

## Factors that enable the performance of nurses in prenatal

Fatores que possibilitam a atuação do enfermeiro na atenção pré-natal

Factores que permiten el acción de las enfermeras en penatal

*Cleunir de Fátima Candido de Bortoli<sup>1</sup>, Priscila Bisognin<sup>2</sup>, Laís Antunes Wilhelm<sup>3</sup>, Lisie Alende Prates<sup>4</sup>, Graciela Dutra Sehnem<sup>5</sup>, Lúcia Beatriz Ressel<sup>6</sup>*

### How to quote this article:

Bortoli CFC, Bisognin P, Wilhelm LA, Prates LA, Sehnem GD, Ressel LB. Factors that enable the performance of nurses in prenatal. *Rev Fun Care Online*. 2017 out/dez; 9(4):978-983. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i4.978-983>

### ABSTRACT

**Objective:** To know the factors that enable the performance of nurses within the scope of primary health care in prenatal care. **Methods:** A qualitative-descriptive field study. Seven nurses, operating on prenatal care, within the scope of primary health care participated. For data collection, it was used the techniques of participant observation and semi-structured interview. The data were analyzed and interpreted by operative proposal. The study obtained approval from the Ethics Committee of the Federal University of Santa Maria under CAAE: 39437014.4.0000.5346.

**Results:** It was showed the use of protocols on prenatal care, as professional practice orientation, and the reception as a strategy to establish the bond with the pregnant mother. **Conclusions:** Strengthening prenatal care assistance becomes possible when it is oriented by resoluteness and safety, providing the formation of a bond in the relationship with the pregnant woman and encouraging adherence to prenatal care.

**Descriptors:** Nursing, Women's health, Prenatal care, Primary health care.

### RESUMO

**Objetivo:** Conhecer os fatores que possibilitam a atuação do enfermeiro, no âmbito da atenção básica, na atenção pré-natal. **Métodos:** Estudo qualitativo, de campo, descritivo. Participaram sete enfermeiras atuantes na atenção pré-natal, no âmbito da atenção básica. Para coleta de dados, foram utilizadas as técnicas de observação participante e entrevista semiestruturada. Os dados foram analisados e interpretados pela proposta operativa. O estudo obteve aprovação do Comitê de Ética da Universidade Federal de Santa Maria sob CAAE nº 39437014.4.0000.5346. **Resultados:** Evidenciaram-se o uso de protocolos na atenção pré-natal, como orientação da prática profissional, e o acolhimento como estratégia para estabelecer o vínculo com a gestante. **Conclusões:** O fortalecimento da assistência na atenção pré-

<sup>1</sup> Nurse. Master in Nursing. Pato Branco (PR), Brazil. E-mail: cleunir\_candido@hotmail.com

<sup>2</sup> Nurse. Arts Educator. Master in Nursing. Beto Gonçalves (RS), Brazil. E-mail: pribisognin@gmail.com

<sup>3</sup> Nurse. PhD student of the Graduate Program in Nursing at the Federal University of Santa Maria. CAPES scholarship holder. Santa Maria (RS), Brazil. E-mail: laiswilhelm@gmail.com

<sup>4</sup> Nurse. PhD student of the Graduate Program in Nursing at the Federal University of Santa Maria. Santa Maria (RS), Brazil. E-mail: lisiealende@hotmail.com

<sup>5</sup> Nurse. PhD in Nursing. Graduate Course Professor in Nursing at the Federal University of Pampa, Uruguaiana (RS), Brazil. E-mail: graci\_dutra@yahoo.com.br

<sup>6</sup> Nurse. PhD in Nursing. Professor of the Department and the Graduate Nursing Program at the Federal University of Santa Maria. Santa Maria (RS), Brazil. E-mail: lbressel208@yahoo.com.br

natal torna-se possível quando orientada pela segurança e resolutividade, proporcionando a construção do vínculo na relação com a gestante e favorecendo a adesão ao pré-natal.

**Descritores:** Enfermagem, Saúde da mulher, Cuidado pré-natal, Atenção primária à saúde.

## RESUMEN

**Objetivo:** Conocer los factores que habilitan el desempeño del personal de enfermería en el marco de la atención primaria de salud cuidado, de atención prenatal. **Métodos:** Estudio cualitativo de campo descriptivo. Asistió a siete enfermeras en cuidado prenatal, en el marco de la atención primaria de salud. Recogida de datos, utilizando las técnicas de observación participante y entrevista semi-estructurada. Los datos fueron analizados e interpretados por propuesta operativa. El estudio obtuvo la aprobación del Comité de ética de la Universidade Federal de Santa Maria en CAAE: 39437014.4.0000.5346. **Resultados:** Se demostró el uso de protocolos de atención prenatal, como orientación de la práctica profesional y la recepción como una estrategia para establecer el vínculo con la madre. **Conclusión:** Fortalecimiento de la asistencia de control prenatal llega a ser posible cuando eficazness y orientado a la seguridad, proporcionando la relación del edificio con la mujer y fomentar adherencia al control prenatal.

**Descritores:** Enfermería, Salud de la mujer, Atención prenatal, Atención primaria de salud.

## INTRODUCTION

The experience of pregnancy is a unique phenomenon, one of the most significant human experiences. It is a complex and singular event, which involves a period of varied adaptations, covering biological, psychological, social and cultural aspects for the women, and require special care through prenatal care.<sup>1-2</sup>

Prenatal care includes the set of follow-up actions of the gestational period, focusing on the healthy development of pregnancy and childbirth. These actions aim to reduce the negative impacts on the health of the woman and baby, contemplating the psychosocial and educational aspects and preventive actions.<sup>3</sup>

The Ministry of Health (MH) envisage that the normal-risk prenatal is carried out in the Basic Health Unit (BHU) by the primary care team. In this model of care, the pregnant woman should be linked to the team of her coverage area, and prenatal care responsibilities are shared among all team members, including nurses.<sup>3</sup>

The oversizing of nurses' performance in prenatal care in primary care provided him/her greater prominence and recognition, resulting, moreover, in more responsibility, and continuous approach to their duties, in order to provide better quality of life for the woman and the newborn.<sup>4</sup> In this space, it is emphasized that, for the performance of their duties, further clinical and scientific preparation are required, seeking expanded resoluteness in the care for pregnant women, their families and the community, including the socioeconomic and cultural context to which she belongs and allowing, with this, the proper management of a number of situations identified.<sup>4-5</sup>

Therefore, the use of the protocols in the prenatal care is very important in the performance of nursing duties. Its

job is highlighted as a possibility of organizing assistance and establishment of conduct and procedures that improve the work process in health and promote the management, favouring professionals and users. It is also worth mentioning its essentiality in supporting and guiding the practice of skilled care.<sup>6</sup>

In addition, nurses must constantly incorporate welcome in their care practices because, in addition to promoting the empowerment of women, also ensure the resolution of complaints that emerge during the care provided. Meanwhile, the quality of care needs to be grounded in active listening and satisfactory professional performance, providing the establishment of the bond between the mother and the health service.<sup>7-8</sup>

Therefore, it is up to the professional to work in promoting women's empowerment, enabling her to develop the capacity to face the situations and carry out her choices. Autonomy includes the ability and the concrete conditions that allow women to freely make decisions that affect their lives and the power to act upon such decisions, as a condition for health.<sup>9</sup>

The small number of studies related to the factors that enable nursing care in prenatal care is noteworthy. There are publications that seek to assess the quality and adequacy of prenatal care, justifying the relevance of this study.

Given the above, this study sought to assess the factors that enable the work of nurses, within primary care scope, in prenatal care. Therefore, it was questioned: what factors make possible the work of nurses, within primary care scope, in prenatal care?

## METHOD

When selecting the method, it was opted for the qualitative-descriptive field study. The study setting was composed of six BHU, a municipality located in the southwest of Paraná, Brazil.

For the choice of participants, it was used the following inclusion criteria: nurses who developed actions in prenatal care within the basic attention scope of the municipality, regardless of the time of activity. Exclusion criterion: professionals who were on leave at the time of the survey.

The selection of participants was by intention, and professionals who had the largest number of patients in follow-up under their responsibility area were invited to participate. The study sample consisted of seven nurses, and the delimitation of the number of participants was based on the authors' guidelines, which indicate the end of the survey when the data show consistency and respond to the objective of the study.<sup>10</sup>

Data were collected during the period from March to August 2015, using the techniques of participant observation and semi-structured interview. Participant observation was characterized by the permanence of the researcher in the investigated environment, while the semi-structured interview allowed greater flexibility to discuss the subject studied.<sup>11</sup>

Participant observation period totalled 110 hours. For the observation, it was used a script prepared by the

researcher. Data were recorded in a diary, in which the researcher pointed out, in addition to daily observations, their personal impressions, the behavior of the participants and the results of informal conversations. Interviews were conducted following an instrument composed of open and closed questions, related to the subject studied. With the prior approval of the participants, the reports were recorded, ensuring higher reliability of data and, subsequently, were transcribed and analyzed by the researcher.<sup>11</sup>

Data analysis was guided by the operative proposal, which consists of two operational phases: in the exploratory phase, it was sought the understanding of the group studied, its history and the context in which the group was inserted. In the interpretative stage, the approach with the empirical facts identified by the study was unleashed. The second moment, described as interpretative, was divided into two stages: the transcription of data, the reading and the organization of the material in the ordination phase. In the classification phase, there was the grouping of data, in which the horizontal and exhaustive reading of the records was done, identifying the central cores; as a result, the cross-reading allowed a more critical analysis of the material, organizing it by themes, seeking to approach similar ones and proposing their relations; and, finally, the analysis of the data associated with the theoretical framework was conducted, seeking to respond to the objective of the study; the final report was presented in manuscript form.<sup>11</sup>

The study was guided by the ethical principles of Resolution no. 466/12 of the National Health Council, MH. Data collection occurred after signing the Term of Free and Informed Consent by the participants. They were kept anonymous. The observation data were represented by the letter "O" followed by a numeral, and the letter "E" followed by a numeral, the data from the interviews. The study was approved by the Ethics Committee of the Federal University of Santa Maria, through the Platform Brazil Online, under opinion No. 909,903, in number of CAAE: 39437014.4.0000.5346.<sup>12</sup>

## RESULTS AND DISCUSSION

In the data analysis, the driving factors of professional practice emerged, evidencing two categories: the use of protocols on prenatal care; and welcome as a strategy to establish ties and adhesion.

### Use of protocols in prenatal care

Study participants guided their professional practices with nursing protocols established and recognized by the Municipal Health Department, which resonated in their work process and reflected in the care developed in prenatal care. These protocols were built by the service nurses themselves, being reviewed and updated periodically, in addition to being grounded in the MH assumptions and in its publications related to prenatal care.

The local reality follows a trend of recent decades, according to the findings that reveal the formulation of

protocols as a form of organization and regulation of the nurse's role in basic health care to municipalities, including prenatal care. It also reinforces that the formulation of these protocols should be grounded in theoretical references, targeting the needs of services and population.<sup>6</sup>

During the observations in the study scenario, it was found that there were no barriers for the use of the protocol and to the performance of nursing duties in prenatal care. Actions such as prenatal consultation, request exams, prescription of medications and referrals were frequent practices in the routine of the participants.

*Among the nursing prescriptions there is supplementation of folic acid and ferrous sulfate. (O1)*

*The prescription guides ferrous sulfate supplementation and requests routine tests not yet performed by the pregnant woman. (O6)*

*During the consultation, to perform the exam requests foreseen in the prenatal routine protocol. (O2)*

*In the initial consultation of prenatal care, among the various activities carried out, there is the request of the recommended tests in the prenatal routine, which takes place without any difficulty. (O5)*

Other actions foreseen in the protocol were also identified in the development of the study, such as the reference of the pregnant woman to other services. These actions, planned and established in routine services, optimized the care of pregnant women and characterized the resoluteness of the nurse's work.

*When evaluating and identifying situations of possible risks to maternal and fetal well-being, it shall forward the pregnant woman for evaluation in the reference maternity. (O3)*

*In that moment, during field observation, when meeting a pregnant woman at 39 weeks of gestation, one reviews its history, assesses the frequency of contractions and intensity, as well as the beginning period. Then, it is performed physical examination, performing obstetric palpation, measurement of uterine height, auscultation of the fetal heart rate and uterine activity. When establishing labor, it comes to forward of pregnant women to a reference hospital. (O4)*

With regard to nursing work, we identified the perception of participants concerning the promoted activities in prenatal care. The reports emphasize the aspects observed by the researcher, highlighting the strengthening of the professional practice in the care of pregnant women, their autonomy and resoluteness in prenatal care.

*In my reality, I see that they accept well (the nurse in the prenatal care). I've never had any resistance from a*

*pregnant, the issue of sharing prenatal care with nurses, some even end up telling you things they do not speak to the doctor. (E3)*

*In fact, so, I think the development (participation of the nurse in the prenatal care) was better than I expected. When we started, no doctor of primary care attended prenatal and now even the nurse works and performs prenatal care. (E4)*

*The nursing care has a very broad look. We take care of everything in the card-carrying (of a pregnant), we look everything, the question of vaccines, things that sometimes other colleagues from other areas do not care. So I think the role of the nurse is fundamental in prenatal care, I think it has more continuity and assistance, much better. (E6)*

It is observed that the use of protocols by participants provides greater security for them in their conducts, which also allows better resoluteness in the work process. Consequently, the construction of a relationship of safety and trust between the professional and the user is perceived, affecting the care provided.

The protocols are understood as essential tools in the organization and regulation of nursing actions in care practices. However, it is understandable that, to strengthen the professional in prenatal care and their recognition, a practice focused on comprehensive care to women should be established, covering the technical and scientific aspects of care, in addition to socio-cultural aspects that involve the gestational process.

These conduits are in accordance with the proposal of the Stork Network (Rede Cegonha in Portuguese), established in the reorientation of maternal and child health, which aims to guarantee access, reception and resoluteness, with the evaluation and assessment of risks vulnerabilities, providing expansion of the access and prenatal care quality. In this direction, the MH also lists, among the nurse's duties, the stratification and identification of risk signals, forwarding the pregnant woman for medical evaluation, and, in cases of difficulty or delay in this assessment, the pregnant woman may be referred to the service of reference.<sup>3,13</sup>

This is also reinforced by the National Policy for Primary Care, which is a form of reconstruction of primary health care in Brazil, as a proposed reorganization of the care model, with the implementation of strategies aimed at the reorientation of professional practice. In this sphere of action, the actions developed by nurses, such as nursing consultation, prescription and test ordering are in accordance with this new model, representing relevant aspects in changing the concept of health care, in effect for many years.<sup>14-15</sup>

The nurse, when developing its autonomy in the work process, advances in the preservation of the legal achievements related to the profession, reflecting in the decision-making and in their conducts in nursing care. Performing its duties guided by the use of protocols is essential as it provides the professional to qualify their actions with appropriate care to the pregnant woman's health needs.<sup>6,16</sup>

There also exist activities, such as prescription of medications during nursing consultation, which are backed and regulated by the law of professional practice and ensured by MH as an assignment of nurses in prenatal care. In another study, the prescription of folic acid and ferrous sulphate is recognized as a frequent practice of the nurse during prenatal consultation.<sup>3,17</sup>

The request for examination in the prenatal routine, among the participants, follows a pattern predicted in local protocol, all of which perform in accordance with the provisions. This reaffirms the importance of having established protocols. A different reality was found by the authors, in which the test request in prenatal care did not follow a standard among professionals, which are guided either by MH manuals or their professional experiences acquired in training. In another study, this reality is also revealed as a limitation of nursing work, with the impossibility of the request for examination foreseen in prenatal care, compromising the quality of gestational monitoring and agility in prenatal care.<sup>18-19</sup>

Thus, the period of prenatal care is appropriate for the nursing care because this moment makes it possible for relations to be established between the subjects involved, professional and pregnant women, and when guided by the trust and bond, leads to the promotion of autonomy of the women. Therefore, the establishment of a relationship grounded in sharing and reciprocity is required.<sup>20</sup>

## **The welcome as a strategy to establish ties and adhesion**

In the prenatal care, it is understood that the welcome is essential in forming the bond between the mother and the nurse, thus enabling the effectiveness of actions. Initiatives observed during consultations demonstrated the importance of welcoming in the establishment of bonds and the pregnant woman's adherence to prenatal care.

*When starting the activities, the participant goes to the waiting room and invites the mother to enter. [...] always keeping a soft tone of voice and looking into the pregnant woman's eyes when approaching her. (O4)*

*Receives the pregnant woman with a welcoming attitude, calling her by the name. Recalls the previous prenatal, and who conducted the monitoring. (O5)*

*When performing prenatal consultation, has empathy for the mother, valuing her knowledges and complaints. (O7)*

When developing prenatal care, enabling active listening, the nurse is open to clarify the doubts and anxieties of pregnant women and promotes actions that lead to the comprehensive and welcoming care. By adopting this stance, the professional makes him/herself available to hear the pregnant woman, in addition to its obstetrical complaints, valuing the context in which she is inserted. During the observation of the field, this stance was evident in the actions

in prenatal care, as shown by the records and following reports.

*I watch the participant's readiness to hear the complaints of the pregnant woman, both related to pregnancy and her concern for her younger son. (O2)*

*[...] they already looked for you at other times, to talk about other issues, not properly obstetrical ones. Sometimes it's something personal that they are going through, they feel more confidence in talking to you. (E3)*

*[...] they looked for you: I wanted to talk to you, wanted to clear a doubt, or something is happening and I want to talk to you. So, that's rewarding. So, if they are looking for you it is because they trust you. (E4)*

The formation of the bond between professional and pregnant woman has reflexes that go beyond the adherence and qualification of prenatal care. In the reports of the participants, it becomes evident the bonds of trust between both, which reflects, instead, the satisfaction of nurses in relation to their actions in prenatal care. The formation of the bond is described as an element that drives the continuity of its work in the care of pregnant women.

*I like meeting pregnant women, I learned this way, which is important, which is a cool thing, then you see the birth of the baby, before you followed him in the belly, from the beginning of prenatal care, then you see the born baby, that was born very well, see him/her growing ... I think that's what motivates me to continue. (E2)*

*I think the bond is essential and I believe that once you create this link, until after the first year of the child, the mother will be always linked to the unit, which continues after birth. (E3)*

*For me, this is rewarding, you see the person as well, and she also thanks you and you end up creating a bond also. Because you will give attention to the woman in that very special phase of her life, so she ends up creating a bond with you. This part motivates me a lot. (E5)*

*The baby was born and they send me messages to tell he/she was born. Thus, they already have a great bond with us, nurses. And then the little baby is born, they come only to show me the little baby, so this is a return given to me, I feel well rewarded for it. They thank me, they recognize our work, not everyone recognize, but they recognize. (E6)*

The work features in BHU, aimed primarily to the community environment, favors closer ties between professionals and pregnant women. This relationship allows the formation of bonds, especially when guided by the trust and qualified listening, resulting in respect and appreciation of the users and their active participation in prenatal care.<sup>21</sup>

The nurses in prenatal care have technical and scientific support to care for the pregnant woman with a holistic approach, establishing by contemplating it not only in the natural process of pregnancy, but as a woman who has her desires, fears and doubts. This ability in the establishment of the bond gives the nursing consultation a differentiated feature, centered on dialogue and not only in technical procedures.<sup>22</sup>

The nursing consultation can be considered one of the most important activities in prenatal care. It is recognized as an important space for the reception, to the enable dialogue and expression of doubts, feelings and experiences, it allows to build a connection between the nurse and the mother and strengthens the bond between them. In this context, the welcome becomes responsible for the trust relationship established between the nurse and the user, resulting in comprehensive and participatory care of the pregnant women.<sup>2,23</sup>

To value actions that favor the welcome enables to reorganize the way of work, oriented to provide comfort and safety for pregnant women. One of the most important contributions of the welcome is the bond between professionals and pregnant women, capable of resulting in a safe and resolute prenatal care.<sup>23</sup>

The welcome present since the beginning of prenatal care allows and enables the adhesion and attachment of pregnant women to health services as well as contributes to the nurse to orient and clarify in their individuality, considering its context. However, the reception goes beyond welcoming the pregnant in the health unit, because it involves qualified listening and resolute attention, promoting the autonomy of the woman in the gestation experience.<sup>6</sup>

The actions based on the welcome and the construction of the bond between users and professionals enable the development of women's empowerment in their care process. Furthermore, by adopting this posture, professional favors the mother's adherence to prenatal care.<sup>24</sup>

The nursing features, in their care practices, an approach to the purposes of the welcome. It is expected that, in their training, the nurse is prepared to develop care holistically, considering the physiological and pathological aspects. Through this training and knowledge acquired, this professional has conditions to care for the pregnant women, ensuring autonomy, trust and bond with her and her family. Faced with this, it is built a relationship of trust between them, providing the mother's accession to the health service, which favors the promotion of her health and family.<sup>23</sup>

## CONCLUSION

Among the factors considered crucial to the work of nurses in the care of pregnant women, it was identified the use of protocols in the conduct of their professional practice. The establishment of care protocols and care flows to pregnant women are actions that enable orientation of healthcare practice in prenatal care.

When analyzing the results of the study, we understand the importance of organization and regulation of the actions

developed by nurses in the care of pregnant women. The consolidation of space conquered by the category only becomes viable if the professional base his/her practice in technical and scientific knowledge and established relationships with users during prenatal care.

The use of protocols in prenatal care, in this study, is perceived as a tool that guides the nurse practice, providing greater security to the participants in the development of care actions to pregnant women. Furthermore, it is seen as an element which aims to ensure the autonomy of professional, reflecting the care resoluteness.

In this respect, there is the dimension of the relationship built with the pregnant woman. It is known that, for this, the nurse needs to maintain a friendly attitude, be willing to actively listen to the pregnant woman and offer a resolute attention, aiming to assist it in its real needs.

It is also concluded that prenatal care cannot be reduced to routine technical procedures. Therefore, it is essential that the professional provide a space for building knowledge, where women feel welcome and safe.

## REFERÊNCIAS

1. Pieszak GM, Terra MG, Neves ET, Pimenta LF, Padoim SMM, Ressel LB. Percepção dos profissionais de enfermagem acerca do cuidar em centro obstétrico. *Rev Rene*. 2013; 14(3):568-78.
2. Shimizu HE, Lima MG. As dimensões do cuidado pré-natal na consulta de enfermagem. *Rev Bras Enferm*. 2009; 62(3):387-92.
3. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Brasília (Brasil): Ministério da Saúde, 2012. 318p.
4. Souza BC, Bernardo ARC, Santana LS. O papel do enfermeiro no pré-natal realizado no programa de saúde da família – PSF. *ICSA*. 2009; 2(1):83-94.
5. Santos CC, Ressel LB. Pré-natal e enfermagem: conhecendo novos olhares apoiados em políticas públicas. *RIES*. 2013; 2(1):79-87.
6. Rodrigues EM, Nascimento RG, Araújo A. Protocolo na assistência pré-natal: ações, facilidades e dificuldades dos enfermeiros da Estratégia de Saúde da Família. *Rev Esc Enferm USP*. 2011; 45(5):1041-7.
7. Aguiar RS, Araújo MAB, Costa MA, Aguiar N. Percepção de mulheres sobre o acolhimento oferecido pelo enfermeiro no pré-natal. *Cogitare Enferm*. 2013; 18(4): 756-60.
8. Barbosa TLA, Gomes LMX, Dias OV. O pré-natal realizado pelo enfermeiro: a satisfação das gestantes. *Cogitare Enferm*. 2011; 16(1): 29-35.
9. Guedes RN, Fonseca RMGS. A autonomia como necessidade estruturante para o enfrentamento da violência de gênero. *Rev Esc Enferm USP*. 2011; 45(esp.2):1731-5.
10. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. *Cad Saude Publica*. 2008; 24(1):17-27.
11. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14. Ed. São Paulo: Hucitec; 2014.
12. Resolução nº 466 do Conselho Nacional de Saúde, de 12 de dezembro de 2012 (BR) [Internet]. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial da União*. 12 dez 2012 [acesso em: 05 jun 2014]. Disponível em: [http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466\\_12\\_12\\_2012.html](http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html)
13. Portaria GM/MS n.º 1.459, de 24 de junho de 2011 (BR) [Internet]. Institui no âmbito do Sistema Único de Saúde – SUS a Rede Cegonha. *Diário Oficial da União*. 24 jun 2011 [acesso em: 05 jun 2014]. Disponível em: [http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1459\\_24\\_06\\_2011.html](http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1459_24_06_2011.html)
14. Ministério da Saúde. Departamento de Atenção Básica. Política Nacional de Atenção Básica. Brasília (Brasil): Ministério da Saúde, 2012.
15. Borges IAL. Consulta de enfermagem, prescrição de medicamentos e solicitação de exames por enfermeiros na atenção básica à saúde. *Enferm Foco*. 2010; 1(1):05-08.
16. Santos FOF, Montezeli JH, Peres AM. Autonomia profissional e sistematização da assistência de enfermagem: percepção de enfermeiros. *Rev Reme*. 2012; 16(2):251-7.
17. Duarte SJH, Mamede MV. Estudo das competências essenciais na atenção pré-natal: ações da equipe de enfermagem em Cuiabá, MT. *Enferm Foco*. 2012; 3(2):75-80.
18. Duarte SJH, Mamede MV. Ações do pré-natal realizadas pela equipe de enfermagem na atenção primária à saúde, Cuiabá. *Cienc enferm*. 2013; 19(1):117-29.
19. Guerreiro EM, Rodrigues DP, Silveira MAM, Lucena NBF. O cuidado pré-natal na atenção básica de saúde sob o olhar de gestantes e enfermeiros. *Rev Reme*. 2012; 16(3):315-23.
20. Alves CN, Wilhelm LA, Barreto CN, Santos CC, Meincke SMK, Ressel LB. Cuidado pré-natal e cultura: uma interface na atuação da enfermagem. *Esc Anna Nery Rev Enferm*. 2015; 19(2):265-71.
21. Silva MZN, Andrade AB, Bosi MLM. Acesso e acolhimento no cuidado pré-natal à luz de experiências de gestantes na Atenção Básica. *Saúde debate*. 2014; 38(103):805-16.
22. Araujo SM, Silva MED, Moraes RC, Alves DS. A importância do pré-natal e a assistência de enfermagem. *Veredas FAVIP. Rev eletr ciências*. 2010; 3(2):61-7.
23. Gonçalves ITJP, Souza KV, Amaral MA, Oliveira ARS, Ferreira WFC. Prática do acolhimento na assistência pré-natal: limites, potencialidades e contribuições da enfermagem. *Rev Rene*. 2013; 14(3):620-9.
24. Costa CSC, Vila VSC, Rodrigues FM, Martins CA, Pinho LMO. Características do atendimento pré-natal na rede básica de saúde. *Rev Eletr Enf*. 2013; 15(2):516-22.

Received on: 22/05/2016

Required for review: No

Approved on: 10/10/2016

Published on: 25/10/2017

**Contact of the corresponding author:**

Cleunir De Fátima Candido de Bortoli

R. Benjamin Borges dos Santos, 1100 – Fraron

ZIP-code: 85503-378

Pato Branco - PR

E-mail: <cleunir\_candido@hotmail.com>