

## Prenatal care: nurses' testimonial

Assistência ao pré-natal: depoimento de enfermeiras

El cuidado prenatal: testimonio de enfermeras

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### ABSTRACT

**Objective:** To evaluate the care prenatal low risk carried out by nurses in the municipality of Lagarto/Se. **Method:** A descriptive, qualitative study, conducted with 11 nurses who make a prenatal appointment. The data collection instrument includes information about the professional profile of the strategies that they use to achieve the quality indicators of prenatal care and its operations in the face of pregnant women. Data were analyzed using descriptive statistics, whereas qualitative data were analyzed according to Bardin, emerging three analytical categories. **Results:** It became clear that the prenatal low risk in Lizard municipality performed by nurses is done satisfactorily, and there is still need for strategies to improve the care of pregnant women. **Conclusions:** professional qualifications are necessary and continuing education for nurses facing the prenatal performance, with the main objective to improve prognosis, reduce risk and provide the best care to pregnant women.

**Descriptors:** Prenatal Care, Obstetric Nursing, Women's Health, Family Health Strategy.

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## RESUMO

**Objetivo:** Avaliar a assistência ao pré-natal de baixo risco realizada pelo enfermeiro no município de Lagarto/Se. **Método:** estudo descritivo, qualitativo, realizado com 11 enfermeiras que fazem a consulta pré-natal. O instrumento de coleta de dados contempla informações acerca do perfil das profissionais, as estratégias que as mesmas utilizam para atingir os indicadores de qualidade da assistência pré-natal e sua atuação frente às gestantes. Os dados foram analisados por estatística descritiva, enquanto os dados qualitativos foram analisados de acordo com Bardin, emergindo três categorias analíticas. **Resultados:** Tornou-se evidente que o pré-natal de baixo risco no município de Lagarto realizado pelos enfermeiros é feito de forma satisfatória, sendo que ainda há necessidade de estratégias para a melhoria do atendimento as gestantes. **Conclusões:** são necessárias qualificações profissionais e educação permanente para enfermeiros voltados a atuação do pré-natal, com o principal objetivo de melhorar prognósticos, reduzir riscos e prestar o melhor cuidado a gestante.

**DESCRITORES:** Cuidado Pré-natal, Enfermagem Obstétrica, Saúde da Mulher, Estratégia de Saúde da Família.

## RESUMEN

**Objetivo:** Evaluar la atención prenatal de bajo riesgo que realizan las enfermeras en el municipio de Lagarto/Se. **Método:** Estudio descriptivo, cualitativo, realizado con 11 enfermeras que hacen una cita prenatal. El instrumento de recolección de datos incluye información sobre el perfil profesional de las estrategias que utilizan para alcanzar los indicadores de calidad de la atención prenatal y sus operaciones en la cara de las mujeres embarazadas. Los datos fueron analizados utilizando estadística descriptiva, mientras que los datos cualitativos fueron analizados según Bardin, emergiendo tres categorías de análisis. **Resultados:** Se hizo evidente que el bajo riesgo prenatal en el municipio de Lagarto realizado por las enfermeras se realiza de forma satisfactoria, y todavía se necesitan estrategias para mejorar la atención de las mujeres embarazadas. **Conclusiones:** las calificaciones profesionales son necesarios y la educación para las enfermeras que se enfrenta el rendimiento prenatal continua, con el objetivo principal de mejorar el pronóstico, reducir el riesgo y proporcionar la mejor atención a las mujeres embarazadas.

**Descriptores:** Atención Prenatal, Enfermería Obstétrica, Salud de la Mujer, Estrategia de Salud Familiar.

## INTRODUCTION

Women's rights in sexual and reproductive health have been much discussed today through the public health approach. In this universe of discussion, attention to maternal and child health is considered a major challenge for the health services, since it presents indicators that have a negative impact on this population and on society in general, such as, for example, maternal mortality considered The best indicator of health care for women, since it reflects the evaluation of living conditions and the quality of health care for this population.<sup>1,2</sup>

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impact on this population and on society in general, such as, for example, maternal mortality considered The best indicator of health care for women, since it reflects the evaluation of living conditions and the quality of health care for this population.<sup>3</sup>

Studies are unanimous in affirming that the adherence of the pregnant woman to the health service and the quality of care provided avoid 98% of the maternal deaths. Political, economic, social, and cultural factors may determine adequate health care, depending on the adherence of women to prenatal care, but it is health professionals who can effectively improve reality, since the causes of maternal mortality are avoided By simple measures to ensure the quality of health care and to guarantee access to these services.<sup>3-5</sup>

The Program for Humanization in Childbirth and Childbirth (PHPN), implemented by the Ministry of Health through Ordinance/GM n° 569 of June 1, 2000, was established with the aim of increasing access and coverage of pre-school care services As well as delivery, puerperium and newborn care, reinforcing the idea of improving the services provided to pregnant women.<sup>6</sup>

Every pregnancy is a reason for care and requires qualified prenatal care; The woman should be provided with active listening, preventive actions and health promotion, in addition to the early identification of risk factors, through the critical eye and the scientific knowledge of the health professional and, subsequently, an adequate diagnosis and treatment of the Problems that occur in this period. Thus, a better quality of life would be taken to the mother and the baby, and the high incidence of deaths would be reduced.<sup>5-7</sup>

The purpose of prenatal care is to receive women from the beginning of pregnancy, with quality and humanization, until their delivery and puerperium, so that maternal and newborn well-being is ensured. In view of this, another strategy was regulated by the Ministry of Health, Order No. 1,459, of June 24, 2011, which established the Stork Network, with the aim of reducing the rates of maternal death that still remained high, Access to services and seeking improvements in the quality of prenatal care, childbirth, puerperium and care for children up to 24 months of age. The principle of this strategy is to provide women with a link to the motherhood of reference, in order to prepare them for labor, through safe transportation, as well as the right to a transgender and postpartum companion.<sup>8,9</sup>

In this context, the nurse has been standing out as a competent professional to carry out the actions proposed by the Ministry of Health, in relation to integral, humanized, resolute and quality care in the care of pregnant women, women in the parturients and puerperas, besides playing an important role in the prevention And promotion as an educator in health. All of its actions follow what is proposed by the Law on the Professional Exercise of Nursing, regulated by Decree n° 94406/87, which specifies the competencies and legal attributions of the profession.<sup>5-10</sup>

Among their competencies are conducting the nursing consultation, with a view to providing adequate, individualized and humanized care. In this scenario, qualified nurses stand out as one of the professionals capable of implementing strategies that strengthen the attention of pregnant women appropriately.<sup>10,11</sup>

Thus, the importance of this study, which aims to evaluate low-risk prenatal care performed by the nurse in the municipality of Lagarto, is justified. It is hoped that, once these objectives have been met, we will be contributing to the quality of women's services in the municipality.

## METHODS

This is a descriptive study with a qualitative approach. According to Polit; Beck 2011<sup>12</sup>, the qualitative method of study shows reality through narrative descriptions, that is, of human relations, expressed in speech, opinions or observations.

The inclusion criterion was to be a nurse in the family health strategy in the municipality of Lagarto, to follow up the low-risk pregnant woman and to voluntarily participate in the study by signing the Free Consent Form. The exclusion criterion refers to subjects who were in the process of resigning from the municipality and those who were on vacation.

The Municipality of Lagarto, is located in the northeast of the country, in the state of Sergipe, with an estimated population of 102,257 inhabitants (IBGE, 2015). It used as a scenario the municipal health system of Basic Attention, composed of 15 physical units, with 21 teams, for coverage in urban and rural areas.

The number of nurses in the municipality was 29, and 11 were in the process of terminating the contract, two on vacation and five did not agree to participate in the survey. Therefore, the sample was of the intentional type composed of 11 nurses who perform their activities in the family health strategy of the municipality, in prenatal practice.

This research was submitted and approved by the ethics and research committee of the Federal University of Sergipe, under the CAAE protocol number: 50547715.8.0000.5546, obeying the norms of Resolution No. 466/12 of the National Health Council (CNS). Standardizes research involving human beings.

Regarding the data collection instrument, this was elaborated by the researcher, composed of direct and subjective questions to interview the nurses, in an attempt to evaluate low-risk prenatal care performed by these professionals.

Among the questions that addressed the professionals' profile were objective questions, such as gender, age, family income, institution's income, marital status, number of children, graduation time, time spent in the institution and employment in more than An institution.

The subjective questions sought to answer the specific objectives of the study that addressed issues such as

professional qualification, perception of prenatal practice itself, difficulties faced by nurses in prenatal care. In addition, it addresses nursing actions and their relationship with the indicators of the stork network, such as a minimum of six prenatal consultations, health education, referral for maternity so that the pregnant woman can know her place of birth and High-risk care, medications during pregnancy and counseling on self-medication, request and evaluation of exams, referral to the dentist, anamnesis and physical examination, and early pregnancy screening.

The data collection procedure was done through an interview with the nurses who make up the family health strategy, in search of the testimonies about their actions developed during the prenatal consultation, involving the recommended quality of care indicators By the Ministry of Health. This activity took place in the period of December 2015 and January 2016. The data collection process was carried out by means of an interview directly with the nurse orally, and the researcher transcribed in written form in a questionnaire and through the written answers to the questionnaire.

The characterization data were analyzed by descriptive statistics, using absolute numbers and percentages in Microsoft Excel® for Windows software. While the qualitative data that are characterized by the nurses' statements, were categorized and analyzed according to Bardin 2009.<sup>13</sup> According to this author, the analysis of the data passes through the codification, classification and categorization, which facilitates the interpretation of the same.

In order to create the categories, participants' responses were analyzed from repeated readings, in order to extract the essence of their statements and represent it appropriately.

## RESULTS AND DISCUSSION

The study evaluated 11 nurses' questionnaires that make up the Family Health Strategy of the city of Lagarto and who perform prenatal care.

The subjects participating in the research are all female, a result that reinforces the predominance of women constituting the nursing workers class. The age range varied from 26 to 52 years of age. As for the marital status, three were single, four married, two in a stable union and two divorced. The number of children varied from zero to two children. The family income of the participants, considering the current minimum wage in the country of R \$ 880.00, varies from R \$ 3,400 to R \$ 9,000, with an average of R \$ 5,133.33 and the remuneration in the institution in which Vary from R \$ 2,800.00 to R \$ 3,500.00 reais, with an average of R \$ 3, 053.38 reais. The value of the family income was not reported by five nurses and the value of the remuneration in the institution was not informed by three participants.

As for vocational training, we can observe that the highest percentage of respondents, 63.6%, have between

three and five years of training and 27.2% have training time ranging from 14 to 26 years; Regarding the duration of the family health strategy, responses range from one to eight years; 27.2% reported having more than one job, one or two jobs, and 72.7% said they did not have another job.

The qualitative analysis of the data was performed through the content analysis proposed by Bardin 2009<sup>13</sup>, from which three thematic categories emerged: professional qualification and prenatal care; Satisfaction versus difficulties in prenatal practice and nursing actions and care indicators.

### **Category A - Professional qualification and prenatal care**

According to Pedreira (2009),<sup>14</sup> the foundation of the quality nursing practice is to perform the right care, in the right way, at the right time, for the right person, with the most scientific information available. In this way, it is important to emphasize the importance of the professional dedicate himself based on the triad of teaching, research and assistance and to qualify with the main objective of providing the best care, as explained in the following testimony:

*I realize that my prenatal practice is good, attending to the pregnant woman as the whole, not only gestation. I am doing specialization in obstetrics, where this is helping a lot in the day to day to carry out my prenatal consultation. (Enf. 08)*

The above discussion reflects an important issue for nursing practice, an evidence-based practice that reinforces the importance of professional qualification in the field of effective and safe care, which encourages a change in the concept of repairing system failures And focus their efforts on actions based on available and up-to-date information, based on research that makes care more qualified and safe,<sup>14</sup> as reported: "I realize that with the subject-matter specialization has facilitated a lot, since prenatal care is One of the programs I carry out with satisfaction ". (Enf 02)

The research among the participating nurses showed that all have a postgraduate course; A nurse reported specializing in gynecology and obstetrics, three in obstetric nursing and neonatology, one in family health and community management and two in emergency and ICU, among other postgraduates cited: hospital administration, clinic management, regulation, Pedagogy of nursing, work nursing, preceptory and professional education in the health area.

The improvement through postgraduate courses has been sought by many nurses, since currently this is a differential in hiring qualified professionals for the job market. In addition to deepening the knowledge acquired at the undergraduate level, using technological innovations with the purpose of better attending the

patient and making the difference in nursing in Brazil, where the numbers of nursing academic training schools grow without strict quality control.<sup>15,16</sup>

The majority of the professionals in this study, n = 8 (72.7%) reported having received some training or updating for prenatal care, after graduation, with the following themes: Integral Program for Women's Health and high risk gestation, Rapid HIV and VDRL, breastfeeding, update in the Ministry of Health's Low and High Risk Prenatal Manual, update of the vaccination card and congenital syphilis, and Beta HCG test training. Among the professionals n = 2 (18.1%) said they did not have any training, courses or updates regarding prenatal care and only one does not remember at the moment. Thus, it is perceived that it is still necessary to offer training aimed at the performance of the nurse in prenatal care so that this professional can conduct appropriate behaviors. This fact reinforces the importance of specializations for the practice of nurses during their behaviors, because they bring up to date, making the professional competent to do so, as shown in the following affirmative, by Cavalcanti (2010, p. 11):<sup>16</sup>

*Specialization has effectively contributed to nurses' practice as it enables them to be trained in different areas of knowledge. With regard to assistance, without a doubt, its contribution is immeasurable, since it enables people to be assisted with competence. Therefore, it makes available to the society nurses interested, experienced and qualified to the human needs according to the reality and capable of overcoming the practical difficulties of health with the population with knowledge and sensitivity. To improve the quality of nursing care provided in health services.*

According to Carotta (2009),<sup>17</sup> one of the alternatives to train the professionals in service is the permanent education considered a strategy that seeks to reflect on the daily practices of the health services, with the objective of performing actions that qualify health care, so That bring important updates for practitioners to apply at work. It is the function of municipal managers to make this activity available in the field of work aiming at the best care in daily life.<sup>17</sup>

This study investigated the availability of permanent education by the pre-natal city, among the participants, four subjects reported that there is no permanent education related to this topic, two reports do not remember, one reported that the municipality has made available, but lately there is no permanent education with regularity and four said that the municipality provides permanent education for nurses, among themes reported are: child's week, breastfeeding, importance of prenatal care, cited by two subjects, syphilis, vaccination schedule and the most recent microcephaly.

*Already done, but lately we do not have permanent education with regularity. (Enf 03)*

*Yes. There are several trainings: syphilis, vaccination scheme and the most recent was microcephaly. (Enf. 07)*

It is noticed that the permanent education assumes an important role in what concerns the updating of the nursing professionals to develop a prenatal consultation with quality and better attitudes in search of an effective and safe assistance, ensuring quality of life for the pregnant women and reflecting in reducing maternal and neonatal morbidity and mortality.<sup>9</sup>

The role of nurses in prenatal care has assumed a prominent role as advocated in the low-risk prenatal care program of the Ministry of Health. According to the ministerial protocol, it is incumbent upon nurses, among other duties, to “perform nursing consultation, request Routine physical examination, physical examination and anamnesis, active search of pregnant women, precocious up to 120 days’ gestation and evaluation of the vaccination card, and develops an important role in education and humanization”.<sup>9,18</sup> “The prenatal care offered by the public network in the municipality is well accepted by pregnant women, who attend consultations for both nursing and medical consultations, so I consider it good.” (Enf 09)

In this context, quality prenatal care reflects the participation of women in consultations and from there, bringing benefits and better health prognoses to pregnant women. For example, Silva and colleagues<sup>7</sup> state in their study that the reception and humanization of the pregnant woman in the consultations helps her to maintain a bond with the health services and to have a favorable perinatal outcome, reducing the risks of intercurrents.

## **Category B - Satisfaction versus difficulties in prenatal practice**

Care is the foundation of the nursing profession, it is important to observe when the professional carries out his duties because he likes, feels good, respects the patient and not only exercises his profession by the remuneration factor. In this research it is noteworthy to observe nurses’ satisfaction in providing prenatal care:

*The prenatal consultation is complex, but I try to assist these women as best I can by examining, guiding and listening to their doubts, complaints and support and families. (Enf 01)*

*I realize that I am evolving and enriching each year, with the experience of each story of the pregnant women, with the willingness to learn and face difficulties in providing this assistance, as well as the research in the Manuals of the Ministry, and my experience as a mother. (Enf. 11)*

The above statements highlight the need for the practice of health care to be based on humanization and welcoming, so that pregnant women feel singular in care, a fact that favors the link with health services throughout the pregnancy and

puerperal cycle. Small attitudes, such as smiling, listening, dialoguing, maintaining respect for their way of life and their culture and understanding the pregnant woman as a whole, constitute a great step for humanized childbirth and for the pregnant and the professional to be satisfied with the care provided. The dialogue between health professionals and pregnant women is extremely important in order to facilitate diagnostic evaluation and cure possible risks to the mother and the baby.<sup>7</sup>

In this sense, the nursing care in prenatal care gains important importance as the care offered is resolute and the professional demonstrates competence. Qualified listening of nurses during the care of pregnant women and their families reflects the commitment and empathy necessary to strengthen the bond and trust between the two. Such an attitude results in humanization and willingness to prepare the expectant mother for the birth of her baby by implementing a care plan geared to the specific needs of each child.<sup>19</sup>

The following speech exemplifies these actions:

*I believe that I perform a humanized service, making use of the technique during the consultations, guiding the patient, I always try to analyze and observe in detail the examinations and any signals that the pregnant woman may present. (Enf 03)*

*I try to give as much as I can for all my pregnant women to be assisted as the service offers. (Enf. 04)*

According to the Ministry of Health,<sup>20</sup> humanization is fundamental for a qualified attention to the binomial mother and child. Humanization and welcome are actions that reflect in the professional/user relationship assuming an ethical and supportive attitude in all services and levels of health care. Attitudes such as calling the patient by name and presenting himself to the patient, informing which procedure will be performed, guaranteeing privacy and confidentiality, among others, are actions of a good reception and humanization.

“A humanized SUS is one that recognizes the other as a legitimate citizen of rights, valuing the different subjects involved in the process of health production.”<sup>20:5</sup>

This concept reveals the importance of transcending technicality so evident in the practice of many professionals, even today, as it is possible to observe in one of the speeches described above. Another aspect that draws attention to the working conditions of health professionals, especially those related to the physical structure of the services, the equipment available for clinical research and the support of the managers. Reported in the following speech: “Very hot surgery, Sonar not very sensitive, nurse does not request ultrasonography and the non-counter-referral of the obstetrician-gynecologist.” (Enf 01)

In this context, we highlight the lack of municipal protocols that clearly define the nurse's role in the nursing consultation, such as the request for tests such as ultrasonography. The municipal protocols have the purpose of determining the professional assignments of nurses, using as basis the ministerial protocol and the law of professional nursing practice regulated by decree 94,406 / 87. The absence of this legal instrument restricts the nurses' performance, in relation to actions such as the requests for examinations.

Another important aspect concerns the organization of the demand for the care of pregnant women, as the following statement reveals: "I have a very large demand of pregnant women and sometimes I do not have time to perform the consultations with a detailed physical examination, in this way I perform the Examination of specific systems." (Enf 03)

Faced with this testimony, it is important to organize the services so that the flow of care flows in order to attend pregnant women in a universal, integral way, without anyone being left without assistance. As a suggestion to minimize this impasse of the demand of pregnant women, it is possible, through a flow organization, to include one more shift or one day to attend to all these women without prejudice. In addition, according to the low-risk prenatal care protocol, a complete physical examination is mandatory at the first visit. In subsequent visits, the recommendation is gynecological assessment.<sup>9</sup>

*The large number of pregnant women in the area, reflecting directly in the duration of the consultation, which brings me the need to reduce the number of prenatal visits in the day, because it is a long and complex consultation. And, in particular, the exaggerated amount of forms to fill. (Enf. 11)*

The above statement reinforces the need to organize the flow of care to pregnant women and adds the bureaucratic aspect of this activity. As an example, we have the medical records, the health system files, such as e-SUS, SIS-PRÉ-NATAL, SINAN (System for notification of diseases and injuries), among others.

In this sense, Ricaldoni and colleagues<sup>21</sup> report in their study that the nurse performs more administrative functions, which reflects in the nurses' main role, which is care. Thus, the relationship with the lived reality in which the nurses are concerned with managing the time well by the demand, the various forms that permeate the basic attention, the team and the various points of support related to the determined basic health unit, as reported above.

Another cited difficulty concerns the non-adherence of pregnant women to prenatal care, which may be a reflection of lack of information or dissatisfaction with care. However, it is believed that with actions of quality health education, reinforcing the importance of prenatal follow-up and through

the active search of these pregnant women, there is an improvement of this question:

*Some women, multiparous who experience, do not value the consultation. And the early collection, which some primiparous and single women conceal for a long time the gestation. (Enf 06)*

*The greatest difficulty lately is the late onset of prenatal care, many pregnant women are late to attend the first trimester, which makes it difficult to identify diseases early, beginning the vaccination schedule. (Enf. 09)*

Another factor evaluated in this research, of paramount importance, is the early collection of pregnant women that should occur up to 120 days of gestation. This research showed that it is still necessary to sensitize the professionals so that the early capture of the pregnant women happens, since in the reality researched the nurses have difficulty making this happen. Here are the testimonies that signal this factor:

*Each ACS is guided and knows the importance of capturing the pregnant woman in the first trimester, most of the pregnant women are captured before the 12 weeks, when we can not carry out an active search. (Enf 03)*

*I still find it difficult, but I am charging a lot of the ACS, this important and important time of capture, and can acquire the information better. (Enf. 06)*

The main purpose of the early intake of pregnant women is to assure the woman's adherence to prenatal care, to identify pathological changes in the maternal and fetal organism that can be discovered as soon as possible and interventions are performed immediately and to ensure a minimum of six consultations as recommended. In addition, the pregnant woman will be educated at an early age about the information necessary for the course of pregnancy and puerperium, preferably that she is already planning the family.<sup>9</sup> In this context, the importance of the multiprofessional team is highlighted as being responsible for this collection.

### **Category C - Nursing actions and care indicators**

It is during the prenatal care nursing consultation that it is possible to identify early changes in the pregnancy cycle, prevent possible diseases, attending to the needs of each patient, thus reducing the rates of maternal and neonatal mortality due to preventable causes, considered a problem of health.<sup>22</sup>

It is through the actions carried out in the nursing consultation that it is possible to reach the indicators of quality of care, recommended by the Ministry of Health, following protocols, such as a minimum of six prenatal consultations, early capture of women up to 120 days of

gestation, educational activities, anamnesis and clinical-obstetric examination of the pregnant woman, laboratory tests, immunizations, nutritional status evaluation and reference for maternity.<sup>9</sup>

When questioned about the actions to reach quality indicators of prenatal care, the following reports are observed: Regarding the minimum of six consultations in the care of pregnant women, it can be seen that this indicator is reached by all nurses, With the support of community health agents in the active search for these failing pregnant women and for the beginning of prenatal care to be as early as possible: "I communicate to the CHWs, I do an active search, I ask the team doctor for the consultations and Importance of coming back" (Enf.04).

However, some nurses in the municipality of Lagarto recommend the number of 07 consultations: "We recommend 07 consultations, the consultations are monthly and after the 38th gestational week it becomes a fortnightly" (Enf 01).

The ministry of health advocates a minimum of six consultations, distributed in one in the first quarter, two in the second quarter and three in the third quarter. These consultations are distributed according to maternal and fetal risk. In the first trimester, when it should occur in an early stage, gestational risk assessments, requests for exams and paperwork of health information systems occur. The second trimester is related to follow-up examinations, pregnancy assessment and fetal growth. In the third trimester, in which the largest numbers of appointments are dedicated, the gestational phase is related to the evaluation of possible interurrences and fetal risks at the end of gestation.<sup>9-23</sup>

It is through this minimum of six consultations that women are offered a quality care, with an adequate follow-up, evaluating their physical and emotional state and the examinations in search of possible pathological alterations. This is the minimum necessary to seek the best care.<sup>9</sup> In addition to the minimum of recommended consultations, there is also a commitment to ensure the early collection of pregnant women, as reported below: "The early search for the health agent in the community of women In fertile age with menstrual delay, the active search for the absent, through which I can reach the average of the six consultations." (Enf 09)

In addition to the above-mentioned concern in prenatal care, health education is extremely important to provide pertinent information to pregnant women, healing their doubts with clear and objective language. It is believed that health education actions bring improvements in the quality of primary care and, consequently, reflect the rates of maternal and neonatal death.<sup>24</sup> It is evidenced through the testimonies that in this municipality educational activities are carried out with the pregnant women: "I carry out groups of Pregnant women in partnership with CRAS, where the meetings are monthly with different topics and during the consultations,

I try to guide the pregnant women, as well as to answer their doubts." (Enf 03)

Health education should be carried out, either individually or in groups, in the waiting room, during the consultation or in groups of pregnant women in partnership with other health agencies. The important thing is to be fulfilled and in a way that the pregnant women can learn and reproduce. It is worth noting that educational activities are carried out by the nurses of the municipality, but some of them refer the participants to the maternity ward, where the group of pregnant women is carried out, with health education activities, and others do this health education individually during The consultations or in the waiting rooms: "I promote health education monthly and during the consultations I make some guidelines." (Enf 05)

In addition to these health education activities carried out in the reference maternity ward of the municipality, pregnant women know their place of delivery and high-risk women are also referred for obstetric care and are referred by the nurse or physicians of the strategy team of family health.

*The pregnant women know that the reference motherhood of the municipality is Zacarias Júnior, I urge them to look for the establishment in case of any signs of risk and I refer them to the maternity group, whose meetings are monthly and during the meetings the pregnant women know the space of motherhood and have orientations (Enf. 03).*

The reference to maternity was an initiative offered by the strategy of the Stork Network in 2011, composing one of its guidelines with the aim of providing links between services offered for childbirth, professionals, pregnant women and family members. Given this, the woman knows her place of birth and in some intercurrent knows where to go.<sup>8</sup> "When pregnant women attend Zacarias Junior maternity ward each month, where they know their place of birth and have health education "(Enf 04).

In the prenatal visit, the nurse must pay attention to the procedures and routines registered by the Ministry of Health; Among them, a complete anamnesis with a pregnant, family, gynecological and obstetrical history, a survey on sexuality data, sexually transmitted diseases and information on current gestation.

In addition to verifying the vaccination question, a general and specific physical examination with calculation of the gestational age (GI) and probable date of delivery (DPP), body mass index (BMI), blood pressure, weight and height, obstetric palpation with Leopold, measurement of uterine height, heart rate, edema research, request and evaluation of laboratory tests and ultrasound (USG) and prescribe the necessary supplements, such as folic acid and ferrous sulfate.<sup>9</sup>

In the anamnesis and physical examination carried out by the nurses, the majority of them complain about the time dedicated to the pregnant women, referring to the great demand and the quantity of printed material that reflect the performance of these actions. They affirm that they do not carry out an anamnesis and physical examination in complete form, only with the gynecological and obstetrical focus, as it is observed in the following speech:

*I do all the consultations or whenever it is necessary, everything that concerns the evaluation of the pregnant woman, not complete because it does not give time. (Enf 08)*

*I do not perform the complete physical examination due to great demand, but whenever possible I give more emphasis on the details of gestation. (Enf. 03)*

In addition, during pregnancy the woman should receive supplementation of ferrous sulfate and folic acid and should be directed towards self-medication. All pregnant women should only use prescription medications: "We prescribe folic acid and ferrous or multivitamin sulfate, we advise on the importance of correct use and only use prescription medication or the nurse." (Enf 04)

Among other activities, it is the responsibility of the nurse to prescribe these supplements, according to the ministerial protocol, and to guide their intake. It is noteworthy to observe that, according to the statements, nurses do not usually advise their pregnant women about self-medication and the risks that it can bring:

*At the time of registration we prescribe folic acid 5 mg 01 tablet at 10 hours and ferrous sulfate 01 tablet after lunch until medical evaluation. In many consultations I do not remember guiding in self-medication. (Enf. 02)*

The Ministry of Health recommends iron supplementation of 40mg / day, one hour before meals, preventing low levels of hemoglobin and should be maintained postpartum and post-abortion for three months. While folic acid or peri-conceptional folate prevents defects in the neural tube in the baby, it should be ingested for two months before conception and in the first two months after.<sup>2</sup> "There is nutritional supplementation with folic acid up to 3 months gestational and ferrous sulfate up to 3 months postpartum. It is directed not to self-medication or indicated by others without a prescription." (Enf 01)

In relation to complementary and routine prenatal exams indicated by the Ministry of Health, it is necessary for pregnant women to perform them, as they are necessary for the evaluation of their health-disease process. The municipality in question offers all the recommended examinations and in a timely manner, noted in the following speech:

*In the register, the 1st trimester and USG exams are requested according to protocol and in the 3rd trimester, if it is low risk, if it is of high risk or some abnormality during pregnancy, I request more frequently. The exams at the first appointment already delivered scheduled facilitating for pregnant women and getting them earlier. (Enf.02)*

The tests recommended by the Ministry of Health for low risk care are: blood count, blood typing and Rh factor, indirect coombs (if Rh negative), fasting blood glucose, rapid screening test for syphilis, anti-HIV, IgM toxoplasmosis and IgG, serology for hepatitis B, urine and uroculture examination, obstetric ultrasonography, cervical cytopathology, parasitological stool, hemoglobin electrophoresis. And with the strategy of the Stork Network were added some tests such as: rapid pregnancy test, rapid syphilis test, rapid HIV test, addition of a hematocrit test, hemoglobin, obstetric ultrasound enlargement for 100% of pregnant women, proteinuria (rapid test), indirect test of human antiglobulin (TIA) for pregnant women with negative RH. These exams diagnose possible aggravations to the pregnant woman's health, being able to treat her and ensure a safe delivery.<sup>8,9</sup>

The examinations are requested in different quarters according to the gestational age, and in the first trimester or first consultation all the recommended tests are requested; in the second trimester only indirect coombs are requested if the mother Rh is negative and the test of 75% glucose tolerance and in the third trimester some first-trimester tests are repeated. There is also the reference for the dentist, recommended by the Ministry of Health,<sup>2</sup> in which the pregnant women have their oral health evaluated. In the reality of the research, the pregnant women are referenced by the nurse of the family health team, to the dentist of the same team or referred to the Center of Dental Specialties (CEO), evidenced in the following speech: "In the first consultation already directs the pregnant woman For odontological evaluation, observing cases of gingivitis, very common in gestation." (Enf 09)

The reference for dental care is necessary to assess risk factors that may prevent the development of pregnancy.<sup>9</sup>

Lastly, difficulties were encountered in this research, among them the fact that the collection period after approval by an ethics and research committee coincides with the vacations of some nurses. Other difficulties were the dismissal of nurses from the municipality, limiting the number of the sample that was composed of all the nurses working in the city of Lagarto, in addition to the nurses who showed no interest in participating.

## FINAL CONSIDERATIONS

It is concluded with this research that nursing plays an important role to pregnant women in low-risk prenatal care.

It is known that in prenatal care it is possible to follow up gestation, cure doubts, yearnings, minimize anxiety and distress in women, and make evaluations that can detect early changes in pregnancy, thus avoiding maternal and neonatal mortality.

With an analysis of the results obtained in this research, it is clear that prenatal care should be performed in a humanized, welcoming and qualified manner. Given this, the nurse is the most prominent professional in prenatal care. It is her actions advocated by the Ministry of Health that make prenatal care satisfactory, minimizing risks for pregnant women, as well as being a factor in assessing the quality of care for pregnant women.

According to the testimonies collected, it became evident that the low-risk prenatal care performed in the city of Lagarto by nurses is done satisfactorily, and strategies are needed to improve care for pregnant women. However, despite the great impasses cited by them, such as the great demand, inadequate physical space, poor quality materials, among others, it was evident the satisfaction of nurses in prenatal care.

Quality prenatal care is provided through the follow-up of standards and protocols and a qualified professional. In this study, the importance of professional qualification and permanent education for the professionals who work together with the pregnant and the parturient were highlighted. It is necessary that the managers of this municipality and students of the University based in the same city unite and develop permanent education actions for the professionals who work in the local basic attention, with emphasis on the attention to the women of the region, mainly in their pregnancy-puerperal cycle, because it is at this stage that women need more attention.

At the end of this study, nursing actions considered important indicators of quality of care, such as anamnesis and physical examination, are performed superficially due to the high demand cited by the nurses, in addition to the early Satisfactory for placing all responsibility on community health agents, and there is a multiprofessional team working on family health strategy.

It was evidenced the low value of the realization of health education and of promotion and prevention in the scope of prenatal care, which was evidenced the little appreciation of this practice. Given this, it is necessary to encourage nursing to take a critical look at this topic and to show how valuable each information that is passed on to the patient and / or pregnant is, as well as to encourage health education activities with pregnant women, because this is the main objective of primary health care.

However, despite all the difficulties encountered, the objectives proposed by the study were reached, evaluating nursing actions in prenatal care in the municipality in question. It is expected that this study will provide a critical reflection for the nurses and managers of the city to improve prenatal care and future nurses as agents modifying reality.

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