

Evidence of Nursing Care During Prenatal Care

Evidências da Assistência de Enfermagem Durante o Pré-Natal

Evidencia de la atención de enfermería durante la atención prenatal

Geovanna das Chagas Dias¹, Regina Celia de Oliveira Martins Nunes²

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REVISA

1. ICESP University Center. Brasília Federal District, Brazil.
<https://orcid.org/0000-0003-3676-446X>

2. ICESP University Center. Brasília Federal District, Brazil.
<https://orcid.org/0000-0001-8534-1960>

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RESUMO

Objetivo: Descrever, dentro do contexto social, evidências para consulta de enfermagem no pré-natal. **Método:** Trata-se de estudo descritivo, com pesquisa documental e análise de dados secundários a partir da variáveis encontradas no Sistema de Informações sobre Nascidos Vivos - SINASC/MS. Para discussão dos resultados foram selecionados artigos publicados entre 2010 a 2020, em língua portuguesa, espanhola e inglesa, totalizando 25 artigos. **Resultados:** O pré-natal revela-se como um momento adequado para desenvolver ações educativas utilizando, como ferramentas, o diálogo, o vínculo e a escuta das gestantes e de seus acompanhantes, objetivando aproximação entre profissionais e pacientes. **Conclusão:** O enfermeiro é o profissional capacitado para conduzir o pré-natal de forma a favorecer a promoção e prevenção da saúde do binômio mãe-filho. Orientações quanto ao processo gravídico-puerperal são ações desenvolvidas para preparar a gestante e os familiares para cada etapa da gestação e as modificações que essa condição provoca, sejam elas fisiológicas ou emocionais. Essas ações desenvolvidas pelo enfermeiro resultarão em uma gestação mais saudável preparando a gestante para o momento do parto e assim direcionar para que nesse momento ela seja protagonista, uma vez que se trata de um momento tão especial. **Descritores:** Pré-Natal; Saúde da Mulher; Gestante; Enfermeiro.

ABSTRACT

Objective: To describe, within the social context, evidence for nursing consultation in prenatal care. **Method:** The work carried out is an exploratory literature review of a quantitative nature. The data used were from online platforms such as BIREME, SCIELO and Information System on Live Births - SINASC/MS. Articles published between 2010 and 2020, in Portuguese, Spanish and English were selected, totaling 25 articles after critical analysis of all pre-selected in search of data that contemplated the objectives of the study. **Results:** Prenatal care reveals itself as an appropriate time to develop educational activities using, as tools, dialogue, bonding and listening to pregnant women and their companions, aiming to bring professionals and patients closer together. **Conclusion:** The nurse is the best professional to conduct prenatal care. The nurse is the professional trained to conduct prenatal care in order to favor the promotion and prevention of the health of the mother-child binomial. Guidance on the pregnancy-puerperal process are actions developed to prepare pregnant women and family members for each stage of pregnancy and the changes that this condition causes, whether physiological or emotional. These actions developed by the nurse will result in a healthier pregnancy preparing the pregnant woman for the moment of delivery and thus directing her to be the protagonist at this moment, since it is such a special moment.

Descriptors: Prenatal care; Women's health; Pregnant Woman; Nurse.

RESUMEN

Objetivo: Describir, dentro del contexto social, evidencias para la consulta prenatal de enfermería. **Método:** Se trata de un estudio descriptivo, con investigación documental y análisis de datos secundarios con base en las variables encontradas en el Sistema de Información sobre Nacidos Vivos - SINASC/MS. Para la discusión de los resultados, se seleccionaron artículos publicados entre 2010 y 2020, en portugués, español e inglés, totalizaron 25 artículos. **Resultados:** La atención prenatal es un momento adecuado para desarrollar acciones educativas utilizando, como herramientas, el diálogo, la vinculación y la escucha a las gestantes y sus acompañantes, con el objetivo de acercar a profesionales y pacientes. **Conclusión:** Las enfermeras son los profesionales calificados para realizar la atención prenatal con el fin de promover y prevenir la salud del binomio madre-hijo. La orientación sobre el proceso embarazo-puerperal son acciones desarrolladas para preparar a las mujeres embarazadas y familiares para cada etapa del embarazo y los cambios que esta condición causa, ya sean fisiológicos o emocionales. Estas acciones desarrolladas por la enfermera se traducirán en un embarazo más saludable preparando a la gestante para el momento del parto y dirigiéndola así a ser la protagonista en este momento, ya que se trata de un momento tan especial.

Descriptores: Prenatal; Salud de la Mujer; Mujer embarazada; enfermera.

ORIGINAL

Introduction

Pregnancy marks a phase of changes in a woman's life and body. These changes, in addition to physical and emotional, are also social, sexual and affective, generating mixed feelings of pleasure, joy, fear and anxiety. Thus, prenatal care can be considered a biological and psychological preparation phase for childbirth and, later, for motherhood. "Being this moment of vast learning, in which the woman can resolve doubts, it is of fundamental importance for the development of the mother-child binomial."¹

During pregnancy, the body goes through several changes. Thus, prenatal care, in addition to serving as evidence-based care and to assess the vitality of the mother and baby, also helps the pregnant woman better understand the changes her body and her psychological state are going through.²

Thus, the need for prenatal care should involve medical professionals and nurses. The nurse, with a focus on promotion and prevention during pregnancy and puerperal period, induces a greater bond with the pregnant woman, enabling clarification at the time of consultation.

For Dias, one of the goals of prenatal care is to welcome the woman from the moment of pregnancy, as the early start and active participation in prenatal care result in more chances for women to have a smooth pregnancy.³

The Ministry of Health published Ordinance No. 570, of July 1, 2000, which regulates prenatal care and institutes the Prenatal and Birth Humanization Program.

This ordinance provides for prenatal care to be seen with more empathy and respect, establishing mechanisms that enable improved access, expanded coverage, quality of prenatal care and registration of pregnant women.⁴

The quality of prenatal care lies in carrying out consultations in scheduled periods with qualified listening, use of vitamin supplements, vaccine updates, monitoring of the development of the fetus, detection of possible pathologies in progress or that may arise, as well as preparation for the childbirth and breastfeeding.²

The Low-Risk Prenatal Care Handbook 32 suggests that prenatal consultations should be carried out monthly for pregnant women up to 28 weeks of GA, fortnightly from the 28th to the 36th week and weekly from the 36th until delivery, interspersed between the nurse and the doctor, with no discharge from prenatal to postpartum.⁵

It is during prenatal care that nurses promote actions so that pregnant women become increasingly aware of their rights, of all physiological processes that will occur in their body, especially those characteristic of each trimester of pregnancy, such as nausea, leg pain, tiredness, fluid retention and even mood swings.²

In the Family Health strategy, the team is mostly composed of nurses rather than physicians, which requires from this professional the ability to attend low-risk prenatal consultations.

Only knowledge and skill will give nurses more autonomy to care for these pregnant women, as they have a more humanized look and are always concerned with offering educational activities, ensuring a holistic look:

In prenatal consultations, especially in the ESF program, the nurse is an essential part in the care and assistance of pre-partum, delivery and post-partum because it is a professional trained to meet the expectations and needs of pregnant women during this period. of so many transformations.⁶

As for the role of the nurse, the following question was raised: what evidence points to the fact that the nursing consultation during prenatal care prepares the pregnant woman to be the protagonist of her birth?

Thus, the study seeks to describe evidence for nursing consultation during prenatal care and the preparation of pregnant women for childbirth.

Method

This is a descriptive study, with documentary research and analysis of secondary data from the variables found in the Health Information System for Primary Care - SISAB and the Information System on Live Births - SINASC/MS.

The variables analyzed included: prenatal consultations, race/color, marital status, age, mode of delivery available at SISAB in the years 2010 to 2020. The study was then divided into five steps described below:

First step: After surveying the variables, the selection and review of articles found in databases such as the Virtual Health Library (VHL), Latin American Literature in Health Sciences (LILACS), Specialized Bibliographic in the Area of Nursing in Brazil (BDENF), Bireme, and in SciELO- Scientific Electronic Library Online, books related to the theme from 2010 to 2020. The search for articles was carried out in order to elaborate the discussion based on the available literature.

Second step: The inclusion and exclusion criteria of articles were used, which used publications that portrayed the theme: Nursing Care During Prenatal-Natal. The following descriptors were used: Nurse; prenatal; nursing consultation; and the pre-selection of articles with full text in Portuguese was carried out. After the pre-selection of 30 articles where 23 articles were used, which comprised the search text and a systematic review that addressed these descriptors.

Third step: All ethical criteria were followed according to the standards, articles that met the pre-established inclusion criteria.

Subsequently, in possession of the data and the potential bibliography, a qualitative analysis and an analytical reading of the selected literature were carried out. In addition, a careful analysis of the articles was performed to support the discussion. The importance of preserving the author's idea was also considered.

Fourth step: After making a graph with the SISAB data, reading and analyzing the articles, the result and discussion on the Evidences of Nursing Care During Prenatal Care were elaborated.

Fifth stage: This study was carried out from August 2019 to December 2020 and followed the standards of the NIP (Interdisciplinary Research Center) of the Centro Universitário ICESP in Brasília and the Brazilian Association of Technical Standards (ABNT).

Results e Discussion

Primary health care is understood as the gateway to health services, and the focus of action, in the area of women's health, is prenatal care, which consists of care, conduct and procedures due to the health of the pregnant woman and the fetus in order to detect, cure or control diseases early, avoiding complications during pregnancy and childbirth. It also proposes to ensure quality maternal and fetal health and, thus, consequently, reduce fetal and maternal morbidity and mortality rates.⁷

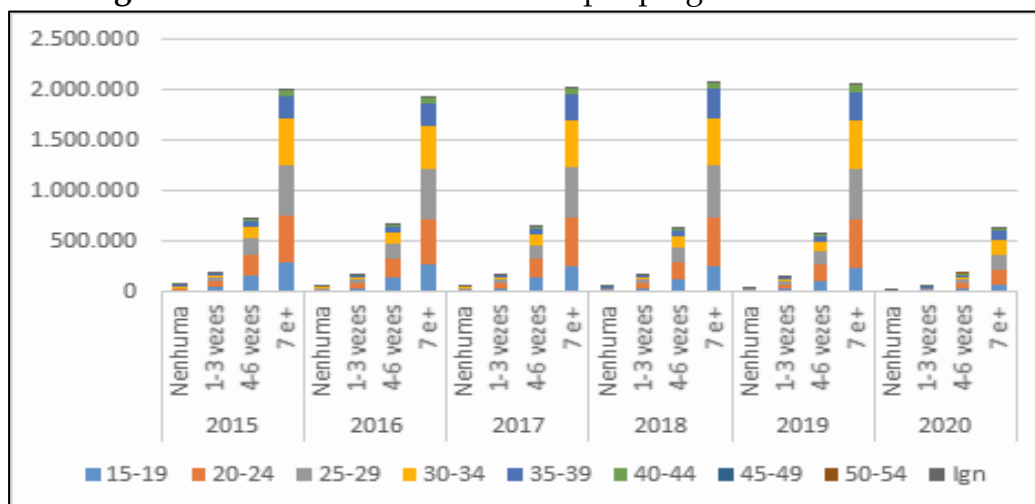
Prenatal care is an appropriate time to develop educational activities using, as tools, dialogue, bonding and listening to pregnant women and their companions, aiming to bring professionals and patients closer together, strengthening knowledge and clarifying doubts. It is up to the professionals who assist this population to constantly evaluate this strategy in order to control the effectiveness of the guidelines given, since the quality of the service provided is an important factor for successful prenatal care.⁸

According to the Low-Risk Prenatal Care Booklet, nurses are responsible for guiding women and their families on the importance of prenatal care, breastfeeding and vaccination, being able to carry out prenatal care during pregnancy. of low risk interspersed or with the doctor and also request additional tests. In addition to consultations, it must develop educational activities, both individual and in groups (groups or waiting room activities), seek to identify pregnant women with any sign of alarm and/or identified as high risk and refer them to a medical consultation. If classified as high risk and there is difficulty in scheduling a medical appointment (or a significant delay for this service), the pregnant woman must be referred directly to the reference service.⁵

In Brazil, although prenatal care has good coverage, as shown in Figure 1, it needs to be revised, as there is low compliance with the program's official standards, as described in the Low-Risk Prenatal Care Notebook.⁹

According to Figure 1, it can be seen, by the number of prenatal consultations per pregnant woman, that most perform more than the recommended minimum. But, even with this amount, the number of maternal deaths from preventable causes in Brazil is alarming.³ However, Anjos and Boing show that the greater the number of prenatal consultations, the lower the rates of neonatal and maternal mortality; lower are the prevalence of prematurity, low birth weight and hypertension during pregnancy, and higher are the coverage of tetanus vaccination and supplementation with ferrous sulfate.¹⁰

It should not be thought that only the bureaucratic passage of pregnant women through the service promotes quality of care, and conditions should be offered that allow for the early uptake of pregnant women as well as their reception, aiming, above all, for adherence to prenatal care.⁹

Figure 1- Number of consultations per pregnant woman.

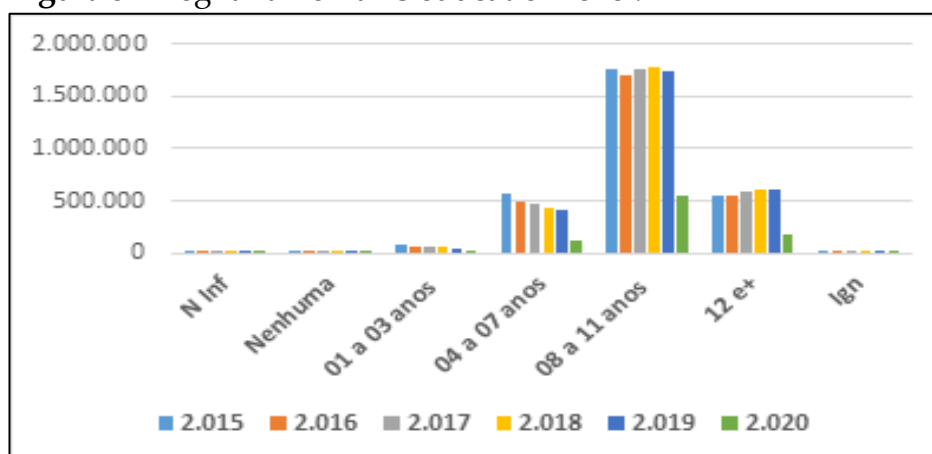
Source: SINASC- MS

The figure draws attention to the age of the pregnant woman, showing the occurrence of pregnancy at an advanced age (over 40 years old) which, in the current context, should be seen as natural and started to be seen as a result of social changes and medical progress.

However, greater concern is needed during the assessment, looking for aspects that may be associated with possible complications during pregnancy.¹¹

Late pregnancy requires intense obstetric care, as prenatal care becomes high risk. The woman and her partner/companion must be oriented towards possible dangers. However, it is possible that a healthy pregnancy occurs without problems and difficulties.¹²

The Brazilian population is not framed in a single social model, as there are peculiarities in each region/locality in relation to health care, which makes it difficult to generalize the type of care provided by the institutions.¹³ It is highlighted, in Figure 2, the level of education of pregnant women, showing that 60% of pregnant women have between eight and 11 years of schooling and only 18% have 12 or more years of schooling.

Figura 3- Pregnant woman's education level.

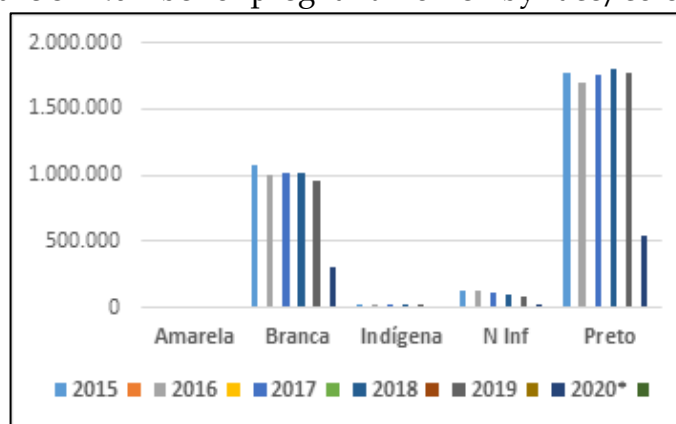
Source: SINASC- MS

Education is a factor that influences the planning of a pregnancy, and women with low education are more likely to have an early and unplanned pregnancy. In general, they drop out of school and do not have access to knowledge about sexuality and family planning, making their reproductive health vulnerable.¹⁴

Thus, expanding knowledge about prenatal consultations in a country marked by socioeconomic inequalities and access to health services - despite the fact that care for pregnant women is offered free of charge within the scope of a public and universal health system - is essential to support health policies and actions in this area.¹⁵

With regard to race/color, 60% of pregnant women are black, as shown in Figure 3. Race/color has been used in studies to measure social differences, treatments and health outcomes, and differences in access and care have already been found. and in the outcomes of health condition due to race/color in Brazil, the United States and the United Kingdom.¹⁶

Figure 3- Number of pregnant women by race/color



Source: SINASC- MS

The nurse who works in prenatal care stands out for the availability for dialogue, listening and necessary clarification, which shows positive characteristics, such as receiving well, guiding and answering questions, attitudes that make the nursing consultations characterized as good and welcoming.¹⁷

The moment of the pregnant woman's first contact in the prenatal consultation is marked by insecurity, fear and happiness at the same time, since the discovery of a new being was a short time ago, considering that prenatal care should be started as soon as possible. as fast as possible. But, over time, they realize that that moment is not just to see how the baby is doing, it is also to know how they are feeling, how the arrival of the new family member is going. With this, it is clear that what was marked by fear is now something that brings information and allows them to acquire control over their own body and that gives the pregnant woman the power to decide on her own pregnancy. If necessary, then, the reception during prenatal care, a moment of paramount importance in the life of the pregnant woman.¹⁸

In addition to the consultations having to follow a periodicity, the importance of the companion should also be highlighted, which, for many, may seem silly, but the companion is essential not only at the time of delivery, but in prenatal consultations. In prenatal care, you can align the couple's wishes, strengthen this bond, show them the importance of support. The companion, as well as the pregnant woman, must have access to information throughout the

prenatal period, as they also go through a moment of discovery, acceptance and, above all, adaptation, because they will be the companion at the time of delivery, they will be the postpartum support network and is the one who will give all the support from the gestation forward. It should not be forgotten that the companion must not be just a boyfriend or husband. For single-career moms, the companion can be the cousin, the sister, the grandmother and even the aunt.¹⁹

Given the above, the nurse is an extremely important professional not only because of the aforementioned attributions, but because she sees the human being (in this case, the pregnant woman) as a whole, always seeking alternatives so that her care really is of quality and with a humanized look, which makes all the difference at this time when pregnant women are often fragile and insecure, undergoing a series of changes. In addition to the nurse having a technical look, he must be concerned with the way of life of each pregnant woman, so that complaints, concerns and anxieties are treated in an individualized and personalized way.²⁰

But what few people know is that the companion is supported by Law No. 8.069, of July 13, 1990, which states that "the pregnant woman and the parturient are entitled to 1 (one) companion of their choice during the prenatal period, labor and immediate postpartum..." Thus, the presence of a companion must always be encouraged, as the pregnant woman has the right and must have a companion not only to take care of bureaucratic things upon arrival at the maternity ward or to take her to prenatal care and, yes, so that the companion is always there to offer help, to offer words and encouragement, to help with the bath, to provide psychological support.²¹

Another point that leads many pregnant women to become worried and insecure is which hospital they should go to to have the baby. This right is guaranteed by Law No. 8.069, of July 13, 1990, which provides: "the health professionals of reference of the pregnant woman will guarantee her link, in the last trimester of pregnancy, to the establishment where the delivery will take place, guaranteeing the woman's right of choice." Some pregnant women forget and think that they can look for any hospital in the public health network at the time of delivery, which leads them to wander through hospitals because, sometimes, professionals inform that this is not the hospital of reference.²¹

A assistência ao pré-natal tem como objetivo o acolhimento da gestante desde o diagnóstico da gestação, para que, de fato, o pré-natal tenha sua qualidade estabelecida permitindo o diagnóstico e o tratamento de patologia ou qualquer situação especial, bem como vacinação e realização de exames com resultados em tempo oportuno.¹

The role of nurses in prenatal care still faces barriers. However, the positive impact of their actions during pregnancy, childbirth and the puerperium are evident and highlighted by pregnant women. This evidence is given by the praise registered in the services and by the search of these professionals to resolve doubts. And it is the actions developed by nurses during prenatal care that will enable the development of pregnancy with a guarantee of safety for the mother and the fetus, thus meeting the needs of all pregnant women [1].

The continuous monitoring of prenatal care ensures healthy pregnancy and childbirth for the mother and baby, showing the importance of regularly following the consultations and participating in the actions taken, which involve

health promotion and prevention of the binomial, as well as preparation for childbirth and puerperium.²²

As described by Alves et al. (2013), part of the nurse's attributions, during prenatal care, is a humanized look at labor, seeking the individuality of each patient and making this professional a differential in the parturition process..²³

Conclusion

The nurse is the professional trained to conduct prenatal care in order to favor the promotion and prevention of the health of the mother-child binomial.

Guidance regarding the pregnancy-puerperal process are actions developed to prepare the pregnant woman and family members for each stage of pregnancy and the changes that this condition causes, whether physiological or emotional.

These actions taken by the nurse will result in a healthier pregnancy, preparing the pregnant woman for the time of delivery and thus directing her to be the protagonist at that moment, one that is a very special moment.

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References

1. Rocha AC, Andrade GS. Atenção da equipe de enfermagem durante o pré-natal. Percepção das gestantes atendidas na rede básica de Itapuranga-GO em diferentes contextos sociais. *Journals Bahiana. Revista Enfermagem contemporânea*. Acesso: 28/4/2021. Disponível em <https://www5.bahiana.edu.br/index.php/enfermagem/article/view/1153>
2. Ministério da Saúde. Secretaria de Atenção à Saúde Departamento de Ações Programáticas Estratégicas. Pré-natal e puerpério atenção qualificada e humanizada. Série A. Normas e Manuais Técnicos Série Direitos Sexuais e Direitos Reprodutivos - Caderno nº 5. Brasília – DF, 2005. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/pre-natal_puerperio_atencao_humanizada.pdf
3. Dias GMJ, Oliveira SPA, Cipolotti R, Monteiro MSKB, Pereira OR, Mortalidade Materna 2014.
4. Brasil, Portaria nº 570, de 1º de junho de 2000, Ministério da Saúde, Gabinete do Ministro, Brasília-DF.
5. Ministério da Saúde. Secretaria de Atenção à Saúde Departamento de Atenção Básica. Cadernos de Atenção Básica: Atenção ao pré-natal de baixo risco. Série A. Normas e Manuais Técnicos Cadernos de Atenção Básica, nº 32. Brasília, DF, 2012.
6. Bezerra CP. A importância da Consulta de Enfermagem no acompanhamento pré-natal. 2009
7. Domingues RMSM, Viellas EF, Dias MAB, Torres JA, Theme-Filha MM, Gama SGN, et al. Adequacy of prenatal care according to maternal characteristics in Brazil. *Rev Panam Salud Publica* [Internet]. 2015 [cited 2018 Feb 23]; 37(3):140-7. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/25988250/>
8. Pohlmann FC, Kerber NPC, Pelzer MT, Dominguez CC, Minasi JM, Carvalho VF. Prenatal care model in the far South of Brazil. *Texto Contexto Enferm* [Internet]. 2016 [cited 2018 Feb 23]; 25(1): e3680013. Disponível em: <https://www.scielo.br/j/tce/a/8HrkWkDG7W6RJP5Sd7gWWS/?lang=en&format=pdf>

9. Gaíva MAM, Palmeira EWM, Mufato LF. Women's perception of prenatal and delivery care in cases of neonatal death. *Esc Anna Nery* [Internet]. 2017 [cited 2018 Feb 23]; 21(4):e20170018;
10. Anjos J C dos; Boing, A F. Diferenças regionais e fatores associados ao número de consultas de pré-natal no Brasil: análise do Sistema de Informações sobre Nascidos Vivos em 2013. *Rev. Bras. Epidemiol.* 19 (04) Oct-Dec 2016
11. Barbosa CNS, Gonçalves LRR, Silva GRF, Brandao EC, Rego ES, et al. Caracterização dos partos segundo aspectos obstétricos e sociodemográficos das parturientes de Teresina-Piauí, 2011. *RevEnferm UFPI.* 2013; 2(2): 40-7
12. Gonçalves ZR, Monteiro DLM. Complicações maternas em gestantes com idade avançada. *FEMINA*, Set./Out. 2012, vol 40, nº 5. Disponível em: <http://files.bvs.br/upload/S/0100-7254/2012/v40n5/a3418.pdf>.
13. Andrade SG, Vasconcelos YA, Carneiro ARS, Severiano ARG, Terceiro AGMD, Silva TB, Carneiro JKR, Oliveira MAS. Perfil sociodemográfico, epidemiológico e obstétrico de parturientes em um hospital e maternidade de Sobral, Ceará. *RevPreInfec e Saúde.* 2018;4:7283;
14. Silva, A. C. A. et al. Fatores de Risco que Contribuem para a Ocorrência da Gravidez na Adolescência: Revisão Integrativa da Literatura. *Revista Cuidarte.* 2013; 4(1): 531-39.
15. Melo EC, Oliveira RR, Nonaka RH, Mathias TAF. Fatores relacionados ao parto cesáreo, baixa cobertura de pré-natal e baixo peso ao nascer. *REAS.* 2013; 2(1): 47-59
16. Araújo EM, Costa MCN, Hogan VK, et al. A utilização da variável raça/cor em saúde pública: Possibilidades e limites. *Interface Commun Heal Educ* [internet]. Interface - Comunicação, Saúde, Educação. 2009;13(31):383-94; <https://doi.org/10.1590/S1414-32832009000400012>
17. Gomes AKB, Chaves LL, Silva RA, Guimarães NB. Avaliação do conhecimento de gestantes atendidas em uma estratégia saúde da família de Belém/PA sobre cuidados durante a gravidez. *Pará Research Medical Journal.* Disponível em <https://www.prmjournal.org/article/doi/10.4322/prmj.2020.001>
18. Rapoport, A., & Piccinini, C. A. Apoio social e experiência da maternidade. *Revista Brasileira de Crescimento e Desenvolvimento Humano.* 2006;16(1): 85-96.
19. Costa GD, Cotta RMM, Reis JR, Batista RS, Gomes AP, Franceschini SCC. Avaliação do cuidado à saúde da gestante no contexto do programa Saúde da Família. *Ciência & Saúde coletiva.* 2009;14 (Suppl 1):1347-57.
20. Teixeira IR, Amaral RMS, Magalhaes SR. Assistência de enfermagem ao pré-natal: reflexão sobre atuação do enfermeiro para o processo educativo na saúde gestacional da mulher. *Revista Científica de Departamento de Ciências Biológicas, Ambientais e da Saúde – DCBAS.* 2010;3(2):26-31;
21. Brasil, Lei nº 8.069, de 13 de julho de 1990, Presidência da República Casa Civil, Brasília-DF
22. Freitas F., et al. Rotinas em obstetrícia. 5 ed. Porto Alegre, RS: Artmed, 2007.
23. Alves CN, Ressel LB, Sanfelice C, Bisognin P, Wilhelm LA, Zanini RR. Perfil de gestantes assistidas no pré-natal de enfermagem de uma unidade básica de saúde. *RevFundCare Online.* 2013 Jul/Set; 5(3):132-141.

Correspondent Author

Regina Celia de Oliveira Martins Nunes
Guará I, QE 11. ZIP: 71020-115, Guará. Brasília,
Federal District, Brazil.
regina.martins@icesp.edu.br