

PRE-NATAL CONSULTATION OF NURSING: SATISFACTION OF PREGNANT WOMEN

Consulta de Pré-Natal de enfermagem: satisfação das gestantes

Consulta de Pre-Natal de enfermería: satisfacción de las gestantes

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ABSTRACT

Objective: To know the satisfaction of pregnant women accompanied by a nurse in a prenatal visit. **Method:** Descriptive study of a quantitative and qualitative approach, performed with 15 pregnant women who are followed up by the nurse in the prenatal care unit. The data were collected in march 2018. The instrument of data collection was elaborated by the researcher composed of objective and subjective questions. speeches were transcribed into files in Microsoft Word® for Windows software, qualitative data were categorized and analyzed according to Bardin. **Results:** considering the data collected in the research, three thematic categories were listed: the diagnosis of pregnancy; attention, dialogue and trust: strengths of the nursing consultation; health education and prenatal care. **Conclusion:** The expectation is that this study will contribute to a reflection for the active nurses and managers of the municipality with a view to improving and strengthening prenatal care.

Descriptors: Prenatal care, Nursing, Pregnant women, Primary health care.

RESUMO

Objetivo: Conhecer a satisfação de gestantes acompanhadas por enfermeira (o), em consulta de pré-natal. **Método:** Estudo descritivo de abordagem quantitativa e qualitativa, realizado com 15 gestantes que são acompanhadas pela enfermeira no pré-natal. os dados foram coletados no mês de março de 2018. O instrumento de coleta de dados foi elaborado pela pesquisadora composto por questões objetivas e subjetivas. as falas foram transcritas para arquivos no software Microsoft Word® for Windows, dados qualitativos foram categorizados e analisados de acordo com Bardin. **Resultados:** Diante aos dados coletados na pesquisa, foram elencadas três categorias temáticas: o diagnóstico de gravidez; atenção, diálogo e confiança: fortalezas da consulta de enfermagem; educação em saúde e pré-

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natal. **Conclusão:** a expectativa é que este estudo contribua com uma reflexão para os enfermeiros atuantes e gestores do município com vistas à melhoria e fortalecimento da assistência pré-natal.

Descritores: Cuidado pré-natal, Enfermagem, Gestantes, Atenção primária à saúde.

RESUMÉN

Objetivo: Conocer la satisfacción de gestantes acompañadas por enfermera(o), en consulta de prenatal. **Método:** Estudio descriptivo de abordaje cuantitativo y cualitativo, realizado con 15 gestantes que son acompañadas por la enfermera en el pre-natal. Los datos fueron recolectados en el mes de marzo de 2018. El instrumento de recolección de datos fue elaborado por la investigadora compuesto por cuestiones objetivas y subjetivas. Las palabras se transcribieron a archivos en el software Microsoft Word® para Windows, los datos cualitativos se clasificaron y analizaron de acuerdo con Bardin. **Resultados:** Ante los datos recogidos en la investigación, se enumeraron tres categorías temáticas: el diagnóstico de embarazo; atención, diálogo y confianza; fortalezas de la consulta de enfermería; educación en salud y prenatal. **Conclusión:** La expectativa es que este estudio contribuya con una reflexión para los enfermeros actuantes y gestores del municipio con miras a la mejora y fortalecimiento de la asistencia prenatal.

Descriptor: Atención prenatal, Enfermería, Mujeres embarazadas, Atención primaria de salud.

INTRODUCTION

Maternal morbidity and mortality rates in Brazil remain high. Hence, prenatal care is important to reduce them and promote a better quality of life during pregnancy and postpartum. It is perceived that assistance to pregnant women should be provided as early as possible, thus preventing possible complications inherent to pregnancy.¹

The Brazilian Ministry of Health, intending to qualify the Maternal and Child Care Networks throughout the country and reduce the high rate of maternal and child morbidity and mortality, instituted the *Rede Cegonha* [Stork Network], which aims to structure and organize maternal-child health care in the country.²

It is the responsibility of the three spheres of government to offer good quality prenatal practices, in addition to providing training for professionals responsible for assisting women in this process.¹

Given this scenario, the nurse occupies a prominent position in the team, as he is qualified to assist women, having an important role in the areas of education, prevention, health promotion, in addition to be an agent involved in the humanization of care during the pregnancy-puerperal cycle. The prenatal consultation involves simple procedures, so the professional can dedicate himself to listening to the woman's demands, doubts, fears, and anxiety.³

Among the duties of the nurse during the prenatal consultation, one of them is to interpret the perception that the pregnant woman has concerning her new experience with motherhood, as pregnancy is a period of many changes, both psychological and environmental and interfere not only in the life of the pregnant woman as well as in her family environment.³

The study follows the assumption that: the humanization and resoluteness present in the prenatal consultation performed by the Nurse contribute to the satisfaction of pregnant women concerning the prenatal care. Considering the above-mentioned, the following research question was proposed: How do pregnant women who are followed up in the low-risk prenatal consultation performed by nurses express their satisfaction towards this practice? The answer to such questioning aims to know the satisfaction of pregnant women registered in a Basic Health Unit regarding the nursing consultation during low-risk prenatal care.

This study meant to know the satisfaction of pregnant women accompanied by a registered nurse during a prenatal consultation.

METHODS

It is a descriptive study with both quantitative and qualitative approach.

This study was carried out in a Brazilian Northeastern municipality located in the *Sergipe* State, Brazil. According to data provided by the Municipal Health Department, approximately 15,929 people/patients are registered in the Leandro Maciel Basic Health Unit. At the aforesaid unit operate the teams 06 and 09 from the Community Health Agents Program (CHAP), where registered pregnant women are assisted by registered nurses who are in charge of the teams.

The sample was of the intentional type composed of 15 pregnant women who are being followed up in the prenatal care performed by nurses working in the coverage areas.

The study had as inclusion criteria, being a pregnant woman registered in the Brazilian SisPreNatal Web, being a resident in the coverage area, having a pregnancy classified as low risk, being assiduous in consultations, being in the third trimester of pregnancy, accepting to participate voluntarily in the research.

The instrument for data collection was elaborated by a researcher addressing both objective and subjective questions. Such questions had as purpose to know the satisfaction of the pregnant women regarding the prenatal care performed by the nurse at the Basic Health Unit. The objective questions were intended to describe the interviewees' profile.

Data collection was carried out in the basic unit, through an interview following a semi-structured script. In the Basic Health Unit, two CHAP teams operate, where registered pregnant women are assisted by nurses who are in charge of the teams, respectively.

The study was submitted and approved by the Research Ethics Committee under the Legal Opinion No. 2.484.704, obeying the norms addressed by the Resolution No. 466/12 from the National Health Council, which regulates research involving human beings.

The questions addressed various topics related to prenatal care, such as pregnancy diagnosis, rapid tests, resoluteness,

updating the vaccination agenda, supplementation prescription, participation in health education actions, scheduling consultations, among others.

Data collection took place in March 2018 by performing interviews with pregnant women in oral and recorded form.

The speeches were transcribed into files of the Microsoft Word® for Windows software, then producing a file for each interview, renamed as G01, G02... and so forth. Qualitative data were categorized and analyzed according to Bardin (2009). As so, data analysis involves coding, classifying, and categorizing data, which will facilitate interpretation.⁴

RESULTS

The age group varied among pregnant women, which was arranged as follows: 6.66% from 15 to 20 years old; 73.33% from 21 to 30 years old; and 20% from 31 to 40 years old.

Considering the interviewees' marital status, 53.33% were single, 40% were married and 6.66% were divorced. The number of children of these women was between 0 and 1. Among the participants, 26.66% of pregnant women have had previous pregnancies and 73.33% are primiparous.

Concerning the pregnant women's satisfaction with the nursing consultation, there were underlined features such as attention, affection, dialogue and trust. Such aspects were repeated on all transcribed statements.

The data qualitative analysis was performed using the discourse analysis method proposed by Bardin. Based on this method, three thematic categories were listed, as follows: Pregnancy Diagnosis; Attention, Dialogue, and Trust: strengths of nursing consultation; and, Health Education and Prenatal Care.

DISCUSSION

Pregnancy Diagnosis

According to the Brazilian Ministry of Health (2012), prenatal care should be started even before the diagnosis of pregnancy. It begins at the time of preconception assessment, whose objective is to prevent complications and identify risk factors for the couple, with a view to the healthy evolution of a future pregnancy.⁴

In total, half of the pregnancies are not initially planned, although they are desired as explained in the following speech:

"... I didn't take anything, and I really wanted to be a mother, but then, I didn't want it now; when the notice came, it was a surprise. I got scared! But it is something that is being loved and adored." (G10)

The statement above draws attention to the importance of counseling and adherence to family planning carried out by the health professional, especially to women/couples in childbearing age who started their sexual life, so that they can plan the best time for a pregnancy.

Thus, when pregnancy is planned, it has a positive impact, not only for the woman and partner, but for the

whole family. In some cases of unplanned pregnancies, women discredit the first positive result, as reported in the following speeches:

"My menstruation was nine days late, so I tested positive, I tested positive, then I didn't believe it and I had the transvaginal test positive". (G02)

"My menstruation was late, and I immediately went to get the pharmacy exam, it was negative... and then it didn't come out, I did another test and it was positive...". (G15)

The research showed that among the 15 participating pregnant women, none of them sought nursing assistance in the Basic Health Unit at the onset of symptoms and distrust of the possible pregnancy, in other words, all of them opted for the exams on their own, looking for the health service only after the result and confirmation of pregnancy as explained below:

"I came here and told her I was pregnant with the blood test and the girl forwarded me to see the nurse". (G11)

This statement reinforces the demand for the service, after the pregnancy diagnosis, which proves that there was no monitoring in family planning, nor was the preconception assessment performed. Being preconception monitoring and evaluation a process that helps not only the woman but also her partner to control and identify healthy behaviors that promote maternal and child well-being.⁵

After confirmation of pregnancy, it is started monitoring of the pregnant woman either by a physician or nurse, depending on the risk classification of the pregnancy.³ This follow-up is considered a primary element in assisting pregnant women, in order to prevent and reduce risks and maternal and neonatal mortality.⁶

Attention, Dialogue, and Trust: strengths of nursing consultation

User embracement is a determining factor for monitoring pregnancy, it starts with welcoming this woman at the health unit and extends to the assistance either in the office or group. It is based on qualified listening allowing the pregnant woman to express her anxieties, complaints, concerns and obtain resolute attention.^{6,7}

In this sense, the "Attention" that permeates effective communication and qualified listening results in the satisfaction of the assistance provided, as evidenced in the following speeches:

"... She is a super attentive, super helpful person, she worries too much about the pregnant woman, so far my satisfaction is maximum." (G11)

"... So far, she explained everything to me correctly, everything very well. I trust what she tells me..." (G09)

The resoluteness coming from the health professional conveys “Trust” and security as explained below:

“I like it this way, whenever I need something, or I have some difficulty she explains and calms me down.” (G07).

As stated above, from the moment there is satisfaction concerning the nursing consultation, the professional gains trust and strengthens the bond with the pregnant woman during the follow-up.

The nurse must understand the importance of a humanized and qualified consultation, as this way, she/he will obtain better adherence to prenatal care with the attendance of pregnant women in the consultations, which will reflect on the quality and continuity of care.^{8,9}

“... I feel very good when I'm with her, it's so much that I have my gynecologist who is private, but I don't leave her [...] because of the care that the nurse has with me, she welcomes me, she gives me fulfilment...” (G01)

“... she is very charismatic, she welcomes us very well, she is excellent.” (G09)

The report above proves that the trust gained during prenatal consultations strengthens the bond between the pregnant woman and the nurse, which directly reflects on the pregnant woman's satisfaction during the follow-up.

Furthermore, an expanded clinical assessment essential to the woman should be added by the health professional, based on her life history, her feelings, and her anxieties. During the consultation, after recognizing the emotional aspects that influence pregnancy, the nurse must use an approach aimed at minimizing these aspects. Dialogue and bonding are of paramount importance, as they reduce the pregnant woman's anxiety and favor a more peaceful experience, both for the mother and the baby. Prenatal care, when mediated by dialogue and respect between nurses and pregnant women, represents the first step towards humanized childbirth.^{10,6,11}

“... In addition to be a nurse, she is a bit of a psychologist, we spend almost an hour inside the room... At first, I didn't accept the pregnancy and she made me change my mind, it made me see the good side of it all.” (G02)

“She welcomes me good-humored, makes me laugh... She is cheerful, outgoing, if you are sad, she makes you happy, makes you smile.” (G10)

Considering the practice of physical examination during the consultation, some of the pregnant women interviewed, especially the first pregnant women, were surprised by being examined, as they did not expect to be examined during the service. In the following speech, the interviewee underlines the exam:

“... I didn't think it would be that good service, I thought I would spend hours and hours in the room, and they put me to listen to the child's heart, they measure the belly...” (G04)

“... She examines everything carefully, looks at my feet, the measurement of the belly, the girl's heart, and everything else.” (G10)

Based on the statements gathered through this study, the nursing consultation was perceived as essential for the monitoring of pregnant women, and the provided care was noticed by pregnant women as differentiated. Qualified listening puts the confidence of the pregnant woman on the health professional, thus resulting in satisfaction regarding the practice of nurses in prenatal care.¹²

Health Education and Prenatal Care

Exchanging information on different experiences and new experiences should be encouraged between women and health professionals. It is considered the best way to promote understanding of the pregnancy process. Health professionals must recognize their role as educators and health promoters.^{13,14}

Prenatal care is not only a period of intense learning but also physical and psychological preparation for childbirth and the puerperium. It is seen as an opportunity for the development of health education.¹³

An important indicator in the Technical Manual for Prenatal Care is health education. Women who have access to health services are entitled and should be informed about programs, lectures, and activities carried out on the network.

“She gave me a piece of paper with a lot of lectures that I was going to attend at the maternity hospital, I thought it was cool, but I ended up forgetting and I didn't go to any of them.” (G03)

According to the statement above, the health services practice their duty to carry out and offer health education actions during prenatal care, however, due to the information gathered during this study, it was pointed out that group activities only happen in the referral maternity hospital to childbirth in the municipality.

But the adherence of the pregnant women was not satisfactory, eventually, they are given the schedule of activities, nonetheless, there is no guidance on the importance of their participation.

The health professional should act as a guide and facilitator, avoiding the lecture style and indicating group discussions and other group dynamics that address topics considered important for pregnancy and the puerperium period, such as: common symptoms in pregnancy, warning signs, non-pharmacological therapies for pain control, and the birth plan.¹⁴

“Yes, it was about breastfeeding... it was good I learned some things, like physiotherapy for pain, such as the contraction, things like that...”. (G08)

Despite the difficulties encountered by health professionals, the statement above addresses the importance of educational actions in this unique and delicate period for women.

The health professional should consider the prenatal period as a period of preparation, both physical and psychological for childbirth and postpartum. It is up to the health professional to create a moment of learning and the opportunity to develop health education, both in groups and in individualized care at the office.¹⁵

The research involved pregnant women in the third trimester of pregnancy, and when questioned about the guidelines that were passed on to them until the present day of the follow-up, none of them reported having been guided during the consultations on labor, what is offered at the referral maternity, postpartum and newborn care.

Concerning previous pregnancies, 73.33% were primiparous, thus emphasizing the greater importance of guidance being provided and clarified, both individualized and collective. The implementation of groups of pregnant women in the health units where the monitoring takes place has a positive influence on health education, as the exchange of experiences, both during pregnancy and postpartum period, is of great relevance in these periods, and the pregnant women end up interacting with each other within the service. The positive side of the actions taking place in the referral maternity is that the pregnant woman knows the place that is linked to her childbirth happening.

The educational process is fundamental, not only for the acquisition of knowledge about the process of gestating and giving birth but also for the strengthening of women as citizens, which highlights the relevance of group activities.¹⁵

Moreover, considering the care that must be taken during pregnancy, such as the use of supplementation and its importance, the updating of the vaccination calendar, the use of repellent, and sunblock.

Below are some of the reports on guidelines regarding the use of supplementation during pregnancy:

“She told me to take ferrous sulfate and folic acid. Ferrous sulfate for me to take before lunch and folic acid after lunch.” (G11)

“... Ferrous sulfate is a vitamin, and folic acid to help with the baby’s formation.” (G09)

During the consultation, nurses should assume the role of advisor, and stimulate in the pregnant woman the interest in following their orientations and recommendations, as well as assessing whether the orientations given are being followed.¹⁵

For effective prenatal care, the outcome of the pregnancy-puerperal cycle is fundamental, with the need to identify and intervene risk factors for both woman and baby’s health, and at the appropriate time to even reduce or avoid them.¹⁶

Nursing care during prenatal care should, as part of a set of actions, provide a healthy pregnancy, a safe and uncomplicated delivery, based on humanization and the perspective of helping to build a positive experience for the pregnant woman, and future mother.

FINAL CONSIDERATIONS

Herein, it was possible to verify that nurses play an important role in assisting pregnant women in low-risk prenatal care. When performed in a humanized, welcoming, and qualified manner, it will directly impact on the pregnant women’s degree of satisfaction towards the nursing consultation.

Given the results presented here, nurses are prominent professionals in prenatal care, as their actions are recognized as important for the pregnant woman during the period in which they are being monitored. Among the elements that make up the satisfaction of pregnant women are the following: attention, dialogue, and trust. Those elements are expressed to endorse the qualification that makes nurses an important professional with human, technical, and scientific competence to accompany this important moment, full of meanings.

The expectation is that this study will contribute to a reflection for active nurses and managers of the municipality with a view to improving and strengthening prenatal care.

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