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SITUAÇÃO DE RISCO COM IMPACTO EM TODA A FAMÍLIA: GRAVIDEZ NA ADOLESCÊNCIA

A RISKY SITUATION WITH IMPACT ON THE WHOLE FAMILY: TEENAGE PREGNANCY

SITUACION DE RIESGO CON IMPACTO EN TODA LA FAMILIA: EMBARAZO EN LA ADOLESCENCIA

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RESUMO

Introdução: A gravidez na adolescência constitui uma situação de risco com impacto em toda a família, podendo gerar crises não apenas na jovem que engravida - em virtude da inexperiência e consequente dificuldade que surge para cuidar de um filho - , como do ponto de vista transgeracional.

Objetivos: Aplicar o Modelo Dinâmico de Avaliação e Intervenção Familiar (MDAIF) Figueiredo (2009) e avaliar o impacto dos cuidados de enfermagem numa família em contexto clínico.

Métodos: Estudo de caso qualitativo realizado com base no MDAIF em contexto clínico nos Cuidados de Saúde Primários. Este estudo focou-se no processo de intervenção familiar desenvolvido com uma família de uma adolescente de 16 anos que engravida, fruto de uma relação fugaz com um rapaz 9 anos mais velho que conheceu através das redes sociais (Facebook). Instrumentos: Genograma, Ecomapa, Apgar familiar e Escala de Graffar.

Resultados: Família extensa, com diferentes subsistemas e limites rígidos. A família encontra-se na etapa do ciclo vital – família com filhos adolescentes, segundo Duvall (1977). Família de classe média. Com a gravidez não desejada da adolescente, e apesar da relação conflituosa com a sua mãe, esta torna-se um apoio importante no percurso da vida da adolescente e no desenvolvimento do recém-nascido.

Conclusões: A utilização do MDAIF permitiu o desenvolvimento das habilidades dos enfermeiros para uma abordagem familiar, contribuindo assim para dar resposta às necessidades da família, enquanto unidade alvo de cuidados. Além disto, permitiu à adolescente prosseguir com a realização do seu projeto de vida, com o apoio familiar e social. Sugere-se a continuidade da utilização do MDAIF.

Palavras-chave: adolescente; gravidez; família; avaliação familiar.

ABSTRACT

Introduction: Teenage pregnancy is a risky situation with impact on the whole family, which may cause crisis both in the teenager who gets pregnant – due to the inexperience and consequent difficulty in taking care of a child – and in the transgenerational perspective.

Objectives: Applying the Dynamic Model of Family Assessment and Intervention (MDAIF) by Figueiredo (2009) and assessing the impact of nursing care in a family in clinical and community context.

Methods: Qualitative case study based on MDAIF in clinical context in Primary Health Care. This study was focused on family intervention process developed within a family of a 16-year-old who gets pregnant from a casual encounter with a 25-year-old boy she met on social networks (Facebook). Instruments: Genogram, Ecomap, Family Apgar and Graffar Scale.

Results: Middle-class extended family with different subsystems and strict limits. According to Duvall (1977), the family is at the life cycle stage - Family with teenage children. Despite the unplanned pregnancy and the fact that the young woman and her mother have a controversial relationship, her mother became an important support in the teenager's life path and the newborn's development.

Conclusions: The MDAIF's use allowed the development of nurses' skills for a family approach, contributing to meet the family's needs, seen as care unit. In addition, it allowed the teenager to keep accomplishing her life project. It is suggested the continued use of MDAIF.

Keywords: teenager; pregnancy; family; family assessment.

RESUMEN

Introducción: El embarazo em la adolescencia es una situación de riesgo con impacto en toda la familia, por lo que puede provocar una crisis no sólo en el adolescente embarazada – debido a la inexperiencia y a consiguiente dificultad que es cuidar de un niño – y en la perspectiva transgeracional.

Objetivos: Aplicación de Modelo Dinámico de Evaluación Familiar e Intervención (MDAIF) por Figueiredo (2009) y la evaluación del impacto de los cuidados de enfermería en una familia en el contexto clínico y comunitario.

Metodos: Estudio de caso cualitativo basado en MDAIF en el contexto clínico en la atención primaria. Este estudio se entró en proceso de intervención familiar elaborado con una familia de una joven de 16 años de edad, que queda embarazada de un encuentro casual con un niño de 25 años de edad, se encontró en las redes sociales (Facebook). Instrumentos: genograma, ecomapa, Apgar Familiar y Escala de Graffaar.

Resultados: Familia extensa de clase media con diferentes subsistemas y límites estrictos. De acuerdo con Duvall (1977), la familia está en la etapa de ciclo de vida – Familia con hijos. A pesar de que el embarazo no planificado y el hecho de que la joven y su madre tienen una relación adversarial, su madre llegó a ser una ayuda importante en la ruta de la vida del adolescente y en el desarrollo del recién nacido.

Conclusiones: El uso de MDAIF permitió el desarrollo de las habilidades de las enfermeras para un enfoque familiar, lo que contribuye a satisfacer las necesidades de la familia, considerada como unidad de cuidados. Además, permitió que el adolescente a mantener el cumplimiento de su proyecto de vida. Se sugiere el uso continuado de MDAIF.

Palabras clave: adolescente; embarazo; familia; evaluación de la familia.

INTRODUCTION

Adolescence can be defined as a period of cycle of life that occurs between childhood and adulthood (between 11-12 years old to the young independent adult), during which occurs physical, psychological, social and cognitive changes occur.

Adolescence is often experienced as a difficult period, in which teenagers look for an emotional detachment from parents (even if it means rejecting their opinions and rebelling against them) and the formation of their identity (understanding who they are and how they integrate in the society where they live).

However, there are many teenagers who experience risk behaviors such as substance use like tobacco, alcohol and drugs; accidents (mainly road accidents); teenage pregnancy and sexually transmitted infections. (Simões, 2005, p.1). The adoption of these risk behaviors can have devastating consequences at various levels (personal and social). For example, experiencing an early sexuality with risks, rather than an active and safe sexuality, with consequences like occurrence of a pregnancy, has obstetric complications in a short, medium and long-term in teenager and newborn's health. Apart from these, teenage pregnancy has repercussions at family and social level.

Initially, at family level, teenage pregnancy has negative effects on the structure of the family, since it is an unexpected situation. The lack of communication between parents and children or the lack of openness to discuss issues that affect life in general, seem to be the main reasons for the occurrence of these situations. However, over time and the family's adaptation to this situation, teenage pregnancy ends up being accepted by them. Despite this, it may happen that newborn's father does not intend to take the paternity of the baby or, instead of that, he may respond positively to the news.

Socially, being adolescence a period of great changes that affects the teenager who idealizes his/her life project, the birth of a newborn can put on stand-by the fulfillment of that dream (by interrupting school life). In addition, teenage pregnancy is seen by many people as irresponsibility because of the easy access to information, free prevention means for free and the increased awareness of young people.

Once this is a topic that needs some research, reflection and debate, it is considered pertinent to expose this study, which is an accurate portrayal of this issue and its implications on family and social level.

For this study, a family with teenage children, who had recently experienced the daughter's pregnancy was chosen. The search for different experiences characteristic of this period (adolescence), for his or her identity and the affirmation of his or her role in the family, in addition to the different biological changes, may result in an alarming period of adolescent health, especially if this period isn't lived in security.

This is a study of a 16-year-old's family, who met a boy nine years older on social networks (Facebook). From this encounter an unplanned and unsupervised pregnancy until 22 weeks of gestation resulted.

With this study, it is intended to apply the Dynamic Model of Family Assessment and Intervention (MDAIF) by Figueiredo (2009) and assess the impact of nursing care in this family in a clinical and community context. It also seeks to provide the reader with an overview about the studied family, as well as their main needs.

1. THEORETICAL FRAMEWORK

According to World Health Organization (WHO, 1994, cit. in Rodrigues, et. al, 2007), "The concept of family cannot be limited to ties of blood, marriage, sexual partnership or adoption. Family is the group whose relations are based on trust, mutual support and common destiny."

It has long been recognized the importance of the family to the health of its members. However, in recent decades, recognizing

that the family is also a resource for their own health it has become the focus of interest and research. (Bomar, 2004; Denham, 2003; Friedman, Bowden & Jones, 2003; Hanson et al, 2005; Wright & Bell, 2009; Wright & Leahey, 2009 cit in. Santos, 2012, p.31). Thus, the individual shouldn't be seen lonely, but as someone who interacts with different contexts (social, familiar, environmental, ...). When the family is seen as a system (which means, as the unit of care), it is noticed that it interacts differently with the environment that surrounds it at different times. So, in a systemic perspective, the individual shouldn't be separated from his family, because it is within it that he develops, learns and grows. Furthermore, it's within the family that he acquires specific beliefs and traditions that characterize and distinguish that family from others.

Using the Dynamic Model of Family Assessment and intervention (MDAIF) as theoretical framework, its assumptions are taken as truths and as a guide in decision-making with the family by providing all necessary resources to enable it.

Adolescence is a developmental stage that occurs between puberty and adulthood, which means, from the time that biological and psychological changes undergo maturation until the age at which a system of values and beliefs fit in established identity (Ferreira & Nelas, 2006, p.145). At this stage, it is usual the appearance of irreverent behaviors and the questioning of models and children's patterns that are necessary for proper growth. (Ferreira & Nelas, 2006, p. 142).

One of the parents' major difficulties with teenage children is intercommunication with them, since they prefer to communicate with peer groups. The growth of peer influence and emotional detachment as a way of asserting its autonomy and the subsequent experiment of risky behaviors are factors that increase the parental stress levels and hinder their ability to deal with their children.

In addition, the lack of knowledge, understanding and capacity to deal with this phase so characteristic of adolescents, leads to constant imposition of rules that as they are imposed, are also disobeyed.

According to Simões (2005), the main risk behaviors of adolescents are substance use (alcohol, tobacco, drugs and medicines), violence, suicide, accidents, eating disorders, teenage pregnancy and infections sexually transmitted.

An unwanted pregnancy can cause major changes in a person's life. When it reaches a teenager, it becomes a problem, which can lead to a crisis. Adolescence is a period of great biological, emotional and social immaturity. When a pregnancy during this life stage occurs, it is more often associated with maternal and fetal complications such as anemia, preterm delivery, instrumented delivery, postpartum hemorrhage, depression and neonatal and post-neonatal mortality. A risky situation like this requires monitoring and close supervision by health professionals.

2. METHODS

The case study is an appropriate method to investigate a contemporary phenomenon within a real life context. The study was developed by applying the Dynamic Model of Family Assessment and Intervention (MDAIF) for the assessment of a family in a clinical context. This model mentions three main categories: structural, functional and developmental. (Wright & Leahey, 2002 cit. In Figueiredo, 2009, p.173-174). From this model, the health team has the possibility to know the family and its context, allowing to identify their needs and planning the nursing interventions.

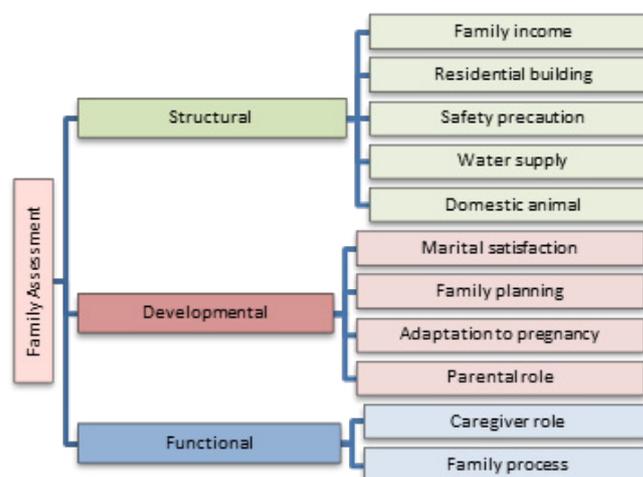


Figure 1 - Dynamic Model of Family Assessment and Intervention. Available at: Figueiredo (2012). *Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma Abordagem colaborativa de Enfermagem de Família*. Loures: Lusociência, p. 104.

The data obtained in this study are confidential and the anonymity is guaranteed through the use of fictitious names. All data will only be used in a research context. The family members agreed to participate freely. After the necessary clarifications, they signed the informed consent, free and clear. The data were acquired through a semi-structured interview with the teenager in the study and her mother, as well as non-verbal behaviour and home visits.

2.1 Sample

The Fernandes family is composed by the teenager in the study, Mary (M.F., female, 16 years), by her son Simon (S.F., male, 19 days), by her brothers Peter (P.F., male, 21 years) and Charles (C.F., male, 15 years) and their parents Paul (P.F., male, 47 years) and Rita (R.F., female, 43 years).

2.2 Data Collection Instruments

As data collection instruments for evaluating the internal and external structure of the family were used the Genogram and Ecomap.

Through genogram analysis it is possible to glimpse the family members and realize the links existing between them. It is used for the collection of family data, providing a view of the family structure as well as its current problems, perspective of the family's past, potential problems in the future, information about development and family functioning. (Figueiredo, 2009, p.149).

While the genogram focuses on relationships and connections in the multi and intergenerational system of the family, the ecomap explores the relationships and connections with the external environment, portraying the social and family relationships. (Rempel, Neufeld & Kushner, 2007 cit. In Figueiredo, 2009, p. 150).

The ecomap shows the balance between the needs and the family resources through the identification of people and the reference Institutions. Integrating relations with community services, social groups, work, significant personal relationships and other specific of the family, for each of these links three different dimensions can be highlighted: the strength of the bond; impact link and link quality. (Agostinho, 2007 cit. In Figueiredo, 2009, p. 150).

For the assessment of family functionality, it was used the Family Apgar Scale of Smilkstein (1978) that allows the understanding of important aspects of family functioning, including its cohesion, adaptability and its members' perception about its functionality. This scale assesses parameters related to Mary's satisfaction, particularly on the aid she receives from her family, the time she has with it, affection and reaction to her feelings, the way her family discusses issues and regards the adoption of new and different activities and lifestyles.

The result of this Scale varies between a score from 0 to 10, in which 0 to 3 is considered "severe dysfunction", 4 to 6 "mild impairment 'and 7 to 10" highly functional ".

For the social classification of the family the Graffar Scale was used (Graffar, 1956).

RESULTS

Structural Dimension

By using the Graffar Scale (1956), the Fernandes family is located socially at grade 3 (middle class). The household is composed by Paul, 47 years old; Rita, 43 years old (parents of the studied teenager), Peter, 21 years old; Charles, 15 years old (siblings of the studied teenager) and Mary, 16 years (studied teenager). Currently, Mary did not have any kind of relationship with the newborn's father (not identified with initials), since he did not accept or provide any kind of support after the discovery of pregnancy. (Figure 2).

The family is dependent only from the male parent income (Paul), mechanical, and the eldest son (Peter – 21 years), also mechanical, since R.S. is recently unemployed. (Figure 2).

All family individuals have a low educational level (9th grade). The vaccination status of all elements is duly updated. To date, there are no history of associated pathologies of the different members of the family Fernandes (Figure 2).

The studied teenager finds some support structure in the community, like at School (at Support Office and Adolescent Psychologist School) and some classmates (although it is a superficial relationship) (Figure 3).

Every week, the teenager is visited by the nursing team of the Community Care Unit to support her in the experience of motherhood and answering questions about it. During this period, a home visit was made by a nurse specialized in Maternal Health, Obstetric

and Gynecology for breastfeeding support and initiation of milk extraction, to help in bath technique and provision of hygiene and comfort to newborn (Figure 3).

She often moves to the Personalized Health Care Unit for monitoring the growth and development of the newborn, as well as monitoring their postnatal development and initiation of contraception (in the context of reproductive health and family planning). To this end, eight Nursing consultations were made (Figure 3).

The newborn is referenced, since birth, to the Committee for the Protection of Children and Young People because he is the son of a teenage mother without satisfactory support structures and whose father did not cooperate in parenting and parenting process (therefore, there is no effective family support). Moreover, the fact that it was an unsupervised pregnancy, it contributes to an indicator of social risk, so the family is also referred to Social Services. (Figure 3).

The teenager finds on her parents an important support to meet her needs as well as the needs of her baby. Despite the conflicting relationship she has with her mother, it is in the family that the young woman sees herself comforted and supported. (Figure 3).

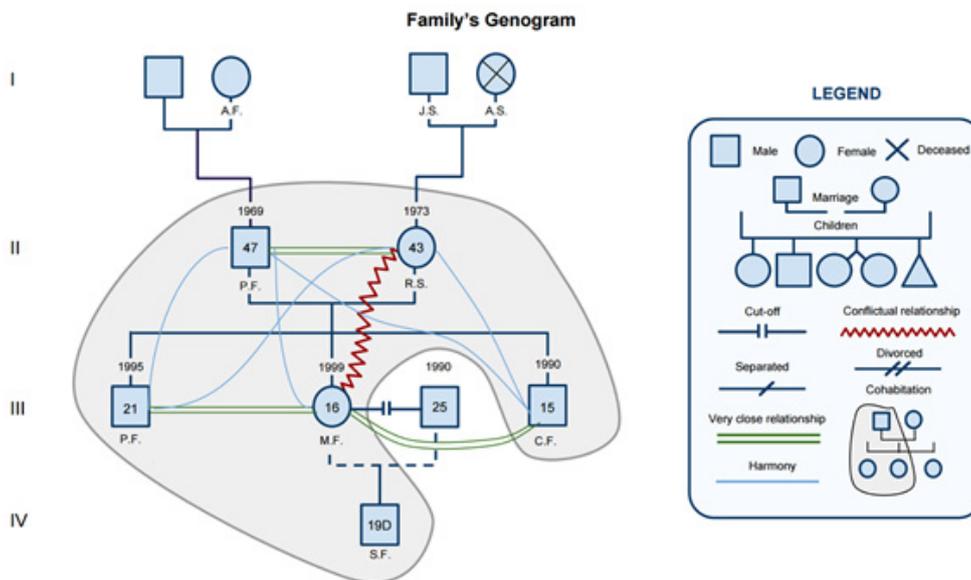


Figure 2 - Family's Genogram. Portugal, 2016.

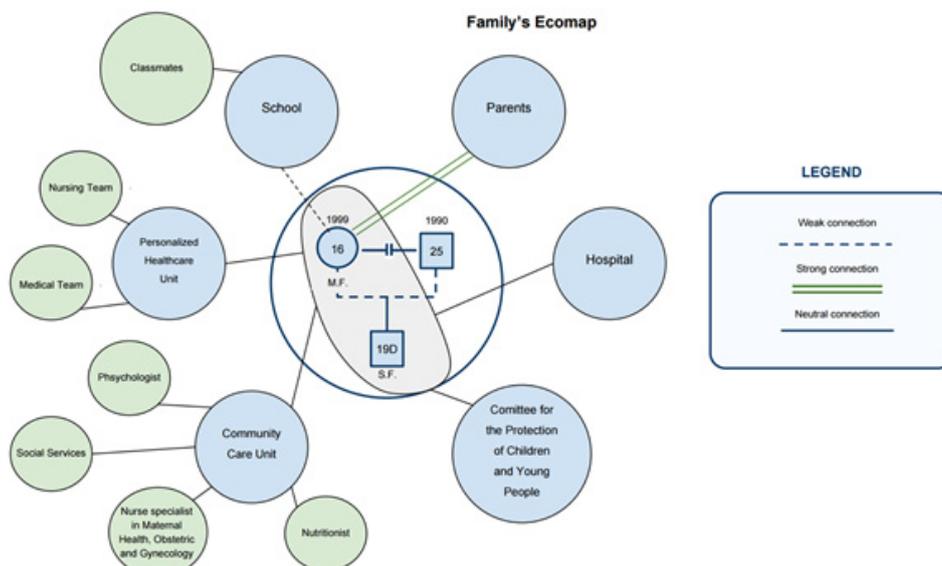


Figure 3 - Family's Ecomap. Portugal, 2016.

The studied family lives in its own house, whose main characteristics and attributes are described in Table 1. The semi-detached house has five rooms intended for sleep and rest, social/leisure, for meals confection and also two toilets. The house is heated by a fireplace. All rooms have natural and electric light. The home water supply is made by a water well that exists near the house. The collection of solid waste is done by the municipal services twice a week. Regarding to safety precaution, the family demonstrates knowledge about the use of household appliances and fireplace.

Table 1 - Property Type and characteristics

Property Type	Own semi-detached house
Number of divisions	Seven rooms – 3 furnished rooms; 1 living room (equipped with TV, DVD player and radio); 1 kitchen with stove, refrigerator, water heater and adequate furniture to space.
Sanitary Facilities	2 bathrooms
Floor Type	Floor tiles
Natural Light	Yes, in all divisions.
Artificial Light	Yes, in all divisions (electricity).
Heating System	Fireplace and heat recovery
Home Appliances	Stove, refrigerator, water heater, vacuum cleaner, iron, heater, radio/ CD, TV/DVD, phone and washing machine.
Water/ Sanitation	Private network – water well / Cesspool
House Conservation	Suitable
Property Hygiene	Suitable

Developmental Family Dimension

The family in study is located in two stages described by Duvall - Stage II - Families with newborn and Stage V - families with teenage children. At this stage, it is proposed, as a development task, the existence of a balance between responsibility and freedom, as well as the establishment of post-parenting concerns.

At Table 2, it will be proposed some areas that deserve health care team to better prepare and empower the family to solve these problems.

Table 2 –Proposed interventions on parental role, family attitude and family knowledge about different areas.

Diagnosis		Intervention(s)	Evaluation
Focus	Judgment		
Parental role	Not shown	- Encouraging the teenage mother to take care of the newborn; - Explaining child development and the importance of having rules and healthy habits for the newborn; - Promoting responsibility and interest of the young mother to her newborn.	Eight health surveillance consultations were held to newborn, in Primary Health Care. The weight was measured during the first days showing a decrease of 6% considered as physiological within the first 10 days of life. From the 8th day, the newborn began to have a positive weight gain of 35grams per day.
Parental role not shown			

Diagnosis		Intervention(s)	Evaluation
Focus	Judgment		
Knowledge about contraception	Not shown	<ul style="list-style-type: none"> - Teaching about the existing contraceptive methods as well as the main advantages and disadvantages of each of them and adjust the best method to the person and his/her choice; - Validating all the information given; - Monitoring the chosen method adaptation; - Encouraging the postpartum woman to attend family planning consultations. 	<p>It was given indications to the teenager, that she should still suckled milk and extracted breast milk every three hours (in average), to start the progestational pill, Azalia.</p> <p>It was also suggested the collaboration of the mother's teenager (Rita) in order to draw attention of her daughter to the daily dose of the pill. It was explained when she should start to take the pill and also all the situations that interfere with the effectiveness of it.</p>
Knowledge about contraceptive methods not shown			
Parents' knowledge about adolescence	Not shown	<ul style="list-style-type: none"> - Clarifying the importance of conducting surveillance consultations in accordance teen age; - Promoting a close relationship between parents and children; - Emphasizing the importance of socialization for adolescents; - Clarifying the importance of structuring rules for the formation of adolescents; - Understanding the project life and life goals in the short, medium and long-term of adolescents Mary, Peter and Charles. 	<p>It was explained to the young teenager's family the importance of accomplishing the National Child Health and Youth Plan as a way to raise awareness and inform adolescents at the development key ages and his/her training as a person. In addition, it was explained the importance, during adolescence, of having prospect of a life project, as a thread of his/her growth and development. The relevance of the education of young people about adopting safe behavior rather than risky behaviors; socialization; the dangers of the Internet and the importance of reference adults are considered key points to be spoken in the different consultations during adolescence.</p>
Parents' knowledge about adolescence not shown			
Parental knowledge of the binding process	Not shown	<ul style="list-style-type: none"> - Promoting the mother-baby bonding; - Reinforcing the importance of affection for mother and baby; - Explaining the importance of communicating with the newborn to establish a connection/ bond; - Encouraging breastfeeding to strengthen the mother-baby bonding; - Promoting mother's autonomy to take care of her child. 	<p>Despite the teachings and comprehension by Mary, she has not shown the initiative to perform the parental role, resulting in poor bonding.</p>
Parental knowledge of the binding process not shown			
Accession to health monitoring of newborn	Not shown	<ul style="list-style-type: none"> - Teaching the family about the characteristics and skills of the newborn; - Teaching the family about the warning signs in the first months of life; - Explaining to the family the precautions for the prevention of Sudden Infant Death Syndrome; - Explaining to the family the position recommended to sleep; - Clarifying the family about the importance of carrying the infant safely in own chair, inside and outside the home (which already includes the car); - Clarifying the importance of weighing the newborn every week until complete the first month of life (to check newborn weight gain) and schedule the 1st consultation at 1st week (for the Guthrie test and monitoring anthropometric parameters) and at 28th day of life of baby; - Tracking and comparing anthropometric parameters of the newborn with average percentiles. 	<p>It was explained to Mary (mother of the newborn) the importance of newborn health surveillance, as well as the characteristics and skills of the baby in the 1st month of life.</p> <p>There was concern in explaining the warning signs of newborn in the first month of life (such as fever > 38°C, prostration, persistent crying, moaning and refusal to eat) and the importance of going to the Hospital urgently if that happens. There was some difficulty in validating the information obtained, so the teachings were being reinforced over time.</p>
Accession to health monitoring of newborn not shown			

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Diagnosis		Intervention(s)	Evaluation
Focus	Judgment		
Knowledge about postpartum	Not shown	<ul style="list-style-type: none"> - Advising the puerperal woman to not have sex until the Puerperal Review Consultation (4 to 6 weeks after delivery); - Clarifying the importance of healthy eating, including adequate fluid intake and the avoidance of spicy food, caffeine, drugs and tobacco); - Explicating warning signs that need urgent medical evaluation (heavy vaginal bleeding, fever > 38°C, vaginal discharge with foul smell, pain, heat and redness in the legs and breasts). - Emphasizing the importance of adopting certain care for the prevention of puerperal infection (daily bath; careful partial hygiene, from front to back, whenever she goes to the bathroom; replacing the sanitary napkin also whenever she goes to the toilet and washing hands with frequency). 	<p>It was given all recommendations and explanations necessary for the experience of a safe postpartum.</p> <p>Since pregnancy has not been monitored until 22 weeks of gestation, all the recommendations relating to healthy eating were unknown by the young woman.</p> <p>She understood all the information provided.</p>
Knowledge about postpartum not shown			
Family Attitude	Difficult	<ul style="list-style-type: none"> - Assessing family support; - Facilitating communication between the members of the family; - Providing emotional support. 	<p>Since there is overlapping of roles between the grandmother and the young mother of the newborn, the family's attitude remains difficult and not promoting the mother-baby bond.</p>
Difficult Family Attitude			
Evaluation		<ul style="list-style-type: none"> - Not suitable parental role; - Knowledge of contraception shown; - Parents' knowledge about adolescence shown; - Parental knowledge of the binding process shown; - Adherence to health surveillance about newborn shown; - Knowledge about the demonstrated postpartum shown; - Difficult family attitude. 	

Functional Dimension

To perform the evaluation of family functionality the Family Apgar Scale Smilkstein was used (1978), in order to understand the fundamental aspects of family functioning, such as cohesion, family adaptability and the perception of its members on the functionality of it. The girl in the study considered her family as highly functional (score 8), stating that it is almost always satisfied at all points that this scale refers.

4. DISCUSSION

The young woman (M.F. Mary) met a boy, nine years older than her, through social networking. This has led to a physical encounter with consenting sexual involvement between both, which resulted in an unplanned and unsupervised pregnancy until 22 weeks of gestation. Therefore, no prevention was made, concerning the prevention of neural tube defects (folic acid) or prevention of abnormalities in fetal cognitive development (iodine) or supplements to aid the development of the fetal nervous system and important functions in energy metabolism (iron). Despite that, with the support of her parents, the young girl was followed at high risk consultations at the Hospital in the remaining pregnancy time.

In this particular case, the pregnancy caused a family impact with changes in its dynamics, overlapping contradictory feelings and causing a major failure of communication between its members.

The existence of strict limits associated with a communication failure (and a worsening of it with the pregnancy's discovery) make the situation more difficult to overcome. However, Mary classifies her family as "highly functional" (score 8 in the Family Apgar Scale) resulting from the support that she eventually got from her parents during the pregnancy and the growth and development of the newborn. It should be noted that the newborn's father, after the discovery of the pregnancy, did not want to be involved in parenting and the parenting process.

Although Mary is the mother of the newborn, the role of care provider decays on Rita (the newborn grandmother), by her own will. It is also perceptible a weak bond between Mary and his son, perhaps by the protector role of her mother to his grandson, preventing, in a way, the establishment of the mother-baby bonding. Therefore, the role of newborn care provider is not set to the mother of the newborn (M.F. Mary) but the grandmother of him (Rita), whether for lack of Mary's experience or knowledge or even overlapping by Rita. The family relationship is considered satisfactory, despite the emotional bond with Mary being weak

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or absent, but being replaced by Rita.

However, the newborn is well cared, not verifying any food negligence, hygiene, emotional or in overall health.

There is a work to be done in communion with the family by the nursing team and the rest of the multidisciplinary team in order to support the whole family to their needs. Arising from the analysis of the data areas in need of nursing intervention to meet the family's needs were proposed, while care unit. Among these, in the context of maternal and child health, the importance of a close watch on the physical and emotional point of view of a teenager who recently gave birth and the need to go monitoring the growth and development of the newborn, as well as its bonding with the respective family, so that he can grow and develop in a home in harmony.

CONCLUSIONS

The utilization of MDAIF for family assessment allows better knowledge of the family and explores the points that require further intervention in different areas. Also concerning such method, it was possible to find some difficulties encountered by the family with regard to knowledge about adolescence, about the bonding process, contraception and living an active and safe sexuality and intervening to solve the problems/needs identified.

The use of instruments such as genogram and ecomap allowed to understand the family and its dynamics as well as the entire support structure around them. They also have become important instruments for raising awareness of the importance of the family system in the health-disease process, since the health of an individual affects his family.

Thus, it can be concluded that the assessment and family intervention were effective, allowing not only to meet the needs of the family as a unit, but also helping the teen to continue with the fulfilment of her life project, linking with the Community Care Unit (for intervention in the school context) and the Committee for the Protection of Children and Young People.

The continued use of MDAIF in future investigations is suggested.

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