

ASSESSMENT OF THE KNOWLEDGE OF POSTPARTUM WOMEN ABOUT THE FOOT TEST AT HOSPITAL DA MULHER AT SANTO ANDRÉ

Maria Luisa Salama Corsi

Mariana Harumi Takato Laredo

Luana G Garcia da Encarnação

Carolina Mastrorosa Amato

Rafaela Costa Vargas

José Kleber Kobol Machado

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Abstract: INTRODUCTION: This study evaluates the knowledge of postpartum women about the foot test (PT) and its importance for the health of the newborn (NB). It also aims to contribute to the guidance of postpartum women regarding the need to carry out the test and check the result in Basic Health Units, in addition to promoting reflection on the role of different levels of care for mothers' knowledge about labor. **METHODOLOGY:** This is a retrospective cross-sectional analytical observational study, in which 84 postpartum women who gave birth at the Hospital da Mulher de Santo André were investigated, from February to May 2023. A form was applied by the researchers to the postpartum women present in the rooming-in, and the resulting data were analyzed using descriptive statistics using the Microsoft Office Excel program. An association test was carried out and statistical power was determined. **RESULTS:** Of the 84 postpartum women interviewed, 90.5% (76) had already heard of the foot test and 83 (98.8%) consider it important. With regard to how the test is carried out, 56% (47) knew how it is collected and 45% (53.6) correctly stated the appropriate collection period. However, when asked about the purpose of the test, 86.9% (73) of postpartum women were unaware of the diseases that can be diagnosed and 94% (79) were unaware of the consequences caused by these pathologies. When asked about information provided by health teams, 85% (71) stated that they had not received information about the test and 94% (79) would like to have received more information. **DISCUSSION:** The results obtained reveal a lack of knowledge about labor in the immediate postpartum period, which may highlight both a significant failure in guidance during prenatal care and a lack of information during the postpartum period in the hospital environment. In this sense, the important role of primary care

in promoting health education stands out, guiding pregnant women during prenatal care and enabling greater participation and knowledge of mothers about the procedures to be performed on newborns. Associated with the important role of the Hospital in welcoming and informing postpartum women about immediate postpartum procedures, highlighting the PT and its functions. **CONCLUSION:** The knowledge of postpartum women about the foot test is superficial, providing discussions about the actions of health teams.

Keywords: Foot test. Neonatal screening. Prevention. Health education.

INTRODUCTION

The National Neonatal Screening Program (PNTN), implemented in 2001 by Ordinance GM/MS Number: 822 of 06/06/01 of the Ministry of Health, has the mission of promoting, implementing and implementing the neonatal screening policy for genetic, metabolic and congenital diseases within the scope of the Unified Health System (SUS) [1,2,3]. In relation to public health, screening concerns identifying, in an asymptomatic population, individuals who are at greater risk of developing certain diseases that, if diagnosed early, can have, in most cases, their natural history reversed. When screening is applied to the neonatal population, corresponding to the age group between 0 and 28 days of life, it is defined as neonatal screening [1,4].

This screening was initially implemented in four phases, by Ordinance Number: 2,829 of 12/14/2012 [5], characterized by detecting six diseases: congenital hypothyroidism (CH), phenylketonuria (PKU), cystic fibrosis (CF), hemoglobinopathies (Hb), congenital adrenal hyperplasia (CAH) and biotinidase deficiency (DB). In the State of São Paulo, phase IV came into force through Ordinance Number: 506 of 05/06/2013 [6], and the process of

universalizing this phase in the country was completed in June 2014 [7]. In 2021, law Number: 14,154 was sanctioned, responsible for expanding the number of diseases detected in the test provided by the SUS, from six illnesses to fifty, which make up 14 groups in total [8]. Currently, the extension process is in the first stage, in which the inclusion of congenital toxoplasmosis is expected. The second stage will include research into galactosemias, aminoacidopathies, urea cycle disorders and beta oxidation disorders of fatty acids; the third step will add lysosomal diseases; stage four, primary immunodeficiencies; and the fifth and final stage, spinal muscular atrophy.

The foot test (TP), inserted in the PNTN, is carried out by collecting a small blood sample taken from the newborn's heel. The most appropriate period to carry out such collection is 3 to 7 days postpartum, and must not exceed the limit of 30 days of the newborn's life [3]. Carrying out the test early is important as it allows, if necessary, to start treatment in its early stages, aiming to avoid future harm to the child. Congenital hypothyroidism, for example, is considered one of the only causes of intellectual disability that can be prevented when diagnosed and treated early [2]. However, the time between collection and the institution of treatment is not a standardized parameter within the country, as is the test coverage rate, which impacts the effectiveness of screening and the quality of life of patients [9].

As it is a test focused on preventive action in the area of pediatrics, it is of great importance during neonatal screening, which is characterized by 5 stages. The first stage encompasses the screening of newborns (NB) and the fundamental role of health professionals, responsible for guiding parents regarding the existence and importance of TP, the benefits of early detection of diseases and

what they are, to existing risks for newborns who are not subjected to PT, the appropriate age for it, the need for diagnostic tests for those who are positive in the screening, and the process of monitoring and receiving results. The second stage comprises the active search, characterized by monitoring the results and locating the newborn and his family [10,11].

In the third stage, diagnostic tests are performed, thus positive results are differentiated from negative and false positive results [10,11]. There are situations that may compromise the interpretation of foot test results, including maternal conditions such as hypothyroidism, steroid use, congenital adrenal hyperplasia or phenylketonuria, fatty liver due to pregnancy, vitamin B12 deficiency, parenteral nutrition and blood transfusions; and conditions of the newborn such as immaturity of the hypothalamic-pituitary-adrenal axis, immaturity of liver enzymes, hypothyroidism, hypoxia, prematurity, total parenteral nutrition, blood transfusion and use of dopamine and steroids [12].

The fourth stage includes treatment, generally carried out throughout life and monitored by a multidisciplinary neonatal screening team. The fifth stage covers the critical evaluation of the system, which must be constant, because it allows analyzing the effectiveness of neonatal screening [10,11].

Other studies have already been carried out on the foot test. In a study carried out in 2014 and 2015 in the city of Uberaba (MG), in which 75 postpartum women who sought primary care over these two years were evaluated, the conclusion was that the knowledge of postpartum women about the foot test is superficial. [10]. In another study carried out in the city of João Pessoa (PB), which had a sample of 110 women who gave birth in a public maternity hospital, it was revealed that most women were unaware of the purpose and importance of the test [3].

Like such research, the present study aims to evaluate the knowledge of postpartum women about the foot test at the Hospital da Mulher de Santo André, in the state of São Paulo. More specifically, this work presents questions about the first stage of labor, identifying the knowledge of postpartum women on the subject, based on the guidance or lack thereof that they receive from health professionals, both in Basic Health Units during prenatal care and in the hospital, in the days following the birth. Added to this is the promotion of humanization in accordance with the National Humanization Policy, created by the Ministry of Health, due to the need for advancement and qualification of the National Health System, in the relationship and care processes for users, as well as in work of managers and workers in the area.

GOAL

This study's primary objective is to evaluate the knowledge of postpartum women treated at the Hospital da Mulher de Santo André about the foot test, measuring their degree of understanding about this neonatal screening.

As a secondary objective, it is intended to make them aware of the importance of carrying out the test for both the health of the mother and the newborn, as well as to determine the effectiveness of the transmission of information in pre- and post-natal care, by the Basic Health Units. Health (UBS) and the hospital.

METHODOLOGY

STUDY PARTICIPANTS

All postpartum patients, aged 18 years or over, who are in the maternity lodging of the Hospital da Mulher de Santo André will be considered eligible. Regarding age, newborns born within a period of up to 3 (three) days will be considered, the normal postpartum

hospitalization time at the reference hospital. Postpartum women who did not undergo prenatal care will be excluded.

The study will be conducted by the pediatrics discipline of the Centro Universitário FMABC, which operates at the Hospital da Mulher de Santo André.

This research is approved by the Institution's Ethics and Research Committee. All patients signed the Informed Consent Form (Appendix I) before the start of the study.

METHOD

This is a retrospective cross-sectional analytical observational study. 84 postpartum women who gave birth at the Hospital da Mulher de Santo André were investigated, from February to May 2023. A form was applied by the researchers and the resulting data were analyzed using descriptive statistics using the Microsoft Office Excel program. An association test was performed and statistical power was determined.

DATA COLLECTION

At the time of inclusion, the following information was extracted from the patient questionnaire (Appendix II): name, age, marital status, race, place of birth, origin, education, number of pregnancies and number of living children. In addition, objective questions were asked about the participants' knowledge about the foot test.

DATA ANALYSIS

The collected data was recorded in a table in Microsoft Office Excel and subjected to a percentage evaluation and, subsequently, statistical analysis. The findings of this analysis are used to evaluate the knowledge of postpartum women about the foot test, as well as to establish ways to make them aware of the importance of this neonatal screening for the health of the mother and the newborn.

RISKS AND BENEFITS

There is a risk of feeling embarrassed while taking the questionnaire. There are no other losses involved in participating in this study, therefore, it is considered minimal risk.

The benefits of this research are exclusively indirect, with no direct benefits involved. Therefore, carrying out this study aims to clarify the understanding of postpartum women about the foot test, in addition to making the interviewee aware of the importance of carrying out the test for both the health of the mother and the newborn. The development of research like this allows us to generate greater knowledge about the Brazilian public health system, sparking discussions that aim to improve the effectiveness of the transmission of information to the population in medical services.

The confidentiality, secrecy and privacy of the information answered in the questionnaire will always be preserved. The data and materials will only be used for this research and will remain under the custody of the researcher until publication.

RESULTS

Table 1 shows the sociodemographic characterization of the postpartum women investigated. In Table 2, data regarding the interviewees' knowledge about PT can be seen.

According to the data collected, we observed that the majority of women who have recently given birth are in the age group of 21 to 30 years old (54.8%), are married (61.9%), and are not natives of Santo André (54.8%), but they are valid (88.1%). The majority have completed high school (58.3%) and self-declare as brown (42.9%). Regarding obstetric history, the majority of interviewees were primiparous (38.1%) and had one living child (41.7%). Regarding the current pregnancy, 92.9% received adequate prenatal

care and 58.3% had a cesarean section as the method of delivery.

A significant number of postpartum women (76; 90.5%) said they had already heard about the test and almost all (83; 98.8%) considered it important, with the majority (78; 92.9%) believing it mandatory for the newborn.

Regarding how the test is performed, 47 participants (56%) know how the PT is collected, and 45 (53.6%) were able to inform when the test is performed. Regarding the diseases detected by the PT, more than half of the postpartum women (51; 60.7%) know that the test detects infectious and genetic diseases, but only 11 (13.1%) interviewed informed what these diseases are. Regarding the course of diseases, a significant number of respondents (79; 94%) believe that early detection allows treatment capable of improving their natural evolution. Furthermore, the majority (81; 96.4%) inferred that failure to carry out adequate treatment and follow-up could lead to serious consequences in relation to the disorders. However, only 5 (6%) participants were able to report what these consequences were.

From the investigation, an important relationship was observed between the number of postpartum women who considered carrying out labor important (83,98 %) and the number of multiparous participants (52, 61.9%), making it possible to establish the reasoning behind that in previous pregnancies, such women were recommended to undergo the test.

However, the data also reveal the desire of the vast majority (79; 94%) of them to be better informed on the subject, such as, for example, in relation to the purpose of the test, the diseases that can be detected by it, how to proceed if the result is positive and what is the appropriate period for collection, indicating that the information given in past pregnancies was insufficient and/or

Variables	n	%
Age		
18 to 20	13	15,5%
21-25	23	27,4%
26-30	23	27,4%
31-35	13	15,5%
>35	12	14,3%
Marital status		
Married / stable union	52	61,9%
Single	30	35,7%
Divorced/Separated	0	0%
Others	2	2,3%
Origin		
Santo André	38	45,2%
Others	46	54,8%
Origin		
Santo André	74	88,1%
Others	10	11,9%
Ethnicity		
Yellow	0	0%
White	32	38,1%
Indian	0	0%
Brown	36	42,9%
Black	15	17,9%
Others	1	1,2%

Education	n	%
Complete primary education	10	11,9%
Incomplete secondary education	16	19%
Complete high school	49	58,3%
University education	9	10,7%
Number of pregnancies		
1	32	38,1%
2	20	23,8%
3	13	15,5%
4	10	11,9%
5	5	6%
Over	4	4,8%
Number of alive children		
1	35	41,7%
2	18	21,4%
3	14	16,7%
4	10	11,9%
5	5	6%
Over	2	2,4%
Current mode of delivery		
Caesarean	35	41,7%
Adequate prenatal care (> 6 consultations)	49	58,3%
Yes	78	92,9%
No	6	7,1%

Table 1: Sociodemographic characterization of the 84 postpartum women

Questions	Answers	n	%
The person heard about TP	Yes	76	90,5%
The person considers TP obligatory	Yes	78	92,9%
The person considers TP important	Yes	83	98,8%
The person knows how the test is performed	Yes	47	56%
The person knows when the test is performed	Yes	45	53,6%
The person knows that the test detects genetic and infectious diseases	Yes	51	60,7%
The person knows which diseases are detected by the test	Yes	11	13,1%
The person knows that early detection allows for adequate treatment and follow-up that improve the evolution of such diseases	Yes	79	94%
The person knows that failure to treat disorders leads to serious consequences	Yes	81	96,4%
The person knows what the consequences are	Yes	5	6%
The person received information from the health unit about the test	Yes	13	15%
The person would like to receive information about the test	Yes	79	94%
The person believes that they will be more alert to future generations after receiving information	Yes	84	100%
The person would recommend the test to other parents	Yes	84	100%

Table 2: "Yes" answers from postpartum women to the questionnaire administered

ineffective. Furthermore, only 13 (15%) of the postpartum women stated that they had received information about the foot test at the UBS during prenatal care or during hospitalization, which is also evidenced by their lack of knowledge when asked about the test.

DISCUSSION

From the data obtained, it appears that there is a failure in prenatal screening to emphasize the importance of the foot test and its functionality. As previously presented, although most of the interviewees had prior knowledge about TP, this knowledge appeared to be vague and superficial in light of our questions. A significant number of postpartum women (44%) did not know how the foot test was performed and 33 (39.3%) answered “no” when asked whether the test was capable of detecting infectious and genetic diseases.

Furthermore, during the research, it was noticed that there is some confusion regarding the period in which the test is carried out. The Women’s Hospital standardizes the performance of the test before hospital discharge, after 48 hours of birth. Therefore, all newborns are sent to the UBS with the collection carried out, to monitor the results. In this context, Santo André differs - and stands out - from some places in Brazil, where it is necessary to look for the UBS to carry out the PT, which, given the misinformation about the importance of carrying out the test and also about the appropriate time for collection, highlights the importance of the work of health teams and community agents to ensure collection and that it is carried out in a timely manner.

This lack of knowledge about labor in the postpartum period reveals both a significant flaw in prenatal screening and a lack of information upon arrival at the hospital itself. During discussions about the results

obtained, it was concluded that the work of the hospital’s health team is fundamental to ensuring women’s greater knowledge about PD. Therefore, it is up to the hospital, UBS and health professionals to correct this previous failure. However, it was questioned whether the most appropriate time to do so would be at the discharge consultation, since the information could be lost among all the other information that is given at that time. It is considered that it would be interesting to promote the anticipation of information given to postpartum women regarding labor, reinforcing the information provided in the UBS both during prenatal consultations and upon arrival at the hospital. Furthermore, it must be informed which tests were carried out immediately after birth in the hospital itself so that postpartum women are aware of what is carried out for the health of the newborn. Given the importance of the subject, it must be reiterated more frequently during pregnancy, with the necessary focus, not just at a specific moment.

Another point observed was that, as many interviewees (70%) had already gone through a first pregnancy, we inferred that, for them, labor was not new. In previous pregnancies, the information had most likely already been provided, as is mandatory. However, it can be inferred that this was done in an in-depth manner, since the knowledge of the postpartum women remained shallow, knowing - for the most part - only when and how the test is performed. Thus, mothers performed the test merely because it was mandatory, without knowing its real relevance for the child’s development.

The extent of this lack of information also led us to reflect on the location where our study was conducted. That is, the Women’s Hospital serves the majority through the SUS, whose population, for the most part, is devoid of a high level of education – only 9

(10.7%) of those interviewed attended higher education. It is considered that this factor may be a limiting factor in the knowledge of study participants, given the greater difficulty in accessing such information.

Furthermore, another hypothesis raised as to why this information does not effectively reach postpartum women is the lack of a better daily approach to the subject. In this sense, it is believed that dissemination through the media could become a very advantageous mechanism, as long as it is done with due care, as it has a high power of reaching the masses. Such a mechanism would be more effective if it were truly informative about the diseases that the test can detect and the consequences that could result if there is no adequate treatment for these diseases. In general, the media is a very important resource for raising awareness about public health issues. It is only necessary to pay attention to the veracity of the information disclosed and ensure that the main objective is really to inform the population.

It is reiterated that more effective knowledge of postpartum women about labor in its entirety is of utmost importance. Mothers need to really know what the impacts of this are on the newborn's health, based on information regarding everything from the detection of diseases to the best treatment approach in the case of a positive result. Therefore, it is expected that this knowledge will guarantee better execution and monitoring of the TP results, as just over half of the interviewees were oriented in this regard.

CONCLUSION

The authors demonstrated in this work that the knowledge of postpartum women regarding the foot test is limited. The interviewees presented only vague and superficial notions regarding the existence and importance of the test. Based on this information, discussions were held on the topic.

It is believed that the data obtained, even if from a small sample, reflects the knowledge of postpartum women who use the Unified Health System on a much larger scale (regional and national), creating a tendency to not perform the test in the hospital and, thus, only one subsequent referral was made to the UBS. Therefore, the search for health centers to carry out the test is the exclusive responsibility of postpartum women. Since these mothers do not fully understand the importance of carrying out neonatal screening, there is a growing concern about carrying out the TP within the stipulated ideal period - third to seventh day.

Taking this scenario into account, it is considered essential to improve the dissemination of TP both in prenatal care, in the maternity ward and also on media and social networks, contributing to the humanization of care and the prevention of diseases in newborns. This way, it becomes possible to expand the knowledge of postpartum women regarding the purpose, meaning of a positive test and the need for early treatment, minimizing possible sequelae.

REFERENCES

1. BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Especializada e Temática. Triagem neonatal biológica: manual técnico. Brasília: Ministério da Saúde, 2016. 80 p.
2. Mendes C, Perantoni Guigen A, Da F, Anastácio-Pessan L, De Cássia J, Dutka R. Dionísia Aparecida Cusin Lamônica. Jul-Ago [Internet]. 2017;19(4):475–83. Available from: https://www.scielo.br/pdf/rcefac/v19n4/pt_1982-0216-rcefac-19-04-00475.pdf
3. Pereira da Silva Reichert, Altamira, & Carvalho Pacífico, Valquíria de (2003). Conhecimento de mães quanto a importância do teste do pezinho. *Revista Brasileira de Enfermagem*. 2003; 56
4. Ministério da Saúde. “Programa Nacional da Triagem Neonatal”. Acessado 1º de outubro de 2020. <https://www.gov.br/saude/pt-br/aceso-a-informacao/acoes-e-programas/programa-nacional-da-triagem-neonatal>.
5. Ministério da Saúde [Internet]. bvsms.saude.gov.br. [cited 2023 Jul 6]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt2829_14_12_2012.html
6. Ministério da Saúde [Internet]. bvsms.saude.gov.br. [cited 2023 Jul 6]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/sas/2013/prt0506_06_05_2013.html
7. Dados do Programa [Internet]. Ministério da Saúde. [cited 2023 Jul 6]. Available from: <https://www.gov.br/saude/pt-br/composicao/saes/sangue/pntn/dados-do-programa>
8. Nacional I. LEI No 14.154, DE 26 DE MAIO DE 2021 - DOU - Imprensa Nacional [Internet]. www.in.gov.br. Available from: <https://www.in.gov.br/web/dou/-/lei-n-14.154-de-26-de-maio-de-2021-322209993>
9. Lopes MEM. O exitoso “teste do pezinho” faz dez anos no Brasil!. *Ciência & Saúde Coletiva*. 2011;16(suppl 1):716–6. <https://doi.org/10.1590/S1413-81232011000700001>.
10. Arduini, G. A. O., Balarin, M. A. S., Da Silva-Grecco, R. L., & De Marqui, A. B. T. (2017). Knowledge of puerperal mothers about the guthrie test. *Revista Paulista de Pediatria*, 35(2), 151–157. <https://doi.org/10.1590/1984-0462/;2017;35;2;00010>
11. Leão LL, Aguiar MJB de. Triagem neonatal: o que os pediatras deveriam saber. *Jornal de Pediatria* [Internet]. 2008 Aug [cited 2021 Sep 9];84(4):S80–90. Available from: <https://www.scielo.br/j/jped/a/rxQLMsYqQHGMxMw9WV4vXWv/?lang=pt>
12. Rodrigues LP, Tanaka SCSV, Haas VJ, Cunali VCA, Marqui ABT de. foot test: maternal-fetal conditions that may have an effect on the test results in newborns admitted to the intensive care unit. *Revista Brasileira de Terapia Intensiva* [Internet]. 2019;31(2). Available from: <https://www.scielo.br/pdf/rbti/v31n2/0103-507X-rbti-20190030.pdf>

ANNEXES

ANNEX I - FREE AND INFORMED CONSENT FORM

You are being invited to participate, as a volunteer, in the research “Knowledge of Postpartum Women about the Foot Test”. This research aims to evaluate the knowledge of postpartum women about the foot test. responses, it is also intended to evaluate various aspects of motherhood.

The benefit of your participation is help in the production of scientific knowledge. The research results may later be forwarded to the participant if interested.

Your participation consists of answering the questionnaire administered by the medical student. The estimated time is 10 minutes. The form consists of questions about the voluntary participant's identification and knowledge of the foot test.

There are no expenses or financial compensation related to your participation. The risks with the survey are minimal and consist of possible discomfort with some questions. During and/or after completing the form, any doubts or discomforts can be communicated to the responsible researcher, ensuring your right as a participant to full guidance and assistance.

Your contribution is very important; however, you do not need to participate against your will. At any time, before, during and after the research, you may request further clarification, refuse to participate or withdraw from participation, without any prejudice or penalty being applied.

This Informed Consent Form was written in accordance with CNS Resolution 466/2012. Thus, confidentiality is guaranteed for all information collected in this study and during all phases of the research. The data collected will only be used for this research. Besides, in accordance with this resolution, this document consists of two copies, one of which is sent to the participant via the email provided at the time of completion. Your contact details will also be collected during the research, and your confidentiality will be respected throughout the study.

If irregularities are reported, you may contact the Research Ethics Committee of the ``Faculdade de Medicina do ABC`` (CEP), located on the avenue: Avenida Lauro Gomes 2000 - Vila Sacadura Cabral - Santo André, SP, 09060-870, via email cep@fmabc.br or telephone (11) 4993-5453.

By agreeing to this consent form, I declare to be aware of the purposes of this study, as well as the procedures involved, the guarantees of confidentiality and permanent clarification and the exemption of expenses.

I agree to participate in the research () Yes () No

Participant signature: _____ Researcher's signature: _____

ANNEX II - DATA COLLECTION FORM

E-mail: _____

1. Age years): up to 20 21-25 26-30 31-35 >35
2. Marital status: Married/in a stable relationship Single Widow Others
3. Race/ethnicity: White Black Brown Indigenous Yellow Others
4. Education: Complete elementary school Incomplete high school Complete high school Higher education
5. Origin: Santo André Others
6. Birthplace: Santo André Others
7. Prenatal: Usual risk High risk
8. Number of pregnancies: 1 2 3 4 5 Over
9. Number of living children: 1 2 3 4 5 Over
10. Current type of birth: Normal Cesarean
11. Did you have adequate prenatal care? (6 or more queries): Yes No
12. You already know about the existence of the Foot Test (TP)? Yes No
13. Do you believe that PT has already been performed on your child? Yes No
14. For you, is TP mandatory? S Yes No
15. Do you know how PT is performed? Yes No
16. Do you consider TP important? Yes No
17. Do you know when the PT must be carried out? Yes No
18. Did you know that PT can detect genetic diseases? Yes No
19. Do you think that, if these diseases are diagnosed early, it is possible to change their evolution through treatment and monitoring of the newborn? Yes No
20. Do you think that, without proper diagnosis and monitoring, these diseases can lead to serious consequences? Yes No
21. Do you know how to list any of these consequences? Yes No
22. Did you receive information from the basic health unit (UBS) and/or the Hospital about pre- and post-natal labor? Yes No
23. Would you like to receive more information about the test? Yes No
24. Do you believe that, after receiving this information, you will be more alert in your next pregnancies or in the pregnancies of acquaintances? Yes No
25. Would you recommend the foot test to other parents? Yes No