

## ASSISTÊNCIA PRÉ-NATAL REALIZADA PELO ENFERMEIRO OBSTETRA: A PERCEPÇÃO DA PUÉRPERA

## CARE CARRIED OUT BY THE OBSTETRIC NURSE: THE PRENATAL PERCEPTION OF THE PUPERPERA

## ASISTENCIA PRENATAL REALIZADA POR ENFERMERO OBSTETRA: LA PERCEPCIÓN DE LA MUJER PUERPERAL

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### RESUMO

**Objetivo:** analisar a percepção da puérpera quanto à assistência pré-natal, realizada pelo enfermeiro, em um hospital do município de Belo Horizonte. **Metodologia:** a abordagem qualitativa foi a opção metodológica utilizada, e os dados foram coletados, por meio de entrevistas semiestruturadas com 14 puérperas assistidas na Instituição. A análise dos dados foi realizada com base na técnica de Análise de Conteúdo. **Resultados:** o principal achado relativo à assistência recebida pelas puérperas foi o reconhecimento da competência do enfermeiro-obstetra, para a realização do pré-natal, no que se refere aos seus conhecimentos, habilidades e atitudes, demonstrados durante as consultas realizadas. **Conclusão:** a atuação do enfermeiro-obstetra foi percebida pelas puérperas, para além dos procedimentos técnicos da consulta de pré-natal. Destaca-se a relação interpessoal e o acolhimento com escuta qualificada à gestante, o que contribui para a melhoria da assistência pré-natal.

**Descritores:** Cuidado Pré-Natal; Enfermagem Obstétrica; Obstetrícia.

### ABSTRACT

**Objective:** to analyze the perception of the puerperal woman regarding the prenatal care offered by the obstetric nurse at a hospital in the city of Belo Horizonte. **Methodology:** the qualitative approach was the methodological option used and the data were collected through semi-structured interviews with 14 puerperal women met by the Institution. Data analysis was performed using the Content Analysis technique. **Results:** the main finding regarding the care received by the puerperal women was the recognition of the obstetric nurses' competence to perform the prenatal care, which refers to their knowledge, skills and attitudes demonstrated during consultations. **Conclusion:** puerperal women identified the performance of the obstetric nurse beyond technical procedures during prenatal visits, with emphasis on the interpersonal relationship and the reception with qualified listening to the pregnant woman, which contributes to the improvement of the prenatal care.

**Keywords:** Prenatal Care; Obstetric Nursing; Obstetrics.

### RESUMEN

**Objetivo:** analizar la percepción de la puérpera en cuanto a la asistencia prenatal ofrecida por el enfermero obstetra en un hospital de la ciudad de Belo Horizonte. **Metodología:** el abordaje cualitativo fue la opción metodológica utilizada y los datos fueron colectados por medio de entrevistas semiestruturadas con 14 puérperas asistidas en la Institución. El análisis de los datos fue realizada a partir de la técnica de Análisis de Contenido. **Resultados:** el principal hallazgo, relativo a la asistencia recibida por las puérperas, fue el reconocimiento de la competencia del enfermero obstetra para la realización del prenatal, en lo que se refiere a sus conocimientos, habilidades y actitudes. **Conclusión:** la actuación del enfermero obstetra fue identificada por las puérperas más allá de la realización de los procedimientos técnicos propios de la consulta del examen prenatal, destacando la relación interpersonal y el acogimiento con una atención calificada centrada en la gestante, lo que ha contribuido para mejorar la asistencia prenatal.

**Palabras Clave:** Atención Prenatal; Enfermería Obstétrica; Obstetricia.

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#### Como citar este artigo:

Lemos APS, Madeira LM. Assistência pré-natal realizada pelo enfermeiro obstetra: a percepção da puérpera. Revista de Enfermagem do Centro oeste Mineiro. 2019;9:e3281. [Access \_\_\_\_]; Available in: \_\_\_\_\_. DOI: <http://dx.doi.org/10.19175/recom.v9i0.3281>

## INTRODUCTION

In the gestational period, the woman experiences an existential transition process, permeated by several feelings, such as: joy, anxiety, doubts, fears, as well as a moment of intense physical, emotional and social changes, which require a qualified and humanized care<sup>(1)</sup>

The emotional assistance and support received during this phase influence the way of coping with this experience. In this way, the prenatal constitutes a privileged space for listening, dialog, co-responsibility and, if necessary, interventions that can reflect positively on gestational outcomes<sup>(2)</sup>.

The Prenatal and Birth Humanization Program (PHPN - *Programa de Humanização do Pré-natal e Nascimento* in Portuguese), instituted by the Ministry of Health (MH), Decree/GM n. 569/2000, aims to adopt measures ensuring the improvement of access, coverage and quality of prenatal care, assistance, during labor and puerperium and neonatal care, among other measures<sup>(3)</sup>.

Regarding the professionals responsible for prenatal care, the nurses and obstetric nurses are enabled to fully attend the usual-risk prenatal consultation (URPC), according to the guidelines of MH, which is guaranteed by the law of professional exercise, regulated by Decree n. 94.406/1987<sup>(4)</sup>.

According to Resolution n. 0516/2016, of the Federal Nursing Council, the obstetric nurse is enabled to the care for the parturient, the newborn, as well as their families, in the prenatal, delivery and puerperium periods to ensure a humanized and qualified service<sup>(5)</sup>.

In the municipality of Belo Horizonte (BH), in Minas Gerais (MG), the URPC offered by the Unified Health System (UHS) is led by nurses and doctors, whether at basic units as at tertiary care, as occurs in some hospitals in this city<sup>(6)</sup>.

Considering that most maternal and perinatal deaths relate to the quality of prenatal and childbirth and are mostly preventable, the commitment to support the formation and the role of obstetric nurses has been growing, in order to insert them increasingly in care during the pregnancy-puerperal cycle. This measure proposed by the MH aims to reduce the history of obstetric violence, the high incidence of cesarean sections without any real clinical indication and the high rates of morbidity and mortality<sup>(7-8)</sup>

In this context, the knowledge of the activities of obstetric nurses, during prenatal care, from the perspective of the puerperal women, can contribute to the improvement of the prenatal care in the institution. Thus, the objectives of this study were: to understand the perception of puerperal women about prenatal care, performed by the obstetric nurse and to identify the actions of this professional, performed during the URPC.

## METHODOLOGY

An exploratory and descriptive study, with qualitative approach, with puerperal women whose prenatal care was performed by obstetric nurses was carried out. The use of this approach is justified by allowing us for a deeper understanding of the subjects involved about the way the human experiences were experienced and defined by the study subject<sup>(9)</sup>. The mission of the health institution where the study was conducted is to develop actions of integral health care for women and children<sup>(10)</sup>. Therefore, it has invested in training and work of the obstetric nurse and, among the various functions of this professional, there is the prenatal care of usual risk.

In this institution, obstetric nurses are responsible for performing the URPC. At the time of data collection, ten of them were working, followed by residents in Obstetric Nursing, associating the preceptorship to their care. On average, the prenatal nurses met six visits per shift, whereas the first appointments and the follow-up.

The study included usual-risk pregnant women aged over 18 years and who attended at least six visits during pregnancy. Those who, in the course of pregnancy were sent to high-risk prenatal care, by any criteria, were excluded.

Initially, the pregnant women that could participate in the study were identified at the service reception and contacted by telephone. After the experience of labor and birth, the majority returned the contact, when the interview was scheduled. Twenty-eight pregnant women were pre-selected, being 14 interviewed, according to the availability of time and better place to interview for each one. As for the interviews, 11 of them were carried out in the postpartum return appointment, in a reserved place, and three at home.

The data were collected in the period from 29 March to 9 June 2017, through the technique

of structured interview. The interviews were conducted and recorded by the researcher, using a guide, and later transcribed to maintain trust with the speech of participants.

The participants were 14 puerperal women aged 20 through 38 years. The predominant degree of instruction was complete secondary education (nine mothers). Regarding the type of delivery, 13 of them had a normal delivery and one had a cesarean section. Of the total of the puerperal women interviewed, 13 lived in the municipality of BH and one in Ribeirão das Neves. The average number of visits was 11 throughout the prenatal period. Furthermore, the majority was primiparous (eight).

The data collection instrument was composed of three parts: identification of the puerperal women, data assessing the recognition or not of the obstetric nurse, such as the prenatal nurse and issues relating to the perception of the puerperal women about prenatal care, performed by the obstetric nurse in the Institution, containing the questions: How was your pre-natal? How was the assistance received, during the prenatal consultations carried out in the hospital? Cite four aspects you consider positive and/or negative in the assistance received from the obstetric nurse during your prenatal care.

The closure of data collection was guided by the criterion of data saturation, which occurred when the information became repetitive, and responded to the research objectives<sup>(11)</sup>.

For the analysis and interpretation of data from the interviews, the Content Analysis technique of Lawrence Bardin was performed, which divides the course of analysis in stages: pre-analysis; selection of units of meanings; process of categorization and sub-categorization and interpretation of results<sup>(12)</sup>. After full transcription of the interviews, a careful reading was performed to apprehend the significant record units, aiming to meet the research objectives. Then, the data categorization and interpretation were made, permeated by the literature related to the topic.

The present study was conducted upon approval of the project by the Hospital's Research Ethics Committee, Opinion n. 1,956, and the signing of the Informed Consent Form (ICF) by the puerperas, informing them about the objectives, risks, benefits and the confidentiality of information obtained through the study.

Therefore, the ethical standards for researches involving human beings were strictly followed, as stated by the Resolution n. 466/2012 of the National Health Council (NHC)<sup>(13)</sup>.

## RESULTS AND DISCUSSION

The content of the interviews conducted after the analysis revealed the main reasons for seeking prenatal care at the hospital, mentioning the proximity of residence to the hospital, for being a reference to family and acquaintances and the hospital as desired location for the delivery. As apprehended in the statements, the timely access of the puerperas to appropriate technologies to their needs was one of the determining factors for choosing the prenatal care location, in order to increase the effectiveness of health practices<sup>(14)</sup>. The access and the references collaborated to puerperas feel safe to receive assistance in this institution.

At the beginning of the interview, direct questions were made to the puerperal women that helped understand their knowledge about the prenatal profession and professional qualifications. Among the interviewees, 12 acknowledged the profession and the specialization of their prenatal nurses, i.e., they knew that the professional was a nurse and a specialist in Obstetric. Of the others, one identified the nurse, but had no knowledge about his/her specialization, and the other did not identify the profession nor the specialization of the professional.

As for the number of obstetric nurses involved in prenatal care of each one, eight puerperas reported that all consultations were carried out only by one professional and six reported by more than one. The majority (12) also reported that the presence and participation of the intern in obstetric nursing in consultations.

The puerperas were unanimous to highlight characteristics of the prenatal obstetric nurse, which qualify the assistance offered during the prenatal period. In general, they emphasized the knowledge, skills and attitudes of the professional, inherent to his/her performance, during the prenatal care. Moreover, they mentioned that, during the prenatal consultations, in addition to the technical procedures (anamnesis, physical and obstetric examinations), the obstetric nurse regarded the individuality of each woman, offering them a unique attention and care.

The puerperas also stressed the clarification of doubts, attention and guidance received, the reception, dialog, trust, safety and emotional support received during the pre-natal, as follows:

"[...]the most positive was the dialog, because when you go there, they check the blood pressure, measure the belly, make the touch, I mean, everyone should do this; the psychological care was the best, it was positive and nice." (P8)

"The professionals at the hospital have a greater attention, a broader vision with a woman so [...] to see beyond the belly, they even consider the emotional state. The obstetric nurse welcomed me all the times I arrived there, in my anxieties, fears. Always safe, always willing." (P 11)

In addition to the technical procedures inherent in the prenatal care, mothers mentioned the reception with qualified listening and answering the emotional demands, such as fear, insecurity, anxiety. Meeting such demands is essential, since some of the interviewees were primiparous and pregnancy is a stage surrounded by an important existential transition. With this, an expanded and cozy care was promoted, in addition to the establishment of a relationship of trust and increased maternal adherence to prenatal care<sup>(15-16)</sup>. The prenatal care, therefore, provides pregnant women a moment of physical and emotional preparation for childbirth. Health education should be performed continuously as part of the care process and should contribute to the construction of the professional-client relationship and learning. As mentioned in this study, the average found was of eleven prenatal consultations among the interviewees, exceeding the minimum recommendation of six consultations of the World Health Organization (WHO), referenced by the MH<sup>(5)</sup>.

Thus, the reception received by the puerperas in the gravid-puerperal cycle expressed in statements contributed to the consolidation of the bond with the professional. Furthermore, only one professional carried out most of the consultations. As stated in National Policy of Humanization (NPH), the objective of the reception is to build relationships of trust, commitment and bond, which were evidenced by the puerperas<sup>(17-18)</sup>.

"She answered all my doubts. She is a person who made me feel safe in my choice for natural delivery. I saw she knew things. She was

always available. Always encouraged me [...]" (P9).

Concerning the comprehensive knowledge, skills and behaviors of professionals, the puerperas pointed out that the obstetric nurse provided person-centered care, demonstrated ability in effective interpersonal communication, in addition to supporting the informed choice of the woman<sup>(17)</sup>.

"[...] the consultations always complete; every time I had a doubt she always answered my questions" (P14).

"The professional ends up making you feel safe and you see a trained professional; then this safety she passed to me, I felt safe and confident with her guidelines" (P13).

"Perfect service; she explained me everything straight, both during the ultrasound as in relation to my body, like what is best for me when I'm giving birth or breastfeeding" (P10).

"It was more than I expected; she clarified all my doubts, both during consultations as outside, on the Whatsapp" (P5).

Since prenatal care an opportune moment for health education, during consultations, this activity was performed individually, clarifying doubts, strengthening the bond of trust and dialog between the professional and the pregnant woman. The puerperas highlighted these characteristics as positive points and qualifiers of the assistance received, contributing to the physical and emotional preparation, essential for the moment of birth and motherhood<sup>(15,19-20)</sup>.

The prenatal care offered by the Institution, conducted by obstetric nurses, contemplates the recommendations of the PNHP, established since the year 2000, which refers to the number of consultations and their content, such as health education actions, qualified listening and reception<sup>(3)</sup>.

In addition, the findings of the interviews showed that the prenatal care, performed by the obstetric nurse, is in line with the essential competencies for basic obstetric practice, among them, the professional and personal attributes, such as attentive behavior, confidentiality of information obtained during the consultations and the promotion of normal delivery<sup>(17)</sup>.

Lastly, as proposed by the strategy of the *Rede Cegonha*, it became apparent that the prenatal care, performed by the obstetric nurse, under the perspective of the puerperal women, provided the bonding of pregnant women at the

place of delivery, as well as support and safety to the decision of the route of delivery<sup>(21)</sup>.

## CONCLUSION

The performance of the obstetric nurse contemplated, in addition to the technical procedures for implementation of the prenatal consultation (anamnesis, physical examination and obstetrics), the interpersonal relationship and the reception with qualified listening of emotional demands of pregnant women.

The puerperas emphasized that the obstetric nurse offered singular attention and care, as well as the promotion of an extended care and the establishment of a relationship of trust. Hence, through their statements, they highlighted and recognized the competence of the prenatal professional, stressing their knowledge, skills and attitudes demonstrated during consultations.

Such results evidence the importance and the need to encourage the work of the obstetric nurse, in prenatal care, aiming to the qualification of the care received by women in this phase of the gravid-puerperal cycle.

However, one should consider that the study was performed in only one health service, which indicates the need for further researches in order to analyze the perception of puerperal women about the care received in other services with an obstetric nurse.

## REFERENCES

- 1- Ortigara EPF, Carvalho MDB, Peloso SM. Percepção da assistência pré-natal de usuárias do serviço público de saúde. Rev Enferm UFSM 2015;5(4):618-27. DOI: [10.5902/2179769213230](https://doi.org/10.5902/2179769213230)
- 2- Bianco RKC, Souza PCB, Ferreira MBG, Silva SR, Ruiz MT. Mortalidade materna no Brasil e nos municípios de Belo Horizonte e Uberaba, 1996 a 2012. Rev Enferm Cent-Oeste Min. 2017;7:1-10. DOI: [10.19175/recom.v7i0.1464](https://doi.org/10.19175/recom.v7i0.1464)
- 3- Brasil. Ministério da Saúde. Cadernos Humaniza SUS: Volume 4: Humanização do parto e do nascimento. Brasília: Ministério da Saúde; 2014.
- 4- Brasil. Ministério da Saúde. Atenção ao pré-natal de baixo risco. Brasília: Ministério da Saúde; 2012.
- 5- Brasil. Conselho Federal de Enfermagem. Resolução nº 0516, de 24 de junho de 2016. Normatiza a atuação e a responsabilidade do Enfermeiro, Enfermeiro Obstetra e Obstetrix na assistência às gestantes, parturientes, puérperas

e recém-nascidos nos Serviços de Obstetrícia, Centros de Parto Normal e/ou Casas de Parto e outros locais onde ocorra essa assistência; estabelece critérios para registro de títulos de Enfermeiro Obstetra e Obstetrix no âmbito do Sistema Cofen/Conselhos Regionais de Enfermagem, e dá outras providências. Brasília: Conselho Federal de Enfermagem; 2016. Available in:

[http://www.cofen.gov.br/resolucao-cofen-no-05162016\\_41989.html](http://www.cofen.gov.br/resolucao-cofen-no-05162016_41989.html)

6- Prefeitura Municipal (Belo Horizonte). Protocolo de pré-natal e puerpério. Belo Horizonte: Secretaria Municipal de Saúde; 2016.

7- Norman AH, Tesser CD. Obstetrixes e enfermeiras obstetras no Sistema Único de Saúde e na Atenção Primária à Saúde: Por uma incorporação sistêmica e progressiva. Rev Bras Med Fam Comunidade 2015 [citado em 10 jul 2018]; 10(34):1-7. Available in:

<https://rbmfc.org.br/rbmfc/article/view/1106/670>

8- Leal NJ, Barreiro MSC, Mendes RB, Freitas CKAC. Assistência ao pré-natal: Depoimento de enfermeiras. Rev J Res Fundam Care 2018;10(1):113-22. DOI: [10.9789/2175-5361.2018.v10i1.113-122](https://doi.org/10.9789/2175-5361.2018.v10i1.113-122)

9- Minayo MC (Org). Pesquisa social: Teoria, método e criatividade. 29a ed. Petrópolis: Vozes; 2010.

10- Hospital Sofia Feldman. O hospital. Belo Horizonte: HSF; 2016. Available in: [www.sofiafeldman.org.br/ohospital](http://www.sofiafeldman.org.br/ohospital)

11- Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: An experience report in interview with schoolchildren. Rev Bras Enferm. 2018;71(1):228-33. DOI: [10.1590/0034-7167-2016-0616](https://doi.org/10.1590/0034-7167-2016-0616)

12- Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011.

13- Conselho Nacional de Saúde. Resolução nº 466, de 12 de setembro de 2012. Diário Oficial da União 2012;1(12):59

14- Nogueira LDP, Oliveira GS. Assistência pré-natal qualificada: As atribuições do enfermeiro. Rev Enferm Atenção Saúde 2017 [citado em 5 jun. 2018]; 6(1):107-19. Available in: <http://seer.uftm.edu.br/revistaeletronica/index.php/enfer/article/view/1538/pdf>

15- Bortoli CFC, Bisognin P, Wilhelm LA, Prates LA, Sehnem GD, Ressel LB. Fatores que possibilitam a atuação do enfermeiro na atenção pré-natal. Rev Pesqui Cuid Fundam. 2017 [citado em 5 jun 2018]; 9(4):978-83. Available in:

[http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/5565/pdf\\_1](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/5565/pdf_1)

16- Oliveira IG, Castro LLS, Massena AM, Santos LVF, Sousa LB, Anjos SJSB. Qualidade da consulta de enfermagem na assistência ao pré-natal de risco habitual. Rev Eletr Enferm. 2017;19:1-11. DOI: [10.5216/ree.v19.40374](https://doi.org/10.5216/ree.v19.40374)

17- Nascimento VF, Silva JES, Borges AP, Terças ACP, Lemes AG, Silva RGM. Percepção de puérperas sobre as primeiras consultas de pré-natal no interior de Mato Grosso. Rev Enferm UFPI 2016 [citado em 5 jun 2018]; 5(1):46-51. Available in: <http://www.ojs.ufpi.br/index.php/reufpi/article/view/5050/pdf>

18- International Confederation of Midwives. Uptodate of the International Confederation of Midwives': Essential competencies for basic midwifery practice. Netherlands: ICM; 2017.

19- Brasil. Ministério da Saúde. Política Nacional de Humanização: PNH. Brasília: Ministério da Saúde; 2013.

20- Oliveira JCS, Fermino BPD, Conceição EPM, Navarro JP. Assistência pré-natal realizada por enfermeiros: O olhar da puérpera. Rev Enferm Cent-Oeste Min. 2015;5(2):1613-28. DOI: [10.19175/recom.v0i0.857](https://doi.org/10.19175/recom.v0i0.857)

21- Brasil. Ministério da Saúde. Portaria nº 1.459, de 24 de junho de 2011. Institui, no âmbito do Sistema Único de Saúde - SUS - a Rede Cegonha. Diário Oficial da União 2011;1:109.

**Note:** Trabalho de Conclusão de Curso intitulado "Assistência pré-natal realizada pelo enfermeiro obstetra: a percepção da puérpera" do Programa de Residência em Enfermagem Obstétrica do Hospital Sofia Feldman.

**Received in:** 14/02/2019

**Approved in:** 10/10/2019

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