

## **The importance of nurses in assisting pregnant women admitted to primary care.**

Aline Fontes Alves<sup>1</sup>, Maria Fernanda Custódio Gonçalves<sup>1</sup>, Rafael Soares Henz<sup>1</sup>, Juliana Benitez Martins<sup>1</sup>, Jaqueline Carvalho de Freitas<sup>1</sup>, Alice Alves Rodrigues<sup>1</sup>, Mônica da Silva Santos<sup>1</sup>, Vânia Cassiano da Silva<sup>1</sup>, Kamila Marreiro Ventura<sup>1</sup>, Guilherme Fidelis de Oliveira<sup>1</sup>, Gilberto dos Santos Campos<sup>1</sup>, Gleison Faria<sup>2\*</sup>, Renata Gimenez de Sá<sup>2</sup>, Eduardo de Andrade França<sup>2</sup>, Taís Loutarte Oliveira Ricarte<sup>2</sup>, Erivelton Gomes Jacob<sup>2</sup>, Marco Rogério da Silva<sup>3</sup>, Rayanne Cavalcante do Nascimento<sup>4</sup>, Francisco Sánchez da Fontoura<sup>5</sup>, Graciety da Silva Lima<sup>6</sup>, Gleisimar Lima Silva<sup>6</sup>, Suellen de Oliveira Andrade<sup>6</sup>, Tharles Alan Martins<sup>6</sup>, Dulcilene Custódio da Cruz Lima<sup>6</sup>, Daniele Ceres Assis Gabriel<sup>6</sup>, Maria de Lourdes Bueno Machado<sup>6</sup>, Cristina Ferreira Da Silva Pinho<sup>6</sup>, Patricia Chagas dos Santos<sup>6</sup>, Socorro Rodrigues da Silva<sup>6</sup>, Geani Souza da Silva<sup>6</sup>, Jussara de Souza Dias<sup>6</sup>, Catia saraiva dos Santos<sup>6</sup>, Francisleide Leite Farias<sup>6</sup>, Poliane Petroski Maciel<sup>6</sup>, Lucineia da Silva Toledo<sup>7</sup>, Luan Lodovico Ninmer Raasch<sup>7</sup>, Vanda Cristina Balduino<sup>7</sup>, Marcela Tessália Silveira de Queiroz<sup>7</sup>, Jessica Julia Barbosa Freire<sup>7</sup>

<sup>1</sup>- Centro Universitário São Lucas AFYA Educacional - Ji-Paraná, Rondônia, Brazil

<sup>2</sup>-Graduated/Undergraduate student at Unifacimed-Faculty of Biomedical Sciences of Cacoal – FACIMED – RO, Brazil. Email: gleisonfaria@hotmail.com \*

<sup>3</sup>- Nurse at the University of Vale do Rio dos Sinos – UNISINOS - São Leopoldo, Rio Grande do Sul, Brazil

<sup>4</sup>- Nurse - University of Rondônia - Porto Velho - RO - Brazil

<sup>5</sup>- Nurses from UNOPAR - University of Paraná - Brazil

<sup>6</sup> Nursing student and Nurses at Universidade Paulista – UNIP/ UNIPLAN – Cacoal e Ji – Paraná –RO, Brazil

<sup>7</sup>- Nursing student and Nurses at from Higher Education in Cacoal, FANORTE, Rondônia, Brazil

---

### **Abstract**

*Prenatal care is a set of procedures aimed at promoting health and preventing diseases, in order to generate healthy newborns, without any negative impact on the maternal health status, with a biopsychosocial approach and educational and preventive activities. The objective was to describe the role of nurses in prenatal care in primary care. This is an integrative review of the literature, conducted through original and complete studies, published in the SCIELO, BSV and Google Scholar databases, in the Portuguese language between the years 2011 and 2023. Results show, in the context of prenatal care, nurses are one of the professionals involved in this care, as they are qualified to work on health education and disease prevention strategies, as well as offering humanization in the care provided to pregnant women. The nurse's responsibility is to carry out effective prenatal care, seeking to improve the health status of the mother and fetus and identify unfavorable clinical conditions for the continuation of the pregnancy, not only related to the gestational period, but also to the socioeconomic conditions of the future mother. . –It is concluded that, however, it is evident that reception, dialogue, guidance and building a bond with pregnant women are carried out, activities that are only possible through consultation. Given this, it is important for these professionals to establish the Systematization of Nursing Care, through the operationalization of the Nursing Process, so that the Nursing Consultation is systematized, resolving and, in fact, recognized by nurses, the health team and by pregnant women.*

**Keywords:** Prenatal; nursing assistance; Service.

---

Date of Submission: 13-11-2024

Date of acceptance: 26-11-2024

---

## **I. INTRODUCTION**

Prenatal care is a set of procedures aimed at promoting health and preventing diseases, in order to generate healthy newborns, without any negative impact on the maternal health status, with a biopsychosocial approach and educational and preventive activities (BRASIL, 2016; WHO, 2016).

It is, therefore, the level of care with the highest qualification to meet the needs of users at all stages of life through a Health Care Network of longitudinal and continuous care, with an emphasis on women's health, especially with regard to pregnancy, which ranges from pre-delivery to postpartum (DOMINGUES et al., 2015; GOMES et al., 2019).

As recommended by the Ministry of Health, adequate prenatal care should begin when the pregnancy is detected, preferably before twelve weeks, with a minimum of six consultations throughout prenatal care, distributing them: one in the first trimester, two in the second and three in the third trimester of pregnancy (BRASIL, 2016).

It is proven to be associated with better intrauterine fetal growth, higher birth weight and lower incidence of premature birth, and is also considered one of the main measures to prevent or reduce maternal and neonatal morbidity and mortality, as the third Sustainable Development Goal: Ensure healthy lives and promote well-being for all at all ages, including the reduction of maternal, neonatal and child morbidity and mortality (BRASIL, 2016; WHO, 2016).

In the context of prenatal care, the nurse is one of the professionals involved in this care, as they are qualified to work on health education and disease prevention strategies, as well as offering humanization in the care provided to pregnant women. This is in line with what is presented in Law No. 7,498/86, regulated by Decree No. 94,406/87, which says that among the nurses' private activities are carrying out nursing consultations and prescriptions and offering nursing care. nursing as a member of the health team for pregnant women, women in labor, women who have recently given birth and newborns (BRASIL, 1986).

The nurse's responsibility is to carry out effective prenatal care, seeking to improve the health status of the mother and fetus and identify unfavorable clinical conditions for the continuation of the pregnancy, not only related to the gestational period, but also to the socioeconomic conditions of the future mother. . This allows for sustainable monitoring of the risk of the gestational process with the possibility of early interference, contributing to better health outcomes (GADELHA et al., 2020), in addition to being effective in reducing morbidity and mortality in the pregnancy-puerperal cycle of women and their newborns. -born (BRASIL, 2016).

The study aimed to describe the role of nurses in prenatal care in primary care.

## **II. MATERIALS AND METHODS**

This is an integrative review of the literature. The integrative review is the broadest methodological approach to the review, allowing the inclusion of experimental and non-experimental studies for a comprehensive understanding of the analyzed phenomenon. This research method aims to analyze a phenomenon that has been studied in previous research, to better understand a particular phenomenon.

The selection of articles was carried out through the online electronic scientific library such as: Scientific Electronic Library Online (Scielo), Google Scholar and the virtual health library database (BSV), through the health sciences descriptor (Decs): Prenatal; nursing assistance; Service.

For the inclusion criteria, only primary studies with online availability of the full text, whose title or summary addressed the topic, published in Portuguese between the years 2011 and 2022 were considered. Duplicate articles (among the databases) were excluded. , which did not expressly respond to the guiding question or descriptors, experience reports, and which were not available for free on the aforementioned platforms. The research was carried out between December and May 2024.

The critical analysis of the included articles was carried out by the authors, followed by a consensus between them. The initial search in the databases resulted in 45 publications.

## **III. RESULT AND DISCUSSION**

Prenatal consultations are understood as welcoming the pregnant woman through a multidisciplinary team with the aim of promoting actions and health education capable of minimizing the insecurity and risks generated by a pregnancy, in this way, it is understood as monitoring the development of pregnancy and work to prevent complications that can put the life of the baby and the pregnant woman at risk (DIAS et al., 2018).

From this perspective, prenatal care is premised on the dynamic assessment of high-risk situations to identify problems and prevent adverse outcomes. Therefore, the lack of prenatal control itself increases the risk for the mother or the newborn, as pregnant women can be at risk at any time during pregnancy or childbirth, even those in the postpartum period (BALSELLS et al., 2018).

Therefore, it is emphasized that the necessary care must occur from the beginning of pregnancy until labor, with the aim of discovering, treating and verifying the existence of pathologies that could cause complications and worsen the pregnant woman's health and fetal development. , in order to minimize maternal and perinatal mortality rates (MARTINS et al., 2015).

It is noted that negative results such as early birth, admissions to intensive care units, postpartum prostration and low birth weight are mostly related to inadequate prenatal care actions. Therefore, it is observed that a healthy birth mostly occurs through adequate and qualified assistance capable of meeting the real maternal needs, taking into account its three phases: pregnancy, childbirth and the postpartum period (CUNHA et al., 2019).

It is important to highlight that educational practice is the responsibility of a multidisciplinary team. It helps to improve the quality of work and the interaction of knowledge in the daily lives of professionals, between team members and between professionals and users, individually or collectively, with joint planning of actions aimed at changing specific realities (CARDOSO et al., 2019).

Among health professionals, nurses play an important role in healthy education. The nurse's guidance reduces fear, anxiety and facilitates the pregnancy and birth process, placing pregnant women in the roles of protagonists, actively participating in the teaching-learning process (CARDOSO et al., 2019).

During a nursing consultation, in addition to technical competence, the nurse must also show interest in the pregnant woman and her lifestyle, listen to her complaints and consider her concerns and anxieties. To do this, nurses must use qualified hearing to provide adherence. Therefore, it can help to make concrete and healthy changes in the attitude of the pregnant woman, her family and community, thus playing the role of education (BRASIL, 2012).

In view of this, it is important to highlight that the nurse is considered qualified to carry out prenatal consultations with low-risk pregnant women, and is assigned to carry out various procedures, such as guidance related to childbirth, breastfeeding, care for the newborn, requesting exams, referrals when necessary. , prescription of medications as defined through public health programs and in standards accepted by the institution, vaccination, and also helps to promote the bond between mother and baby (DUARTE & ALMEIDA, 2014).

It is observed that among the most common complications during pregnancy are: Gestational Diabetes Mellitus (GDM), hypertensive syndromes, eclampsia, infections and hemorrhages. As for the baby, there was a high risk of low weight, prematurity and an APGAR score below expectations (ALGRIGHI et al., 2021).

Given the above, GDM starts to be identified in the second or third trimester of pregnancy, when it is not proven before pregnancy. It is still defined as glucose intolerance, resulting in hyperglycemia of varying intensity, together with the beginning or first diagnosis during pregnancy, whether or not it can persist after birth (BARROS et al., 2021).

Since hypertensive syndromes (HS) are a condition that can occur during pregnancy, they can be classified into chronic hypertension and pre-eclampsia. It is shown that SHs is the second cause of maternal death worldwide, only not exceeding the rate of death due to hemorrhages, however SHs can cause several complications for maternal health such as hypertensive encephalopathy, heart failure, renal impairment, coagulopathies and association with pre-eclampsia. The health of the fetus is also at risk, which may manifest intrauterine growth restriction, fetal distress, low weight and prematurity (ANTUNES et al., 2017).

Due to pre-eclampsia it is a hypertensive condition, generally affecting women after the twentieth week of pregnancy. It is defined as a multisystem disease, characterized by high blood pressure (BP) (systolic BP  $\geq$  140 mmHg or diastolic BP  $\geq$  90 mmHg) (FERREIRA et al., 2019).

During pregnancy, the most common infection is urinary tract infection (UTI), due to various hormonal and mechanical causes that contribute to changes in the pregnant woman's urinary system, which is asymptomatic. Urinary tract infections (UTI) can be identified at any time during prenatal care, where tests such as urine cultures are requested (SILVA et al., 2019).

#### **IV. CONCLUSION**

Pregnancy is a physiological and not a pathological process. Consultative nursing is an activity practiced by the service provider and is a vital mechanism that seeks to provide complete clinical-gynecological as well as educational care to people, with an emphasis on enhancing and creating prenatal care which, in turn, helps to reduce maternal, fetal and neonatal morbidity and mortality.

The nurse plays an important role in the progressive and general care of pregnancy through the following procedures: Application of the nursing process, blood pressure control; checking for the presence of edema; measurement of fundal height/fetal growth; auscultation of fetal heartbeats and demand for laboratory tests, which, therefore, represents a fundamental tool in providing quality care that meets the individual needs of each pregnant woman.

The technical monitoring of clients carried out by nursing and the entire system that accompanies this technique values and humanizes knowledge and analysis of the gestational period — following different clinical modalities to define parameters necessary to qualify the physiological or pathological conditions of pregnancy, not imbalances, but reversing them into balances aiming at quality assistance.

#### REFERENCES

- [1]. DIAS EG, ANJOS GB, ALVES L, PEREIRA SN, CAMPOS LM. Ações do enfermeiro no pré-natal e a importância atribuída pelas gestantes. *Rev Sustinere*. 2018; 6(1):52-62.
- [2]. BALSELLS MMD, OLIVEIRA TMF, BERNARDO EBR, AQUINO OS, DAMASCENO AKC, CASTRO RCMB, et al. Avaliação do processo de assistência pré-natal de gestante com risco habitual. *Acta Paul Enferm*. 2018; 31(3):247-54.
- [3]. MARTINS QPM, FERREIRA GSM, ARAGÃO AEA, GOMES FMA, ARAÚJO LM, FERREIRA FIS. Conhecimentos de gestantes no pré-natal: evidências para o cuidado de enfermagem. *Rev Sanar*. 2015; 14(2):65-71.
- [4]. CUNHA AC, LACERDA JT, ALCAUZA MTR, NATAL S. Avaliação da atenção ao pré-natal na Atenção Básica no Brasil. *Rev Bras Saude Mater. Infant*. 2019; 19(2): 459-70.
- [5]. CARDOSO RF, SOUZA VHP, PAIVA TR, OLIVEIRA DE, LIMA B, COSTA JB, et al. Educação em Saúde na assistência pré-natal: revisão de literatura. *Reas/EJCH*, 2019; 23:e397.
- [6]. BRASIL, Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Atenção ao pré-natal de baixo risco. 1. ed. Brasília-DF: Ministério da Saúde; 2012
- [7]. DUARTE SJH, ALMEIDA EP. O papel do enfermeiro do programa saúde da família no atendimento pré-natal. *Rev Recom*. 2014; 4(1):1029-35.
- [8]. ALDRIGHI JD, RIBEIRO SS, CHEMIM AK, WALL ML, ZUGE SS, PILER AA. Ocorrência de complicações no período gestacional em mulheres com idade materna avançada. *Rev baiana enferm*. 2021; 35: e43083.
- [9]. BARROS BS, NEPOMUCENO BS, SANTANA LB, SÁ MCLO, VIEIRA MEVA, BENDEL MF, et al. A importância do pré-natal na prevenção de complicações materno-fetais do diabetes mellitus gestacional. *Reac*. 2021; 27:e7588.
- [10]. ANTUNES MB, DEMITTO MO, GRAVENA AAF, PADOVANI C, PELLOSO SM. Síndromes hipertensiva e resultados perinatais em gestão de alto risco. *Rev Min Enferm*. 2017; 21:e1057.
- [11]. FERREIRA ETM, MOURA NS, GOMES MLS, SILVA EG, GUERREIRO MGS, ORIÁ MOB. Características maternas e fatores de risco para pré-eclâmpsia em gestantes. *Rev Rene*. 2019; 20(1):e40327.
- [12]. SILVA RA, SOUSA TA, VIROTINO KA. Infecção do trato urinário na gestação: diagnóstico e tratamento. *Rev Cient Fac Educ e Meio Ambiente*. 2019; 10(1):72-81.