

Pregnant Women's Perceptions Of Culturally Sensitive Comprehensive Care In Nursing

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Abstract: Culturally sensitive holistic care in nursing is a determining element to modernize the experience and health outcomes of pregnant women from diverse communities that bring great cultural riches to their innate care. The objective of the study was to understand the perceptions of pregnant women regarding the integration of nursing care with their cultural beliefs and practices. The methodology was qualitative, with a focus on the principles of hermeneutical phenomenology, which allowed for an in-depth exploration of the experiences of pregnant women who cohabit in culturally diverse contexts.

Results: Pregnant women value that professional care recognizes their worldviews, practices and principles, as well as care from the construction of a relationship of trust and respect for rituals.

Discussion: The implementation of an approach based on the theories and models of Leininger, Afaf Meleis and Purnell can lead to the adaptation of culturally consistent interventions, promoting compliance with care and improving the perceived quality of care.

Keywords: pregnant woman, multiculturalism, holistic nursing.

INTRODUCTION

Gestation is a complex process that encompasses not only organic aspects, but also social and cultural ones, so the ancestral beliefs and practices of women in this period represent precious events in the experiences of prenatal and postnatal care. (Alejandra, K., & Cristina Palomar Verea 2021). However, in many health services, these cultural roots may not be adequately respected, which leads to care that is not adapted to the particular needs of each pregnant woman, family and community.

Culturally sensitive, holistic care in nursing is a determining element in modernizing the health experience and outcomes of pregnant women. This perspective considers and respects ancestral beliefs, practices and traditions regarding motherhood, which is essential to cement confidence and satisfaction in the care received. On the contrary, a lack of cultural sensitivity can lead to alienation and skepticism, disturbing the search for quality and reconciliation in health care and the beneficial effects for the mother-child binomial. (Mantula, F., Chamisa, J. A., Nunu, W. N., & Nyanhongo, P. S. 2023).

In the context of the nursing discipline, knowledge of cultural diversity is an uninterrupted process that requires the application of conceptual bases and skills based on laborious evidence, combined with discernment and sensitivity to the cultural disparities of pregnant women. (Giles, A., Prusinski, R., & Wallace, L. 2019). This section is based on the theory of transcultural nursing developed by Madeleine Leininger, which contemplates this approach by aligning it with a culturally sensitive comprehensive approach, focused on providing care that

is consistent with cultural values, beliefs and practices, highlighting it as essential to renew experiences and continue to personalize care according to the needs of each pregnant woman, family and community. (Yordyn Mora-Jiménez et al., 2024).

This article aims to analyze the perceptions of pregnant women about culturally sensitive comprehensive care in nursing, considering the cultural commiseration of nursing professionals regarding the impact on women's experience during pregnancy, birth, and puerperium. Likewise, positive strategies will be considered to establish care that admires and appreciates cultural pluralities, which will favor the transformation of maternal and newborn health in contexts with riches from ancestral heritage.

METHODOLOGY

This study was developed under a qualitative methodology, with a focus on the principles of hermeneutical phenomenology, which allowed for an in-depth exploration of the experiences of pregnant women living in culturally diverse contexts, which allowed the integration of key elements to recognize nursing care tailored to their needs. The hermeneutical phenomenological design revealed the deep meanings of the experiences lived by pregnant women, giving priority to authentic expressions from the subjectivity and understanding of the phenomenon (Fuster Guillen, 2019).

To carry out the study, the selection of female participants with real experiences during prenatal and/or postnatal care who had contact with the nursing discipline and had cultural richness rescued from their contexts of rural origin, indigenous communities, Afro-descendants, native language and/or geographical origin was taken into account. Next, it was carried out through the implementation of an intentional snowball sampling, so it was necessary to start from the premise of the subjectivities of pregnant women with richness from multiculturalism, based on a combined strategy between phenomenological depth and sensitivity. Therefore, this method was exclusively convenient to access this type of population where familiarity and community networks were key to achieving positive approaches, devoid of judgments that could disturb the authenticity of the information.

Data collection was carried out through in-depth interviews based on a preliminarily determined thematic guide and complementary to the use of field agendas; This process was carried out prior to informed consent, duly explained. It was necessary to carry out 1 to 2 sessions per participant, after each meeting we proceeded to transcription of audios, alignment with diaries and what was recorded from the direct observation of the participants. Next, the hermeneutical analysis was carried out with methodological rigor from the following triangulation based on the Culturally-Responsive Maternity Care study (Elmir, 2024), which allowed transcending as follows: comparison of findings from all the interviews after achieving data saturation, use of what was recorded in the field agendas from gestural observation, sounds and native words, finally, validation of the study participants on the final information before using the ATLAS tool. Ti, for the qualitative analysis of the totality of the data collected, allowing researchers to structure, examine and represent large amounts of information (Sanguino, N. C. 2020); This procedure facilitated the categorization of information from cultural sensitivity, integrated from phenomenological dimensions and comparative analysis.

RESULTS AND DISCUSSION

In the phenomenological research, the perceptions of pregnant women regarding the culturally sensitive comprehensive care received by nursing professionals were examined, in order to understand what the participants experienced and appreciated about the care received during pregnancy. Through in-depth interviews, relevant topics emerged that show the importance of a holistic and respectful approach to cultural diversities in professional practice. The results suggested that women with ancestral practices value care that not only contemplates their physical needs, but also emotional, social and cultural needs, accentuating the influence by assuming an environment of familiarity and understanding where their beliefs and habitual practices are honored. These findings have transcendental repercussions for nursing practice, alluding to the fact that care from the sensitive can significantly modernize the experience of pregnant women and their integral well-being; Therefore, the results are presented below as themes and sub-themes:

1. Identification of the most common beliefs and practices among pregnant women from different cultural communities.

Pregnancy was expressed as an "*event of vitality*" that is applauded in a diverse way by communities with cultural roots, this process is supported by beliefs, ceremonies, rituals and habitual practices that dazzle the experience before, during and after birth, which transcends and provides a unique heritage in terms of ancestral care. Below, some emerging themes contributed by the 22 study participants from Cauca (15), Caldas (3), Risaralda (3) and Choco (1) are described; 16 belonging to indigenous communities, 5 to rural areas and 1 Afro-descendant were found; Pregnant women allowed us to identify and consider these innate experiences that can be transformative in culturally inclusive care in the care of the population, consenting to their ancestral riches, respecting and estimating their contribution to the care of the mother and child binomial.

Of the total number of participants in the study, 15 belonged to the Indigenous Association of Cauca-AIC, an organization that manages the population in question with the main objective of establishing and ensuring the provision of health services with sociocultural conditioning. Next, 6 participants were mestizos and 1 Afro-descendant, who, being part of a cultural mix, have intertwined indigenous, Western and African traditions that incorporate ancestral practices useful for the care of the processes of pregnancy, childbirth and birth. The most relevant sub-themes identified are mentioned below:

1.1. Beliefs of natural and social phenomena: the perspective of the world in communities that are deeply naturalized from the cultural point of view refers to the way in which these groups interpret and understand the world, including their beliefs, principles and daily practices, as well as the appreciation and transcendence that these retain in their contexts. This section allowed us to identify in the participants of the study some traditions aimed at preserving a balance between the natural and spiritual worlds, some authentic stories were:

P2: "When there is a full moon or eclipses, you can't go out, this is very bad, I have to cover my navel because suddenly it can cause me to miscarry."

P7: "In my community they don't let us make forces, or ride a motorcycle, or on horseback, or get close to the dead because the cold can hurt the baby."

P12: "I had to be careful not to drink so much cold water, it's just taking care of yourself for a few days, cold water is harmful because it can "cool the womb".

Q13: "In my family, rituals such as "cleansing" are performed to remove impurities, this is done in a specific place chosen by the traditional doctor. In addition, the practice of taking the placenta to proceed with its burial is respected, which also has a place to bury it."

P15: "where I live, practices such as "harmonizing" (balancing and aligning) are carried out at the beginning of pregnancy, as well as the intervention of the traditional doctor and the elders (they are the experts and wise old men) to guide the pregnancy process; the "flag" to correct the baby's position. Everything is done to preserve lifelong values and respect for natural practices."

P21: The 40-day diet is carried out, which includes baths with plants and hot foods; on the last day the corn ritual is performed (symbolizes veneration as a sacred element), and the baby is placed on the pillow with a plant called "joy herb", to protect him from bad energies. Everything is done as a spiritual, cultural link, with the land and the ancestors."

P22: "The house in which they live from the "tulpa" (bonfire that symbolizes the family and community unit) is heated by fire, representing the connection with the home. In this sacred space, the planting of the navel and placenta is carried out, a symbolic act that strengthens the bond with the land and preserves ancestral tradition."

1.2. Use of herbal therapy: in the study participants some sections were found to favor the use of medicinal plants during pregnancy as part of ancestral practices, these plants were not only used to treat delimited health problems, but also formed an integral part of the rituals that are performed on all pregnant women who went to "*traditional or elderly doctors*". with the aim of promoting the physical well-being of the mother and the new member of the family, invigorating the identity and connection with the communities of origin. The main stories are described below:

P7: "Here it is influenced by bitter herbs, rue, for example, they tell you not to consume it because it is abortifacient and produces contractions."

P9: "Well, take natural things like chamomile and cinnamon for the cold in the womb, we always take those in my family, also hot baths with brevo at the end so that the baby comes out quickly."

P17: "They gave me the onion water to dilate along with the chocolate." When the baby was born I also had to take plants to let the milk down, but I don't know what they are called."

P19: "In my family we take sage and altamisa to avoid the cold in the womb."

P21: "baths with hot branches before childbirth, evaporations with eucalyptus in the diet, food with cumin, drinking infusions of chamomile, rosemary or cloves... These are the herbs I used during pregnancy and when my son was born."

According to the above, facilitating the use of medicinal plants during pregnancy, birth and puerperium leads to promoting the health and well-being of the mother and the newborn, providing an approach from the sacred essence of nature, seen as an irreplaceable heritage that dignifies communities and provides the inhabitants with health from the integral point of view. incorporating spiritual and cultural elements, which tend to strengthen family and social ties. This aspect demands special attention since it is necessary to invigorate the foundation from evidence so that its practices are increasingly safe.

1.3. Role of healers, midwives, elders and sobanderos: this section reflected great notoriety for the participants since it is an inherited practice that reflects familiarity and admiration for ancestral traditions and knowledge. In the narratives, there was evidence of comprehensive management praxis from the care of spiritual, emotional, mental, physical and social aspects, with alignment in the ceremonies and rituals themselves. Some accounts highlight the accompaniment of midwives during pregnancy and childbirth, while healers and sobanderos are visualized for the treatment of physical ailments and the maintenance of balance and spiritual connection. Below are some sections that contribute to the enrichment of the study:

P3: "They are very important here, right now in the town we are in the transition to go back to the midwives, because they have a very great gift that God gave them and there are times when you can't sleep well because the baby is uncomfortable, so the midwives try to accommodate them."

Q14: "It seems to me that they are people who have been doing this for many years, because they have been doing that work and I feel that many times they can help more than the doctors themselves, they have more tools from their experience to be able to help pregnant women, they have learned a lot with their experiences."

Q16: "The seed of life program gives us help from the midwives, or the elderly, you inform them that you feel bad so they make the visit and do what they know how to do. Here we have to take care of the midwives because they are experts in accommodation."

P18: "At first I went to a sobandero, because I felt discomfort no matter how it was, I could hardly sit down; then he simply told me that it was the womb and gave me some water and that's it, I also bandage my belly to prevent the cold from entering."

By highlighting the above accounts, it can be concluded that the work of midwives, sobanderos and traditional doctors is remarkable in the conservation of cultural heritage, so it is essential to reduce the gaps in access to health, mainly in rural and remote communities, where they can provide comprehensive care to pregnant women who respect and preserve ancestral practices and can achieve the free use of traditional and Western medicine for the well-being and preservation of maternal-fetal health.

1.4. Spiritual beliefs: ideals from religious aspects not only merge symbolic representations of pregnancy and birth, but also transcend decisions regarding "health, balance, purification, and well-being" during this moment of value. By exploring these beliefs in the participants from a cross-cultural perspective, it is possible to argue from some reports, the deep reasons that dignify and transform the experiences of pregnant women in the face of supreme recognitions and how coping improves the disposition towards health care, allowing an institutional approach. Here are some treasured aspects in this regard:

Q6: "I go to a Catholic community and they have been very helpful, because they are also the ones who have always been there since we realized that we are pregnant, they always bless us with prayers."

Q14: "We believe in supreme beings, but down here they protect us from evil forces, although we should not walk in sacred places either because the bow can bother them, that is, all those beliefs around here."

When delving into this last story, it was found that the "arch" is a courageous symbolic representation that highlights the link between the participants and the celestial, requiring special veneration and reciprocity during all the usual family and social practices; In these spaces, the participants eloquently exalt the connections, making an active intervention in rituals and ceremonies that emphasize with special gratitude the contribution to their lives, as a mediating mechanism between the earthly world and the spiritual field.

1.5. Ancestral care practices: the appreciation of this aspect within the framework of communities with a prosperous cultural tradition showed in the care of pregnant women the representation of a complex event that evidences an accentuated convergence of beliefs, values and habitual practices. For communities, this care is not restricted only to the physical health of the mother and the newborn, but also concentrates spiritual and social factors that are passed down through generations. The use of medicinal plants, particular rituals of "protection, welcome, healing" and the search for "harmony" with nature to manifest a healthy and uncomplicated birth were widely evidenced. However, some of the reports of the study participants reflected oppositions where these practices are frequently hindered and limited during institutional care, leading to incongruities between respect for cultural practices and the health care of the mother and child binomial. Some specific descriptions were:

P5: "After 15 days of birth, the baby is taken to the traditional doctor, who performs body harmonization to prevent diseases. In addition, rituals are practiced with the mother and partner, who participate in ceremonies where liquor is provided and a bath with plants is made for healing and family unity."

P8: "In my house we perform rituals such as cleaning or refreshing the house and harmonizing."

Q14: "Rituals such as "opening the way" are performed, which eliminates the mother's bad energies for a painless birth, and "freshening", which purifies the body by eliminating what is called "the dirty". In addition, dances are practiced and a "chumbe", a bandage with various fabrics, is used to strengthen babies."

P16: "The harmonization is done first, according to how the pregnancy progresses, depending on how the older one sees him, he sends another recommendation or if he needs another harmonization or the opening of the way."

With respect to the previous sections and delving into these meritorious subjectivities, it was found that when talking about "harmonizations" they refer to the rituals applied in the search for integral well-being from the physical, emotional and spiritual balance of both the mother and the newborn. Likewise, "house refreshments" are terms used for ceremonies practiced in home cleaning with the aim of eliminating negative energies and attracting good luck. Finally, "road openings" are related to habits that seek to ensure positive, opulent, and healthy childbirth (Ulloa Sabogal, I. M., et al., 2019) (Zamora González M.J., & Sebastián Cano Echeverry S., 2023), with a favorable birth process for the new member who transcends and is incorporated into the community.

Other sections reflecting cultural roots in the care practiced by the different communities were reflective of preparatory beliefs to avoid complications during pregnancy and later with the newborn, leading to a transcendental connection between the way of life, the correspondence with nature and the preservation of inherited cultural practices. The contributions made by the study participants are mentioned below:

P11: "We should not crochet, as it could entangle the baby's umbilical cord. Nor do we bathe in rivers, because the water could introduce the spirit of the rainbow, as well as not watching an eclipse, since it could cause malformations in the baby."

P19: "In my community, the baby can only be seen by relatives because it gives him the evil eye."

In relation to the last three narratives, it was possible to explore the meaning of "knitting crochet entangles the cord"; These beliefs refer to the making of knots when braiding, which could represent the origin of obstacles or entanglements in the umbilical cord leading to fetal complications, this section is not documented in current literature, so it is necessary to delve into their meanings. Similarly, immersion in rivers of cold water has symbolic representations of purification, connection and fertility, but generates "cold in the belly" which can lead to abortions, hemorrhages and death, which is why the latter defines the "introduction of rainbow spirits" to connections between heaven and earth.

2. Assessment of pregnant women's perception of the cultural congruence of nursing care received before, during, and after birth.

In an environment in which cultural diversity is progressively influencing, it is essential that nursing professionals are not only procedurally competent, but also culturally sensitive and skilled, since the impact for pregnant women is significant in terms of satisfaction and adherence to prenatal check-ups, nursing care and the identification of moments that generate cultural congruence based on inclusive and sustainable models of care. that direct the holistic approach designed to optimize maternal and perinatal outcomes from the integration of cultural heritage. The following is a list of the themes and subtopics that responded to this section from the contributions of the subjectivities of the study participants:

2.1. Ancestral beliefs and practices linked to neonatal maternal care: This section showed that pregnant women living in culturally rich contexts have accentuated roots with robust symbolologies,

which generates constant pressures and inflexibilities with the alignment of institutional protocols (Quemba Mesa M. P., et al., 2024). This fragmentation highlights the resolute need to conceive the mythological establishments that direct the determinations in neonatal maternal care, where the ceremonies of spiritual refuge, the traditional eating plan and the vertical postures during birth are interwoven with the approach and health care. This topic provided the following sub-themes:

2.1.1 Ancestral knowledge and conflicts in the face of health regulations: the participants' expressions revealed moments of care with a humanized approach, crammed with information on comprehensive care, although with moments that generate prohibitions; some authentic narratives are mentioned below:

P7: They only limit themselves to giving health education: that they take care of themselves, that if they come out, that if they do not move..., one is already aware if they practice them or not, one already knows that they can cause harm and in the community they already complement it with other natural care."

P15: "On both sides, both the midwife and the nurse have been very good care, they examine me, the nurses have taught me a lot about warning signs, feeding and breastfeeding, although you can't talk to them about the herbs we take to help us."

P22: "I don't know the course they ask me about, they didn't tell me about it there, the truth is that the only preparation was the one the midwife gave me."

In relation to the above findings, it was evident in the reports moments of low adherence to the current regulations described in resolution 3280 of 2018 (Ministry of Health and Social Protection 2018), and the guidelines contemplated for the care of dignified and respected childbirth (Law 2244 of 2022 - Regulatory Manager - Public Function, 2022), since in addition to not involving women and families in the course of preparation for motherhood and paternity either by dissemination, expansion of information, strategies aligned with the needs of the community, proficiency in native language, accompaniment during childbirth was not allowed in 5 participants, as well as restrictions and prohibitions in the use of herbal therapy, additionally they did not accept welcome rituals in 9 participants; finally, half of the pregnant women expressed low clarification of basic concepts and care; This generated expeditious decisions to go to midwives and healers in search of continuity of the ancestral legacy that would bring them well-being and health with the use of natural mechanisms.

2.1.2. Nutritional practices and supplements versus ancestral care: feeding during pregnancy in culturally diverse communities is at a crossroads between current science-based knowledge and heritage practices transmitted generationally, (Andina Díaz, E., et al., 2021). where suggestions based on vitamin supplements coexist with naturalized eating routines in the communities. Below are some of the participants' narratives reflecting this section:

P13: "At first I was very nauseous and I got annoyed at several meals, but my grandmother made me broths, ate soda crackers and gave me milk with leg jelly to gain strength, I never said that this is how the maluqueras had handled me, I just told them yes to everything, even if I didn't do it".

P16: "Well, on the subject of taking care of myself, they only tell me not to drink rare herbal drinks, that I have to take the pastries that they send me at the hospital and that I eat well."

Q19: "In my community they take great care of me, that they have to drink chicken broth for 40 days, that they have to eat cumin, I don't say that in the hospital because they scold me, there they prohibit us from many foods, especially when the baby is born."

P4: "Very good because traditional medicine is important, which are the plants that one has right here, with medicines and chemicals it is complemented when necessary."

The foregoing reflects an intricate correlation between the protection of the health of the mother and child binomial from the communities aimed at safeguarding multiculturalism, with

an approach of tax models that generate little trust and credibility, which demands health care strategies that incorporate dualities in approaches through models based on cultural diversity, as documented in previous studies (Banda-Pérez, A. de J., et al., 2022). This section reflects the need for the formation of competencies from the being, where communication between the health team and pregnant women is based on mutual trust and commiseration, which can contribute to improving the appropriate articulation with care.

2.2. Nurse-pregnant interaction from a cross-cultural approach: this section is relevant to the magnitude of the nurse-pregnant connection from a multicultural approach, which is based on a respectful discourse recognizing ancestral practices (Quemba Mesa M. P., et al., 2024), principles and ideals of pregnant women, families and communities, incorporating inherited knowledge with conventional health recommendations to build mutual trust and transcend in a care that generates positive moments harmonized with generational practices, less restrictive and more compassionate with cultural richness. The main findings are described below as sub-themes:

2.2.1. Positive communication: these times demand that nursing staff use strategies for the exchange of ideas that are culturally appropriate, such as active listening and language adaptation, to decipher the representative needs of each pregnant woman, including her family environment and figures of emblematic value such as midwives, traditional doctors, "herbalists" or community leaders (León, J., & Díaz, R. J. 2023). To expand on the contributions in this section, some stories are mentioned below:

P7: "I am very grateful to the nurse, she has always treated me very well, she explained to me, she was patient with me; the only thing was the last doctor who treated me, she was very brusque, she hardly spoke."

P11: "Although I didn't understand the truth much, the nurse explained many things to me, but I do many others that the midwife and the other leaders who manage health in the community teach me."

The participants' previous reports highlight the need to base care on therapeutic relationships based on familiarity where interactions with health personnel and pregnant women are based on close dialogues, resolution of uncertainties, to enrich ancestral practices and transform care for the benefit of the mother and child binomial. this section has already been widely documented in previous studies that make visible the importance of changes in the care of populations that contribute negatively to the indicators of maternal and neonatal morbidity and mortality (López et al., 2020); To conclude, it is worth highlighting the need to transcend and transform health care not only by the nursing professional, but also as part of a need for multidisciplinary growth.

2.2.2. Foundation of security and tranquility: credulity increases in pregnant women who live in the midst of cultural diversities by consenting to ancestral knowledge such as the use of healing herbs, rituals, prayers or ceremonies of protection and protection in health institutions, linking it to comprehensive care, while favoring safe practices backed by knowledge based on scientific evidence (Yosa & Diaz-Manchay, 2023). For this reason, it is valuable to highlight some narratives that support this growing need:

Q13: I loved what they let me do, what I did with my placenta was that they painted it on a white cardboard when they put it on top of it."

P17: "The nurse listened quietly when I told her what I did at home with the accommodation massages, she does not scold me when I tell her that I am going to the midwife, she takes good care of me, she does not oppose me practicing the care that the midwife, my mother and the community do for me."

Q20: When I told the nurse at the hospital to take herbs she scolded me, she told me to only take what she tells me, but the truth is, in my family we preserve that tradition because they help us with the pains of childbirth when we drink drinks."

This section emphasizes the importance of knowing and applying models of approach such as the one widely documented by Leininger's theory, immersed in the plurality and universality of cultural care, this thesis guides the focus of the study to master the barriers generated by the insufficient command of the native and cultural language, guaranteeing the real transformation of care for pregnant women with a compassionate and safe approach that honors the cultural heritage of pregnant women, families and communities. This moment can be achieved when the attention is kept in mind the different moments of preservation of cultural wealth, agreement of harmful rituals and remodeling of practices for the benefit of the mother and child binomial (Ulloa Sabogal et al., 2019).

2.3. Rituals and ceremonies of spiritual protection against health interventions: the practices narrated by the participants made it possible to visualize their importance when they are allowed since symbolically they are a source of protection and well-being as a mechanism to honor the transformation of the pregnant woman into a new mother with a newborn who enjoys physical and spiritual health. These processes are accompanied by the use of herbal therapy, prayers and songs of welcome that do not break into contemporary care, on the contrary, they are generators of positive birth experiences. From this section, the following culturally rich narratives stand out:

P13: "Nothing we do in the community we did in the hospital, for example, I always clean up the dirt, that is practiced by the facilitator, he does the cleaning of the dirty."

Q16: "We also did the harmonization when we arrived from childbirth, the sowing of the placenta, because they gave it to me. Herbal remedies may not be missing; In my community, burying the umbilical cord and the placenta are necessary so that the new child does not go far away and the children do not get sick."

P22: "When the baby is born, a gold medal is put in red thread to avoid the evil eye, it is also customary to sow the umbilical cord and the placenta in the house, preferably under the stove, dances and songs are performed after childbirth venerating and thanking the supreme beings."

Despite the fact that aspects that provide well-being to its members for cultural practices have been documented, the application of restrictive care continues to be evident, dwarfing the merit of these rituals, from prayers of gratitude to the use of sacred medicinal plants used during purification ceremonies, repeatedly evidencing the imperative of evolving towards a health system in the search for a balance between what is symbolically appreciated and conventional care in the maternal and neonatal setting (Love, 2018). This section is documented in open pages that promote practices with cultural richness but is still little explored by the current literature with substantiated evidence, which continues to be inexcusable innovation in care, management, approach and beneficent strategies for pregnant women.

Finally, another aspect to rescue is the use of "gold medals in red thread" are symbology attributable to protection, wealth and divine blessings for the new member of the family, this practice deserves recognition and reinforcement towards the prevention of accidents. The latest findings reflect new aspects for neonatal maternal care, since they are not widely documented with a focus on naturopathy, which does have more studies from anthropology.

3. Exploring the integration of pregnant women's cultural beliefs and practices into nursing care plans.

The discipline of nursing has strengthened bases in the art of caring from commiseration, the closeness with the participants evidenced a contour enriched from trust and understanding in ancestral care, so it is necessary to transcend practices with well-founded principles that generate empowerment to professionals and appropriate inventive moments of ancestral care based on knowledge, where the convergence is not tolerability but the execution of diverse

care plans for the well-being, health and balance of the mother and child binomial. According to the above, the subtopics that respond to this growing need are mentioned below, based on the contribution made by the participants of the study.

3.1. Cultural adaptation: the institutional health services of the first level of complexity present in rural areas showed greater adherence to ancestral practices according to the participants' narratives; the great limitation was evident when they required specialized care services, where they often lose hope of being understood, respected, valued and accompanied, coping with the detriment of the rituals and beliefs that revolve around the gestation, birth and newborn. For this reason, the expressions favoring the use of medicinal plants, massage therapy, ceremonies of reception, healing and protection consider the participants "*should be a reality*" in institutional areas, knowing their properties and meaning from multiculturalism. Below are expressions that support the above:

Q8: "I would like them to implement the massages, the ball, the aromas and all those things so that one relaxes and does better in childbirth, also that they let me have my husband and let my mother in, all that so that we feel better and the birth is less traumatic."

P11: "When the midwife is with us they support us in breathing, she puts the husband to do the massages and puts plants in the belly that she knows are good for the delivery of the baby and the placenta."

This would not only provide groups of pregnant women with cultural riches, but could also become a new holistic approach from naturopathy, which, although it exists, is not widely disseminated and used in health services due to different social barriers. This section is documented in various studies on the use of non-pharmacological alternative therapies in obstetric services that give rise to supporting evidence in the use of aromatherapy in various health practices, which improves a holistic model of care (Maddock, 2022). Another study showed the preferences of pregnant women for the use of non-pharmacological and less invasive methods for pain management, improving the feeling of control and emotional experience during birth, which could contribute to the recognition of complementary methods (Smith et al., 2018). In addition to the above, this type of practice can routinely favor the expanded use of nativity scenes from verticality and the reservation of emblematic ceremonial moments for communities and general populations.

3.2. Complementary and specialized updating in cultural diversity: the alignment of contemporary knowledge of relevance to pregnant women has become a primary support to ensure respectful, safe care in accordance with the traditions inherited from the participants. This growth in foundation aims to enhance intercultural skills through the critical study of beliefs, rituals and particular requirements related to pregnancy, childbirth and postpartum, facilitating the integration of knowledge of conventional medicine with traditions such as the use of medicinal plants, culturally specific pain management methods (massages with essential oils, etc.). ancestral birth postures, aromatherapy, mysticism) and the active involvement of family or community networks that have provided facilitating accompaniment for birth throughout history (Lino-Indio et al., 2023).

By exploring in depth current and specific models with disciplinary input such as that of Purnell, Leininger or Afaf Meleis, experts in approaches that honor the perspective of the creation of the participants, abbreviating inequalities in care and promoting comprehensive care that appreciates diversity as an enriching component of health practice, they articulated themselves from the following contributions: Purnell can support the study by facilitating the development of assessment instruments that reveal discrepancies between hospital norms and traditions, such as placental management or the accompaniment of midwives and traditional doctors (Molano Lozada M.F., 2021). For her part, Leininger supports this section from the

importance of increasing the satisfaction of pregnant women by incorporating community support networks, reducing anxiety, gaps in care and strengthening cooperation through culturally compatible education. Finally, Afaf Meleis supports the research from the proposal to simplify transitions through intercultural accompaniment, such as the incorporation of bilingual doulas or the modification of clinical spaces for postpartum ceremonies, fortification of spirituality, welcoming rituals, protection and harmonization (Fernández-Sánchez et al., 2021).

According to the above, it is vital for nursing professionals to specialize in cultural diversity, as it facilitates the articulation of ancestral practices with health management, ensuring safe, respectful, and effective care. This training would contribute to the reduction of complications by incorporating practices such as the use of medicinal plants under professional supervision, preventing the threat of self-medication, optimizing adherence to controls, promoting trust in the health system, increasing institutional prenatal preparation and participation, acting as mediators in traditions by reducing disagreements. Finally, the disciplinary professional empowered in this area will tend to apply the normative guidelines that contribute to the well-being, health and recovery of the mother and child binomial, preserving and respecting the cultural heritage.

CONCLUSIONS

The research revealed that, despite specific variations depending on the cultural environment, pregnant women from different communities maintain beliefs and practices focused on safeguarding the health of the mother and the newborn. Among the most common convictions is the relevance of a diet based on broths, vegetable infusions, avoiding certain preparations, foods, drinks or activities considered dangerous; The application of home remedies, massages, preparations and consultation with figures of cultural authority such as midwives, healers, sobanderos and traditional doctors, generate crucial moments for pregnancy.

Another relevant aspect made visible that the cultural correlation with nursing would increase the perception of quality in care, functioning as a link between health systems and communities, adjusting clinical protocols to particular cultural contexts; encouraging compliance with prenatal controls and adaptable preparation courses that contribute to the reduction of preventable complications; respecting beliefs, rituals and traditions based on promoting empathetic and non-hierarchical communication between nursing professionals, other disciplines and women with cultural richness.

Finally, the section related to the incorporation of the cultural beliefs and customs of pregnant women in nursing care plans highlighted the importance of recognizing and respecting cultural aspects as an essential component to provide relevant and effective care. Pregnant women appreciate that caregivers recognize their worldviews, traditions, and values, forming a relationship of trust and respect for rituals. This is based on the implementation of theories and models such as those of Leininger, Afaf Meleis and Purnell, which go beyond the adaptation of culturally consistent interventions, thus promoting compliance with care and improving the perceived quality of care. However, the research presented challenges associated with the absence of training in cultural competence, the rigidity of protocols, the persistence of practices on a regular basis, which demands an evolution towards the more extensive use of vertical nativity scenes, the application of natural techniques for pain management, the

reservation of emblematic ceremonial moments and the incorporation of herbal practices under professional supervision.

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