaching-learning process about the complex nursing care for pregnant women who use alcohol and other drugs, taken from the DCN's, the following specific competencies that this professional should develop can be listed:

- To act professionally, understanding human nature in its dimensions, expressions and evolutionary phases;



- Establish new relationships with the social context, recognizing the structure and forms of social organization, their transformations and expressions;
- Recognize health as a right and dignified living conditions and act in such a way as to guarantee the comprehensiveness of care, understood as an articulated and continuous set of preventive and curative actions and services, individual and collective, required for each case at all levels of complexity of the system;
- To act in comprehensive health care programs for children, adolescents, women, adults and the elderly;
- Be able to diagnose and solve health problems, communicate, make decisions, intervene in the work process, work in a team and face constantly changing situations;
- Respond to regional health specificities through strategically planned interventions at levels of health promotion, prevention, and rehabilitation, providing comprehensive health care to individuals, families, and communities;
- Ethical, humanistic and social commitment to multidisciplinary work in health;
- Promote healthy lifestyles, reconciling the needs of both its clients/patients and those of its community, acting as an agent of social transformation;
- Appropriately use new technologies, both information and communication, as well as cutting-edge for nursing care;
- To act in the different scenarios of professional practice considering the assumptions of the clinical and epidemiological models;
- Identify the individual and collective health needs of the population, their conditioning factors and determinants;
- Intervene in the health-disease process by taking responsibility for the quality of nursing care/care at its different levels of health care, with health promotion, prevention, protection and rehabilitation actions, from the perspective of comprehensive care;
- Provide nursing care compatible with the different needs presented by the individual;
- Integrate nursing actions with multidisciplinary actions;
- To manage the nursing work process with principles of Ethics and Bioethics, with problem-solving capacity both at the individual and collective levels in all areas of professional activity;
- Plan, implement and participate in training and continuous qualification programs for nursing and health workers;
- Plan and implement health education and promotion programs, considering the specificity of different social groups and the different processes of life, health, work and illness;
- Develop, participate and apply research and/or other forms of knowledge production that



aim at the qualification of professional practice;

- Respect the ethical code, political values and normative acts of the profession;
- Interfere in the dynamics of institutional work, recognizing oneself as an agent of this process;
- Use instruments that guarantee the quality of nursing care and health care.

Also according to the DCN's, the curricular contents, competencies and skills to be assimilated and acquired by the student at the undergraduate nursing level should confer academic and/or professional capacity, considering the prevailing and priority demands and needs of the population according to the epidemiological situation of the country/region. This set of competencies should promote the capacity for autonomous and permanent intellectual and professional development in nursing students (BRASIL, 2001).

Barros *et. al.* (2020), defines the professional profile of nurses, with the respective competencies to be developed in the care of pregnant women who use alcohol and drugs: technical and intersectoral knowledge skills of the municipality and of the care networks and partners, which will help in the support of these women. To develop nursing competencies there must be "justice, commitment, equity, problem-solving, dignity, responsibility, honesty and loyalty". Relations must be based on law, solidarity and respect for diversity.

The author highlights among the skills, actions such as: sensitivity, empathy, active listening, ethical posture, while in the field of technical knowledge they include: welcoming, promotion, recovery and maintenance of health that will help support these women (BARROS *et. al.*, 2020).

In addition, it should not be restricted only to a simple know-how, so that it does not result in a bureaucratic, automated practice that excludes the subjectivity, reflection and creativity of those who carry it out. Therefore, they must make habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and the ability to reflect on daily practice for the benefit of the individual and the community (CAMELO; ANGERAMI, 2013).

Pregnant women who use drugs have low adherence to health care and, consequently, have a higher incidence of obstetric and neonatal complications. Many, when they have access to services, usually do not report drug use, especially alcohol and cocaine (FONSECA *et. al.*, 2017).

To break this barrier in treatment and ensure access to and adherence to treatment, nurses must exercise the necessary skills from the first consultation. Among the competencies, sensitive welcoming stands out, which makes it possible to understand and experience, with the pregnant woman, the emotions and situations of pregnancy. In this way, bonds are established between the professional and the pregnant woman, establishing a relationship of trust. The professional posture should be welcoming, empathetic, without judgment, distinction and prejudice (KASSADA *et. al.*, 2013; MARCOLINO *et. al.*, 2018; BARROS *et. al.*, 2020).



The strengthening of the bond between professionals and pregnant women tends to minimize the absence of women in prenatal care and suggests that investment in a humanized provision of care should be more accentuated, especially in primary care. Another path of care indicates that the intersectoral network can work articulated between the various devices that make up women's care, in addition to the Basic Health Units (UBS) and Family Health Strategies (ESF), with the reception centers, CAPS AD and maternity hospitals. (SOUZA, 2019)

The use of alcohol and drugs by pregnant women is closely related to the context of vulnerability, whether due to the consumption of substances or to living with people who use drugs. Therefore, it is essential that nurses know the different forms of involvement and their repercussions for the context of these women's lives. In this sense, it is possible to establish early intervention strategies in situations of drug use/abuse among pregnant women, based on their uniqueness and considering their life context, as a way to minimize both the harm to the pregnant woman and the fetus. Through intersectoral actions and shared with the various women's care services, which can result in positive results for the mother-baby binomial (PORTO, 2019).

In order to offer expanded care that promotes the creation of new care strategies for pregnant women and the understanding of their vulnerabilities, it contributes to a unique care offer (GONÇALVES *et. al.*, 2016).

The health care of pregnant women in vulnerable situations must be understood in its singularities, in order to combat stigmatizing practices for pregnant women who use alcohol and other drugs. A sensitive and attentive look at this group, considering its singularity, enables strategies in coping and health care practices, characterized by attention, responsibility, zeal and, with flexibility for their social demands, singular actions in order to bet on their autonomy and co-responsibility, making them active subjects, protagonists of their care (BARROS *et. al.*, 2020).

It is necessary for nurses to be able to sensitize the professionals who make up their team about the importance of welcoming, clarifying, guiding and supporting pregnant women who use alcohol and other drugs, with a view to promoting qualified prenatal care based on harm reduction, in order to ensure a safe outcome for maternal and fetal health.

It is necessary for nurses to value the previous knowledge and the woman's way of life, prioritizing qualified listening in order to establish a relationship of trust so that she can intervene in an individualized way, contemplating the demands and specificities of pregnant women who use alcohol and other drugs. In the situation of vulnerability, in which many find themselves, associated with all the prejudice and stigma brought by society, the approach and embracement become essential tools to be developed in nursing care. Thus, nurses must perform their professional competencies in order to combat these stigmatizing practices.



2.5 EDUCATIONAL TECHNOLOGY IN THE TEACHING-LEARNING PROCESS FOR THE PROMOTION OF COMPETENCIES IN NURSING EDUCATION

When considering the complexity of care for pregnant women who use alcohol and other drugs, there is a need to expand health care and the development of new technologies in the approach to substance use, supported by the comprehensiveness and interdisciplinarity of actions (DANTAS, 2013).

This theme is little explored in the literature and in professional training spaces. It can be seen that the approach to this subject during the academic training of health professionals is still deficient, bringing numerous challenges for teachers to explore the subject. To this end, it is necessary for teachers to be able to develop and expand their professional skills, using facilitating tools for the teaching-learning process.

In this way, reflection on the concept of competence is called for, defined as a concept that embraces knowledge, attitudes and values and is consolidated in an action or set of organically articulated actions (CRUZ, 2001). It consists of the ability that people develop to articulate and relate different types of knowledge, knowledge, attitudes and values; as a cognitive, affective, and social action that becomes visible in practices and actions that are exercised on knowledge, on the other, and on reality (CRUZ, 2001; ALVES, 2005).

With regard to the competencies of health professionals, it is part of a set of initiatives that seeks to respond to the needs of all services for the resolution of health problems, considering the structural variations that have occurred in the work of the health sector, due to the globalization process and the current changes in the paradigms of public health (WITT, 2005).

As this study proposes intervention in the training process of nursing students through didactic material that facilitates the acquisition of nurses' competencies in the care of pregnant women who use alcohol and other drugs, it was decided to anchor it in the theoretical foundation of Phillippe Perrenoud, who defines competencies as "the ability to act effectively in a certain type of situation, supported by knowledge, but not limited to it" (PERRENOUD, 1999).

It is understood that Phillippe Perrenoud's framework recognizes the use of new technologies as one of the domains of competence necessary for the contemporary teacher (CYSNEIROS, 2004).

For Perrenoud, competence emphasizes the mobilization of resources, knowledge, and experienced. It manifests itself in adjusted action in the face of complex, unpredictable, changeable, and always singular situations (PERRENOUD, 2000; 2001; 2005).

The concept of competence is polysemic, encompasses the sphere of work and education and has been used with the purpose of associating theoretical and practical knowledge, considering the individual as capable of such achievement. In this way, the notion of competence should not be understood from a caricatural perspective in which only the knowledge of common sense or experience



is mobilized. For this author, competence is the ability to mobilize a set of cognitive resources (knowledge, skills, information, among others) in order to solve a series of situations with pertinence and effectiveness (OLIVEIRA *et. al.*, 2015 apud PERRENOUD, 2000).

In the area of nursing, the competency training model is guided by the National Curriculum Guidelines (DCN's), which envision the following as the main competencies to be worked on by educational institutions and nursing faculty in nursing education: The ability to learn continuously, both in their training and in their practice. In this way, health professionals must learn to learn and have responsibility and commitment to the education and training/internships of future generations of professionals, not only transmitting knowledge, but also providing conditions for mutual benefit between future professionals and service professionals.

Likewise, to develop technical-scientific training that confers quality to professional practice; to act as a subject in the process of training human resources; to properly use new technologies, both information and communication, as well as cutting-edge for nursing care; to develop, participate and apply research and/or other forms of knowledge production that aim at the qualification of professional practice; to be able to administer and manage professional resources and information; and to be in a constant learning process, providing knowledge to the team and for themselves (BRASIL, 2001 *apud* DANTAS, 2013).

In this logic, it is necessary for nursing professors to be inserted in this scenario in order to construct knowledge and foster reflection on their experiences. Competence, as the ability to act effectively in a given type of situation, fosters reflective practice and this is the basis for the construction of competencies (OLIVEIRA *et. al.*, 2015).

Nursing faculty members must reinvent their educational practices, expanding their teaching competencies in order to promote reflection on the development of nursing competencies among their students. To this end, it must rely on the use of innovative educational technologies in order to facilitate teaching, enabling the reorientation of teaching in health, considering the various teaching-learning scenarios (LIMA *et. al.*, 2019).

According to Cysneiros (2004), with regard to the activity of teaching, the theorist Perrenoud emphasizes that the construction of knowledge is a collective construction, in which the teacher guides, creating situations and helping the learner, without being the specialist who transmits the knowledge or the guide who proposes the solution to the problem. In his book entitled "10 new skills for teaching", he presents a list of skills needed for teachers to develop skills in teaching. They are:

1. Organize and manage learning situations;
2. Manage the progression of learning;
3. Design and evolve differentiation devices;
4. Involve students in their learning and work;



5. Work in a team;
6. Participate in school administration;
7. Inform and involve parents;
8. Use new technologies;
9. Confront the duties and ethical dilemmas of the profession;
10. Administer your own training.

A competency-based teaching-learning approach encourages us to consider knowledge as resources to be mobilized, to work through problems, to create and/or (re)use new teaching/learning methodologies, to negotiate and develop projects with students, to opt for flexible planning, to encourage improvisation, to move towards greater disciplinary integration, towards the development of a multidisciplinary work (DIAS, 2010).

The competency-based approach changes the ministry of the student and the teacher. The student will have to get involved, he will have to be enthusiastic about the learning to be done. The teacher, in turn, becomes a guarantor responsible for weaving knowledge, an organizer of learning, an encourager of projects, a manager of heterogeneity, a regulator of training paths (PERRENOUD, 2001; 2005 *apud* DIAS, 2010).

The activities inherent to nursing education are a nurse's competence. As a participant in the training of nursing students, in order to propose, organize and direct learning situations, the nursing faculty approaches a science of education, as well as the understanding of this universe distinct from that of the specialty.

In this context, the perception that there is a need to deal with multiple types of knowledge and conceive teaching as an activity that essentially depends on the subjects involved, favors teamwork and strengthens teaching-learning situations (OLIVEIRA, *et. al.*, 2015).

In the teaching-learning process, the individual learns to identify and discover knowledge, and to mobilize it in a contextualized way. To be competent is not to carry out a mere assimilation of supplementary, general or local knowledge, but rather comprises the construction of schemes that allow the mobilization of knowledge in the right situation and with discernment (DIAS, 2010).

The competencies proposed by Perrenoud complement each other and are not self-contained, forming a range of possibilities and orientations that foster teacher awareness and can be appropriate for each situation or space. They are the beginning of a path towards the future. It promotes numerous reflections on the understanding of the activities of the teacher and their role in nursing education, pedagogical practices, relationships with students and universities, and the training of new professionals in their complex and broad teaching-learning context (OLIVEIRA *et. al.*, 2015).

In order to aggregate knowledge, a synoptic table was established with the synthesis of the competencies proposed in the DCNs with the respective actions that this researcher understands to be



fundamental for the teacher and the preceptor to be able to work in the training of nurses to assist the population of this study:

Chart 2 – Main nursing competencies and actions in the care of pregnant women users of alcohol and other drugs

Nursing competencies	Nursing actions
Empathy	<ul style="list-style-type: none"> ➤ Understand the context of the pregnant woman's life and the situations of vulnerability in which they are inserted.
Welcoming (Welcoming Posture)	<ul style="list-style-type: none"> ➤ Welcoming the pregnant woman, through sensitive listening; ➤ Promote the creation of a bond between the professional and the pregnant woman; ➤ Promote a welcoming environment; Allow free expression in the speech and feelings of the pregnant woman.
Ethical and humanized posture	<ul style="list-style-type: none"> ➤ Adopt a welcoming and unprejudiced attitude, without the issuance of value judgments.
Reflexive Feature	<ul style="list-style-type: none"> ➤ Have the ability to reflect on daily practice for the benefit of the individual and the collective; ➤ Evaluate the risk factors and plan a therapeutic regimen for the pregnant woman in an individualized way.
Sensitivity (Sensitive Gaze)	<ul style="list-style-type: none"> ➤ Perform active, sensitive listening and a holistic look, paying attention to the questions, anxieties and complaints of the pregnant woman, identifying her needs in a unique way; ➤ To provide an instrument to the pregnant woman's support network on emotional aspects.
Creativity	<ul style="list-style-type: none"> ➤ Promote awareness of substance use; establish early intervention strategies for alcohol and drug use among pregnant women; ➤ Carry out educational actions and encourage participation in therapeutic groups.
Flexibility	<ul style="list-style-type: none"> ➤ Understand the social demands of pregnant women; ➤ Encourage the creation and strengthening of bonds; ➤ Strengthen the maintenance and continuity of treatment.
Leadership	<ul style="list-style-type: none"> ➤ Guide your team on the importance of welcoming and supporting pregnant women, promoting continuity of care and strengthening bonds.
Communication	<ul style="list-style-type: none"> ➤ Carry out matrix support actions with health services; promote awareness of use; ➤ Plan a therapeutic regimen with the other members of the health team; ➤ Build therapeutic possibilities together with the pregnant woman; ➤ Seek to maintain a dialogue that allows free expression in the speech and feelings of the pregnant woman.
Social and interaction skills	<ul style="list-style-type: none"> ➤ Carry out integrated actions with the health team and services that assist pregnant women.
Accountability	<ul style="list-style-type: none"> ➤ Refer the pregnant woman to specialized mental health services and other clinical specialties (high-risk prenatal care, dentistry, nutrition) and monitor the progress of these follow-ups.
Initiative and Proactivity	<ul style="list-style-type: none"> ➤ Perform active search.

Source: the author, 2023.



In the current context, the discussion about new teaching-learning processes for the training of health professionals is relevant, especially in the scenario marked by an accelerated pace of scientific and technological production, which seeks technical development articulated with the valorization of the ethical and humanistic dimension, associated with greater problem-solving capacity in the quality of health care (LIMA *et. al.*, 2019).

The advent of the internet has promoted rapid changes and transformations in the educational context, incorporating new information and communication technologies (ICT). The use of new methodologies that involve the use of ICTs can aggregate and bring greater interaction between students and teachers, in addition to increasing the autonomy of the student (RAMOS; PEAR TREE; SILVA, 2019).

However, the incorporation of such technologies has required significant changes in the act of teaching and learning from the actors involved in the process of knowledge construction (LIMA *et. al.*, 2019).

The same author emphasizes that the current scenario of teaching practices, particularly health, has challenged teachers, both in relation to pedagogical qualification and the incorporation of innovative educational strategies. Thus, the use of technological resources from ICTs can enable the expansion of access to educational processes in health.

ICTs make it possible to adapt the context and situations of the learning process to the diversities in the classroom. Technologies provide didactic resources suited to the differences and needs of each student. The possibilities found in the use of ICTs are varied, providing the opportunity for the teacher to present the information in a different way (DE OLIVEIRA; MOURA; DE SOUSA, 2015, p. 78).

There are numerous ICTs that can be worked on in health education processes. Among them, we can mention websites, blogs, figures, chats and/or videos (DOURADO *et. al.*, 2014 *apud* RAMOS; PEAR TREE; SILVA, 2019).

According to Ramos, Pereira and Silva (2019), studies show that the use of videos as a support tool in the learning process can increase student motivation without replacing the pedagogical relationship, allowing students to learn on their own and complement their learning in their own time and space (FERREIRA; SANTOS, 2014; GUIMARÃES, 2014; SANTOS, 2016).

The use of new technologies can contribute to the realization of pedagogical and didactic work, allowing the creation of rich, complex and diversified teaching-learning situations (PERRENOUD, 1999).

The use of videos as an educational tool allows the teacher to offer students a solid base of knowledge so that they can better understand the information and have the ability to form a critical opinion on a given topic (RODRIGUES JR., 2017).

This technological resource has been used in several pedagogical experiences, demonstrating



the relevance of its applicability in the teaching-learning processes in health, as it involves several elements such as images, text, and sound in a single object of knowledge promotion (DALMOLIN *et. al.*, 2016).

Perrenoud (1999) states that the union of the computer and the image alters the data of the problem, enabling the digitization of images, undergoing all types of processing. It is also possible to compose a synthesis image, by means of structures, plots and models, in addition to the fabrication of synthetic voice. Multimedia presentations are veritable spectacles of "light and sound", increasingly sophisticated.

The use of new technological methodologies used in the teaching process enhances the idea of a traditional pedagogical model, promoting changes in the teacher/student relationship. They induce the creation of new ways of coexistence and interaction of both, bringing new approaches to the teaching-learning process, with the offer of multiple paths that distance themselves from the rigid structure of structured knowledge (LIMA *et. al.*, 2019).

These tools make it easier to accomplish tasks and improve the performance and coherence of human work. Mastering them brings the need to plan, decide, orchestrate, and pool resources. "All this contributes to the formation of essential competences, for the construction of which the instrument is secondary in relation to mental operations and the qualities mobilized: rigor, memory, anticipation, regulation, etc." (PERRENOUD, 1999).

In short, rethinking Perrenoud's framework in the face of new technologies in educational processes can be very enriching for teachers and students, based on the generation of ideas that renew educational practices, proposing a general transformation in teaching environments (CYSNEIROS, 2004).

The use of the competency-based framework brings numerous challenges to teaching practice, by proposing a renewal in the teaching-learning process directed to the relationships that involve the entire school community. Through the use of new technologies as facilitating tools in teaching and learning, they can favor this process by incorporating a methodological posture of openness and flexibility to establish articulation between previous knowledge, concepts, ideas, and theories, in a critical and reflective way as conditions for social transformation (LIMA *et. al.*, 2019).

It is understood that the use of ICTs, specifically those of audiovisual modality, such as videos, are tools of easy applicability, dynamic, didactic and easy dissemination through the use of the internet. It is an instrument that can involve all subjects of the teaching-learning process, such as teachers, students, parents and other collaborators.

The use of ICTs, in this case, the use of video, is directly related to the competencies proposed by Perrenoud, in which we can mention learning situations, teamwork, student involvement in learning, the evolution of differentiation devices and the use of new technologies that emerge to



amplify teaching methodologies.

3 STUDY METHODS AND TECHNIQUES

A case study was carried out and the method applied was an action research, as this type of study has an exploratory, descriptive and qualitative approach. This choice was made due to the particularities of the scenarios in this study: a health unit that serves clients with psychosocial problems and another of higher education (HEI).

According to José Filho (2006), "the act of researching brings with it the need for dialogue with the reality that is intended to be investigated and with the different, a dialogue endowed with criticism, channeling creative moments". It is from this perspective, of knowing any phenomenon that constitutes the reality experienced with pregnant women who use alcohol and other drugs, that we seek to promote an approximation, based on its complexity and dialectical dynamics.

Action research can be defined as "a type of empirically based research that is conceived and carried out in close association with an action or even with the resolution of a collective problem, where all researchers and participants are involved in a cooperative and participatory way" (THIOLLENT, 1985 *apud* GIL, 2021).

Its purpose is to solve daily and immediate problems and improve concrete practices, bringing information that guides decision-making for programs, processes and structural reforms. In this type of research, researchers play an active role in the problems encountered in order to trigger actions and evaluate them together with the participants involved.

According to Gil (2021), exploratory research aims to provide greater familiarity with the problem, in order to make it more explicit. Its planning tends to be flexible because it considers the most varied aspects related to the fact or phenomenon studied. He also adds that it can be said that most academic research, initially, assumes an exploratory character, because at this moment the researcher does not have the clarity and exact definition of what he intends to investigate.

Based on this aspect, in order to reflect on the theme addressed, with regard to the training of nursing professionals, an interview script developed by the author was applied to nursing students who were in the theoretical-practical moment during the supervised internship of the "Mental Health" discipline of a certain HEI. In order to identify the gaps in the training of these professionals regarding nursing care for pregnant women who use alcohol and other drugs in the practical field, as well as possible problem situations, in addition to the possibility of composing competencies, skills and attitudes necessary for the performance of this professional to this clientele, bringing students closer together and bringing to reflection the relevance of the nurse's work with pregnant women who use alcohol and other drugs.

In order to ensure the ethical aspects in the development of the research, it was approved by



the Human Research Ethics Committees of the Faculty of Medicine of the Fluminense Federal University/FMUFF under No. 5,730,988 and Estácio de Sá University/UNESA/RJ (Co-participant) under No. 5,770,221.

The scenario selected for the research, in view of the particularities of the clinical field of the nursing students' internships, the mental health field, being the CAPS of the Municipality of Nova Friburgo, Rio de Janeiro, the scenarios chosen for the development of this study, as a result of my work with one of the devices of the psychosocial care network, in addition to my greater proximity to the Nursing Students and their respective faculty and other internship preceptors in the devices that work as a clinical field of mental health.

The Psychosocial Care Centers (CAPS), according to Ordinance No. 3,088, of December 23, 2011, which establishes the Psychosocial Care Network for people with mental suffering or disorder and with needs resulting from the use of crack, alcohol and other drugs, within the scope of the Unified Health System (SUS), are organized in the following modalities:

1. CAPS I: assists people with severe and persistent mental disorders and also with needs resulting from the use of crack, alcohol and other drugs of all age groups; indicated for municipalities with a population of more than twenty thousand inhabitants;
2. CAPS II: serves people with severe and persistent mental disorders, and can also serve people with needs resulting from the use of crack, alcohol and other drugs, according to the organization of the local health network, indicated for municipalities with a population of more than seventy thousand inhabitants;
3. CAPS III: assists people with severe and persistent mental disorders. It provides continuous care services, operating twenty-four hours a day, including holidays and weekends, offering clinical support and night care to other mental health services, including CAPS Ad, indicated for municipalities or regions with a population of more than two hundred thousand inhabitants;
4. CAPS AD: assists adults or children and adolescents, considering the regulations of the Statute of the Child and Adolescent, with needs resulting from the use of crack, alcohol and other drugs. Open and community-based mental health service, indicated for municipalities or regions with a population of more than seventy thousand inhabitants;
5. CAPS AD III: assists adults or children and adolescents, considering the regulations of the Statute of the Child and Adolescent, with the needs of continuous clinical care. Service with a maximum of twelve beds, for observation and monitoring, open 24 hours a day, including holidays and weekends; indicated for municipalities or regions with a population of more than two hundred thousand inhabitants;
6. CAPS i: assists children and adolescents with severe and persistent mental disorders and



those who use crack, alcohol and other drugs. Open and community service indicated for municipalities or regions with a population of more than one hundred and fifty thousand inhabitants.

The Psychosocial Care Center (CAPS) is an open and community-based SUS service of reference and treatment for people suffering from mental disorders and with needs resulting from the use of alcohol and other drugs. Its purpose is to serve the population in its area of coverage, providing clinical follow-up and social reintegration of its users (BRASIL, 2004).

The Psychosocial Care network in Nova Friburgo-RJ has CAPS in the following modalities: CAPS III, CAPS Ad II and CAPSi.

The CAPS Ad in Nova Friburgo (fits into the CAPS AD II modality), operates daily, from Monday to Friday, from 8:00 am to 5:00 pm and serves users residing in the municipality of Nova Friburgo, RJ. It is composed of a multidisciplinary team composed of professionals from the following areas: Nursing (Nurses and nursing technicians), psychologists, social worker, craftsman, psychiatrist, administrative staff and 01 team coordinator.

As a field research and its respective participants, it was intended to seek information directly from the population, that is, from the professionals of the multidisciplinary team of the CAPS AD, since they are preceptorship actors in the training of nurses and with the nursing students who are actors in the process of acquiring competencies who were in internship in mental health.

Mental health professionals were heard, in this case, those who work at CAPS AD in Nova Friburgo. The inclusion of these professionals in the study was due to the understanding of the importance of verifying whether the professionals who work directly in primary care, in primary care, received in their training, the approach to alcohol and drugs, specifically to pregnant women who use alcohol and other drugs. In view of the gaps and deficiencies in the training of health professionals, as pointed out in the literature. In addition, the insertion of nurses in the multidisciplinary team is considered, in order to understand what team members expect from the work of this professional as a member of the team.

Regarding the participation of nursing students, based on information obtained through the literature, about deficiencies in the approach to this theme in academic training spaces. It points out the need to address this theme in academic environments, since it does not occur, or when it does occur, it is approached in a superficial way.

Initially, the directors of the educational institution were contacted, explaining the objectives of the study and, consequently, obtaining authorization for the use of the name and internal space of the institution to carry out structured interviews with nursing students in the 10th period.

To this end, students regularly enrolled and attending the Supervised Internship discipline were selected. This research included nursing students enrolled in the last semester of training, whose "n"



refers to all enrolled (five) students in a supervised mental health internship, in the first semester of 2023, and also health professionals whose "n" refers to professionals (seven) who were assigned to CAPS AD at the time of data collection, based on inclusion and exclusion criteria.

Although intentionally, there was a perspective of approaching an "n" of 30 (thirty) nursing students, during the elaboration of this project, due to the COVID-19 pandemic, this number of students who were in the mental health internship field was diluted and the group that reached the 10th period and chose to carry out the internship in mental health, At the time of data collection and within the inclusion criteria, a total of "n" out of 05 (five students) was obtained.

As a preceptor of one of the clinical fields of mental health in the supervised internship of the undergraduate program, the researcher was in direct contact with the students. However, it should be clarified that preceptors are not professors, do not give classes or grades to students, and there is no hierarchical vulnerability regarding their compulsory participation in the research or in relation to the work process that occurs in the CAPS.

They were invited to participate in the study by doing a supervised mental health internship. The research data were constructed to meet the proposed objectives and compilation of the product, which was developed through the action research carried out, highlighting content propositions related to nursing care for pregnant women who use alcohol and other drugs.

The research team consists of the master's student Mariane Alves Corrêa Bittencourt, from the Professional Master's Program in Health Education at EEAAC at UFF, responsible for the idealization, execution and development of the research and prototyping of the instructional video and Profa. Dr. Helen Campos Ferreira, responsible for the orientation of the work, for the Leadership of the CNPq/TICPES Research Group that supports and gives technical scientific support for this study, which carried out the analysis of the pertinent constituent elements of the instructional video, in addition to the evaluation of the final report of the research to be presented to MPES.

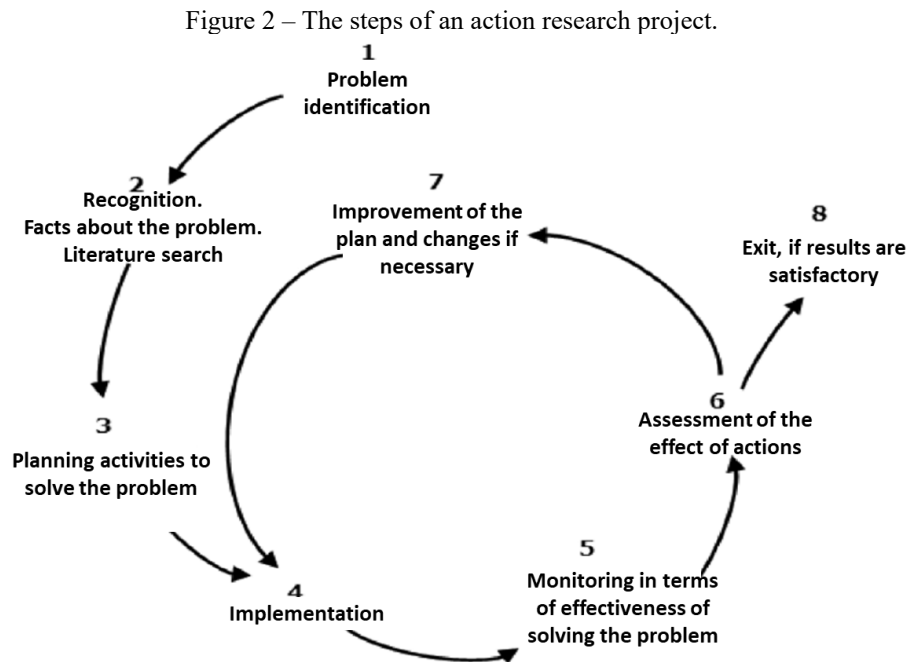
The method developed was action research, which according to Sommer and Mick (1984) "can and should be used in the health area, especially by nursing, in the discussion about professional practice, to mobilize professionals for a critical and reflective practice". This method was chosen because it is considered participatory, in order to consider the involvement of the subjects involved in the study problem and, therefore, only if there is an action on the part of the group of people under observation, the character is practical and not only prosaic. For this reason, the group involved were nursing students under preceptorship, in order to ascertain whether the instrumentalization offered could help in the acquisition of skills to work with pregnant women who use alcohol and other drugs.

In this way, it has become a methodological alternative in the field of nursing, as it provides the participants with the resolution of the problems raised, with the participation of the researcher in the field of data collection, reducing the distance between the researcher and the research subjects. Due



to its emancipatory character, it promotes professional recognition, with the overcoming of obstacles.

The steps of action research adapted by Maca and Marshall (2001) were developed:



Source: Adapted from McKay and Marshall (2001).

The research was operationalized in the following phases:

3.1 PROBLEM ID

It was empirically identified, based on reflections experienced from the researcher's professional performance and, subsequently, from information based on the scientific literature, the need to contribute to the development of competencies and skills of nursing students, with regard to primary care offered to pregnant women who use alcohol and other drugs, in order to improve the care provided to them by future professionals. Thus, the research problem was: do nursing students feel prepared to work in primary care for pregnant women who use alcohol and other drugs?

3.2 RECOGNITION THROUGH SURVEY OF THE SCIENTIFIC LITERATURE OF THE STATE OF THE ART

For the initial development of this study, a bibliographic survey was developed that covered the entire elaboration of this study, with the purpose of understanding the competencies of nurses in the care of these pregnant women, explaining the researched reality and proposing possibilities for solving gaps observed in the training of nurses on this theme. A state-of-the-art analysis was carried out, which verified the scarcity of studies on the subject. The following descriptors were used: "Nursing education", "Nursing education", "Drug users" and "Pregnant women".



3.3 PLANNING OF ACTIVITIES FOR THE DETECTION AND SOLUTION OF THE PROBLEM

A survey was carried out in order to identify gaps in the students' skills on the theme that involves nursing care for pregnant women who use alcohol and drugs, in order to compose the teaching facilitator tool. This phase comprised the following steps:

- a) **Elaboration and validation of a questionnaire applied to nursing students:** A structured script containing open and closed questions (APPENDIX A) was prepared by the researcher for application to the nursing students participating in the research. However, prior to this stage, in order to validate the questions of the instrument elaborated, after approval by the CEP/FM/UFF and the Estácio de Sá University/UNESA/RJ, the questionnaire was presented to 03 random nursing students to assess their comprehension. This validation occurred through responses to a validation questionnaire developed and applied by the researcher (APPENDIX C). This approach took place remotely, through the "Google Forms®" website. It is noteworthy that these students were not included in the sample size calculation and were randomly selected. Once the textual comprehension was validated, the questionnaire was considered adequate to be applied to nursing students in the 10th period.
- b) **Elaboration and validation of an interview script to be applied to CAPS AD professionals:** A structured interview script containing open and closed questions (APPENDIX B) was prepared by the researcher applied to CAPS AD professionals. Before approaching the professionals, the interview script was presented to 3 randomly selected nurses, who could approach the comprehension of the text, validating this instrument. We searched for nurses with professional experience in the areas of mental health and primary care, and who, therefore, knew the dynamics of care for pregnant women. The structured script was presented to these professionals and, subsequently, they answered a virtual questionnaire evaluating this content (APPENDIX D). This questionnaire was elaborated by the author, and its application was in order to validate the understanding of the questions and also the fulfillment of the research objectives. This process took place remotely, through the Google Forms® platform. It is noteworthy that these nurses were not included in the study's sample size calculation. Once the textual comprehension was validated, the interview script was considered adequate for application to CAPS AD professionals.
- c) **Application of the questionnaire to the students participating in the study:** After approval by the CEP/FM/UFF and Estácio de Sá University/UNESA/RJ, the researcher contacted the students and invited them to participate in the research, which took place by filling out an online questionnaire through the website "Google Forms®"; This modality



was chosen because of the practicality of data collection and the ease of completion by the students, without prejudice to the clinical internship or class activities (APPENDIX A), due to the possibility of being completed at the best time and place for them, in order to preserve the identity of the participant and the confidentiality of the information. There was no need for the participants to travel to fill out the form. The collection of this information took place during 01 month, between the months of April and May 2023. During this period, the participants were identified, direct contact was made with them, and data collection was approached. Clarifications of the research were granted during the invitation to participate online and, subsequently, the link to fill out the questionnaire was sent. They filled out the Informed Consent Form directly through the website, and a copy was sent to their registered e-mails, automatically. It is noteworthy that, initially based on this research project, it was intended to approach students during the clinical field of mental health, at CAPS AD. However, during the data collection stage, they were in another mental health device due to a reorganization of the educational institution, and the approach to these students was carried out at CAPSi, so some students in the group had already done an internship in another discipline in a previous period. The inclusion criteria were: nursing students regularly enrolled in the 10th period, who were in the course of the discipline "Mental Health" in a curricular internship in this area, regardless of gender, age and academic performance coefficients. Exclusion criteria: academics who are licensed by health, prevented from communicating at the time of data collection. The participation of the student had a direct benefit, related to the collaboration, which favored the improvement in training with significant strategies applied to learning, in the contribution to expand scientific knowledge for the area of nursing education in the area of mental health, in addition to generating information that will allow reflection on issues involving health education activities. training of professionals and health care related to pregnant women who use alcohol and other drugs.

- d) **Application of the interviews to the professionals:** After approval by the CEP/FM/UFF and Estácio de Sá University/UNESA/RJ, structured interviews were also conducted with the professionals of the multidisciplinary team of the CAPS AD (APPENDIX B). This group was included because it considers the importance of the insertion of nurses in the multidisciplinary team, in order to understand what team members expect about the work of this professional as a member of the team. The following criteria were selected: Inclusion criteria: Health professionals who have been working in the service for at least 3 months, without distinction of sex, gender or professional performance. Exclusion criteria: Professionals who are on leave or vacation and incommunicado during data collection.



Participation was voluntary and consisted of answering a structured interview with the researcher for fifteen minutes. A place and time of preference was scheduled for the professional, without prejudice to their work. They occurred in the health device, in the team's living room, before their daily activities at times when there were no users in the CAPS AD. The participation also did not imply additional costs, there was no form of payment for the participation and, also, there was no expense with the making of the video. Due to the COVID-19 pandemic, the interview complied with protective measures. In this research, the professional's contribution was to expand scientific knowledge in the area of health education, in addition to generating information that allowed reflection on issues involving health education activities, professional training and health care related to pregnant women who use alcohol and other drugs. Before the beginning of the interviews, the author made the necessary clarifications about the research, presenting the terms of free and informed consent (in two copies) to the professionals. Its objectives, risks and benefits were informed in order to ensure the authenticity represented by the interviewees' statements. The interview took place during the months of February and March 2023, in a single session, with a maximum duration of fifteen minutes, was recorded on an MP4 mobile device and later transcription, according to their consents, maintaining fidelity and availability to listen to the recordings of their speeches at any time during the research.

- e) **Data construction:** There was no recording of images of the interviewees, only recording of their testimonies, which, when authorized, were transcribed to compose part of the data of this research and which will be used in scientific events and scientific publications. For this purpose, only the information resulting from the analysis of the interviews and questionnaires was used. To carry out the interviews and the questionnaire, a script was elaborated, composed of open questions about the proposed theme: "The competencies of the nurse in the care of pregnant women who use alcohol and other drugs". In this script, it was intended to address the subject, starting with the problematization of the use and abuse of alcohol and psychoactive substances by pregnant women, the difficulty and complexity of their treatment, the nurse's performance and the necessary competencies for the performance of this professional; The identities of the groups of participants for analysis were preserved, and they received codes P (professional) and AC (nursing student) in continuous Arabic numerals P1, P2, P3.... AC1, AC2, AC3... After compiling all the collected data, they were analyzed in order to develop a technical educational product as a teaching strategy.
- f) **Production of an instructional video as a teaching strategy:** In order to favor the approximation and deepening of nursing students on the theme in question, bringing to the



students' reflection on the need to acquire skills to be developed for the nurse's performance in the care of pregnant women who use alcohol and other drugs. From the analysis of the testimonies collected through the interview scripts, the video was elaborated, following a script and definition of the most appropriate tool for its construction, through discussions between the author and the advisor for a better elaboration of the same. The best style for this video was also defined, in order to empathetically serve the audience for which it was intended, nursing students. The production stage consisted of the construction of the video with figures from the free image banks available on the internet and free of copyrights that were defined by the researcher, together with the help of her advisor. Tutorials available online were used for the process of building and editing the video, in addition to the use of a free website available online, called: "Render Forest®". The video was made in animation format, using free versions available on the internet, where on the website itself it was possible to produce, edit and add content, photos and images as needed. For the production of the video, images of the participants or of the pregnant women attended at the service were not used. Another important factor for composition and finalization was the time in which the video passed, lasting 03 (three) minutes, so that it was not long, and could allow the dispersion of those who would watch. After the video was completed, it was possible to share it on social networks and download it to be saved on external hard drives, computers, flash drives, and others. It is worth mentioning that the video prepared is intended to be used by nursing professors and preceptors with students, with the intention of being a trigger video, in order to facilitate the approach to the subject, bringing broad discussion and reflections on the theme.

1. **Implementation phase:** After the creation of the video, it was shown during the participation of the students in the internship field through a conversation circle. This arose as the possibility of giving feedback to the participants of the subject, since the video arose from the demands brought by them. The initial proposal during the elaboration of this research project was to carry out this conversation circle with the academics, their professors and also the professionals who were working at the CAPS AD. However, at the time of data collection, the students were interning in another mental health device, and it was not possible to integrate with the entire group of participants at the same time. It is intended, in the future, to hold a new meeting, carrying out this activity also for the professionals of the service.
2. **Monitoring of the use of the didactic material:** After the exhibition of the video, a conversation circle was held with the participants, the students and their respective preceptor, in order to verify if the production was in accordance with what was expected



and if the teaching strategy applied was adequately useful to solve the problem, considering the positive and negative points of the tool produced.

- a) **Considerations about the didactic material:** After the action, a debate was held about the teaching strategy and its effects on the training of the students, by, during the conversation circle with the students, their respective professors and preceptors.
- b) **Re(view) of the points requested by the students:** The teaching instrument presents the possibility of being reformulated, according to the requests proposed by the students, for the accuracy of the educational action, which will take place in future opportunities, with specific observations of the follow-up of the care provided to pregnant women who use alcohol and other drugs, under the supervision of the researcher.
- c) **Product registration:** Insertion and maintenance of the developed tool as content to be applied in future classes that used the service as a clinical field of internship.

In this way, the specific objective of the product of the Master's Program in Health Education was achieved, the methodological procedure used in the interpretation of the testimonies was based on the content analysis of Bardin (2011), being defined as: A set of techniques for the analysis of communications in order to obtain, by procedures, systematic and objective description of the content of the messages, indicators that allow the inference of knowledge related to the conditions of production/reception (inferred variables) of these messages.

According to the above-mentioned author, the criteria for organizing an analysis are: Pre-analysis, exploration of the material and treatment of the results. The treatment of the results includes coding and inference.

Santos (2012) says that in the initial phase of pre-analysis, the material is organized, composing the corpus of the research. The documents are chosen, hypotheses are formulated, and indicators are elaborated to guide the final interpretation. To this end, it is essential to consider the following rules: (I) exhaustiveness, it is suggested to exhaust the entire subject without omission from any party; (II) representativeness, concerned with samples that represent the universe; (III) homogeneity, in which case the data must refer to the same theme, be collected using the same techniques and similar individuals; (IV) relevance, it is necessary that the documents are adapted to the objectives of the research; and (V) exclusivity, an element shall not be classified in more than one category.

We worked with guiding questions, as follows: in relation to the indicators that guided the final interpretation: exhaustiveness: all testimonies were read and the registration units were extracted; About representativeness: from the registration units, thematic units were formed that allowed to give meaning to the inferences supported by the conceptual theoretical contribution; homogeneity: of the thematic units, the subjects that the participants informed were essential to contain the video; relevance: the testimonies attest whether or not there are learning gaps and what would be the skills to



be acquired; Exclusivity: in the data of the testimonies, each unit of registration composed only one thematic unit. No quantitative analysis was carried out, considering that it is a case study with a qualitative approach, whose meaning was captured in the units of records and themes in the search for links that supported the instructional video.

Bardin (2011) presents the treatment of data as criteria for thematic categorization, in the form of classification and aggregation of Registration Units. Category, in general, is a way of thinking and reflects reality, in a summarized way, at certain times. And, in this process of categories, the units of signification are chosen by themes.

Three categories of analysis were constructed:

1. Experience with pregnant women who use alcohol and drugs;
2. Assistance to pregnant women who use alcohol and drugs by health services;
3. Experiencing the Built Strategy- instructional video.

After the analysis of the interviews and the constitution of the analysis categories 1 and 2, the didactic material was developed as a teaching strategy aimed at providing nursing students with knowledge and skills on the subject.

This strategy was proposed, because video is a dynamic audiovisual tool, easily applicable in the teaching-learning process that involves several elements: Images, sound, text and animations, in order to arouse in the viewer interest in the subject addressed. In addition, it emerged as a triggering tool in order to bring nursing students closer to the theme in question, bringing to reflection the relevance of the nurse's work with pregnant women who use alcohol and other drugs.

3.4 ETHICAL ASPECTS

The information from this study, favorable or not, was used only for scientific purposes, and the researcher had the right to disseminate it at events in the area supported by the authorization given by the interviewees when signing the Free and Informed Consent Form and later donated to the CNPq Research Group "Information and Communication Technologies in Health Education Processes" for the formation of a research database.

Requests for letters of consent were sent to the institutions that constitute the scenarios of this research so that the research can be carried out.

It was necessary to select the sample, which is the delimitation of the universe of the investigation. Sampling is used, in the case of a very large universe, however, if this universe is concentrated and with a small quantity, it is essential that all elements are researched (GIL, 2021; THIOLENT, 2005).

The researcher presented the participants with the objectives of the study, the reason for the research, and was asked, if they agreed to participate, to sign the Free and Informed Consent Form



(ICF), in two copies, according to Resolution No. 422/12 (BRASIL, 2012b) and 510/2016 of the National Health Council/Ministry of Health (CNS/MS) (BRASIL, 2016). The study was only possible after the approval of the Research Ethics Committee, which, before the start of data collection, evaluated the project and attested to its relevance. To fill out the online questionnaire, the Free and Informed Consent Form (ICF) was attached to the same link before the questionnaire was applied and, after consent, a copy was automatically sent to them by e-mail.

The Code of Nursing Ethics was followed, respecting the ethical and legal aspects of the study, with regard to the performance and participation in teaching and research activities, specifically those recommended in Chapter III, Art. 89: "To comply with the current norms for research involving human beings, according to the specificity of the investigation" and in Art. 90: "To interrupt the research in the presence of any danger to the life and integrity of the person".

Priority was given to respecting the research participant in their dignity and autonomy, acknowledging their vulnerability, assuring their willingness to contribute and remain or not in the research, through express, free and informed manifestation. Thus, the Free and Informed Consent Form (ICF) was elaborated and presented to the study participants, and those who volunteered in the research signed the informed consent form.

In relation to academics and professionals, the risks dimensioned for the research were: when participating in the research, they included exposure to minimal risks, whether physical, psychological, economic or social. That is, they might feel embarrassed when answering the questions. And, there may also be risks related to possible security weaknesses in the recording and storage of your testimony and the possibility of breach of confidentiality of the information obtained and use of the data.

Thus, the interviews were conducted by the researcher, seeking to minimize as much as possible the possible discomfort related to this practice. If this occurred, the participant would have the right to interrupt his/her participation without any prejudice, or suggest breaks, in order to ensure that he/she feels comfortable as a research participant and, if necessary, could receive the appropriate assistance, free of charge, for as long as necessary by the multidisciplinary team of the CNPq Research Group: Communication and Information Technology in the Teaching and Health Processes (psychologists, nurses, educators).

After collecting the testimonies, all content was transcribed for data analysis and stored for five years. This material was stored in digital files, but only the researcher and her advisor will have access to them. The principal investigator downloads all material to a single, local electronic device.

And, as a protective measure, under this aspect, the researcher grouped the testimonies in a single folder/file with a password without sharing in a drive by the researchers. The data received the expected encoding, making it impossible for third parties to view them.

It is understood that this study was adapted to the scientific principles that justify it and with



concrete possibilities to respond to the uncertainties, as it is based on scientific facts whose assumptions are pertinent to the specific area of nursing. Thus, the prevalence of the expected benefits over the foreseeable risks and/or discomforts was always sought, as well as the use of an appropriate method to answer the questions studied.

Based on the Letter of Consent of the Estácio Campus Nova Friburgo University and the approval of the Collegiate Unit of the same, the project was submitted to the Research Ethics Committee of the Faculty of Medicine of the Fluminense Federal University (CEP-FM/UFF) and, after approval, data collection was carried out. The analysis of these data, as well as the writing of the Course Completion Paper and its defense and presentation, followed the project schedule.

The participants were free to withdraw from participating in the research at any time during the study, regardless of the signature of the informed consent form, without any prejudice and maintaining their anonymity.

4 DATA ANALYSIS AND DISCUSSION

Initially, the results of the interviews with the health professionals are presented, and later, the questionnaires applied to the nursing students are presented. However, it is necessary to characterize the participants and, subsequently, the results are analyzed and discussed.

4.1 CHARACTERIZATION OF THE PARTICIPANTS

Of the professionals interviewed, members of the CAPS AD multidisciplinary team, the predominant were female (05 women and 02 men), are in the age group of 28 to 61 years old, and 02 had been working at CAPS AD for less than one year, 02 for one year, 02 for five years and 01 for eight years.

The table below shows the characterization of CAPS AD professionals.

Chart 3 – Characterization of CAPS AD professionals

Characteristics	P 01	P 02	P 03	P 04	P 05	P 06	P 07
Professional Category	Nurse	Psychologist	Psychologist	Craftsman	Psychologist	Nursing technician	Social Worker
Sex	Female	Female	Male	Male	Female	Female	Female
Age group	35 years	28 years old	41 years old	61 years old	28 years old	37 years old	60 years
Length of experience at CAPS AD	05 months	01 year	05 years	05 years	01 year and 6 months	09 months	08 years
Acting as preceptor	No	Yes	Yes	Yes	Yes	Yes	Yes
Courses in which he served as preceptor	-	Psychology	Psychology and Speech-Language Pathology	Speech-Language Pathology and Audiology, Nursing	Psychology	Medication Psychology	Medicine, Social Work, Biomedicine, Speech Therapy



Professional Category	Sex	Age group	Length of experience at CAPS AD
Nurse	Female	35 years	05 months
Psychologist	Women's (2)	28 years old	01 year and 6 months
	Men's (1)	41 years old	05 years
Social Worker	Female	60 years	08 years
Nursing technician	Female	37 years old	09 months
Craftsman	Male	61 years old	05 years

Source: the author, 2023.

Regarding the performance as preceptor in the teaching of academics, only 01 did not have such action, the others (06) worked directly or indirectly with preceptorship with students who performed internships at CAPS AD that include the following courses: Psychology, Nursing, Social Work, Speech Therapy, Medicine and Nursing Technician.

It is noteworthy that the CAPS AD receives academics from several higher education institutions and all professionals act in some way as preceptors of in-service teaching. This follow-up is not restricted to the specific professional category of the course, as it is the pillar of the work developed in the multidisciplinary device. Therefore, a professional from another area of expertise can accompany a student from a course that is not in their specific area of training. Such actions take place, mainly in group consultations, therapeutic workshops, meetings and assemblies, home and hospital visits, and in coexistence activities. Also, during the period in which data collection took place, there were no nursing students interning at the device, however, the service has already received students from both the undergraduate nursing areas and nursing technicians.

Among the areas of activity of the professionals interviewed in the CAPS AD: 01 nurse; 03 psychologists, 01 social worker, 01 workshop worker (with academic training in biology and chemistry) and 01 nursing technician.

According to Brasil (2004), the minimum team of CAPS AD professionals should be composed of the following professional categories:

- 1 psychiatrist;
- 1 nurse with training in mental health;
- 1 clinical physician, responsible for screening, evaluation and follow-up of clinical complications;
- 4 higher education professionals among the following professional categories: psychologist, social worker, nurse, occupational therapist, pedagogue or other professional necessary for the therapeutic project and 6 secondary level professionals: nursing technician and/or assistant, administrative technician, educational technician and craftsman.



This is the minimum number of professionals in the technical team to work in the CAPS ad to care for 25 patients per shift, with a maximum limit of 45 patients/day.

The main attributions of each of these professionals in the multidisciplinary team are described in the following table:

Table 4 – Attributions of CAPS AD Professionals

Professionals	Assignments
Nurse	<ul style="list-style-type: none"> ➤ Plan, schedule, evaluate and execute nursing care for individual patients and groups; ➤ Create and maintain the therapeutic environment aimed at carrying out CAPS AD activities; ➤ Organization and direction of nursing services and their technical and auxiliary activities; ➤ Organization and direction of nursing services and their technical and auxiliary activities; ➤ Work with patients, family members and staff to meet their basic needs for physical and mental health; ➤ Giving lectures, guidance, coordination and elaboration of works in the area of mental health for CAPS AD, families and community; <ul style="list-style-type: none"> ➤ Organize the maintenance of the nursing service; <ul style="list-style-type: none"> ➤ Home visits; ➤ Attendance in therapeutic workshops; ➤ Host; ➤ Individual, group, elective and urgent care, follow the protocol for care in the nursing area.
Psychiatrist	<ul style="list-style-type: none"> ➤ Attend and monitor patients with diseases inherent to the specialty, within the required standards; <ul style="list-style-type: none"> ➤ Prescribe treatment; ➤ Participate in programs focused on public health; ➤ Carry out observations in psychiatric clinics and prepare corresponding psychiatric reports, with therapeutic diagnosis and indication.
Psychologist	<ul style="list-style-type: none"> ➤ Provide individual and group care to CAPS AD patients by applying the techniques inherent to the profession; <ul style="list-style-type: none"> ➤ Perform psychological evaluations and practice related tasks; ➤ Directing individual and group health and psychosocial care teams; <ul style="list-style-type: none"> ➤ Perform psychodiagnoses; ➤ Request evaluations from other professionals; ➤ Provide crisis care to all those involved in the spaces where they occur; <ul style="list-style-type: none"> ➤ Conduct home visits and consultations; ➤ Monitor home and hospital admissions.
Social Worker	<ul style="list-style-type: none"> ➤ Plan and execute activities and programs in the social field; ➤ Welcoming users, assisting them with the use of techniques inherent to the profession; ➤ Guide the socioeconomic selection for the granting of social benefits and medicines; <ul style="list-style-type: none"> ➤ Individual and group care for users and family members.
Clinical Physician	<ul style="list-style-type: none"> ➤ Diagnosing, guiding and promoting the execution of preventive plans and programs, aimed at patients in general, and their families, being technically responsible for the prescription of medicines to CAPS AD patients. Assistance in screening, evaluation, follow-up of clinical complications and detoxification.
Nursing technician	<ul style="list-style-type: none"> ➤ Provide nursing care to CAPS AD users, such as: administering medications, assisting them in activities of daily living within the CAPS AD environment; <ul style="list-style-type: none"> ➤ Individual and group consultations; <ul style="list-style-type: none"> ➤ Host; ➤ Home visits;



	<ul style="list-style-type: none"> ➤ Detoxification services; ➤ Participation and attendance in therapeutic workshops.
Craftsman	<ul style="list-style-type: none"> ➤ To work with therapeutic workshops, developing artistic, manual and handicraft activities.

Source: (BRAZIL, 2004; COREN-SC, 2017; PREFEITURA MUNICIPAL DE BASTOS, 2016).

In relation to nursing students, it should be clarified that the Undergraduate Nursing Course of the aforementioned HEI is offered in two distinct shifts in theoretical classes, in the morning and evening. However, the supervised internships follow the determinations of the Ministry of Education, with the inclusion of students in the primary care network and the SUS hospital network, with a preference for the day shift.

We interviewed 05 students, who were in the 10th period of graduation and in the clinical field of mental health, predominantly female (05 women and no men), in the age group of 24 to 40 years old, and 01 did not answer the question. Of the interviewees, only 01 had already worked in the nursing area, as a nursing technician, another (01) student reported having had the opportunity to work with pregnant women who use alcohol and drugs during internships in the clinical field of maternity and the other five did not have any practical experience with such clientele. These specific characteristics can be found in the table below.

Chart 5 – Characterization of nursing students

Characterization	AC 01	AC 02	AC 03	AC 04	AC 05
Sex	Female	Female	Female	Female	Female
Age	24 years old	27 years old	Not informed	40 years	24 years old
Nursing and function	No	No	No	Yes/ Nursing Technician	No
Working with pregnant women who use alcohol and other drugs	No	No	No	No	Yes
Place of work with pregnant women who use alcohol and other drugs	-	-	-	-	Internships in the maternity ward

Source: the author, 2023.

Due to the COVID-19 pandemic, the number of students in the clinical field of mental health was diluted and 07 students remained. However, after data collection, two students withdrew from the study: one gave up continuing and the other went on sick leave, making it impossible for them to participate.

In view of the thematic dimensions contained in the questionnaire, three categories of analysis were outlined.



4.2 FROM THE ANALYSIS OF THE TESTIMONIES

4.2.1 Experience with pregnant women who use alcohol and drugs

With regard to professional practice and specific experience with pregnant women who use alcohol and drugs, few professionals report having cared for these pregnant women, either currently, during their work at CAPS AD or throughout their professional career. Only 03 professionals reported working with this public.

These reports are compatible with data in the literature, whose pregnant women have difficulties in accessing health services, especially specialized centers such as CAPS AD. The vast majority do not receive guidance or referral to seek the service, and when they do, it is not effective. Pregnant women arrive late at the service and, on many occasions, after having already had the baby, accessing the service through conflicts with the law or when there is a threat of losing custody of the child or when this has already occurred. In addition, when they access specialized services, adherence and permanence to treatment occur infrequently.

"At the hospital, I have had contact with pregnant women with mental disorders, but without using alcohol and drugs in the past..." (P05).

"I have had this experience both at the CAPS AD level and at the time when I worked as a social worker at the hospital, when it is common for people to be admitted to the emergency room intoxicated... What we perceive is that precisely the health team has little preparation, little knowledge of how to deal with these people, including pregnant women, who use substances... They still have a very prejudiced view that it is a lack of things to do, a lack of a job, if you know that you do it badly because you do it, you do it because you want to... We really feel the lack of preparation of these professionals" (P06).

"Here at CAPS we have already had some pregnant women. One of them was a young adult who was already in her third pregnancy, the first child she had at the age of 15 and she had been using it since adolescence. But we were unable to continue the treatment because she simply abandoned the treatment and ended up moving out of the city" (P06).

"The user, Maria¹, came to us as a puerperal woman who is still accompanied... We also had others that didn't stay in the service..." (P04).

"I had more contact in the postpartum period... They get that dryness, anxiety. They don't have to worry about whether or not they can breastfeed while using it" (P07).

"There should be a better dialogue with the network. It is at this moment when we know that there are these pregnant women who consume substances, but they never get here, we know that they exist, but we can't reach them, I think it should be a more direct referral" (P02).

The experience of the professionals does not establish a clear and objective conduct for the care of the clientele, which is the focus of the research. In the daily care routine, it is perceived that it is a theme that is not addressed, the professionals assume a gap of lack of knowledge of the actions to be carried out and also of the lack of preparation during training.

When analyzing the students' answers to the questionnaire applied, in this category, only 01

¹ Fictitious name



student reported working in the nursing area, as a nursing technician, however, he did not have the opportunity to work with pregnant women who use alcohol and other drugs, either as a technical professional or as an academic. Another academic reported having worked with this public during his internship in the clinical field of maternity.

With regard to questions 1 and 2 of the questionnaire, questions and their answers have been organized in the table below:

Chart 6 – Answers about Working with pregnant women who use alcohol and other drugs during Undergraduate Nursing

1. In your experience as a nursing student, did you have the opportunity to accompany any pregnant woman who used alcohol and drugs?		
2. If so, in which clinical field of internship did this follow-up take place?		
Participants	Answers	Answers about the location where the follow-up took place
AC 01	No	"No"
AC 02	No	-
AC 03	No	"I didn't have a chance to follow up"
AC 04	No	"I didn't keep up"
AC 05	Yes	"Maternity"

Source: the author, 2023.

With regard to the preparation during the academic training of the interviewed professionals, in the undergraduate course or technical nursing course to work with pregnant women who use alcohol and other drugs, the reports were consistent with the data collected on the profile of this population in the literature, showing that most of them reported not having received guidance on this subject. This theme, which involves the use of alcohol and drugs, has not been addressed or little explored, specifically with regard to pregnant women who use alcohol and drugs.

Only 03 participants reported having presented an approach to the subject during their training, but in a superficial way.

Thus, when asked about the skills acquired to work with pregnant women who use alcohol and drugs in their academic training, they reported that this subject was not addressed.

"I didn't have this approach even in elective courses" (P03).

"I don't remember having that approach during my undergraduate studies. If there was something superficially within the discipline of hospital psychology, I don't even consider it" (P05).

"I've been a graduate for a long time. I remember having a mental health class, but I didn't have access to the alcohol and drugs axis, it focused a lot on mental disorders... There was no mention of alcohol and drugs" (P06).

"In the discipline of women's health, the care of pregnant women from alcohol and drugs was superficial, nothing very deep" (P07).

"From my work in mental health, I felt the need to have sought qualification on my own, in a multiprofessional postgraduate course in mental health" (P07).



"The need for the service made me look for a specialization..., but the focus is always on individualized care, for example, pregnant women, the elderly..." (P04).

In relation to the students, when asked if the theme was addressed at any time during the undergraduate course, according to question 03 of the questionnaire, the subject was addressed according to the report of 03 students. These occurred in the disciplines: Women's Health (01 response) and Collective Health (02 responses). There were no reports regarding the discipline of mental health.

Despite mentioning the disciplines in which the approaches take place, little was said about how the subject was addressed. Analyzing these testimonies, it was understood that the approaches occurred during nursing care, in general, which were pointed out to pregnant women, focusing on the risks that the use of substances can cause to the mother and fetus.

The questions can be found in the table below and the respective statements were quoted in full according to the answers provided:

Chart 7 – Answers on training to assist pregnant women who use alcohol and others Drugs During Undergraduate Nursing

1. During your academic training, was the theme: "nursing care for pregnant women who use alcohol and drugs" addressed?		
2. Specify the discipline and approach.		
Participants	Answers	Answers about the location where the follow-up took place
AC 01	No	"No"
AC 02	Yes	"Clinical teaching in public health... But in general, involving the pregnant woman and the risks"
AC 03	Yes	"In Public Health"
AC 04	No	"I didn't have the chance"
AC 05	Yes	"Women's health, during care"

Source: the author, 2023.

Although the approach occurs, it is perceived from the reports that it is not uniform, involving all students, with regard to the group studied, also translating some gaps in the approach to the subject, which could arise in a broad way, involving more undergraduate disciplines.

Considering that some students are in the last period of graduation, and that they were able to work in the most diverse clinical fields offered by the course, they reported that they have not yet had the opportunity to work with pregnant women who use drugs, with regard to theory and clinical practice.

They were asked to cite 03 specific actions in which the nurse could develop specific care for this group of pregnant women. They answered:

"Schedule regular appointments with shorter intervals to monitor the pregnant woman and promote the safety of the baby" (AC 01).

"Receive this patient, hold a conversation circle, offer care and propose methods to help, refer to other places of treatment so that she can help this pregnant woman" (AC 02).



He did not answer (AC 03).

"Humanized prenatal care, show pregnant women the importance of breastfeeding" (AC 04).

"Follow-up by consultations, explain to the pregnant woman the risks, offer help and help" (AC 05).

The literature shows that the appropriation of this subject in the academic environment favors the preparation of these health professionals for the development of humanized and qualified care for pregnant women who use these substances, through effective and efficient interventions that contemplate all their individualities and needs based on their various aspects and contexts.

It is in the academic sphere that it is possible to bring reflections and arouse interest on the subject, in addition to promoting the development of research, which is still scarce, and which allows the promotion of care strategies specifically aimed at this public, based on the perspective of citizenship and the uniqueness of the subjects.

The studies associate barriers in the access of these pregnant women to health services, due to the posture of some professionals or inefficient approaches on the part of professionals that can hinder access. They associate this problem with the training of professionals, suggesting that the subject should be explored with more focus on this public, since their training.

They also reveal the existence of professionals who, in their conduct and care, do not adopt specific measures of care for pregnant women who use substances. As revealed by Kassada, Marcon and Waidman (2014), who in their study identified the problem of women who reported the use of substances during prenatal care, but did not have issues related to the consumption of licit or illicit drugs addressed in the consultations.

Another problem highlighted, as described by Marangoni *et. al.* (2017) the difficulty of these pregnant women to seek health services, especially prenatal care, and when it occurs, they do not admit the use of illicit substances, fearing disapproval or reprimand of the use by health professionals. Thus, this use can be underdiagnosed, and teachers and preceptors do not have the ability to care for this clientele (KASSADA *et. al.*, 2013).

In the study conducted by Peters *et. al.* (2020), results reveal that pregnant women do not report the use of alcohol and drugs during the first nursing consultation, and when it occurs, it is late. In addition, it was noticed that the nurses had difficulties in maintaining bonds with the pregnant women, because when the use of substances was detected, they were referred to the high risk, hindering the therapeutic bond and the continuity of care by nurses.

In order to provide comprehensive and humanized care to pregnant women who use alcohol and other drugs, it is necessary that they are welcomed by the nurse in primary care and, through welcoming listening and bonding, with reliability to the pregnant woman with the health professional,



she feels safe to report the use. Subsequently, according to the evaluation, it may be necessary to refer the patient to specialized services, such as high-risk prenatal care and the Psychosocial Care Centers for Alcohol and Other Drugs (CAPS Ad). It is of fundamental importance to maintain the primary care link with this pregnant woman and the follow-up in the form of joint responsibility between the services for the maintenance of her care (RIBEIRO *et. al.*, 2018 *apud* PAIVA *et. al.*, 2021).

It is necessary for the nurse, together with the primary care team, to keep an eye on the attendance of pregnant women at the return of the scheduled care, if necessary, to carry out an active search in case of non-adherence, in addition to carrying out educational actions that address the gestational cycle, the commitment to the baby's health and possible conditions of health problems (SES-GO, 2019 *apud* PAIVA *et. al.*, 2021).

4.2.2 Assistance to pregnant women who use alcohol and drugs by health services

The professionals referred to the need for health services to be able to offer possibilities to reduce bureaucratic activities between services, with referrals of pregnant women in a more effective and satisfactory way to specialized services (Primary Care, CAPS, High-Risk Prenatal Outpatient Clinic, Guardianship Council), acting with greater communication and interlocution between services, with expanded access to health and psychosocial care networks for pregnant women who use alcohol and other drugs.

They feel that there is a need to strengthen their access to health care networks, through competencies such as empathy and welcoming actions. They say that all clinical, obstetric and psychosocial follow-up of pregnant women is possible, facilitating the development of concrete actions that minimize risks to maternal and fetal health.

"Communication is very flawed. There was no communication with the obstetrician who treated the pregnant woman, it was not possible to discuss the cases, very troubled..." (P01).

"It has to start from the reception and preparation of this professional. People have to be prepared to deal with this public, to have a little more knowledge of the area" (P 06).

"Welcoming this pregnant woman, knowing her life story... Try to understand the context, if this pregnant woman is doing prenatal care, offer this type of information to her, work with her how important this is, if she is not doing it..." (P06).

"First is the understanding of this pregnant woman's situation, that she doesn't do this because she wants to, it's not a choice; to look more sensitively at their situation. A more specific prenatal care for their problem, try to address the issue with them to reduce the problem a little" (P 07).

"For this specific pregnant woman, there has to be a more reserved environment, for a more thorough examination, it's a different picture..." (P04).

"You have to have a special look... Individualized. An environment suitable for providing care and also someone qualified" (P03).



It can be seen that they point out ways to create competencies that are fundamental actions for the care of this clientele: individual care, communication with the team external to the CAPS AD, specific preparation for the care of this clientele, opting for a reserved environment, thorough examination and qualified care.

The participants were asked to cite three competencies for such care, with the objective of materializing the essence of care for this pregnant woman, they presented: communication, valuing the knowledge of each specific professional, especially the nurse, which can be highlighted: welcoming listening, empathy; individualized interventions, non-imposition of rules, promoting the development of a critical sense of the pregnant woman about her self-care, critical analysis of her life situation and minimizing family conflicts.

"I think you have to develop a welcoming listening; I think communication is fundamental; and conflict resolution because we deal a lot with the families of these users and there is always a very large conflict zone. Knowing how to mediate a conflict is a skill that a person must have" (P06).

"There has to be an interlocution with the network, it is fundamental, maternity, the reference of the UBS... There has to be an integrated work" (P03).

"I believe that a welcoming listening, because trying to put the pregnant woman inside a box you will not be able to reach her. Interventions have to be within a possible means, such as: going on a diet when the person barely has enough to eat at home, it has to be with the resources they have. I think that imposing too many rules has to bring more care, self-care, make her develop a critical sense for her to do her self-care, so that she realizes that such aspects are relevant to her" (P02).

"Knowing how to listen, having that availability... The technical knowledge also to know what the abuse causes to the mother and the child, basically that" (P07).

"Empathy is one of the first points, if you are not empathetic with this user, specifically with the pregnant woman, you have to look at the physical and emotional changes that are happening with this pregnant woman" (P04).

In order to analyze the view of health professionals about the work of nurses, inserted in a multidisciplinary team of a specialized mental health service, in order to understand what team members expect from the work of this professional in CAPS AD, participants were asked to cite three other competencies that they observe to be specific to the nursing professional. which were: welcoming directed to listening and care; evaluation and follow-up related to clinical and obstetric care; guidance on care during pregnancy to prevent injuries resulting from substance use, damage to maternal and fetal health, and postpartum care with the baby and breastfeeding.

"If you pay attention to this issue of the pregnant woman, ask for and follow up on exams, about diseases that can harm the baby... A lot of guidance about breastfeeding, whether it is feasible or not because of its use in the postpartum period, being present in this... Relapses are very common, so you have to pay close attention to this issue, in addition to the STIs that may or may not have been caught" (P01).



"These issues are more related to the clinic. Attention to comorbidities as well, the nurse will know how to take the necessary interventions. And the welcoming of the person arriving for the first time at the service breaks the role of the CAPS as a place for crazy people, because the nurse takes care of the body, regardless of where it works, I think it can break this stigma of the CAPS, I think it is not so far from the logic of those who are doing prenatal care, for example" (P02).

"Interlocution with the network, I think it's nursing... Monitoring of the pregnant woman's health and guidance on health" (P03).

"The welcoming, the care..." (P04).

"I think that clinical and medication care, as well as matrix care, the nurse can be important in this action" (P05).

"Issues related to self-care, I see this very much linked to nursing; health education, nursing has a competence that it develops throughout the course; and welcoming" (P06).

"The awareness of prenatal care, even if she is a user, she does prenatal care correctly... Always be up to date with the exams, advise that whenever she has any type of relapse, any problem that she should report it to her technician, the nurse, the doctor... To try to reduce the risks to the baby" (P07).

There is a vision centered on the biological monitoring of women's bodies, the maintenance of their health with control of exams, the progression of pregnancy and fetal health, medicalization, matrix support of their conducts and behavior, health education, guidance on self-care, and actions developed in the pre- and postpartum periods. However, they did not report being an agent of mental health, with singular actions typical of nursing.

In the understanding of nursing students, care for pregnant women who consume substances should be humanized, empathetic and welcoming, with nurse monitoring, through nursing consultations, educational actions, such as groups and conversation circles, referrals to specialized services and active search in case of non-continuity of treatment.

"Be receptive, develop bonds and educational means to help them, refer them to specific care and ensure access, guide and monitor the pregnant woman" (AC 01).

"Affective, understanding that this woman is a user and that she has an addiction. Always try to follow up on prenatal care, if you don't show up, carry out the screening together with the community health agent. Sometimes they feel pressured by the situation they are in or even embarrassed and do not comment on the subject. Hold lectures, moments of conversation with pregnant women, not just users, do something dynamic, present the methods that can help them" (AC 02).

"He did not answer" (AC 03).

"In a humanized way" (AC 04).

"Follow-up through nursing consultation" (AC 05).

It is important to highlight the reality related to the difficulty of access to health services by pregnant women who use alcohol and other drugs, especially in specialized services, with referrals that



do not occur or that are unsatisfactory and occur late. Thus, comprehensive care is different from the Basic Health Unit, where it should and is monitored by the prenatal care provider and there is no integration of care with those who accompany her mental health.

In addition, the difficulty of promoting adherence and continuity of treatment are still major challenges for health teams. Among the mental health professionals interviewed, few had the opportunity to serve this public in their professional career, either at CAPS Ad or in other health institutions.

Studies reveal that this difficulty in accessing services has repercussions on the performance of prenatal exams and consultations, which can cause an increase in the vulnerabilities in which these pregnant women find themselves, associated with obstetric and fetal complications. In addition to the difficulties related to the issues of the service itself, individual and social demands can contribute to the increase in the difficulty of access, having repercussions on the care provided to them, since part of the pregnant women are unaware of public health policies and how specialized services work; these are the ones with the highest prevalence of alcohol and drug consumption (PORTO *et. al.*, 2015). Associated with this problem is guidance and referrals to specialized care services (CAPS AD or mental health services) in a deficient manner (LIMA *et. al.*, 2015).

Another important factor is the fact that these pregnant women fear prejudice due to the use of substances, failing to report their use during prenatal care, which is also neglected by professionals. And, according to a study conducted by Kassada *et. al.* (2013), prenatal care presented a lack of continuity in care or inadequate referral to another health service, after which pregnant women reported drug use, in addition to the lack of support from prenatal care to cope with the problem.

This study also confirms the need to prepare health professionals, still in their academic training, about the phenomenon of alcohol and other drug use, especially during pregnancy. The professionals interviewed corroborate that in their training the alcohol and drugs axis was not even addressed, specifically relating it to pregnant women.

It is believed that, from a more comprehensive focus during professional training, it can awaken in students reflections on care strategies for this population and provoke a change in conceptions linked to morality about this clientele, favoring changes in perception, paradigms and expanding the way of care possibilities.

It should be noted that actions to qualify professionals through continuing education and pedagogical preparation favor the experience of a reception that is sensitive to the demands and specificities of health of pregnant and postpartum women who use alcohol and other drugs, especially in the primary care setting, both in the scope of prenatal and psychosocial care.

Through such actions, it is possible to promote possibilities of reflection and self-criticism about the organization of the care developed by professionals with people in problematic use of alcohol



and other drugs, their families and the community itself, thus being able to expand knowledge and knowledge, in addition to enabling transformations in practices and in the network of services, thus becoming a decentralized, bottom-up and transdisciplinary process (GALASSI; SOUZA; SILVA, 2016).

The recruitment of these pregnant women should be as soon as possible, since it is during the prenatal period that they need to be oriented about the care and risks for the pregnancy and the fetus, associated with guidance on childbirth, puerperium and care for the newborn, in addition to social and psychological support, necessary to maintain a pregnancy with the least possible damage. And this is a general competence to be practiced by all those involved in this assistance.

In view of the specificity and complexity of health care for these pregnant women, a multidisciplinary and intersectoral approach is suggested among the various services that make up the health care network, in order to expand and promote longitudinality in care and not limited only to the prenatal period, being continuous care, so that affective and psychosocial support is maintained.

It is also during this period that the therapeutic relationship is built and strengthened, allowing individualized and targeted care, with active listening, dialogue, trust and adherence to the guidelines provided during care, associated with harm reduction actions, seeking to reduce damage to the mother-baby binomial. Thus, embracement and bonding are essential tools to ensure the quality of care, implying that nurses are able to use these instruments during their consultations (KLEIN; GUEDES, 2008 *apud* LIMA *et. al.*, 2015).

Among the actions developed by the professionals of the multidisciplinary team in the CAPS AD, it is possible to include actions in which the figure of the nurse stands out: The welcoming, promotion and maintenance of bonds, active listening, so as to reach the pregnant woman who uses alcohol and drugs in her singularity as a person, considering her social context and valuing the joint construction of health actions from the perspective of the subject's autonomy and co-responsibility for care. In addition to actions that promote the reduction of harm to maternal and fetal health, through guidance, health education actions and follow-up throughout the gestational and postpartum periods.

Thus, considering that the nurse is an important member of the minimum team of the CAPS ad and that these services have been consolidated in recent spaces of practice of this professional, it is necessary to invest during the academic training of this category in terms of qualification during the service through training. This study reiterates this need also for other categories of health professionals, so that it can have repercussions on qualified health care, more specifically for pregnant women who use alcohol and other drugs.

It is in primary health care, especially in the Basic Health Units and Family Health Strategy, that the first contact of these pregnant women with health services occurs. It is the gateway for them to carry out prenatal care and the use can be identified, in this sense how to proceed in the interview?



What signs indicate the possibility that the pregnant woman is using alcohol and other drugs? How should the approach to the subject be?

The moment of the nursing consultation, which is private to the nursing professional, during prenatal care aims to offer conditions that promote the health of pregnant women, through welcoming, prenatal care and the identification of risk factors as early as possible. In addition, it promotes the clarification of doubts and the appropriate guidance. It is an opportune time to comment on the harms of alcohol and drug use and the repercussions of each disease on the maternal, fetal and newborn organisms that may occur as a result of this consumption (BRASIL, 2012a; PETERS *et. al.*, 2020; PAIVA *et. al.*, 2021).

The care of pregnant women who use alcohol and other drugs is extremely complex and requires professional skills and abilities in order to offer them comprehensive and quality care. However, studies reveal that nurses do not have adequate training to work with them, evidencing gaps in training.

Rizzo *et. al.* (2020) in her study with nurses who work in the care of pregnant women who use crack, it was evident that they did not receive adequate training to work with pregnant women who use substances, a fact that hinders and brings fragilities in their prenatal care.

This study points to the need for nursing professionals to be prepared for the health care that should be provided to these pregnant women, which involves strategies of approach without social paradigms and the reorganization of services, ensuring that they are welcomed and respected for their choices, thus favoring the participation of their users in prenatal care.

The study carried out by Paiva *et. al.* (2021), pointed out that the nurses interviewed have limited knowledge about the effects of alcohol and Fetal Alcohol Syndrome (FAS), as well as other studies that reveal limited knowledge about APS, or the effects of alcohol use during pregnancy. This information demonstrates the existence of gaps in the training of these professionals during graduation. According to these studies, in the discipline of Mental Health Nursing, APS is not addressed as a theme related to the study of psychoactive substance abuse (SANTOS; STEPHANIO; FIGUEIREDO, 2017 *apud* PAIVA *et. al.*, 2021).

This fact is evident in relation to the students. It was questioned whether the students, in the last period of graduation, felt prepared to assist pregnant women who used alcohol and other drugs. In all the reports, they did not state that they did not feel able to work with this public and did not discuss why and how they feel about this situation.

"No" (AC 01).

"No, I don't feel prepared, since it's a delicate situation"
(AC 02).

"I don't feel" (AC 03).



"Not yet" (AC 04).

"No" (AC 05).

The study carried out by Lima *et. al.* (2015), pointed out that the actions performed by nurses on these pregnant women are still insufficient and that alcohol, drugs and pregnancy are still permeated by obstacles during the work of these professionals. It reveals the need for this professional to be well trained for the development of a directed and planned work with this public in order to obtain effective results in the recovery of the pregnant woman's health and in the preservation of fetal health.

Since nurses are extremely relevant professionals in the care of pregnant women who use alcohol and other drugs, in the scope of all levels of health care, it is necessary to train these professionals, from the moment of their academic training, so that they can be able to act, from the detection of substance use to adequate care for these pregnant women (KASSADA *et. al.*, 2013).

Cebriid (2010 *apud* KASSADA; MARCON; WAIDMAN, 2014), reiterate the need to sensitize nurses and other health professionals to the importance of comprehensive, humanized and qualified health care for pregnant women, especially those who use substances, in order to promote health protection, disease prevention, early diagnosis and treatment.

Other studies also reinforce the need for nurses to be well qualified to meet the specificities of this population. It is necessary for these professionals to have knowledge about the effects of drugs during pregnancy so that they can direct their actions with greater chances of success (BRASIL, 2006 *apud* SOUZA *et. al.*, 2018; LEOPERCIO; GIGLIOTTI, 2004 *apud* SOUZA *et. al.*, 2018).

It is worth mentioning another problem evidenced in some studies, which cite the limitation on the part of the Ministry of Health in not widely disseminating educational campaigns on the subject, in addition to not offering training courses for professionals who work in Primary Health Care, especially professionals who work in prenatal care for pregnant women in use of licit and illicit substances. given the need to better understand the singularities of each woman with this profile, in order to ensure the quality of the care offered to them (PETERS *et. al.*, 2020; PAIVA *et. al.*, 2021).

These findings also corroborate the need for government investments, based on the creation of specific programs and public policies for women, especially pregnant women who use alcohol and drugs, establishing clear assistance policies that involve harm reduction and a broad work that involves discussions and popular clarification, including using the media with the purpose of reversing this situation and awakening reflections on the population that aimed at breaking taboos and prejudices towards society (LIMA *et. al.*, 2015; RIZZO *et. al.*, 2020).

In addition, from an empirical perspective, from this analysis, it is possible to observe the need to strengthen primary care, with expansion and increase in the supply of health services, in order to expand the territorial coverage, together with the qualification of professionals working from



continuing education actions.

As future nurses, they were asked about how they think nursing care should be provided to pregnant women who use alcohol and other drugs. Among the answers, the following were cited: follow-up through nursing consultations, receptivity, bonding, empathy, prenatal follow-up and health education actions and referral to specialized services.

The nursing consultation during prenatal care aims to ensure nursing care for pregnant women. In association with health education activities, nurses will be able to provide comprehensive care aimed at improving the health conditions of this public.

Prenatal care is the time to clarify doubts and reinforce pregnancy-related guidelines for women and their families. Nurses, when developing educational actions by conducting groups in a dynamic way, involve participants in a discussion that allows them to expose their doubts in a welcoming and prevention environment (AMORIM *et. al.*, 2019 *apud* PETERS *et. al.*, 2020).

The aforementioned study, among others, also reveals the difficulty of participation of pregnant women who use alcohol and other drugs in health educational activities, in addition to not reporting the existence of substance use (MARANGONI *et. al.*, 2017). Thus, nurses need to develop and perform skills in their work process that facilitate their arrival at the services, allowing them to feel safe to report the use to the professional. It should also develop strategies that allow them to be interested in participating in health education actions, whether individually or in groups.

Embracement and bonding are essential work tools in the nurse's work with pregnant women who use alcohol and other drugs during prenatal care. These promote the pregnant woman's trust in the professional, favoring treatment adherence (RIZZO *et. al.*, 2020).

Due to the low adherence of these pregnant women to health services, aggravating the risk of maternal and fetal complications, the active search through home visits (HV) becomes an essential tool. It is from this activity, carried out mainly by community health agents (CHA) and nurses, that the health team will understand the social reality of this public, which allows the knowledge and planning of specific actions according to the demands presented (LIMA *et. al.*, 2015). Through this activity, it is possible to facilitate access to the services offered in primary care, promoting the early recruitment of pregnant women and the development of bonds with professionals and the service.

In order for the health teams that assist pregnant women who use alcohol and other drugs to be able to offer comprehensive care, based on the needs of these users, they must develop fundamental skills, in order to identify pregnant women at risk as early as possible and develop attitudes of sensitivity, acceptance and empathy; know how to listen, have an affective interaction to facilitate the bond and a basic knowledge about mental illness and the therapeutic models that affect them. enable them to plan care activities and usual procedures (MARCOLINO *et. al.*, 2018; PAIVA ET *et. al.*, 2021).



The study carried out by Lima *et. al.* (2015), which interviewed pregnant women treated at primary health care units in Maceió/AL, demonstrated that the quality of prenatal care provided by nurses to pregnant women who use substances is still unsatisfactory, with regard to the guidance and referrals necessary to solve this problem. Despite the guidance received on the risks and consequences of the use of alcohol and other drugs, the pregnant women stated that they had not received referrals for treatment and follow-up at the Psychosocial Care Centers for Alcohol and Drugs (CAPS Ad), in addition to information related to harm reduction during prenatal consultations.

This study concluded that, although professionals have knowledge about the use of alcohol and other drugs during pregnancy and their consequences, they still do not have concrete care strategies to work on reducing and suspending use.

Kassada, Marcon and Waidman (2014) also identified this problem in their studies, which pointed out that alcohol and drug users felt judged, did not receive support and adequate follow-up to cope with substance use.

In the study conducted by Peters *et. al.* (2021), nurses develop actions related to prenatal care and the respective educational activities with pregnant women and their families, based on actions proposed by the Ministry of Health, respecting the diversity of these actions. However, the participation of pregnant women in the treatment offered also showed low adherence on their part.

These findings highlight the difficulties presented by this population and the needs of health professionals to reinvent themselves in search of alternatives that can break through such care barriers.

The research also showed that pregnant women, in addition to receiving prenatal care, also received care in health networks, with care in specialized primary care services, through referral to CAPS-AD and interspersed consultations between specialty outpatient clinics.

The care of pregnant women who use alcohol and drugs requires specialized professional attention to the health needs of these pregnant women, which must be identified in the prenatal period and referred to specialized services in order to ensure comprehensive care at the different levels of care in order to assist and understand their complex demands (PETERS *et. al.*, 2020; CABRITA *et. al.*, 2015).

The early identification of the use of alcohol and other drugs during pregnancy enables access to specialized care services, the CAPS AD, which are responsible for the elaboration, with the pregnant woman and her family, of strategies to cope with the use of substances, through actions aimed at abstinence from substances or harm reduction measures. within a perspective of autonomy and co-responsibility of care.



4.2.3 Experiencing the Built Strategy – Instructional Video

Regarding the creation of a teaching-learning instrument to facilitate the understanding of this theme, the students were asked about this possibility, they reported: 04 participants reported that they consider an instrument important, 01 participant suggested that this instrument be 01 video. However, the other participants did not suggest which instruments could facilitate the process of acquiring competencies and skills to work with these women. One participant did not answer the question.

Chart 8 – Nursing students' answers about an instrument that facilitates the teaching of apprenticeship

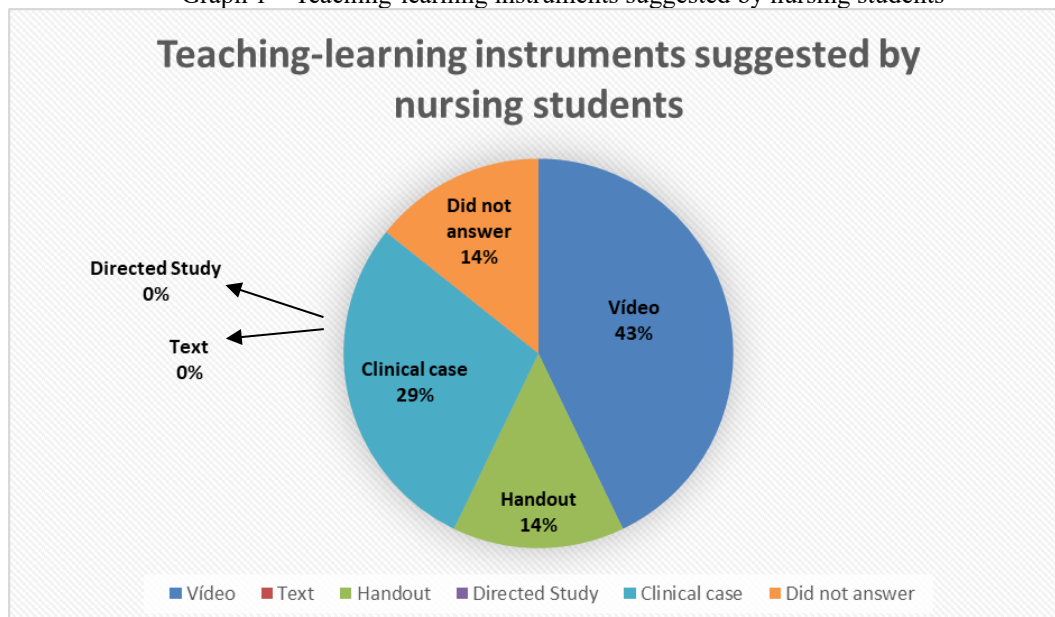
1. Do you think it would be interesting to have a learning tool to facilitate your understanding of the theme "primary nursing care for pregnant women who use alcohol and other drugs"? What kind?"		
Participant Identification	Participant Responses	Suggestions offered
AC 01	Yes	"Video"
AC 02	Yes	"How to approach the patient, I don't have an understanding of the subject"
AC 03	Yes	-
AC 04	Yes	-
AC 05	-	-

Source: the author, 2023.

The questionnaire also offered 05 alternative instruments that students identify as likely facilitators of the teaching-learning process for this subject, which were: Video, text, handout, directed study and clinical case. In this question, there was the possibility of marking more than one alternative. 03 participants reported the video; 01 participant cited a clinical case study and 01 participant cited a handout. 01 participant did not answer the question. The text and directed study instruments were not mentioned.

The answers provided by the academics are illustrated in the following graphic:

Graph 1 – Teaching-learning instruments suggested by nursing students





The students were asked if a didactic video would facilitate teaching and learning on the subject. 03 academics responded positively. 02 did not answer this question.

"Yes, because it is didactic" (AC 01).

"Yes, because it offers a dynamic that is easy to understand and visualize" (AC 02).

"Yes" (AC 04).

The questionnaire also asked for suggestions of aspects that the students considered to be important and that should be included in the video on the subject. 03 students answered, 02 students did not answer.

"Direct content, without difficult lines, something didactic and that manages to "hold" the attention of those who are watching" (AC 01).

"About what each licit and illicit drug can do to the body during pregnancy. About how it affects the baby and the pregnant woman. What are the risks. How the pregnant woman can be receiving support, show the institutions and places that can support her" (AC 02).

"Care of the Newborn" (AC 04).

It was concluded, through this analysis, that the theme: "Nursing care for pregnant women who use alcohol and other drugs" was little explored during the training of the students, in its entirety, with the presence of gaps in the approach to this subject. Thus, it was understood that there was a need for a facilitating instrument to address this theme in order to contribute in an aggregating way.

Based on the steps developed by the research, and based on the answers of the nursing academic participants, it was decided to develop an instructional video that would facilitate the understanding of nursing students about the care provided to pregnant women who use alcohol and drugs.

It was understood that the video would be a tool of easy elaboration and applicability and with dynamism to approach the content. In order to collaborate with the teaching-learning process, during academic training, the suggestion of this teaching tool and the content were focused and elaborated, based on the responses of nursing students.

5 PRODUCT

The following is a description of the preparation of the video and its respective stages.

5.1 ELABORATION OF THE VIDEO

From the analysis of the collected testimonies, it was decided to develop a video with a strategy to facilitate the teaching of the theme that was intended to be addressed.

According to Ashaver and Igyuve (2013 *apud* RODRIGUES JR. *et. al.*, 2017, p. 2):



The use of an educational video can mean a sophistication in the teaching-learning relationship, since, through it, it is possible to capture the attention of the public, as well as arouse their curiosity in relation to the topics addressed, given that society lives in a culture where visual ability and the ability to process information are constantly exercised.

Still, according to Perrenoud (1999), for the elaboration, it is necessary to work on conception, organization and monitoring. Thus, the elaboration of the video took place in 3 stages: pre-production, production and post-production (RODRIGUES JR. *et. al.*, 2017). The period of preparation of the video, including all phases, was 3 months (February to March 2023).

The pre-production phase, according to Lima *et. al.* (2019), "involves the planning and preparation of the material, deciding on the visual, stylistic, and technical aspects; In production, you have all the elaboration of what was planned."

In this stage, the script of the video was carried out and the best tool for its construction was defined. For the elaboration of the script, the research carried out during the study was used as a scientific basis, in addition to contents suggested by the academics. We also sought to insert suggestions provided by the students who participated in this study, through a questionnaire.

During the preparation of the script, the format in which the video would be made was defined, *the explainer video*, which is a quick video profile in the animation format. This style was adopted in order to adapt the skills of the master's student, who worked as a videographer, in order to meet the needs of information to be transmitted.

The format of the video was defined in the animation style, as it was considered a video more focused on the profile of the public that was intended to be reached, the nursing students. According to Lima *Et. Al.* (2019), "the use of animations is interesting because it draws the attention of learners, making the subject more attractive".

For the realization of this video, the online software Renderforest® was used, using the animations in template formats, already available by the software for the composition of the video.

The production stage was the construction of the video itself, using the aforementioned tool. This lasted a week, during which the researcher used online tutorials about video construction techniques using the chosen software. Also at this stage, the script was revised, with the content of the information to be included in the video.

As it is a free tool, it was not possible to insert many graphic effects, consisting only of the pre-established images and text. The desired information was inserted and, finally, a musical background was inserted, available by the software.

This platform was chosen because it is easy to master, since it has images available, among other tools, such as sound and background of the images, for example, in addition to being able to use the free version. Thus, it was the platform that most favored the researcher, within her skills, since the



video was prepared by her.

It should be noted that the platform in its free version has limitations for use, such as: referring to the viewing time, it only provides 3 minutes of video duration, which can cause scenes with a short duration. In addition to limitations, in case the researcher wanted to create her own animations and insert custom sounds.

According to Perrenoud (1999), the use of software that allows the creation of personalized educational programs, in which the teacher can be a programmer, based on the use of already programmed structure and procedures, which, when gathered, provide a content that depends on the teacher. From the use of this resource, the author states that there is no need for the teacher to be a specialist in computer science or programming.

5.2 SCRIPT AND ELABORATION OF THE VIDEO

Initially, the target audience was defined, in this case a trigger video, to be used by the nursing faculty to be shown to nursing students. Consideration was also given to the possibility of its use in continuing education activities for health professionals, especially those in nursing, also in a triggering manner.

The audiovisual instrument has the following objectives: To promote reflections on the nursing competencies necessary for the care of pregnant women who use alcohol and other drugs; Inform the viewer about the main substances consumed by pregnant women and the potential effects and risks for the pregnant woman and the fetus. We sought to direct the content of the video based on the students' answers, about which subjects within the theme they considered interesting.

The time in which the video would take place was also a factor thought out, so that it would not be too long and could allow the viewer to disperse.

Below is the content of the script used to prepare the video:

- Target audience of use: Nursing faculty;
- Target audience as video viewer: Nursing students;
- Video length: 3 minutes;
- Total Dinners: 26;
- Characters: "Ana" (nursing student); a pregnant woman;
- Content to be addressed: main substances consumed by pregnant women, the main effects of the use of alcohol and other drugs for pregnant women and the fetus;
- Health services that provide care to pregnant women who use alcohol and other drugs;
- Main nursing actions in the care of pregnant women who use alcohol and other drugs;
- Competencies needed by nurses in the care of pregnant women who use alcohol and drugs.

Based on the elaboration of this script, based on the topics related to the content of the video,



the researcher, during the elaboration, wrote the text while preparing the video, based on the elaborated topics. We sought to use simple words, with clear, objective and easy-to-understand content.

5.3 SCENES

The scenes were developed in a simplistic format, using the templates and characters that are free to use released by Renderforest®. In an attempt to make the scenes more harmonious, we sought to use light-colored backgrounds and the musical background with instrumental music.

The choice of characters had the purpose of representing the audience that was intended to present the video, a nursing student represented by a female figure named "Ana", with a jovial and dynamic appearance that presents the content of the information.

At the end, the character is represented by the figure of a pregnant woman, with content of how she would like to be treated by the health services. Below are some images of the scenes for illustration.

Figure 3 – Scenes from the video



5.4 POSTPRODUCTION

The post-production and finalization phase of the video required some revisions regarding the refinement of some scenes and the adjustment of the timing. It was sought to be brief, with short and objective scenes, simple and coherent, in order to sensitize those who will watch it.



5.5 VALIDATION

For video validation, it is intended that this occurs during the evaluation of the final dissertation presented to the examining board. The board will be composed of 03 examiners who will evaluate this study and the video presented as a product.

During the qualification exam, it was suggested to reduce some textual content and increase the exhibition time of the scenes containing this content. A more direct and specific focus on the specific competencies of nurses for the care of pregnant women who use alcohol and other drugs in primary health care was also suggested.

We sought to meet the suggestions offered by the examining board in the best possible way, adapting them within the possibilities that the software offers. After these adjustments, the video will be shown during the final defense of the dissertation of this work in order to obtain its validation.

After the final elaboration of the video, for the completion of the fieldwork through this study, a brief conversation circle was held with students participating in the research.

5.6 CONVERSATION CIRCLE

After the elaboration of the video, it was proposed to hold a conversation circle with nursing students in their clinical field of internship in mental health. Thus, it constitutes a part of the evaluation of the developed product, even if empirically.

The 05 students who participated in the study participated in the circle, through the answers to the questionnaire applied, their respective internship preceptor and the researcher. At the time the circle took place, the students were doing an internship at CAPSi (Center for Psychosocial Care for Children and Adolescents).

This methodology was sought in order to contribute to the learning about the theme with the help of the video. The purpose of this study was to present the video, suggested by the nursing students as an instrument to facilitate learning about the theme: "Nursing competencies in the care of pregnant women who use alcohol and other drugs".

The conversation circle took place at the end of the internship day and lasted approximately 40 minutes. It began with the presentation of the researcher, followed by the presentation of the others. In this moment of presentation, their expectations and experiences in the clinical field of mental health and also about the use of alcohol and drugs during pregnancy were also requested.

Then, to start the circle, an initial video available on the Youtube® website was shown, a report showing the reality of pregnant women using alcohol and drugs. We sought to start with this video in order to bring to the discussion the reality of vulnerability in which these pregnant women find themselves.



At this time, they were also able to talk about some experience with pregnant women with this profile, only 02 students informed that during the course they had contact with a pregnant woman who used alcohol and drugs, in a superficial way, in the internship of the discipline of collective health. During the circle, an academic ended her participation by withdrawing from the circle.

Then, the video prepared by the researcher was presented. The video is intended to be a facilitating, introductory material for discussions about nursing care for pregnant women who use alcohol and drugs.

We discussed the difficulties of pregnant women in accessing health services and the difficulties and challenges to be overcome in order to expand care and strategies to attract these pregnant women to receive health care. From this perspective, we talk about the importance of the nurse through nursing care to this public and their care possibilities. Empathy and considering the context of vulnerability in which pregnant women are inserted, welcoming, care provided by specialized services and integration of health services were highlighted as actions. The importance of family planning assistance to these women and strategies to approach this type of care for them were also addressed.

Regarding the opinions presented after the exhibition of the video, as a conclusion, the researcher asked about the use of the video and 02 students, verbally, pointed out positive aspects, when considering it a facilitating tool for teaching, which include the use of animation resources and playfulness as a teaching-learning resource. They expressed interest in watching the video again. They reported that they wanted other meetings to continue the discussion of this and related themes. No negative points were mentioned about the video.

It should be noted that the wheel had limitations. The students participated in a very timid way, where the discussion focused on the biggest speeches of the 02 participants, despite the researcher's efforts to ensure that everyone could speak.

In addition, the videos were shown on the researcher's laptop and the circle took place in an open space, close to the street and with the circulation of people, impairing the sound. Regarding the display of the image, there were no major losses because it was in a small number of people. The circle also took place at the end of the internship shift, with a duration that limited the discussion.

However, it can be concluded, empirically, that it occurred in a positive way, with the exhibition of the audiovisual material created, fulfilling its function as a triggering element to start discussions on the theme. Evaluative questionnaires were not applied to the instrument, as the conversation circle and the video were shown only as feedback on the nursing students' answers.

It is intended, in the future, to address this subject with the professionals of the multidisciplinary team of CAPS AD, also participants in the study, so that the video contributes to



reflections on the part of professionals working in practice. However, up to the present moment of this study, it was not possible to have a second moment of exhibition of the elaborated video.

Thus, the main focus of the approach to carry out the methodological action proposed at this time was the nursing students.

This activity was carried out with the nursing students so that they were considered the main protagonists for the production of the video, as a way to meet the demands suggested by them in the answers to the questionnaire applied. In addition, it is also intended to contribute to the instrumentalization of nursing faculty in the approach to this theme.

After the creation of the video, it was shown to the students during the internship in the clinical field, according to stage "e" of this action research. A conversation circle was held with discussion about the theme, which was possible to reinforce the difficulties that they have about understanding the subject. The circle lasted approximately 40 minutes and an initial approach was made with a brief introduction of the subject and a trigger video, obtained by the YouTube platform that consisted of a report on the subject, in order to sensitize the participants to the discussion. The participants were the same group that answered the questionnaire and it was possible during the circle to resolve some points in which they had doubts, including about the content of the questionnaire itself. Then, the video created by the author was shown and after the screening, the participants reported that it was satisfactory because it was easy to understand and didactic.

It is intended to hold a new meeting and invite professors and preceptors involved in the training of these nurses in order to expand access to the video and obtain new contributions and suggestions to validate this instrument. In this way, to capillarize the engagement in the teaching-learning process on the theme of this study.

6 CONCLUSION

The use of alcohol and other drugs during pregnancy has potentially serious consequences for maternal and fetal health. Pregnant women who use substances, inserted in a context of extreme social vulnerability, have difficulties in accessing health services. Thus, they represent an important public health problem and are considered to be at high risk.

By identifying the knowledge gaps about the competencies of nursing students for nursing care to pregnant women who use alcohol and other drugs, who use the CAPS AD as a clinical field, about the proposed theme, I came across the following topics: lack of preparation of preceptors and professionals; lack of knowledge on how to approach clientele; limited understanding of the type of care to be provided; lack of preparation of nursing students to offer the necessary care to pregnant women and, especially, a lack of competence, even though the population of students was in the last period of the undergraduate course.



By bringing nursing students closer to the theme in question, bringing to reflection the relevance of the nurse's work with pregnant women who use alcohol and other drugs, I glimpsed an untreated theme, with timid scientific literature and, on the other hand, professionals who learn to provide care by experiencing the professional routine, which prevents greater propositional dialogues that allow the concrete systematization of the care to be given to pregnant women, establishment of follow-up and monitoring conducts of the care provided.

Bringing to the discussion the demands of this population and the possibilities of nursing actions in the adequate care of pregnant women who use alcohol and drugs in primary care is challenging, because this public health problem, which is concrete, which should be intersectoral and interprofessional, but which is still invisible, is not being included in the nursing curriculum. being treated as "psychiatric problems". It is then up to the teacher and the preceptor to join efforts in the creative proposition of tools that can facilitate teaching for the generation of skills for themselves and students.

Producing a video, as a teaching strategy, so that nursing students can develop competencies about primary care for pregnant women who use alcohol and other drugs in the CAPS AD, implies that nursing professionals seek to play a solid role in the care of these pregnant women, being apprehended by the student as an important link in health promotion and prevention of injuries and damage to the mother and fetus.

Therefore, it is necessary that they can be trained for this action, in order to reduce and face the constant challenges that permeate the care of these women. They must guide their actions and work processes in order to offer full support to this problem, through a comprehensive and welcoming posture from the perspective centered on the subjects and not only on the consumption of substances.

Based on the findings of this study, it is concluded that health professionals presented a gap in their academic training regarding adequate training related to the care of pregnant women who use alcohol and other drugs. With regard to nursing students, this fact was also evidenced, since some revealed that this subject had not been addressed, and when it was, it was superficial and general. In addition, they also report that they do not feel prepared to work professionally in the care of these pregnant women.

These results corroborate the findings in the scientific literature, which show that nursing professionals did not receive training, either in training or in the setting of their professional practice, to work with these pregnant women. The studies also associate this fact with the weaknesses in the care offered to pregnant women who use substances, since professionals are still unable to implement in practice effective strategies for expanded care, which includes these pregnant women in their care demands.

They also highlight the need for the development of research that offers subsidies for the work



of health professionals. In order to meet these notes, this research met the objective of developing an instrument, through a technical educational product, in the form of an instructional video as a teaching strategy for nursing students.

It is noteworthy that the didactic tool produced was developed in order to assist nursing professors and preceptors in the promotion of nursing competencies necessary to care for pregnant women who use alcohol and other drugs, as a triggering element, promoting reflections and discussions on the theme in academic environments.

Finally, the need for government investments to expand care policies for this population and investment in strengthening primary health care through the growth of service offerings between territories was highlighted. In addition, they should offer subsidies for the work of health professionals, through actions of permanent education, training and qualification of preceptors with pedagogical performance and improvement of the training of nurses.

DEDICATION

To my Elisa, my "divine Promise", the one who gave meaning to my life.

To ALL pregnant women, may they be seen with an empathetic and welcoming look, regardless of the circumstances.

THANKS

God, in his infinite grace and mercy, allowed me, once again, to fulfill a dream that was to attend the master's degree and finish this stage. In the face of so many difficulties, he sustained and strengthened me, making all this possible. He granted me my best and happiest mission: Motherhood, which came along with the master's degree and gave new meaning to my life, further intensifying my humanized look at pregnant women.

My supervisor, Dr. Helen Campos Ferreira, who welcomed the theme of this work and experienced this journey together with me, contributing immensely to its realization. For the commitment, dedication, support and support that made me not give up on this dream. The guidelines that have always come with great generosity and love.

To my husband Aldo, for his friendship, love, understanding and support throughout this arduous journey. For the company, especially in the most special moment of our lives, the arrival of our daughter. Her active and constant presence offered me the necessary support to finish this final stage of the master's degree.

To my parents, for their encouragement, investment and support in my studies. Special to my mother, for the support offered during the postpartum period, allowing the completion of this work.



I would like to thank my CAPS Ad coordinator, Cláudia Mafra, for her encouragement and participation in carrying out this work. We would like to thank the entire CAPS Ad team for their support and collaboration in this study.

To the examining board, for their availability and contributions that greatly enriched this work.

The nurses of the Estácio de Sá University, Gisele Freiman and Larissa Mattos, for their partnership and support for the development of this research.

We would like to thank the students of the Estácio de Sá University for their contribution to their participation in this study.

To the friends that UFF nursing gave me, Jocieli, Raquel, Marcela, for the encouragement to study the master's degree and support during the journey.

The companions on duty in the neonatal unit, who even in the shifts of intense work, our union made everything lighter and helps us daily in the best care for our little ones.



REFERENCES

- ALVES, P. Dos objectivos às competências: implicações para a avaliação de um programa de formação de professores. MORGADO, J. C.; ALVES, M. P. (Orgs.), *Mudanças educativas e curriculares: e os educadores/professores? Actas do Colóquio sobre Formação de professores* (pp. 29-42). Braga: Universidade do Minho: Centro de Investigação em Educação - Departamento de Currículo e Tecnologia Educativa, 2005.
- AMARANTE, P. *Saúde mental e atenção Psicossocial*. Rio de Janeiro: Editora Fiocruz, 2007. 3ª reimpressão, 2019.
- ANDRADE, T. de M. Reflexões sobre políticas de drogas no Brasil. *Ciência coletiva*, Rio de Janeiro, v. 16, n. 12, p. 4665-4674, dezembro de 2011. Disponível em: <https://www.scielo.br/j/csc/a/JQXcRPcyZTrjtZ4NZ3D4THJ/abstract/?lang=pt>. Acesso: 19 de abril de 2021.
- BARCELLOS, W. S. Políticas Nacional de Drogas: um objeto de intervenção ao serviço social brasileiro. Anais do 16º Encontro Nacional de Pesquisadores em Serviço Social. Vitória, ES, 2018. Disponível em: <https://periodicos.ufes.br/abepss/article/view/22812>. Acesso: 20 de abril de 2021.
- BARDIN, L. *Análise de conteúdo*. São Paulo: Edições 70, 2011.
- BARROS, K. C. C. *et. al.* Fluxograma do cuidado da(o) enfermeira(o) à gestante em situação de rua. *Comunicação em Ciências da Saúde*, [Internet], 26º de outubro de 2020.
- BESSLER, D. Práticas de cuidado à mulher no ciclo gravídico puerperal com histórico de consumo de álcool e outras drogas: perspectiva da enfermagem. Rio de Janeiro, s. n., 2018. 117 p. Dissertação de mestrado – Universidade do Estado do Rio de Janeiro – Faculdade de Enfermagem. Disponível em: <https://www.bdtd.uerj.br:8443/handle/1/11440>. Acesso: 19 de abril de 2021.
- BRASIL. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES nº 3, de 7 de novembro de 2001: institui as Diretrizes Curriculares Nacional do Curso de Graduação em Enfermagem. Brasília: DF, 2001.
- BRASIL. Ministério da Saúde. Portaria/GM nº 336, de 19 de fevereiro de 2002. Define as normas e diretrizes para a organização dos serviços que prestam assistência em saúde mental. Brasília: DF, 2002.
- BRASIL. Ministério da Saúde. A política do Ministério da Saúde para a atenção integral a usuários de álcool e outras drogas. Brasília: DF, 2003.
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. *Saúde mental no SUS: os centros de atenção psicossocial*. Brasília: DF, 2004.
- BRASIL. Secretaria Nacional de Políticas sobre Drogas. *Relatório brasileiro sobre drogas*. Brasília: SENAD, 2009.
- BRASIL. Ministério da saúde. Decreto nº 7179 que institui o Plano integrado de Enfrentamento ao Crack e outras drogas. Conselho Nacional de Saúde, 2010.
- BRASIL. Ministério da Saúde. Portaria nº 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União*, Brasília, DF, 26 dez. 2011. Seção 1, p. 230-232.



BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Brasília: Editora do Ministério da Saúde, 2012a. 318 p.: il. – (Série A. Normas e Manuais Técnicos) (Cadernos de Atenção Básica, nº 32) ISBN 978-85-334-1936-0 1. Atenção Básica. 2. Atenção à Saúde. Título. II. Série. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf. Acesso em: 20 de fevereiro de 2020.

BRASIL. Ministério da Saúde. Resolução COFEN nº 422/2012. Normatiza a atuação dos profissionais de enfermagem nos cuidados ortopédicos e procedimentos de imobilização ortopédica. Brasília: DF, 2012b. Disponível em: http://www.cofen.gov.br/resoluo-cofen-n-4222012_8955.html.

BRASIL. Ministério da Saúde. Pesquisa Nacional sobre o uso de crack: quem são os usuários de crack e/ou similares do Brasil? Quantos são nas capitais brasileiras? BASTOS, F. I.; BERTONI, N. (eds.), Rio de Janeiro: ICICT/Fiocruz; 2014. 224p. Disponível em: <https://www.arca.fiocruz.br/bitstream/iciict/10019/2/UsodeCrack.pdf>. Acesso em: 1 de abril de 2021.

BRASIL. Ministério da Saúde. Resolução nº 510, de 07 de abril de 2016. Brasília: DF, 2016. Disponível em: <https://conselho.saude.gov.br/resolucoes/2016/Reso510.pdf>.

CABRITA, B. A. C. *et. al.* The search for care by high risk pregnancy in relation to integrality in health. *Ciência, cuidado e Saúde*, [internet], v. 14, n. 2, p. 1139-1178, 2015.

CAIRES, T. L. G.; SANTOS, R. S. Malformation and death X Alcoholism: perspective of Nursing the Theory of Transitions for alcoholic pregnant women. *Revista Brasileira de Enfermagem*, v. 73, n. 1, p. 2020. Disponível em: <https://www.scielo.br/j/reben/a/5XyPJqJbPQbbmj8KGWKCHjF/?lang=en>. Acesso em: 20 de abril de 2021.

CAMELO, S. H. H.; ANGERAMI, E. L. S. Competência profissional: a construção de conceitos, estratégias desenvolvidas pelos serviços de saúde e implicações para a enfermagem. *Texto contexto – Enfermagem*, Florianópolis, v. 22, n. 2, p. 552-560, junho de 2013.

CEBRID. Livro informativo sobre drogas psicotrópicas. 5ª ed. Brasília: DF, 2010.

CONSELHO REGIONAL DE ENFERMAGEM DE SANTA CATARINA (COREN/SC). Competência do Enfermeiro e Técnico de enfermagem no CAPS parecer COREN/SC nº 005, 2017. Disponível em: <https://www.corensc.gov.br/wp-content/uploads/2017/04/PT-005-2017-Compet%C3%Aancia-do-Enfermeiro-e-T%C3%A9cnico-de-Enfermagem-no-CAPS.pdf>. Acesso em: 26 de julho de 2023.

COSTA, P. H. A. da; RONZANI, T. M.; COLUGNATI, F. A. B. “No papel é bonito, mas na prática...”: análise sobre a rede de atenção aos usuários de drogas nas políticas e instrumentos normativos da área. *Saúde e Sociedade*, v. 26, n. 3, p. 738-750, julho de 2017.

CRUZ, C. Competências e habilidades: da proposta à prática. São Paulo: Edições Loyola, 2001.

CYSNEIROS, P. G. Competências para ensinar com novas tecnologias. *Revista Diálogo Educacional*, [S. l.], v. 4, n. 12, p. 23-33, 2004. Disponível em: <https://periodicos.pucpr.br/dialogoeducacional/article/view/6920>. Acesso em: 28 de julho de 2023.

DALMOLIN, A. Vídeo educativo como recurso para educação em saúde a pessoas com colostomia e familiares. *Revista Gaúcha de Enfermagem*, v. 37, n. esp, 2016.



DANTAS, D. C. Competências dos enfermeiros para o cuidado ao usuário de crack. Trabalho de conclusão de curso – Universidade Federal do Rio Grande do Sul. Escola de Enfermagem: Curso de Enfermagem. Porto Alegre, 2013.

DE SOUZA, T. Vulnerabilidades, barreiras e cuidados de gestantes usuárias de drogas na cidade de São Paulo. Dissertação de Mestrado – Universidade Federal de São Paulo: Escola Paulista de Medicina. Programa de Pós-Graduação em Ciência. São Paulo, 2019. Disponível em: <https://repositorio.unifesp.br/bitstream/handle/11600/58745/2019%20DE%20SOUZA%2C%20TALITA.Mestrado.pdf?sequence=1>

DE OLIVEIRA. C.; MOURA, S. P.; DE SOUSA, E. R. TICS's na educação: A utilização de tecnologias da informação e comunicação na aprendizagem do aluno. *Pedagogia em ação*, v. 7, n. 1, 2015.

DIAS, D. R. *et. al.* O consumo de álcool e outras drogas na gestação: revisão integrativa. *Revista Enfermagem*, v. 7, n. 12, p. 71-88, 2013.

DIAS, I. S. Competências em Educação: conceito e significado pedagógico. *Revista Semestral da Associação Brasileira de Psicologia Escolar e Educacional*, São Paulo, v. 14, n. 1, p. 73-78, junho de 2010.

DUARTE, E. M. da S. *et. al.* Maternal mortality and social vulnerability in a Northeast State in Brazil: a spatial-temporal approach. *Revista Brasileira de Saúde Materno Infantil*, v. 20, n. 2, p. 575-586, abril de 2020.

FERREIRA, R. D. S.; SANTOS, J. H. V. O uso do vídeo em sala de aula. *Scientia Plena*. v. 10, n. 4, p. 1-8, 2014.

FONSECA, P. M. M. *et. al.* Gestantes usuárias de crack: desafios encontrados no pré-natal. *Revista Científica UMC*, Mogi das Cruzes, v. 2, n. 2, agosto de 2017.

FRANCO, M. A. S. Pedagogia da pesquisa-ação. *Educação e Pesquisa*. v. 3, n. 3, p. 483-502, 2008.

GIL, A. C. Como elaborar projetos de pesquisa. 6.ed.-4 reimp. -São Paulo: Atlas, 2021.

GOMES, T. B.; VECCHIA, M. D. Estratégias de redução de danos no uso prejudicial de álcool e outras drogas: revisão de literatura. *Ciência coletiva*, Rio de Janeiro, v. 23, n. 7, p. 2327- 2338, julho de 2018.

GONÇALVES, B. S. *et. al.* O vínculo mãe e filho no período gestacional como estratégia de prevenção do uso de álcool e outras drogas: relato em extensão. *Revista ELO: Diálogos em Extensão*. v. 5, n. 2, outubro de 2016.

GUIMARÃES, C. M. D. Uso das TIC como motivação para os alunos do ensino médio. Monografia – Universidade Estadual da Paraíba – Curso de Especialização de Fundamentos da Educação: Práticas Pedagógicas Interdisciplinares, 2014.

JOSÉ FILHO, M. Pesquisa: contornos no processo educativo. São Paulo: UNESP/FHDSS, 2006.

KASSADA, D. S. *et. al.* Prevalência do uso de drogas de abuso por gestantes. *Acta paul. enferm.*, São Paulo, v. 26, n. 5, p. 467-471, 2013. Disponível em: <https://www.scielo.br/j/ape/a/39b83pgpwdG4R6z9t6BjGDdb/?lang=pt>. Acesso em: 15 de maio de 2021.



KASSADA, D. S.; MARCON, S. S.; WAIDMAN, M. A. P. Percepções e práticas de gestantes atendidas na atenção primária frente ao uso de drogas. *Escola Anna Nery*, v. 8, n. 3, p. 428- 434, 2014. Disponível em: <https://www.scielo.br/j/ean/a/G3ZyhDF54DzbnTJn5Lt67Dr/abstract/?lang=pt>. Acesso em: 21 de março de 2021.

LACERDA, C. de B.; FUENTES, M. R. Significados e sentidos atribuídos ao Centro de Atenção Psicossocial Álcool e outras Drogas (CAPS AD) por seus usuários: um estudo de caso. *Interface – Comunicação, Saúde, Educação*, [internet], v. 21, n. 61, 2017.

LIMA, L. P. D. M. *et. al.* O papel do enfermeiro durante a consulta de pré-natal à gestante usuária de drogas. *Espaço em saúde*, [internet], v. 16, n. 3, p. 39-46, setembro de 2015. Disponível em: https://www.researchgate.net/publication/316178863_O_papel_do_enfermeiro_durante_a_consulta_de_pre-natal_a_gestante_usuaria_de_drogas. Acesso em: 25 de março de 2021.

LIMA, E. H. Educação em saúde e uso de drogas: um estudo acerca da representação das drogas para jovens em cumprimento de medidas educativas. Belo Horizonte: 2013. 246 f. Tese de Doutorado em Ciências, Programa de Pós-Graduação em Ciências da Saúde, Centro de Pesquisas René Rachou, Fundação Oswaldo Cruz, Belo Horizonte, 2013.

LIMA, V. S. *et. al.* Produção de vídeo-educacional: estratégia de formação docente para o ensino na saúde. *RECIIS – Revista Eletrônica de Comunicação, Informação e Inovação em Saúde*, Rio de Janeiro, v. 13, n. 2, p. 428-438, junho de 2019.

LOPES, L. S. *et. al.* Sistematização de cuidados de enfermagem para gestantes usuárias de crack baseada em estudo bibliográfico. *Revista Eletrônica Estácio Saúde*, v. 4, n. 2, 2016.

MAIA, J. A. *et. al.* Uso de drogas por mulheres durante o período gestacional. *Revista Enfermagem Contemporânea*, v. 8, n. 1, p. 25-32, 2019. Disponível em: <https://www5.bahiana.edu.br/index.php/enfermagem/article/view/1744>. Acesso em: 20 de abril de 2021.

MARANGONI, S. R. *et. al.* Perfil sociodemográfico das mulheres usuárias de álcool e outras drogas na gravidez. *Uningá Review*, [S. l.], v. 30, n. 3, 2017. Disponível em: <https://revista.uninga.br/uningareviews/article/view/2034>. Acesso em: 23 de março de 2022.

MARCOLINO, T. Q. *et. al.* Gestaç o e uso de subst ncias psicoativas: qual   o cuidado em sa de desejado pelas mulheres? *Caderno de sa de coletiva*, Rio de Janeiro, v. 26, n. 3, p. 255-260, julho de 2018.

MARQUES, A. C. P. R. *et. al.* Abuso e depend ncia: Crack. *Revista da Associa o M dica Brasileira*, v. 58, n. 2, p. 141-153, 2012.

MCKAY, J.; MARSHALL, P. The Dual Imperatives of Action Research. *Information Technology & People*, v. 14, n. 1, p. 46-59, 2001. Disponível em: <http://dx.doi.org/10.1108/09593840110384771>. Acesso em: 15 de julho de 2021.

MEDEIROS, K. T.; MACIEL, S. C.; SOUZA, P. F. D. A Mulher no Contexto das Drogas: Representa es Sociais de Usu rias em Tratamento. *Paid ia*, v. 27, [suppl.1], p. 439-447, 2017.

MELO, D. E. B. *et. al.* Consulta de enfermagem no pr -natal: representa es sociais de gestantes. *Revista De Enfermagem Da UFSM*, v. 10, 2020. Disponível em: <https://doi.org/10.5902/2179769237235>.



MURTA, N. N. R. *et. al.* Perfil gestacional e exposição fetal a drogas de abuso. *Revista NBC. Belo Horizonte*, v. 8, n. 16, novembro de 2018. Disponível em: <https://www.metodista.br/revistas/revistas-izabela/index.php/bio/article/viewFile/1561/1013>. Acesso em: 02 de abril de 2021.

PAIVA, S. M. A. de. *et. al.* Nursing prenatal care for pregnant women who use alcohol. *Research, Society and Development, [S. l.]*, v. 10, n. 9, 2021. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/17717>. Acesso em: 29 de março de 2023.

PERRENOUD, P. *Construir as competências desde a escola*. Porto Alegre: Artmed Editora, 1999.

PERRENOUD, P. *Dez novas competências para ensinar*. Porto Alegre: Artmed Editora, 2000.

PERRENOUD, P. *Porquê construir competências a partir da escola?* Porto: Edições Asa. 2001.

PERRENOUD P. *Escola e cidadania: o papel da escola na formação para a democracia*. Porto Alegre: Artmed Editora, 2005.

PETERS, A. A. *et. al.* Gestantes em uso de substâncias psicoativas atendidas por enfermeiros na atenção primária à saúde. *Revista Eletrônica Saúde Mental Álcool e Drogas*, v. 16, n. 2, p. 66-74, 2020. Disponível em: <https://doi.org/10.11606/issn.1806-6976.smad.2020.166357>. Acesso em: 20 de março de 2023.

POPOVA, S. *et. al.* Estimation national, regional, and global prevalence alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and metanalysis. *The Lancet: global health*, v. 5, n. 3, p. 290-299, 2017.

PORTO, P. N. *et. al.* Acesso aos serviços de saúde: Fatores associados ao envolvimento de gestantes com drogas. *Revista Baiana de Enfermagem, [S. l.]*, v. 29, n. 4, p. 350-360, 2015. Disponível em: <https://periodicos.ufba.br/index.php/enfermagem/article/view/13832>. Acesso em: 20 de abril de 2021.

PORTO, P. N. *et. al.* Fatores associados ao envolvimento de gestantes com álcool e outras drogas. *Revista Eletrônica Acervo Saúde*, v. 11, n. 12, p. 1-8, 2019. Disponível em: <https://acervomais.com.br/index.php/saude/article/view/795/554>

PREFEITURA MUNICIPAL DE BASTOS. Projeto de Lei nº 46/16, de 11 de novembro de 2016. Dispõe sobre a criação dos cargos públicos que especifica e dá outras providências. 2016. Disponível em:

https://www.google.com/search?q=atribui%C3%A7%C3%B5es+dos+profissionais+do+caps&rlz=1C1ISCS_pt-PTBR998BR998&oq=at&aqs=chrome.0.69i59j69i64j69i57j69i59l2j69i60l3.1799j0j7&sourceid=chrome&ie=UTF-8

RAMOS, L. da L.; PEREIRA, A. C.; SILVA, M. A. D. da. Vídeo como ferramenta de ensino em cursos de saúde. *Journal of Health Informatics, Brasil*, v. 11, n. 2, 2019. Disponível em: <https://jhi.sbis.org.br/index.php/jhi-sbis/article/view/601>. Acesso em: 28 de julho de 2023.

ROCHA, P. C. *et. al.* Prevalência e fatores associados ao uso de drogas ilícitas em gestantes da coorte BRISA. *Caderno Saúde Pública, Rio de Janeiro*, v. 32, n. 1, 2016. Disponível em: <https://www.scielo.br/j/csp/a/wS3gjWCYsWnZPcGsZ5qr4qK/?lang=pt>. Acesso em: 20 de janeiro de 2020.

RODRIGUES JR, J. C. *et. al.* Construção de vídeo educativo para a promoção da saúde ocular em escolares. *Texto, Contexto e Enfermagem*, v. 26, n. 2, 2017.



ROSENSTOCK, K. I. V.; NEVES, M. J. Papel do enfermeiro da atenção básica de saúde na abordagem ao dependente de drogas em João Pessoa: PB, Brasil. *Revista brasileira de enfermagem*, Brasília, v. 63, n. 4, p. 581-586, agosto de 2010.

SANTANA, A. T.; OLIVEIRA, G. R. S. A.; BISPO, T. C. F. Mães do cárcere: vivências de gestantes frente à assistência no pré-natal. *Revista Baiana de Saúde Pública*, v. 40, n. 1, p. 38- 54, 2016.

SANTOS, F. M. Análise de conteúdo: a visão de Laurence Bardin. *Revista Eletrônica de Educação*. v. 1, n. 6, p. 383-387, 2012.

SANTOS, A. Contribuições para o processo de ensino-aprendizagem à distância: a utilização do vídeo como recurso didático. *Revista Expressão Científica*. v. 1, n. 1, p. 1-8, 2016.

SILVA, E. A. L.; AMPARO, G. K. S.; SANTOS, E. B. dos. A formação em enfermagem no ciclo gravídico-puerperal. *Revista de enfermagem UFPE*, Recife, v. 11, n. 12, p. 5139-5144, dezembro de 2017.

SIQUEIRA, E. F. G. Produção de cuidado de gestantes dependentes de drogas: um scoping review. Dissertação de Mestrado em Cuidado em Saúde: Escola de Enfermagem – Universidade de São Paulo – São Paulo, 2017.

SOMMER, R.; AMICK, T. Pesquisa-ação: ligando pesquisa à mudança organizacional. Brasília: UnB, 1984. Disponível em: <https://www.ufpe.br/gepec/exemplos/pesquisa-acao3.pdf>. Acesso em: 16 de julho de 2021.

SOUZA, D. M. O. *et. al.* Caracterização das gestantes de alto risco atendidas em um centro de atendimento à mulher e o papel do enfermeiro nesse período. *Revista Atenção à Saúde*, v. 16, n. 56, p. 54-62, 2018.

TAMASHIRO, E. M.; MILANEZ, H. M.; AZEVEDO, E. C. S. “Por causa do bebê”: redução do uso de drogas por gestantes. *Revista Brasileira Saúde Materno e Infantil*, Recife, v. 20, n. 1, p. 319-323, março de 2020. Disponível em: <https://www.scielo.br/j/rbsmi/a/ZtDq9FFk9nxjHYCt4mQnbyv/?lang=pt#>. Acesso em: 21 de março de 2021.

TAMASHIRO, E. M. Detecção e seguimento de gestantes usuárias de drogas psicoativas. Dissertação de mestrado – Universidade Estadual de Campinas – Faculdade de Ciências médicas. Campinas: SP, 2015.

TANNURE, M. C.; PINHEIRO, A. M. Sistematização da Assistência de Enfermagem: guia prático. 3^a ed. Rio de Janeiro: Guanabara Koogan, 2019.

TEIXEIRA, G. A. *et. al.* Sistematização da assistência de enfermagem à gestante usuária de drogas: consulta pré-natal na Atenção Básica. *Revista Paraninfo Digital*, v. 22, 2015. Disponível em: <http://www.index-f.com/para/n22/349.php>. Acesso em: 21 de abril de 2021.

TEIXEIRA, C. de C.; LUCENA, A. de F.; ECHER, I. C. Ações da equipe de saúde para gestantes e puérperas tabagistas. *Revista Latino-Americana de Enfermagem*, v. 22, n. 4, p. 621-628, 2014. Disponível em: <https://doi.org/10.1590/0104-1169.3361.2460>.

THIOLLENT, M. Metodologia da pesquisa-ação. São Paulo: Cortez, 2005.



TURNER, E. Drug use during pregnancy: the impact of maternal drug addiction on infants. Master degree thesis. Abilene: USA-ACU, 2018.

VALENTE, L. F. *et. al.* Políticas de saúde para gestantes usuárias de crack: resultados de sobral-CE. VIII Jornada Internacional Políticas Públicas. UFMA – São Luís: Maranhão, 2017. Disponível em: <http://www.joinpp.ufma.br/jornadas/joinpp2017/pdfs/eixo7/politicasdesaudeparagestantesusuariasdecrackresultadosdesobralce.pdf>

VARGAS, D. de; OLIVEIRA, M. A. F. de; DUARTE, F. A B. A inserção e as práticas do enfermeiro no contexto dos Centros de Atenção Psicossocial em Álcool e Drogas (CAPS AD) da cidade de São Paulo, Brasil. Revista Latino-Americana de Enfermagem, Ribeirão Preto, v. 19, n. 1, p. 115-122, fevereiro de 2011.

VASCONCELOS, M. R. *et. al.* Álcool e outras drogas na perspectiva da Política de redução de danos. Pretextos – Revista da Graduação em Psicologia da PUC Minas, v. 3, n. 5, junho de 2018. Disponível em: http://www.mpggo.mp.br/portal/arquivos/2018/07/09/10_29_09_646_Artigo_Alcool_e_OutrasDrogas_na_Perspectiva_da_Politica_de_Redu%C3%A7ao_de_Danos_2017.pdf. Acesso em: 30 de março de 2021.

WITT, R. R. Competências da enfermeira na atenção básica: Contribuição à construção das funções essenciais de saúde pública. 2005. Tese de Doutorado. Escola de Enfermagem da Universidade de São Paulo, Ribeirão Preto, 2005.

XAVIER, L. F. *et. al.* Cuidados de enfermagem prestados às gestantes usuárias de drogas lícitas/ilícitas. XXIII ENFERMAIO, UECE, 2019.



APPENDIX A – Student Interview Guide

Characterization of the participant:

Code: AC _____

Full Name: _____

Age: _____

Do you work in nursing? () Yes () No

How long? _____

Specify the area of expertise: _____

What period is in the nursing course? _____

Thematic dimensions:

1. In your experience as a nursing student, have you had the opportunity to accompany a pregnant woman who uses alcohol and drugs? () Yes () No

2. If so, in which clinical field of internship did this follow-up take place?

3. During your academic training, was the theme: "Nursing care for pregnant women who use alcohol and drugs" addressed? () Yes () No

Specify discipline: _____

Specify the type of approach: _____

4. Do you feel prepared to work with a pregnant woman who uses alcohol and drugs?

() Yes () No

Why? _____

5. In your opinion, what should nursing care be like for pregnant women who use alcohol and drugs?

6. For you, what are at least three specific nursing actions that nurses should develop to assist pregnant women who use alcohol and drugs?



7. Do you think it is interesting to have a learning tool to facilitate your understanding of the theme of primary nursing care for pregnant women who use alcohol and other drugs?

Yes No Which type? ____

8. Which learning tool do you identify as very facilitating for your understanding of this topic? (choose at least one type)

Video Text Handout Directed study Clinical case study

9. In your opinion, would a didactic video facilitate your learning about the topic?

Yes No Why?

10. What aspects do you think should be part of this video about primary nursing care for pregnant women who use alcohol and other drugs?



APPENDIX B – Script for the interview with professionals

Characterization of the participant:

Code. P _____

Full Name: _____

Age: _____

How long have you been working at CAPS AD? _____

Specify the area of expertise: _____

Do you act as a preceptor in teaching academics?

Yes No

Specify: _____ How
long? _____

Thematic dimensions:

1. In your professional practice, have you had any specific experience with pregnant women who use alcohol and other drugs?

Yes No

Specify: _____

2. Did you, during your academic training, have you the opportunity to acquire skills to work with pregnant women who use alcohol and other drugs?

Yes No

Specify how: _____

3. What are three basic conditions of how this pregnant woman should be cared for by health services?

4. What are three basic competencies that a health professional should have to work with these pregnant women?

5. Understanding that the training of health professionals involves interprofessional education, cite three actions that are considered to be specific to nurses in primary care for pregnant women who



use alcohol and other drugs.

.



APPENDIX C – Validation of the questionnaire for nursing students

You are being invited to participate in the research "Elaboration of an instructional video for nursing students, in primary care, about the care of pregnant women who use alcohol and other drugs".

This project consists of facilitating the learning of nursing students about adequate primary care for pregnant women who use alcohol and other drugs and producing didactic material in order to add scientific knowledge about this care. Thus, it aims to develop an instructional video about the appropriate primary care that nurses should provide to pregnant women who use alcohol and other drugs. The study investigates the facilitation of teaching for the acquisition of the reach of the competencies of nursing students in primary care, in order to better assist pregnant women who use alcohol and other drugs in the CAPS AD. Among other activities, it is intended to establish competencies, skills and attitudes for such care.

Their contribution is fundamental to the professional training of nurses. Their participation is voluntary and consists of answering a questionnaire structured to validate the interviews that will be conducted with nursing students.

The interview will take place in a single session. All material will be stored in digital files, but only the researcher and her advisor will have access to them. You are the one who decides whether or not you would like to participate in this study/research. If you decide to participate in this project, you must sign this Agreement and answer the questionnaire. Even if you decide to participate, you are still free to withdraw from the activities at any time without any justification. This will not affect their participation in other activities in any way and will not cause any harm to their relationship with the researcher, their workplace or the University.

We emphasize that this research will only be carried out with the consent of those involved and after the approval of the project by the Ethics Committee. If you have any questions or would like further information, please contact the Ethics Committee of the Faculty of Medicine of the Universidade Federal Fluminense (CEP FM/UFF), by e-mail or telephone, from Monday to Friday, from 8:00 a.m. to 5:00 p.m. etica.ret@id.uff.br Tel./fax: (21)26299189. The Research Ethics Committee is a collegiate body responsible for monitoring the actions of this project in relation to its participation, in order to protect the rights of the participants of this research and prevent possible risks.

Thank you for reading this information.

Given the explanations, do you think you are sufficiently informed about the research that will be carried out and freely agree to participate as a collaborator? Yes () No ()



1. Full name and age: _____

2. Course, institution in which you study and period in which you are studying for an undergraduate degree.

3. During your undergraduate studies, have you already taken one of these courses: Women's Health or Mental Health?

Yes () No () Which one(s) of these? _____

4. In your opinion, are the questions contained in the questionnaire read clear and easy to understand?

Yes () No ()

5. From 0 to 10, what grade would you give to this quiz? _____

6. Leave your Suggestions for this quiz:



APPENDIX D – Validation of the structured interview script for CAPS AD professionals

You are being invited to participate in the research "Elaboration of an instructional video for nursing students, in primary care, about the care of pregnant women who use alcohol and other drugs".

This project consists of facilitating the learning of nursing students about adequate primary care for pregnant women who use alcohol and other drugs and producing didactic material in order to add scientific knowledge about this care. Thus, it aims to develop an instructional video about the appropriate primary care that nurses should provide to pregnant women who use alcohol and other drugs. The study investigates the facilitation of teaching for the acquisition of the reach of the competencies of nursing students in primary care, in order to better assist pregnant women who use alcohol and other drugs in the CAPS AD. Among other activities, it is intended to establish competencies, skills and attitudes for such care.

Their contribution is fundamental to the professional training of nurses. Their participation is voluntary and consists of answering a questionnaire structured to validate the interviews that will be conducted with the professionals of the CAPS AD multiprofessional team.

The interview with these professionals will take place in a single session. All material will be stored in digital files, but only the researcher and her advisor will have access to them. The completion of this questionnaire will also occur only once and only the researcher and her advisor will have access to the information filled in.

You are the one who decides whether or not you would like to participate in this study/research. If you decide to participate in this project, you must agree to these Terms and then answer the questionnaire. Even if you decide to participate, you are still free to withdraw from the activities at any time without any justification. This will not affect their participation in other activities in any way and will not cause any harm to their relationship with the researcher, their workplace or the University.

We emphasize that this research will only be carried out with the consent of those involved and after the approval of the project by the Ethics Committee. If you have any questions or would like further information, please contact the Ethics Committee of the Faculty of Medicine of the Universidade Federal Fluminense (CEP FM/UFF), by e-mail or telephone, from Monday to Friday, from 8:00 a.m. to 5:00 p.m. etica.ret@id.uff.br Tel./fax: (21)26299189. The Research Ethics Committee is a collegiate body responsible for monitoring the actions of this project in relation to its participation, in order to protect the rights of the participants of this research and prevent possible risks.

Thank you for reading this information.



Given the explanations, do you think you are sufficiently informed about the research that will be carried out and freely agree to participate as a collaborator? Yes () No ()

3. Full name and age: _____

4. Area of operation: _____

5. During your professional experience, have you worked in the areas of women's health, primary care or mental health?

4. In your opinion, are the questions contained in the interview script read clear and easy to understand?

5. Do you consider the questions in the script to be appropriate for application to health professionals?

6. From 0 to 10, what grade would you give to the interview script you read?

7. Leave your suggestions for this interview script.



APPENDIX E – Free and Informed Consent Form (ICF) – Academics of CAPS AD nursing



INFORMED CONSENT FORM



INFORMATION FOR PARTICIPANTS (NURSING STUDENTS OF CAPS AD)

Title of the study protocol: *"Elaboration of an instructional video for nursing students in primary care about the care of pregnant women who use alcohol and other drugs"*

Student researcher: Mariane Alves Corrêa Bittencourt – marianebittencourt203@gmail.com – Cell.: (22)997074193

Lecturer in charge: Helen Campos Ferreira – helenferreira@id.uff.br – Cell.: (21) 996280921

Proposing institution/department: Professional Master's Degree in Health Education (MPES) /EEAAC/UFF

You are being invited to participate in the research *"Elaboration of an instructional video for nursing students, in primary care, about the care of pregnant women who use alcohol and other drugs"*. Before deciding whether to participate, it is important that you understand why the study is being done and what it will involve. Please take the time to carefully read the following information, and ask questions if something is unclear or if you want more information. Don't be in a hurry to decide whether or not you want to participate in this survey.

This project consists of facilitating the learning of nursing students about adequate primary care for pregnant women who use alcohol and other drugs and producing didactic material in order to add scientific knowledge about this care. Thus, it aims to develop an instructional video about the appropriate primary care that nurses should provide to pregnant women who use alcohol and other drugs. The study investigates the facilitation of teaching for the acquisition of the reach of the competencies of nursing students in primary care, in order to better assist pregnant women who use alcohol and other drugs in the CAPS AD. Among other activities, it is intended to establish competencies, skills and attitudes for such care.

You were chosen because you are in the clinical field of internship of the Undergraduate Nursing Course and need to acquire skills to provide care to pregnant women at CAPS AD, under the guidance of preceptors and supervision of professors. Thus, their contribution is fundamental to the professional training of nurses. Their participation is voluntary and consists of answering a structured interview with



the researcher. She will schedule a place and time of her preference, without prejudice to her internship, which can even be at the teaching unit or at the health unit, in a reserved environment, without personal exposure in order to preserve her identity and the confidentiality of the information. The interview will be developed in a single session, with a maximum duration of fifteen minutes, will be recorded on an MP4 mobile device and subsequent transcription, according to your consent, maintaining fidelity and availability to listen to the recordings of your speeches at any time during the research. Your participation will not incur any additional costs, there will be no form of payment for your participation and, also, there will be no expenses with the realization of the instructional video. Due to the COVID-19 Pandemic, protective measures will be maintained. All material will be stored in digital files, but only the researcher and her advisor will have access to them.

When participating in the research, the risks dimensioned in it include exposure to minimal risks, whether physical, psychological, economic or social, and all the principles necessary to preserve its integrity will be adopted by the researchers. That is, you may feel embarrassed when answering the questions. Thus, the interview will be conducted by the researcher, seeking to minimize as much as possible the possible discomforts related to this practice. If this happens, you have the right to interrupt your participation without any prejudice, or suggest breaks, in order to ensure that you feel comfortable as a participant in the research and, if necessary, you will receive the assistance that is appropriate, free of charge, for as long as necessary by the multidisciplinary team of the CNPq Research Group: Communication and Information Technology in Teaching Processes and Health (psychologists, nurses, educators).

After the collection of the testimonies, all content will be transcribed for data analysis and stored for five years. All material will be stored in digital files, but only the researcher and her advisor will have access to them.

Regarding the risks related to the possible security weaknesses of the recording and storage of their testimonies and the possibility of breach of confidentiality of the information obtained and use of the data, the responsible researcher will download all the material to a local and unique electronic device.

Participant's Rubric: _____

Researcher's Rubric: _____

And, as a protective measure, the researcher will group the testimonies in a single folder/file with a password without sharing in a drive by the researchers. The data will receive the expected encoding, making it impossible for third parties to view it.

Their participation will have a direct benefit, related to collaboration, which will favor



improvement in education with significant strategies applied to learning, will contribute to expanding scientific knowledge in the area of nursing education in the area of mental health, in addition to generating information that will allow reflection on issues involving health education activities, training of professionals and health care related to pregnant women who use alcohol and other drugs.

The information obtained through this research will be confidential and we ensure the confidentiality of your participation. The data will not be disclosed in such a way as to enable their identification, they will be later archived and their name will not be disclosed, only the answers will be analyzed for the composition of this study and their testimonies will be coded as: Nursing Student AC (1); Nursing student AC (2) and so on.

You are the one who decides whether or not you would like to participate in this study/research. If you decide to participate in this project, you must sign this Term and you will receive a copy signed by the researcher, which you must keep. Even if you decide to participate, you are still free to withdraw from the activities at any time without any justification. This will not affect their participation in other activities in any way and will not cause any harm to their relationship with the researcher, their workplace or the University.

We emphasize that this research will only be carried out with the consent of those involved and after the approval of the project by the Ethics Committee. If you have any questions or would like further information, please contact the Ethics Committee of the Faculty of Medicine of the Universidade Federal Fluminense (CEP FM/UFF), by e-mail or telephone, from Monday to Friday, from 8:00 a.m. to 5:00 p.m.: E-mail: etica.ret@id.uff.br Tel./fax: (21)26299189. The Research Ethics Committee is a collegiate body responsible for monitoring the actions of this project in relation to its participation, in order to protect the rights of the participants of this research and prevent possible risks.

Thank you for reading this information.

If you wish to participate in this study, please sign this Informed Consent Form and return it to the researcher. You should keep a copy of this document for your own warranty.

I _____, I declare that I have been informed and agree to be a participant in the research project described above. It was clear to me what the purposes of the study are, the procedures to be performed, its discomforts and risks, the guarantees of confidentiality and permanent clarifications. It was also made clear that my participation is free of charge. I voluntarily agree to participate in this study and will be able to withdraw my consent at any time, before or during it, without penalty or prejudice to me.



Research Participant Signature: _____


Mariane Alves Corrêa Bittencourt

Researcher's signature:

Niterói, _____



APPENDIX F – Free and Informed Consent Form (ICF) – Professionals of the CAPS AD



INFORMED CONSENT FORM



INFORMATION FOR PARTICIPANTS (CAPS AD PROFESSIONALS)

Title of the study protocol: *"Elaboration of an instructional video for nursing students in primary care about the care of pregnant women who use alcohol and other drugs"*.

Student researcher: Mariane Alves Corrêa Bittencourt – marianebittencourt203@gmail.com – Cell.: (22)997074193

Lecturer in charge: Helen Campos Ferreira – helenferreira@id.uff.br – Cell.: (21) 996280921

Proposing institution/department: Professional Master's Degree in Health Education (MPES) /EEAAC/UFF

You are being invited to participate in the research *"Elaboration of an instructional video for nursing students, in primary care, about the care of pregnant women who use alcohol and other drugs"*. Before deciding whether to participate, it is important that you understand why the study is being done and what it will involve. Please take the time to carefully read the following information, and ask questions if something is unclear or if you want more information. Don't be in a hurry to decide whether or not you want to participate in this survey.

This project consists of facilitating the learning of nursing students about adequate primary care for pregnant women who use alcohol and other drugs and producing didactic material in order to add scientific knowledge about this care. Thus, it aims to develop an instructional video about the appropriate primary care that nurses should provide to pregnant women who use alcohol and other drugs. The study investigates the facilitation of teaching for the acquisition of the reach of the competencies of nursing students in primary care, in order to better assist pregnant women who use alcohol and other drugs in the CAPS AD. Among other activities, it is intended to establish competencies, skills and attitudes for such care.

You were chosen because you have professional experience in the care of these pregnant women at CAPS AD, making it possible to contribute to the professional training of nurses. Their participation is voluntary and consists of answering a structured interview with the researcher. She will schedule a place and time of her choice, without prejudice to her work, which can even be at the health



unit, in a reserved environment, without personal exposure in order to preserve her identity and the confidentiality of the information. The interview will be developed in a single session, with a maximum duration of fifteen minutes, will be recorded on an MP4 mobile device and subsequent transcription, according to your consent, maintaining fidelity and availability to listen to the recordings of your speeches at any time during the research. Your participation will not incur any additional costs, there will be no form of payment for your participation and, also, there will be no expenses with the realization of the instructional video. Due to the COVID-19 Pandemic, protective measures will be maintained. All material will be stored in digital files, but only the researcher and her advisor will have access to them.

When participating in the research, the risks dimensioned in it include exposure to minimal risks, whether physical, psychological, economic or social, and all the principles necessary to preserve its integrity will be adopted by the researchers. That is, you may feel embarrassed when answering the questions. Thus, the interview will be conducted by the researcher, seeking to minimize as much as possible the possible discomfort related to this practice. If this happens, you have the right to interrupt your participation without any prejudice, or suggest breaks, in order to ensure that you feel comfortable as a participant in the research and, if necessary, you will receive the assistance that is appropriate, free of charge, for as long as necessary by the multidisciplinary team of the CNPq Research Group: Communication and Information Technology in Teaching Processes and Health (psychologists, nurses, educators).

After the collection of the testimonies, all content will be transcribed for data analysis and stored for five years. All material will be stored in digital files, but only the researcher and her advisor will have access to them.

Regarding the risks related to the possible security weaknesses of the recording and storage of their testimonies and the possibility of breach of confidentiality of the information obtained and use of the data, the responsible researcher will download all the material to a local and unique electronic device.

Participant's Rubric: _____

Researcher's Rubric: _____

And, as a protective measure, the researcher will group the testimonies in a single folder/file with a password without sharing in a drive by the researchers. The data will receive the expected encoding, making it impossible for third parties to view it.

Your participation will not have a direct benefit to you, however, the benefit related to your collaboration in this research is to contribute to expand scientific knowledge in the area of health



education, in addition to generating information that will allow you to reflect on issues involving health education activities, training of professionals and health care related to pregnant women who use alcohol and other drugs.

The information obtained through this research will be confidential and we ensure the confidentiality of your participation. The data will not be disclosed in such a way as to enable their identification, they will be later archived and their name will not be disclosed, only the answers will be analyzed for the composition of this study and their testimonies will be coded as: Professional (1); Professional (2) and so on.

You are the one who decides whether or not you would like to participate in this study/research. If you decide to participate in this project, you must sign this Term and you will receive a copy signed by the researcher, which you must keep. Even if you decide to participate, you are still free to withdraw from the activities at any time without any justification. This will not affect their participation in other activities in any way and will not cause any harm to their relationship with the researcher, their workplace or the University.

We emphasize that this research will only be carried out with the consent of those involved and after the approval of the project by the Ethics Committee. If you have any questions or would like further information, please contact the Ethics Committee of the Faculty of Medicine of the Universidade Federal Fluminense (CEP FM/UFF), by e-mail or telephone, from Monday to Friday, from 8:00 a.m. to 5:00 p.m.: E-mail: etica.ret@id.uff.br Tel./fax: (21)26299189. The Research Ethics Committee is a collegiate body responsible for monitoring the actions of this project in relation to its participation, in order to protect the rights of the participants of this research and prevent possible risks.

Thank you for reading this information.

If you wish to participate in this study, please sign this Informed Consent Form and return it to the researcher. You should keep a copy of this document for your own warranty.

I, ___ It was clear to me what the purposes of the study are, the procedures to be performed, its discomforts and risks, the guarantees of confidentiality and permanent clarifications. It was also made clear that my participation is free of charge. I voluntarily agree to participate in this study and will be able to withdraw my consent at any time, before or during it, without penalty or prejudice to me.

Research Participant Signature: _____



Mariane Alves Corrêa Bittencourt
Mariane Alves Corrêa Bittencourt

Researcher's signature:

Niterói, _____