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Editorial

NURSING ASSISTANCE IN FAMILY PLANNING: A CHALLENGING PRACTICE IN BRAZIL

In Brazil, the assistance in family planning keeps the mark of nurses along its history. In 1960, the International Planned Parenthood Federation (IPPF), created by nurse Margaret Sanger (1952), headquartered in London, came to finance entities that performed family planning in the country. Margaret Sanger led a group of nurses whose mission was to foster social and political reforms that would restore the nurses' practice. These Nursing leaders observed communities, identified health-related needs and priorities, establishing intervention measures whose lessons remain alive, such as dissemination of information on contraceptive methods, which is extremely important to the decision making of men and women in the reproduction field.

This area of care reached its heyday in the 1980s, as one of the guidelines of the Program for Integrated Women's Healthcare. It focused on the users' free and self-conscious choice of contraceptive methods, and for such purpose they needed appropriate information. Nurses had an important role, leveraging strategies of health education focused on the anatomy and physiology of the male and female reproductive systems, fertilization, mechanisms of action and general characteristics of contraceptive methods. However, institutional and professionals barriers hindered the final access of clientele to fertility control: insufficient and irregular supply of contraceptives in health services; prescription and delivery linked to medical consultation, even though nurses have the support in the Law of Professional Exercise No. 7,498/86 to also perform it⁽¹⁾; and criteria adoption, without any scientific justification, to indicate or contraindicate certain contraceptives, which preached against the professional competence.

Practically two decades have passed and then the Family Health Strategy (FHS) was created, with the proposal of ensuring a team composed by doctor, nurse, auxiliary nurse and community health workers for the healthcare of about a thousand families. In this scenario, the assistance in family planning remains in focus, as one of the priority areas of primary care. In 2007, it was reinforced through the creation of the Growth Acceleration Program (PAC) by the Federal Government, which has health as one of its main fields of action – the More Health Program: Right of All, aiming to rescue and deepen the proposals of the Unified Health System (SUS) through eight axes of intervention, one being the axis of health promotion, which has among its actions the expansion of activities aimed at family planning⁽²⁾.

What challenges were overcome along this path? Certainly, only the supply of pills and condoms was expanded. The care dynamics in most FHS teams has been occurring under strong indication of violating the legal and ethical principles in assistance. Despite the lack of doctors in most medical teams, the Ministry of Health maintains the direction for only this professional to prescribe contraceptives. Without access to the doctor, the clientele ends up acquiring contraceptives on their own in pharmacy counters, without any clinical evaluation. Motivated by a strong commitment to meeting the needs of customers and feeling technically prepared to perform Nursing Consultation, many nurses end up

delivering contraceptives, in spite of the legal impasse installed. Therefore, what we observed is a nursing practice fraught with legal ethical challenges that has dragged on for decades and deserves a rational look from the organs of class representation, owners and managers of public policies in order to reduce the distance between what is proposed in public policies of family planning and what takes place in health services.

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