ISSN-e [2763-8847]

Global Clinical Research Journal

REVIEW ARTICLE

The difference that nursing consultations make in prenatal care leads to greater autonomy for pregnant women and reduced risks

La diferencia que las consultas de enfermería generan en la atención prenatal se traduce en una mayor autonomía de la embarazada y una reducción de riesgos

O diferencial da consulta de enfermagem no pré-natal para maior autonomia da gestante e diminuição dos riscos

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Abstract

The aim was to analyze, through an integrative literature review, the importance and differences of pregnant women's autonomy and the reduction of risks, in the context of nursing consultation and follow-up during prenatal care. This is an integrative literature review; the following terms were searched in the Virtual Health Library information management network, without discrimination of databases: "Prenatal" and "Nursing," with some filters, resulting in a total of 67 articles. Of these, 12 were analyzed after reviewing the inclusion criteria. It was found that nurses identify nursing consultation as a differentiating factor in prenatal care, point to a lack of knowledge of work processes as a barrier to protagonism in prenatal care, and highlight the recording of activities and dissemination of the nurse's role within the team and the population as aspects that strengthen and value the profession to meet the demands of pregnant women and help increase their autonomy. By analyzing the articles, we were able to understand the relevance of the actions developed by nurses in the care of pregnant women, and the importance of consolidating the space conquered by the category in guaranteeing the quality and satisfaction of users through care based on technical and scientific knowledge.

Descriptors: Obstetric Nursing; Nursing; Prenatal Education; Health Education; Prenatal Care.

How to cite this article:
Alcantara ACA, Gouvea AN. The difference that nursing consultations make in prenatal care leads to greater autonomy for pregnant women and reduced risks. Glob Clin Res. 2024;4(2):e53. https://doi.org/10.5935/2763-8847.20210053

Submission: 06-19-2023
Approval: 02-04-2024

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Resumén

El objetivo fue analizar, mediante una revisión bibliográfica integradora, la importancia y la diferencia de la autonomía de las gestantes y la reducción de riesgos en el contexto de la consulta de enfermería y el seguimiento durante la atención prenatal. Se realizó una revisión bibliográfica integradora; se buscaron los términos "Prenatal" y "Enfermería" en la red de gestión de información de la Biblioteca Virtual en Salud, sin discriminación de bases de datos, con filtros, lo que resultó en un total de 67 artículos. De estos, se analizaron 12 tras revisar los criterios de inclusión. Se encontró que las enfermeras identifican la consulta de enfermería como un factor diferenciador en la atención prenatal, señalan la falta de conocimiento de los procesos de trabajo como una barrera para el protagonismo en la atención prenatal y destacan el registro de actividades y la difusión del rol de la enfermera dentro del equipo y la población como aspectos que fortalecen y valoran la profesión para satisfacer las demandas de las gestantes y contribuir a aumentar su autonomía. Mediante el análisis de los artículos, pudimos comprender la relevancia de las acciones desarrolladas por las enfermeras en la atención a las embarazadas y la importancia de consolidar el espacio conquistado por la categoría para garantizar la calidad y la satisfacción de las usuarias mediante una atención basada en el conocimiento técnico y científico.

Descriptores: Enfermería Obstétrica; Enfermería; Educación Prenatal; Educación para la Salud; Atención Prenatal.

Resumo

Objetivou-se analisar através de uma revisão integrativa de literatura a importância e diferença da autonomia da gestante e da diminuição dos riscos, diante da consulta e acompanhamento de enfermagem no pré-natal. Trata-se de uma revisão integrativa de literatura, foram buscados na rede de gestão de informação Biblioteca Virtual em Saúde, sem discriminação de bases de dados, os seguintes termos: “Pré-Natal” e “Enfermagem”, com alguns filtros, evidenciando um total de 67 artigos, desses 12 foram analisados após revisão de critério de inclusão. Verificou-se que os enfermeiros identificam a consulta de enfermagem como um diferencial no cuidado pré-natal, apontam o desconhecimento dos processos de trabalho como barreira ao protagonismo no cuidado pré-natal e destacam os registos das atividades e divulgação do papel do enfermeiro junto a equipe e a população como aspectos que fortalecem e valorizam a profissão para atender as demandas das gestantes e ajudar no aumento da sua autonomia. Ao analisar os artigos, conseguimos compreender a relevância das ações desenvolvidas pelo enfermeiro na atenção à gestante, a importância da consolidação do espaço conquistado pela categoria na garantia da qualidade e da satisfação das usuárias por meio de um cuidado embasado em conhecimento técnico e científico.

Descritores: Enfermagem Obstétrica; Enfermagem; Educação Pré-Natal; Educação em Saúde; Pré-Natal.

Introduction

This work aims to understand the importance of nursing consultations during pregnancy in its overall context. The topic is still gaining acceptance among the population, but there is already a recognition that this service is fundamental to the system, due to the still high number of maternal and fetal morbidity and mortality rates. Therefore, prenatal care is essential for reducing these indicators and for continuously improving the quality of service provided to these pregnant women, from the initial contact with the pregnant woman and throughout all periods of pregnancy, and we can say even afterward in the postpartum period, to guarantee maternal and neonatal well-being.

Therefore, the progressive expansion of the organization of primary care services demonstrates the challenge of qualifying the professionals involved and the great importance of their qualification, as well as the importance of integrating primary care with the network focused on this general maternal and childcare. Thus, the importance of providing quality care to pregnant women as early as possible becomes clear, thereby preventing potential pregnancy-related complications.

Therefore, this assistance is very important in women's health, with one of its main focuses being prenatal care. This assistance must be comprehensive, encompassing care, conduct, and procedures, to detect abnormalities, control or reverse disease conditions early, to avoid complications during pregnancy and childbirth, consequently reducing the number of maternal and fetal morbidity and mortality rates[1].

The nurse's role is to monitor this through consultations and interventions, providing qualified and humane care, with supportive actions and without unnecessary interventions. This support should begin as early as possible, within the first trimester, and conclude after the 42nd day postpartum[2].

Childbirth is a significant event in a woman's life, just as the entire pregnancy marks a major change. During pregnancy, a woman undergoes a transition process that involves the needs of various dimensions. There is a change in identity and a new definition of roles where the woman begins to be seen differently. She is no longer seen only as a woman but as a mother, or even through different perspectives, because being a mother of one is different from being a mother of two or more children[3,4].

The gestational process is complex, dynamic, and multidimensional for the woman and her family, due to its clinical, social, cultural, and symbolic characteristics. Within the family context, it represents a process of profound transformations, learning, expectations, anxieties, and insecurities regarding what will be experienced, including the acquisition of new roles and responsibilities[5].

Prenatal care consists of a set of clinical and educational procedures aimed at monitoring the progress of pregnancy and promoting the health of both the pregnant woman and the child. Understanding prenatal care and monitoring is essential to understanding the impacts it can have on women's lives. Therefore, it is important to recognize the fundamental role of the nurse in this process for better outcomes. This process can be a beautiful and memorable experience, or a terrifying one that one might want to forget or even eliminate. Therefore, it is important to understand the process of pregnancy and its care, and how it is currently structured, to recognize the potential impacts it can generate and to understand how significant this moment is in the lives of pregnant women. And to understand the true role of the nurse during this period, and how important it is.

Therefore, nurses must begin preparing women for pregnancy and childbirth during prenatal care by providing accurate information and working together with each pregnant woman's unique knowledge.

The nurse conducts prenatal nursing consultations, with the Ministry of Health establishing a minimum of six consultations during pregnancy. Emotional aspects should be addressed from the first consultation, aiming to establish trust and a bond between the professional and the pregnant woman, so that more doubts can be resolved[5].

The participation of a professional nurse is necessary during prenatal care, since they perform a fundamental role not only in monitoring but also in promoting health through guidance and education for pregnant women, as well as in the diagnosis and treatment of conditions that may occur during the prenatal period, and we can even say empowering pregnant women to be more active, participatory, and confident during this time[6].

Therefore, nurses are one of the essential professionals for providing this care, as they are qualified and utilize a humanized approach in their actions and the care they provide.

Given these facts, the guiding question of this study is: "Is the prenatal consultation performed by the nurse qualified?". Therefore, the objective was to investigate the essential requirements of prenatal consultations, to gather information about the care provided by the nurse during prenatal care, and to verify the acceptance of nursing consultations by the clientele.

Methodology

This is an integrative literature review, developed in 6 stages: establishing the research question, searching the literature, identifying and classifying the studies found considering the criteria used for inclusion and exclusion, evaluating the selected articles, interpreting the results, and presenting the conclusion obtained.

The following terms, "prenatal" and "nursing," were searched in the BVS (Virtual Health Library) information management network without discrimination of databases, using the following filters: main subject (encompassing prenatal care, obstetric nursing, nursing care, primary health care, women's health, health education, nurse-patient relationship, quality of health care, nursing education), study type (qualitative selected), database (open to all), language (Portuguese), publication year range (the last 5 years were selected), as inclusion criteria, to answer the guiding question: what is the difference between prenatal care with nurse accompaniment for the pregnant woman and her autonomy and reduction of risks; and exclusion criteria such as articles associated exclusively with the moment of childbirth, with a publication period greater than 5 years, and other languages.

Data collection took place in March 2022 and resulted in a total of 67 articles. Of these, 10 were analyzed after reviewing inclusion and exclusion criteria to select those most relevant to the research and the guiding question and were read and validated in full.

Results and Discussion

The following is a synoptic chart of the studies selected for this review.

Chart 1. Identification of selected studies. Cabo Frio, RJ, Brazil, 2023

Title/Year	Authors	Objective	Results	Conclusion
Experiência de gestantes na consulta de enfermagem com a construção do plano de parto 2022	Tatiane Herreira Trigueiro, Karine Amanda de Arruda, Sinderlândia Domingas dos Santos, Marilene Loewen Wall, Silvana Regina Rossi Kissula Souza, Letícia Siniski de Lima.	Describe the experience of pregnant women seen in the Nursing Consultation from 37 weeks onwards who developed their birth plan.	The pregnant women showed a lack of knowledge about issues related to childbirth, which contributed to the emergence of doubts, fears, and insecurities. They also did not know, or knew only superficially, about birth plans. The nursing consultation and the birth plan at the maternity ward contributed to clarifying doubts, reducing anxiety, and enabling the pregnant woman and her companion to feel empowered by providing information about vaginal delivery and establishing a bond with the maternity ward.	Adapted to the reality and focused on the individuality of the pregnant woman, the nursing consultation and the birth plan were respectively highlighted as a space for health education and an educational tool, proving to be efficient for the nurse's performance and improvement of prenatal care.

Strengthening nurses in prenatal care through reflection-action 2021	Deisi Cristine Forlin Benedet, Marilene Loewen Wall, Maria Ribeiro Lacerda, Alessandra Vieira de Mello Bueno Machado, Rayssa Borges, Jaqueline Fumes Juvenal Zômpero.	Describe the reflection-action process for developing nurses' competence in prenatal care.	Nurses identify nursing consultations as a key differentiator in prenatal care; they point to a lack of knowledge about work processes as an obstacle to taking a leading role in prenatal care; and they highlight the recording of activities and dissemination of the nurse's role within the team and the population as aspects that strengthen and value the profession.	The workshops provided an opportunity for reflection to identify and overcome obstacles to developing competent practice by strengthening the nurses' understanding of their own work processes, enabling them to discuss and implement changes to improve and enhance the care provided.
Consulta de enfermagem no pré-natal na perspectiva de puérperas: estudo exploratório-descritivo 2021	Camila Staggemeir Soares, Naiana Oliveira dos Santos, Claudia Maria Gabert Diaz, Simone Barbosa Pereira, Karen Ariane Bär, Dirce Stein Backes.	Understand the perception of postpartum women regarding the meaning of prenatal nursing consultations, with a view to improving the quality of maternal and child health care.	The analysis process resulted in three categories: Postpartum women's perception of prenatal consultations; Informative consultations vs. constructive consultations; and Advances in prenatal consultations between the first and second pregnancies.	There are evident advances and achievements in prenatal care, related to the expansion of the number of prenatal consultations, horizontal and dialogical intervention approaches, and the proactive engagement of both professionals and users, among others. However, weaknesses remain related to biomedical approaches, centered on the transmission and reproduction of information.
Avaliação de qualidade da assistência pré-natal prestada pelo enfermeiro: pesquisa exploratória 2020	Rodrigo Ayres de Souza, Monique Silva dos Santos, Claudia Maria Messias, Halene Cristina Dias de Armada e Silva, Ann Mary Machado Tinoco Feitosa Rosas, Maria Regina Bernardo da Silva.	Evaluate prenatal care provided by nurses to analyze the nursing consultation from the pregnant woman's perspective.	The study pointed to young, married pregnant women, with no encouragement from the nurse for the partner's participation, but they positively rated the prenatal consultation. The prenatal room had the necessary equipment, but the record-keeping on the pregnant woman's card was inadequate.	There is a need for greater encouragement of paternal presence at prenatal appointments and uniformity in the records on the pregnant woman's card, along with improved nurse qualifications in the care provided.
Consulta de pré-natal na atenção primária à saúde: fragilidades e potencialidades da intervenção de enfermeiros brasileiros 2020	Graciela Dutra Sehnem, Laísa Saldanha de Saldanha, Jaqueline Arboit, Aline Cammarano Ribeiro, Francielle Morais de Paula.	Understand the weaknesses and strengths of the nurse's intervention in prenatal care.	Weaknesses include delays in delivering prenatal test results, a shortage of professionals to staff multidisciplinary teams, and difficulty for pregnant women in understanding the importance of prenatal care. Strengths include the variety of clinical interventions, the bond between the professional and the pregnant woman, and the use of municipal protocols.	This study revealed relevant factors that can influence the quality of prenatal care provided by nurses.
Consulta de enfermagem no pré-natal: representações sociais de gestantes 2020	Danyella Evans Barros Melo, Susanne Pinheiro Costa e Silva, Khesia Kelly Cardoso Matos, Victor Hugo Silva Martins.	Analyze the social representations of pregnant women regarding prenatal nursing consultations.	Prenatal care represented an important moment for the participants, especially because it allowed them to understand the discoveries about the formation of a new being, highlighting the dialogue and guidance provided by the nurse. It also allows them to understand the evolution of pregnancy through routine and complementary exams, giving them confidence in a healthy outcome.	The interviewees viewed the nurse as someone who provides them with security, anchoring themselves in the idea that, by putting into practice what they are instructed, the culmination will be the birth of a healthy baby.
Consulta de pré-natal de enfermagem: satisfação das gestantes 2020	Isabella Santos Chaves, Iellen Dantas Campos Verdes Rodrigues, Carla Kalline Alves Cartaxo Freitas, Maria do Socorro Claudino Barreiro.	Understand the satisfaction of pregnant women who are being monitored by nurses during prenatal appointments.	Based on the data collected in the research, three thematic categories were identified: Pregnancy diagnosis; Attention, dialogue, and trust - strengths of nursing consultation; and Health education and prenatal care.	The expectation is that this study will contribute to reflection among practicing nurses and managers in the municipality, with a view to improving and strengthening prenatal care.
O cuidado de enfermagem no pré-natal com competência a partir do olhar de gestantes 2019	Carolina Pasala	Describe the experiences and expectations of pregnant women regarding prenatal care in Primary Health Care. To understand the nurse's competence in prenatal care.	Two central categories were identified: "Expected and idealized prenatal care based on the experiences and expectations of pregnant women," which highlighted experiences linked to the life context and past experiences of pregnancy and prenatal care, expectations and idealization of care in Primary Health Care, satisfaction with the care received during prenatal care, and the influence of the COVID-19 pandemic; and "Prenatal care received based on the experiences and expectations of pregnant women," which allowed for discussion of aspects	The perception of care received and expectations regarding prenatal care are influenced by aspects of pregnancy. Among the strengths of nursing practice identified by pregnant women are bonding, welcoming, and active listening, sometimes overshadowed by the hegemony of medical care, which still permeates the field of health care, limiting the vision of quality care. The training of nurses and the continuous development of competence for a practice centered on the individuality of the pregnant woman and health

			related to the care received during pregnancy by identifying the nurse's competence, encompassing the initial and subsequent consultations, routines, guidance, and attention provided.	promotion strengthen the care provided and allow for advances towards comprehensive care and greater visibility for the profession.
Aplicação da sistematização da assistência de enfermagem em gestantes atendidas no pré-natal 2019	Amanda de Moura Borba, Amanda Barboza da Rocha Santos, Ana Clícia Delmondes Ferraz, Giselly de Amorim Silva, Laís Carolina da Silva, Raíssa Soares Ferreira Calado, Mayara Sabrina Oliveira Cavalcante, José Everton Alves de Melo, Maria Valéria Gorayeb de Carvalho.	Report on the application of a systematized nursing care approach for pregnant women receiving prenatal care, using a checklist.	The checklist included 8 of the most common diagnoses observed among pregnant women in the literature, followed by 3 nursing interventions that were also most frequently selected by nurses: compromised eating behavior, unplanned pregnancy, nausea, inadequate immunization status, vomiting, compromised health knowledge, constipation, and pain.	The role of the nurse in their duties has proven to be of great importance when it comes to using the nursing process in prenatal consultations. It is worth highlighting that the checklist tool will serve as a resource for nursing professionals to plan their interventional actions.
Determinantes sociais da saúde na consulta de enfermagem do pré-natal 2019	Carolina Gabriele Gomes da Rocha, Ivonete Teresinha Schulter Buss Heidemann, Pamela Camila Fernandes Rumor, Fabiano Oliveira Antonini, Michelle Kuntz Durand, Adriana Bitencourt Magagnin.	Understand how the Social Determinants of Health are addressed in prenatal nursing consultations within Primary Health Care.	The understanding of the Social Determinants of Health is limited to factors related to the socioeconomic situation and family network of the pregnant woman. The role of the multidisciplinary team was revealed, and the need to involve intersectoral actions was emphasized. Limitations and difficulties related to the nurses' role in addressing the determinants and conditioning factors that affect the lives of pregnant women were identified.	It is revealed that, although nurses do not fully understand the concept, its application is a reality during prenatal care. However, it should be added that pregnant women face multiple barriers, and professionals encounter many limitations and difficulties in comprehensively addressing the Social Determinants of Health.

Historical development

The main subjects that will be addressed in this study are pregnant women accompanied by professionals trained in prenatal care, specifically nurses, seeking to obtain the expected response during prenatal care, and to highlight the behavioral differences of these pregnant women compared to others.

Public policies play an essential role in the process of developing strategies to improve the quality of care provided; therefore, research in this area is highly relevant. The quality of prenatal care is directly related to maternal morbidity and mortality. It is known that actions aimed at improving women's health care have undergone numerous changes in recent decades. And the Ministry of Health experienced a historic milestone with the implementation of the Comprehensive Women's Health Care Program (PAISM), which included a differentiated and new approach to women's health care[7].

From PAISM onwards, several ordinances and laws gained greater visibility, such as Ordinance No. 569, of June 1, 2000, which aimed to establish the Humanization Program in Prenatal and Birth (PHPN) within the scope of the SUS and had as its main objective the development of actions for the promotion, prevention and assistance of pregnant women and newborns and the expansion of access to these actions, promoting reorganization, regulation and quality of obstetric, and neonatal care[8].

The Family Health Program is a strategy that prioritizes actions to promote, protect, and restore the health of individuals and families, from newborns to the elderly, whether healthy or ill, comprehensively and continuously, establishing a relationship of connection with the community, humanizing this practice directed towards health surveillance, from an intersectoral perspective[9].

In this sense, the World Health Organization states that prenatal care constitutes an important means for organizing health care, promoting health, screening, diagnosing, and preventing diseases. Through this care, it is possible to establish effective communication with pregnant women about their various dimensions - physiological, biomedical, behavioral, social, and cultural. The WHO, the ICM, and other international organizations have declared that the professional qualified to provide care should primarily be one who has received formal education and training to perform the skills necessary to assist women in uncomplicated pregnancies and who can refer them to more complex services in the case of obstetric complications[8].

Nursing, as a social practice, incorporates a holistic, person-centered philosophy and education, providing continuity of care and being present when other professionals are not. The nurse-led primary care model has proven effective, yielding similar or even better health outcomes and greater user satisfaction than other care delivery models[2].

It is necessary to highlight the importance of the level of knowledge and the differentiated profile of nursing professionals in prenatal care. This emphasis aims to minimize risks and gaps in the quality of care for pregnant women, thus promoting better performance in their essential competencies. To this end, it is fundamental to understand how this care is provided, which will allow for more precise evaluations of the assistance provided by these professionals.

Currently, nursing consultations in the primary healthcare network are conducted according to the guidelines established by the Ministry of Health, guaranteed by the law governing the profession, and by Decree No. 94.406/87. Low-risk prenatal care can be entirely overseen

by a nurse. Since 2000, the Humanization Program in Prenatal and Birth (PHPN) has been established by the Ministry of Health Ordinance No. 569, to ensure access, improve coverage, and enhance the quality of maternal healthcare. However, even though Brazil has shown progress in coverage and the number of consultations per pregnant woman during the pregnancy cycle, the number of deaths of women and children due to pregnancy and childbirth complications remains high[6].

In this way, nursing consultations provide favorable guidance aimed at addressing the specific needs of pregnant women. It is important to remember that frequent contact between nurses and pregnant women during consultations allows for better monitoring of the pregnant woman's well-being, fetal development, and early detection of problems. Even though legislation and protocols guarantee that access to prenatal care has been incorporated into nursing to act as an indicator for evaluating the quality of Primary Care, and given the fundamental involvement of the entire team for comprehensive care for pregnant women, including nursing, the nurse must jointly conduct prenatal care with the team, not merely acting as a supporter or assistant, but as an essential figure.

Prenatal care provided by nurses aims to support women from the beginning of pregnancy, ensuring the birth of a healthy child and guaranteeing maternal and neonatal well-being. This approach aims to prevent maternal mortality, which remains high and is directly linked to access to care, quality of care throughout pregnancy, childbirth, and the postpartum period, and the training of healthcare professionals who assist pregnant women.

Responsibilities of the nurse

In a context where the nurse's participation becomes imperative, considering the duties assigned to them by the Ministry of Health, such as linking pregnant women to prenatal care, conducting prenatal consultations alternating with medical professionals, requesting complementary exams according to local protocols, performing rapid tests, prescribing standardized medications during prenatal care, guiding pregnant women on vaccinations, providing individual and group health education, active and qualified listening, identifying warning signs during pregnancy, and conducting home visits, among others[10].

Pregnant women need guidance on issues related to their sexual, social, and labor rights. In the case of an unwanted pregnancy, multidisciplinary support and approach are important, with the woman being accompanied in a welcoming, individualized, and comprehensive manner, paying attention to the early detection of problems. In the case of pregnancy resulting from sexual violence, different approaches should be considered as described in the manual and supported by law, seeking to meet all the needs of women, according to protocols. It is important to keep in mind that these actions focus on human relationships, building bonds and providing support, as well as the user's autonomy. In these consultations, the nurse should always address the woman's life story, her feelings, fears, anxieties, and desires, because in this phase, in addition to bodily transformations, there is an important existential transition[2-6].

In this sense, the health sector has adopted policies to improve care for pregnant women through the decentralization of prenatal consultations, allowing nurses to conduct low-risk prenatal consultations autonomously and thus enabling the renewal of models and practices of health care to guarantee greater use and continuity of services, and potentially even contributing to increased user satisfaction[1,9].

In this sense, as determined by the Ministry of Health, quality prenatal care depends on guaranteeing the human, physical, material, and technical resources necessary to ensure access to recommended examinations, active and qualified listening in all its aspects, group educational activities, public transportation assistance for prenatal care when necessary, prenatal care for the partner, access to a specialized referral unit, guidance regarding the mode of delivery and rights guaranteed by law, and access to a visit to the linked maternity hospital for childbirth. The global recommendations for prenatal care defined by the World Health Organization encompass five classes of interventions: nutritional, maternal and fetal assessment, preventive measures, interventions for common physiological symptoms during pregnancy, and interventions related to health systems[8].

It is important to understand that pregnancy is classified as low risk when it progresses physiologically, without complications in approximately 90% of cases, and as high-risk when problems begin or develop that can lead to unfavorable outcomes for the pregnant woman or the fetus. In this context, prenatal nursing consultation constitutes an exclusive and fundamental activity of the nurse, aimed at identifying health problems and prescribing measures to promote, protect, and restore the pregnant woman's health. Given this recognized importance, the reasons why reluctance to involve these professionals in this essential care persists are therefore questioned.

Brazil, as evidenced in a study, correlates prenatal care with the figure of the doctor, which may be associated with the lack of awareness among users and the lack of empowerment of other health professionals, such as nurses. It is also well understood that these professionals have faced obstacles and challenges regarding their areas of practice, division of responsibilities, working conditions, interdisciplinary relationships, salary policies, access to training, and other factors to continue providing this care[3,4].

A possible hypothesis to explain this behavior was prejudice against the quality of care offered by nurses, due to the historical view that nurses were considered secondary and never one of the main protagonists, stemming from the prejudice that the knowledge and expertise of nurses is less than that of other professionals, without considering their individual relevance. This fact only highlights, once again, the importance of nurses in clarifying information at the care level and especially in prenatal care.

Given this context and with the aim of improving the quality of service provided, changes and efforts have

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been promoted to increase the acceptance of prenatal consultations conducted by nurses, initiatives that are already showing positive results. This trend is corroborated by the increase in Brazil in the average number of prenatal consultations per woman who gives birth in the SUS (Brazilian Public Health System). The nurse's role in this care allows for a broader understanding of the pregnant woman's needs, which, in turn, benefits both the work process of these professionals and the care model.

Therefore, it is understood that, although present in Primary Health Care, prenatal nursing consultations need to be qualified and rethought based on new intervention frameworks. Beyond prescriptive measures and specific actions, professional attitudes and approaches capable of understanding the pregnant woman in her unique and multidimensional conception are required. Knowing the importance of nurses at all levels of care, and especially in the Family Health Program (PSF), it is crucial to understand that prenatal nursing consultations should be guided by the principles of the Brazilian Unified Health System (SUS): equity, universality, effectiveness, and comprehensiveness of health actions, aiming at the promotion, prevention, protection, and recovery/rehabilitation of the individual, family, and community[3].

In prenatal care, the physician should demonstrate the importance of monitoring pregnancy in promoting, preventing, and treating disorders during and after pregnancy, and inform the patient about the services available to her, as well as physical and laboratory examinations for evaluation and decision-making. Important group activities, overlapping with consultations, are crucial to achieving the goal of reversing the traditional model to the current model, which focuses on health promotion and acts upon health knowledge and the evaluation of its impact on the quality of care[7-10].

Quality prenatal care includes early detection and intervention in at-risk situations, adequate integration of points in the prenatal care network, improved quality of care during childbirth and delivery, and ensures the development of pregnancy with a healthy birth, without impacting maternal health, considering psychosocial aspects, educational and preventive activities[1].

Primary care, at the Family Health Strategy (ESF) level, has had a significant impact on public health when it comes to monitoring pregnant women through prenatal consultations, since this program allows for the monitoring of the mother-fetus dyad, as well as the timely detection of any changes that may compromise the natural process of pregnancy. The role of the nurse in their duties has proven to be of paramount importance when it comes to using the nursing process as an indispensable tool for detecting risk situations in pregnant women with low-risk pregnancies[9].

The nurse plays an essential role in prenatal care, acting as a facilitator of knowledge. The nursing consultation serves as an opportunity to cultivate a bond with the pregnant woman. Furthermore, the nurse should instruct the pregnant woman and her family on the importance of prenatal care, breastfeeding, vaccination, and the frequency of appointments; request complementary exams according to established protocols; perform rapid tests; conduct syndromic management of sexually transmitted infections (STIs); prescribe standardized medications for the prenatal program; promote educational activities; perform clinical breast exams and Pap smears, among other activities[6].

Welcoming is an essential care tool during pregnancy, characterized as an ethical and supportive stance, framed within the Humanization Policy, as one of the most important health care practices. In prenatal care, it occurs through active listening to the pregnant woman and her companion, taking into account the life context of each and their particularities; it allows getting to know the woman, creating a bond and providing higher quality care, since quality care and the establishment of a bond between professional and pregnant woman contribute to changing practices and attitudes, making this moment as natural and least radicalized as possible. Therefore, prenatal consultation is also within the competence of the nurse.

Competence

Competencies refer to the responsibilities and autonomy of the healthcare professional, their relationships with women and other professionals, and the care activities related to aspects of obstetric practice. Competency arises from the combination of knowledge, skill, and attitude. Knowledge is linked to knowing what to do, attitude is the desire to do it, and skills are knowing how to do it[8].

In practice, the development of nurses' competence in prenatal care fosters greater empowerment of the nursing profession, as it has a direct impact on the healthcare model, reflecting in the reduction of maternal and infant morbidity and mortality and in women's participation in the gestational process. In this sense, the development of nursing competence is a complex process involving various factors that must be studied and continuously improved. This research allows for the enhancement of competence development, focusing on providing quality care[1,10].

Consultation

A nursing consultation is a standardized care delivery process performed by a nurse. Although the most popular consultation is that conducted by a doctor, nursing care makes a significant contribution to the development and assessment of the pregnant woman and the fetus. In addition, it includes monitoring special conditions to prevent crises and health problems.

Prenatal care should begin as soon as a woman discovers she is pregnant. In Brazil, from that moment on, the Ministry of Health recommends at least six prenatal appointments (one in the first trimester, two in the second, and three in the third). Ideally, the first appointment should take place in the first trimester, and monthly appointments should be scheduled until the 34th week. Between the 34th and 38th weeks, an appointment every two weeks is recommended, and from the 38th week onwards, appointments should be weekly until delivery, which usually occurs in the 40th week but can last up to 42 weeks, with alternating monitoring by a doctor and a nurse[3-7].

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As part of routine consultations, the following should be performed: anamnesis, physical examination, complementary tests, adherence to the vaccination schedule for Hepatitis B and tetanus, provision of medications such as ferrous sulfate for the treatment and prevention of anemia and folic acid, diagnosis and prevention of cervical and breast cancer, nutritional status assessment, and follow-up. Special attention should be given to adolescents and women in situations of domestic violence. It is essential that prenatal care activities be documented in the medical record and in the Pregnancy Card, considered the main document for the pregnant woman, who should be instructed to always carry it. In addition to the description of all care provided, examinations, and vaccines, it also includes appointment scheduling, referrals, and linkage to other services through referral and counter-referral[1].

The first consultation should include identification, socioeconomic data, epidemiological data, personal and family history, rapid testing, verification and updating of vaccination status, request for routine examinations, physical examination, verification of gestational age and expected delivery date if possible, referral to the joint multidisciplinary team, and guidance. In subsequent consultations, investigate gestational and fetal development, signs and symptoms, perform physical examinations, and request precise tests according to gestational age, always providing guidance[2,5].

Conclusion

The importance of prenatal care with a professional nurse is evident, as are the advances and achievements in this care, related to the increased acceptance and greater autonomy of pregnant women, fathers, and family members regarding nursing consultations; a differentiated yet humanized approach focused on dialogue, aiming to empower and provide security and knowledge about the pregnancy situation; more precise and safe interventions; and the proactive engagement of both professionals and users, among others. However, weaknesses related to this care process remain.

It is also concluded that the empowerment of pregnant women is directly related to prenatal consultations, which consequently will have repercussions on maternal and infant morbidity and mortality indicators. Therefore, prenatal nursing consultations are assuming an increasingly important role in the maternal and child health care network. It is important, however, that nurses distinguish themselves through proactive leadership and knowledge and confidence on this subject, being able to transcend the punctual and linear logic of healthcare practice. The analysis of this study demonstrates relevant data on the evaluation of prenatal care provided by nurses, considering the increase in autonomy and knowledge of pregnant women about the pregnancy process. Although the care provided by nurses is evaluated as facilitating in several aspects, deficiencies in care were observed, due to cultural and historical barriers faced or even the lack of preparation of these professionals. By analyzing the articles, we were able to understand the relevance of the actions developed by nurses in the care of pregnant women, and the importance of consolidating the space conquered by the category in guaranteeing the quality and satisfaction of users through care based on technical and scientific knowledge.

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