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INSTRUMENT FOR APPLYING THE NURSING PROCESS IN PRENATAL CARE: NURSES' PERCEPTION

*Instrumento para aplicação do processo de enfermagem no pré-natal: percepção dos enfermeiros**Instrumento de aplicación del proceso de enfermería en el prenatal: percepción de las enfermeras***Jadelma Luanna Ebla dos Santos**¹ **Camilla Ribeiro Lima de Farias**² **Ryanne Carolynne Marques Gomes Mendes**³ **Natália Ramos Costa Pessoa**⁴ **Diego Augusto Lopes Oliveira**⁵ 

RESUMO

Objetivo: descrever a percepção dos enfermeiros quanto à utilização de um instrumento para aplicação do Processo de Enfermagem na consulta pré-natal. **Método:** estudo qualitativo desenvolvido com enfermeiras atuantes na assistência ao pré-natal em Pernambuco, Brasil. A coleta de dados ocorreu através de entrevistas com roteiro. O conteúdo foi transcrito e analisado de acordo com o referencial metodológico de Bardin e apoio do *software* Iramuteq. **Resultados:** evidenciaram-se quatro categorias: 1- Uniformidade dos registros de saúde durante o pré-natal; 2- Registro como norteador da conduta de enfermagem durante o pré-natal; 3- Ambivalência do enfermeiro no uso do instrumento no cuidado à gestante e; 4- Relação do uso do instrumento e os benefícios ao cuidado no pré-natal. **Conclusão:** a utilização de um instrumento na consulta pré-natal melhora a qualidade dos registros de enfermagem. Ademais, observou-se o impacto que a aplicação do Processo de Enfermagem traz para a prática profissional.

DESCRITORES: Saúde da mulher; Cuidado pré-natal; Cuidados de enfermagem; Enfermagem.

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ABSTRACT

Objective: to describe nurses' perception on the use of an instrument to apply the nursing process during prenatal consultations. **Method:** a qualitative study was conducted with nurses who provide prenatal care in Pernambuco, Brazil. Data were collected through scripted interviews. The content was transcribed and analyzed using Bardin's methodological framework with the help of Iramuteq software. **Results:** four categories were revealed: 1) uniformity of health records during prenatal care, 2) records as a guide for nursing conduct during prenatal care, 3) nurses' ambivalence about using the instrument to care for pregnant women, and 4) the relationship between using the instrument and its benefits for prenatal care. **Conclusion:** using an instrument in prenatal consultations improves the quality of nursing records. Additionally, the impact of applying the nursing process to professional practice was observed.

DESCRIPTORS: Women's health; Prenatal care; Nursing care; Nursing.

RESUMEN

Objetivo: describir la percepción de los enfermeros sobre el uso de un instrumento para la aplicación del Proceso de Enfermería durante la consulta prenatal. **Método:** estudio cualitativo desarrollado con enfermeras que trabajan en la atención prenatal en Pernambuco, Brasil. La recolección de datos se realizó mediante entrevistas con guion. El contenido fue transcrito y analizado de acuerdo con el marco metodológico de Bardin, con el apoyo del software Iramuteq. **Resultados:** surgieron cuatro categorías: 1- Uniformidad de los registros de salud durante el control prenatal; 2- El registro como guía de la conducta de enfermería durante el control prenatal; 3- Ambivalencia del enfermero en el uso del instrumento en la atención a la gestante; y 4- Relación entre el uso del instrumento y los beneficios para la atención prenatal. **Conclusión:** el uso de un instrumento en la consulta prenatal mejora la calidad de los registros de enfermería. Además, se observó el impacto que tiene la aplicación del Proceso de Enfermería en la práctica profesional.

DESCRIPTORES: Salud de la mujer; Atención prenatal; Atención de enfermería; Enfermería.

INTRODUCTION

Prenatal care is considered an essential part of women's healthcare during the pregnancy-puerperal cycle because it reduces the likelihood of adverse outcomes when provided effectively. Clinical conditions such as preeclampsia, eclampsia, gestational hypertension, HELLP syndrome, and gestational diabetes can occur during pregnancy, increasing mortality rates for mother and fetus. Other events related to infectious agents, especially urinary tract infections (UTIs), can lead to serious complications, such as an increased risk of miscarriage and premature labor. To reduce these risks, Brazil has developed public policies and strengthened health care networks for pregnant women, such as the *Rede Cegonha*.^{1,2}

Primary health care (PHC) during pregnancy includes health promotion and disease and injury prevention. Additionally, PHC provides comprehensive treatment for issues that arise during the pregnancy-puerperal cycle, ensuring the well-being of the fetus and the pregnant or postpartum woman. It also addresses psychosocial issues.

To ensure adequate prenatal care, the Ministry of Health (MH) requires at least six prenatal consultations (one in the

first trimester, two in the second, and three in the third), with nurses responsible for monitoring at least half of them.^{1,2}

Decree No. 94,406/87, which regulates professional nursing practice, highlights that nurses, whether obstetricians or not, can perform routine prenatal care, provide nursing consultations, and prescribe medications established in public health programs and protocols. They can also prescribe care and health education interventions.

Through nursing consultations, nurses can understand the needs of women and the environment in which they are situated. This allows nurses to relate to their patients' reality, improve communication and relationships throughout prenatal care, and increase adherence to prescribed care.⁴

However, to ensure the effectiveness of care, nurses must manage this process by exercising leadership in planning, organizing, coordinating, executing, and evaluating nursing care. When these functions align with clinical knowledge and the organization of the work process, care is performed satisfactorily, promoting better service functioning and the consolidation of primary health care (PHC) principles.^{5,6}

In this context, prenatal nursing consultations are essential and should be guided by the Nursing Process (NP), which

directs and structures clinical nursing practice to provide higher-quality care and documentation.^{7,8}

The NP's implementation throughout the entire socio-environmental context in which nursing care occurs is regulated by Resolution No. 736/2024 of the Federal Nursing Council (COFEN). The NP has five phases: Nursing Evaluation, Diagnosis, Planning, Implementation, and Evolution. These phases allow nurses to plan actions that provide individualized and holistic care.^{5,9,10}

Although studies report on the importance of the NP, it has not been implemented in Basic Health Units (UBS). This reflects the existence of factors that make implementation impossible in these services. It emphasizes the need for standardized care and record-keeping, as well as investment in continuing education to improve professionals' critical thinking and guarantee quality care.^{5,9,11}

Given the inadequate implementation of the NP in the UBS, it is crucial to identify the obstacles and opportunities that nurses encounter in its implementation to develop strategies that can transform this situation. Thus, this study aimed to describe nurses' perception on the use of an instrument to apply the NP in prenatal consultations.

METHOD

This is a descriptive study with a qualitative approach. The study was conducted in two municipalities in the South Forest region of Pernambuco, Brazil. These municipalities were selected as research centers because they were the pilot municipalities indicated by the Regional Health Administration (GERES) for implementing the instrument for applying the Nursing Process to prenatal care routines.

Participants were selected using a convenience sample, and the sample size was determined by the saturation criteria. During the study's development, it was determined that saturation of the reports occurred when the participants' reports revealed the core meaning and verified the key elements necessary for understanding the phenomenon related to the prenatal consultation instrument's use.

The sample consisted of ten nurses who met the following eligibility criteria: they had a degree in nursing; they were of both sexes; they were employees of the municipalities where the research took place; they worked in primary health care (PHC) performing prenatal consultations; and they had participated in the training promoted by GERES to use the instrument. Professionals who participated in the training but did not use the instrument in primary care and professionals working in other health services in the municipalities where the research took place were excluded. None of the invited professionals refused to participate in the research.

Due to social isolation related to the Coronavirus (Covid-19) pandemic, an invitation letter was sent to participants via email and WhatsApp Messenger. The invitation outlined the study's objective, and the details related to the interviews' occurrence. After receiving confirmation of participation, a link was sent to access the informed consent form. The interviews were scheduled virtually through Google Meet application. Participants received an access link and were informed about the recording of the meeting. The interviews lasted an average of 30 minutes, and no additional interviews were necessary. Two researchers with strict training at the doctoral level conducted the interviews. One researcher approached the participant, and the other recorded field notes referring to the meeting.

Data collection took place in May 2021 through interviews using a script prepared by the researchers. The script was divided into two parts. The first part listed the participants' sociodemographic data, and the second part highlighted aspects related to the instrument's relevance, potentialities, and the difficulties and challenges of using it for NP throughout prenatal care routines.

Prior to developing the research, the study researchers developed a nursing evolution instrument in partnership with GERES. It was in the form of a checklist aimed at prenatal care, with items organized into dimensions for prenatal nursing consultations (Chart 1). It is important to emphasize that the instrument was previously approved by nurses and used in the care routine of professionals in these municipalities for six months.

Chart I – Dimensions and items of the instrument for applying the nursing process to prenatal care. Palmares, PE, Brazil, 2021.

DIMENSION	INSTRUMENT ITEMS
IDENTIFICATION OF THE PREGNANT WOMAN	Identification and sociodemographic data of the pregnant woman.
PHYSICAL EXAMINATION OF THE PREGNANT WOMAN	Obstetric history, breast evaluation, cardiorespiratory examination, and verification of eliminations.
CLINICAL DATA	Complaints of the pregnant woman; data from imaging and laboratory tests; nursing prescriptions; referrals.
NURSING REGISTRATION	Space for recording pertinent data related to care provided by the nurse.

Source: The Authors, 2021.

The recorded interviews were transcribed, and the participants' reports were compiled into a textual corpus configured for content analysis. To support the analysis process, the IRAMUTEQ software interface was used, which has modules for basic textual statistics, Descending Hierarchical Classification (DHC), and similarity analysis. These modules help us obtain classes of text segments that have similar vocabulary and different vocabulary from the text segments of the other classes.

Text segments were classified according to their respective vocabulary, and the set was distributed based on the frequency of reduced forms (words that have been stemmed). The interpretation of the reports was anchored in Bardin's methodological framework for content analysis.¹²

Ethical confidentiality and coding of the reports were guaranteed by using the letter "E" for interviewee and a cardinal number indicating the interview order (E1, E2, E3, etc.). Due to the unavailability of personal contact and non-return of confirmation requests made by the researchers, it was not possible to validate the reports with the participants.

The study adhered to the guidelines for research involving human subjects as outlined in Resolution No. 510/2016 of the National Health Council. The project was submitted to the Research Ethics Committee of the Pernambuco Faculty of Health and was approved with the Certificate of Presentation of

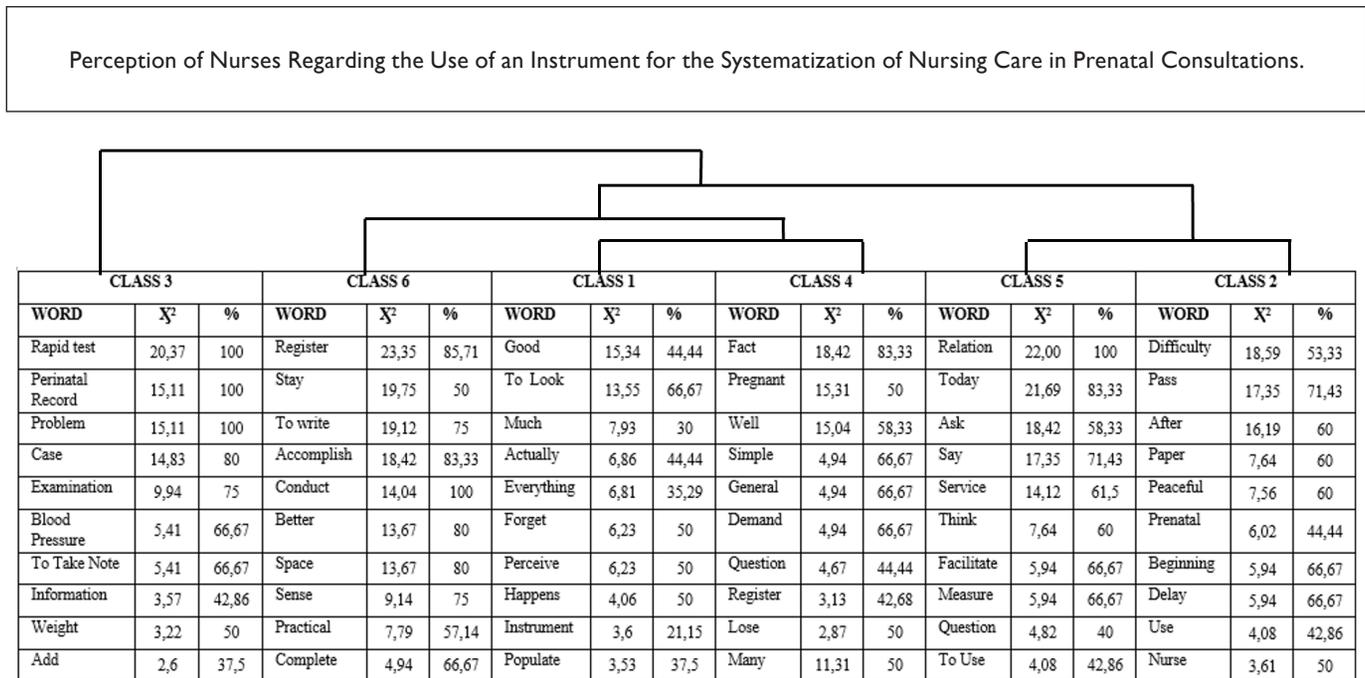
Ethical Appreciation (CAAE) number 43424121.8.0000.5569. All members were informed and clarified the importance of participating in the study through the ICF.¹³

RESULTS

The research included female professionals aged 24 to 40. Most had completed education up to the specialization level and had graduated five or more years ago. On average, they worked in PHC for between one and four years. Regarding their employment status, most reported working exclusively in PHC. Among the interviewees many stated that they had experience in other care specialties, especially Urgency and Emergency.

The general corpus consisted of ten texts from the interviews, separated into 135 text segments (TS), of which 94 TS (69.62%) were analyzed. A total of 4,722 occurrences (words or word forms) emerged. The analyzed content was categorized according to the following TS distribution: class 1, 14 TS (14.89%); class 2, 15 TS (15.96%); class 3, 16 TS (17.02%); class 4, 17 TS (18.09%); class 5, 15 TS (15.96%); and class 6, 17 TS (18.09%).

The dendrogram showed the words with the highest average frequency and how they differed from each other. The Chi-square test analyzed words with a value greater than 3.84 and $p < 0.0001$ (Figure 1).

Figure 1 – Alternative dendrogram of the thematic classes that emerged from the study interviews. Palmares, PE, Brazil, 2021.

Source: The Authors (2021).

The classes defined in the dendrogram were organized according to the initial context units (ICUs). In the analyzed corpus, six classes were identified and divided into branches A and B, which allowed the results to be organized into three *subcorpus*. Four categories were identified through the analysis, based on the subcategories coming from the corpus. Class 3 produced three branches. The first branch (Class 6) was presented in isolation, while the other two branches were composed of two classes each (Classes 1 and 4, and Classes 5

and 2). The analysis of the similarity tree guided the naming of the study's categories and subcategories (Figure 2).

Subcorpus 1 (Uniformity of pregnant women's health records during prenatal care) consisted of class 3. *Subcorpus 2* (Records as guides for nursing conduct during prenatal care) consisted of class 6. *Subcorpus 3* (Nurses' ambivalence regarding the use of the instrument in caring for pregnant women) consisted of classes 1 and 4. *Subcorpus 4* (The relationship between using the instrument and its benefits for prenatal care) was composed of classes 5 and 2 (see Chart 2).

Class	Categories (Themes)	Subcategories
Class 6	Records as guides for nursing conduct during prenatal care	Using the instrument allows for quality, ease, and continuity of care based on records. The instrument guides the nurse's conduct. The use of the instrument optimizes prenatal consultation time.
Class 1 Class 4	Nurses' ambivalence regarding the use of the instrument in caring for pregnant women	The instrument is good and provides important data on care for pregnant women. The instrument is lengthy and includes many details that consume consultation time. The use of the instrument does not interfere with the quality of the record. It adds a wealth of details to the pregnant woman's medical record.
Class 5 Class 2	The relationship between using the instrument and its benefits for prenatal care	Ease the nurse's daily work. The instrument is a guide for quality care. The use of the instrument in prenatal care improves the relationship between nurses and pregnant women. Overcoming the difficulties of incorporating the instrument into nurses' care routines.

Source: The Authors, 2021.

Category 1 – Uniformity of pregnant women's health records during prenatal care

The reports revealed that using the instrument was essential for unifying information, detailing data, systematizing consultations, and facilitating communication of information in continuity of care. The reports showed that, according to the participants, the instrument gathered data from other instruments used in the routine, which reduced the time in the consultations.

Each nurse writes differently, and the instrument is not like prenatal reading for all nurses. It facilitates the exchange of information because the other nurses are familiar with the material and language. (E8)

I noticed that there is data from the perinatal record. I liked having space to write down the physical exam, blood pressure, and patient data. (E2)

I was able to remember to examine the breasts and record the nipple type. It was very interesting! (E1)

I enjoyed using the instrument. There's no need to add anything; it contains all the necessary vaccination data, ultrasound results, date of last menstruation, probable date of delivery, and fetal heartbeat, which are already included in the other files. (E4)

The importance of having a device that records data and enables reflection and critical analysis by professionals regarding patient health was also highlighted. In case of unfavorable outcomes, it assists in carrying out a thorough investigation:

Any nurse can investigate the case of a pregnant woman. For example, there was an enrichment of the information in the medical record for a supposed investigation of maternal death. (E9)

I need to ensure my medical record is thorough so that, if something happens, there will be no problem with the investigation because everything will be documented, and the instrument will be attached. (E9)

I had the opportunity to work with epidemiological surveillance and realized that the instrument provides information that helps with investigating maternal death. Female colleagues need to think about it! (E1)

Category 2 - Records as guides for nursing conduct during prenatal care

This category collects data on how nurses' records, based on the instrument's use, guide pregnant women's conduct during prenatal care. Using the instrument improved consultations and allowed nurses to perform actions closer to care routines.

I also didn't register physiological issues. This improved significantly because the instrument helped me improve my query; the data is retained when using the instrument. (E8)

The quality has improved. To be honest, I did not perform a breast exam during the physical examination; I barely registered the inspection of the breasts. Did you understand? (E2)

The good thing that happened in my practice is that I became more aware of how to better evaluate pregnant women. Looking at that instrument made the criteria

for caring for pregnant women clear. I'm evaluating my pregnant patients better. It was good that I learned a lot! (E3)

The instrument influenced my practice because it made me think about my conduct. After writing down my behaviors and answering all the questions, I had more confidence in guiding pregnant women. (E5)

Category 3 – Nurses' ambivalence regarding the use of the instrument in caring for pregnant women

Using the instrument led nurses to have diverse experiences in their field. They referenced facing difficulties during the adaptation process, usually related to initial contact with the instrument and the number of documents to be completed, including the e-SUS, the perinatal form, and the pregnant woman's booklet. Conversely, nurses expressed satisfaction with the instrument's integration into their routine, describing it as simple and efficient. They emphasized its completeness for prenatal care, as exemplified by the following reports:

At first, I had a hard time adapting to using the instrument because, as you know, our routine involves a lot of paperwork. The e-sus was my first experience with this type of technology. (E3)

I felt that I had one more role, but after becoming familiar with the instrument and incorporating it into my daily routine, I no longer had any difficulty. (E9)

I always found the instrument easy to use. In addition to being approved, it is also very clear. I didn't have any difficulty; it was just a matter of getting used to it. (E7)

I didn't feel any difficulty. I found the instrument to be quite complete and interesting, and really very good. Many professionals don't train themselves and stay the same. (E1)

I had a lot of difficulty at first, but now I feel more confident. (E2)

Using the instrument facilitates and encompasses everything necessary for prenatal consultations. Work is so busy that we forget questions, but the instrument makes it impossible to forget. (E1)

This instrument makes it so easy that, after the service, we can make observations. As someone who likes to pay attention to detail, I already make comments on the medical record in my office based on this instrument. (E6)

The instrument is meticulous and careful. (E10)

In my experience, after I started using the instrument, I reviewed some previous medical records and noticed that I had not recorded some data. For example: I examined a pregnant woman who came here two months ago, and I

recorded her weight and the height of her uterine fundus, but I didn't ask her about her breasts. (E7)

Category 4 - The relationship between using the instrument and its benefits for prenatal care

It was verified that the nurses were able to provide better care with greater completeness of information when using the instrument. This allowed for a more directed look at the pregnant woman and greater openness in reporting her health situation, complaints, fears, and expectations without increasing the consultation time. It also reduced the time it takes to write in the medical record and improved the quality of the record. The importance of having a systematized nursing consultation script for all nurses, regulated by the municipality, was also reported to provide greater support:

If all nurses used it, it would be very important because it would reduce the time spent on patient consultations. (E4)

Even oral and hair hygiene were discussed. For me, from the first to the last item, this is very important. The benefit is that it helps define the general condition of pregnant women when asking them questions. (E5)

I thought it was easy. I had no difficulty, and I think the instrument only served to provide pertinent notes for that consultation. (E8)

In fact, it didn't increase the time. I think you can maintain the same amount of time and improve the quality of the service. (E10)

We experienced this more intensely after the pandemic. I didn't conduct the consultation in that sense. The instrument guided me on what to ask in every consultation, so it was very helpful to me. The quality of care has improved significantly. It's not that the service was poor before, but having guidance improves it considerably. I particularly noticed an improvement in my professional quality with patients. (E3)

I realized that, especially with women I had already met, the service using this instrument made it easier for them to open up and talk about everything because there were things I didn't ask about. (E6)

DISCUSSION

Nursing consultations during the prenatal period are an intense care moment that should be provided to pregnant women in a holistic and humanized manner. When carried out through the application of the NP, it reflects the alignment of practice with technical knowledge in an individualized manner, allowing for improvements in registration and

communication from professional to professional, and between professionals and users.^{14,15}

The record of the pregnant woman's follow-up is one means nurses have to continue care. Using the pregnant woman's card and other resources that optimize this action improves prenatal care because they facilitate continuity throughout the consultations. Discontinued registration results in failures to maintain nutritional status, update the vaccination schedule, monitor uterine evolution, and maintain well-being regarding personal and family clinical histories that interfere with pregnancy.¹⁵

Participants addressed the importance of nursing records in classes 3 (uniformity of pregnant women's health records during prenatal care) and 6 (records as guides for nursing conduct during prenatal care). Correctly performed nursing records are essential for caring for a health system user. They contain general, health, and administrative information about individuals and serve to facilitate communication with other professionals. They are also useful for studies, research, audits, legal issues, and planning. Thus, the record is indispensable for supporting the NP and is the main tool for evaluating the quality of nurses' work.¹⁶

One benefit of uniform records, as accessed by the interviewed professionals, was the possibility of using the instrument for investigations into maternal and infant deaths. It is important to emphasize that a lack of information in the medical record or illegible information directly interferes with the type and quality of care received during delivery and postpartum. It also interferes with the evaluation of the quality of care and the investigation of maternal and child deaths.^{17,18}

The interviewees' statements also highlighted the need to educate professionals on the importance of accurately documenting findings. Additionally, they emphasized the development of strategies to support nurses in their clinical practice, particularly in the use of NP in prenatal care. This allows professionals to provide critical, reflective, and individualized care that considers the reality of each pregnant woman, listens to their complaints, and constructs diagnoses and nursing interventions that are appropriate for each situation.^{19,20}

The National Program for the Humanization of Prenatal Care and Birth and the prenatal care guidelines from *Rede Cegonha* detail the technical aspects of prenatal care and emphasize the importance of accurately documenting care provided during consultations. Despite the access program prerogatives, some evaluations, such as breast

identify pathological alterations or conditions that hinder breastfeeding early on.¹¹

In classes 2 and 5 ("the relationship between using the instrument and its benefits for prenatal care"), the interviews emphasized the instrument's role as a facilitator and advisor in nurses' work. The importance of the form as a guide is reinforced when considering that incomplete care reduces nursing consultations to mechanical practices. This leads professionals to perform certain evaluations more frequently, which can be detrimental to others, such as gestational age, measurement of the height of the uterine funds, and weight.^{11,14}

The instrument's other contributions to the documentation of nursing care for pregnant women included the standardization of nursing consultations and communication between family health units and the health services that comprise the women's care network.

To portray patients' needs and characteristics and inform care actions, nursing records must be carried out objectively, cohesively, and coherently. Adequate registration allows for monitoring of case evolution, supporting the development of a care plan for qualified, comprehensive care. Additionally, adequate registration subsidizes audit and research processes, helps avoid unnecessary expenses, ensures reimbursement for nursing care costs, legitimizes professional work and productivity, and enables improvement of actions to achieve better operational results.²²

Statements in Classes 1 and 4 (nurses' ambivalence regarding the use of the instrument in caring for pregnant women) indicated that although using the instrument and its initial structure generated adaptation difficulties for professionals, it has facilitated recording information and paying attention to patients' complaints and needs over time. However, most nurses reported being unable to give users their full attention during consultations because they feel obligated to complete prenatal documents, which is time-consuming. This weakens the bond between professionals and user, increasing the distance between them and positioning the nurse as the holder of knowledge. This can result in more bureaucratic and less humanized care.^{17,23}

The interviewees also emphasized the need to discuss the regulated implementation of instruments that systematize care and qualify nurses' prenatal care practices. Such qualifications can contribute to abandoning a bureaucratic posture and adopting a holistic approach to care, viewing the instruments as a support tool rather than the main focus. This enables the creation of bonds and identification of issues that would be overlooked in a routine setting.^{9,24}

According to the reports, it is important to highlight the need for municipal-level regulation that supports the use of the instrument to provide greater security to professionals. Implementing the NP in care reduces bureaucracy and optimizes and qualifies registration.^{18,25} This corroborates the participants' reports that the instrument's analysis, prior approval, and routine use facilitated its application and revealed its completeness because they could print their professional practice in the registry.

Studies also emphasize the importance of investing in clinical improvement and critical reflective development to strengthen nursing practice. These efforts should focus on encouraging professionals to reflect on the need to break paradigms and recognize the importance of changes to improve the service.^{5,25}

The participants' reports demonstrate the benefits of using the instrument for nurses' care and technical knowledge. The nurses had a positive perception of the consultations and established bonds with pregnant women, which aligns with prenatal care. Standardizing terminology and care strengthen the field of nursing knowledge and improves the pregnant woman's perception of the nurse's performance and satisfaction with the care received.²⁴

In view of the above, the information obtained regarding improvement in the quality of the record and the beginning of structuring the NP in prenatal care enables discussions about expanding the regulated use of the instrument in other municipalities, considering the need to systematize nurses' practice, provide greater support, and consequently improve care quality for users.²⁶

Due to the epidemiological context of the ongoing pandemic, it is important to highlight that the interviews were conducted remotely. This made it difficult for the interviewer and interviewee to interact and for the interviewer to perceive the interviewee's reactions to the statements. Additionally, the use of video calls for interviews likely contributed to participants' shyness and reluctance. The lack of official recognition of the instrument as an element of regulated prenatal care in the municipalities where the research was conducted resulted in more limited use by the participants, which limited the scope of the study.

CONCLUSION

The nurses' perception of using an instrument to apply the NP during prenatal care is related to standardizing records to improve communication of pregnant women's health data, providing greater guidance for nurses' interventions

throughout prenatal care, and offering benefits to professional practice through updates and better nurse evaluation because it allows investigation of uniform, continuous data.

All over the study, the nurses highlighted improvements in record quality, greater compatibility between provided and recorded care, and the impact of NP on professional practice. Despite the large number of documents to be recorded, the nurses perceived that the nursing consultation had become less mechanical and more humane. This improvement in prenatal care quality in these municipalities also improved nurse/pregnant woman and nurse/team communication, thus contributing to decision-making.

However, despite the benefits of using NP access forms, there is a need for training to educate professionals about the importance of collecting information from the instrument to ensure the continuity of quality nursing care focused on the real needs of pregnant women.

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