



Characteristics of prenatal care performed by nurses in a city in Rio de Janeiro



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ABSTRACT

Introduction: Prenatal care is essential for obstetric qualification and health promotion for women, newborns and society. The care occurs predominantly in Primary Health Care, in which the nurse represents an important professional in the reception, classification of gestational risk, evaluation and prescription of exams, performance of anamnesis and physical examination, definition of a care plan with guidelines and periodic evaluations. **Method:** This is a qualitative research of the descriptive type, in consideration of the object of study, since this type of research allows, in a systematized way, the identification, registration, description and analysis of the perspectives of the participants about the relationships and interactions related to prenatal care. To this end, the study had the participation of 15 nurses who work in the Family Health Strategy scenario of the Municipality of Teresópolis, in the Mountain Region of the State of Rio de Janeiro. The results evidenced is that the participants reported that the greatest approximation with women's health care emerged since their academic training and that this is a practice valued by them in the context of primary care. Other results were: extrinsic: insertion of the pregnant woman in the network, referrals of the pregnant woman in the network, adolescent pregnancy and nurses' autonomy in requesting tests and prescribing medications. **Final Considerations:** From the accomplishment of this study, it was possible to perceive that the professionals of the network provide qualified and systematized prenatal care. The reports show a relationship of identification and satisfaction in prenatal care by the research participants, although they face challenges.

Keywords: Nursing, Prenatal care, Women's health.

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INTRODUCTION

Prenatal care is essential for obstetric qualification and health promotion for women, newborns and society. The care occurs predominantly in Primary Health Care, in which the nurse represents an important professional in the reception, classification of gestational risk, evaluation and prescription of exams, performance of anamnesis and physical examination, definition of a care plan with guidelines and periodic evaluations. A comprehensive, individualized, and evidence-based approach is essential to put into effect the principles of the Unified Health System (MARQUES et al., 2021)

With regard to health rights, in Brazil it is presented as a great achievement due to the movements of professionals and society carried out in the twentieth century that culminated in the creation of the Unified Health System (SUS). In this wake, and on the occasion of the formulation of the Federal Constitution, access to health began to be defined as a right of the population and a duty of the State to promote in a universal, equitable and egalitarian manner (BRASIL, 1988).

Although the creation of the SUS has already established clear definitions about the characteristics of health care provision, it was necessary to formulate specific public policies according to the various demands of the population, such as the Technical Manual of Prenatal Care, in which I defined the care provided by nurses in prenatal care, from the diagnosis of pregnancy to the puerperium, recognizing this professional as competent and important in obstetric care (BRASIL, 2002).

Based on the above, the present research has as its object of study the practices of nurses in prenatal care in Primary Health Care.

OBJECTIVE

To identify the main characteristics of nurse practice in prenatal care in a municipality in the Mountain Region of Rio de Janeiro.

METHOD

This is a qualitative research of the descriptive type, in consideration of the object of study, since this type of research allows, in a systematized way, the identification, registration, description and analysis of the participants' perspectives about the relationships and interactions related to prenatal care. This is because this methodological approach seeks the deepest meanings of human experiences and behaviors, the understanding of patterns, health needs, and the possibility of interventions (RENJITH, 2021).

The study participants were 15 nurses who work in Primary Health Care in a municipality in the Mountain Region of the State of Rio de Janeiro. The inclusion criterion was the nurses who

provide prenatal care in their units. Nurses with less than 6 months of professional activity in the unit were excluded.

The research scenario consisted of nine (9) Basic Health Units and Family Health Strategy Units in the city of Teresópolis.

The research met the ethical requirements according to Resolutions No. 466/2012, 510/2016 and 580/2018 of the National Health Council with regard to research with human beings, respecting the principles of ethics, justice, benevolence and non-maleficence, the principles of Resolution No. 510/2016. After the invitation and explanation about the research, the participants who agreed to participate were instructed and signed the Informed Consent Form (ICF).

The research was approved by the Research Ethics Committee of UNIFESO.

In consideration of the context of the COVID-19 pandemic, the biosafety guidelines recommended by the Ministry of Health, such as social distancing, were respected.

Data collection occurred through individual interviews conducted through a structured script with open questions related to the study objective. These interviews were recorded on a voice recorder and later transcribed in full.

The data analysis used content analysis as described by Minayo (2017), taking place in three stages: pre-analysis, exploration of the material or coding and treatment of the results obtained/interpretation. Where he sought to find similarities or confrontations in the same speeches.

ANALYSIS AND DISCUSSION OF THE RESULTS

The characterization of the participants reveals that of the 15 interviewees, the majority were women, 12 (80%) and three were male (20%), which is in line with the profile of nursing in Brazil, which shows that 84.6% of the nursing team is composed of women, and 15% of men, that is, a predominantly female profession (COFEN, 2015).

Age ranged from 24 to 55 years, the self-declared color was mostly white, ten (66.6%), four brown (26.6%) and one black (6.8%).

The time of professional experience ranged from six months to 30 years, possibly newly graduated professionals present updating of the theoretical content applying their practice, while professionals with longer time in the service commonly exercise the practice anchored in their experiences and experiences of practical exercise (ASSAD; VIANA, 2003).

From the analysis of the professionals' discourse, it was possible to construct the following categories:

CATEGORY 1 - NURSES' PERCEPTION OF PRENATAL CARE PRACTICES

This category emerged from the questioning of the participants about their perceptions in relation to the practices performed in prenatal care. The reports showed the valorization of the attributions related to the request for complementary exams, prescription of medications as provided for in institutional protocols, the investigation of alarm signs, identification of high-risk pregnancies and, when a risk factor is identified, referral to medical evaluation, and home visits during pregnancy and puerperal periods about the needs of these women (BRASIL, 2012).

All professionals reported satisfaction with prenatal care, as well as recognizing the importance of this practice in primary care and in the follow-up of low-risk pregnant women.

The following statements show the professional's satisfaction with performing low-risk prenatal care:

"Yes, because it's something I like to do. Very much! One thing that interests me. I enjoy doing it, one of the things I like to do the most is to work with pregnant women and women's health as well" (Nurse 3)

"Yes, we see any patient for the first time in prenatal care, and once we identify a case of risk, we refer them to high-risk prenatal care" (Nurse 8)

"Yes, I feel comfortable in addition to liking and having a specialization in obstetric nursing [...]" (Nurse 9)

"Completely comfortable, because prenatal care in primary care, of low risk, is done by the nurse, it is conducted by the nurse" (Nurse 11).

Another point evidenced is that the participants reported that the greatest approximation with women's health care emerged since their academic training and that this is a practice valued by them in the context of primary care.

CATEGORY 2 - INTERVENING FACTORS IN THE PRACTICE OF PRENATAL CARE

In the search to identify the extrinsic and intrinsic factors that interfere in the practice of prenatal care in primary care, the participants were asked about the main challenges in their work processes in the performance of prenatal care.

The results were: extrinsic: insertion of the pregnant woman in the network, referrals of the pregnant woman in the network, adolescent pregnancy and nurses' autonomy in requesting tests and prescribing medications. According to Brasil (2011), Ordinance No. 2,488 describes that nurses can request complementary exams, prescribe medications, and refer users, when necessary, to other services through protocols and technical regulations established by federal, state, municipal, and Federal District managers.

Often, it is the difficulty of some complementary exams, out of the routine, such as the beginning of prenatal care, sometimes a transvaginal one that is a little more complicated to get, a request for a morphological one, which we cannot do here, through Primary Care. But then, in general, all the primary exams are within the routine and we can do it. So in this sense, there is not much difficulty. And some vitamin supplements, which are sometimes

lacking in the network, despite being on the municipal list of medicines, but sometimes there is a shortage and some cannot be bought, such as Ferrous Sulfate and Folic Acid. [Nurse 01] “[...] Only sometimes when we want to ask for a more specific test, which sometimes we can, we find it difficult [...] [Nurse 03] Yes. When it is done for high-risk referral. Every time we send this woman either for laboratory justification, or because she is a teenager, the high risk always returns, she never does the accompanied care. He says that he does not justify that pregnant woman being treated in that service. This is an issue that is very evident by all nurses who do prenatal care. [Nurse 05]

Challenge as a professional, no. But because of her interaction on the network, yes. Because we refer the patient, right? Often they come back because the high-risk doctor releases them. And we understand that there are some risks, right? That the basic unit they cannot support all. One of these risks are pregnant women under 18 years of age, who we understand have a whole formation of the uterus, and pregnant women under 14 years of age have a very high risk of fetal malformation, and we refer them to high risk, and high risk understands that it is not high risk and they refer them to us. So, the difficulty I see is more on the network, but as a professional, no. [Nurse 09]

The Federal Nursing Council (2017) authorizes the prescription of medications, provided for in institutional protocols, by Primary Care Nurses in low-risk prenatal care, such as in situations of urinary infection, however, according to the reports, in the Municipality there are no institutional protocols that support these practices, a situation that weakens and hinders the exercise of these professionals, As shown below:

[...] And today, it's very different, I have a doctor to support me, I always have a doctor in the unit, right? Because sometimes... I was even commenting on this yesterday with the doctor, that when she takes a vacation it's very bad, because sometimes we identify a urinary tract infection and I have to send it to the HCT because I can't prescribe the antibiotic. So, it's something that prenatal care makes me learn a lot, even for my life. And I like to always be searching, and updating myself. So it's good even for my life, I like it. (Nurse 15)

FINAL CONSIDERATIONS

From the accomplishment of this study, it was possible to perceive that the professionals of the network provide qualified and systematized prenatal care. The reports show a relationship of identification and satisfaction in prenatal care by the research participants, although they face challenges. It is evident, therefore, that professional practice also demands the institution of updated protocols, such as medication prescription protocols. This is because, in addition to being supported by a COFEN resolution, this organization interferes in the quality of care received by pregnant women.

These results highlight the need for the elaboration of updated institutional protocols, which present the practice of these professionals in a systematic way.



As a limitation, as this is a qualitative research, the results presented here do not represent the profile of all nurses who work in primary care, and are therefore restricted to the group and scenario of the present research.



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