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Original Article

## Knowledge and practices of psychologists in the care of pregnant women in Primary Care

Knowledge and practices of psychologists in the care of pregnant women  
from Primary Care

Knowledge and practices of psychologists in the care of pregnant women  
in Basic Care

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### SUMMARY

Despite the value given to the health psychologist within the Maternal and Child Care Program in Primary Care, inadequacies and contradictions are detected in their professional practice that require in-depth investigation. For this reason, conducted a study with a mixed approach, exploratory and longitudinal, with the aim of cTo characterize the practices and knowledge that psychologists have regarding the care of



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pregnant women within the framework of primary health care. The sample was selected using non-probability sampling and consisted of a total of 20 psychologists who worked with pregnant women from January to March 2023. A survey and an unstructured interview were used. The variables studied were level of knowledge, type of assistance, and training needs. The results were processed using percentages as a summary measure and presented in tables. For qualitative data, content analysis was used. The main results of the study reveal the existence of learning needs in the specific area of Prenatal Psychology, as well as the need to develop models that support practice in this area.

**Keywords:** Knowledge; Practices; Prenatal Psychology in Cuba; Primary Health Care.

#### **SUMMARY**

Despite the value given to the health psychologist within the Maternal and Child Care Program in Primary Care, insufficiencies and contradictions are detected in their professional actions that require in-depth investigation. For this reason, a study was carried out with a mixed approach, exploratory and longitudinal with the aim of characterizing the practices and knowledge that psychologists have about the care of pregnant women in the framework of primary health care. The sample was selected by a non-probabilistic sampling and was made up of a total of 20 psychologists who carried out their work with pregnant women during the period from January to March 2023. The survey and the unstructured interview were used. The variables studied were level of knowledge, type of help, and training needs. The main results of the study reveal the existence of learning needs in the specific area of Prenatal Psychology as well as the development of models that support practice in this regard.

**Keywords:** Knowledge; Internship; Prenatal Psychology in Cuba; Primary Health Care.

#### **SUMMARY**



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Despite the appreciation given to the health psychologist in the area of the Maternal and Child Care Program in Basic Care, insufficiencies and contradictions have only been detected in their professional activities that require in-depth investigation. For this reason, a study was carried out with a mixed, exploratory and longitudinal approach with the objective of characterizing the practices and knowledge that psychologists have about pregnancy care in the field of primary health care. The sample was selected by a non-probabilistic sample and was composed by a total of 20 psychologists who will carry out their work with pregnant women during the period from January to March 2023. The research was used in a non-structured interview. These vary by level of knowledge, type of assistance and training needs. The main results of the study reveal the existence of learning needs in the specific area of Prenatal Psychology, as well as the development of models that support practice in this sense.

Keywords: Conhecimento; Estagio; Prenatal Psychology in Cuba; Primary Health Care.

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## Introduction

Medical care for pregnant women is one of the priorities established by the World Health Organization. According to this organization, care should involve the detection and treatment of risks that affect the health and well-being of expectant mothers. These risk factors include not only medical illnesses but also psychosocial vulnerability factors. (1)

In our country, pregnancy care is a key component of social and health policy. Its guiding program is the Maternal and Child Care Program (PAMI). As part of this



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program, pregnant women benefit from a series of checkups within Primary Care. This work involves comprehensive care provided by a health psychologist, among other professionals.

The role of the psychologist within the Maternal and Child Care Program (PAMI) is of utmost importance, as they are responsible for determining and treating the various psychosocial risk factors of pregnant women, ensuring their adequate preparation for motherhood.

However, some research has found shortcomings in the psychological care provided to pregnant women, particularly during their evaluation. These shortcomings include a contradiction between the intention of granting pregnant women a leading role and their needs, and the reality of the practice, which is highly directive. There is also a lack of an organized approach among all psychologists who provide primary care to pregnant women, as some investigate one set of factors, while others prioritize another. (2-8)

This creates problems with the quality of care. The reports received by secondary care are highly heterogeneous; sometimes they address factors such as IQ that are not relevant to the case, and others that could be important for follow-up are overlooked. Mental health problems arise within the community itself, stemming from situations of psychosocial vulnerability that were not adequately detected at the time and therefore not treated preemptively. In the long term, these situations affect the quality of psychological care.

Furthermore, the regulatory documents for working with pregnant women do not specify the procedures and methods that psychologists should follow in these cases.

Regarding the most recent studies, much research is done on psychosocial risk factors during pregnancy, but little is addressed on the subject of training the human resources that must care for women at such a sensitive time as pregnancy. (3,4,6)



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Thus, it was deemed appropriate to formulate as the objective of this research the characterization of the practices and knowledge that psychologists possess regarding the care of pregnant women within the framework of primary health care.

## Methods

An exploratory study using a longitudinal mixed-methods design was conducted on a sample of 20 psychology professionals. A non-probability, purposive sampling was used, taking into account their work experience in primary health care, specifically with pregnant women. The objective was to characterize the practices and knowledge that psychologists possess regarding care for pregnant women in the context of primary health care in the province of Santiago de Cuba, from January to March 2023.

### **Techniques and instruments:**

**Survey:** The objective was to determine current knowledge regarding psychological care for pregnant women, its frequency and objectives, as well as existing needs for professional development. Content validation was previously conducted.

**Unstructured interview:** with the objective of determining specific aspects of psychologists' assessment of existing practices within Primary Care in the care process for pregnant women, as well as satisfaction or dissatisfaction in this regard.

### **Conceptualization and operationalization of variables.**

- ✓ **Level of knowledge:** The degree of knowledge the trained professional has regarding the theoretical and practical aspects of caring for pregnant women. This can be broad, when the professional is able to accurately describe the theoretical models, techniques, and approaches that can be used either individually or in combination in caring for pregnant women, or limited, when the information provided is imprecise or nonexistent.



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- ✓ Form of professional assistance: Defined by the intentions pursued within professional practice. There is Psychiatric Clinic, when it hopes to impact only the mental health of the pregnant woman and her risk factors, and Salutogenic Clinic, when the pregnant woman is not considered a patient, but rather a healthy individual who requires the development of emotional skills to adapt and better fulfill her maternal role.
  - ✓ Training needs: Existence of perceived or unexpressed gaps among psychology professionals regarding scientific knowledge of pregnancy care. These needs may be perceived: when the professional expresses them, or objective: when they are not expressed but, in research, demonstrate limited knowledge.

**General procedure:**

The research was carried out in two stages: a first quantitative stage, where the survey designed for the purposes of the research was applied to determine the approximate scope of the problem, and a second qualitative stage, which allows for a deeper understanding of the universe of perceptions of the psychologists studied, through an unstructured interview.

Both stages are designed so that their complementarity allows for a broader understanding of the problem and its possible causes.

## Results

In Table 1, we can see that 90% of the selected subjects showed limited knowledge of the different models that can guide psychological care for pregnant women. In most cases, they provided vague or no information at all when asked in the survey about the theoretical elements they could use to improve their practice.

Ten percent of the professionals studied were identified as having a broad level of knowledge, given their ability to accurately describe the approaches and techniques that can be used in caring for pregnant women.



**Table 1.** Frequency distribution according to level of knowledge.

Level of knowledge	Amount of Professionals	%
Broad	2	10
Limited	18	90
Total	20	100

Fountain: Questionnaire.

During the interviews, they referred to the lack of these contents in the study of the profession. Their approach depends more on individual research and practical experience than on a formal support system. These systems are still considered insufficient because they do not cover the entire universe of professionals dedicated to caring for pregnant women.

On the other hand, they perceived the existing theoretical systems as limited for practical use in communities, especially the most vulnerable ones. In this regard, most cited statements such as: "It's necessary to develop models that reflect our complex reality within communities and not practices within clinics"; "The existence of our own model would allow us to unify criteria"; "Every time I assess a pregnant woman, especially a pregnant woman, what I do reflects my experience."

Another element highlighted during the interview was the strong prevalence that Psychiatry still has as a reference point for professional practice, which is why thinking focuses primarily on the detection and prevention of mental disorders, rather than on a health model that seeks the holistic development of pregnant women.

Table 2 shows that 90% of the subjects studied reported practices consistent with the psychiatric clinical model, focusing, as already noted, on the search for and treatment of mental disorders. If no indication of a disorder or risk condition is found during the first screening consultation, the patient is either discharged to the Psychologist or



scheduled for another consultation in another quarter, always depending on the evaluator's personal judgment.

Only 10% of those surveyed consider pregnant women to be healthy individuals who require the development of emotional skills to better fulfill their maternal role, so professional help is salutogenic.

**Table 2.** Frequency distribution according to form of professional help.

Form of help professional	Amount of Professionals	%
Psychiatric clinic	18	90
Salutogenic	2	10
Total	20	100

Fountain: Questionnaire.

Furthermore, according to the interview, the psychometric techniques used are standardized for the general population, and there is no consensus as to which ones would be used for pregnant women and when. Interviews and observation continue to have a privileged place.

When asked about the interviews they conduct, they responded: "I do it based on my experience, but I don't have a methodological guide, and the psychosocial interview, as we know it, sometimes doesn't cover all the factors that should be investigated in the case of pregnant women."

There was also consensus on the need to establish precise indicators for prenatal care in each context and community.

All respondents agreed that these needs are greatest in healthcare settings in less socially and economically disadvantaged contexts, as this is where the greatest psychosocial risks and health problems are found.

Table 3 reflects that 100% of the sample reported felt needs regarding training and that healthcare centers continue to support them in this regard.





**Table 3.** Frequency distribution according to training needs.

Training needs	Amount of Professionals	%
Senses	20	100
Objectives	18	90

Fountain: Questionnaire

These needs are only objective in 90% of those surveyed, a figure that corroborates the information contained in Table 1 regarding the level of knowledge of the theoretical and practical aspects of caring for pregnant women.

However, when asked about the subjects they consider necessary training, professionals with less experience mentioned the need for training in aspects such as the physiology of pregnancy and childbirth, and care during pregnancy, overlooking important aspects for psychologists such as emotional and family education, which, according to the more experienced professionals, is still not sufficient.

## Discussion

Comparing these results with the literature, it can be said that, despite the existence of documents that generally guide practice in the area of health care for pregnant women, we find no research, either internationally or nationally, that has evaluated the current state of knowledge and practices of professionals in this regard.

On the other hand, the still predominant presence of the psychiatric clinical model in research has influenced its widespread use in clinical practice, despite the fact that questions have arisen, such as those from authors investigating the topic in Latin America and Europe. They have developed salutogenic models for the care of pregnant women, focusing on the category of psychological distress. However, this is limited by the fact that their application context is clinical consultation within hospitals. This



indicates that clinical thinking has not yet been completely overcome, which coincides with our findings. (9-11)

Finally, training needs are specific to our context and would not be appropriate to extrapolate them to other visions in the international arena.

This study shed light on the scope and some of the causes of the existing irregularities in prenatal psychological care. However, it was limited by the non-probabilistic sample selection. Therefore, it would be interesting to apply it to other provinces and health areas to understand the extent of the problem. It would also be valuable, drawing on the experience gained from this research, to initiate a project that would, as its main objective, generate a practical guide and theory that respond to the demands within Primary Care in our country.

This is important because it allows for the implementation of training and development plans for all staff who care for pregnant women in Primary Health Care, while also promoting future research in this field.

## Conclusions

The practices and knowledge that psychologists in primary health care possess regarding the care of pregnant women are characterized by the need to improve their level of knowledge regarding the theoretical and practical aspects of specialized care for pregnant women. The predominant use of the psychiatric clinic model underscores the lack of specific approaches to prenatal psychological care, which is in line with these physicians' sense of the need for training on these topics.

It is important to establish ongoing support systems and adequate resources to meet these needs by incorporating these subjects into undergraduate and graduate curricula, thereby improving the quality of psychological care during pregnancy in primary health care.



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## Bibliographic references

1. Rydel D, Dogmanas D, Casal P, Hidalgo L. The Psychologist in Primary Health Care: Challenges for Uruguay. *Psicol. Conoc. Soc.* 2022;12(1):129-54.
2. Lambert Delgado AR, Cobián Mena AE, Silva Albear Y, Torres Leyva M. Hypnotherapy in pregnant adolescents with psychological symptoms due to the COVID-19 pandemic. *MEDISAN.* 2021; 25(1):66 - 80.
3. Rodríguez Fernández MC. Effectiveness of meditation for managing psychological distress in pregnant women at risk of imminent complications. *MEDISAN.* 2016; 20(5):652-7.
4. García Bellocq M, Peñate Brito J, Estrada García A, Rodríguez Curbelo M, Sánchez García AS. Considerations on family obstetric psychoprophylaxis. *Rev. Med. Electrón [Internet].* 2020 [cited 1/10/2024]; 42(6): Available from:[https://revmedicaelectronica.sld.cu/index.php/rme/article/view/4011/pdf\\_833](https://revmedicaelectronica.sld.cu/index.php/rme/article/view/4011/pdf_833)
5. García Bellocq M, Peñate Brito J, Sánchez Bermúdez A, Mella Rodríguez A, Estrada García A. Considerations on obstetric psychoprophylaxis in adolescence. *Rev. Med. Electrón. [Internet].* 2019 Dec [cited 1/10/2024]; 41(6). Available from:<https://www.medigraphic.com/pdfs/revmedele/me-2019/me196q.pdf>
6. Pariona Gutierrez E, Moquillaza Alcántara V, García Cajaleón J, Cuya Candela E. Psychosocial factors associated with depression in pregnant women treated at a Peruvian mother-child center, 2018. *Rev. chil. obstet. ginecol.* 2020;85(5): 494-507.
7. Pérez-Solís D, Rodríguez-Vargas M, Rodríguez-Ricardo A. Prevalence of mental disorders in pregnant women. *AMC [Internet].* 2020 [cited 10/1/2024]; 24(4). Available from:<https://revistaamc.sld.cu/index.php/amc/article/view/7440/3847>
8. Beltrán González BM, León Leal LJ, Sotolongo Ramos M, Aparicio Manresa LR, Abreu Valdés M, Pérez Hernández M. Maternal and child health promoters to develop the



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Participatory Prenatal and Postnatal Childcare Program. EDUMECENTRO 2020; 12(2):128-45.

9. Plasencia Carrillo S. The role of the psychologist as seen by users of psychological care. INFAD. Journal of Psychology. 2024; 1(1):181-8.

10. Martínez Calvo S. Achievements and challenges of Primary Health Care in Cuba. Rev haban cienc méd. 2018;17(2): 157-60.

11. Garzaniti R. The role of the psychologist in primary care mental health care: A systematic review. Salud soc. 2019 Oct;10(2):146-62.

#### **Conflict of interest**

The authors declare no conflicts of interest.

#### **Authorship contribution**

Conceptualization and Data Curation: MSc. María del Carmen Rodríguez Fernandez.

Methodology: MSc. María del Carmen Rodríguez Fernandez and MSc. Fidel Vázquez Garay.

Supervision and Validation: MSc. María del Carmen Rodríguez Fernandez and MSc. Fidel Vázquez Garay.

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