BELIEFS AND PRACTICES OF CULTURAL CARE OF WOMEN WITH SEVERE MATERNAL MORBIDITY

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Dedication

God for allowing this project to end academic and investigative.

To my mother; Nidia Vertel, who led me in the art of care.

To my father; Francisco Hoyos, with his example, dedication, effort, love, tolerance and discipline, made me a successful man of character.

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Abstract

The present study aimed to describe the beliefs and practices of cultural care in women who had major causes of severe maternal morbidity, not in the prenatal control and attended at an institution of III level of health care in the city of Medellín. It was a research of a qualitative, ethnographic type, a method used was the ethno-infertility proposed by Leininger, the sample composed of 17 women with severe maternal morbidity, not in control of prenatal, who were interviewed several times until data saturation was achieved; Then, they were collected and analyzed through the ethnographic analysis proposed by Spradley. Results: 5 general themes and 2 taxonomies were found. The study concluded that women with severe maternal morbidity, unresponsive to prenatal care, have their own modes of care for themselves and the unborn child when they are ill, because access to maternal health services is deficient. Similarly, the nursing care offered to these women should be based on the knowledge of cross-cultural nursing proposed by Leininger.
Keywords: Nursing, ethno-nursing, care, cultural care, severe maternal morbidity

Resumen

El presente estudio tuvo como objetivo describir las creencias y prácticas de cuidado desde lo cultural en mujeres que tuvieron causas principales de morbilidad materna extrema, inasistentes al control prenatal y atendidas en una institución de III nivel de atención en salud de la ciudad de Medellín. Fue una investigación de tipo cualitativo, etnográfico, método utilizado fue la etnoenfermería propuesto por Leininger, la muestra compuesta por 17 mujeres con morbilidad materna extrema, inasistentes a control prenatal, éstas fueron entrevistadas varias veces hasta lograr la saturación de datos; luego, se recolectaron y analizaron mediante el análisis etnográfico propuesto por Spradley. Resultados: Se encontró 5 temas generales y 2 taxonomías. El estudio concluyó que la mujer con morbilidad materna extrema, inasistente al control prenatal tiene sus propios modos de cuidado a sí misma y al hijo por nacer cuando está enferma, porque el acceso a los servicios en salud materna es deficiente. De igual forma, el cuidado de enfermería que se ofrece a estas mujeres debe hacerse con base al conocimiento de la enfermería transcultural propuesto por Leininger.

Palabras claves: Enfermería, etnoenfermería, cuidado, cuidado cultural, morbilidad materna extrema.

Resumo

Este estudo de pesquisa teve como objetivo descrever as crenças e práticas de cuidado desde a cultura em mulheres que tiveram causas principais de mobilidade materna extrema, desacompanhada de controle pré-natal e atendidas em uma instituição de III nível de atenção em saúde da cidade de Medellín. Foi uma pesquisa de tipo qualitativo, etnográfico onde método utilizado foi a etnoenfermaria proposto por Leininger, a amostra composta por 17 mulheres com mobilidade materna extrema, desacompanhadas de controle pré-natal, estas foram entrevistadas várias vezes até a saturação de dados; depois foram coletados e analisados mediante à analise etnográfico proposta por Spradley. Resultados: Foram encontrados 5 temas gerais e 2 taxonomias. O estudo concluiu que a mulher com mobilidade materna extrema com controle pré-natal inexistente tem suas próprias maneiras de cuidar de si e o filho por nascer quando ela está doente, porque o acesso a serviços de saúde materna é deficiente. Da mesma forma, cuidados de enfermagem que é oferecido a estas mulheres deve fazer com base no conhecimento da enfermagem transcultural proposto por Leininger.

Palavras-chave: Enfermagem, etnoenfermagem, Cuidado cultural, morbidade materna extrema.

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Introduction

Severe maternal morbidity is a complication that occurs in childbirth and puerperium pregnancy and that puts the life of the woman and the unborn child at risk (1). This event has a greater incidence than that of maternal mortality, presenting a ratio of 1 in 10, many of these cases are due to the lack of accessibility to the maternal health service, which justifies the absence of prenatal programs in scattered places of Colombia, taking into account that women carry out their own care practices and have their own beliefs.

Knowing these beliefs and care practices of this population group can be achieved with the reference of the theory of the universality and diversity of cultural care of Madeleine Leininger, who has defined transcultural nursing as a main area of nursing that focuses on the study comparative and analysis of the different cultures and subcultures of the world with respect to values on care, expression, health beliefs, disease and care practices, whose purpose is to conceive a scientific and humanistic knowledge to provide a practice of specific nursing care for culture and / or a practice of universal nursing care for culture (2).

Based on Leininger's theory of the universality and diversity of cultural care, the present study was proposed on the beliefs and practices of cultural care of pregnant women with major causes of severe maternal morbidity and lack of prenatal control, in order to provide to culturally congruent care in this group.

The concept of severe maternal morbidity is versatile and the easy identification of the cases and the possibility of interviewing the survivors (3), reinforce the value of studying

this phenomenon, strengthening the discipline, when developing care plans based on what was proposed by Leininger, which guides the nursing professional in the planning and implementation of action plans and policies in maternal and child health, strengthening local efforts and thus reduce maternal mortality.

Under this perspective emerged the present investigation, then the development and description of the problem area, the objective of the research, its justification, concepts, theoretical-conceptual framework, design framework with its ethical aspects, the analysis of the data obtained and their respective findings, conclusions and recommendations.

1.Chapter: Referential framework

1.1 Description of the Problem Area

The severe maternal morbidity SMM, According to the Latin American Federation of Societies of Obstetrics and Gynecology, FLASOG (1) is a complication that occurred during pregnancy, childbirth and puerperium. W. Stones (4) in 1991 used the term "near miss" to define the complications that potentially threaten the life of the pregnant woman.

Some European countries have different systems and means to identify and monitor severe maternal morbidity and act quickly and in a timely manner in their prevention, detection and treatment. Scotland developed a system to identify severe maternal morbidity (5); in England there is a system of obstetric surveillance (6), Canada promotes the Canadian maternal morbidity and mortality surveillance nation wide (7), in eastern Africa the network for the maternal morbidity audit was implemented (8), Nigeria led and advanced in the implementation of a national surveillance system; in Australia (9) the surveillance process is based on the identification of mothers with potential threats to their lives.

Since 2006, the Latin American Federation of Societies of Gynecology and Obstetrics, FLASOG, with the support of the World Health Organization-WHO, thePan American Health Organization-PAHO and the Latin American Center for Perinatología-CLAP, has been promoting the initiative of monitoring events that potentially threaten the life of pregnant women in the Americas, for which it stimulated consensus meetings that allowed establishing the name of the event as severe maternal morbidity (10).

Different studies (11-18) suggest arterial hypertension, preclamsia, and eclampsia, alteration of coagulation factors, gestational diabetes, obstructed and prolonged labor, severe hemorrhage, septicemia and severe anemia as the main causes of severe maternal morbidity.

The WHO in 2008 (19), conducted an investigation, in 19 Latin American hospitals, in order to characterize the severely severe maternal morbidity in institutions of greater influx of pregnant women in Latin America, finding that cases were 11 times more frequent than of maternal mortality.

WHO and the World Bank have considered maternal mortality as the ultimate expression of social injustice (20). According to WHO in 1990 there were 585,000 maternal deaths. In 2003 the WHO, expressed that 20 million women presented obstetric complications, of which 529,000 died (21), in 2013, they were notified 389,000 deaths (22), for 2015 the figure fell to 303,000 maternal deaths. (23)

Maternal mortality worldwide, showed in 2015 that countries from developed regions had the lowest MMR maternal mortality ratio of 11 to 14 x 100,000 live births (nv.); while countries in Central and Western Africa report high maternal mortality ratios of 567 to 717 x 100,000 (nv), (23).

In the Americas, the contrast is evident when comparing the Maternal Mortality Ratio of North American countries, which present figures below 12 deaths per 100,000 live births (nv), with that of Latin America and the Caribbean, which in that same year recorded, respectively, 67 deaths x 100,000 (nv). The World Bank points to Uruguay, Chile as the two countries with the lowest maternal mortality ratio in Latin America. In 2015, these

countries registered 15 and 22 maternal deaths x 100,000 (nv). Haiti, Guyana and Suriname are located at the other end with 359, 229, and 155 maternal deaths x 100,000 (nv) (23)

The ratio of maternal mortality in Colombia for 2015 was 64 x 100,000 (nv).(23). However for the period of 1998 - 2011 according to the National Department of Statistics DANE, was 78.2 per 100,000 (nv), (24), Guainía was the department with the highest ratio of maternal mortality in 2009 which was 351 x 100,000 (nv), (25) followed by the departments of Chocó with 285 x 1000,000 (nv), Amazonas with 251 x 100,000 (nv), (25). The maternal mortality ratio in the department of Antioquia in 2015 was 79.50 cases x 100,000 (nv), and in Medellín and metropolitan area it was 58 cases x 100,000 (nv). (26)

According to the maternal mortality ratio (MMR), the national average preliminary to epidemiological week 52 of 2016, according to the National Institute of Health, is 49 per 100,000 live births, 6 departments and 1 municipality have MMR above 100 deaths per 100,000 live births; Vaupés with 481.9, Guainía with 332.8, Vichada with 283, La Guajira with 218.1, Choco with 162.6, Nariño with 125.6 and Buenaventura with 108.5 cases per 100,000 live births. (27)

According to the place of residence, in relation to the same epidemiological week of 2014, case notification has increased in Vaupés with 100%, Vichada with 50%, Caldas with 50%, Amazonas with 50%, Meta with 44%, Huila with 40%, Arauca with 33%, Valle with 32%, Magdalena with 27%, Tolima with 23%, Antioquia with 21%, Bogotá with 18.4%, Barranquilla with 18.1 % and Bolívar with 18.1%. The territorial entities that have presented decrease in the notification in relation to the year 2014 are Casanare, Quindío,

Guainía, Cesar, Risaralda, Atlántico, Santa Marta, Santander, Choco, Sucre, Norte de Santander, Cauca, Guajira, Córdoba, Cundinamarca, Putumayo, Cartagena, Caquetá and Nariño; In contrast, Guaviare has not registered cases of early maternal deaths until week 52 of 2016. (27)

Severe maternal morbidity occurs more frequently than maternal mortality, which allows an analysis on a larger number of cases and favors a more detailed quantification of risk factors and social and cultural determinants of health, than that obtained by analyzing a relatively small number of maternal deaths (28).

According to the National Institute of Health (2014), the determining factors in health, which influence a woman to develop severe maternal morbidity can be related to the social, cultural context, and among them stand out the state of economic, educational, legal inferiority or family, and those related to their health status, as well as the access and quality of health services for maternal care and family planning (28).

The quality of the care of the pregnant woman and her unborn child is important in the outcome; either positive or negative, which is why we must detect complications early, have quality care, recognize the warning signs: Jabir, Abdul-Salam, Suheil, Al-Hilli, Abul-Hassan, Souza (29), Roopa and Verma (30), Rodríguez, Palma-Solís, and Zapata-Vázquez (31).

There are other studies that confirm that attendance at the prenatal program is a protective factor for the detection of severe maternal morbidity and concomitantly in this way maternal mortality is reduced; Cáceres 2009, (32) concluded that prenatal control is the recommended strategy to detect risks early. Lasso in 2012, (33) recommended intervening

in the determinants of health, so that women have adherence to prenatal control, Munares in 2013, (34) concluded that having work permits reduces the probability of abandonment of prenatal care, and Rodríguez et al. (35), found that the difficulty for payment of transportation is the main barrier of access, to prenatal control. Choudhury and Ahmed (36), explored maternity care practices in poor women in Bangladesh and found that women consider pregnancy a normal event, unless complications arise, financial limitations along with traditional beliefs and rituals were impediments to seek professional help.

The prenatal control is undoubtedly the relevant process for early detection of alterations in pregnancy, and the unborn child, since it is a time of greater vulnerability of women, which must require specific and quality care, to improve their quality of life and its impact throughout this.

In the department of Antioquia, according to the National Survey of Demography and Health ENDS Profamilia (2015), assistance was reported for prenatal care of 94.1%, and of this 88.4% of controls were attended by Physicians, 5.4% Nurses Professionals, 0.6% midwives, 0.3% nursing assistants and 5.4% did not attend prenatal care (26).

For Medellin, the Survey reported prenatal care attendance of 99.8% of which 97.3% were performed by the Physician, and 2.5% by the Professional Nurse, and 0.2% did not receive prenatal check-ups. When comparing Antioquia and Medellin, it was observed that there is greater assistance to prenatal control, in its capital than in the other municipalities (26).

This absence of prenatal control, in the case of Antioquia of 5.4%, and the negative rate of 0.2% of absenteeism in the city of Medellín (26), prevented early detection of severe maternal morbidity in pregnant women who do not attend prenatal care and do Assume that these women have their own ways of taking care of themselves from their own culture.

Leininger in his theory of the Universality and Diversity of Cultural Care states that in several of his direct observations and experiences in people of diverse cultures, with a variety of health conditions, he found that the mode of human care was important for the recovery of a disease, the maintenance of health and well-being and that people naturally have their own ways of taking care of themselves, so she challenged nurses to discover the specific and holistic care used by different cultures over time and in different contexts (37).

With the above purposes, cultural research was found in pregnant women who have experienced situations of illness, related to major causes of severe maternal morbidity such as diabetes and preeclampsia, where reference was made to beliefs and practices that they used, the women in the studies, for your care and that of your unborn child.

Guerra and Vásquez (38), found that diabetic pregnant women consider health as a value, as something positive; Benavente, Guerra and Mendoza (39), discovered the meaning of health and illness for a group of diabetic adolescents, finding that having health means being calm.

Álvarez and Espitia (40), described the perception of nursing care in pregnant women with preeclampsia, finding that 95% of pregnant women perceived that the nursing staff

demonstrated knowledge and skills in the therapeutic care that I provide against preeclampsia.

Laza and Pulido (41), described the experience of the woman with preeclampsia, finding that this experience generated fear and anguish. Pérez and Muñoz (42), described the meaning that a group of puerperal women assigned to preeclampsia, finding that they trust in being healthy and react to the diagnosis with fear of the risk of dying she and her son. Laza and Castiblanco (43) described the perception of preeclampsia, finding that women who suffered the disease for the first time perceived it "unexpectedly and without warning"; for those who had suffered, they waited with resignation and anguish. Noguera and Muñoz (44), described the meanings of having preeclampsia for a group of pregnant women, finding that feelings such as uncertainty, fear, nerves and anxiety are generated, secondary to not knowing what will happen to their health and the health of the child to be born.

Laza and Pulido (45), described the experiences of severe preeclampsia, finding that the relationship with God became a strength and companionship in moments of loneliness, uncertainty and fear in the face of the danger that the disease implied. Pérez and Prieto (46), detected the care needs perceived by pregnant women diagnosed with preeclampsia, finding that they require strict care in the management of four basic needs: physiological, safety, love and belonging, and self-realization.

With the aforementioned, it is evident that the studies addressed the classification and causes of severe maternal morbidity, the importance of the quality of care for pregnant women with severe maternal morbidity, delays in care and seeking help, early detection of

severe maternal morbidity, prenatal control as a protective factor of severe maternal morbidity, the size and presence of cultural factors such as beliefs and practices used by pregnant women with some disease situation related to severe maternal morbidity.

Studies on cultural care beliefs and practices in women who had major causes of severe maternal morbidity and who were not in control of prenatal care were not found, so the need for this study arises.

1.2 Statement of the problem

What are the beliefs and practices of cultural care in women who had major causes of severe maternal morbidity, who are not in control of prenatal care and who are treated in a health hospital of the city of Medellin Colombia?

1.3 Justification

1.3.1 Theorist significance

The importance of this type of studies for the theory, is that it unravels the complex, hidden and unknown dimensions, from the points of view of the people, such as human care, welfare, health, and environmental factors that influence the behavior of these. (2)

This allows to understand the phenomenon to be investigated, to take the theory to inquire about the beliefs and practices of cultural care that women have with major causes of severe maternal morbidity and to generate new knowledge, which allows to discover and understand health and predict healthy conditions and not healthy. (2)

Leininger referred to culturally congruent care as: knowledge, acts and decisions of cultural care based on and used in sensitive and recognizable ways to appropriately and meaningfully adjust the values, beliefs and lifestyles of patients for their health and well-being, or to prevent illness, disability or death. (2)

Knowing the beliefs of cultural care practices of women with major causes of severe maternal morbidity allows us to better understand their culture, the origin of these and their behavioral patterns and that are transmitted intergenerationally.

This research suggests to include in the training of nursing students the theoretical orientation with a transcultural approach and thus contribute to offer better assistance services to pregnant women from primary health care.

This type of studies allows to reaffirm the validity of the theory in the field of maternal and perinatal health, and reaffirm the universality of this theoretical proposal. In the same way, this study contributes to the strengthening of the Perinatal Maternal Care research line from the transcultural nursing of the School/Faculty of Nursing of the National University of Colombia.

1.3.2 Disciplinary significance

Knowledge of the specific cultural values, beliefs and lifestyles of human beings within their life experiences is important, on the one hand, because it allowed generating new knowledge, and on the other, strengthening the existing one, as a source of new knowledge for Nursing and health practices. This allowed to contribute to the construction of a care culturally consistent with this population, to promote health and well-being, to prevent risk factors, and to contribute to the rehabilitation process and sequelae.

Nursing was seen as a unique profession of care to serve the worldview of others. It is influenced by ethnohistory, culture, social structures, and environmental factors in different geographical areas and by the different needs of the people. Nursing is a dynamic field of study and practice that takes into account culture, religion, social change and multiple factors that influence health and well-being. It is a profession with disciplinary knowledge to help people be sick or healthy, with their diverse care needs. (2)

This leads to thinking that the research process should be encouraged, so that future nursing professionals can understand and understand the meaning of the beliefs and care practices that these women have, offering a culturally consistent care, and that in many cases are not revealed to Nurses, and other health professionals, likewise, emphasize that the development of research processes applying nursing theories and models, strengthens the discipline.

With the identification of the beliefs and care practices that pregnant women perform for themselves and their unborn children, a humanized, holistic and coherent nursing care will be provided starting from an effective and timely interaction based on the knowledge of their culture and from the environment where he develops as a human being, applying Leininger's modes of action such as maintenance, negotiation and restructuring.

1.3.3 Social significance

Knowing the beliefs and practices of cultural care, allows us to understand those factors of the social structure, which influence the expressions and meanings around care and have a holistic vision in conjunction with women who take care of themselves and their children To be born.

This research provides knowledge to think about working towards a culturally congruent care and a subsequent negotiation for its implementation, based on ethical and ethical knowledge, negotiating said knowledge, within the social and cultural structure where these women relate and live.

It also contributes to the orientation of perinatal maternal health services, from the cultural aspect with a focus on primary health care, and from recruitment of pregnant women to prenatal care, and taking into account the criteria for obtaining institutional accreditation and accreditation of healthcare centers.

The women who participated in the research come from rural and urban areas of municipalities of Antioquia, Córdoba, south of Bolívar, (Magdalena Medio) Santander, Boyacá, Choco and Caldas, and from areas where women from different regions and cultures converge, with difficulties in accessing health services, which is of great importance to know their beliefs and practices of cultural care, as references to generate new recruitment strategies through health promoters in the first level of health care, in communities and therefore new methodologies and policies for maternal health care (47).

1.4 Objective

To describe the beliefs and practices of cultural care in women who had major causes of severe maternal morbidity, who were not in control of prenatal care and who attended a third-level institution in the city of Medellin.

1.5 Definition of concepts

For this investigation, the following concepts were adopted:

1.5.1 Beliefs and practices of cultural care: These are ideas and actions that the women of the study possess, which are generated from the learning and experiences of their ancestors (48), cultural group and / or families, (generic knowledge) and what has been learned from health providers (professional knowledge) (49). These care actions are based on cultural customs and beliefs (50), carried out by pregnant women with major causes of severe maternal morbidity, from different municipalities in Colombia, which according to the theory of cultural care (51), guide a form of lifetime.

1.5.2 Women with the main causes of severe maternal morbidity: Pregnant or puerperal women who presented one or more of the following main causes of severe maternal morbidity: arterial hypertension; Zanconato (11), preeclampsia; Van den Akker (12), eclampsia; Adeoye and Fatusi (13), alteration of the coagulation factors; Zanette and Cecatti (14), obstructed and prolonged labor; Álvarez and Pérez (15), severe hemorrhage; Fayad and Márquez (17), septicemia and severe anemia; Galvão and Gurgel (18).

1.5.3 Women not in antenatal control: Women diagnosed with some of the main causes of severe maternal morbidity, who did not attend prenatal check-ups or had less than 4 prenatal check-ups, which are considered to be of high obstetric risk (52).

2. Chapter: Conceptual Framework

The study was based on the Theory of diversity and universality of cultural care, also called transcultural care, where the beliefs and practices of cultural care, are developed extensively by its author Madeleine Leininger (53).

The theory of the transcultural care of Leininger understands the human being as a social and historical individual Leininger, states in his theory of cultural care that "nursing must go beyond a mere state of recognition or appreciation of different cultures." "It's about getting the knowledge and practice of professional nursing to have a cultural base, a conception and a planning based on culture. Culture is for her the set of values, beliefs, norms, lifestyles characteristic of a human group, which are learned, shared, passed on from generation to generation and guide thought, decisions and actions ". (53)

Each society and culture forms and establishes beliefs about various aspects of the life of human beings. The beliefs guide or determine, to a large extent, what people do, that is, the practices or activities they perform in different aspects of life "(54).

The constructs of the theory are:

- Care: Experiences or ideas of assistance, support and facilitation to others with obvious or anticipated needs to improve human conditions or lifestyle (53).

- Culture: Values, beliefs, norms and lifestyles learned, shared and transmitted from a culture (53).

- Generic Care (emic): Refers to lay, indigenous, traditional or local practices and knowledge to provide acts of assistance, support and facilitation (54).

- Professional Nursing Care (ethical): Refers to knowledge and practices of formal and explicit cultural care, cognitively learned, generally obtained through educational institutions (usually not generic) (53).

- Care is the essence and the central, dominant, distinctive and unifying focus of nursing (53).

- Scientific and humanistic care is essential for human growth, well-being, health, survival and to face death and disabilities (53).

- Ethnohistory: The theorists define it as the events, events, instances and past experiences of human beings, groups, cultures and institutions that occurred in time in particular contexts.

- The Environmental Context refers to the totality of an event, situation or practical experience that gives meaning to expressions, interpretations and social interactions (54).

- The World View refers to the way people tend to look at their world or their universe (53).

- Culturally Consistent Care; it refers to culturally based knowledge, acts and care decisions used in sensitive and recognizable ways to appropriately and meaningfully adjust the values, beliefs and lifestyles of patients for their health and well-being (53).

- Diversity of Care; it refers to differences or variations between human beings with respect to meanings, patterns, values, lifestyles (53).

2.1 Beliefs and care practices

Cross-cultural nursing is a discipline with a body of knowledge and practices to achieve and maintain the goal of culturally consistent care for health and well-being.

For Leininger the evaluation of cultural care refers to the systematic identification of the beliefs, meanings, values, symbols and practices of cultural care of the individual within a holistic perspective. To make this assessment of cultural care, Leininger proposes the rising sun model that allows discovering the cultural care of people and their meanings in relation to the general vision of the world, ways of life, cultural values, beliefs, patterns and factors of the social structure (54).

Different studies and researches have been carried out with quantitative and qualitative approaches on care practices and their meanings in light of the Theory of diversity and Universality of Leininger care from pregnancy, puerperium, however there is a research gap in the field of the beliefs and practices of care that the woman has, with main causes of severe maternal morbidity, nevertheless the bibliographical production and the literature of nursing offer investigations which are mentioned next:

Laza and Pulido (41), described the experience of a woman with preeclampsia, in Bogotá Colombia, finding that this experience generated fear and anguish. Pérez and Muñoz (42), carried out a qualitative, descriptive and interpretative investigation, with ten puerperal women who were hospitalized in the Rafael Calvo Maternity Clinic in Cartagena-Colombia with preeclampsia, finding that they trust in being healthy; therefore they react to the diagnosis with fear of the risk of dying she and her son. Laza and Castiblanco (43), conducted a qualitative phenomenological study, with ten puerperal women who presented

a severe preeclampsia and were treated at the San José Hospital in Bogotá-Colombia, finding that women who suffered the disease for the first time perceived it. In an "unexpected and without warning" manner; for those who had suffered, they waited with resignation and anguish.

Noguera and Muñoz (44), conducted a qualitative ethno-nursing research, with 8 key informants, in order to describe the meanings of having preclammy, finding that feelings such as uncertainty, fear, nerves and anxiety are generated, secondary to not knowing what is going on to go through his health and the health of the unborn child. Laza and Pulido (45), conducted a qualitative phenomenological study, with ten postpartum women who presented severe preeclampsia and were treated at the Hospital of San José, finding that the relationship with God, became a strength and company in moments of loneliness, uncertainty and fear in front of the danger that the disease implied.

Pérez and Prieto (46), conducted an exploratory descriptive qualitative research, interviewing 10 pregnant women with this diagnosis attended at the Hospital of San José in Bogotá DC, finding that they require strict care in the management of four basic needs that are: physiological, security, love and belonging, and self-realization.

2.2 Women with causes of severe maternal morbidity

As mentioned before, different studies Zanconato (11), Van den Akker (12), Adeoye and Fatusi (13), Zanette and Cecatti (14), Álvarez and Pérez (15), Fayad and Márquez (17), Galvão and Gurgel (18). The main causes of severe maternal morbidity are arterial hypertension, preeclampsia, eclampsia, alteration of coagulation factors, obstructed and prolonged labor, severe hemorrhage, septicemia, severe anemia.

Severe maternal morbidity, as expressed above, and in accordance with the definition of FLASOG, is a situation that potentially threatens the life of the woman and her unborn child, which concomitantly leads to maternal mortality, which represents a serious public health problem in developing countries, taking into account that their causes are mostly avoidable; WHO and the World Bank have considered it the highest expression of social injustice (55).

In the majority of maternal mortality analyzes conducted in Colombia, delays related to the quality of service provision (56) were those that were most frequently associated with the occurrence of cases of severe maternal morbidity (57). These delays behaved similarly regardless of the affiliation regimen and were more frequent in the care of cases of postpartum hemorrhage and hemorrhages in the second and third trimesters (57).

2.3 Pregnant women who are not in control of prenatal care

Although maternal mortality is a priority in public health, in all countries of the world, since this event is enshrined in the SDGs sustainable development goals, WHO considers that life-threatening situations women, should be the center of attention in maternal health, and of research, since maternal mortality, in most cases, is related to inaccessibility to maternal health care services (58).

Cáceres (32), Lasso (33), Munares (34), Rodríguez, F. Jiménez, W. and cols (35), Choudhury (36), concluded that prenatal control is the recommended strategy for early detection of pregnancy risks and that women should be guaranteed health as a right.

The prenatal control is undoubtedly the relevant process for early detection of alterations in pregnancy, and the unborn child, since it is a time of greater vulnerability of women,

which must require specific and quality care, to improve their quality of life and its impact throughout this.

3. Chapter: Design framework

3.1 Type of study

The type of design used in this research is ethnographic qualitative from ethno-nursing as a naturalistic and open method of research that allowed to study and explain phenomena related to the theory of cultural care (53). Leininger designed this method to know hidden and unknown dimensions of people such as human care, well-being, health and environmental factors of influence (54).

In this type of studies, the researcher does not try to describe the events of people's lives in terms of what the professionals know about the beliefs and care practices of pregnant women who are not in control of prenatal care, but what these women they know and do to take care of themselves (èmico knowledge). Ethnography begins with a conscious attitude of almost complete ignorance (59).

This research required a holistic view of the phenomenon, and a flexible attitude of the researcher (60) to deepen the study of it and reach an interpretation that is closer to reality, respecting the individuality and particularity of being in its cultural essence, heritage freely chosen (61).

3.2 Design elements

3.2.1 Participants

There were 17 pregnant or puerperal women with main causes of severe maternal morbidity treated in a Hospital of city Medellin-Colombia.

3.2.2 Time

The time for the collection of the information was 7 months average, which depended on the saturation of the information given by the in-depth analysis of the interviews and observations until finding redundancy of the information, sustained by the women participating in the study who they said they had no more to offer of this information.

3.2.3 Place

The pregnant or puerperal women were recruited in the Functional Unit of Hospitalization, of Hospital with the authorization of the pregnant woman with the signature of the informed consent (Annex 3). The interview was conducted in a relevant and appropriate space, with the minimum of interference, and thus favored a good interaction and relationship between researcher / participant in order to obtain genuine data.

3.3 Role of the researcher

The researcher assumed the role of an apprentice, to learn from pregnant women or puerperal women, through listening and observation. It was a passive role that allowed accumulating all information that integrated the knowledge of the pregnant woman with the whole phenomenon of study.

3.3.1 Criteria for inclusion of women participating in the study

The sample was collected in pregnant and puerperal women under the following criteria:

- With one or more main causes of severe maternal morbidity: arterial hypertension, preeclampsia, eclampsia, alteration of coagulation factors, obstructed and prolonged delivery, severe hemorrhage, septicemia, severe anemia, attended in a Hospital of city Medellin Colombia .

- In any gestational age over 14 years.

- Mentioned mentally in time and space and without mental illness.

- With less than 4 prenatal check-ups.

3.3.2 Exclusion criteria for women participating in the study

Pregnant and puerperal women with sedation, invasive medical treatment; invasive and non-invasive mechanical ventilation.

- Patients with biomedical elements as invasive mechanical ventilators, and non-invasive, which prevented communication and participation in the interview.

- Patients with deterioration of the state of consciousness, patient with severe cranioencephalic trauma.

- Pregnant and / or puerperal patients who have mental retardation and / or organic mental disorder.

3.4 Sampling

The sampling in the qualitative study differs from the quantitative one and according to Sandoval, this "is progressive and is subject to the dynamics derived from the findings themselves". Sandoval sampling is done by relevance, adequacy, convenience, opportunity and availability (62).

Relevance refers to the selection of the participants as the people who best possess the knowledge that is required to be obtained, by the experience and experience they have of it in this case. Therefore, pregnant or puerperal women were selected who were diagnosed with one or more causes of severe maternal morbidity.

Adequacy refers to obtaining more and better information, which is achieved by the so-called "theoretical saturation" ie when no new information appears, analyzed which was achieved with three interviews on average, with each of the pregnant women or puerperal participants in the study who are 17.

The Convenience refers to two aspects: The choice of the most appropriate place, situation or event without interference in the collection of information and the mental and cultural location of the researcher that allowed him to clearly understand the reality being studied.

The Opportunity refers to being at the right time and in the right place to collect the information. The place and the time were arranged with the pregnant or puerperal women at the time of recruitment.

3.5 Ethical aspects

The present research project was carried out under the principles of: beneficence, justice, autonomy, truthfulness and fidelity, important principles in nursing practice (63).

Principle of beneficence: Any action that was carried out on the pregnant or puerperal woman must have implicit the improvement of it, through the obtained data. In case of identifying harmful practices, the corresponding reorientation and negotiation or accommodation of cultural care was made.

No transgression to the ethics of the pregnant or puerperae regarding their ideas, beliefs, values, experiences or others (63). In this way, the researcher did not judge the pregnant or puerperae with causes of severe maternal morbidity on their cultural practices, and decisions that helped to retain, preserve, or maintain beliefs and values of care. (53)

Do not assume a position in favor or against, on the information provided (53), since this information helped the researcher to identify the behaviors, practices, beliefs and things that people do and use, in this case the pregnant or puerperal women with major causes of severe maternal morbidity.

This investigation, according to Resolution 8430 of 1983 issued by the Ministry of Health of Colombia, is considered a risk-free investigation according to article 11 in number B. (64). This study did not perform any intervention or intentional modification of physiological, psychological or social variables of the participants.

The information was collected when the approval was obtained from the Ethics Committee of the Faculty/School of Nursing of the National University of Colombia, the Hospital of

Medellin Colombia, to use their facilities and recruit pregnant women or puerperal women with major causes of severe maternal morbidity to include them within the study sample.

In the informed consent the participants were warned that the interviews will be recorded on cassette and later transcribed verbatim to make the respective analysis of the study. It was also included in the informed consent that several interviews were conducted and several times until the saturation of the information was obtained. The results of the investigation were presented with the greatest objectivity on the part of the researcher. The information was considered confidential and the identities of the participants were replaced by pseudonyms. The participation of the women was voluntary, and they signed the informed consent, who showed their acceptance to participate in the study.

3.5.1 Immersion in the field

Before starting the collection of the information, we made the immersion to the field to know the cultural scenario, which in the case of this investigation is the hospitalization service of the Institution of health where the information was collected, for the study.

The immersion in the field allowed us to know the dynamics of the service and the relations of the participants with their peers and their environment. Through immersion in the field the researcher had the experience of the process of capturing the participants and determining the most appropriate moments for the data collection; the exercise of observation, of interaction with women similar to those of the study was achieved and the ethnographic interview was applied with the different types of questions.

The idea was to make an approximation to the reality of the data collection and analysis, in such a way that the learning of the interview was started in depth and the first step in the

analysis with the textual transcription, the reading of the interview, and the search for cultural domains with their respective terms included and semantic relationships. This experience was carried out with 2 participants.

3.6 Procedures for information collection and analysis

3.6.1 Observation: Direct observation of the participants was used to collect the information (62). In ethnographic observation, the researcher usually sought participants to account for their daily behavior and collective knowledge. Through a series of interviews, repeated explanations and through the use of special questions or questions, people became significant, valid and relevant participants (59).

Qualitative observation is not just contemplation "Sit down to see the world and take notes"; nothing of the kind, implies to delve deeply into social situations and maintain an active role, a permanent reflection and be aware of the details, events and interactions.

Good observers need to use all their senses to capture the environments and their actors, physical climate, colors, aromas, spaces, lighting, etc. It is important that the observer develop a good memory to remember nonverbal signs, specific words, in addition to keep written records and record the descriptions, so that at the time of analysis do not leave out something that is important.

"The observer experiences first-hand what happens in the context, enters the environment gradually and is seen less and less externally (65). It was observed the dynamics of the service, the number of pregnant women who are attended by day, the sociodemographic profile of the pregnant women, the personality, the culture from which they come, their customs. The observation lasted approximately 4 weeks.

3.6.2 Field Notes: They are the researcher's record with the observation of the cultural context of the women in the study, the cultural scenario and allow to plan and guide new questions for the next interviews in order to saturate the information. In these notes were also recorded reflections and comments of the researcher.

3.6.3 Interviews and Information Analysis: The interviews were conducted in a pertinent and appropriate space, with the minimum of interference, and thus favored a good interaction and relationship between researcher / participant in order to obtain genuine data. The total number of interviews was 37, and the average was 2 per participant.

The interview and the ethnographic observation of James Spradley was applied. It is an in-depth interview that served as a strategy to make people talk about what they know, think and believe (59), is a situation in which the researcher obtains information by questioning women about their beliefs and care practices from the cultural context. The steps to follow in Spradley's ethnographic interview (59) were:

Ask descriptive questions: The ethnographic interview always begins with a sense of uncertainty and a feeling of apprehension on the part of the interviewer and the participant. The descriptive questions constitute one of the three great ethnographic questions that guide the different kinds of observations in the field to be analyzed the initial data and then discover structural and contrast issues. The descriptive questions were part of each interview. As the present study sought to describe the beliefs and practices of cultural care, the women in the study were asked about what they know, use and how they use it for their care.

Record the interviews prior authorization of the participants and then transcribed to analyze the data. These data were compared with the participants and with the field notes of the researcher, the doubts were investigated again with the participants to clarify them.

Analysis of the ethnographic interview: This analysis was made through a judicious and analytical reading trying to understand the information that the participants shared with the researcher to identify the domains. The Analysis of the information was done at the same time of the collection, by means of the saturation of the information and not by a previously established number.

Do domain analysis: Domains are the first and most important unit of analysis in ethnographic research. Ethnographers say that it is better to study a single domain in depth without distorting the point of view of the participant, than to study many domains superficially.

Ask structural questions: These were adapted to each participant in particular and mixed with another class of questions and repeated over and over again. Structural questions complement more do not replace descriptive issues and structural issues will find their way into each interview.

Do taxonomic analysis: A taxonomy shows a relationship between a set of terms. A taxonomy shows the relationships between all the folkloric terms of a domain.

Ask questions of contrast: The meaning of a symbol can be discovered by finding how it relates to other symbols, either by similarity sharing some characteristic of result or by contrast when the meaning of the symbol is different from others.

Make Componential Analysis: It is the systematic search for attributes (components of meaning) associated with cultural symbols. The componential analysis includes the complete search process to contrast, classify, group some dimensions of contrast and enter the beliefs and practices of cultural care of women in the study in a paradigm.

3.6.4 Methodological Rigor: The research evaluated the scientific quality according to the criteria of credibility, auditability and transferability, according to Guba and Lincoln (66). The credibility was achieved by making observations and prolonged conversations with pregnant women with major causes of severe maternal morbidity, collecting information that produced findings that are recognized by women in the study as a true approximation of what they think and feel.

The criteria that allow evaluating the scientific quality of qualitative studies are: credibility, auditability or confirmability and transferability or applicability. Credibility was achieved when the study findings were recognized as "real" or "true" by the people who participated in the study and by those who have experienced or been in contact with the phenomenon under investigation. Confirmability refers to the neutrality of the interpretation or analysis of information, which is achieved when another researcher (s) can follow the "trail" to the original researcher and arrive at similar findings. Transferability consists in the possibility of transferring the results to other contexts or groups (67).

Credibility was applied through observation, field notes and interviews analyzed and confirmed by the women in the study. Credibility refers to how the results of the research are true (68), for the women who provided the information.

The confirmability of this study was applied with the thesis director who carried out the accompaniment and step-by-step follow-up of the development of the entire investigation; through reviews of the interviews, field notes, research analysis, suggestions and sending of bibliographic material.

In order to guarantee validity and reliability, in addition to credibility and confirmability, the researcher invested enough time to do the recruitment of the participants and to move and perform the interviews in the place where the pregnant or puerperal women are, until saturation in information. Confidence and empathy is important to establish continuity of research and deepen the knowledge of women in the study and with the collection of information and analysis of it, the knowledge of beliefs and care practices was built from the of the participants.

The risks in the reliability bias presented by this study may be in the position and role of the researcher of wanting to impose their own beliefs and thus inhibit the participants to express their values, feelings, myths, beliefs and practices for their watch out. This was controlled with the researcher's awareness of his role as an apprentice.

The risk for adequacy is related to the selection of participants. Therefore, it was necessary to apply selection criteria included in the study. Another risk that may arise is that of methodological procedures and was controlled by recording the interviews and making the textual transcriptions to support the meanings and interpretation presented in the results of the study through the testimonies of the participants and discuss the interpretations with other researchers. (In this case it was done with the thesis manager

research's) and use recording tapes, analyzing the faithful transcription of the interviews to the participants.

4. Chapter: Framework for analyzing results

In this chapter it is presented in qualitative and theoretical analysis of the results obtained in the research, and the discussion from them.

4.1 Results

4.1.1 Context characteristics

There were 17 pregnant or puerperal women with major causes of severe maternal morbidity, who were not in control of prenatal care, and who were treated at a Hospital of city Medellin, Colombia.

The average age was 22 years, 47% came from Municipalities of Antioquia, 41% from Municipalities that make up the metropolitan area of the Aburrá Valley; (urban agglomeration of Medellin-Colombia) and the remaining 12% were referenced from the department of Choco. 58% resided in municipal capitals, 22% in dispersed rural areas and 20% in populated centers, the occupation of women, 47% were housewives, 23% students, 11% various trades, 9% garment workers, auxiliary of nursing and selling chicken 5% respectively. The type of health regime was subsidized for 100% of women, level of schooling, 48% had a full high school diploma, 17% incomplete high school, 29% complete primary and 6% had technical skills.

4.1.2 Cultural care practices

The care practices identified in women with severe maternal morbidity demonstrate practices of professional (ethical) and generic (èmico) care. The first correspond to those oriented by health professionals, the èmico from their ancestral knowledge, but also identified cultural practices that they perform for the care of themselves and their unborn child transmitted by family, friends and others. Finally, it shows the reaction of women with severe maternal morbidity at the time of being diagnosed, the appreciation of health care and the health system.

When performing the analysis of the data obtained, the following research topics emerge, each of which is presented in a table with their respective domains and taxonomies. The other taxonomies are described in the text of the respective description of the domain.

4.1.2.1 Practices of care from the professional

4.1.2.2 Generic care practices

4.1.2.3 Care suggested by family and friends

4.1.2.4 Reaction to medical diagnosis

4.1.2.5 Appreciation of health care

Topic 1 Care practices from the professional

general domains	Semantic relationship
Eat well Perform physical exercise Rest Avoid physical effort Take care of herself and her unborn child	It's a way to take care of yourself professionally

Practices of care from the professional are those carried out by the women of the study, based on the guidelines and education of the health team (doctor, nurse (or) and in one case those learned through virtual means "mobile applications". These practices are related to food, physical exercise, and rest avoiding efforts, each of which is presented according to the way they are considered and applied by these women.

Domain 1 taxonomy 1 feed well

Eating well is a practice of care that women with severe maternal morbidity use in order to stay healthy and that their unborn child is healthy. For them, eating is to eat foods that they consider nutritious and avoid some foods that may exacerbate their illness, such as gestational diabetes, and in many cases the children of these mothers develop macrosomia.

Terms included	Semantic relationship
Eat some food Avoid some foods Fear of being diabetic Because of the edema	It is a way to eat well

Eat some food

Women with severe maternal morbidity consider that consuming and having cereals, fruits, proteins and some flours in their diet is a practice that guarantees morphological and physiological development of the unborn child, basing these practices as a protective factor in pregnancy, in order that the result is a child with an ideal weight, with adequate anthropometric measurements, without alterations and congenital malformations.

"Eat everything, meat chicken, fruits, vegetables, flours, rice, fish." P1E1 P2E1

"You have to eat well for the baby" P3E1 P4E1 P6E2 P9E1

Avoid some foods

Women with severe maternal morbidity avoid consuming some foods and / or suppressing it from their diet, such as those containing fats, salt, sugar, because they alter blood sugar, or raise their blood pressure. They also state that pineapple, bananas and papaya increase glycemia, and can harm their unborn child, which prevents their consumption. Others express that consuming sugars during pregnancy could trigger gestational diabetes and with it a macrosomic child; they also avoid taking black beverages that contain gas,

caffeine and alcohol, such as flavored water, soft drinks, coffee, Coca-Cola and beer. They state that alcohol can cause irreparable damage to the brain in the unborn child. Some choose not to follow indications from health professionals because they are very complicated indications, since the first weeks of pregnancy undergo physiological changes related to intolerance to the oral route, causing nausea, even vomiting, some of them express that his body did not tolerate and / or accept food.

"Avoid eating sugars, and sweet things" P9E1 P6E1

"Everything vomited" P3E1 P2E1

"The nutritionist told me to eat fruits, but I hated them" P3E1

For fear of being a diabetic for life

Women with severe maternal morbidity, specifically those diagnosed with gestational diabetes, show a very obvious concern that is related to the tendency that after maternity can develop diabetes for life. This information was provided by their doctor or nurse, which evidences in them an excessive concern for the experience they experience from hospitalization, for them it is uncomfortable and painful to apply insulin R (crystalline) every time they consume food. , and the long-acting insulin (glargine) at night and the monitoring done by nurses (glucometry). This lifelong pharmacological therapy is worrisome and they think it is very tedious. It is very important to highlight the pregnant woman's disposition to improve her health status, since this improves her clinical condition and decreases the risk of death of the pregnant woman and her unborn child.

"The doctor told me that if I did not reduce the candy I would remain with sugar" P12E1

"That of being put on insulin every time, tenacious" P15E1

"I'm worried about the sugar left" P15E1

"The child can come out great" P15E1

Because of the edema

Pregnant women with severe maternal morbidity who suffer from pre-chlamydia and edema of the lower limbs avoid the consumption of sodium, they say that they consume their food without this mineral, to avoid edema, they often prepare their food apart from the family. Their husbands and family prepare all the food under the conditions that the health professionals recommend, they say that their family does it so that they do not feel discriminated by the fact of having preeclampsia. These care practices were taught in health institutions, where they went to be sick.

"Do not eat salted by edema" P13E1 P16E1 P11E1

"At home they eat without salt for me, to help me" P13E1 P14E1 P9E1

Domain 2 taxonomy 1 perform physical exercise

Physical exercise during pregnancy is a practice of care that the women in the study perform in order to have an adequate circulatory and cardiovascular system, ensuring tissue oxygenation and nutrition to the unborn child, favoring the evolution of pregnancy and growth and development of this.

Exercise for women with severe maternal morbidity is considered walking, jogging and sports.

Terms included	Semantic relationship
Walk Jogging Practice sports	It's a way to do physical exercise

Walk

Women with severe maternal morbidity express that walking is a way to take care of themselves and to improve their physical condition, since their circulatory and cardiovascular system becomes stronger and with this they will be able to respond adequately at the moment of birth, they show that walking in prolonged periods , two to three steps, squat, climb stairs, exercise strengthen the muscles at the time of delivery.

"Walk a lot, two to three steps" P2E1 P3E1 P4E1

"Walk so that he drinks well" P3E1 P2E1 P4E1

Jogging

By doing cardiovascular physical exercise such as jogging for 20 to 45 minutes, ensures a better, happier delivery, a healthy unborn child, since their muscles are stronger, stronger and more resistant during childbirth, and thus prepare for that moment.

"Jog for 20 to 45 minutes" P2E1 P3E2

"If you trot your son is born well and you are doing well; when you pair, you get happy "P4E1

Practice sports

Playing soccer, skating, volleyball, exercising in the prenatal control program, aerobics, rhythmic gymnastics and swimming in pools, according to the women of the study, strengthen the muscles, make them stronger and the bones become resistant.

"Practice soccer, skating, volleyball, rhythmic gymnastics" P1E1 P3E1 P4E1

"Swimming is good for muscles" P5E1 P15E1

Domain 3 taxonomy 1 rest

Rest is assumed by women with severe maternal morbidity as a way to take care of themselves in order to avoid fatigue and promote the growth of their unborn child.

Terms included	Semantic relationship
Sleep Nap To be relaxed	It's a way to rest repose

Sleep

According to the pregnant women, rest constantly, sleep peacefully and comfortably between 7 and 8 hours a day, in the established hours, avoiding late nights and situations that alter the rest, guarantee an adequate intrauterine growth, a healthy, healthy child.

"Sleep comfortably, rest and sleep peacefully from 7 to 8 hours" P8E1 P3E2

"Do not get up late, sleep without noise" P15E1

"If you sleep well, the baby grows faster and comes out well" P9E2 P6E1

Nap

For women with severe maternal morbidity it is essential to take a mid-day nap, or naps between meals, for them this rest is very important because with this they resume strength for their daily tasks in the home, and avoid being fatigued or tired.

"The mid-day nap and those that can be done are good" P1E1 P2E2

"The nap is essential so you do not get so tired" P8E1 P3E2

To be relaxed

Women with severe maternal morbidity consider that relaxing at home and yoga is a way of taking care of themselves and the unborn child, since all their experiences are transmitted to their son, so they avoid dislikes (take tantrum), to not be afraid of childbirth and get quiet to it, such care practices reduce anxiety related to childbirth.

"Always be relaxed and not tantrums" P1E1 P15E1

"Going to yoga helps you relax" P5E1

Domain 4 taxonomy 1 avoid physical exertion

Avoiding physical exertion for women with severe maternal morbidity is important in that it helps them prevent miscarriages, ruptured membranes and preterm labor.

Terms included	Semantic relationship
Relax Avoid work fatigue Move little	It is a way to avoid physical exertion

Relax

Women with severe maternal morbidity express that in order to avoid a spontaneous abortion one must be in constant relaxation, in order to avoid inadequate forces that can injure the deep muscles of the perineum and that these affect the uterus. They conceive that being relaxed is not doing any type of physical activity that requires energy expenditure, avoiding climbing stairs, lifting heavy objects, bending over and doing domestic activities.

"Always be relaxed and not take tantrums for risk of abortion" P1E1 P15E1

"Do not lift heavy things, do not bend over the meat of the nies (perine)" P9E2 P4E1

"Do not sweep, do not mop" P7E1 P17E1 P12E1

Avoid work fatigue

Work fatigue according to women with severe maternal morbidity is produced by carrying out activities that require physical effort, which produces work and emotional stress, causing incapacitation by the doctor. This practice is important especially at the end of pregnancy, because they tend to tire more easily and with it the risk of preterm births.

"The doctor who incapacitates me not to stress me with work" P9E1 P2E2

Move little

Domestic daily tasks are usually done by husbands, or mothers, while women with severe maternal morbidity rest, they avoid going out at the end of pregnancy, since they make a greater physical effort, which can lead to accommodation inadequate of the child to be born inside the uterus, an advance of the childbirth, (preterm), even when there is threat of abortion the pregnant woman chooses to be rested all day at home, without performing any activity.

"Move little, or do not move so that he does not come to you" P5E1 P6E1

"I do not leave the house, do not do anything else at home" P7E2 P17E1 P2E2

Domain 5 taxonomy 1 take care of itself and the unborn child

Women with severe maternal morbidity are constantly receiving education and teaching about continuous care in the community, this education is provided in the prenatal care units, in primary health care and in specialized care institutions. This information is very valuable for them since habits of self-care are developed since the continuity of pregnancy, adherence to prenatal care programs, and the successful completion of the pregnancy, delivery, and pregnancy process depend on this to a large extent. Puerperium, and with it a healthy, healthy and happy child.

Terms included	Semantic relationship

Attend prenatal check-ups Do not make sudden movements Consult for emergencies	It is a way of taking care of herself and her unborn child

Women with severe maternal morbidity take care of themselves and their unborn child through the following care practices:

Attend prenatal check-ups

Women with severe maternal morbidity consider it of great importance to attend early and continuously to the program early detection of alterations in pregnancy (prenatal control), to (in spite of not being adherent and attending less than 4 controls) they receive all the pertinent indications to take care of your pregnancy and your unborn child.

According to the stories, they practice the care that is guided in this program, such as the consumption of micronutrients, to avoid anemia, decalcification and that the unborn child comes out with an appropriate weight and size, to perform physical exercise; how to walk, perform cardiovascular exercise, data and information about the type of food you should consume; low in fat, carbohydrates and rich in protein, adherence to treatment and prenatal program, exclusive breastfeeding, breastfeeding techniques to be practiced with the unborn child, immunization schemes, hand hygiene, where possible not get on motorcycles, have a balanced and balanced diet.

They also express that they provide guidance on sexual and reproductive health issues, such as family planning, as well as topics related to sexuality. Others tell us that they are aware of their disease and its treatment such as women with severe maternal morbidity with gestational diabetes who avoid carbohydrates, in some cases they self-administer long-acting insulin, and they also monitor blood sugar levels.

Others, on the other hand, have knowledge about what is the birth, incubators and macrosomes that gestational diabetes triggers on the fetus.

It is notorious that although they give value to prenatal check-ups, they do not attend all the controls established in resolution 412 of 2000 Ministerio de Salud Colombia.

"I went to three prenatal checkups" P3E2 P7E1 P8E1 P9E1

"They taught me how to feed me, breastfeeding" P7E1 P8E1 P9E1

"I went to a single control" P6E1 P14E1 P16E1

"I have been taught how to take care of myself" P3E2 P7E1 P8E1 P9E1

Do not make sudden movements

Women with severe maternal morbidity avoid sudden movements, so they avoid lifting heavy things, bending over, walking for prolonged periods, climbing stairs, strenuous exercise, not transporting themselves in vehicles such as motorcycles. All this knowledge was taught by nurses and doctors, and they put it into practice as a guide for the care of themselves and their unborn child. The justification for performing these practices is that

their pregnancy was usually of high obstetric risk, some of them suffered from preeclampsia, concomitantly with premature detachment of inserted normal placenta.

"Move Pochitic" P5E1 P6E1

"I do not leave the house, do not do anything else at home" P7E2 P17E1 P2E2

"Do not move so that the baby does not come to you" P15E1 P12E1

"Do not ride a motorcycle taxi" P7E2 P17E1

"Not walking so much" P2E1

Consult for emergencies

Women with severe maternal morbidity consult for emergencies when they present: headaches, dizziness, vomiting, if they are pale and / or yellow (jaundice), when their feet swell, if they have large fingers and feet (edema), if have discharge of fluid through the vaginal cavity, and / or bleeding, if they feel that their unborn child does not move, if they have a foul odor in their intimate parts (genitals), many expressed that if they have blurred vision, or if they have high blood pressure , is an indicator that your body is failing should go immediately to the doctor.

They constantly receive education and teaching about continuous care in the community, the home, in the institution where they provide primary care, and in specialized centers, this teaching aimed at women with severe maternal morbidity to detect the warning signs and when to search help. For these women, the information provided by health professionals is perceived as a protective factor in their lives and in that of their unborn

child, so they always take it into account when they detect real or potential health problems. The information that they have is very valuable, since they develop self-care habits and practices for the detection at the opportune moments of their health problems and in this way give tools to the actors of the health system to be able to intervene in their health problems.

"When I have alarm signs go to the urgency right away" P12E1 P6E2

"If I get sick I leave for emergency," the head nurse told me "P4E1 P5E1

"Go for the emergency when you have headaches, dizziness" P4E1 P5E1

"If I have vomit, if I'm yellow" P13E1 P15E1

"If I get the fluid, bleeding, if the baby does not move" P12E1 P6E2

Theme 2 care practices from the generic

Women with severe maternal morbidity have their own practices of cultural care, during their gestational stage and in preparation for childbirth, product of knowledge acquired from their families, especially their mothers, and this information is acquired from generation to generation.

For the women in the study, these practices have a valuable cultural value because of their usefulness for the health care of the women of the family, in order to have a healthy gestation and to give welfare to the unborn child. All this is guaranteed by the use of certain herbs, protection from the cold, avoiding sudden movements and certain precautions before delivery.

General domains	Semantic relationship
Use of herbs Avoid sudden movements Avoid the cold Precautions before delivery Be always clean Change position in the presence of edema Not drinking water To look for help Avoid some foods	It is a way of generic care practices in pregnancy and childbirth

Domain 1 taxonomy 2 use of herbs

The use of certain type of specimens of plant origin is a practice of women with severe maternal morbidity to take care of themselves during pregnancy and prepare for delivery, many of these herbs and / or vegetables are used as bath and in the form of infusions.

Terms included	**Semantic relationship**
Take baths Consume infusions	It is a way of using herbs

Take baths

The women in the study say they take baths of eucalyptus leaves, cinnamon, chamomile, lulo, brevo leaves, cook them and then sit on a chair and receive the steam from these plants that according to the information provided serves to eliminate pain and colic during the last trimester of pregnancy and to reduce pain during delivery. These herbs are prepared individually without mixing and are not consumed, only the woman is exposed to the steam that these plants release. Pregnant women also use olive oil on their backs, in order to reduce pain in that area.

"Take bath of eucalyptus leaves, cinnamon, chamomile, lulo, brevo leaves, sitting on a chair and receive that steam" P1E1 P14E1 P8E1 P17E1 P16E1

"Use olive oil for back pain" P17E1

Consume infusions

Women with severe maternal morbidity consume tapir water, lulo, and brevo leaves with panela, recin oil during the last weeks of pregnancy, and / or when they feel they are about to start labor, since these plants decrease colic These herbs and plants do not work in all patients. They warn that if you consume and / or take these substances before two months of pregnancy can cause spontaneous abortions. They also practice other care such as consuming orange juice with egg white which stimulates the endocrine system, in order that the pelvic floor muscles remain strong and resistant at the time of delivery and also to avoid an abortion or a preterm birth . Many times the eucalyptus baths in the belly are an option to prevent very strong pains in childbirth, they consider that the cold is the cause of this, so they use that practice.

"Drink water from Timoreal, lulo, and brevo leaves with panela" P3E1 P2E2 P3E1

"Take recino oil for labor pain" P4E1 P5E1

"Do not consume this before 2 months because the baby comes to you" P10E2

"Throwing eucalyptus in the belly" P9E2

Domain 2 taxonomy 2 avoid sudden movements

The care of the musculoskeletal system in the pregnant woman with severe maternal morbidity plays an important role, since she considers that she should avoid movements that imply physical strength and be calm. To comply with this last, they do whatever is necessary, since they consider tranquility a form of care and are willing to make changes in their lives in order to achieve this purpose.

Terms included	**Semantic relationship**
Do not do any activity Be calm	It is used to avoid physical force

Do not do any activity

In the last trimester of pregnancy, some of the women in the study prefer to lie down most of the time, to avoid spending energy, fatigue and exhaustion in it and their child. Not

doing any type of physical activity, involving the musculoskeletal and locomotor system, preserving pregnancy and avoiding an abortion or preterm delivery.

"Move pochitico, or do not move so that he does not come to you" P5E1 P6E1

"Stay still" P7E2 P17E1

"Do not do more" P2E2

Be calm

The tranquility during pregnancy according to women with severe maternal morbidity plays an important role during this, since this practice gives them protection, well-being and satisfaction. The tranquility in the home, at work, prevents colic, pain, spontaneous abortions; for them, tranquility is a form of care and practice that they use on a daily basis. The tranquility is achieved by attending yoga courses, prenatal check-ups, attending the gynecologist, visiting the trusted nurse, and when faced with situations that may change that feeling or emotional state, try to change places, address, work and even sentimental partner. They state that they do what they can to keep their pregnancy and the wellbeing of their unborn child. However, it is striking that the assistance to the prenatal control gives them peace of mind and many did not have the number of minimum controls established by resolution 412 of 2000.

"Always be relaxed and not take tantrums for risk of abortion" P15E1

"Yoga makes me and the baby calm" P1E1

"Going to prenatal control calms me down" P2E2 P8E2

"The gynecologist will take care of you" P7E1 P9E1 P15E1

"I like that the boss cares for me, (nurse) leaves to me calmer" P14E1

Domain 3 taxonomy 2 avoid the cold

Undoubtedly the external factors and / or the environment in which a pregnancy develops, is taken into account by women with severe maternal morbidity as a protective factor or a risk factor, many of them express that extrinsic factors such as exposing oneself to humidity, not taking precautions with the bathroom and using wet clothes are means by which cold enters the body and in this way the physiological and morphological development of their pregnancy is altered, as well as the growth and development of the unborn child.

Terms included	Semantic relationship
Do not expose yourself to moisture Precautions with the bathroom Do not wear wet clothes	It is a way to avoid the cold

Do not expose yourself to moisture

For the women in the study it is important not to expose themselves to humidity, for which they take care of the cold during pregnancy, especially in the last trimester, for this they avoid going out into the nighttime serene; This serene becomes more critical in the rainy

season, so the woman with severe maternal morbidity remains at home without leaving, nor does it approach points where external humidity such as windows, chimneys are turned off, doors and places they are without thermal protection, other very usual practices is not to sit on the floor and the constant use of closed shoes in order to avoid contact with the humidity of the floor, especially the ceramic floor and / or cement, they are constantly sheltered, they use jackets and divers, and some use it according to the number of meters above sea level that are.

They do all the above to avoid and transmit a direct humidity to the body of the woman and the unborn child, preventing discomforts, among them the colic and the intense pains during the childbirth and the prolongation of them in the immediate puerperium. Some of them do it to avoid low birth weight.

"Do not calm down" P8E1 P9E1

"Do not approach places where the cold passes" P7E1 P12E1

"Do not leave if it's raining" P7E1 P10E2

"Do not sit on the cold floor" P5E1

"Come out with jacket" P17E1 P13E1

"Do not expose me to those cold because he gets skinny he drinks" P9E1

"I wear long blouses, like here it's hot, but the cold of the night" P14E1

Precautions with the bathroom

Bathing and grooming is important for the pregnant woman with severe maternal morbidity, they say that they choose to program these activities in order to avoid humidity and / or thermal imbalance especially in the afternoon, when low temperatures are experienced, by the hiding from the sun They say that they take care of themselves in the conventional way possible, as do other pregnant women, one of the practices they use is not to bathe so late, try to have the bath and grooming with hot water no later than 4 pm, and It is with cold water should be before noon, and then exposed to ultraviolet light for a prudent time.

"Not bathe so late" P8E1 P11E1

"To bathe with hot water at the latest before 4 pm" P12E1 P14E1

"If it is with cold water it must be before noon" P12E1 P14E1

"Expose yourself to the sun a little" P9E2 P6E1

Do not wear wet clothes

For women with severe maternal morbidity the use of damp clothes is a way of transmitting cold to their body and their unborn child, so they avoid having clothes with these characteristics, for which they usually change their wet clothes immediately, avoid Go out when it rains, or when there are low temperatures, they use plastic aprons to wash clothes and try not to get wet. They also avoid washing clothes by hand, and choose to use machine washing in most cases.

"Remove wet clothes when washing by hand" P4E1 P2E1 P2E2

"Do not be serene to leave with jacket" P8E1 P9E1 P17E1 P13E1

"Do not leave if it's raining" P7E1 P10E2

"I wear an apron" P9E1

Domain 4 taxonomy 2 precautions before delivery

When the woman with severe maternal morbidity reaches the third trimester of pregnancy, she assumes a series of precautions aimed at the successful delivery and delivery process, for which beliefs and practices apply such as not buying clothes for the baby, performing certain exercises and consume some concoctions.

Terms included	Semantic relationship
Do not buy clothes for the baby Exercise Consume concoctions	It is a way of Precautions before delivery

Do not buy clothes for the baby

The pregnant women and their families choose not to buy products that they consider of second necessity as it is the dress of the unborn child for fear of the occurrence of a painful and unexpected event such as the death of their unborn child, they express that they do so because of superstitions of his family and grandmothers to overcome a loss more quickly, having no memory in case of an abortion or perinatal death. They state that

the baby is saved after 7 months, and that only need to spend second-hand products after 8 months of pregnancy.

"Baby is saved after 7 months" P8E1

"Do not buy clothes for the baby" P8E1

"I do it because of my family's superstitions" P8E1

"You get your clothes after 8 months P8E1

Exercise

The realization of physical exercise such as walking, going to the course of psycho-prophylaxis or preparation for childbirth, aerobic days, rhythmic gymnastics, squatting, walking two or three steps, climbing stairs, placing your feet up and performing bending exercise , extension, favors according to pregnant women the separation of the meat of the uterus (dilation) and the vaginal cavity, since these help the stimulation and dilation of the vaginal canal during childbirth, and with it a faster exit of the unborn child , thus reducing possible asphyxia, perinatal deaths and maternal death itself.

"Walk a lot, two to three steps" P2E1 P3E1 P4E1

"Jog for 20 to 45 minutes" P2E1 P3E2 P4E1

"Practice soccer, skating, volleyball, rhythmic gymnastics" P1E1 P3E1

"Squat to separate the meats for him baby come out fast" P4E1 P5E1 P15E1

Consume concoctions

The orange juice with egg and the water of timorreal consume it the women with severe maternal morbidity before the childbirth in order that this is fast and less painful, they declare that this practice guarantees a faster and less traumatic exit of the perinato of the vaginal canal. The pregnant women use cinnamon, chamomile, lulo, brevo leaves, panela, together in a single infusion and / or preparation, then boil it at a temperature not exceeding 100º Celsius, since if it exceeds this temperature properties are denatured and not The therapeutic effect is achieved. They also state that these practices do not work for all women, since the response of the systems and organism is different. Finally, they express that pain is reduced in childbirth and puerperium, if chamomile, cinnamon, lulo and brevo leaves are consumed, but a special precaution is necessary, since if these preparations and infusions of Herbs are consumed before two months of pregnancy can occur and / or generate a spontaneous abortion.

"Drink water from Timoreal, lulo, and brevo leaves with panela" P3E1 P2E2 P3E1

"Take brief with panela for labor pain" P4E1 P5E1

"Do not consume this before 2 months because the baby comes to you" P10E2

"All in one drink and cook it a little" P1E1 P14E1 P8E1 P17E1 P16E1

Domain 5 taxonomy 2 be always clean

For women in the study, being clean always means taking a good bath, avoiding the use of public baths and avoiding the use of vaginal creams unless indicated by the doctor. These activities are carried out especially to prevent infections in them and their unborn children.

Terms included	Semantic relationship
Bathing well Avoid using public toilets Do not use vaginal creams	It is a way to be always clean

Bathing well

Women with severe maternal morbidity maintain very frequent cleaning habits with strict hours in order to be always clean (sanitized), without sweating on the genitals, since they believe that if they do not maintain these habits can develop infections that can transmit to your child To be born.

"To bathe me daily the cuca, (vagina) before 4 pm" P8E1 P11E1 P9E1

"Bathe very to avoid infections and transmit them to the child" P8E1 P11E1

Avoid using public toilets

Women with severe maternal morbidity where possible try not to use public restrooms in shopping centers, clinics, hospitals, schools and other public establishments, unless strictly necessary. This practice is developed in order to avoid contact with possible secretions of other people in these establishments, they are afraid of being able to catch any disease and / or bacteria virus or microorganism through the vaginal or anal, they also express that they do this for the fear of transmitting any disease to your unborn child.

"Those toilets that enter the whole world, I do not enter" P8E1 P11E1

"That's looking for an infection" P8E1 P11E1

"That scares a bacterium in those baths, no, no and pregnant less" P8E1 P11E1

Do not use vaginal creams

The vaginal creams are considered harmful to the unborn child, so they avoid its use, they also sustain that the pH of this area changes, and some creams can cause irritation in this area, and therefore can affect the unborn child. The creams they use are those that the doctor indicates, as long as it does not affect the development of the child being born.

"I do not use those creams because it irritates and one's ph changes" P6E1 P9E2

"Those creams hurt the baby" P6E1

"I would use unless the doctor prescribes it" P6E1

Domain 6 taxonomy 2 change of position in the presence of edema

When the pregnant woman with severe maternal morbidity presents edema, she identifies it by increasing the size of her feet, legs, face and arms. For her, edema is swelling and she does her own care, but she does not immediately consult the health service.

The pregnant woman with severe maternal morbidity identifies several reasons for practicing care such as changing position in order to reduce lower limb edema.

Terms included	Semantic relationship
The inflamation	It is a characteristic of the presence of edema

Have big feet	

The inflamation

The pregnant woman with severe maternal morbidity performs several practices of care in the presence of edema, when they show that their feet are large, the swelling of their entire organism, because in the previous births did not happen, they identify the edema and the state of anasarca when They have a face, feet, arms, swollen legs, many times they do not walk because of the same edema. To counteract these real health problems, pregnant women opt for cultural care practices such as lifting their feet, constantly changing their position, especially at night when the edema is exacerbated. They state that they feel that the edema diminishes when they sleep on the left lateral cubicle. Many sleep with the head of the inverted bed, installing objects in order that the head is inclined (lower than the body), and thus decrease edema of lower limbs, ie in trendelemburg position.

"I raise my feet so that the swelling is removed" P9E2 P16E1 P14E1

"Place stones on the feet to lower the head of the bed" P8E1

"Lie down on the left side" P6E1 P5E1

Have big feet

Women with severe maternal morbidity also identify the edema related to the observation of their lower limbs, they express that having big feet is a sign of alarm because many times their shoes did not fit, or simply because they increased in size, some had limitations

to walk and mobilize, therefore, use care practices to mitigate this as it is to lie down and lift your feet against the wall. Others, on the other hand, stated that having large feet was normal, because pregnant women tend to suffer from lower limb edema; This shows that other pregnant women are unaware to identify the edema, and therefore their life and that of their unborn child are at risk. But there are other mechanisms that they use to identify that they are sick, they consider that if they are swollen and suffer from a headache it is a symptom to seek help, at the same time they avoid consuming water for fear of exacerbating the disease.

The care of choice that they have in the presence of edema is to elevate the feet so that the edema is diminished; the pregnant woman with severe maternal morbidity knows how to identify the edema, and knows its possible consequence, in addition to other practices, they consider that lifting the feet, sleeping with the head of the inverted bed decreases edema and anasarca, since the blood return increases and with it the entry of water intracellularly, and the decrease of this intracellular and interstitial space. Other care practices that avoid is the consumption of sodium (salt), they practice the sodium hypo diet, in order to avoid increased edema and exacerbation of it, it is a consistent practice since sodium helps to retain water to extracellular level and therefore the edema is preserved.

"I raise my feet so that the swelling is removed" P9E2 P16E1 P14E1

"Place stones on the feet to lower the head of the bed" P8E1

Domain 6 taxonomy 2 presence of edema

Terms included	Semantic relationship
The weight of the baby	It is a reason for the presence of edema

By the weight of the baby

The weight of the baby is a justification or a reason to have lower limb edema, even up to the state of anasarca, they themselves argue that having a large child and a pregnancy of larger size than other pregnant women produces edema. For this they practice care such as sleeping on the left side and lifting feet. As the womb grows and the uterus expands, there is pressure on the inferior vena cava, which decreases the blood return and edema of the lower limbs occurs, a situation that worsens and perpetuates when preeclampsia occurs. Therefore, the care practices that pregnant women have are consistent with their basic pathology.

"I raise my feet so that the swelling is removed" P9E2 P16E1 P14E1

"Lie down on the left side" P6E1 P5E1 P15E1

Domain 7 taxonomy 2 do not consume water

The pregnant woman with severe maternal morbidity identifies several reasons to practice cares such as the decrease in the intake of water and liquids, because according to them the consumption of liquids causes them to increase the swelling (edema) and make them worse by swelling their hands, arms and face (anasarca), so avoid consumption, even not to consume as an alternative treatment and care at home.

Terms included	Semantic relationship
For having big feet I urinated a lot	It is a reason not to consume water

For having big feet

The woman with severe maternal morbidity decreases the consumption of liquids by evidencing the edema in her lower limbs, for her this situation is very worrying, and one of the ways to help herself and take care of herself is to reduce the consumption of liquid and water, as well the same orientations of the family, friends and midwives helped and contributed to the care of her and her unborn child. For them, having big, giant feet is a sign of grave alarm and even more when their shoes did not fit, a situation that had never happened with previous pregnancies.

"Do not consume water so that the swelling decreases" P16E1 P6E1 P14E1

I urinated a lot

To urinate a lot is for the woman with severe maternal morbidity a sign that something is not right in her organism, since in addition to the edema was added this situation, which worries her too much. They argue that by consuming water and being swollen your body does not expel excess fluid that has in its members, but instead that increases the problem and edema. One of the ways to take care of yourself is to gradually reduce your water consumption, even to restrict your diet from all kinds of liquids such as soups, water, soft drinks, juices, malt and others. Another situation that greatly worries the pregnant woman

and forces her to seek help in pre-malady is to urinate foam, for pregnant women this situation is not coherent, since if she does not consume water because she urinates so much and that way of foam.

"Do not drink soup, so much water and so much juice" P15E1 P5E2 P7E2

If I drink a lot of urine more "P3E1

Domain 8 taxonomy 2 seek help

The woman with severe maternal morbidity faces an unknown situation, especially during the pre-Claims experience anxiety, despair and anguish, which forces her to seek help from other people, and especially the health system.

Terms included	**Semantic relationship**
Because in the previous pregnancy it did not happen Having high blood pressure Because of fear	It is a reason to seek help

Because in the previous pregnancy it did not happen

The experience with other gestations and pregnancies gives an important value to women with severe maternal morbidity, because of that particular experience gives a fundamental basis to take care of themselves and their unborn child. For her to be healthy and from one moment to another to be sick is a situation that afflicts her and worries her, since with the

previous gestations she never evidenced anatomo-physiological changes, and situations that could put her life and her life at risk. son to be born. By having prior knowledge of these situations, women with severe maternal morbidity seek help in specialized health centers, doctors and nurses in their localities. The search for help is considered as a protective factor for the pregnant woman with severe maternal morbidity.

"In the previous birth I do not pass" P9E1 P14E1

"I got worried and went to the hospital" P14E1

Having high blood pressure

Women with severe maternal morbidity do not go to maternal care services, because they are mostly distant or because they do not have access to them, due to problems with insurance. However, when the pregnant woman identifies that she is sick or that her pregnancy or unborn child is in danger, they do their best to seek help. The woman with severe maternal morbidity seeks help when they identify having high blood pressure, headache, dizziness, heart palpitations, for which they consult in the short time in the emergency units, or with the nurses in their community.

"The village nurse takes my blood pressure and I was high" P6E1

"Consult in the urgency for the pressure" P12E1 P15E1

"I call a nurse when I have a headache" P4E1 P1E1

"Marie and I went to the emergency room right away" P3E2

"I felt some pains in my heart and went to the village hospital" P13E1

Because of fear

Fear, worry, stress, fear for the life of herself and the unborn child are one of the reasons why women with severe maternal morbidity seek or ask for help, they say they are willing to do any activity in order to remain calm during her pregnancy, for them, tranquility is an emotional state synonymous with confidence and security for herself and her unborn child.

"I felt some pains in my heart and went to the village hospital" P13E1

"That swollen foot gave me a fear" P2E1 P12E1

"Worried about that, I went to the hospital" P17E1 P9E1

Domain 9 taxonomy 2 avoid some food

Avoiding the consumption of sodium carbohydrates, is a practice of care that women with severe maternal morbidity use to take care of themselves and avoid exacerbating the symptoms of their disease, as in the case of women diagnosed with preeclampsia, gestational diabetes and also to avoid a macrosomic son.

Terms included	**Semantic relationship**
Concern for the baby	It is a reason to avoid some foods

Concern for the baby

The pregnant woman with severe maternal morbidity knows the consequences of not following a strict diet when suffering from gestational diabetes, they say that they avoid

consuming some fruits such as pineapple, grapes, papaya bananas, because they contain too much sugar (Fructose), which can increase the glycemia, that your unborn child suffers from macrosomia, and possibly develop childhood diabetes.

"Do not eat pineapple, grapes, banana, papaya are very sweet" P12E1 P15E1

"Those fruits raise my sugar" P12E1

Theme 3 care suggested by family and friends

The woman with severe maternal morbidity is intertwined in a large social and support network made up of her family, especially the mother, and in the second instance there are the friends and relatives who surround her. Family and friends give you valuable information about caring for her and her unborn child, considering it important that she is healthy and has a real and proper knowledge of self-care. Family and friends recommend how to take care of themselves, how to eat properly and how to care for their unborn child.

General domains	Semantic relationship
Take good care Feed properly	It is a way of care suggested by family and friends.

Domain 1 taxonomy 3 take good care of yourself

Family and friends recommend that women with severe maternal morbidity perform care practices that favor them and their unborn child, they do so because of the concern they feel for them and some of their recommendations are related to food, family planning and bed rest.

Terms included	Semantic relationship
Eat well Not having more children Have rest	It's a way to take good care of yourself

Eat well

The family suggests that women with severe maternal morbidity should eat well and adequately, which means that they should consume protein, carbohydrates and fiber. The family argues, according to the pregnant woman, because they are necessary for the growth and development of the unborn child, they recommend that their consumption be daily and with the appropriate nutritional requirements.

"My aunts tell me to eat eggs, rice, pork, chicken, beef, fiber and lots of fruit." P12E1 P3E2 P17E1

"My friends tell me that I should eat everything, but be balanced" P4E1 P9E1 P6E2

Not having more children

The family and friends of the woman with severe maternal morbidity recommend that after finishing the pregnancy she should seek guidance in the health services and enroll in the family planning program. The family does it because of the concern they have for the life of the pregnant woman, because of the age of this or the disease they suffer.

"My mom told me that I could not have any more children because of the preeclampsia" P14E1

"My sister says go to family planning" P2E1 P4E2

Have rest

Rest in women with severe maternal morbidity is too important for family and friends, they should rest whenever they can, the family always provides support for this practice. The family argues that the pregnant woman should always be at rest, without making more effort, so that the unborn child develops well and at the time of delivery has the appropriate anthropometric measures for their age.

"My mom tells me that I must be still and at rest so that the child comes out big and beautiful" P15E1 P12E1

Domain 2 taxonomy 3 feed properly

Family and friends recommend to the woman with severe maternal morbidity several practices of cultural care, these practices are aimed at nutrition, they recommend following the medical indications, a balanced and balanced diet, in order to avoid malnutrition of the woman and of your unborn child.

Terms included	Semantic relationship
Consume pregnant diets Have a balanced diet	It is a way to feed properly

Consume diets of pregnant women

The mother of the pregnant woman with severe maternal morbidity, is always involved in caring for her, and of her unborn child, they recommend foods that nourish the woman and her child. They always show concern for their daughters and for the care practices that they should have, and especially with the eating habits in order to favor an adequate intrauterine growth, for them a diet of pregnant women requires a high consumption of proteins, zinc, fish, vitamins, fruits and vegetables.

"My mom says I should eat everything" P12E1 P3E1

"Eat lots of meat, chicken, beans, lentils, salads, lots of fruit" P13E1 P15E1

"Mommy says I eat a lot of fish" P13E1

Have a balanced diet

The family and friends are always educating and teaching the pregnant woman about nutrition, her nutritional recommendations are always oriented to the balanced consumption of food, in order to strengthen the mother and that she can transmit all the nutrients to her unborn child. According to the family, the balanced diet consists of consuming a lot of food, but in reasonable and balanced amounts, whether it is of good taste or unpleasant.

"Eat everything, vegetables, meat, chicken everything my grandmother tells me" P15E1

"Eat a lot of food, without walking with a nuisance" P8E2

Topic 4 reaction to medical diagnosis

Women respond differently to the diagnosis of severe maternal morbidity, so they tend to feel sadness, despair and anxiety, since they consider that they have taken adequate care and taking into account that many of them become emotionally sensitive, but at the At the same time they feel that it is an opportunity to fight for life.

General domains	Semantic relationship
Be sad Surprise for them New life opportunity Concern for the unborn child	It is a way of reaction of medical diagnosis

Domain 4 taxonomy 1 be sad

At the moment that the woman with severe maternal morbidity is aware of her medical diagnosis, she feels a lot of fear, sadness and melancholy this feeling brings about anxiety, guilt, and worry, which can be harmful for her, since it can cause physiological changes in your body.

Terms included	Semantic relationship
I thought I could die I felt defeated Resignation	It's a way of being sad

I thought I could die

At the time they provide information on medical diagnosis, women with severe maternal morbidity feel that fear for their life and that of their unborn child, many of them are distressed, suffer from depression, despair. One way to face this situation is by praying and surrendering to God.

"I gave myself to God when I got the news" P4E1 P9E1

"I prayed and I felt better, and I was not depressed and desperate as before" P5E1

"I am very distressed, what a tenacious news" P9E2

I felt defeated

The woman with severe maternal morbidity experiences a series of feelings such as sadness, melancholy, even to depression, feel guilty for the situation, think that it has been a punishment for which they change their mind, stop receiving and consuming food, too They experience insomnia.

"I felt guilty because I should not have been pregnant because of my age" P16E1

"This was a punishment" P13E2

"I do not sleep for that news" P15E1

"I did not eat" P14E1

Resignation

Assuming little by little the disease, approaching God, having a lot of patient are the ways in which the woman with severe maternal morbidity uses to accept her illness, and is at the same time directly involved in the recovery process, having adherence to pharmacological treatment and the non-pharmacological, conceives this state as an opportunity for life and personal growth.

"Take over the disease little by little" P9E1

"Have patience" P14E1

"Collaborate with the treatment" P5E2

Domain 4 taxonomy 2 surprise for them

Terms included	Semantic relationship
I never felt sick I had done exams My pressure was fine The other pregnancies were healthy	It's a reason for Surprise for them

I never felt sick

At the moment they were diagnosed with severe maternal morbidity and their reaction was informed, it was astonishment, because they had attended some prenatal check-ups, because they felt well healthy, without ailments. However, they did not attend prenatal

check-ups in a timely manner, in accordance with the guidelines established by resolution 0412 of 2000.

"I went to prenatal checkups, not everyone, but I was going" P7E1

"I was healthy" P12E1

"I had no ailments" P9E1

I had done exams

Women with severe maternal morbidity state that they had undergone laboratory tests, had been very punctual with them, and none showed altered results, so they did not understand why they diagnosed the disease. For her, this situation was very surprising, even to the point of listening to another medical opinion.

"I went to prenatal checkups, not everyone, but I was going" P7E1

"I went to my laboratory exams" P12E1 P13E1

"The exams came out good" P9E1

"I went to another doctor because I did not believe" P10E1

My pressure was fine

The woman with severe maternal morbidity usually takes blood pressure in her community, or in a nearby health center, it is a habit and a practice that they do to take care of themselves, they state that they do it to be sure of pregnancy, so when he was diagnosed with his illness, he did not assume that he had this pathology.

"If blood pressure was always good" P10E1 P2E1 P5E2

"I was always going to take my blood pressure" P8E1 P3E2

"I was never told that I had it" P10E1

The other pregnancies were healthy

The previous experience of other pregnancies, provides women with severe maternal morbidity tools to identify risk factors and / or signs of alarm, so when they are diagnosed they feel amazed and show desperate to experience a different and unexpected event.

"With the previous deliveries I did not give anything" P1E1 P2E2 P8E1

"I felt desperate because that is new for my life" P9E1

Domain 4 taxonomy 3 new life opportunity

Women who experience a disease situation that affects their lives and puts the unborn child's life at risk, take this process as a test of life that fate has given them, for which they accept the reality of this event and they resign before the diagnosis and assume it as a new opportunity for life or as an event that they must face at some point in their lives.

Terms included	Semantic relationship
Accept the reality See it as a test	It is a feature of new life opportunity

Accept the reality

At the moment they are diagnosed with severe maternal morbidity, they accept their illness, through calmness, not being anguished, feeling safe for hospital care. They consider that they have an adequate disposition to confront this type of situations, they see it as a new opportunity of life from which they will come out healthy.

"Accept reality" P5E1

"I despaired at the beginning, then I took the soft thing" P9E1

"I thanked God because nurses and doctors are good" P8E2 P5E1

See it as a test

Women with severe maternal morbidity take this type of situation as a new experience that happens in their life, a situation that is very difficult and complex that every human being at some time in their life must face with courage. Facing this situation they see it as a personal challenge which they must overcome in order to preserve the life of herself and her unborn child.

"I'll get over this for my baby" P11E1 P4E2

"Trips that every human being must pass" P9E1

Domain 4 taxonomy 4 concern for the unborn child

The woman with severe maternal morbidity is confronted with an unknown situation, since the medical diagnosis leads her to suffer anxiety and fear for the consequences of this pathology on the unborn child, leading her to visualize the future of her unborn child, many of them think that having a disease during pregnancy your child can develop congenital defects or genetic disorders and end up suffering from down syndrome.

Terms included	Semantic relationship
Think that the disease affects you Being born with defects Get sick or special	It is a reason for concern for the unborn child

Think that the disease affects you

Women with severe maternal morbidity show great concern about the unborn child, they say that they believe that their child will get sick, that they will suffer from diseases that they have. Therefore they give themselves to religious rites and place their efforts in medical treatment.

"The child will get sick with diabetes" P10E1 P12E1

"I'm in a prayer group so the child does not get sick." P15E1

Being born with defects

Women with severe maternal morbidity are stressed by the fear that their unborn child will bring with them congenital defects related to the disease they have, their concern goes to the point of performing special ultrasound scans, in order to be sure of the health of the child. son to be born.

"I did a special ultrasound to know that it was complete" P15E1

Get sick or special/ syndrome down

The most worrying thing for women with severe maternal morbidity is having a sick or special child, for them it is a very overwhelming and alarming situation, since they themselves say that a child with these characteristics would be an emotional burden for them, for their family, who have had experience with family members who have had children with special abilities.

"A Mongol son is tenacious" P13E1

"My aunt has a special child and it is difficult" P16E1

Topic 5: Appreciation of health care

Health care plays an important role in the health care of women with severe maternal morbidity considered as a determinant of health that favors the living conditions of the pregnant woman and her unborn child. Pregnant women identify the quality of nursing care, the collaboration of social and charitable groups, they also identify aspects that are negative in care, such as the difficult access to maternal health services, the lack of expertise of professionals, and the failure in health management of insurers.

General domains	Semantic relationship
Good care Collaboration of pink ladies Difficult attention The insurer did not authorize the attention	It is a characteristic of appreciation of health care

Domain 1 taxonomy 5 good care

Nursing care is identified in women with severe maternal morbidity as an adequate disposition to be cared for, that is to say that they are kind, that work with love, that they have a full knowledge about their work and that all their care needs are taken care of of health.

Terms included	Semantic relationship
Active nurses Have a lot of knowledge To be pendient	It is a characteristic of good nursing care

Active nurses

The active nurses according to the pregnant woman with severe maternal morbidity are translated to have an adequate disposition to be attended, to be kindly affectionate, to

have human quality, to carry out the care activities in a fast way and to satisfy the needs of care that they require.

"Very good attention" P9E1 P11E1 P12E1 P13E1 P14E1 P15E1 P16E1

"I'm going to stay living here" (excellent service) P14E1

"Very good care" P14E1 P13E1 P17E1 P15E1

Have a lot of knowledge

Be smart, have a broad knowledge about their clinical condition, know the dose, care, be aware of the blood pressure, are reasons that pregnant women argue to describe the knowledge that nurses have about care and Above all, the quality care they receive.

"The nurses are hairy" P8E1

"They know everything about my illness" P9E1

"You know my medications" P10E1

To be pendient

The nurses are constantly in communication with women with severe maternal morbidity, they are in charge of managing appointments, of being on control days, giving recommendations on the care they should have, for pregnant women this behavior in prenatal care is exemplary for them to take care of themselves, and for them to have a better quality of life.

"The boss helps me in everything" P8E1

"They are waiting for my controls" P7E2

"They call me to ask how is the pregnancy" P1E2

Domain 2 taxonomy 5 collaboration of the pink ladies

The pink ladies are a group of women who help pregnant women and vulnerable families, they give help with clothes, food, and manage shelters and homes for people who are not from the city of Medellin.

Terms included	Semantic relationship
When we do not have clothes With food and food For hostels	It is a way of collaboration of the pink ladies

When we do not have clothes

The pink ladies help women with severe maternal morbidity and their family giving them help around the dress, many of these pregnant women are referenced from municipalities with difficult geographical access, which have very critical living and socio-economic conditions, even when they are remitted In the majority of cases they arrive alone, which is why they access the charity of these people.

"The pink ladies have given me clothes for me and my baby" P9E1

From the food

The pink ladies are a help for the well-being of the woman with severe maternal morbidity and the unborn child, they feel more secure, with confidence in the hospital decreasing their concern and anxiety for their companion, since many times the companions do not have resources enough to subsidize their diet while the pregnant woman is hospitalized.

"The ladies in pink help us with my mom's food and I'm calmer because before I had to share it with her" P8E1

For hostels

The pink ladies manage the shelters of the families of the women with severe maternal morbidity, since the majority of the companions live in distant municipalities and in the hospitals there is no bed for the rest of these, for which the pink ladies offer them homes of step for them, and with this the pregnant woman is calmer and can overcome her health process.

"They helped me with a step home for my mom" P4E1

"I'm calmer that mama rests" P6E1

Domain 3 taxonomy 5 difficult attention

For women with severe maternal morbidity, care becomes difficult when there is no adequate access to maternal health services, when professionals do not have experience related to maternal care, when there is no availability of a specialized professional who can provide them.

Terms included	Semantic relationship
Inexperience Gynecologist not available Very far from the health center There are no diagnostic aids	It is a consequence of the difficult attention

Inexperience

The inexperience in maternal care is identified by the woman with severe maternal morbidity when the professionals are of compulsory social service, when they are people as students, when they do not show empathy with the pregnant woman at the time of care. For her it is important that the professionals have a good disposition to attend them.

"They are practitioners, they do not know anything" P9E2

"They do not know how to serve people" P6E1

Gynecologist not available

Women with severe maternal morbidity complain about health care, because they do not have access to a health professional specialized in gynecology and obstetrics, for them to feel calm and that their health condition is appropriate should have the opinion of this, in order to assure them a healthy unborn child.

"There is no gynecologist in the village" P17E1

"I will feel safer with me and drink with the gynecologist" P15E1

Very far the health center

The difficult access to services in maternal health is a reason for women with severe maternal morbidity to qualify this service, many of them express that they live in remote municipalities and villages where there are no institutions or support networks that reorient them to the use of health services, is a reason for non-attendance to these services.

"There is no health center in the village" P3E2

"The hospital is far away" P7E2

"The hospital is 3 hours away" P6E1

"There are no midwives or nurses in the area" P16E1

There are no diagnostic aids

The women with severe maternal morbidity when they consult the health centers and health institutions, show that they do not have diagnostic aids such as laboratories, and others, they say that when the check-up is carried out the nurses tell them that they do not have the reagents for the performance of laboratory tests.

"The nurse told me there was no material for the urine sample" P4E1

"The health center does not have major things to attend" P8E2

Domain 4 taxonomy 5 the insurer did not authorize the attention

Women with maternal morbidity did not have access to prenatal check-ups because their insurer did not have coverage in the area where they resided, or they simply did not authorize care in that locality. Other reasons were not being in SISBEN databases. beneficiaries for social programs) or the RUAF (Single register of affiliates to social protection), as well as the denial in the health centers of the municipality of residence for reasons of agreement with insurers.

Terms included	Semantic relationship
Live in a different department and / or state Do not appear in database The hospital did not have an agreement	It is a reason for the insurer not to authorize the attention

Live in a different department and / or state

Not being from the municipality of residence or the birth department, women with severe maternal morbidity were denied maternal health care, they stated that being an insurer from another department did not cover their care in that area.

"I am from La Guajira and my EPS is from there and nobody here attends me" P12E1

Do not appear in database

Women with severe maternal morbidity express that, when accessing health services, they were not treated because they were not registered in the SGSSS database (general system of social security in health), as beneficiaries of the contributory regime or as beneficiary of the subsidized regime.

"My husband had me affiliated but he did not appear as a beneficiary and they did not accept me in the control" P7E1

The hospital did not have an agreement

Women with severe maternal morbidity approached local health care centers, such as hospitals and health centers, but maternal care services were denied because their EPS had no coverage in the municipality or because they had no agreement with the hospital, therefore they did not attend the controls.

"I went to the hospital, but since I did not have an agreement, they gave me back" P12E1

4.2 Discussion

Practices of care from the professional

The professional care practices carried out by women with severe maternal morbidity are based on the guidance of the team of health professionals and in some particular cases have been learned by mass media such as the internet and mobile applications. . "I learned to take care of myself with the baby center application" P2E1, "in the app I learned from the feed" P1E1. Women with severe maternal morbidity tend to take care of themselves through care practices such as feeding; consuming a diet rich in proteins, low in lipids, carbohydrates and sodium, "eat everything, chicken meat, fruits, vegetables, flours, rice, fish" P1E1 P2E1, many say that this practice in the case of women with preeclampsia they do to prevent their blood pressure from rising, they have edema, like their blood sugar in the case of women with gestational diabetes, "avoid eating sugars, and sweet things" P9E1 P6E1, "the doctor told me that if I did not decrease the sweet will remain with sugar "P12E1," do not eat salted by the edema "P13E1 P16E1 P11E1, they also perform physical and cardiovascular exercise," jog for 20 to 45 minutes "P2E1

P3E2, "if your child trots well and you do well when you stop, you get happy" P4E1, since this helps them improve blood circulation to their cardiovascular system and thus improve tissue irrigation and tissue perfusion to their child, they also rest , relax and avoid physical exertion, "sleep comfortably, rest constantly and sleep peacefully" P8E1 P3E2, "do not get uptick, sleep without noise" P15E1, "if you sleep well the baby grows faster and comes out well" P9E2 P6E1, "go yoga helps you to be relaxed "P5E1," move little, or do not move so that the baby does not come to you "P5E1 P6E1, in order to prevent spontaneous

abortions and preterm deliveries, other care practices that are performed is the care itself and the unborn child attending prenatal check-ups, "I have been taught how to take care of myself" P3E2 P7E1 P8E1 P9E1, and consulting for emergencies when there are warning signs "when I have warning signs go to the urgency right away "P12E1 P6E2," if I get sick I leave for emergency the boss told me "P4E1 P5E1," Go for the emergency when I have headaches, dizziness "P4E1 P5E1," if I have vomit, if I'm yellow "P13E1 P15E1" if I get the fluid, bleeding, if it does not move "P12E1 P6E2, such as headaches, dizziness, vomiting, if they have jaundice, edema, discharge of fluids vaginally and / or bleeding, otherwise The fetus moves and blurred vision.

Although this group of women with severe maternal morbidity did not attend the program early detection of pregnancy disorders (prenatal control), according to the norm 412 of 2000, they have learned from the group of health professionals to take care of themselves maintain habits and lifestyles that can contribute to improving your health condition and quality of life and that of your unborn child.

The above can be concluded that these care practices are congruent with the guidelines recommended by health agencies.

Some research confirms the previous arguments and reasons for the care of women; Benavente, Guerra and Mendoza (39), found that diabetic women restrict the consumption of some foods to stay healthy. Jabir, Abdul-Salam, Suheil, Al-Hilli, Abul-Hassan, Souza (29), Roopa and Verma (30), Rodríguez, Palma-Solís, and Zapata-Vázquez (31) detected that women should identify early signs of alarm, in order to have quality care. Lira and

Álvarez (69) found that Otomi pregnant women avoided carrying heavy things. Muñoz and Pardo (70) found that women maintain regular care practices in the diet.

Practices of care from the generic

The practices of generic care performed by women with severe maternal morbidity are based on a folkloric and cultural knowledge, they practice those care based on the knowledge of their personal experience and that of their close relatives which have been transmitted from generation to generation. This knowledge is based on cultural practices related to the use of herbs, "take bath of eucalyptus leaves, cinnamon, chamomile, lulo, brevo leaves, sitting on a chair and receive that steam" P1E1 P14E1 P8E1 P17E1 P16E1, "drink water of timorreal, lulo, and leaves of brevo with panela "P3E1 P2E2 P3E1," take oil of recinos for the pain of childbirth "P4E1 P5E1" throw eucalyptus in the belly "P9E2, avoid sudden movements," move poquitico, or do not move to Do not let him drink "P5E1 P6E1" stay still "P7E2 P17E1," do not do anything else "P2E2, be calm" be always relaxed and do not take tantrums for risk of abortion "P15E1," yoga makes me calm and the baby "P1E1," going to prenatal control calms me down " P2E2 P8E2, "that the gynecologist looks after you keeps you calm" P7E1 P9E1 P15E1, "I like that the boss attends to me, (professional nurse) it leaves me calmer" P14E1, to protect of thermal changes, "not to calm down" P8E1 P9E1, "Do not go near places where the cold goes by" P7E1 P12E1, "Do not go out if it's raining" P7E1 P10E2, "Do not sit on the cold floor" P5E1, "Go out with a jacket" P17E1 P13E1, "Do not expose me to those cold, because he gets skinny he drinks "P9E1," I wear long blouses, even there it's hot, but the cold of the night "P14E1, precautions before delivery,

"Baby is saved after 7 months" P8E1, "do not buy clothes for the baby" P8E1, "I do it because of my family's superstitions" P8E1, "you are buying clothes after 8 months P8E1, hygiene, bathing to avoid infections and transmit them to the child "P8E1 P11E1" to bathe the parts well (genital) "P9E1, the changes of position in the presence of edema, the woman with severe maternal morbidity takes care of herself and the unborn child in the absence of the prenatal checks, when evidence of edema performs practices such as elevation of lower limbs; "I raise my feet so that the swelling will be removed" P9E2 P16E1 P14E1, "place stones on the feet to lower the head of the bed" P8E1, "lie on the left side" P6E1 P5E1, the restriction in the consumption of water and liquids, reduce the consumption of liquid as practice to prevent the edema increase; "Do not consume water so that the swelling decreases" P16E1 P6E1 P14E1 and the search for help with health problems "the town nurse takes my blood pressure and was high" P6E1, "see in the urgency of the pressure" P12E1 P15E1 , "I call a nurse when I have a headache" P4E1 P1E1, "I Marie and went to the emergency room right away" P3E2, "I felt some heart pounding and went to the village hospital" P13E1.

These practices are valuable both for women with severe maternal morbidity and for the health and healthcare system, since they care for their pregnancy, their unborn child, help in the birth process, reducing real health problems and potentials that may present, as well as care in adverse situations such as illness when you are pregnant.

This is how the practices of generic care carried out by these women with themselves and with the unborn child play an important role in improving their health and life condition, since this folkloric and cultural knowledge provides them with tools to take care of themselves, to change your lifestyle and ensure a healthy pregnancy despite your clinical

condition. However, the confidence they have in these practices can become a risk factor for maternal morbidity since it replaces the consultation of the health service, for its folkloric care practices.

Parra and Medina (71) found that most pregnant women have a good practice of cleansing care and hygiene of the genitals and body; which contributes to decrease infections of the genitourinary tract, a risk factor for threats of abortion and premature delivery, a practice of similar care used by the pregnant women of the present investigation. Choudhury and Ahmed (36), found that women consider pregnancy as a normal event, unless complications arise and at that time seek professional help.

Care suggested by family and friends

The family and social support is considered as an unconditional support in the process of gestation, delivery and puerperium of a woman with severe maternal morbidity, since it is her primary support social network, which provide protection, attention, care and understanding. The knowledge that family and friends have for the health care of a woman with maternal morbidity is important because it also provides these women with the tools to take care of themselves and prevent unwanted events, contributing to improve the health conditions and habits of this group of women.

Families, friends and relatives give recommendations related to home care and food basically, for the family and close friends home care is essential for women with severe maternal morbidity to have an adequate development of their pregnancy despite being sick. Eating well, "my aunts tell me to eat eggs, rice, pork, chicken, beef, fiber and lots of fruit." P12E1 P3E2 P17E1, "my friends tell me that I should eat everything, but that it be

balanced" P4E1 P9E1 P6E2, to maintain the rest "my mom tells me that I must be still and at rest so that the child comes out big and beautiful" P15E1 P12E1 , it is important and concomitantly favors the health of the unborn child. But a recommendation that draws attention is the reorientation to the use of health services, such as family planning (specific protection) in accordance with resolution 412 of 2000, "my mother told me that I could not have more children because of the preeclampsia "P14E1," my sister says go to family planning "P2E1 P4E2, a very valuable recommendation for women with severe maternal morbidity, since it is a clinical condition that puts their lives at risk. These recommendations are valid, but at the same time incomplete, since the family and relatives, despite being a fundamental support for women with severe maternal morbidity, limit themselves to this so that said woman does not feel guilty for her health situation so the family tries not to mix in matters that only correspond to the woman and her partner.

Muñoz and Pardo (70) found that the cultural care practices of adolescent pregnant women are transmitted from generation to generation, predominating the female line, whose result is similar to the present investigation, since mothers are in charge of transmitting the practices of care through the generational change. Granados and Gonzalez (72) found that the family always provides emotional support and teaches the woman to take care of herself. According to the above, the family, friends and associates have a leading role in the health care of women with severe maternal morbidity since many of their recommendations on health, and care are really adequate, relevant and coherent with the reality that lives the woman with severe maternal morbidity.

Reaction to medical diagnosis

The reaction to the medical diagnosis of the woman with severe maternal morbidity was astonishment "if the blood pressure was always good" P10E1 P2E1 P5E2, "I was always going to take my blood pressure" P8E1 P3E2, "they never told me I had high blood pressure "P10E1, and surprise" I was going to prenatal checkups, not everyone, but I was going "P7E1," I was healthy "P12E1," I had no ailments "P9E1, showing a particularity; all presented and showed negative feelings, such as sadness, fear, anxiety, despair "I prayed and I felt better, and I was not depressed and desperate as before" P5E1, "I was very distressed, what a tenacious news" P9E2, and they become sensitive before the health-disease process "I felt guilty because I should not have been pregnant because of my age" P16E1, "this was a punishment" P13E2, "I do not sleep because of that news" P15E1, "I did not eat" P14E1, and at the same time show feelings positivists as a new opportunity of life and an instinct of protection over the unborn child, "gradually take on the illness" P9E1, "have patience" P14E1, "collaborate with the treatment" P5E2. These women show concern for the life of their unborn child and their own life, giving it a meaning to overcome, "I will overcome this for my baby" P11E1 P4E2, and coping with this situation. The woman with severe maternal morbidity recognizes her current health situation and turns it into a life opportunity "Accept the reality" P5E1, "I despaired at the beginning, then I took the soft thing" P9E1, "I thanked God because the nurses and doctors are good" P8E2 P5E1. These events give him tools for his self-care and providing the necessary means to develop his maximum potential as a human being.

Being healthy and then sick provides a different perspective of the life of the woman with severe maternal morbidity, there are some literatures whose results are similar, Laza and Pulido (41), described the experience of the woman with preeclampsia, finding that this experience generated fear and anguish. Pérez and Muñoz (42), described the meaning that a group of puerperal women assigned to preeclampsia, finding that they trust in being healthy and react to the diagnosis with fear of the risk of dying she and her son. Laza and Castiblanco (43), described the perception about preeclampsia, finding that women who suffered the disease for the first time, perceived it "unexpectedly and without warning". Noguera and Muñoz (44), described the meanings of having preeclampsia for a group of pregnant women, finding that feelings such as uncertainty, fear, nerves and anxiety are generated, secondary to not knowing what will happen to their health and the health of the child to be born. Laza and Pulido (45), described the experiences lived by severe preeclampsia, finding that the relationship with God, became a strength and company in moments of loneliness, uncertainty and fear in front of the danger that the disease involved.

Appreciation of health care

The woman with severe maternal morbidity considers that the health system does not guarantee an adequate health welfare for her and for her unborn child. The health system is a determinant of health to provide care to a population. The woman with severe maternal morbidity argues that this system gives her inadequate care, "there is no health center in the village" P3E2, "the hospital is far away" P7E2, "the nurse told me that there was no material for the urine sample "P4E1," the health center does not have more things to attend "P8E2," the hospital is 3 hours away "P6E1," there are no midwives or nurses in

the area "P16E1, insurers do not manage care" my husband I had an affiliate but did not appear as a beneficiary and they did not accept me in the control "P7E1, and the care they require," there is no gynecologist in the town "P17E1," I went to the hospital, but since I did not have an agreement, they gave me back "P12E1," I will feel more secure with me and he drinks with the gynecologist "P15E1," I am from La Guajira and my EPS is from there and nobody cares for me here "P12E1, health professionals are not relevant, many of them" are practitioners, they do not know anything "P9E2, do not know care for people "P6E1, many health services are not timely attention, not quality and safety since access to services have been difficult for them, no continuity, no relevance and no accessibility. But despite this, they feel that the attention during the whole process was adequate because the Nursing professionals gave them adequate care, treated them with respect, sensitivity and opportunity.

"Very good attention" P9E1 P11E1 P12E1 P13E1 P14E1 P15E1 P16E1, "I'll stay living here" (excellent attention) P14E1, "very good care" P14E1 P13E1 P17E1 P15E1, "the nurses are hairy" P8E1, "know everything about me disease "P9E1," know my medications "P10E1. The same opinion of the staff of charity and volunteers of the Hospital, "the pink ladies have given me clothes for me and for my baby" P9E1, "the ladies of pink help us with the food of my mother and I am calmer because before I had to share it with her "P8E1, decreasing anxiety gradually in women with severe maternal morbidity. "They helped me with a step home for my mom" P4E1, "I'm more relaxed that mama rests" P6E1.

In accordance with the above, the health and health system plays an important role so that the pregnant woman has adequate health access in terms of quantity and quality, which is

why the necessary means must be provided to improve her health and that women with morbidity maternal health can exercise greater control over it, considering health not as an objective but as the source of wealth of daily life, but the reality is that the Colombian health system does not guarantee health care in such terms, since there are many problems with access to maternal health services, coverage of the system is deficient. Resources must be distributed equitably and health professionals must also be sensitized so that health care and care are humanized.

Some research shows similar results; Álvarez and Espitia (40), described the perception of nursing care in pregnant women with preclaimsia, finding that the pregnant women perceived that the nursing staff demonstrated knowledge and skills in the therapeutic care that I provide against preclaimsia. Cáceres, 2009, (32) concluded that prenatal control is the recommended strategy to detect risks early, Lasso in 2012, (33) recommended intervening in health determinants, so that women have adherence to prenatal control, Munares in 2013, (34) concluded that having work permits reduces the probability of abandonment of prenatal care, and Rodríguez et al. (35), found that the difficulty for payment of transportation is the main barrier of access, to prenatal control. Noguera and Clavijo (73) concluded that the lack of clear information, the absence of individualized attention, disinterested health professionals, with flaws in knowledge and humane treatment, generated in the patients feelings of malgenio and nonconformity. Rodríguez et al. (35) found that lack of resources constituted the main barrier to access to prenatal control.

5. Conclusions and Recommendations

5.1 Conclusions

Women with severe maternal morbidity tend to take care of themselves through care practices such as feeding, avoiding the consumption of some foods that they consider harmful to their condition, they also perform physical exercise improving the tissue infusion and tissue perfusion to their child, they also rest , they relax and avoid physical effort in order to prevent spontaneous abortions and preterm deliveries. Many of these practices are their own and in turn recommended by health professionals.

The generic care practices are based on a folkloric and cultural knowledge, based on your personal experience and that of your close relatives, which have been transmitted from generation to generation, among them use of herbs, be calm, do not expose yourself to the cold, precautions before childbirth, change position in the presence of edema, restrict the consumption of water, fluids and sodium, through these care for your pregnancy, your unborn child. The use of these practices shows that many women do not consult because they prefer to take care of themselves at home, despite being sick.

The knowledge that family and friends possess contributes to the perpetuation of the health conditions and habits of this group of women, which is strengthened by the belief of family and friends, that home care is essential for proper development of pregnancy, despite the fact that women show signs of morbidity, not recognized in time due to difficulties in accessing maternal health care services.

It is also important to highlight the human response of women to the health-disease process, especially in cases of severe maternal morbidity, before which they show

sadness, fear, anxiety, despair and at the same time show positivist feelings as a new opportunity for life.

Finally, it is concluded that the health system, to which the women of the study are entitled, is difficult to access, since the difficult geographic access conditions to the non-attendance to the prenatal care programs and the restriction of coverage by insurers more inequality.

5.2 Recommendations

For health policy

It is pertinent to develop better strategies in the maternal health policy, in order to guarantee total coverage in health, especially in areas of difficult geographical access, taking into account the principles of continuity, timeliness, relevance and safety of the SOGCS; Mandatory system of quality assurance in health, thus strengthening the health system, ensuring access to essential and effective obstetric care, including qualified and qualified women in family planning, prenatal care, delivery and newborn care.

It is also important to strengthen community health, in different cultural areas, and promote primary health care, in order to empower and educate women, their families and their communities for a healthy life and make timely decisions on the use of services. of maternal health.

For the health service

Take into account the generic knowledge (èmico) of women with severe maternal morbidity during the attention in the program early detection of the alterations of the pregnancy (prenatal control) and during their hospital stay, educating them and preserving and maintaining the generic care (émic) adequate and beneficial, negotiating or accommodating those susceptible to improve and restructuring practices that can be harmful to them.

For nursing care

Socialize the results of this research with the Nurses and Nurses of prenatal care and analyze with them the importance of generic and professional care, as well as the family orientations in the construction of a care culturally congruent to the pregnant women.

For nursing education

It is recommended to the different universities of the region to have in their curricular programs the academic components related to the life experiences of the people around the health-disease processes and of their responses to said processes, thus knowing their ways of life and take care of yourself taking into account the æmic knowledge of cultural values, beliefs, practices and lifestyles and in this way qualify the professional-disciplinary practice, clearing a new path in research for transcultural nursing and professional practice as ensured by Leininger in his theory of the universality and diversity of cultural care.

For the research, it is recommended that studies be carried out on the culturally congruent care required by women during their pregnancy and consider their relevance in the prevention and early detection of severe maternal morbidity.

Annex N ° 1 Authorization document and start of research ethics committee of the Faculty/School of Nursing, National University of Colombia.

Bogotá, 6 de septiembre de 2016 **[AVAL-045 -16]**

Profesora
VIRGINIA INÉS SOTO LESMES
Directora Posgrados Disciplinares
Facultad de Enfermería
Universidad Nacional de Colombia

Respetada profesora, reciba un cordial saludo:

De manera atenta me permito informarle que el Comité de Ética en Investigación de la Facultad de Enfermería en sesión del 5 de septiembre de 2016 Acta 13, se permite **dar aval** desde los aspectos éticos, realizando los ajustes sugeridos en el formato anexo, al trabajo final titulado ***"Creencias y prácticas de cuidado cultural de mujeres con morbilidad materna extrema".***

Es importante resaltar que el Comité de Ética de Investigación de la Facultad de Enfermería, es un órgano asesor (Acuerdo No. 034 del 2007, Art. 18 del Consejo Superior Universitario) en los aspectos de la dimensión ética de la investigación y son los investigadores los responsables de dar cumplimiento a todos los principios éticos relacionados con la investigación durante su desarrollo.

Cordialmente,

(ORIGINAL FIRMADO POR)
ALBA IDALY MUÑOZ SÁNCHEZ
Presidenta Comité de Ética*
Facultad de Enfermería
Universidad Nacional de Colombia
* Delegada por la Decana

Annex N ° 2 Authorization document and start of research by teaching and research service of the ESE General Hospital of Medellin.

	FORMATO ACTA DE INICIACIÓN Y COMPROMISOS DE PROYECTOS DE INVESTIGACIÓN	DOCENCIA SERVICIO E INVESTIGACIÓN GESTIÓN DE LA INVESTIGACIÓN	CÓDIGO: MI-DSI-IV002F02
			VERSIÓN: 00
			PÁGINA: 1 DE 2
			FECHA: 23/10/2015

Título del Proyecto: "CREENCIAS Y PRÁCTICAS DE CUIDADO CULTURAL DE MUJERES CON MORBILIDAD MATERNA EXTREMA".
Investigador Principal: LUIS MIGUEL HOYOS VERTEL.
Institución: UNIVERSIDAD NACIONAL DE COLOMBIA - FACULTAD DE ENFERMERIA - PROGRAMA DE MAESTRIA EN ENFERMERIA - AREA DE INVESTIGACION CUIDADO DE LA SALUD MATERNO PERINATAL - SANTAFE DE BOGOTA.
Co-Asesor HGM: Dr. Carlos Mario Arias.
Línea de Investigación:

1.- Calidad y seguridad en la atención hospitalaria.
2.- Infecciones nosocomiales.
3.- Neonatología de alto riesgo.
4.- Obstetricia de alto riesgo.
5.- Oncología y hematología clínica.
6.- Soporte nutricional en paciente crítico.

Acta de aprobación por el Comité de Investigaciones del HGM (CI-HGM): Acta 12_15122015.
Acta de aprobación por el Comité de Ética en Investigaciones (CEI)[1]: Comité de Ética de la Facultad de Enfermería Universidad Nacional de Colombia Sede Bogotá del 14 de marzo de 2016.

De conformidad con el Acta 12 del 15 de diciembre de 2015 del Comité de Investigaciones del Hospital General de Medellín ESE, se suscribe este documento, admitiendo las partes cumplir con los siguientes compromisos:

1. Desarrollar en su totalidad los **objetivos generales y específicos del proyecto**.
2. Incorporar en el proyecto las **recomendaciones realizadas por el CI-HGM y por el CEI al que haya sido sometido el Proyecto cuando corresponda.**
3. Desarrollar los **cronogramas, resultados y productos** contenidos en el documento aprobado por el CI-HGM, lo que incluye: presentación de avances, publicaciones, formación de estudiantes de pregrado y posgrado, presentación de ponencias, realización de eventos, entre otros.
4. Dar **crédito al Hospital General de Medellín ESE,** en todos los productos parciales y definitivos de la investigación.

1 Indicar el Comité de Ética en Investigaciones al que haya sido sometido el Proyecto de Investigación.

HOSPITAL GENERAL DE MEDELLÍN, ATENCIÓN EXCELENTE Y CALIDAD DE VIDA

HGM Hospital General de Medellín Luz Castro de Gutiérrez E.S.E.	FORMATO ACTA DE INICIACIÓN Y COMPROMISOS DE PROYECTOS DE INVESTIGACIÓN	DOCENCIA SERVICIO E INVESTIGACIÓN GESTIÓN DE LA INVESTIGACIÓN	CÓDIGO: MI-DSI-IV002F02
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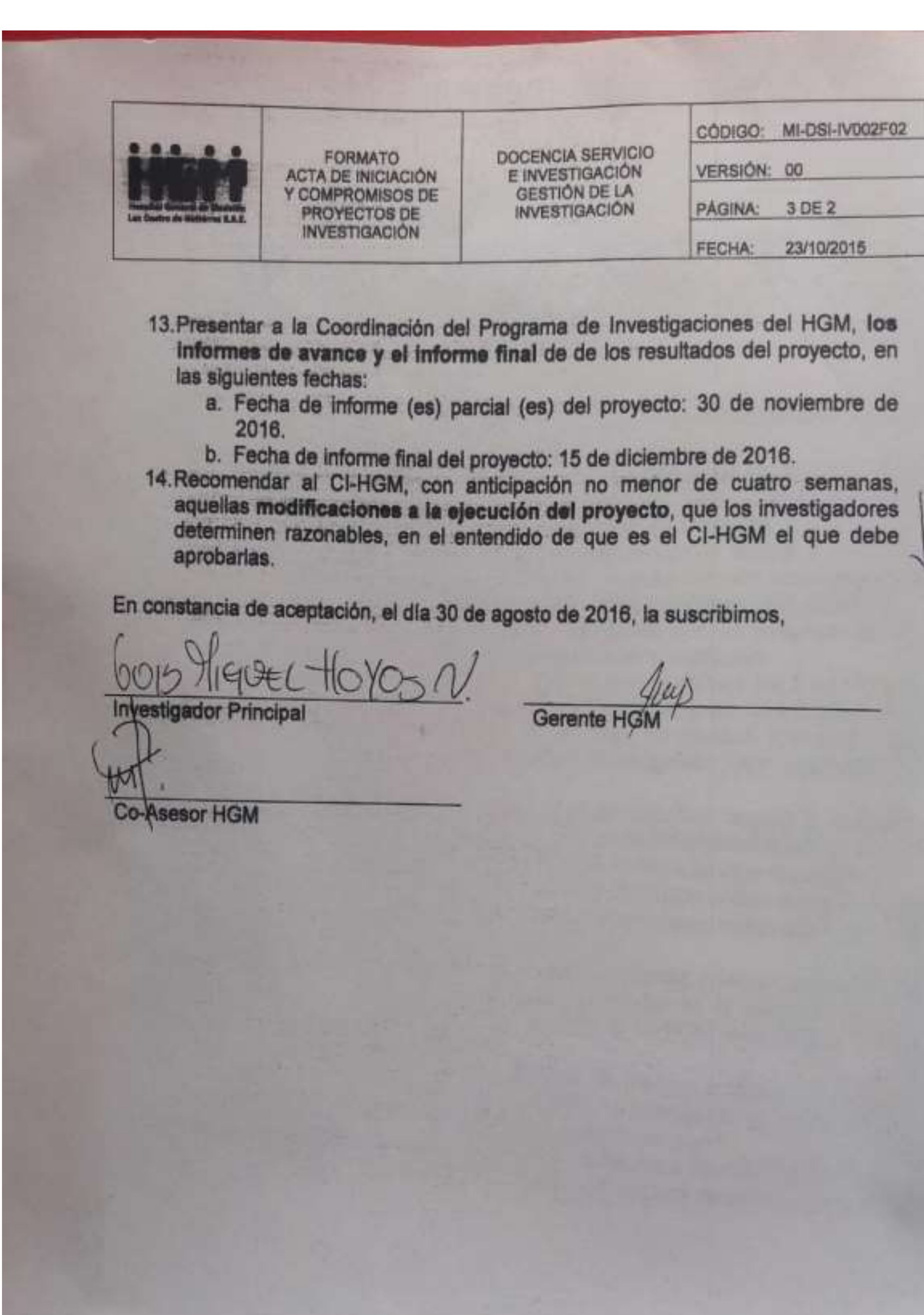
5. Admitir como exigibles las **condiciones de financiamiento** contenidas en el proyecto y aprobadas por el CI.
6. Aceptar como exigibles las reglamentaciones de la ESE, con énfasis en la **Política de Investigaciones del HGM,** y las **Guías Operativas del CI-HGM,** documentos que hacen parte integral de esta Acta.
7. Aceptar como exigibles, la reglamentación interna y la legislación vigente relacionadas con la Ética en el desarrollo de proyectos de investigación, referidas en la **Política de Investigaciones del HGM,** y en las **Guías Operativas del CI-HGM,** y las demás normas complementarias que regulen esta materia y las que las modifiquen o sustituyan.
8. Siempre que apliquen, aceptar como exigibles los lineamientos establecidos en la **Resolución 2378 de 2008**, emitida por el Ministerio de la Protección Social, y por la cual se adoptan las Buenas Prácticas Clínicas para las instituciones que conducen investigación con medicamentos en seres humanos.
9. Aceptar como exigibles, la reglamentación interna y la legislación vigente relacionada con la **Protección de la Propiedad Intelectual, y los Derechos de Autor**, contenidas tanto en la **Política de Investigaciones del HGM**, como en las Decisiones 486, 345 y 351 de la Comunidad Andina de Naciones, la Ley 23 de 1982, y las demás normas complementarias que regulen esta materia y las que las modifiquen o sustituyan.
10. Informar y declarar de manera anticipada y formal, los **conflictos de interés** que eventualmente puedan generarse en la ejecución del proyecto, en el entendido de que corresponde al CI-HGM valorarlos y emitir concepto de aprobación o rechazo.
11. Siempre que aplique, informar de manera anticipada y formal, los **acuerdos de bonificación** suscritos entre los investigadores involucrados y las agencias financiadoras de los proyectos de investigación.
12. Apoyar el desarrollo de los **lineamientos de monitorización** de los proyectos de investigación definidos por el Programa de Investigaciones del HGM.



	FORMATO ACTA DE INICIACIÓN Y COMPROMISOS DE PROYECTOS DE INVESTIGACIÓN	DOCENCIA SERVICIO E INVESTIGACIÓN GESTIÓN DE LA INVESTIGACIÓN	CÓDIGO: MI-DSI-IV002F02
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13. Presentar a la Coordinación del Programa de Investigaciones del HGM, **los informes de avance y el informe final** de de los resultados del proyecto, en las siguientes fechas:
    a. Fecha de informe (es) parcial (es) del proyecto: 30 de noviembre de 2016.
    b. Fecha de informe final del proyecto: 15 de diciembre de 2016.
14. Recomendar al CI-HGM, con anticipación no menor de cuatro semanas, aquellas **modificaciones a la ejecución del proyecto**, que los investigadores determinen razonables, en el entendido de que es el CI-HGM el que debe aprobarlas.

En constancia de aceptación, el día 30 de agosto de 2016, la suscribimos,

Luis Miguel Hoyos V.
Investigador Principal

Gerente HGM

Co-Asesor HGM

Annex N ° 3 Informed consent for women with severe maternal morbidity and absent prenatal control.

CONSENTIMIENTO INFORMADO PARA MUJERES CON MORBILIDAD MATERNA EXTREMA E INASISTENTES A CONTROL PRENATAL

Apreciada Señora Hospitalizada en la ESE Hospital General de Medellín, soy Enfermero Profesional y actualmente estoy desarrollando la investigación referenciada como requisito para optar el título de Magister en Enfermería.
El objetivo de esta investigación es: Describir las creencias y prácticas de cuidado desde lo cultural en mujeres que tuvieron causas principales de morbilidad materna extrema, inasistentes a control prenatal y atendidas en este Hospital de Medellín.
A partir de los resultados de esta investigación esperamos desarrollar adecuadas estrategias para que otras señoras en embarazo como usted, asistan a control prenatal y que los profesionales de enfermería, reconozcamos y valoremos las creencias y prácticas que desde lo cultural ustedes realizan para cuidarse.
A continuación, encuentra unos espacios para registrar sus datos y si está de acuerdo con la explicación que se le suministra, al final le agradezco firmar este consentimiento informado.

Yo ________________________________con número de identificación tipo: RC _ TI_ CC_CE_ No___________________de____________________ y domiciliado en Ciudad de _________________
Departamento _________________
Pais_____________________________
Dirección____Teléfono_______________
A firmar el presente documento doy mi consentimiento para la investigación que desarrollará el grupo de investigadores ***Luís Miguel Hoyos Vertel,*** estudiante de Maestría en Enfermería ***y Lucy Muñoz de Rodríguez,*** Profesora Emérita de la Facultad de Enfermería***,*** pertenecientes al grupo de Investigación ***Cuidado Materno Perinatal, Línea de Investigación: Cuidado Materno Perinatal desde la Enfermería Transcultural de la Facultad de Enfermería de la Universidad Nacional de Colombia,***
Sede Bogota*,* responsables de la investigación de Tesis de Maestría ***CREENCIAS Y PRÁCTICAS DE CUIDADO CULTURAL DE MUJERES DE MORBILIDAD MATERNA EXTREMA,*** al vincularme como unidad de análisis se me ha informado que mi colaboración es voluntaria y que en el momento que quiera puedo desvincularme del proyecto o responder y grabar mi voz en las preguntas que me sean formuladas. Se me ha garantizado la confiabilidad de mis respuestas y que en el estudio no se me identificará con mis datos personales. Se me ha informado que los datos de la investigación serán de conocimientos de los participantes y serán socializados por los investigadores o por la ***Universidad Nacional de Colombia*** a través de su grupo de investigadores. Para la recolección de la Información se utilizará la observación cualitativa, las notas de campo y entrevistas,

y que se realizarán varias entrevistas y en diferentes oportunidades hasta obtener la saturación de la información, las cuales serán grabadas y tendrán aproximadamente una duración de 45 a 60 minutos. Que la información lograda en caso de ser utilizada para otro tipo de investigación nuevamente se solicitará el consentimiento. Si se me logra identificar un problema de salud físico o mental, se notificará a la enfermera jefe del servicio, al especialista en Ginecología y Obstetricia, para que este indique interconsulta por Psiquiatría y/o Psicología o lo que sea pertinente según el caso. También se me ha indicado que al participar en el estudio no tendré beneficio económico alguno y que de encontrarme afectado (a) en los resultados tendré todo el apoyo de la investigación y orientación sobre la problemática. Los resultados me serán entregados si los solicito, y que estos resultados beneficiarán la disciplina de enfermería y a la salud de las futuras madres que presenten morbilidad materna extrema y que puedo contactar al grupo de investigadores en la Facultad de Enfermería de la Universidad Nacional – Posgrados en Enfermería en los teléfonos **(1) 3165000** extensión **10425** de la Ciudad de Bogota o al teléfono móvil ***3008148714.*** Toda la información me ha sido informada y acepto participar en el estudio firmando el presente formulario de consentimiento.

Para mayor información sobre la revisión y aval ético de este proyecto contactar a la
Doctora Alba Idaly Muñoz Sánchez, presidenta del Comité de ética de la Facultad de
Enfermería, Universidad Nacional de Colombia al teléfono: 57-1- 3165000 ext. 1700117020- 17089. Correo electrónico: ugi_febog@unal.edu.co

____

NOMBRRES Y APELLIDOS (Del participante o su responsable)

____

FIRMA (Del participante o su responsable)

En caso de saber firmar coloque una "X" y la huella

Se acepta el consentimiento el día _____ de ____________ 2017. Hora ____

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