

PERCEÇÃO DE GESTANTES SOBRE A ASSISTÊNCIA DE ENFERMAGEM REALIZADA DURANTE O PRÉ-NATAL DE RISCO HABITUAL

PREGNANT WOMEN PERCEPTION ON NURSING CARE DURING HABITUAL RISK PRENATAL

CAREPERCEPCIÓN DE GESTANTES SOBRE LA ASISTENCIA DE ENFERMERÍA REALIZADA DURANTE EL PRENATAL DE RIESGO HABITUAL

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RESUMO

Objetivo: Conhecer a percepção das gestantes vinculadas às equipes de Estratégia de Saúde da Família sobre a assistência de enfermagem realizada durante o pré-natal de risco habitual. **Método:** Estudo de caso com abordagem qualitativa. Participaram 18 gestantes cadastradas nas Estratégias de Saúde da Família de uma cidade do Centro-Oeste Mineiro, Brasil. A coleta de dados ocorreu de julho a agosto de 2018, por meio da associação de dois métodos, a análise documental e a entrevista semiestruturada. Para análise dos dados, utilizou-se a Análise Crítica do Discurso proposta por Norman Fairclough. **Resultados:** Observou-se que as gestantes percebem a assistência de enfermagem no pré-natal como momento de cuidado singular e propício à aprendizagem, atendendo às expectativas das gestantes e às recomendações presentes nos Manuais norteadores do Ministério da Saúde. Porém, notou-se também a presença de um discurso com base no modelo biomédico, centrado no tecnicismo e curativismo. **Conclusão:** A assistência de enfermagem à gestante vem sendo considerada como momento de singularidade do cuidado baseada no acolhimento e escuta. No entanto, algumas gestantes sentem-se inseguras quando acompanhadas pelo enfermeiro, o que revela um desconhecimento da capacidade técnica e científica desses profissionais e a hegemonia no modelo biomédico.

Descritores: Cuidado Pré-Natal; Saúde da Mulher; Cuidados de Enfermagem; Pesquisa Qualitativa.

ABSTRACT

Objective: to identify the perception of pregnant women involved in the Family Health Strategy program concerning nursing assistance developed in low-risk prenatal care. **Method:** Case study with a qualitative approach, with 18 pregnant women registered in the Family Health Strategy program in a city of Minas Gerais State, Brazil. Data were collected in July and August 2018, from the association of two methods: documental analysis and semi structured interview, using Norman Fairclough's Critical Discourse Analysis proposal. **Results:** It was pointed out that pregnant women consider prenatal nursing assistance a singular care and suitable knowledge for the moment, satisfying their expectations and following the recommendations of the manual from the Brazilian Ministry of Health. However, a discourse based on technics and curative biomedical model was noticed. **Conclusion:** Nursing assistance to pregnant women has been considered a singular moment of care based on embracement and listening. Nevertheless, some pregnant women, based on biomedical model, feel insecure by the presence of a nurse, which reveals ignorance of those professionals scientific capacity.

Descriptors: Prenatal Care; Women's Health; Nursing Care; Qualitative Research.

RESUMEN

Objetivo: Conocer la percepción de mujeres embarazadas vinculadas a equipos de Estrategia de la Salud de la Familia sobre la asistencia de enfermería realizada durante prenatal de riesgo habitual. **Método:** Estudio de caso con abordaje cualitativo. Participaron del estudio 18 mujeres embarazadas registradas en Estrategias de Salud de la Familia de una ciudad de Minas Gerais, Brasil. La colecta de datos ocurrió de julio a agosto de 2018, por la asociación de dos métodos: el análisis documental y la entrevista semi-estructurada. Para el análisis de los datos, se utilizó el Análisis Crítico del Discurso, propuesto por Norman Fairclough. **Resultados:** Se observó que las mujeres embarazadas consideran la asistencia de enfermería en prenatal como un momento de cuidado singular y propicio al aprendizaje, lo que atiende a las expectativas de esas mujeres y las recomendaciones presentes en los manuales guía del Ministerio de la Salud. Sin embargo, se notó también la presencia de un discurso basado en el modelo biomédico, centrado en tecnicismo y tratamiento. **Conclusión:** La asistencia de enfermería a las mujeres embarazadas es considerada un momento de singularidad del cuidado, basado en acogida y escucha. Pero algunas de esas mujeres, basadas en el modelo biomédico, se sienten inseguras acompañadas del enfermero, lo que revela desconocimiento acerca de la capacidad científica de esos profesionales.

Descriptor: Atención Prenatal; Salud de la Mujer; Atención de Enfermería; Investigación Cualitativa.

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INTRODUCTION

Pregnancy is a physiological process that, in the vast majority of cases, happens without complications. Each woman experiences this period in a unique way, requiring systematic consultations to prevent possible health problems and promote the health of the woman and the fetus⁽¹⁾.

Prenatal consultations have several objectives, such as preventing complications during pregnancy and childbirth, ensuring good maternal health, promoting good fetal development, treating or controlling pathologies, and reducing maternal and fetal morbidity and mortality rates. Attending to all the necessary prenatal consultations in a systematic way, in order to achieve the proposed objectives, allows the development of quality prenatal care, reflecting in lower number of complications during the gestation period, besides increasing the satisfaction rate of pregnant women and partners towards the assistance provided⁽¹⁻³⁾.

Maternal mortality rate is an excellent indicator of health development in certain regions. In developed countries this rate is known to be 12 maternal deaths per 100,000 live births, while in developing countries it is 239 deaths per 100,000 live births. In 2014, Brazil had 1,552 deaths per 100,000 live births, and the Southeast had a rate of 540 deaths per 100,000 live births. In the state of Minas Gerais, 111 maternal deaths per 100,000 live births were recorded. Several factors contribute to this result, including lack of adherence to prenatal care, low level of education of the pregnant women, pregnancy during adolescence, social, economic and demographic factors, and the various psychological, physiological and economic transformations that pregnant women experience during this period⁽⁴⁾.

In Brazil, several strategies have been developed over the past 30 years to improve the quality of care and reduce caesarean section rates and maternal and neonatal mortality. In 2011, the Ministry of Health (MoH) instituted, within the scope of the Unified Health System (SUS), the Stork Network. This strategy came up with the proposition of complementing and strengthening the Humanization of Labor and Birth Program (PHPN), established in 2000. Thus, the Stork Network aims to organize and articulate maternal and child health care by guaranteeing women's rights to reproductive planning and humanized care throughout the pregnancy and

puerperal cycle, in addition to ensuring the right to safe birth and healthy growth of children⁽⁵⁾.

In this context, prenatal nursing consultations emerge as an important tool in strengthening maternal and child care. These consultations are standardized by the Law of Professional Nursing Practice, Decree nº 94406/87, which reaffirms the responsibility of nurses when performing consultations, providing prescriptions and nursing care, offering comprehensive assistance to low-risk pregnant women, parturients, and puerperal women, besides conducting health education activities⁽⁶⁾.

Nursing consultations during the prenatal period have been re-signified through changes in its methodology and insertion in health services, especially in the public network, being evaluated with good acceptance throughout nursing⁽³⁾. This assertion is corroborated by the incorporation of Nursing Care Systematization (NCS), as it consists of a methodology that guides the provision of nursing care to achieve better results. The use of this methodology has allowed the view of pregnant women as a whole, through the optimization of data collection to ensure the establishment of nursing diagnoses and their respective interventions. It is also necessary to evaluate the objectives achieved, which enables the process to restart, thus ensuring an increasingly individualized assistance⁽⁷⁾.

Nursing consultations represent a key aspect in the search for humanized and individualized care, in a systematic and comprehensive way. They allow providing care to pregnant women during the prenatal period, and subsequently during the puerperal period, as well as care to the newborn. In addition to aspects related to the disease, nursing consultations aim at the development of health education actions to foster the autonomy and empowerment of pregnant women, based on the exchange of knowledge during prenatal consultations^(2,8). Regarding the activities established in protocols, we highlight the collection of data such as age, previous clinical history, family history, smoking, alcoholism, leisure activities, socioeconomic context, physical and obstetric examination, request and evaluation of exams, prescription of drugs established in protocols, diagnostic survey, interventions, evaluation of actions, among many other activities⁽³⁾.

Parallel to the changes in the field of nursing, SUS has been undergoing structural and organizational transformations aimed at building

a fairer, more equitable, democratic, participatory model of health care. Knowing that nursing is a science designed to provide quality care through health promotion, prevention and recovery of diseases, focusing on the well-being of individuals, families and the human community, the importance of including users in the assessment of the actions developed by these professionals is unquestionable. In the last decades, the interest in knowing the satisfaction of users about the quality of care received has increased in the health area and become an important tool in the evaluation of care, since it involves obtaining opinions directly from users⁽⁹⁾.

Given the above and knowing that the actions developed by nurses focus on the development of quality care and, based on the individual needs of each pregnant woman, this study sought to collect opinions and experiences lived by pregnant women regarding the nursing care received, allowing to detect factors related to the satisfaction or dissatisfaction of this group.

It became the objective of this study to know the perception of pregnant women linked to Family Health Strategy teams about the nursing care provided during the low-risk prenatal assistance.

METHODS

This work is a case report with a qualitative approach. Case reports are characterized by the ceaseless and exhaustive research on the object studied, allowing to reach a detailed and deep understanding of it. It stands out for its ability to preserve the unique character of the object under study and thus enhance the explanatory depth of the case analysis⁽¹⁰⁾.

The study was conducted in a city of the midwest of Minas Gerais, Brazil, which had a population of 213,016 inhabitants in 2010, with an estimated 235,977 for the year 2018. The Municipality has 43 Basic Units, 32 Family Health Strategy (FHS) teams, and 11 Traditional Units, thus ensuring a municipal coverage of 46.99% by the FHS⁽¹¹⁾.

Data collection should take place through focus groups, but due to the impossibility of carrying out the meetings with the groups, because the pregnant women did not attend the meetings as scheduled, a change was made in the initial project. Thus, with the consent of the Research Ethics Committee, data were collected through documental analysis and semi-structured interviews.

Firstly, a documentary analysis was conducted to explore national instruments that set the guidelines for prenatal care. The aim was to build knowledge that would enable the understanding of the activities recommended for this assistance. The documents were chosen after analyzing which ones had the greatest impact and completeness of information, and also based on the evaluation of the year of publication. Thus, the documents included in the documentary analysis were of Ministerial, State and Municipal nature, respectively: the Primary Care booklet nº 32 entitled "Low-risk Prenatal Care", published in 2012; the "Health care of pregnant women", published 2016 and the "Protocol of low-risk prenatal care", published in 2018^(12,13,14).

Then, with the purpose of identifying the Health Units in which nurses regularly offered prenatal consultations, throughout the pregnancy cycle, telephone calls were made to all Basic Units, including Traditional Units and the FHS of the Municipality. This search showed that in none of the Traditional Units nurses performed prenatal consultations systematically, i.e. they performed only the first consultation. Regarding the 32 existing FHS teams in the municipality, only five had this activity incorporated into the routine of nurses. Thus, these five teams were included in the data collection.

After this survey, the researcher made visits to the five FHS teams on the days of prenatal consultations in order to collect data. Moreover, home visits were made to pregnant women who, according to the Community Health Agents (CHA), could be at home at that time and could participate in the research. Thus, data collection took place in the five FHS teams of the Municipality, from July to August 2018, through semi-structured interviews conducted with aid of a previously prepared script, aiming at directing data collection and, at the same time allowing the participants to talk freely about the subject addressed⁽¹¹⁾. The interview included questions regarding the actions done during the consultation, feelings, and the evaluation of pregnant women about the care provided by nurses. Finally, the pregnant woman was to evaluate the facilitating and hindering aspects of the consultations and talk freely about issues that were not asked, but that deserved attention.

The study included pregnant women over 18 years old linked to the FHS team in which the nurses offered consultations throughout the

pregnancy cycle. Pregnant women who underwent high-risk prenatal care (PNAR) were excluded from the study.

The study consisted of six interviews in the FHS team A, three in B, three in C, two in D, and four in E, totaling 18 interviews. Only one woman refused to participate because of lack of interest in participating in the research. Of the interviews, seven occurred during home visits and 11 in offices available in the FHS unit. The different number of consultations between the FHS teams is due to particularities of each unit, such as the number of prenatal appointments, attendance of pregnant women, and availability during home visits. The average duration of the interviews was five minutes and 39 seconds. Data collection was interrupted after data saturation.

After data collection, the speeches were transcribed verbatim and in order to maintain the anonymity of the participants, each pregnant woman was named by the letter "E" followed by a random number and respective FHS unit identified with letters of the alphabet. We tried to preserve the characteristics of the speeches, paying attention to the verbal and nonverbal manifestations of the participants. The Critical Discourse Analysis (CDA) proposed by Norman Fairclough was used for data analysis. This method is based on the social theory in which the discourse is represented and influenced by the environment where it is produced, remaining inherent to social, political, historical, cultural and economic influences⁽¹⁵⁾.

Thus, after transcribing the interviews, a comprehensive analysis of the speeches was made, seeking to identify semantically similar and recurrent speeches throughout the texts, thus giving rise to empirical categories. During data analysis, attention was paid to identifying changes in voice intonation, pauses during speech, textual architecture and use of pronouns during the reports. Finally, we sought to relate the findings with the existing literature, so as to validate the information obtained.

The research was approved by the Ethics Committee for Research Involving Human Beings of the Midwest Campus, Dona Lindu, of the Federal University of São João Del Rei - CEPCO, under Opinion CAAE: 2,642,515. All ethical precepts were respected, especially the right to anonymity of the deponents, in accordance with Resolution nº 466/2012 of the National Health Council (NHC), which regulates research with human beings in Brazil⁽¹⁶⁾.

RESULTS AND DISCUSSION

The 18 pregnant women who participated in the study were aged between 18 and 35 years, presenting an average age of 26.6 years. Four pregnant women were in the first trimester of pregnancy, 5 in the second and 9 in the third.

The analysis of the data resulted in four empirical categories: The educational dimension of nursing consultations at the moment of providing prenatal care, the assistencial dimension of prenatal nursing consultations as a possibility of singular care, and Activities developed in the nursing consultation to pregnant woman.

Category 1: The educational dimension of nursing consultations at the moment of providing prenatal care

Although during pregnancy women undergo several physical, psychological, social and emotional changes, this stage is a physiological process and should be seen as part of a healthy life experience, and therefore health professionals should give guidelines on the transformations inherent in this period⁽¹⁷⁾.

In this context, several participants pointed out the groups of pregnant women as an important space for answering doubts and providing guidance on the gestational process as well as the changes experienced. This corroborated in the following reports:

[...] "Yes, the nurse always explained everything that was needed, never left anything in doubt [...]. There was a lecture she gave, I think she followed up with the other pregnant women who were there [...]" (E1- FHS A)

[...] "She took my doubts, did everything right [...]. every month there was a lecture, it was always the nurses who did it" [...]. (E2- FHS A)

[...] "She answered a lot of doubts that I had, gave a talk before the prenatal consultation with the doctor [...]. The doubts that I had the nurse answered everything right [...]. At the post, during the prenatal days, there are the lectures they give before consulting with the doctor, they answer many questions" [...]. (E4-FHS A)

[...] "She answers a lot Of things we have curiosity, just like once I went there just because he wasn't moving, she looked and explained that it was normal, I thought it was something else" [...]" (E15-FHS E)

The quality care provided to pregnant women during the prenatal period, when based

on embracement and guiding activities, direct the empowerment of women, thus ensuring the humanization of care and the strengthening of primary health care. Such characteristics of care, when perceived by pregnant women, tend to favor greater confidence, contributing to adherence to the proposed actions and improving the quality of care¹⁷. This statement is corroborated by the discourses of E1-FHS A, E2-FHS A, and E4-FHS A that present a repetition of the indefinite pronoun “everything”, which brings us to the conception of totality and completeness in care, conveying the idea of satisfaction of the pregnant women who, on several occasions, stated that the activities were comprehensive, thus meeting their expectations. In turn, when E15-FHS E used the expression “She answers a lot of things we have curiosity (...)” she sought through her speech to emphasize the significant number of doubts that were answered by the nurse, ensuring greater security during pregnancy^(9,15).

It is noticed that, the figure of the nurse is often intertwined with the role of educator, both in the care provided to groups, as pointed out by E1-FHS A, E2-FHS A and E4-FHS A, and in individual consultations, as also evidenced in the following speeches:

[...] “The role of the nurse I don't know exactly, but they help a lot, just like this issue of the examination, ask questions, they know many things” [...] (E4-FHS A)

[...] “Guide, guide, right? see if everything is okay with the child, well I think that's it.” [...] (E6-FHS A)

[...] “I think the nurse's job is to help in this moment, give advice too, right?” [...] (E12-FHS C).

In the speech of E4-FHS A, it is observed the use of the expression of intensity “a lot” to refer to the actions of orientation and dissemination of knowledge of nurses, also standing out as an appreciation of the scientific knowledge of this professional. On the other hand, the use of the expressions “I don't know exactly” and “right?” added to the pause of pregnant women before the question about the nurse's role demonstrate a difficulty in responding and uncertainty in the speech of the interviewees, revealing a lack of knowledge of the nurse's role in this context⁽¹⁵⁾.

A study shows that the nurse is a professional who plays an important role in disease prevention and health promotion, occupying a prominent position among the

professional categories working in prenatal care. The ability to use attentive listening and bonding is noteworthy. The latter is related to the close interaction between professionals and users, reinforcing the importance of co-responsibility between them as an important tool in identification of problems, setting of priorities, and definition of actions to be developed, so as to improve the quality of life of women in their search for uneventful pregnancy and childbirth⁽¹⁸⁾.

Another aspect evidenced in the speeches of the pregnant women was the communication between them promoted by the health education group activities, enabling the exchange of knowledge and ensuring greater empowerment in relation to situations experienced during pregnancy and also postpartum.

[...] “I think the lectures are important because we exchange ideas, we learn, right? It never hurts to learn! They guide us, they ask questions.” (E5-FHS A)

[...] “There is always a theme, for example, baby care, signs of preparation for childbirth (...) we always have something to learn, we exchange idea one with another” [...] (E6-FHS A).

[...] “In the group there are more people and sometimes someone asks what you wanted to ask, but you couldn't formulate the question, I don't know [...] I liked it a lot” [...] (E11-FHS C).

In the speeches of E5-FHS A, E6-FHS A and E11-FHS is noticed that they praise the activities performed in group, and they value the exchange of knowledge and complementarity of doubts. It was also noted the use of expressions such as “It never hurts to learn!” and “we always have something to learn”, conveying the idea of novelty and need for continuous guidance, as pregnant women recognize the indispensability of learning and updating of knowledge⁽¹⁷⁾.

It is known that women tend to be more attentive to the guidelines during the gestational period, which stresses the need to offer educational actions to enable them to perform self-care. In this context, prenatal care has to be committed to meet the countless needs that may arise during the gestational process, as well as to implement actions to encourage the adoption of behaviors that are closely related to the healthy development of a pregnancy, thus comprising all health education actions. It is known that educational actions enable women to know their body, reducing insecurities, fears and anxieties.

The group approach recognizedly favors the interaction among pregnant women, especially when using light technologies in health, such as embracement, accountability, and bonding⁽¹⁾.

Category 2: The assistencial dimension of prenatal nursing consultations as a possibility of singular care

During their activities, health professionals should make use of quality listening, based on the embracement of the individual needs of pregnant women. This feature, understood as light technology, is important in strengthening interpersonal relationships and programs anchored in the prenatal care framework. Light technology is understood to refer to relationships between subjects, such as embracement, bonding and sharing of care. In this perspective, there is care, known as the essence of the nursing work, which has been incorporated into women's health care in the puerperal pregnancy cycle, ranging from a technical approach to a more humanistic one⁽¹⁹⁾.

During the discourse analysis, appreciation regarding embracement and listening actions developed by the nurse was noted. This emphasizes the importance of individuality of the assistance for the development of a healthy prenatal care, as shown below:

[...] "I see more positive point in the consultations, negative I still don't have. So far they have assisted me very well!" [...].(E7- FHS B)

[...] "They are very attentive, they explain us many things!" [...]. (E8- FHS B)

[...] "I don't see any negative points. The girls [nurses] are very attentive, they try to answer well and have patience to listen to our doubts [...]. I think they calm us down" [...]. (E13- FHS D)

[...] "In my opinion, [with a nurse] I was better assisted and the attention was greater, that affection to show you things. It also varies from nurse to nurse, right?" [...]. (E14- FHS D)

[...] "I have nothing to complain about, they were very attentive [...]. Oh! There is nothing negative, the positive things are many. They talk honestly with us, they don't lie" [...]. (E18- FHS E)

In the excerpts presented, the use of intensity adverbs such as "well" and "many" give the speeches a greater degree of effectiveness, that is, the discourses of E7- FHS B, E8- FHS B, E13- FHS D, and E18- FHS E clearly showed the

satisfactory effect of attentive listening and care performed by nurses⁽¹⁵⁾.

Also regarding individualized and quality care, the Stork Network deserves mention. This network advocates the development of actions to organize maternal and child care. The guarantee of access, embracement and resoluteness developed during this period are the basis, as well as activities that seek the humanization of care as indispensable for the experience of an adequate pregnancy, childbirth and postpartum, involving family members and the family context and the socio-cultural environment^(5,20). In this context, we highlight the following statements:

"I felt safe, yes, I like very much the nurse here, everything you ask she answers straight and I had many doubts [...]. One pregnancy is not the same as another!" [...].(E5- FHS A)

[...] "The nurses here at the post already know us, they know when we are not well [...]. We developed a kind of friendship, so we have more intimacy than with the doctor, even because she is a woman, right?" [...].(E6- FHS A)

[...] "They always treated me very well. There are units where they do not care so much, but here they are always calling us [...]. We have community agents, so she comes to ask or call to know if something is happening" [...]. (E17- FHS E)

The statements presented by E5- FHS A, E6- FHS A and E17- FHS E stood out for conveying a relationship of trust established between the nurse and the pregnant woman, evidenced by the expressions "we developed a kind of friendship", "There are units where they do not care so much, but here they are always calling us" or "I like very much the nurse here". These statements are in line with the guidelines of the Ministry of Health that highlight the creation of bond as an essential tool in activities of Primary Health Care (PHC) and especially in prenatal care^(4,8).

It is known that the creation of the bond opens doors for the evaluation of another important factor during prenatal care, namely, the social and family context experienced by the pregnant woman. Changes in the family context influenced by beliefs, values and customs can interfere with the gestational period. Thus, it is up to the health professionals to recognize the context in which the pregnant woman lives with a view to developing individualized care, respecting her beliefs and customs without judgment of value⁽¹⁾.

Another point highlighted in the speeches of E5- FHS A and E6- FHS A has to do the completion of the medical record and the pregnant woman's book during the nursing consultation. It was evidenced that in the consultations, nurses tried to fill all the fields, avoiding the empty spaces, valuing the uniqueness of the pregnant women and paying attention to the information considered as essential, as shown in the following excerpts:

[...] "Look, in my consultation with the nurse she did pretty much the same thing as the doctor, it was even better than the doctor, because she wrote everything down in the notebook and usually doctors forget to write down, but the nurse because of the efficiency that they want to do things well, by the way my booklet was even blank." (E5- FHS A)

[...] "The booklet had many blank spaces, so, the nurse filled in everything, made it easier, even asked things the doctor did not (E6-ESF A)

[...] "I evaluate the consultation as very good, I think the nurse asks many things, they are more interested in asking, knowing, writing there in the files, I find it interesting. I like it, I think it's good!" [...]. (E12- FHS C)

It is observed in the speech of E5- FHS A and E6- FHS the use of the expression "to do things well" and "filled in everything", respectively, making reference to the activity of filling in the booklet, as a positive evaluation of the nursing consultation because pregnant women understand and value this activity. Still regarding qualified listening and individualized care, E12-FHS C uses the adverb of intensity "very" followed by the adjective "good" in the positive evaluation of nursing consultations⁽¹⁵⁾.

The Ministry of Health recommends performing procedures that are considered essential during prenatal care, such as completing the booklet and the medical record of the pregnant woman. In this sense, the pregnant woman's card is defined as a registration instrument, held by the pregnant woman, which should contain the main monitoring data of the pregnancy, which is one of the ways to document the information about the realization, evaluation and implementation of activities during prenatal care. In addition, it is understood that the card acts as a communication tool between the various health professionals who follow-up women during prenatal care, being essential for the reference and counter-reference flow in the health network⁽¹²⁾.

In a study that aimed to evaluate the level of completeness of the Pregnant Woman Card in a university hospital, a similar reality was observed to that reported by the interviewed pregnant women in the present survey. In this study, there was a gap in the care process during prenatal care with regard to basic procedures, showing that the activities would be no longer performed or registered. Even more serious is the omission of several simple pieces of information, such as age, clinical and obstetric history, weight curve, BMI, uterine height, fetal presentation and vaccination status⁽²¹⁾.

In contrast, the responsibility of the professional towards the user's health status is one of the fundamental elements for effective care. Moreover, it stimulates in the user a feeling of confidence in relation to the professional who provides care⁽²²⁾.

Category 3: Activities developed in the nursing consultation to pregnant woman

During pregnancy, the woman goes through several transformations, requiring the follow-up by health professionals. These, after a meticulous assessment of the pregnant woman, they classify the gestational risk and women with pregnancy with normal risk may be followed in primary care, with multiprofessional support, and specially with nursing consultations⁽⁸⁾.

As already stated, prenatal nursing consultations aim at health promotion and disease prevention, consisting of conducts and procedures in favor of the binomial mother and child. With this purpose, several actions are developed during the gestational period, and the attributions of nurses, according to the Ministry of Health (2015), are the following: registration of the pregnant woman in the SisPréNatal, completion and updating of the Pregnant Woman Card, request of complementary exams according to local protocols, realization of quick tests; prescription of medications according to protocols, provision of guidance regarding the vaccination situation, identification of alarm signs, clinical examination of the breasts, colpocytological examination, home visits, among others^(3,12).

The following are some statements about the activities developed by nurses mentioned by pregnant women during the interviews:

[...] "Measure the height of the fetus, hear the heartbeat and take a look at the exams [...].

She saw the baby's position and measured my belly" [...]. (E1- FHS A)

[...] "To assess the pressure, listen to the heart, measure belly. It was fine!" [...]. (E2 - FHS A)

[...] "Well, I'm always well assisted, right? Assess the pressure, ask how the month went by, if you have any complaints, measure the belly, listen to the child's heart, ask about how you are doing and pass the exams you have to do next month" [...]. (E12- FHS C)

[...] "Taking pressure, weighing, checking my medicine" [...]. (E8- FHS B)

In the reports of E1-FHS A, E2-FHS A, and E8-FHS B, it was difficult to describe the activities performed during consultations, indicated by a significant pause between the question and the answer.¹⁵ In this sense, it is verified that numerous recommended activities were not mentioned during the interview, and it is difficult to infer if this fact is due to the non-realization of the activities or the difficulty of the pregnant women to recall them. However, based on the reported activities and having as reference the manuals used in the theoretical reference of this work, it is observed that the activities mentioned by the pregnant women are established as essential for this public, representing indispensable tools for prenatal care^(12,14).

A study points out that in recent decades the use of protocols and manuals by nursing has contributed to the improvement and standardization of activities, being considered by professionals as essential for the success of prenatal care. On the other hand, it is noticed that some professionals devalue and present resistance in their implementation⁽³⁾.

Still regarding the activities carried out during the consultations, it was noticed the establishment of technical procedures such as assessment of blood pressure, measurement of uterine height, assessment of fetal heart rate, evaluation of weight and body mass index, among others, considered as essential in the prevention, identification and correction of risks to maternal and fetal health⁽²²⁾.

Among the activities developed during the clinical examination, the evaluation of weight and height for subsequent calculation of Body Mass Index (BMI) stood out, as in the following excerpt:

[...] "During pregnancy I gained some weight, 44 pounds [...]. When I went to see the doctor he said it was ok, but the nurse asked me

to be careful that my weight was increasing [...].(E5- FHS A)

A study found that among the items evaluated in the completion of the gestational book, the evaluation of weight and BMI stand out for a low completion rate, indicating that this item is devaluated during the gestational period. It is known that excessive weight gain during this period is associated with a higher incidence of obstetric complications, besides being considered as a risk factor for female obesity⁽²¹⁾.

Another important factor is the fact that despite the need for regular follow-up by nurses throughout the puerperal-pregnancy cycle in cases of low-risk pregnancy is acknowledged by the Ministry of Health and the Federal Council of Nursing, resistance on the part of the population and sometimes even of health professionals in accepting nursing consultations is observed. The reason for this has to do with the biomedical model that puts health care as a hegemonic activity of medical professionals, inspired by technicism and curativism⁽⁸⁾. Below are the speeches that corroborate this information:

[...] "Because it is prenatal care, sometimes we feel safer when the consultation is with the doctor, because of his training. **No matter how much the nurse is similar to him.** For me it is important to be seen by the doctor every month. But in the end, when the consultation is every 15 days I see no problem [...].The difference is in training, right? " [...]. (E2- FHS A)

[...] "What she did was satisfactory. Explained it everything right to me, about the prenatal card and informed me that my husband could also come [...]. **In the first consultation I felt safe** [...]. because it was the first, I think is kinda a pattern, but what if I had been feeling this pain, would she find out it was urinary infection? Could she prescribe me the antibiotic? " [...]. (E10- FHS C)

[...] "Come on, the nurse's job is really to care of the patient, to **help the doctor to care for the patient.** (E12- FHS B)

The reports of E2-FHS A and E10-FHS C showed a distrust on nursing assistance during prenatal care. They believed safe care could only be provided at the first consultation or at the end of the gestational period, when consultations begin to happen at shorter intervals. In these excerpts, there is the presence of interdiscourse observed from speeches that evidence the discourse of medical hegemony to the detriment

of other health professions, very common in the physician-centered model⁽¹⁵⁾.

Attention is drawn to the discourse of pregnant woman E12 - FHS C that showed the initial impact, referring to the lack of knowledge about the nurses' competence and ability to develop this work, as can be observed below:

[...] "In the first days I didn't feel safe, **but** then I saw that the nurse was as skilled as the doctor, then I felt ok [...]. The first day I came here I was told it was with a nurse. I didn't want to come, but when she answered me, she already made the tests and started explaining me what I had to do. Then I liked it" [...]. (E12- FHS C)

When E12-FHS C used the adversative conjunction "but", she demonstrates that at the beginning of the consultations she was unaware of the technical and scientific capacity of the nurse, but throughout the consultations, she started to trust this professional, because as the pregnant woman is attended and enlightened, she tends to trust and confidence in the professional⁽⁷⁾.

This scenario reflects the biomedical model that still proves to be the major influencer in health services and in the population. However, the FHS guidelines emerge to organize a new care model no longer based on disease and medical hegemony, but on the expanded health conditions of the population and focusing on the entire multidisciplinary team^(23,24).

Reorienting the health model is an arduous and slow-moving mission. However, the changes start with the quality care provided by professionals who modify the culture in the services in which they are inserted and the culture of the population served. In this struggle for the change in the health system, still incipient, it is observed that when nurses receive pregnant women in prenatal consultations, they gain their trust and, thus, create perspectives of change of culture and contribute to a greater recognition on the part of the population regarding the care provided, thus resignifying the nursing consultation^(23,24).

CONCLUSION

It was observed with this investigation that nursing care for pregnant women has been considered a moment of singular care, based on embracement and listening, and strengthened through the bonding between pregnant woman and nurse, besides providing moments for group meetings that favor the sharing of doubts and

knowledge. It was evidenced that the actions developed by nurses during the prenatal consultations are in line with the recommendations of the guiding manuals and available literature, thus favoring the improvement of the quality of care provided. On the other hand, it was found that some pregnant women, influenced by the biomedical model, felt insecure during nursing consultations, evaluating the medical care throughout the pregnancy cycle as essential.

It was also noted that the existence of legal frameworks, such as laws and government policies, are necessary to back the care provided by nurses, as well as contribute to quality care and ensure greater recognition of nurses in relation to the actions developed during prenatal care.

Finally, it is observed that the actions of nurses have considerably been advancing with prestige and acceptance by pregnant women who perceive positively the participation of these professionals in gestational care.

It is believed that this study can make a unique contribution to prenatal nursing care. By reflecting on the way in which pregnant women perceive the assistance received, nurses can resignify their work, strengthening the positive aspects evidenced by pregnant women and softening or removing from their professional practice the negative ones. This will enable the strengthening of nursing to the detriment of the medical-centered model.

It is noteworthy, as a limitation of this study, its realization only in the FHS of one city in the midwest of Minas Gerais. Therefore, it is suggested that further studies be conducted in other cities and scenarios, as well as new studies on this theme, as it is believed to be extremely important for women's health.

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