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Assistance of the nurster acceracking the manager with pre-eclampsy in the pre-natal

Asistencia del nuestro que acepta el gesto con preclampsia en el pre-natal

Assistência do enfermeiro acerca da gestante com pré-eclâmpsia no pré-natal

ABSTRACT

The objective was to analyze in the literature the care of nurses about pregnant women with prenatal preeclampsia. This is a systematic review of the literature with metasynthesis, which follows the PRISMA protocol. The following databases were used as a search source: SciELO, LILACS and BDEF, presenting 30 documents. After inclusion criteria: articles available in full, free of charge, published between 2016 and 2020, are written in Portuguese, English and Spanish. And exclusion: articles with no central idea based on the theme addressed, repetitive studies in different databases, dissertations, documentaries, monographs, projects, abstracts, reports and theses, resulting in a total of 7 articles. It was identified that the nurse provides adequate but insufficient care, needing to deepen the guidance with these pregnant women about their pathology and seek strategies for their self-care, in order to reduce possible complications related to the disease. In this way, it will enable humanized care centered on the profile of each patient, preventing future complications to the maternal-fetal binomial.

DESCRIPTORS: Nursing. Preeclampsia. Prenatal.

RESUMEN

El objetivo era analizar en la literatura el cuidado de enfermeras sobre mujeres embarazadas con preeclampsia prenatal. Esta es una revisión sistemática de la literatura con metasíntesis, que sigue el protocolo PRISMA. Las siguientes bases de datos fueron utilizadas como fuente de búsqueda: SciELO, LILACS y BDEF, presentando 30 documentos. Después de los criterios de inclusión: los artículos disponibles en su totalidad, de forma gratuita, publicados entre 2016 y 2020, están escritos en portugués, inglés y español. Y exclusión: artículos sin idea central basados en el tema abordado, estudios repetitivos en diferentes bases de datos, disertaciones, documentales, monografías, proyectos, resúmenes, informes y tesis, dando como resultado un total de 7 artículos. Se determinó que la enfermera proporciona atención adecuada pero insuficiente, necesitando profundizar la orientación con estas mujeres embarazadas sobre su patología y buscar estrategias para su auto-cuidado, con el fin de reducir las posibles complicaciones relacionadas con la enfermedad. De esta manera, permitirá una atención humanizada centrada en el perfil de cada paciente, previniendo futuras complicaciones en el binomio materno-fetal.

DESCRIPTORES: Enfermería. Preeclampsia. Prenatal.

RESUMO

Objetivou-se analisar na literatura a assistência do enfermeiro acerca da gestante com pré-eclâmpsia no pré-natal. Trata-se de uma revisão sistemática da literatura com metassíntese, que segue o protocolo PRISMA. Foram utilizados como fonte de busca as bases de dados: SciELO, LILACS e BDEF, apresentando 30 documentos. Após critérios de inclusão: artigos disponíveis integralmente, de forma gratuita, publicados entre os anos de 2016 a 2020, estarem escritos em português, inglês e espanhol. E exclusão: os artigos sem ideia central pautada na temática abordada, estudos repetitivos em diferentes bases de dados, dissertações, documentários, monografias, projetos, resumos, relatos e teses, resultando em um total de 7 artigos. Identificou-se que o enfermeiro presta uma assistência adequada, mas insuficiente, necessitando aprofundar nas orientações com essas gestantes sobre sua patologia e buscar estratégias para o seu autocuidado, de modo a diminuir possíveis complicações relacionadas a doença. Desta forma, irá possibilitar um atendimento humanizado e centrado no perfil de cada paciente, prevenindo intercorrências futuras ao binômio materno-fetal.

DESCRITORES: Enfermagem. Pré-eclâmpsia. Pré-natal.

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Laudilina Xavier Rocha Gonçalves

Nurse, Postgraduate Student in Family Health – FAVENI.
ORCID: 0000-0002-2352-7054

Carolina Francisca da Silva Ferreira

Nurse, Post-Graduate Student in Family Health - FAVENI.
ORCID: 0000-0003-1955-0005

Maria do Socorro Santos de Oliveira

Nurse, Specialist in Obstetric Nursing, Professor of Nursing – UNIJUAZEIRO.
ORCID: 0000-0001-9392-2378

Petrúcyra Frazão Lira

Nurse, Master of Science in Education, Specialist in Network Management, Professor at UNIJUAZEIRO, Coordinator of the Technical School of SUS Dr. Antonio Marchet Callou.
ORCID: 0000-0001-9539-066X

Dayse Christina Rodrigues Pereira

Nurse, PhD in Health Science at the ABC-FMABC University Health Center, Director of the Municipal Mental Health Network, Post-Doctoral Student in Health Science at the ABC-FMABC Health University Center.
ORCID: 0000-0002-5719-3574

Cicero Rafael Lopes da Silva

Nurse, Specialist in Dermatological Nursing, Postgraduate in Higher Education Teaching - UNIJUAZEIRO and in Gerontology and Elderly Health - FAVENI, Undergraduate Nursing Professor- UNIJUAZEIRO.
ORCID: 0000-0001-8819-5380

INTRODUCTION

Pregnancy happens in a natural, physiological and dynamic way, with several changes during this period, even if care occurs during its course, the pregnant woman may develop complications such as the Specific Hypertensive Syndromes of Pregnancy (SHEG) which represents one of the problems of public health. It is characterized by an increase in Blood Pressure (BP) and can have negative results during the gestational outcome.¹

Preeclampsia (PE) is a multisystem disease, becoming one of the SHEG that most affects pregnant women during pregnancy. It occurs specifically after the 20th week of pregnancy and is detected through the symptomatic triad: hypertension, proteinuria and edema. The disease often develops silently without the presence of symptoms suggestive of pre-eclampsia. When PE is not diagnosed early, it can progress to eclampsia, causing serious complications for the pregnant woman and the fetus.²

Importantly, there are some risk factors that increase the likelihood of a pregnant woman having pre-eclampsia, such as: history of the disease in previous pregnancies, chronic hypertension, chronic kidney disease, pre-existing diabetes mellitus, age over 40 years, obesity and ethnicity. Despite its importance from a public health standpoint, the underlying cause of this condition remains unknown.³⁻⁴

About 2% to 8% of all pregnant women are affected by PE, that is, in Brazil, it is the leading cause of maternal death. The disease is not only associated with the high mortality rate, but also with the permanent harm it can bring to the maternal-fetal binomial, leading to a greater need for care.⁴

According to the World Health Organization (WHO), the suggested is 20 maternal deaths for every 100.000 live births. The maternal mortality rate in the state of Ceará caused by the disease is 78,5 deaths for every 100.000 live births. In other words, to reduce this mortality rate, it aims at the importan-

ce of prenatal care and quality hospital care.⁵⁻⁶

Given these considerations, the question is: What is the nurse's assistance regarding pregnant women with pre-eclampsia in prenatal care?

Thus, the nurse, through the provision of care, must play the role of welcoming, guiding and informing about the disease and its risks. It is of great importance for pregnant women to know all the necessary behaviors that should be done in view of their pathology, in such a way, to collaborate with the assistance provided and help the professional in the development of strategies for their self-care. The care for these women has goals and care plans, in order to implement the Systematization of Nursing Care (SAE), which emphasizes the assistance of professional nurses not only as technical resources, but also the realization of holistic care, that is, evaluating the patient in all dimensions.

Thus, this study is of total relevance on the care provided by nurses in pre-

-eclampsia for maternal-fetal health, as it is essential to offer a unique monitoring to pregnant women during prenatal care. In order to establish a bond of trust between the patient and the professional involved to be able to face all the adversities that may arise during the period of pregnancy, especially in the context of high-risk prenatal care.

In view of these precepts, this research aimed to analyze in the literature the care provided by nurses to pregnant women with pre-eclampsia in the prenatal period.

METHOD

This is a systematic literature review with metasynthesis. Systematic reviews have the purpose of scientifically investigating, in order to make available together several authors, carefully evaluate and then write a synthesis of the results of the different primary studies. This type of research is useful for aggregating the opinions of a set of documents socialized by several authors on a given topic, which may present coincident or opposite results.⁷

The search for scientific elaborations on the care of nurses about pregnant

women with pre-eclampsia in the prenatal period was carried out, to achieve scientific production, the Virtual Health Library (VHL) and the following databases were used as a search source. Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS) and Database on Nursing (BDENF). The survey of scientific works took place between April and September 2020.

The descriptors in Health Science (DeCS) being used as a research source: “enfermagem”, “pré-eclâmpsia” and “pré-natal” the descriptors mentioned were associated with the Boolean AND operator, as follows: “enfermagem” AND “pré-eclâmpsia” AND “pré-natal”.

The research included studies that met the following criteria: articles available entirely free of charge, published between the years 2016 to 2020, being written in Portuguese, English and Spanish. Articles without a central idea based on the topic addressed, repetitive studies in different databases, dissertations, documentaries, monographs, projects, abstracts, reports and theses were excluded from the research.

For data selection, a careful reading of the content found was performed. At first, the titles and abstracts of all selected articles were read, thus effecting the selection of contents that met the inclusion criteria and discarding those that were not part of it.

Regarding the ethical aspects of research for reviews, it is not necessary to submit to the Ethics Committee and Research with Human Beings. Since, the articles used have already gone through the ethical review and are available online in the databases. Therefore, it is possible to affirm that all the precepts of the National Health Council resolution nº 466/12 were respected.

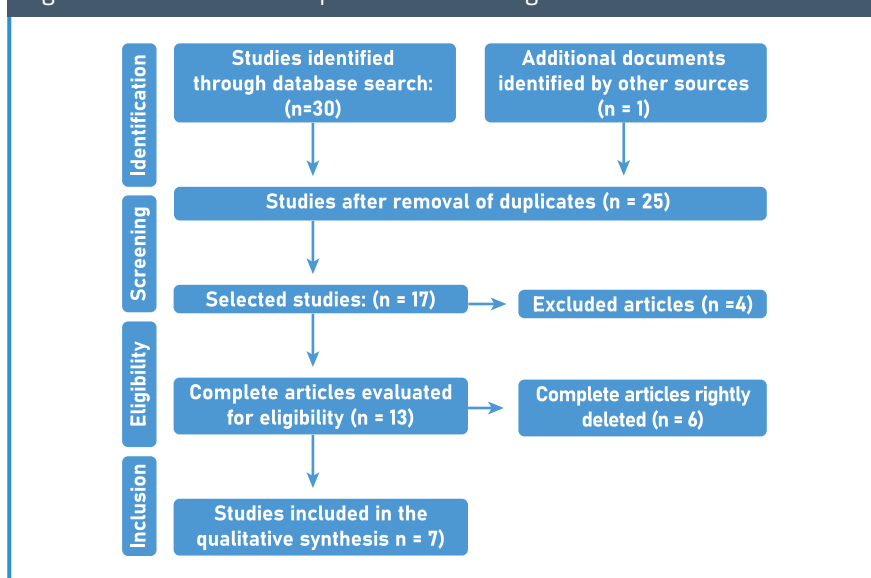
RESULTS

An initial search was carried out in the VHL, filtering the LILACS and BDENF databases, obtaining 24 documents found. In the SciELO database, 6. With a total of 30 documents. After applying the established criteria, 13 articles remained, which were pre-selected. Of these 13 studies, 6 were not available in full electronically or were not original articles. Thus, only 7 articles were granted with the object of analysis of the study, of which, LILACS (04), SciELO (01) and BDENF (02). In order to demonstrate the process of searching and choosing the studies, a flowchart based on the PRISMA protocol was used, illustrated in Figure 1.

DISCUSSION

Based on the studies included in this review, it was possible to identify that most authors were in line with the importance of quality prenatal care for women with pre-eclampsia, however, it was identified that nurses provide adequate care, but insufficient. Needing to deepen the guidelines with these pregnant women about their pathology and seek strategies for their self-care, in order to reduce possible maternal-fetal complications related to the disease.

Figure 01: Flowchart of the process of obtaining revised articles.



Source: PRISMA Protocol.

Table 1: Distribution of selected articles according to author, year, objective, methodological approach and main results.

AUTHOR/YEAR	OBJECTIVES	MAIN RESULTS
Abrahão ACM, Santos RFS, Viana SRG, Viana SM, 2020.	Identify the importance of nursing care for pregnant women with Gestational Hypertensive Syndrome.	It is the commitment of the pregnant woman to take care of herself and her baby, actively participating in programs and consultations during pregnancy.
Kahhale S, Francisco RPV, Zugaib M, 2018.	Describe preeclampsia and antihypertensive drug therapy in pregnancy.	The best treatment for preeclampsia remains the correct prenatal care.
Silva DF, Jesus EG, Peres LC, 2018.	To describe the knowledge of nursing professionals about pregnant women with suspected HDP in the Basic Health Unit (UBS - Unidade Básica de Saúde).	Nurses are one of the most qualified professionals to recognize HDP and provide assistance.
Amorim FCM, Neves ACN, Moreira FS, Oliveira ADS, Nery IS, 2017.	Describe complications in pregnant women with PE.	Qualified and humanized prenatal and puerperal care.
Junior ARF, Filho JTO, Rodrigues MENG, Albuquerque RAS, Siqueira DA, Rocha FAA, 2017	Knowing the role of nurses in high-risk prenatal care performed in secondary care.	Health education in high-risk pregnancy is essential.
Oliveira GS, Paixão GPN, Fraga CDS, Santos MKR, Santos MA, 2017.	To analyze the care provided by nurses to pregnant women with hypertensive syndrome in a low-risk obstetric hospital.	It is possible to see the direct influence of prenatal care in the care of patients who enter the maternity ward.
Oliveira KKPA de, Andrade SSC, Silva FMC, Meneses LBA, Leite KNS, Oliveira SHS, 2016.	Evaluate the nursing care provided to women affected by pre-eclampsia.	Pregnant women deserve, in addition to routine care, special attention.

From this perspective, during high-risk pregnancy, women may experience complications from preeclampsia, where the active participation of the health system, especially nursing, will be necessary, providing assistance designed to meet the needs of each patient, thus, preventing maternal and perinatal morbidity and mortality.⁸

Studies carried out showed that women who developed preeclampsia should be prevented from eclampsia, or HELLP syndrome (hemolysis, elevation of liver enzymes, and drop in platelet count), that is, they need to be monitored in primary care, so that be complemented with secondary care in the event of complications. Early diagnosis facilitates decision-making to prevent more severe consequences related to the syndrome.^{4,9}

In benefit of the aforementioned facts, the Ministry of Health advocates the use of an integral approach to these women, and the importance of adequate management of the health-disease process. In addition, it is of great importan-

In benefit of the aforementioned facts, the Ministry of Health advocates the use of an integral approach to these women, and the importance of adequate management of the health-disease process.

ce to follow the recommendations of the World Health Organization (WHO) on care protocols, and information from the Information System on Live Births (SINASC - Sistema de Informação Sobre Nascidos Vivos), thus, it will reduce the mortality rate and help the professional together with the pregnant woman to prevent the evolution of pre-eclampsia.⁹⁻¹⁰

Studies show that care for pregnant women in primary care is provided by the Unified Health System (SUS), which advocates the importance of prenatal care. Thus, the Ministry of Health establishes that at least six prenatal consultations must be carried out, where professionals can identify women who are likely to develop this syndrome, and then provide follow-up throughout the period of pregnancy, childbirth and puerperium.¹¹⁻¹²

However, authors indicate that pre-eclampsia represents one of the main causes of maternal mortality, becoming a risk to public health and can trigger long-term diseases, that is, after child-

birth, such as: cardiovascular diseases, hypertension for the woman and child.⁴

Based on this factor, authors highlight the causes that can contribute to the high rate of pregnant women who develop pre-eclampsia, lack of professional training in screening women who are risk factors for the development of PE, the provision of continuing education, the provision of information through appropriate care, which makes it difficult to solve problems in the face of pregnancy.¹³

However, it is clear that nursing care in prenatal care is essential, in order to provide comprehensive and shared care, supported by disciplinary theory, through multidisciplinary. So, the professional nurse, adjunct to a prepared team and with the same objective, will guarantee

a resolute and quality care to the maternal-fetal binomial.

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CONCLUSION

This research allowed us to analyze the care provided by nurses to pregnant women with pre-eclampsia, and it is possible to see that this attention is of great importance for the maintenance and preservation of life for women and fetuses. Since these professionals have autonomy and technical-scientific knowledge, which when attached to a multidisciplinary team triggers a resolute work.

However, nurses must promote quality in their care for pregnant women with pre-eclampsia, which is directed towards health promotion, disease prevention and rehabilitation. In this way, it will enable a humanized care centered on the profile of each pregnant woman, preventing future complications to the maternal-fetal binomial. ■

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