

The Nursing Care Actions Toward the Pregnant women: Challenging the Primary Health Care

As Ações de Enfermagem no Cuidado à Gestante: Um Desafio à Atenção Primária de Saúde

Los Cuidados de Enfermería en Acciones a Embarazada: Un Reto Para la Atención primaria de Salud

Estefânia Santos Gonçalves Felix Garcia^{1*}, Marina Cortez Pereira Bonelli², Aline Neves Oliveira³, Maria José Clápis⁴, Eliana Rocha Peres Carvalho Leite⁵

How to quote this article:

Garcia ESGF, Bonelli MCP, Oliveira AN, *et al.* The Nursing Care Actions Toward the Pregnant Women: Challenging the Primary Health Care. *Rev Fund Care Online*. 2018 Jul./Sep.; 10(3):863-870. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i3.863-870>

ABSTRACT

Objective: The study's goal has been to verify the actions taken by the nursing professionals while assisting pregnant women in Primary Health Care units. **Methods:** It is a descriptive and cohort study carried out in a municipality from *Minas Gerais* State South region. The study had 134 pregnant women participating. The survey of the actions performed by nine professionals occurred through systematic observation, and used an instrument that addressed the best scientific evidence of obstetric practice. Data analysis has been presented by contingency tables, absolute frequency and percentage. **Results:** Among the major actions performed before the consultation, the blood pressure measurement was done 97.7%. Regarding the recommendations performed by the professionals about breastfeeding and newborn screening, it has been evidenced a percentage of 30.59% and 74.35%, respectively. **Conclusions:** It was found that the professionals do not develop a complete prenatal consultation. The professional continuing education on essential obstetric skills can be highlighted as a critical action in order to offer an integral and qualified care.

Descriptors: Nursing, Prenatal Care, Professional Competence, Obstetric Nursing.

¹ Nursing Graduate, Specialist's Degree in Obstetric Nursing, Master's Degree in Nursing, Doctor's student in Nursing by the Postgraduate Program at Universidade de São Paulo.

² Nursing Graduate, Specialist's Degree in Education for Health Professionals, Master's Degree in Nursing by the Postgraduate Program at Universidade Federal de Alfenas.

³ Nursing Graduate, Specialist's Degree in Education for Health Professionals, Master's Degree in Nursing by the Postgraduate Program at Universidade Federal de Alfenas.

⁴ Nursing Graduate, Master's Degree in Nursing, Doctor's Degree in Nursing, Associate Professor of the Maternal-Child and Public Health Department from the Ribeirão Preto Nursing School at Universidade de São Paulo.

⁵ Nursing Graduate, Specialist's Degree in Obstetric Nursing, Master's Degree in Education, Doctor's Degree by the Ribeirão Preto Nursing School, Adjunct Professor of the Nursing School at Universidade Federal de Alfenas.

RESUMO

Objetivo: Verificar as ações desenvolvidas pelos profissionais de enfermagem na assistência às gestantes em unidades de atenção primária à saúde.

Métodos: estudo descritivo e transversal realizado em um município do Sul de Minas Gerais, que acompanhou 134 gestantes. O levantamento das ações desempenhadas pelos nove profissionais ocorreu por meio da observação sistemática e utilizou-se um instrumento que abordava as melhores evidências científicas da prática obstétrica. A análise foi apresentada por meio de tabelas de contingência, frequência absoluta e percentual. **Resultados:** dentre as ações realizadas na pré-consulta a aferição da pressão arterial foi de 97,7%. Quanto às orientações realizadas pelos profissionais sobre o aleitamento materno e teste do pezinho constatou-se uma percentagem de 30,59% e 74,35%, respectivamente. **Conclusão:** constata-se que os profissionais desenvolvem a consulta de pré-natal de forma incompleta. Ressalta-se que a educação permanente voltada para as competências essenciais em obstetria pode ofertar uma assistência integral e de qualidade.

Descritores: Enfermagem, Cuidado Pré-Natal, Competência Profissional, Enfermagem Obstétrica.

RESUMEN

Objetivo: Comprobar las acciones desarrolladas por los profesionales de enfermería en el cuidado de las mujeres embarazadas en las unidades de atención primaria de salud. **Métodos:** Un estudio descriptivo de corte transversal en una ciudad del sur de Minas Gerais, que siguió a 134 mujeres embarazadas. El estudio de las acciones realizadas por nueve profesional se produjo a través de la observación sistemática y utiliza un instrumento que se dirigió a la mejor evidencia científica de la práctica obstétrica. El análisis fue presentado por tablas de contingencia, la frecuencia absoluta y porcentaje. **Resultados:** entre las acciones llevadas a cabo en la consulta previa de la medición de la presión arterial fue del 97,7 %. Las Directrices realizadas por los profesionales acerca de la lactancia materna y neonatal evidenciaron un porcentaje del 30,59 % y 74,35 %, respectivamente. **Conclusión:** parece que los profesionales desarrollan prenatal consulta de forma incompleta. Es de destacar que la educación centrada en las competencias básicas en obstetricia continua puede ofrecer una atención integral y de calidad. **Descriptores:** Enfermería, Atención Prenatal, Competencia Profesional, Enfermería Obstétrica.

INTRODUCTION

Maternal mortality is a good indicator for assessing the health and life conditions of a population and poses a challenge to public health in prenatal care, representing an abuse of women's human rights.¹

In Brazil, since the 1990s, there has been increasing coverage of prenatal care, reaching values over 90% in all regions of the country and in women with different demographic, social and reproductive characteristics.²⁻³

It is known that prenatal care contributes to maternal and fetal well-being, but even with this increasing coverage, what is generally seen in underdeveloped and developing countries is the lack of care. The qualification of the professional that acts in the prenatal care should always be implemented with a view to ensuring a good health condition for the mother-child binomial. Therefore,

it is necessary to raise awareness and qualification of the professionals involved in the care process, so we must ally the technical scientific knowledge to the commitment with a satisfactory result for health care.⁴

The performance of the nursing team in the care of women at any stage of both gestational and puerperal periods is very important. Since during the prenatal consultations there is a strengthening of the bond between the pregnant woman and the nursing professionals. However, studies show that the performance of the nursing team in the care of women in the puerperal pregnancy cycle is deficient, especially in what concerns the specific competences of obstetrics. This becomes a negative factor for care quality, as it leads the practitioner to use unnecessary interventions rather than practices based on scientific evidence.⁵⁻⁷

The personal and institutional barriers faced by nursing staff members prevent qualified care. This fact evidences the need for a better investment not only in the training, but also in the permanent qualification of these professionals, as well as in the reorganization of the services so that there is incorporation of assistance protocols, in order to improve the quality in the service to the target population.⁷

In this perspective, the World Health Organization, the Pan American Health Organization and the Health Ministry (WHO/PAHO/HM) have been emphasizing the area of women's health in order to reduce maternal and neonatal morbidity and mortality rates. Therefore the relevance of this study is based on the importance of knowing the nursing team's performance to reach qualified care in the puerperal pregnant cycle.

Given the above, the qualification of the professionals responsible for the care of the pregnant women and the actions developed by them during prenatal care is a way of understanding the institutional practice, as well as highlighting the need for strategies that favor the effective participation of the nurse professional in obstetric care.

Therefore, given the importance of qualified care offered by the nursing professional to pregnant women in prenatal care, the following question arises: **What actions were developed by the nursing team in order to care for the pregnant women participating in this study?** Thus, the objective of this research was to verify the actions developed by the nursing professionals while assisting pregnant women in Primary Health Care units.

METHODS

It is a descriptive and cohort study having a quantitative approach. Data collection took place during 2011 in four units of Primary Health Care of the public system, located in a municipality from *Minas Gerais* State South region. Among the health services a Basic Health Unit (BHU) and three

Family Health Units (FHU), which had care for pregnant women on defined days of the week. The BHU and FHU followed by Arabic numerals were used to encode the data.

Five nurses and four nursing technicians participated in this study, which met the following inclusion criteria: to compose the nursing team of the units under study, to act in the care provided to pregnant women for more than 12 months and to have accepted to participate in the study.

The data were collected through two instruments, an interview script and an observation script. The first one covers information on sociodemographic data, training/professional qualification and activities carried out by the team in assisting pregnant women. The other instrument is a checklist, which covers the best scientific evidence of obstetrical practice in accordance with the Essential Competencies to the Basic Exercise of Obstetrics.⁸

The interview script was used to characterize the professionals of the nursing team being applied only once to the target audience. On the other hand, the observation script was applied 134 times in prenatal visits performed by the nursing team. In relation to the observation script, the author performed a specific training to use it. Both instruments were handled by the main author of the research having as observation place the health services of each professional.

After the data collection, the descriptive data analysis was performed by the Software Statistical Package for Social Science (SPSS), and the presentation took place through tables of contingency, absolute frequency and percentage.

Regarding the ethical aspects, this study met the prerogatives of the Resolution No. 196/96 from the National Health Council and Health Ministry, which was in force during the period of data collection and deals with research involving human beings. Data collection began after the approval of the Research Ethics Committee from the Universidade Federal de Alfenas (UNIFAL-MG), under the Protocol No. 147/2011.

RESULTS

The pre-consultation performed on pregnant women was performed in 34.33% by nursing technicians; 35.82% by UNIFAL-MG nursing students, although they were not subjects of the research, and 27.61% by nurses.

All subjects studied are female with ages ranging from 38 to 50 years old. Regarding education, all nurses (5) have one or more specializations, 77.7% report being married and the remainder are divorced.

Among the major actions performed before the consultation, the blood pressure measurement (BP) was done 97.7%. The distribution regarding the verification of the procedures weight, height, BP and pulse in the researched health units can be visualized in Table 1.

Table 1 – Frequencies distribution of the procedures performed by the nursing professionals of the Primary Health Care units, during the pre-consultation, according to the units surveyed. Alfenas, from August to December 2011.

| Procedures | BHU** | | FHU*** | | FHU2*** | | FHU3*** | |
|------------|--------|------|--------|------|---------|------|---------|------|
| | n = 39 | % | n = 37 | % | n = 29 | % | n = 29 | % |
| Weight | 39 | 100 | 37 | 100 | 29 | 100 | 25 | 86,2 |
| Height | 04 | 10,2 | 07 | 18,9 | 07 | 24,1 | 09 | 31,0 |
| BP* | 39 | 100 | 37 | 100 | 29 | 100 | 26 | 89,6 |
| Pulse | - | - | - | - | 01 | 3,4 | 01 | 3,4 |

Source: Author.

Note: *BP = Blood pressure; **BHU = Basic Health Unit; ***FHU = Family Health Uni

It is observed that physical examination procedures such as BP measurement and weight were performed in most of the pregnant women in all the units surveyed, denoting great responsibility and knowledge about their importance in prenatal evolution, where these findings were similar to those found in another study.⁸ Regarding height measurement, this was verified in 27 pregnant women, but it is important to emphasize that all were in the first prenatal visit of a total of 30 pregnant women who began gestational follow-up. Thus, 90% were submitted to such procedure in the first consultation (Table 1).

Table 2 presents the aspects related to physical examination and obstetric clinical examination performed during nursing care. Obstetric clinical examination consists of examination of the breasts; also auscultation of the cardio-fetal heart and on the obstetric palpation. These are procedures of paramount importance for qualified care to the pregnant woman and were not performed by the nurses of the BHU. In the FHUs the nurses performed, however in a little expressive frequency, as can be seen in Table 2.

Table 2 - Frequencies distribution of the physical examination and obstetrics procedures performed by the nursing professionals of the Primary Health Care units, according to the units surveyed. Alfenas, from August to December 2011.

| Exame físico | UBS*** n=39 | | USFs**** n=95 | | Total n=134 | |
|----------------------------|----------------|-------|------------------|-------|----------------|-------|
| | f | % | f | % | f | % |
| Estado Nutricional | - | - | 05 | 3,73 | 05 | 3,73 |
| Inspeção de pele e mucosas | 01 | 2,56 | 14 | 14,73 | 15 | 17,29 |
| Palpação da Tireóide | - | - | 02 | 2,10 | 02 | 2,10 |
| Pesquisa de edema em MMII* | 04 | 10,25 | 21 | 22,10 | 25 | 32,35 |
| Exame clínico obstétrico | | | | | | |
| Exame das mamas | - | - | 07 | 7,36 | 07 | 5,22 |
| Ausculta do BCF** | - | - | 26 | 27,73 | 26 | 19,40 |
| Posição Fetal | - | - | 16 | 16,84 | 16 | 11,94 |

Source: Author.

Nota: *LLII: Lower limbs; **CFH: Cardio-fetal heart; *** BHU = Basic Health Unit; ****FHU = Family Health Unit.

Table 3 shows an important topics list that should be addressed to pregnant women through guidelines during the prenatal visit, in order to promote their well-being

in this period. Guidelines related to breastfeeding were addressed in all the units surveyed, although with an index to be desired 30.59%. Regarding the importance of performing the test of the foot in the first week of life of the newborn, it was an orientation addressed only by the professionals of the BHU reaching 74.35% of the pregnant women attended at this place. The other orientations presented inexpressible indices.

Table 3 – Frequencies distribution of orientations performed by the nursing professionals of the Primary Health Care units, according to the units surveyed. Alfenas, from August to December 2011.

| Orientations | BHU** n = 39 | | FHUs*** n = 95 | | TOTAL n = 134 | |
|----------------------------------|-----------------|-------|-------------------|-------|------------------|-------|
| | f | % | f | % | f | % |
| Signs of danger | - | - | 01 | 1.05 | 01 | 0.74 |
| When to go to the health service | - | - | 07 | 7.36 | 07 | 5.22 |
| Comfort measures | - | - | 11 | 11.57 | 11 | 8.2 |
| Feeding | 02 | 5.12 | 12 | 12.63 | 14 | 10.44 |
| Exercises | - | - | 05 | 5.26 | 05 | 3.73 |
| Sleep/rest | - | - | - | - | - | - |
| Sexuality | - | - | 03 | 3.15 | 03 | 2.23 |
| Work | - | - | 01 | 1.05 | 01 | 0.74 |
| Hygiene | - | - | 08 | 8.42 | 08 | 5.97 |
| Breastfeeding | 02 | 5.12 | 39 | 41.05 | 41 | 30.59 |
| Smoke/alcohol/drugs | 02 | 5.12 | 09 | 9.47 | 11 | 8.2 |
| Signals of DN* | - | - | 06 | 6.31 | 06 | 4.47 |
| Delivery of teaching materials | - | - | 05 | 5.26 | 05 | 3.73 |
| Foot test | 29 | 74.35 | - | - | 29 | 21.64 |
| Newborn caring | 08 | 20.51 | 04 | 4.21 | 12 | 8.94 |
| Vaccination | 14 | 35.89 | - | - | 14 | 10.44 |

Source: Author.

Note: *DN: Delivering Newborn; **BHU = Basic Health Unit; ***FHU = Family Health Unit.

The results in Table 4 show the complementary actions performed by nursing professionals at the end of the prenatal visit.

Table 4 – Frequencies distribution of the complementary actions performed by nursing professionals at the end of the prenatal visit in Primary Health Care units, according to the units surveyed. Alfenas, from August to December 2011.

| Activities | BHU* n = 39 | | FHUs** n = 95 | | TOTAL n = 134 | |
|------------------------------------|----------------|--------|------------------|-------|------------------|-------|
| | f | % | f | % | f | % |
| Tetanus vaccine | 13 | 33.33 | 17 | 17.89 | 30 | 22.38 |
| Importance of vaccine | 13 | 33.33 | 17 | 17.89 | 30 | 22.38 |
| Next consultation | 39 | 100.00 | 89 | 93.68 | 128 | 95.52 |
| Annotation in medical records | 39 | 100.00 | 92 | 96.84 | 131 | 97.76 |
| Annotation on the pregnant card | 22 | 56.41 | 41 | 43.15 | 63 | 47.01 |
| Participants in the Pregnant Group | 12 | 30.76 | 37 | 38.94 | 49 | 36.56 |

Source: Author.

Note: *BHU = Basic Health Unit; **FHU = Family Health Unit.

Among the 134 nursing consultations observed, 22.38% of the pregnant women were referred to receive the tetanus vaccine, being advised of their importance and 55.22% presenting the vaccination card in good standing. It should be noted that in relation to the appointment

of the next appointment and annotation in the medical record were activities performed in all service units with percentages above 90%, a fact that demonstrates efficiency in the planning and continuity of prenatal care.

DISCUSSION

The role of the nursing team in the care of women in the pregnancy period is specifically in low risk prenatal care. The effectiveness of care for women during the pregnancy period must be made in a qualified manner, which is fundamental for the reduction of maternal and neonatal morbidity and mortality rates, as well as for the humanization of care. It was verified in this study that the pre-consultation was performed by the nursing team on the day of the medical care. It is noteworthy that no unit performed care on days other than the medical consultation for the population of this study.

Regarding the procedures for measuring vital signs, the blood pressure check stood out among the verification of weight, height and pulse. According to the Health Ministry, the goal of BP in pregnancy is the early detection of hypertensive states, which constitute maternal and perinatal risk.⁴

Hypertensive disorders are the most common complications in pregnancy, affecting 12% to 22% of women, with eclampsia being a major cause of maternal death in developed and developing countries, followed by hemorrhagic syndromes.⁹ Although most pregnancies occur without complications, some of the pregnant women may present complications of high risk of maternal and fetal morbidity and mortality, such as Specific Hypertensive Stigma of Pregnancy.

One way to reduce damage to mothers and concepts and to analyze risk factors for Specific Hypertensive Stigma of Pregnancy is to alert health professionals to the early diagnosis of the various clinical forms of this pathology. The correction of factors such as obesity, chronic hypertension, diabetes and excessive labor activities should be performed in the pre-conception period.¹⁰ Therefore, it is imperative that every woman, before conception, as well as in the prenatal period, be Research on such factors. This is through qualified prenatal care.

Regarding weight measurement, this should be verified in all consultations, whereas height measurement should be performed only in the first consultation, a procedure that was evidenced in 90% of the pregnant women who started prenatal care.

Congruence between the amount of the first consultation of the pregnant women and the height verification is noted. This finding corroborates with the recommendations of the Health Ministry regarding this procedure and also allows the calculation of Body Mass Index (BMI) in all prenatal consultations, since the weight procedure is also performed. The BMI allows the health professional

a detailed monitoring of the nutritional status of the pregnant woman.⁴

However, it was verified that the effective evaluation of the nutritional status by the BMI occurred in only 3.73% of the pregnant women attended. It is known that the pregnant women belong to a group with nutritional vulnerabilities, being of fundamental importance the nutritional evaluation for both their health and that of their child, not only during pregnancy but also after birth.¹¹ For this, it is important an anthropometric control adequate to monitor nutritional values in pregnant women, preventing and/or controlling the occurrence of undesirable maternal-fetal conditions, a fact that reaffirms the importance of performing this activity as a routine in prenatal control.

According to the International Confederation of Midwives (ICM), it is necessary to carry out this evaluation of the nutritional state of the pregnant woman and its relationship with fetal growth, being this preponderant factor that is part of the basic skills of care and guidance during pregnancy, mentioned Essential Competencies for the Basic Exercise of Obstetrics.¹²

The findings regarding the procedures performed in the physical examination by the nursing team were limited. The inspection of the skin and mucous membranes occurred in only 17.29% of the pregnant women, a small number due to the simplicity of the procedure and its great importance, since it assists in the detection of anemic conditions. According to the above, investments are required in the training of nursing professionals so that they perform their activities with efficiency and quality in prenatal care.

We also emphasize that only 2.10% of the pregnant women were evaluated for thyroid palpation. Another study found that only 3.28% of the FHU pregnant women underwent this evaluation.⁸ The procedure for palpation of the thyroid is part of the general physical examination of the pregnant woman, and is recommended by the HM. According to the same organ, the health professional must pay attention to the physiological increase of the gland, and if necessary, request exams or refer the pregnant woman to a specialized service.⁴

The examination of the lower limbs and the investigation of edema are extremely important since they may be associated with preeclampsia or other pathologies. These were performed in 32.35% of pregnant women.

The purpose of this evaluation is to detect early the occurrence of pathological edema. However, some situations should be investigated, such as: location; the association of edema with posture; the period of the day on which it occurs; the increase of the temperature and the limitation of the footwear in the inferior members. In case of generalized edema or if the edema appears soon after waking up, the pregnant woman should be referred to the high-risk prenatal service.¹³

Considering the current scientific evidence and the recommendations of the WHO, the Health Ministry recommends that in the prenatal routine the Clinical Breast Exam be carried out with emphasis on breastfeeding, so that changes in the pregnant woman are identified and this is led to the assistance required. Such care is emphasized since prenatal care may be the only contact a woman of reproductive age has with the health service at this vital stage of her life.^{4,13}

Regarding the obstetric physical examination, the auscultation of the fetal heart rate was evidenced in 27.73% of the pregnant women, an index considered low because of the relevance of the procedure. The auscultation of the cardiac-fetal beats aims to verify at each visit the presence, rhythm, frequency and abnormality of fetal heart beats.

It is emphasized that such verification is of paramount importance, since it indicates fetal vitality. A study carried out in *Rio Branco (AC)* reveals the involvement of the entire nursing team in the performance of auscultation of the cardiac-fetal beats.⁵ They also found that the majority of nurses did not present difficulties in this auscultation with Sonar Doppler, indicating that important prenatal follow-up activities were ensured in their training process.

Another procedure performed at the time of obstetrical physical examination is the recognition of the situation, presentation and position of the fetus that is done through obstetrical palpation, which is a propaedeutic and priceless resource. In turn, the uterine height allows the calculation of gestational age, as it relates the height of the uterine fund to the month of gestation.⁹

Regarding the obstetric palpation, it was observed that this procedure was performed by the nurses in the evaluation of 16.84% of the pregnant women, and only the fetal position was verified. Reduced obstetrical palpation index was also evidenced in research that identified and traced the profile of nursing professionals from maternity hospitals in the city of *Alfenas-MG*.¹⁴ It is known that this activity is considered mandatory, however, it was not performed routinely by nursing professionals. It is noteworthy that 68.66% of the pregnant women in the study were between the second and third gestational trimesters. The data set suggests that the accomplishment of the obstetric palpation would be facilitated as a result of the majority of the pregnant women being in a more advanced stage of the gestation and, nevertheless, the same did not occur or was realized of incomplete way.

In the four units surveyed, it was possible to verify that, during the period of data collection, no nursing professional verified fetal presentation and uterine height, such finding is in agreement with another study, in which she mentioned the non-performance of Such procedures by the nursing team and, rather, by the low-frequency nursing academics and professors.⁶

It is understood that the activities cited are skills (know-how) that require efforts to achieve proficiency. Skills build on the taste of training, with renewed experiences, when the professional has the opportunity to exercise them, reaching a wide knowledge (knowing) to have attitudes (know-how) in the face of risk situations that the pregnant women may experience.¹⁵

It is necessary to point out that the participation of nurses in prenatal care has brought significant improvement in their quality by establishing a link between professional/client, but there is still what can be achieved in improvements in this assistance. In this perspective, it is emphasized that in the absence of the nurse, attention would be restricted to individual consultations, based on complaints and behaviors, in summary obstetric examination and interpretation/request for examinations. It is noted that these consultations are still rooted in the biomedical model and that women are poorly heard and aspects related to their life context are not considered.^{4,15}

Regarding the guidelines made by nursing professionals, we highlight the information about breastfeeding. In this study, this approach was more prominent in the FHUs (41.05%), although most pregnant women were not included in this approach. According to HM standards, when the health professional performs the breast exam on the pregnant woman, she should also advise her on the importance of breastfeeding. It is known that this practice offers benefits for the child's growth and development, taking into account bio-psychosocial issues.^{4,13}

Regarding the test of the foot, the Ministry of Health describes the importance of its performance in the first week of life of the newborn, and it is the responsibility of the nurse to perform it.¹³ The result should be recorded in the child's book. It is also up to the nurse to clarify to the parents about their importance and to reassure them regarding the collection of material for the examination. The findings of the guidelines on the test of the foot in this study indicate that 74.35% of the visits to the pregnant women in the BHU obtained such information to the detriment of the FHUs that did not present frequency in this subject during the collection period. It is inferred the concentration of the accomplishment of this procedure in the Basic Health Unit of the municipality in question, a fact that must be demystified, given the new reorientation of the health care model through the Strategies in Family Health.

Regarding the complementary activities performed by the nursing professionals at the end of the prenatal consultation, the referral and orientation about the tetanus vaccine, the marking of the next visit and annotation in the pregnant women's chart were highlighted.

It is known that vaccination of the pregnant woman is essential as a measure for the prevention of neonatal tetanus, and should be performed with the adult double vaccine (dT - against diphtheria and tetanus) in women

who were not previously vaccinated or had an incomplete vaccination schedule. According to the protocol of the Prenatal and Birth Humanization Program, the pregnant woman can be considered immunized with at least two doses of the tetanus vaccine, and the second dose must be performed up to 20 days before the date likely to give birth. It is extremely important that the professional investigates the previous history of vaccination to proceed with the administration of subsequent doses, however the immunization should only be considered upon presentation of the voucher on the vaccine card.¹³

The present study showed a satisfactory result in relation to the guidelines given regarding the return to the next visit and the annotations in the pregnant woman's chart, where in the two models studied, they corresponded to 95.52% and 97.76%, respectively. These findings are similar to a survey, which found that 81.97% of the pregnant women obtained the subsequent scheduled appointment and 98.36%, had the prenatal consultation data recorded in the chart.

Noteworthy is the importance of notes not only in the medical record, but also in the pregnant woman's card (47.01%), which in this study were not desired due to the fact that this procedure was performed by the attending physician. Prenatal activities and those requiring follow-up as well as recording of clinical history findings are some of the basic skills advocated by ICM.¹² According to the HM, the conducts and diagnostic findings should always be noted in every prenatal visit, in the perinatal record and in the card of the pregnant woman, this being a way of contributing with quality prenatal care.⁴

Regarding the formation of groups of pregnant women, these were observed in the four health units studied, with the participation of 36.56% of pregnant women surveyed. A study carried out in Acre State (Brazil) showed that during the period of data collection, a group of pregnant women was not observed.⁸ It is worth mentioning that the fact that the municipality studied has two Universities, this benefits the Units of Primary Health Care with the activity since health academics are committed to Teaching/Research/Extension.

The group of pregnant women points to educational action as the best way to offer assistance to pregnant women in health promotion. The nurse proposes to carry out monthly activities such as lectures and health education workshops of the mother-child binomial. In this study, we observed a work of intervention through the group of pregnant women reaching expressive results, as it served as a social support device.

Additionally, a group that offers support to pregnant women is able to intervene in discussions that involve numerous affective components capable of generating a mood of emotion for the aspects related to the pregnancy-puerperal cycle, as well as the positive experience of gestation, childbirth, puerperium, then the motherhood.¹⁶

Given the results of this research, it is worth reaffirming that the Health Ministry through the Prenatal and Birth Humanization Program guarantees a humanized and comprehensive care model that defines the minimum procedures for adequate prenatal care. Among these actions it is worth noting the following: to perform the first prenatal visit until the fourth month of gestation; ensure at least six prenatal visits; a consultation in the puerperium up to 42 days after birth and a minimum set of laboratory exams.¹³

To achieve this, the activities recommended by the Prenatal and Birth Humanization Program are competencies of the nurse practitioner and have legal support regarding low-risk prenatal care, in accordance with the Brazilian Nursing Professional Act. In addition, the Law No. 7,498/1986 regulates the nursing consultation and describes that it is up to the nurse to perform the same and the prescription of nursing care; as well as the medicine prescription, since provided by the established terms in Public Health Programs and routinely approved by the health institution, and also offer nursing care to pregnant, parturient and puerperal women.¹⁷

Given these reasons, it is necessary that the nursing work process be restructured in the health units of this study, since the professionals of the family health units carry out administrative-managerial and assistance activities, a fact that generates an overload of work. In addition to limiting the excellence of their work in the field of care, compromising the development of activities exclusive of their profession. The study points out that the lack of systematization of the work process implies ineffective assistance and, consequently, the devaluation of the nurses' work.¹⁸

One resource used by several municipalities for the reorganization of health care is the elaboration of health protocols.¹⁹ These are tools created for health professionals to exercise their profession in accordance with professional practice regulations. These instruments bring to the professionals the needed normalization and legal support when exercising their functions, strengthening the quality of the services rendered before prenatal care.

Thus, it is necessary that health professionals, especially nurses, use these protocols to reorganize the work process, a fact that will bring greater autonomy in the performance of their activities.²⁰ Therefore, attention to prenatal care should be organized in a way that meets the real needs of women during pregnancy and the puerperium, guaranteeing the humanization of care and thereby reducing maternal and infant morbidity and mortality.

CONCLUSIONS

The nurses, despite having the skills and technical scientific knowledge to perform the quality prenatal con-

sultation, are faced with work overload, then making their performance difficult.

Although those skills were evidenced, many essential skills in obstetrics advocated by the International Confederation of Midwives were developed incompletely, infrequently or were not developed.

In view of the responsibility attributed to nurses during prenatal care, it is important to encourage the qualification of these professionals in order to ensure a care recommended by the WHO/ICM/HM.

It is important to emphasize the importance of the nursing professional's qualification considering the essential competences in obstetrics, so that he/she remains updated based on the best scientific evidences, adopting, thus, an active position with respect to the educative process.

Aiming advancements of the nursing care toward the women in pregnancy cycle, more studies of this nature are necessary, as they point out crucial points and guide new paths that can improve the prenatal care quality.

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Received on: 01/31/2017

Required Reviews: None

Approved on: 02/07/2017

Published on: 07/05/2018

***Corresponding Author:**

Estefânia Santos Gonçalves Félix Garcia

Rua João Paulino Damasceno, 543

São Vicente, Alfenas/MG, Brazil

Zip Code : 37 132 024

E-mail address: estefania.felix79@yahoo.com.br

Telephone number: +55 35 98882 2797