

The Knowledge about the Heimlich Manuver by mothers on the Facebook social network

O conhecimento a respeito da Manobra de Heimlich por mães da rede social Facebook

El conocimiento de la Maniobra de Heimlich por parte de las madres en la red social Facebook

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RESUMO

Objetivo: analisar o conhecimento a respeito da Manobra de Heimlich por mães da rede social Facebook, tendo como problema de pesquisa o seguinte questionamento: "Durante o pré-natal na rede pública a mãe recebeu orientações sobre a manobra de Heimlich? Que conhecimento as mães tem sobre a manobra de Heimlich." **Método:** Foi utilizada a abordagem qualitativa e método descritivo para este estudo, seguindo os pressupostos de Ludke e André (1986). **Resultados:** Foram entrevistadas 7 mulheres com idade entre 23 e 40 anos que responderam os questionamentos a respeito da Manobra de Heimlich no pré-natal e falaram sobre seus conhecimentos prévios a respeito do tema. **Conclusão:** As entrevistas realizadas revelam que as mulheres possuem conhecimento superficial a respeito da Manobra de Heimlich, no entanto esse conhecimento não foi obtido em seu pré-natal, mas sim por conta própria ou por necessidade.

Descritores: Engasgo; Manobra De Heimlich; Pré-Natal.

ABSTRACT

Objective: to analyze the knowledge about the Heimlich Maneuver by mothers of the social network Facebook, having as research problem the following question: "During prenatal care in the public network the mother received guidance on the Heimlich maneuver? What knowledge do mothers have about the Heimlich maneuver." **Method:** The qualitative approach and descriptive method for this study were used, following the assumptions of Ludke and André (2008). **Results:** We interviewed 7 women aged between 23 and 40 years old who answered the questions about the Heimlich Maneuver in prenatal care and talked about their previous knowledge about the subject. **Conclusion:** The interviews revealed that women have superficial knowledge about the Heimlich Maneuver, however this knowledge was not obtained in their prenatal care, but rather on their own or by necessity.

Descriptors: Choking; Heimlich Maneuver; Prenatal.

RESUMEN

Objetivo: analizar el conocimiento sobre la Maniobra de Heimlich por parte de las madres de la red social Facebook, teniendo como problema de investigación la siguiente pregunta: "¿Durante la atención prenatal en la red pública la madre recibió orientación sobre la maniobra de Heimlich? ¿Qué conocimiento tienen las madres sobre la maniobra de Heimlich?" **Método:** Se utilizó el enfoque cualitativo y el método descriptivo para este estudio, siguiendo los supuestos de Ludke y André (2008). **Resultados:** Entrevistamos a 7 mujeres de entre 23 y 40 años que respondieron a las preguntas sobre la Maniobra de Heimlich en la atención prenatal y hablaron sobre sus conocimientos previos sobre el tema. **Conclusión:** Las entrevistas revelaron que las mujeres tienen conocimientos superficiales sobre la Maniobra de Heimlich, sin embargo este conocimiento no se obtuvo en su atención prenatal, sino por su cuenta o por necesidad.

Descriptorios: Atragantamiento; Manobra De Heimlich; Prenatal.

Introduction

Choking originates from choking and is defined by the School Minidicionário Portuguese of ciranda cultural¹ as the obstruction of the throat by some foreign body. Also, according to the Ministry of Health², choking is a manifestation of the body when some food or object takes an unexpected path during the act of swallowing.

The human body has a structure called epiglottis, located at the top of the larynx, this structure when breathing opens so that the air enter the lungs and closes when something is swallowed, so that the passage to the lungs is blocked and the food is directed towards the stomach, but when a failure occurs in the closure of the epiglottis, the food ends up going into the path of the lungs and choking occurs as an attempt to expel what is preventing the air from entering the lungs.²

In Brazil, according to data from the Department of Informatics of the Brazilian Unified Health System³, in 2019 there were 176 deaths of children under 5 years of age due to inhalation and ingestion of food causing respiratory tract obstruction (ICD-10) and inhalation and ingestion of other objects causing respiratory tract obstruction (ICD-10) and inhalation and ingestion of other objects causing respiratory tract obstruction (ICD-10 w80). According to the Military Fire Department⁴, in cases of choking, it is essential to remain calm, activate the fire department, and start performing first aid to avoid major injuries, and as a pre-hospital method of first aid recommend the performance of the Heimlich maneuver.

The Heimlich maneuver is an emergency method used to remove something that is trapped in a person's throat and that is preventing their breathing, the maneuver is performed by placing a sudden pressure on the stomach of the person to help expel what has been ingested.⁵

Currently in the Federal District, the Heimlich maneuver had its teaching mandatory, according to Law No. 6,355, of August 7, 2019, which "provides for the mandatory Heimlich Maneuvercourse in prenatal care for pregnant women in the public and private hospital network in the Federal District".⁶

In view of the above, this study proposes the following research question: During prenatal care in the public health system, the pregnant woman received guidance on the Heimlich maneuver? What knowledge do mothers have about the Heimlich maneuver?

The aim of this study was to describe the knowledge of the Heimlich Maneuver by mothers who had prenatal care in the public health network in the Federal District.

This study becomes relevant, because it may collect relevant data, to alert the manager of the basic health unit regarding compliance with Law No. 6,355 of August 7, 2019, and how the parents know about the Heimlich maneuver.

You can avoid future deaths by choking, by making sure that the maneuver is being taught in the best way.

And finally, it may stimulate further research in the area regarding the Heimlich Maneuver.

Method

This study followed Ludke and André's assumptions, through a qualitative approach and descriptive method.

Following resolution No. 510 of April 7, 2016, which deals with ethical specificities in human and social research, this research ensured respect for the interviewees, in their dignity and autonomy, protection of research participants with guarantee of anonymity and confidentiality, respect for cultural, social, moral, religious and ethical values, individual and other provisions contained in the resolutions.

The place for this study was the social network Facebook, in a group called "MOTHERS FRIENDS QNL, QNJ, M NORTE AND TOP LIFE", with the participation of mothers of children up to 02 years, who have already experienced one or more experiences of motherhood. Released in 2004, Facebook is an online social network where it is possible to share photos and videos on a variety of other social networks.

The profile called "MOTHERS FRIENDS QNL, QNJ, M NORTE AND TOP LIFE" was created on Facebook on December 14, 2014, as a group in which all interested users access all available content. The group's purpose is to offer issues related to the day-to-day life of mothers, women who wish to share their life experiences to contribute and support other women, who have experienced the same moment.

After accepting to participate in the research, the women were able to choose a more convenient date and time for data collection. The participants were also presented with the Free and Informed Consent Form (TCLE), so that they can sign authorization for the collection, dissemination and publication of data, as well as the authorization term for the use of sound and image. Remembering that they received fictitious names of stars chosen by them, with the purpose of preserving the ethical criteria of the research.

For participation in the research, women met the following inclusion criteria: being part of the virtual group; enjoy full mental health; 18 (eighteen) years of age or older; be willing to participate in the research; have undergone one or more pregnancies from 7 August 2019 and who has performed prenatal care in the public health system and has signed the TCLE. The following was used as exclusion criteria: not being part of the virtual group; not enjoy full mental health; have no pregnancy history from August 7, 2019 and have not done prenatal care in the public network and have not signed the TCLE.

No exclusion factor was any criterion related to race, religion, culture, belief, economic factor or sexual option.

The interview was conducted through a virtual Zoom Cloud Meetings meeting, where it was recorded and later, transcribed in a reliable manner for analysis. It was collected as a questionnaire of 08 discursive questions. Seventy interviews were conducted, in which the criterion of closing data collection was their saturation, as used in qualitative research. After the transcript of the interview the recording was deleted and the transcriptive of it will be saved by the researchers for up to 05 years, where after this period the data will be incinerated.

The administrator was asked to authorise the research in the group and the project was subsequently forwarded to the Ethics and Research Committee

(CEP). After the authorization of the CEP issued in the opinion embodied in nº5.189.663, the research was initiated, where the participants were invited by the researchers to participate in the research, through an invitation with a brief explanation about the objective of the research.

Results and Discussion

The results for this study were found through interviews with 07 women who received the fictitious name of "stars", to preserve anonymity, as described in the following profile.

Table 1- Profile of the women interviewed.

Identification	Age	Profession	Education Level	Number of children
ANTARES	26 years	Confectioner and home	Complete higher education	2
ATRIA	23 years	Student	Higher education attending	1
CADENTE	22 years	Office assistant	Complete higher education	1
DALVA	29 years	Monitors	Higher education attending	2
POLARIS	25 years	Administrative assistant	Higher education attending	2
SIRIUS	36 years	Frame and visual artist	Higher education attending	2
SOL	40 years	Lawyer	Complete higher education	2

For analysis of the collected data, the results were divided into 08 categories that were described immediately below. All data obtained were transcribed in a reliable manner, always respecting the anonymity of the women.

Reaction in case of possible choking at home

In this category, the participants reported how they would act or act in a choking situation with their children, in which most report similar reactions and briefly describe how they would disengage the child, as reported below:

Well, my mother taught me that when choking is to squeeze his stomach very slowly that he puts out, then I had an appointment at the post with the pediatrician and they only taught me to put him tilted forward, are the two ways that taught me to unwrap it (CADENTE)

You weren't going to turn your head down, were you? I don't know the slope exactly, but I know it tilts its head down a bit and as it is baby hits the back pushing forward (DALVA)

[...] So about that I had already studied enough [...] I know how to perform the maneuver. So I think i would keep calm, because it's right, because if you get fused you can't think about what you're going to do, so I'd keep calm, my boyfriend is a fireman so I'd talk to him [...] (ATRIA)

So my oldest daughter's already choked, huh? Very serious, with a lollipop and i was choking as a baby with breast milk, and so the first thing I did was blow and put on my back and hit the back, I know that this thing of blowing may not solve much, but it's a thing of my family, we end up learning and taking (SIRIUS)

So I think first I'd be pretty desperate, then I'd try to do the thing of disgassing, putting it face down and hitting the middle of the back (POLARIS)

[...] I did the maneuver in 3 situations, one with my oldest 4 years, he choked on milk, breastfeeding, was desperate, luck is that in the course of mothers (performed in private institution) talked about the maneuver [...]. I told him I was never going to make it, by the time he choked on milk, at the time he came here and I managed to perform. In fact, there were 4 situations [...]. Then went with my little one in two situations, one was in food initiation [...] and the other (time) two weeks ago he was eating a bullet, a ments, my 1 year and 9 months and choked, but then I was already on automatic because once you do pass the scare. More so, the notion I have, I know how to do, but I do not know how to measure strength, so it's basically a blow, it always worked, but I do not know i perform correctly (SUN)

[..] I did when I won my first daughter, she choked on saliva and with a little milk, the first reaction I had was to turn her and do the technique That I forgot the name, we get desperate inside, but if we get desperate we do not solve anything, then first I did and left to be desperate after [...] (ANTARES)

It is possible to identify through the interviewees' statements the insecurity to put into practice the Heimlich Maneuver, according to Assis and Santos⁸ unknown situations usually trigger tensions and stresses, in addition to this factor, the study of first aid usually occurs superficially and generates insecurity.⁹

In addition to insecurity it is possible to notice cultural influence in the way of acting. According to Leite and Vasconcellos¹⁰, culture and customs influence care related to children's health, usually the process of choosing how to act is due to a process of "making sense" for the individual that is based on cultural knowledge and habits.

As in the study of Nascibem and Vivero¹¹ that reports that the knowledge of a given population was passed down from generation to generation and suffered influence from culture and religion, so it is possible to notice in the interviewees' statements that report that some attitudes they took came as teaching of their family. This is because the family is the main socialization agent that shapes children/adults through their beliefs and experiences.¹²

Questioning about witnessing some choking situation

In this category, the women interviewed were able to report whether they had ever witnessed any choking situation with a child. Some interviewees reported that they never witnessed and others reported that they witnessed with their own children, in addition many reported their reaction when the choking situation occurred, as reported below:

The first time he choked, I got desperate, I didn't even know he was choking, I went to know when he put it out by the nose (TOOTH)

No (DALVA)

No, I've never seen it. Not with child (ATRIA)

I've seen it, but I didn't exactly know what to do, but when my daughter choked more seriously, she was 2 years old and I was in doubt if she did the same maneuver with the baby or if she was already doing with her in a small place (SIRIUS)

Yes, with my first daughter, I was a first-time mother and did not know what to do, so my youngest daughter choked and my mother helped me, after that I went to research how I did to unwrap a child (POLARIS)

The first time I did It I went into despair, until I reasoned. The first time recognizing that the child choked is very difficult [...]. In the second (time) [...] although the child already spoke, I went to make desperate already crying [...], then when it stopped, then I started crying [...], but the last one was very quiet, I saw it quickly and i had no change of animo [...] (SUN)

[...] with my first daughter in motherhood yet, and I even knew what to do [...] (ANTARES)

The occurrence of choking caused by foreign bodies is very common, and the incidence is significant in children.¹³ According to Costa et al.¹⁴, between 2009 and 2019 the aspiration of foreign bodies in Brazil ranked third on the list of accidents with death among children aged 0 to 9 years, in which the average number of deaths from choking in those years was 195.27 and the main cause of choking was ingestion and food.

Knowledge about what the heimich maneuver is for

In this category, the interviewees were asked if they knew what the Heimlich Maneuver was for, in which only one of the interviewees reported not knowing what it was for, how to be seen below:

No (CADENTE)

To degass (DALVA)

[...] So, about that I had already studied a lot (about the disemplant maneuver) [...]. It's for disamen. (ATRIA)

[...] my youngest daughter choked and my mother helped me, after that I went to research how I did to unwrap a child [...]. I do know (SIRIUS)

I do know (POLARIS)

Yes, I do. [...] after the first time (of the occurrence of a choking) I gave a read in some articles on google academic to see if held right [...] (SUN)

I know, to unwrap, I had already researched (ANTARES)

The fact that most participants know the technique for disemplanting can be found by the factor mentioned by three participants, who mention having

conducted research on the maneuver. Today we live in a time of ease of information at hand, never before imagined in terms of fast, unlimited and efficient access.¹⁵

Knowledge about the execution of the heimlich maneuver

In this category, the women interviewed reported that they know how to perform the Heimlich Maneuver, in which the vast majority report that they know how to perform, but do not know if they perform in the correct way. The answers about knowing how to perform the maneuver were:

I don't know (CADENTE)
Exactly not, just from above, as I had explained, I had already researched about (DALVA)
I know, because as I'm already a student in the area (ATRIA)
I know, but I don't know how it is in practice, because I've never put it into practice (SIRIUS)
I know, put the child face down on the leg, put his hand in her mouth to leave open and gives about 3 beats in the middle of the child's back (POLARIS)
So the notion I have, I know how to do, but I do not know how to measure strength, so it's basically a blow, always worked, but I do not know performing correctly (SOL)
I know how to run (ANTARES)

As in the study by Silva et al.¹⁶, the participants already had knowledge about the Heimlich Maneuver, but had doubts about details of how to perform it. In this sense, it can be evidenced, as in the study by Carvalho et al.¹⁷ it is important that educational actions for the population use theoretical-practical methodologies for their greater efficiency.

The teaching of the heimlich maneuver in prenatal care

This category deals with the teaching of the Heimlich Maneuver in prenatal care. The women were asked if they had already received any training or conversation about the maneuver, however all interviewees reported that they never received such teaching in their prenatal care or after the birth of their children, as reported below:

Nothing, nothing about it was taught, nor when I was in the maternity ward (SHOOTING)
Not taught (DALVA)
Have not taught, and I think this is not very common to speak [...] (ATRIA)
No, they never taught, nothing (SIRIUS)
No, they never taught, even because the consultations. My doctor always talked to me during consultations s were very generalist [...] all consultations were summing up in grief, check height, these things (POLARIS)
They did not say anything, it was only in the course of pregnant women that I did (held in a private institution), and after the first time (of the occurrence of a choking) I read in some articles in google academic to see if performed right, if there was any possibility of hurting the child

during the maneuver [...] and this was a doubt That I took more or less in google [...] (SUN)

No, this technique and maneuver did not teach [...]. Not even the prenatal meetings scheduled for me (ANTARES)

Contrary to what is required in Law No. 6,355 of August 7, 2019, which requires the teaching of the Heimlich Maneuver in the prenatal care of pregnant women⁶, none of the interviewees reports such teaching during their prenatal care, and according to Farinha, Rivas and Soccol¹⁸, only by expanding the knowledge and practice of the Heimlich Maneuver, it is possible to reduce deaths due to lack of management of the situation.

This result may be due to the lack of knowledge of pregnant women about what should be addressed in prenatal care, according to the study by Mendoza-Sassi et al.¹⁹, the knowledge that some women have about prenatal care is poor and unequal in terms of the components, many know the minimum number of consultations, but do not know for sure what it addresses.

Women's opinion about the importance of teaching the heimich maneuver in prenatal care

In this category, the interviewees gave their opinion on the importance of teaching the Heimlich Maneuver and highlighted important points about teaching in their views, according to the reports below:

[...] I think it should not only be spoken, but the practice could also help [...], in practice it is much better, because we are doing and not only seeing (CADENTE)

Yes, it would be very important, knowledge is everything (DALVA)

[...] it would be a thing to be taught mainly when going to talk about food introduction, because it is the time that has more choking [...] many children choke on it (food introduction) and many people do not know what it does, so I think it would be very important to teach this (ATRIA)

[...] something basic to be taught, child chokes a lot [...] even at the time of food introduction [...]. This should be taught even to teachers in children's schools (SIRIUS)

Yes, even because many mothers do not know what to do, especially first-time and end up leaving desperate in the street and sometimes are lucky enough to find a policeman a fireman who can help (POLARIS)

A lot, a lot. [...] get out of there (from the hospital) with a better notion that you won't hurt your child, that you can save, take some action if it's a more serious case until the help arrives, I think it's essential. [...] these issues that come in the postpartum, are extremely little addressed [...] when you find yourself in a situation of need and try to inform yourself about it information also and sparse, you do not have an objective material [...]. You go online and put a doll on YouTube and the person knocking. You're not hitting a dummy, you're hitting your son, there's a very big emotional issue there behind [...] (SUN)

For sure, because before you get the fireman if you can relieve even better, because the lack of oxygenation can harm your baby, so if you already manage to do the maneuver of disfigurement while the fireman does not arrive, even better [...] (ANTARES)

In agreement with the interviewees' statements, and the study by Maciel, Mendes and Pontes²⁰ the choking can occur suddenly and the rapid action will determine the result of life or death, recovery or disability in the life of this child. In addition, the Heimlich Maneuver is a simple procedure, its teaching through a tool facilitating health education such as games and videos, occupies only a few minutes more of the nursing team and can still save lives.²¹

The knowledge about the law that makes it mandatory to teach the maneuver in prenatal care in the Federal District

In this category, the women answered the question regarding the knowledge of Law No. 6,355 of August 6, 2019, which made the teaching of the Heimlich Maneuver mandatory in all prenatal care of the Federal District. All women interviewed reported not having knowledge and regretted the law not having put into practice, as reported below:

No, I had no idea, they didn't [...]. I think it should even be taught in the maternity when we are hospitalized because there they teach everything, the breast handle to suck, teach everything, only that they do not teach [...] (SHOOTING)

I didn't know, and I didn't know it, even though I was pregnant in 2020 (DALVA)

No, people who are crazy, I didn't know. I think it's very little widespread (ATRIA)

I didn't know and had no idea, but what a wonder, I'm super happy, it was already passing the time (SIRIUS)

I didn't know, and yet it wasn't taught, it's something that takes very little and makes a big difference. I find it interesting to teach in motherhood when they talk about breastfeeding, so they could talk in case of choking at the time of breastfeeding you can do such a thing (POLARIS)

I didn't know [...] I tell you that when I was pregnant at no time did they tell me about it. It is a knowledge that if I had not had the previous situation (of a choked son), I would continue without having it. And it's a situation that you think is silly until it appears on your lap [...] (SUN)

Serious? I didn't know and I didn't. For you see that to this day has a lot of choking that mothers do not do this maneuver [...] (ANTARES)

Given the statements of the participants, it is possible to notice the lack of knowledge about their rights, according to Choucino, Machado and Silva²², the lack of knowledge of personal rights is still present in the lives of citizens, and can be caused by the large amount of daily information that the Internet offers or by the difficulty of understanding.

Knowledge of choking experiences with other families

In this category, the women reported whether they were aware of choking cases that happened to other families. In this category only two women reported having knowledge of other cases of choking, as described below:

No, so my generation is having a child now. I do not remember anyone having commented with me (CADENTE)

No, I don't know (DALVA)

No (ATRIA)

No, I don't know (SIRIUS)

I know, a relative of mine choked and his mother did what was faster put his hand in his mouth and pulled what was in the throat (POLARIS)

No (SOL)

Yes, the son of a friend, but she managed to unwrap him, for I had taught her (ANTARES)

Although only two interviewees knew other cases of children who choked and needed help, the study by Gonçalves et al.²³, which reviewed 3,612 emergency medical visits involving children, registered in 2016, points out in 3rd place, of the most common types of accidents, which involve foreign bodies (ingestion, aspiration and placement of foreign bodies in the ear).

Final Considerations

During this study, we tried to understand how the knowledge about the Heimlich Maneuver is going by mothers of the social network Facebook, in which the interviewees were asked if they received guidance on the subject in their prenatal care and their level of knowledge on the subject.

Based on the information obtained, it can be concluded that, despite having become law the teaching of the Heimlich Maneuver in the prenatal of the Federal District since August 2019, this requirement has not been put into practice, in which it was evidenced women who never had in their prenatal guidelines on this subject and who think of paramount importance their teaching and training in a more real way. Although the Heimlich Maneuver was never addressed in the prenatal of the interviewees, many had superficial knowledge about how the maneuver is performed, and this fact can be due to the curiosity and need of women to understand about the subject.

With the information collected, one can reach the objective proposed in the study that was to analyze the knowledge about the Heimlich Maneuver by mothers of the social network Facebook, one can also open the following questions: the law that makes it mandatory to teach the Heimlich Maneuver was not put into practice due to the pandemic? is the high level of education of women a factor that led them to be aware of the subject?

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