

## The Nurse in Prenatal Care: The Pregnant Women Expectations

○ Enfermeiro no Pré-Natal: Expectativas de Gestantes

La Enfermera en el Prenatal: Expectativas de las Mujeres Embarazadas

Carine Santos Assunção<sup>1\*</sup>; Edilaine Rucaglia Rizzo<sup>2</sup>; Márcia Esequiel dos Santos<sup>3</sup>; Maiara Dias Basílio<sup>4</sup>; Claudia Maria Messias<sup>5</sup>; Jéssica Bianca de Carvalho<sup>6</sup>

### How to quote this article:

Assunção CS, Rizzo ER, Santos ME, *et al.* The Nurse in Prenatal Care: The Pregnant Women Expectations. Rev Fund Care Online. 2019. Apr./Jul.; 11(3):576-581. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i3.576-581>

### ABSTRACT

**Objective:** The study's purpose has been to look for evidences aiming to gain further understanding with regards to the subject, as well as to describe the expectation of the pregnant woman when the nurse is present in her prenatal care. **Methods:** It as a descriptive-exploratory field study with a qualitative approach, which was performed at a Family Hospital located in *Duque de Caxias* city, *Rio de Janeiro* State. The study counted with 15 pregnant women enrolled in the prenatal care and used a semi-structured interview in order to collect data. **Results:** The reports' analysis resulted into five categories, as follows: sociodemographic data of pregnant women; viewpoint of the pregnant woman about prenatal care; pregnant women's feelings when facing the nursing care during prenatal care; nursing consultation distinction; consultation improvements; and also into the two following subcategories: pregnant women's feelings before the consultation; and, pregnant women's feelings after the consultation. **Conclusion:** In spite of the positive evaluations regarding the nursing consultation, some improvements in the service are still necessary, and the health team must clarify their attributions to the users.

**Descriptors:** Prenatal Care, Nurses, Nurse-Patient Relationship.

<sup>1</sup> Nursing Graduate by the UCB, Specialist's Degree in Neonatology. *Universidade Castelo Branco (UCB)*, Brazil. E-mail address: [mrcia\\_santos@ymail.com](mailto:mrcia_santos@ymail.com)

<sup>2</sup> Nursing Graduate by the UCB, Postgraduate student enrolled in the Nursing Postgraduate Program by the UFF, Nurse at *Estratégia Saúde da Família SMS. Universidade Castelo Branco (UCB)*, Brazil. E-mail address: [rucaglia\\_rizzo@hotmail.com](mailto:rucaglia_rizzo@hotmail.com)

<sup>3</sup> Nursing Graduate by the UCB, Postgraduate student enrolled in the Nursing Specialization Program by the UERJ. *Universidade Castelo Branco (UCB)*, Brazil. E-mail address: [mrcia\\_santos@ymail.com](mailto:mrcia_santos@ymail.com)

<sup>4</sup> Nursing Graduate by the UCB. *Universidade Castelo Branco (UCB)*, Brazil. E-mail address: [maiaradia.enfermagem@gmail.com](mailto:maiaradia.enfermagem@gmail.com)

<sup>5</sup> Nurse, PhD in Nursing, Professor of the Nursing Department at UCB. *Universidade Castelo Branco (UCB)*, Brazil. E-mail address: [cmmessias@gmail.com](mailto:cmmessias@gmail.com)

<sup>6</sup> Nursing Graduate by the UCB. *Universidade Castelo Branco (UCB)*, Brazil. E-mail address: [jessicabacarlo@gmail.com](mailto:jessicabacarlo@gmail.com)

## RESUMO

**Objetivo:** Buscar evidências, aprofundar o conhecimento sobre a temática e descrever sobre a expectativa da gestante quando o enfermeiro é inserido em seu pré-natal. **Método:** Pesquisa de campo de cunho qualitativo, exploratório descritivo, realizada em uma Clínica da Família, localizada no Município de Duque de Caxias no Estado do Rio de Janeiro com 15 gestantes inseridas no pré-natal, através de entrevista semiestruturada. **Resultados:** Os depoimentos deram origem a cinco categorias: características sociodemográficas das gestantes, entendimento da gestante sobre o pré-natal, sentimentos das gestantes, frente a assistência de enfermagem no pré-natal, diferencial da consulta de enfermagem, melhorias nas consultas e duas subcategorias: sentimentos das gestantes antes da realização da consulta e sentimentos das gestantes após a realização da consulta. **Conclusão:** Apesar das avaliações positivas em relação à consulta de enfermagem, ainda fazem-se necessárias algumas melhorias no atendimento e cabe a equipe de saúde esclarecer aos usuários suas atribuições.

**Descritores:** Cuidado pré-natal, Enfermeiras e Enfermeiros, Relações Enfermeiro-Paciente.

## RESUMEN

**Objetivo:** Buscar evidencias, profundizar el conocimiento sobre la temática y describir sobre la expectativa de mujeres embarazadas cuando el enfermero se inserta en su prenatal. **Método:** Búsqueda de campo de cunho cualitativo, exploratorio descriptivo, realizado en una Clínica de la Familia, ubicada en el Municipio de Duque de Caxias en el Estado de Río de Janeiro con 15 embarazadas insertadas en el prenatal, através de entrevista semiestruturada. **Resultados:** Las respuestas dieron origen a cinco categorías: características sociodemográficas de las mujeres embarazadas, entendimiento de las embarazadas sobre el prenatal, sentimientos de las embarazadas, frente a la asistencia de enfermería en el prenatal, diferencial de la consulta de enfermería, mejoras en las consultas y dos subcategorías: Sentimientos de las embarazadas antes de la realización de la consulta y sentimientos de las embarazadas después la realización de la consulta. **Conclusión:** Apesar de las evaluaciones positivas en relación a la consulta de enfermería, todavía se hacen necesarias algunas mejoras en la atención y cabe al equipo de salud aclarar a los usuarios sus atribuciones.

**Descriptores:** Atención Prenatal, Enfermeros, Relaciones Enfermero-Paciente.

## INTRODUCTION

The interest in understanding the intersubjectivity of the relationship between the pregnant woman and the nurse during the prenatal visit began when I experienced reports of pregnant women in a basic health unit who had undergone prenatal care by the nurse. Some of these reports were positive, but many had negative and prejudiced opinions that devalued the profession and doubted the legality and competence of the nurse, increasing the motivation to develop this study.

Determined by Decree No. 94,406/87, the nurse can fully follow low-risk prenatal care in the basic health network, according to the Health Ministry and as guaranteed by the Law of the Nursing Professional Exercise.<sup>1</sup>

The nurse professional is considered apt to perform prenatal consultations, in the follow-up of pregnant women

with low obstetric risk, being attributed to him numerous actions such as: requests for exams; opening of the Health Information System; performing obstetric examination; necessary referrals; preparation for childbirth; guidelines on newborn care and breastfeeding; vaccination; and also the promotion of bond between mother and baby.<sup>2</sup>

The nursing consultation is an independent activity, performed exclusively by the nurse, and aims to provide conditions for the promotion of health and quality of life of the pregnant woman, through a contextualized and participatory approach. During the consultation, besides the technical competence, the nurse should show interest in the pregnant woman and her way of life, listening to her complaints and considering her concerns and anxieties.<sup>1</sup>

Regarding social credibility in Brazil, the nurse, after the creation of the Family Health Program, gained a broad scope of assistance in low-risk prenatal care.<sup>3</sup> This was due to the new perspectives due to the evolution of public policies, possibly driven by social action to improve health services.<sup>4</sup>

Quality and welcoming prenatal care are fundamental for maternal and neonatal health.<sup>5</sup> Prenatal consultation when it is not perceived by pregnant women as a time of welcoming, care, and educational actions can decrease the satisfaction and confidence of pregnant women in the who is conducting her prenatal care.<sup>3</sup>

The physiological changes that pregnancy triggers are capable of producing various manifestations in the woman's body that can be perceived as diseases by women most of the time. Based on this, it is up to the health professional to orient and correctly interpret these situations in a way that does not trivialize the complaints presented.<sup>6</sup>

The nurse's role should be based on the presuppositions of humanized care, recognizing the individuals' individuality in care and establishing with each pregnant woman a bond in order to perceive their real needs.<sup>7</sup>

Hence, we aim to look for evidences aiming to gain further understanding with regards to the subject, as well as to describe the expectation of the pregnant woman when the nurse is inserted in her prenatal care.

## METHODS

This is a field research of qualitative, exploratory and descriptive nature. A Family Clinic was set up, located in the Fluminense basin, in the municipality of *Duque de Caxias* in the State of *Rio de Janeiro*.

This study had as inclusion criteria, pregnant women who had consultations with nurses during the prenatal period in the year 2015, and the exclusion criteria were the impossibility of collecting information from the pregnant woman before and after the prenatal visit by the nurse and the refusal to participate in the interview. Fifteen pregnant women enrolled in the prenatal care unit participated in this study.

In order to collect the data, a semi-structured interview was applied, which aimed to characterize the interviewees, to extract demographic data, and information related to the prenatal consultation and the expectation of the pregnant woman when the nurse is inserted in her prenatal care. All were recorded in a digital recorder and later transcribed.

Data analysis was based on the content analysis proposed by Bardin. This method aims to describe in a clear and systematic way the content of the data collected. Thus, after reading and understanding the data, we seek to understand and synthesize the answers. Then, the data were analyzed and codified into content elements that, in turn, were grouped by meaning association, then forming the analytic categories.<sup>8</sup>

The interviewees were duly informed about the objectives and methodological procedures of the research and expressed their desire and agreement to participate, signing the informed consent form in accordance with the Resolution No. 466 of December 12th, 2012, which provides for the ethical aspects of research involving human beings. The research was authorized by *Plataforma Brasil* under the Legal Opinion No. 923.302 on 12/18/2014.

Considering the ethical aspects of this research, the identity of the deponents was preserved and will be documented with the codename denominated G1, G2, G3, successively.

## RESULTS AND DISCUSSION

In order to favor data analysis the method proposed by Bardin was used and three steps were followed: the content pre-analysis, material exploration, and results handling.<sup>8</sup>

Once the interviews were done, the data analysis was started, then making it possible to identify the sociodemographic characteristics of the pregnant women and their expectations regarding the insertion of the nurse in her prenatal care. For better understanding, the results obtained were separated by categories, facilitating the observation and organization of thematic units for a better analysis.

### Sociodemographic data of pregnant women

It was verified that the pregnant women interviewed were within the age group from 20 to 37 years old. About the locality of the residence, all residents of neighborhoods of *Duque de Caxias* city.

Then, for each locality the flow that the users can go through in the health system must be designed, in order to provide them with an integral assistance. States and municipalities, therefore, need to have a network of services organized for obstetric and neonatal care, with established reference and countermeasures.<sup>1</sup>

Concerning the schooling of the interviewees, 53% have completed high school, 20% incomplete high school, 20% elementary school and only 7% complete higher education.

It was noticed that the majority finished high school, demonstrating that the sample is enrolled, but it is valid to emphasize that 20% of pregnant women did not finish elementary school.

This corroborates the concern of the Health Ministry about obstetric risk in pregnant women with low level of schooling. Low schooling is associated with high rates of maternal and perinatal mortality, since maternal schooling may be one of the key pieces during pregnancy due to its influence on the behavior of pregnant women.<sup>9</sup>

### Viewpoint of the pregnant woman about prenatal care

The woman, when entering a health unit, presents with doubts regarding the pregnancy, because it is something unknown to her. The gestational period represents a phase of many learning for the woman and her family, being a moment of intense physical and psychological transformations.<sup>7</sup>

In the research setting, the Family Clinic, there is the practice of welcoming, in which the pregnant woman first passes through a lecture with the nurse and the nutritionist of the unit, where several issues related to gestation are approached in a relaxed way, stimulating the participation of pregnant women, collections, and requests for some exams are also carried out and only after participation of the group are they sent to the nurse for the first prenatal visit.

Considering the approach of the unit proposed to pregnant women, it was observed an influence on the responses and behaviors of pregnant women, it was noticed when questioned about the prenatal consultation after the lecture that 100% of the pregnant women interviewed presented some knowledge about the benefits of the prenatal.

*"Following up of the mother, baby and see if everything is right." (G1)*

*"Monitoring the development and detect possible problems with the baby." (G5)*

*"It serves to see how the health of the mother and the baby, the development and if he has any disease." (G12)*

*"Seeing if everything is okay with the child, if he has any disease." (G13)*

We evidenced that pregnant women perceived the need and wanted to receive guidance during prenatal care, and at the same time they were multiplying the knowledge with their peers, because when they exchange experiences and information, it affirms,<sup>10</sup> they generate powerful sources of limitations and necessities, acquiring mastery over your body and decision-making power over your pregnancy.

The creation of health education spaces on prenatal care is of paramount importance; after all, in these spaces, pregnant women can hear and talk about their experiences and consolidate important information about gestation and other matters that involve the health of the child, the woman,

and the family. Such spaces of education can occur both in specific groups for pregnant women and in waiting rooms.<sup>1</sup>

Welcoming during prenatal care is a very important moment in the life of the pregnant woman, where the health professional can discuss and clarify issues that are unique to each woman and her partner in an individualized way.<sup>5</sup>

### **Pregnant women's feelings when facing the nursing care during prenatal care**

The expectation and fear are revealed by the pregnant women in the process of motherhood, the results indicate that during pregnancy, they undergo significant changes in their behavior.<sup>11</sup>

The pregnant women have the perception that the prenatal nursing consultation is a complementary procedure to that of the physician, they do not know this type of care as a right and often only have access to the nursing consultation when they are referred by the doctor.<sup>12</sup>

We base the evidence based on the historical aspect of social representation in which nurses are not recognized as competent professionals for the care and integral follow-up of low-risk pregnant women.<sup>12</sup>

The results of the study carried out in the *Espirito Santo* State in 2015, pregnant women reported a certain mistrust and lack of preparation with the nurse's prenatal visit, this was possible because many think that only the physician can do the prenatal care.<sup>13</sup>

Even with legal support, prenatal nursing care still generates, at the first moment, distrust among the pregnant women assisted by the nurse in the prenatal consultation of the Family Health Strategy.<sup>14</sup>

Despite the scope and results of the nursing consultation, the nurse coexists with the fact that some pregnant women also value health care centered on the physician and are often unsafe with the nursing consultation, in especially when she is a primiparous.<sup>15</sup>

### **Subcategory 1: pregnant women's feelings after the consultation**

Among the interviewees, 60% of the pregnant women did not know that the nurse could perform low-risk prenatal care, and were aware of this before the consultation, at the time of the interview and through the researcher. Pregnant women who had knowledge of the nurse's performance during prenatal care reported having been followed up in previous pregnancies.

These perceptions are verified through the statements of the interviewees:

*"I was insecure, I do not doubt the nurse's ability, but I have a preference for the physician."* (G1)

*"I wondered if she knew how to do prenatal care."* (G2)

*"I feel insecure, I would rather be taken care of by the physician."* (G3)

*"Normal, I see no problem."* (G8)

*"We feel a little insecure, very strange, waiting for the physician."* (G11)

*"I thought it was strange to see a doctor."* (G12)

*"I was suspicious, I never saw a nurse doing prenatal care."* (G13)

*"Frightened, but let's see how it goes."* (G14)

This shows the lack of appreciation of the nurse as a professional with a scientific know-how, and also able to perform the prenatal nursing consultation.<sup>12</sup>

### **Subcategory 2: Feelings of pregnant women after the consultation.**

Before the first consultation with the nurse, she verified the reports, once again 100% of the pregnant women left the consultation with a positive view of the nursing care, the feelings of security, surprise, welcome, satisfaction, trust and have liked much of the consultation, were noticed among pregnant women, replacing previously mentioned negative feelings.

In the speeches below, one can observe the change of opinion among the pregnant women after being assisted by the nurse of the unit.

*"I feel safe, I liked the consultation [...] The nurse was clear and clarified my doubts about prenatal care."* (G1)

*"I was surprised by the dedication of the nurse [...] I found it very good because she clarified my doubts and was very attentive."* (G3)

*"Sure, it surpassed my expectations I liked it a lot... Awesome, it surpassed my expectations she talked about several issues, such as gestation care, high-risk pregnancy, and family planning."* (G4)

*"Welcomed and satisfied [...] Very good, clarified all my doubts she gave me security."* (G5)

*"I liked it a lot, I felt welcomed... I was treated well it dominates, I liked how it talks about things."* (G8)

*"I was surprised, she exceeded my expectations... I was very pleased with the mastery of the subjects and how she treated me."* (G9)

*"I was pleased... I was treated very well, she does not talk about gestation alone, she talked about my rights as a pregnant woman about family planning."* (G11)

At first, the presence of the nurse arouses distrust and insecurity in women. Nevertheless, these concepts change as these pregnant women experience an experience with the nurse and from that moment develop a relationship of trust and confidence, noting the nurse's ability and ability to practice prenatal care.



The sensitivity and affective attitudes practiced by the nurse from the beginning of prenatal care through attentive listening, observation of reactions and the offer of support will favor nurses-pregnant interaction.<sup>16</sup>

### Nursing consultation distinction

When analyzing the answers, it was noticed that all the pregnant women reported satisfaction with the care offered at the unit, feeling more comfortable with the nurse, because they claimed to have received more attention, to have been better understood, to feel more welcomed and valued during the consultation.

Through the reports below, it is possible to see how much the pregnant woman considers the attention offered during the consultation and feels good to be valued.

*"I never did prenatal care, but I went through other gynecological consultations with the physician and with the nurse, I felt more clarity in information, education, better treatment and I felt more comfortable asking questions."* (G2)

*"Yes, the nurse gave me the most attention, I was treated very well."* (G6)

*"I found the nurse much more attentive and committed."* (G9)

*"In the consultation with the doctor in another situation was treated coldly in a few moments later until I got used to it, but I really like the consultation with the nurse."* (G10)

*"Yes, the nurse makes you more comfortable and talked about various things."* (G11)

It is important to emphasize that without the nurses the movement of humanization and transformation of the assistance model to childbirth and birth would not have advanced in our country; However, the limits of its performance still involve a precarious health system in physical and human resources, based on a predominant model: the biomedical.<sup>12</sup>

### Consultation improvements

Even though they were satisfied with the prenatal care offered by the unit, the pregnant women highlighted some situations that still generate discomfort. As for the improvements in the prenatal visit, only 5% are completely satisfied, with 95% of the most common complaints being the prolonged waiting time for the consultation.

*"The delay to be attended to."* (G2)

*"Waiting time is too long."* (G3)

*"The delay in care."* (G8)

*"Consultation time, we expect a lot."* (G9)

Another point highlighted by the interviewees was the institutional bureaucratic obstacle when the need to carry out some private examinations due to the delay for the accom-

plishment of the same through the unit and the difficulty in the prescription of some medications that needed a medical stamp.

*"The unit should provide all the exams quickly and not have to do elsewhere to get ahead because we do not always have money."* (G7)

*"The exams take a long time, otherwise I liked it."* (G13)

It was evidenced how much these factors interfere with the prenatal quality. Many can only be solved in a broader sphere and depend not only on the professional's performance but also on the articulation with health managers and other sectors involved. Despite advances, the current health system falls short of the needs of users and professionals.<sup>16</sup>

*"Greater freedom to prescribe."* (G10)

*"In the consultation with the nurse, I noticed limitations in relation to requests for exams and prescription of some medications."* (G15)

Prenatal nurses find limitations in requesting laboratory and imaging exams, in addition to prescribing some medications, which greatly delay the results of the necessary exams and the change of gestational clinical charts, interrupting prenatal quality monitoring.

It should be noted that the way the pregnant women were treated at the welcoming and the quality of the cleanliness of the common facilities as the unit's bathroom also generated dissatisfaction among the interviewees.

*"The part of the welcoming is a bit confusing, no one likes to give information and the delay to be answered, because I do not spend much time without eating."* (G12)

*"Initial service at welcoming, facilities, and cleanliness of the bathroom."* (G5)

*"I did not like the reception where the card is distributed, the people do not know how to give information, other than that it is all nice."* (G6)

*"The staff is ignorant and does not have the patience to answer you."* (G11)

In relation to the precariousness of resources related to the physical area, human and material resources, the appropriate place for the consultations should guarantee the security and privacy for the professional and the woman, since they are fundamental for the realization of a quality consultation, in the insofar as it makes it possible to build a trust relationship.<sup>12</sup>

The organizational structure for prenatal care is recognized by the Health Ministry as a fundamental point to ensure a safe practice. In this sense, it is recommended to preserve a facilitating environment for integrated health actions that consider aspects related to the physical plant, human and material resources, laboratory support, access to

the medicine, registration tools, and reference system, and against reference.<sup>17</sup>

The lack or lack of human and material resources represents a major obstacle to the implementation of nursing care.<sup>12</sup>

## CONCLUSIONS

Even after almost three decades of the Decree 7,498/86 about the Law of the Nursing Professional Exercise and the law 94,406/87 with regards to the regulation of the nursing practice, the nurses' duty attributions are still unknown and cause the mistaken view of the nursing professional; many still do not understand the nursing care importance.

Even with the positive assessments regarding the consultation, some improvements are still needed in the service received from the welcoming, reduction of the waiting time in the attendance, need to perform some exams outside the unit, structure and cleanliness of the unit and especially the limitations on the autonomy in the prescription of medicines and request for exams, which often prolongs the waiting, generating discomfort for the assisted pregnant woman.

Given the aforementioned, the health team must clarify to the users their attributions, and together with the managers to assess the itinerary covered by the user intra unit, therefore, guaranteeing the pregnant women a holistic attention, considering their feelings and their needs and also proposing definitive solutions as a goal, not only to the pregnant woman, but rather to all users.

## REFERENCES

1. BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco – manual técnico. Brasília: Ministério da Saúde, 2012.
2. Demitto MO, Silva TC, Páschoa ARZ, Mathias TAF, Bercini LO. Orientações Sobre Amamentação na Assistência Pré-Natal: Uma Revisão Interrogativa. *Rev. Rene*. 2010; 11(Número Especial): 223 – 229.
3. Andrade FM, Castro JFL, Silva AV. Percepção das gestantes sobre as consultas médicas e de enfermagem no pré-natal de baixo risco. *R. Enferm. Cent. O. Min.* 2016 Set/Dez; 6(3):2377-2388.
4. Matos DS, Rodrigues MS, Rodrigues TS. Atuação do enfermeiro na assistência ao pré-natal de baixo risco na estratégia saúde da família em um município de Minas Gerais. *Enfermagem Rev.* 2013; 16(1):18-33.
5. Lessa R, Rosa AHV. Enfermagem e acolhimento: a importância da interação dialógica no pré-natal. *Rev Fund Care Online*. 2010 Jul/Set; 2(3):1105-1110. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/631>. DOI: <http://dx.doi.org/10.9789/2175-5361.2010.v2i3.%p>.
6. Aguiar RS, Araújo MAB, Costa MA, Aguiar N. Percepção de mulheres sobre o acolhimento oferecido pelo enfermeiro no pré-natal. *Cogitare Enferm.* 2013 Out/Dez; 18(4):756-60.
7. Alves CN, Ressel LB, Sanfelice C, Bisognin P, Wilhelm LA, Zanini RR. Perfil de gestantes assistidas no pré-natal de enfermagem de uma unidade básica de saúde. *Rev Fund Care Online*. 2013 Jul/Set; 5(3):132-141. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2052>. DOI: <http://dx.doi.org/10.9789/2175-5361.2013.v5i3.132-141>.
8. Bardin L. Análise de conteúdo. 1ª edição. São Paulo: Edições 70 – Brasil; 2011.
9. Cardoso MD, Ribeiro CMS, Oliveira IB, Andrade PMC, Santos TMB. Percepção de gestantes sobre a organização do serviço/ assistência em um pré-natal de baixo risco de Recife. *Rev Fund Care Online*. 2016 Out/Dez; 8(4):5017 5024. Disponível em:

- <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4941>. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i4.5017-5024>.
10. Souza VB, Roecker S, Marcon SS. Ações educativas durante a assistência pré-natal: percepção de gestantes atendidas na rede básica de Maringá-PR. *Rev. Eletr. Enf. [Internet]*. 2011 Abr/Jun; 13(2):199-210. Disponível em: <http://dx.doi.org/10.5216/ree.v13i2.10162>.
11. Souza ZNR, Rosa MC, Bastiani JAN. Maternidade: percepções de gestantes primíparas usuárias do Serviço Básico de Saúde. *J Health Sci Inst.* 2011; 29(4):272-5.
12. Silva CS, Souza KV, Alves VH, Cabrita BAC, Silva LR. Atuação do enfermeiro na consulta pré-natal: limites e potencialidades. *Rev Fund Care Online*. 2016 Abr/Jun; 8(2):4087-4098. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2009>. DOI: <http://dx.doi.org/10.9789/2175-5361.2016.v8i2.4087-4098>.
13. Esposti CDD, Oliveira AE, Santos Neto, ETS, Travassos C. Representações sociais sobre o acesso e o cuidado pré-natal no Sistema Único de Saúde da Região Metropolitana da Grande Vitória, Espírito Santo. *Saúde Soc. São Paulo*. 2015; 24(3): 765-779.
14. Barbosa TLA, Gomes LMX, Dias OV. O pré-natal realizado pelo enfermeiro: a satisfação das gestantes. *Cogitare Enferm.* 2011 Jan/Mar; 16(1):29-35.
15. Campos RMC, Ribeiro CA, Silva CV, Saporolli ECL. Consulta de enfermagem em puericultura: a vivência do enfermeiro na Estratégia de Saúde da Família. *Rev. esc. enferm. USP*. 2011 Jun; 45(3): 566-574.
16. 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. Min. Enferm.* 2012 Jul/Set; 16(3): 315-323.
17. Rocha RS, Silva MGC. Assistência pré-natal na rede básica de fortaleza-ce: uma avaliação da estrutura, do processo e do resultado. *Rev Bras Promoç Saúde, Fortaleza*. 2012 Jul/Set; 25(3): 344-355.

Received on: 06/22/2017

Required Reviews: None

Approved on: 09/11/2017

Published on: 04/02/2019

**\*Corresponding Author:**

Carine Santos Assunção

Rua São Mena, 29

Realengo, Rio de Janeiro, Rio de Janeiro, Brasil

E-mail address: [mrca\\_santos@ymail.com](mailto:mrca_santos@ymail.com)

Telephone number: +55 21 9 8744-4655

Zip Code: 21.730-460

authors claim to have no conflict of interest.