

Nursing Education as a Tool for the Transformation of Motherhood

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Health is an essential resource for the development of life, which is why human beings in their daily lives affect their health condition in one way or another; If this paradigm is analyzed from the vision of the World Health Organization (WHO) [1] that defines health as “a state of complete physical, mental and social well-being, and not only the absence of diseases or illnesses”, It will denote how it is present in each of the actions and decisions carried out by individuals, which is why it is considered a basic and fundamental human right for the socioeconomic progress of people [2].

This right becomes imperative if it is studied in the population of pregnant women, who play a fundamental role in the continuity of life, who despite this, live in a continuous state of vulnerability due to the assigned gender roles and the affectations that these carry, being clearly represented when observing WHO figures [3] in which around 830 pregnant women die every day from complications in pregnancy, childbirth and the puerperium, being for the year 2015 a total of 303,000 deaths of women in pregnancy, placing 99% of these deaths in developing countries, which adds to the problem the difference in conditions between poor and rich, denoting that many of the obstetric complications could have been preventable or treatable [4].

This panorama of vulnerability is not indifferent in the region, Latin America and the Caribbean [5] is the second region in the world with the highest fertility rate in adolescents, adding a risk factor to the situation, also if it is in condition economically disadvantaged there is up to a 50% probability of death, fetal, perinatal and maternal disability. One of the strategies to avoid maternal mortality is prenatal control (PNC), being actions that monitor the evolution during pregnancy to detect risks, prevent complications, prepare women for pregnancy, and upbringing; But these hardly achieve their goal in low-income countries where only 40% of pregnant women performed quality PNCs [3].

The panorama in Colombia is not very different from that of the region, evidencing 94% of enrollment in the NPC [6], despite this, a ratio of 51 maternal deaths per 100,000 live births is registered for the year 2017, it is highlighted that It has a tendency to decrease this scourge but continues to be far from the goal of 2030 of less than 32 deaths per 100,000 live births [7]. The data mentioned above prompts us to analyze why the goals are not achieved.

in terms of reducing maternal mortality, which shows the need for a change in the traditional biomedical care model towards a dynamic model of health promotion and disease prevention in which aspects beyond the physical alone are taken into account [1,2].

In relation to the above, it is worth mentioning that health care has forgotten the individual as a social being with potentialities and needs, which has relegated to a second place the social determinants that build health [8,9]; One of these relegated aspects has been health education adjusted to the reality of maternity, it is there where social pedagogy can be used as a transforming tool of motherhood, since it creates educational processes and practices in non-formal contexts that seek the both individual and social development, for prevention, action and rehabilitation through promotion, participation and empowerment interventions that hold and empower each individual in their own physical, environmental and social health [2,10].

The WHO [4] had already highlighted the fundamental role of health education for the improvement of maternal and neonatal health, and it also highlighted the need to cover broad aspects such as intrapersonal, interpersonal, institutional, community and public health, factors susceptible to intervene through social health education [11].

Two unknowns are generated in light of the above, who and at what times should this education be provided; Faced with the second question, it is possible to bring up the NPCs again, which are an ideal time to recruit pregnant women and which has proven to be a cost-effective strategy with the potential to prevent maternal mortality [6,12], despite this, it continues to be done within a traditional biomedical model which is classified as determining physical health conditions, often omitting their social condition, despite the fact that it has been shown that women who attend CPN are affected by their adherence, recruitment and quality by the social determinants of health, in addition, value the empathy, humanism and communication of health personnel above factors such as infrastructure, location and hours of care [6].

It is precisely this last premise that leads us to answer the question of who should provide health education for pregnant women. In the first instance, it is the responsibility of all health personnel to educate for the improvement of health and quality of life, but it is the nursing professional who has continuous contact with pregnant women during in-hospital and out-of-hospital care during the development of their [13], which provides a patient-nursing relationship with excellent opportunities to provide education, as well as assess learning and understanding within health care.

But this educational process must take place in structured nursing programs that increase the probability of impacting the quality of life of pregnant women [13], within the objectives to be achieved, the identification of needs must be taken into account, conscious motivations and attitudes of the person to educate to create skills such as self-efficacy, empowerment and decision-making [14,15]; also take into account in the training of the professional competencies to strengthen the theoretical bases and the role to be played as an educator [16].

When talking about the educational role of the nursing professional, it is not far from the theoretical bases of this discipline, where there are approaches such as the Health Promotion Model of Nola J. Pender [17] that expresses the aspects that intervene in the behavior modification to achieve a desired state of health (takes into account factors such as cognition, perception, psychological and sociocultural); Dorothea Orem with her Self-Care Deficit Theory [18] where she defines this concept as reasoned, intentional and learned actions for the control of health; just to mention some of the disciplinary bases that support the nursing educator role.

As a conclusion of this analysis, it is evident the need to implement novel intervention strategies that impact the process of pregnancy, childbirth, puerperium and the newborn itself, where the family and especially the mother exerts an influence on personal, academic adaptation. and social of the future child, for example the integration of healthy habits [1-14]; This type of intervention also responds to the objectives of sustainable development to guarantee healthy life, education and empowerment for women and girls [19] and it is the nursing professional who can exercise this role in the development of their care activities.

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