

DIFFICULTIES FACED BY NURSES FOR CARRYING OUT RISK PRE-CHRIST CONSULTATIONS

Dificuldades enfrentadas pelos enfermeiros para a realização das consultas de pré-natal de risco habitual

Dificultades enfrentadas por las enfermeras para realizar consultas previas al cristo de riesgo

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ABSTRACT

Objective: to analyze in the literature the difficulties faced by nurses in carrying out prenatal consultations of usual risk. **Method:** this is an integrative review that used the guiding question: what are the difficulties faced by nurses in carrying out prenatal consultations of usual risk (low risk)? The cut-off period from the year 2000 to 2018 was applied as inclusion criteria, in Portuguese, English and Spanish. The search for articles was carried out in six databases and databases. **Results:** 13 articles were included in the study, with two categories being listed: Difficulties faced in carrying out the usual risk prenatal consultations (low risk) and Strategies adopted to minimize the difficulties faced in carrying out the usual risk prenatal consultations (low risk). **Conclusion:** it is necessary to raise awareness among professional nurses about prenatal care in a qualified, humanized and comprehensive way.

DESCRIPTORS: Nursing; Nurses; Prenatal care; Difficulties; Public health.

RESUMO

Objetivo: analisar na literatura as dificuldades enfrentadas pelos enfermeiros na realização das consultas de pré-natal de risco habitual. **Método:** trata-se de uma revisão integrativa que utilizou a questão norteadora: quais as dificuldades enfrentadas pelos enfermeiros para

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a realização das consultas de pré-natal de risco habitual (baixo risco)? Aplicou-se como critérios de inclusão o período de corte desde o ano 2000 até 2018, nos idiomas português, inglês e espanhol. A busca de artigos realizou-se em seis bases e bancos de dados. **Resultados:** foram incluídos no estudo 13 artigos, sendo elencados duas categorias: Dificuldades enfrentadas na realização das consultas de pré-natal de risco habitual (baixo risco) e Estratégias adotadas para minimizar as dificuldades enfrentadas na realização das consultas de pré-natal de risco habitual (baixo risco). Identificaram-se 13 dificuldades e 09 estratégias para minimiza-las. **Conclusão:** é necessário a conscientização dos profissionais enfermeiros quanto a um pré-natal de forma qualificada, humanizada e integral.

DESCRITORES: Enfermagem; Enfermeiras e enfermeiros; Cuidado pré-natal; Dificuldades; Saúde pública

RESUMEN

Objetivo: analizar en la literatura las dificultades que enfrentan las enfermeras para realizar consultas prenatales de riesgo habitual. **Método:** esta es una revisión integradora que utilizó la pregunta guía: ¿cuáles son las dificultades que enfrentan las enfermeras para llevar a cabo consultas prenatales de riesgo habitual (bajo riesgo)? El período de corte del año 2000 al 2018 se aplicó como criterio de inclusión, en portugués, inglés y español. La búsqueda de artículos se realizó en seis bases de datos y bases de datos. **Resultados:** se incluyeron 13 artículos en el estudio, con dos categorías en la lista: Dificultades enfrentadas para llevar a cabo las consultas prenatales de riesgo habitual (bajo riesgo) y Estrategias adoptadas para minimizar las dificultades enfrentadas para llevar a cabo las consultas prenatales de riesgo habitual (riesgo bajo). Se identificaron 13 dificultades y 09 estrategias para minimizarlas. **Conclusión:** es necesario sensibilizar a las enfermeras profesionales sobre la atención prenatal de manera calificada, humanizada e integral.

DESCRITORES: Enfermería; Enfermeras y enfermeros; Atención prenatal; Dificultades; Salud pública.

INTRODUCTION

Pregnancy is considered a unique moment in a woman's life, wrapped in insecurities and requiring inherent attention from health professionals involved in prenatal care, including the nurse.¹ The care aims to welcome and accompany the pregnant woman, characterized by different physical and emotional changes, in which behaviors are taken to avoid and/or decrease the increase in morbidity and mortality rate to the mother-child binomial, ensure humanization and care in an integral manner.²

The Ministry of Health (MH) through the Prenatal and Birth Humanization Program (PBHP) guarantees a humanized and integral assistance model that defines the minimum procedures for adequate prenatal care.³ In addition to guaranteeing the active participation of pregnant women and their families and favoring their empowerment in attending consultations.⁴

Among the procedures performed during this period, the following should be highlighted: performing the first prenatal consultation until the fourth month of pregnancy; ensuring that a minimum of six prenatal consultations are performed; one consultation in the puerperium up to 42 days after birth; a minimum set of laboratory tests; educational health care

and procedural issues and their theoretical foundations of humanization at birth and delivery.⁵

For this purpose, the performance of these activities recommended by the PBHP are competencies of the nurse professional and have legal support in relation to the monitoring of prenatal of habitual risk (low risk), according to the Law of Professional Practice of Nursing in Brazil. In addition, Law 7.498 of July 25, 1986 regulates nursing consultation and describes that it is the responsibility of the nurse to perform it and prescribe nursing care to the pregnant woman, parturient and puerperal. This law gives the necessary autonomy to the generalist nurse to develop the complete follow-up of low risk prenatal care, when he will assess risks and recognize complications.⁶

Since the 1990s, there has been an increasing coverage of prenatal care, reaching values of more than 90% in all regions of the country and for women with different demographic, social and reproductive characteristics.⁷

Its non-existence or the difficulty of follow-up within the health services is linked to the higher perinatal mortality rate. It is noted that in underdeveloped countries perinatal deaths from pathologies that can be prevented or controlled through adequate prenatal care, such as hypertensive syndromes, congenital syphilis and urinary infections, predominate.⁸

Nursing professionals may face difficulties in performing prenatal care, and these are obstacles that negatively interfere with the quality of care. These difficulties have an impact on the integral care of pregnant women, leading to complications that can be evidenced in the dissatisfaction of the performance and autonomy of each one of them and, mainly, in complications that directly affect the woman in pregnancy, childbirth or puerperium.⁹

Considering the importance of prenatal care to reduce maternal-fetal morbidity and mortality, the difficulties encountered in performing this activity, the nurses' understanding of the real situations of deadlock, and their participation in achieving these objectives, stimulated interest in developing this research, seeking the literature that encompasses the subject. Thus, the objective of the study was to analyze in the literature the difficulties faced by the nurse to perform the prenatal consultations of habitual risk.

METHODS

This is an Integrative Literature Review, carried out in the light of the following steps mentioned in methodological reference: elaboration of the guiding question; search or sampling of the literature; data collection; analysis of the studies included; discussion of the results and presentation of the Integrative Review.¹⁰

For the design of the study, the following question was articulated: "What are the difficulties faced by nurses in carrying out prenatal consultations of habitual risk (low risk)? The literature search extended from January to May 2019, in the following databases: LILACS (Latin American and Caribbean Health Science Literature Database), BDENF (Nursing Database), SCIELO (Scientific Electronic Library

Online), PUBMED (Public Medline or Publisher Medline), Scopus and Web of Science.

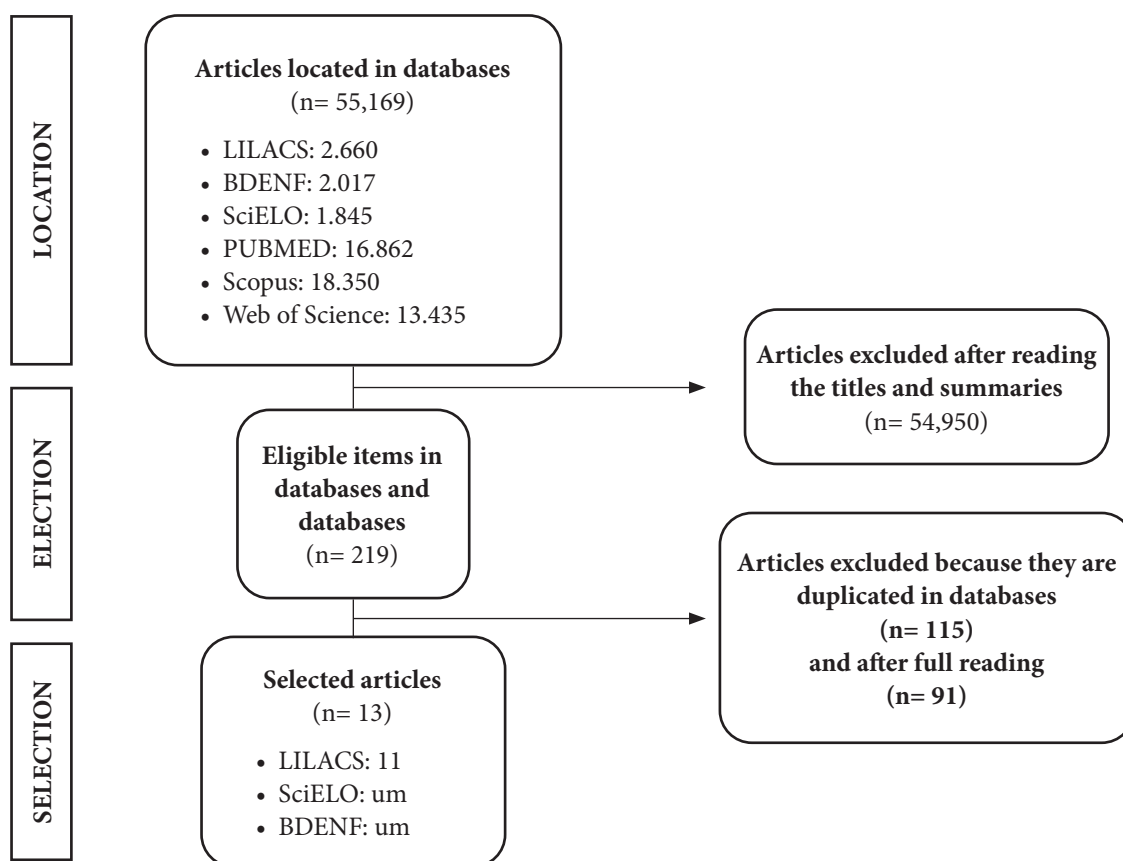
To localize the articles that composed the sample, the Descriptors in Health Sciences (DeCS) were used: Nursing, Nurses and Prenatal Care, and the keyword: Difficulties, in Portuguese, Spanish and English. The following descriptors extracted from Medical Subject Headings (MeSH) were also used: Nursing, Nurse and Prenatal Care. It should be noted that the Boolean operator represented by the term AND connector

and associations, two by two, among all the descriptors and keywords selected was used.

The inclusion criteria defined the cut-off period from 2000 to 2018 and articles published in Portuguese, English and Spanish, and excluded those publications that were duplicated in banks or databases and did not answer the question.

However, the articles were selected to compose the sample, whose location, eligibility and selection steps are shown in Figure 1.

Figure 1 - Flowchart of the selection process of scientific articles. Alfenas, MG, Brazil, 2019



A final sample consisting of 13 articles was obtained. Subsequently, a matrix was used to group the identification data of the studies: title of the article, journal, authors, year, country of publication and language, and characterization of the study: objectives, type of study, subjects of the study, results, limitations and conclusions.

A systematic analysis of selected publications was carried out in order to evaluate the studies included in the research. The studies were classified in a hierarchical manner, depending on the methodological approach adopted, so that a hierarchy of evidence was proposed, according to the research design. This research adopted the Levels of Evidence proposed by Melnyk and Fineout-Overholt.¹¹ Related to the ethical aspects of this study, the production of the range of articles studied was reversed.

RESULTS AND DISCUSSION

Regarding the 13 articles selected and included in this study, four were published in the last five years (2014 to 2018), based on the search period, ten articles were published between 2009 to 2018 and three between 2000 and 2008. All articles were published in journals located in databases and databases in Brazil and with the Portuguese language.

Regarding the type of study of the selected articles, there was a predominance of descriptive studies (eight articles), both with a qualitative approach (four articles) and quantitative studies (three articles), besides descriptive studies with a mixed approach (two articles); however, the presence of literature reviews of the narrative (two articles) and integrative (one article) types was observed.

Regarding the subjects evaluated in the studies, all are nurses (13 articles), and there are studies with pregnant women (two articles) and other health professionals (one article), together with the predominant study population. When analyzing the level of evidence, there is a preponderance in the classification of level VI (10 articles) and three articles did not fit there is no level of evidence, according to the adopted benchmark.

The composition of the results achieved by the analysis of the studies elected through this review is shown in Table 1, according to the following variables: authors, main results, limitations and conclusions. With these analyses, 13 difficulties were identified (absence or commitment of the health units infrastructure; work overload; lack of knowledge; lack of material resources; limitation of nurses to request

laboratory tests; lack of reference and counterreference services; low adherence of pregnant women to prenatal care; absence of teamwork; difficulty to perform the classification of gestational risk by the professional; lack or deficiency of human resources; limited hours of operation of health units; limitation of care protocols; and personal demotivation to work) and 09 strategies to minimize them (articulation with health managers and other sectors involved; need for review of public health policies; allocation of human and financial resources for Primary Care; greater dedication and interest by nurses to their work; professional qualification through health education; approach between the university and the health service; autonomy and professional recognition; teamwork; and completion of risk classification in prenatal consultation).

Table 1 - Distribution of selected articles according to variables: authors, main results, limitations and conclusions. Alfenas, MG, Brazil, 2019

Authors	Main Results	Limitation(s)	Conclusion(s)
GUERREIRO, E. M. et al. ¹²	Limitation of nurses in requesting exams and delay in results; absence of reference and counter-reference; lack of material and technological resources, and lack of teamwork.	Not mentioned.	Many factors that make consultations difficult can be solved in a broad sphere and in coordination with managers and other sectors involved.
SANTIAGO, C. M. C. et al. ¹³	Difficulty in classifying gestational risk.	Precarity of research that addresses the issue.	Performing the risk classification of the pregnant woman during the consultation is of paramount importance for qualified assistance.
NARCHI, N. Z. ¹⁴	Institutional impediment to requesting exams; limited hours of operation of the units; lack of material, equipment and human resources; inadequate or insufficient physical space for attendance; lack of greater knowledge, training or personal training; lack of reference and counter-reference services; lack of team work; work overload; personal demotivation to work.	No more detailed evaluation of the study object was possible.	Revisions in Public Policies are necessary to ensure the implementation of Programs; in addition to the allocation of human and financial resources.
WISNIEWSK, D.; GRÓSS, G.; BITTENCOURT, R. ¹⁵	Work overload for the nurse.	Not mentioned.	Greater dedication and interest from professionals is needed to assist pregnant women.
LEAL, N. J. et al. ¹⁶	Poor infrastructure of the health unit; inadequate equipment; lack of autonomy to request exams; lack of counter-reference; lack of time for consultations; non-adherence of pregnant women to prenatal care.	Limited number of participants.	The importance of professional qualification is highlighted.
DOTTO, L. M. G.; MOULIN, N. M.; MAMEDE, M. V. ¹⁷	Difficulties in risk classification; request and evaluation of laboratory tests.	Not mentioned.	The difficulties make it possible to reflect on the importance of university education for these professionals.
SILVA, C. S. et al. ¹⁸	Lack of physical space; lack or deficiency of human and material resources, and overload of nurse activities.	Not mentioned.	The work of the nurse in prenatal care still encounters barriers, and recognition of his work is necessary.
PRIMO, C. C.; BOM, M.; SILVA, P. C. ¹⁹	Lack of physical structure for care; lack of prenatal care for pregnant women; limitation of protocols; lack of permanent education of professionals; lack of professional knowledge.	Not mentioned.	The importance of health education is of paramount importance for prenatal care, in addition to teamwork.

Authors	Main Results	Limitation(s)	Conclusion(s)
GONÇALVES, I. T. J. P. et al. ²⁰	Lack of preparation and technical training of nurses.	Not mentioned.	Listening to the professional and the care plan will encourage reflection, strengthening the autonomy of the professional and minimizing the difficulties encountered.
RODRIGUES, E. M.; NASCIMENTO, R. G.; ARAUJO, A. ²¹	Lack of theoretical and practical training to assist the pregnant woman; lack of time; lack of teamwork.	Not mentioned.	The importance of organising assistance to the pregnant woman in the field of basic care is perceived. A joint effort is required from the various bodies involved.
NETO, F. R. G. X. et al. ²²	Lack of infrastructure for consultation; overload of activities; lack of materials.	Not mentioned.	It is important to offer a quality service with adequate reception, as well as, interest on the part of the professional, aiming at a solution to the problems of pregnant women.
GONÇALVES, M. D.; KOWALSKI, I. S. G.; SÁ, A. C. ²³	Low adherence of pregnant women.	Not mentioned.	The importance of the approach between academy and service in order to contribute to the formative process in nursing is stressed.
NARCHI, N. Z. ²⁴	Lack of knowledge, training or qualification of professionals; lack of material resources; inadequate infrastructure; lack of reference and counter-reference; low adherence of pregnant women.	Difficulty to evaluate the object of study in detail.	Consideration is given to the need to review public policies to ensure the implementation of programs and guidelines with regard to both the improvement of maternal and child care and the allocation of human and financial resources.

By analyzing the articles selected in this review, mainly the variables “main results” and “conclusion”, for knowledge synthesis and better understanding of the object studied, two categories were listed: 1. Difficulties faced by nurses in performing prenatal consultations of habitual risk (low risk) and, 2. Strategies adopted to minimize the difficulties faced by nurses in performing prenatal consultations of habitual risk (low risk).

DIFFICULTIES FACED BY NURSES IN CARRYING OUT PRENATAL CONSULTATIONS AT NORMAL RISK (LOW RISK)

The most reported difficulties in the selected articles in this study were the absence of adequate infrastructure for better care¹⁴⁻¹⁶⁻¹⁸⁻¹⁹⁻²²⁻²⁴ and the overload of the nurse’s work.^{14-16, 18, 21-22}

It is worth mentioning that the absence of adequate infrastructure for better assistance can compromise the development and quality of service actions, the dissatisfaction of professionals and the limitation of the capacity to expand the actions and the health care model.²⁵

Another important point, refers to the fact that nursing professionals, when overloaded and developing work in divergent conditions, are likely to suffer damage to their health and absent from work. This may generate overload to themselves and also to other professionals who work in the same service, hindering the efficiency and quality of assistance provided at work.²⁶

The lack of knowledge of nurses^{14, 19, 24} was also cited as a difficulty to perform the prenatal consultation of usual risk (low risk), along with lack of training for action.^{14, 19-21, 24}

It is worth mentioning that graduation is the starting point for knowledge acquisition and skills development. Thus, the nurse’s performance is fundamental in prenatal consultation, which demands good training, qualification and updated knowledge to meet women’s needs during the pregnant-puperal cycle, in order to offer effective and resolute assistance.²⁷

Knowledge and professional training are indispensable points for the worker to establish a trustworthy conduct towards a health service user. On the other hand, the deficit of knowledge and ineffective training and/or capacity building makes it difficult to train professionals and reflective and critical citizens with the knowledge, skills and attitudes to act in a qualified environment.²⁸

Following the other difficulties encountered in this review, the low adherence of pregnant women to prenatal care is highlighted.^{16, 19, 23-24}

It is observed in health services that prenatal adherence is often late, one of the reasons being the socioeconomic reality of the pregnant woman, in which the confirmation of pregnancy provokes diverse feelings through the acceptance of the partner, family and friends, the change in routine, the responsibilities involved in caring for their own health and the fetus. All these factors can have an impact on a woman’s life, and in the future also on the life of the newborn child.²⁹

The difficulty to perform the classification of the gestational risk by the professional^{13, 17} was also cited in some articles as a stalemate for performing prenatal care.

This classification associated with reception provides more precise decision making, through qualified listening, consistent with clinical judgement on the basis of scientifically established protocol. On the other hand, the absence of a risk classification in the gestational period may make it difficult for the health professional, especially the nurse, to make a decision by means of qualified listening, consistent with clinical judgment based on scientifically based protocol. This can lead to delays that result in unfavorable outcomes, making it unfeasible to attend with resolutiveness, in an appropriate time for each case.³⁰

Finally, another difficulty encountered was personal demotivation to work.¹⁴ In certain circumstances in the health services, the dissatisfaction of the professional generates damages to physical, mental and social health, causing adversities to the organization and the work environment, a drop in the quality of the service, team wear, evasion or intention to change professions. In addition, it can also have a negative influence on other team members which, consequently, results in damage to clients, to the professional himself, and to the institution.³¹

STRATEGIES FOR MINIMIZING THE DIFFICULTIES FACED BY NURSES IN CARRYING OUT PRENATAL CONSULTATIONS OF HABITUAL RISK (LOW RISK)

Among the strategies most cited in this review is the articulation with health managers and other sectors involved, through a joint effort.^{12,21} The Single Health System functions well only when there is an articulation between the three responsible for the health production policy that encompasses health service professionals, users and managers. In this way, prenatal care in Primary Care is considered the expressive positive reflection of a quality prenatal care in maternal and perinatal morbidity and mortality rates, which have decreased in Brazil in recent years.³²

Among the strategies cited in the results of this study is the allocation of human and financial resources in the direction of Primary Care, strongly reflecting on maternal and child care.^{14,24}

Based on this, in addition to the guarantee of appropriate infrastructure and ambience, for the realization of the professional practice in Primary Care, it is necessary to make available human resources and equipment, sufficient materials and adequate inputs for the health care provided in the municipalities.³³

With regard to the allocation of human and financial resources to Primary Care that is considerably satisfactory, a better dynamic, harmonisation, resoluteness, commitment and dedication to service on the part of professionals is remarkable. It is also noticeable the satisfaction of the people who use the service in having their needs met, offering the services and materials indispensable to them.³⁴

A greater dedication and interest on the part of nurses in their work to better serve the population^{15,22} was also cited as a strategy to minimize the difficulties faced.

It is notable that Primary Care is currently considered a multi-professional field of action. However, the nurse's contribution to this practice is recognized for his professional dedication to health promotion, prevention and rehabilitation actions, obtaining greater user satisfaction. It is essential the interest of the nurse for his work activities, seeking more and more professional improvement and dedicate himself to his functions to improve the self-realization and satisfaction of the population assisted.³⁵

Professional qualification through health education was another strategy found in this study.^{16,19} The actions of Permanent Education in Health with approach to the prenatal theme provides the nurse with greater knowledge, which guarantees his autonomy and, consequently, multiprofessional acceptance/interaction, since it improves the understanding about the duties of the nurse in prenatal consultations, which improves their acceptance.³⁶

A nurse who has been educated and trained with proficiency in the skills necessary to perform the prenatal consultation of habitual risk (low risk), and in the identification, management and referral of complications in women during the gestational period, ensures comprehensive care and resolution of their problems during this period.³⁷

Finally, another strategy found to minimize the difficulties faced by nurses in conducting prenatal consultations of habitual risk (low risk) is the performance of risk classification in prenatal consultation.¹³ This in turn is considered as a form of organization of services that benefits nurses in relation to the conduct to be taken, in addition to facilitating their autonomy.³⁸

The assessment and application of the gestational risk classification is a process which must be continuous during prenatal follow-up, starting at the time of confirmation of pregnancy and re-evaluated at each consultation.³⁰

CONCLUSION

In terms of analysis of the articles included in this review, it is concluded that nurses encounter some difficulties in conducting prenatal consultations of usual risk (low risk). However, it should be noted that these professionals also find strategies to minimize the difficulties encountered in conducting these consultations.

This study presented limitations in terms of the number of researches on the subject addressed being small, mainly in relation to international studies; the fact that there was no controlled descriptor for the context of the difficulties, which needed to use the keyword "difficulties" and that it might not cover the articles, since many of them use the controlled descriptors. Another limitation detected refers to the difficulty of collecting information in the included articles regarding the type of study, levels of evidence and limitations. In order to improve nursing care for women

during pregnancy, it is suggested that new studies of this nature be carried out, mainly intervention research, as well as other investigative methods.

In view of the above, it is expected that this study contributes to the awareness of nursing professionals regarding the approach, conduct and orientation towards women and their families during the pregnant period, so that it avoids or alleviates the difficulties encountered during prenatal consultations and that it is provided to the pregnant woman in a qualified, humanized and integral way, together with the multiprofessional team. It may also contribute to pointing out circumstances of extreme relevance and guiding new paths that aim at the quality of prenatal care, by identifying different difficulties encountered by nurses during this period, especially the usual risk (low risk) and strategies to minimize or extinguish them.

REFERENCES

- Schmitt PM, Tomazzetti BM, Hermes L, Hoffmann IC, Braz MM, Martelo NV. A revelação de puérperas na assistência pré-natal em estratégias de saúde da família. *Rev Saúde e Pesquisa*. [Internet]. 2018 [acesso em 20 de outubro 2018]; 11(1). Disponível em: <https://www.researchgate.net/publication/324959888>.
- Garcia ESGF, Bonelli MCP, Oliveira AN, Clapis MJ, Leite EPRC. As ações de enfermagem no cuidado à gestante: um desafio à atenção primária de saúde. *Fundam. Care. Online*. [Internet]. 2018 [acesso em 19 de outubro 2018]; 10(3). Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/6255/pdf_1.
- Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Pré-Natal e Puerpério: atenção qualificada e humanizada [Internet]. Brasília: Ministério da Saúde; 2005 [acesso em 28 de outubro 2018]. Disponível em: http://bvsm.s.saude.gov.br/bvs/publicacoes/manual_pre_natal_puerperio_3ed.pdf.
- Esposti CDD, Oliveira AE, Santos Neto ET, 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*. [Internet]. 2015 [acesso em 15 de novembro 2018]; 24(3). Disponível em: <http://www.scielo.br/pdf/sausoc/v24n3/0104-1290-sausoc-24-03-00765.pdf>.
- Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Cadernos HumanizaSUS – humanização do parto e do nascimento [Internet]. Brasília: Ministério da Saúde; 2014 [acesso em 01 de outubro 2017]. Disponível em: http://www.redehumanizausus.net/sites/default/files/caderno_humanizausus_v4_humanizacao_parto.pdf.
- Conselho Federal de Enfermagem (Brasil). Resolução COFEN nº 0516/2016. Ed. Brasília: COFEN; 2016. Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-05162016_41989.html.
- Bernardes ACF, Silva RA, Coimbra LC, Alves MTSSB, Queiroz RCS, Batista RFL et al. Inadequate prenatal care utilization and associated factors in São Luiz, Brazil. *BMC Pregnancy and Childbirth*. [Internet]. 2014 [cited 2018 out 10]; 14(266). Available from: <https://doi.org/10.1186/1471-2393-14-266>.
- Rocha AC, Andrade GS. Atenção da Equipe de Enfermagem durante o Pré-Natal: percepção das gestantes atendidas na rede básica de Itapuranga-GO em diferentes contextos sociais. *Revista Enfermagem Contemporânea*. [Internet]. 2017 [acesso em 10 de outubro 2017]; 6(1). Disponível em: <https://www5.bahiana.edu.br/index.php/enfermagem/article/view/1153/846>.
- Fontanella APS, Wisniewski D. Pré-natal de baixo risco: dificuldades encontradas pelos profissionais enfermeiros. *Brazilian Journal of Surgery and Clinical Research – BJSCR*. [Internet]. 2014 [acesso em 24 de novembro 2018]; 7(3). Disponível em: https://www.mastereditora.com.br/periodico/20140731_235604.pdf.
- Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. *Einstein*. [Internet]. 2016 [acesso em 31 de maio 2017]; 8(1). Disponível em: http://apps.einstein.br/revista/arquivos/PDF/1134-Einsteinv8n1_p102-106_port.pdf.
- Melnyk BM, Fineout-Overholt E. Evidence based practice in nursing & healthcare: a guide to best practice. Philadelphia: Editions 2; 2019.
- 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*. [Internet]. 2012 [acesso em 12 de março 2019]; 16(3). Disponível em: <http://www.reme.org.br/artigo/detalhes/533>.
- Santiago CMC, Sousa CNS, Nóbrega LLR, Sales LKO, Morais FRR. Assistência ao pré-natal e as práticas desenvolvidas pela equipe de saúde: revisão integrativa. *Rev Fund Care Online*. [Internet]. 2017 [acesso em 13 de março 2019]; 9(1). Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4184>.
- Narchi NZ. Atenção pré-natal por enfermeiros na Zona Leste da cidade de São Paulo – Brasil. *Rev Esc Enferm USP*. [Internet]. 2010 [acesso em 13 de março 2019]; 44(2). Disponível em: http://www.scielo.br/scielo.php?script=sci_abstract&pid=S0080-62342010000200004&tlng=pt.
- Wisniewski D, Gróss G, Bittencourt R. A influência da sobrecarga de trabalho do enfermeiro na qualidade da assistência pré-natal. *Rev Bras Promoç Saúde*. [Internet]. 2014 [acesso em 13 de março 2019]; 27(2). Disponível em: <https://periodicos.unifor.br/RBPS/article/view/2534>.
- Leal NJ, Barreiro MSC, Mendes RB, Freitas CKAC. Assistência ao pré-natal: depoimento de enfermeiras. *Rev Fund Care Online*. [Internet]. 2018 [acesso em 13 de março 2019]; 10(1). Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/bde-32269>.
- Dotto LMG, Moulin NM, Mamede MV. Assistência pré-natal: dificuldades vivenciadas pelas enfermeiras. *Rev Latino-am Enfermagem*. [Internet]. 2006 [acesso em 13 de março 2019]; 14(5). Disponível em: http://www.scielo.br/scielo.php?pid=S0104-11692006000500007&script=sci_abstract&tlng=pt.
- Silva CS, Souza KV, Alves VH, Cabrita BAC, Silva LR. Atuação do enfermeiro na consulta pré-natal: limites e potencialidades. *Rev Fund Care Online*. [Internet]. 2016 [acesso em 13 de março 2019]; 8(2). Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2009>.
- Primo CC, Bom M, Silva PC. Atuação do enfermeiro no atendimento à mulher no programa saúde da família. *R Enferm UERJ*. [Internet]. 2008 [acesso em 13 de março 2019]; 16(1). Disponível em: <http://www.facenf.uerj.br/v16n1/v16n1a12.pdf>.
- Gonçalves ITJP, Souza KV, Amaral MA, Oliveira ARS, Ferreira WFC. Prática do acolhimento na assistência pré-natal: limites, potencialidades e contribuições da enfermagem. *Rev Rene*. [Internet]. 2013 [acesso em 13 de março 2019]; 14(3). Disponível em: <http://www.periodicos.ufc.br/rene/article/view/3503>.
- Rodrigues EM, Nascimento RG, Araújo A. Protocolo na assistência pré-natal: ações, facilidades e dificuldades dos enfermeiros da Estratégia de Saúde da Família. *Rev Esc Enferm USP*. [Internet]. 2011 [acesso em 13 de março 2019]; 45(5). Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000500002.
- Neto FRGX, Leite JL, Fuly PSC, Cunha ICKO, Clemente AS, Dias MAS et al. Qualidade da atenção ao pré-natal na estratégia saúde da família em Sobral, Ceará. *Rev Bras Enferm*. [Internet]. 2008 [acesso em 13 de março 2019]; 61(5). Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672008000500011.
- Gonçalves MD, Kowalski ISG, Sá AC. Atenção ao pré-natal de baixo risco: atitudes dos enfermeiros da estratégia saúde da família. *Rev enferm UERJ*. [Internet]. 2016 [acesso em 13 de março 2019]; 24(6). Disponível em: <http://www.facenf.uerj.br/v24n6/v24n6a11.pdf>.
- Narchi NZ. Análise do Exercício de Competências dos não médicos para atenção à maternidade. *Saúde Soc. São Paulo*. [Internet]. 2010 [acesso em 06 de fevereiro 2019]; 19(1). Disponível em: http://www.scielo.br/scielo.php?pid=S0104-12902010000100012&script=sci_abstract&tlng=pt.
- Neto JJS, Machado MH, Alves CB. O Programa mais médicos, a infraestrutura das unidades básicas de saúde e o índice de desenvolvimento humano municipal. *Ciência & Saúde Coletiva*. [Internet]. 2016 [acesso em 19 de julho 2019]; 21(9). Disponível em: <http://dx.doi.org/10.1590/1413-81232015219.16432016>.
- Pires DEP, Machado RR, Soratto J, Scherer MA, Gonçalves ASR, Trindade LL. Cargas de trabalho da enfermagem na saúde da família: implicações no acesso universal. *Rev Latino-Am. Enfermagem*. [Internet]. 2016 [acesso em 20 de julho 2019]; 24(1). Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692016000100313&lng=en&tlng=en.

27. Rothbarth S, Wolff LDG, Peres AM. O desenvolvimento de competências gerenciais do enfermeiro na perspectiva de docentes de disciplinas de administração aplicada à enfermagem. *Rev. Texto Contexto Enferm.* [Internet]. 2017 [acesso em 05 de agosto 2019]; 18(2). Disponível em: <http://www.scielo.br/pdf/tce/v18n2/16.pdf>.
28. Mattia BJ, Kleba ME, Prado ML. Formação em enfermagem e a prática profissional: uma revisão integrativa da literatura. *Rev. Bras. Enferm.* [Internet]. 2018 [acesso em 05 de setembro 2019]; 71(4). Disponível em: http://www.scielo.br/pdf/reben/v71n4/pt_0034-7167-reben-71-04-2039.pdf.
29. Motta M, Jesus MP, Moraes FR. Dificuldades e desafios do pré-natal sob a perspectiva das adolescentes grávidas. *Revista Adolesc. Saude.* [Internet]. 2017 [acesso em 07 de agosto 2019]; 14(3). Disponível em: http://adolescenciaesaude.com/detalhe_artigo.asp?id=672.
30. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Manual de acolhimento e classificação de risco em obstetrícia [Internet]. Brasília: Ministério da Saúde; 2017 [acesso em 13 de agosto 2019]. Disponível em: http://bvsmms.saude.gov.br/bvs/publicacoes/manual_acolhimento_classificacao_risco_obstetricia_2017.pdf.
31. Furlan JAS, Stancato K, Campos CJG, Silva EM. O profissional de enfermagem e sua percepção sobre absenteísmo. *Rev. Eletr. Enf.* [Internet]. 2018 [acesso em 08 de agosto 2019]; 20(1). Disponível em: <https://revistas.ufg.br/fen/article/view/46321>.
32. Barreto CN, Wilhelm LA, Silva SC, Alves CN, Cremonese L, Ressel LB. "O Sistema Único de Saúde que dá certo": ações de humanização no pré-natal. *Rev Gaúcha Enferm.* [Internet]. 2015 [acesso em 12 de setembro 2019]; 36(1). Disponível em: <http://www.scielo.br/pdf/rgenf/v36nspe/0102-6933-rgenf-36-spe-0168.pdf>.
33. Ministério da Saúde (BR). Gabinete do Ministro. Portaria nº 2.436, de 21 de setembro de 2017 [Internet]. Brasília: Ministério da Saúde [acesso em 13 de agosto 2019]. Disponível em: http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html
34. Macinko J, Mendonça CS. Estratégia saúde da família, um forte modelo de atenção primária à saúde que traz resultados. *Rev Saúde Debate.* [Internet]. 2018 [acesso em 02 de novembro 2019]; 42(1). Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042018000500018&lng=pt&tlng=pt.
35. Gómez-Salgado J, Navarro-Abal Y, López-López MJ, Romero-Martín M, Climent-Rodríguez JÁ. Engagement, Passion and Meaning of Work as Modulating Variables in Nursing: A Theoretical Analysis. *Int. J. Environ. Res. Public Health.* [Internet]. 2019 [cited 2019 nov 02]; 16(1). Available from: <https://www.mdpi.com/1660-4601/16/1/108>.
36. Lima F, Martins CA, Mattos DV, Martins KA. Educação permanente em saúde como fortalecimento da enfermagem obstétrica. *Rev. enferm. UFPE on line.* [Internet]. 2018 [acesso em 01 de outubro 2019]; 12(2). Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-965915>.
37. Reynolds A, Zaky A, Moreira-Barros J, Bernardes J. Building a Maternal and Newborn Care Training Programme for Health-Care Professionals in Guinea- Bissau. *Acta Med Port.* [Internet]. 2017 [cited 2019 out 01]; 30(10). Available from: <https://actamedicaportuguesa.com/revista/index.php/amp/article/view/8453>.
38. Bonfada MS, Pinno C, Camponogara S. Potencialidades e limites da autonomia do enfermeiro em ambiente hospitalar. *Rev enferm UFPE.* [Internet]. 2018 [acesso em 01 de outubro 2019]; 12(8). Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/234915>.

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