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# Are we offering humanized prenatal consultations in Primary Care?

¿Ofrecemos consultas prenatales humanizadas en Atención Primaria?

Estamos ofertando consultas de pré-natal humanizadas na Atenção Básica?

## ABSTRACT

**Objective:** to analyze the scientific production on the importance of carrying out and adequate monitoring of prenatal care in primary care. **Methods:** integrative review in the LILACS and SciELO databases, using the keywords "prenatal care" and "Primary health care". 281 titles were analyzed and 7 articles were selected. **Results:** Primary Care still forces low quality and non-humanized prenatal care for most pregnant women. Performing and properly monitoring prenatal results in benefits for the pregnant woman, for the mother-child binomial and also for the care team. It involves multiprofessional action. And, studies show that the joint action of doctors and nurses increases the percentage of recommended guidelines. **Conclusion:** The knowledge of health professionals should be expanded as to the techniques and skills to be shared with the pregnant woman to facilitate the fluidity of the health service, benefiting both parties, as well as management support.

**DESCRIPTORS:** Primary Health Care; Prenatal care; Pregnant women.

## RESUMEN

**Objetivo:** analizarla producción científica sobre la importancia de la realización y seguimiento adecuado de la atención prenatal en atención primaria. **Métodos:** revisión integradora en las bases de datos LILACS y SciELO, utilizando las palabras clave "atención prenatal" y "Atención primaria de salud". Se analizaron 281 títulos y se seleccionaron 7 artículos. **Resultados:** La Atención Primaria todavía obliga a la atención prenatal de baja calidad y no humanizada para la mayoría de las mujeres embarazadas. Realizar y monitorear adecuadamente los resultados prenatales en beneficios para la gestante, para el binomio madre-hijo y también para el equipo de atención. Implica una acción multiprofesional. Y, los estudios muestran que la acción conjunta de médicos y enfermeras aumenta el porcentaje de pautas recomendadas. **Conclusión:** Se debe ampliar El conocimiento de los profesionales de La salud en cuanto a las técnicas y habilidades a compartir con la gestante para facilitar la fluidez Del servicio de salud, beneficiando a ambas partes, así como el apoyo a la gestión.

**DESCRIPTORES:** Atención Primaria de Salud; atención prenatal; Mujeres embarazadas.

## RESUMO

**Objetivo:** analisar a produção científica sobre a importância da realização e acompanhamento adequado do pré-natal na atenção básica. **Métodos:** revisão integrativa nas bases de dados LILACS e SciELO, utilizando os descritores "cuidado pré-natal" e "Atenção primária à saúde". Foram analisados 281 títulos e selecionados 7 artigos. **Resultados:** A atenção básica ainda force assistência pré-natal de baixa qualidade e não humanizada. Realizar e acompanhar adequadamente o pré-natal resulta em benefícios para a gestante, para o binômio mãe-filho e também para a equipe prestadora do cuidado. Envolve a atuação multiprofissional. E, os estudos demonstram que a atuação conjunta de médicos e enfermeiros aumenta o percentual de orientações preconizadas. **Conclusão:** O conhecimento dos profissionais da saúde deve ser ampliado quanto às técnicas e habilidades a serem compartilhadas com a gestante para facilitar a fluidez do serviço de saúde, beneficiando ambas as partes, bem como o apoio da gestão.

**DESCRIPTORES:** Atenção primária à Saúde; Cuidado pré-natal; Gestantes.

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**INTRODUCTION**

**P**renatal care aims to take care of the development of pregnancy, enabling delivery of a healthy newborn, minimizing impacts on maternal health. It should include psychosocial approaches, educational and preventive activities. <sup>(1)</sup> It includes health protection and promotion actions, early detection and treatment of diseases that can occur during pregnancy and up to 42 days after delivery. <sup>(2)</sup>

In the Unified Health System (SUS - Sistema Único de Saúde), low-risk prenatal care should be performed in Primary Care (AB - Atenção Básica), the main gateway for monitoring pregnant women. AB is configured by a group of health actions, aimed at both individuals and communities, including health promotion and protection among its instruments. <sup>(3,4)</sup> It is noteworthy that the National Primary Care Policy (PNAB) considers the terms AB and Primary Health Care (PHC) to be equivalent. <sup>(5)</sup>

In 2000, the Ministry of Health (MH) instituted the Humanization Program for Prenatal and Birth (PHPN - Programa de Humanização do Pré-Natal e Nascimento) to promote the articulation of health services during childbirth and prenatal care, standardizing health actions. <sup>(6)</sup> In 2011, through Ordinance 1459, the Cegonha Network was established, with the objective of providing humanized care to pregnant women, guaranteeing access to quality prenatal care, welcoming with

risk and vulnerability assessment and classification, as well as linking the pregnant woman to the referral unit, transport and safety in childbirth care. <sup>(7)</sup>

PHPN recommends some tests and at least six prenatal consultations, the first before the fourth month and one in the puerperium. <sup>(7)</sup> In a study carried out to compare the quality of prenatal care with PHPN recommendations, it was observed that the assistance offered to SUS pregnant women is inadequate given the late start of care, insufficient number of consultations, insufficient coverage of standardized tests and few guidelines. <sup>(8)</sup>

It is imperative that early access to quality prenatal care actually takes place in AB, as it promotes timely intervention, risk stratification and offers easily accessible guidelines. The aim of the study was to revisit the literature in search of evidence to rectify the importance of prenatal care in PC to strengthen care processes.

**METHOD**

This is a descriptive, exploratory, retrospective research based on an integrative review of the scientific literature. Divided into 6 stages: 1st) identification of the theme and selection of the research question, 2nd) Determination of criteria for inclusion and exclusion of studies or search in the literature, 3rd) Choice of information to be removed, categorization of the studies, 4th) Analysis of the information or studies included in the integrative review, 5th) interpretation of the

results obtained and 6th) Presentation of the review/synthesis of knowledge.

In the first stage, the research question was elaborated: why is it important to perform quality prenatal care in AB?

For the second stage, by delimiting the inclusion and exclusion criteria of the studies. Inclusion criteria were defined: publications in article format, in national and international journals, in Portuguese and English, published in the period from 2016 to 2021, with complete and available texts, which present relevant results and which answer the research question. Exclusion criteria were articles published outside the search period, which do not meet the research objectives and which were not available in full.

The search was carried out from November and December 2020, in the databases: Latin American and Caribbean Literature in Health Sciences (LILACS) and the Scientific Electronic Library Online Database (SciELO). The Health Sciences descriptors (DeCS) from the Virtual Health Library and the descriptors in English Medical Subject Headings (MeSH): Prenatal care and Primary health care were used.

The third stage was based on the definition of the information of the selected studies, which were categorized in a table formulated by the researcher with the identification information of the selected journal. The analysis of the information, contemplated in the fourth stage, from the tabulated articles, were described by

means of critical analysis, the similarities and differences between the studies. The results were interpreted in the fifth stage, evaluating the importance of performing quality prenatal care in AB, considering the most important scientific evidence on the subject. In the last and sixth stage, a synthesis was constructed, in the form of a summary of such evidence found, which clearly and relevantly identified the real impact of quality prenatal care in AB.

## RESULTS

281 articles were identified. Of these, 163 articles were excluded for not meeting the inclusion criteria, 104 after reading the titles and 7 for the abstract, with 7 articles selected to compose the study.

The chosen articles are presented in Chart 1, according to “Database”, “country of origin”, the “Title” of the study; the “type of study”, the “authors” and “journals and year of publication”.

## DISCUSSION

The actions developed in prenatal care that promote dialogue between the preg-

nant woman, family members and health professionals facilitate the execution of the birth plan.<sup>(11)</sup> It is in AB that the bonds between professionals and users, as well as the participation of the family, are favored, creating a relationship of trust and active listening, which generates respect and appreciation of the pregnant woman, improving care.<sup>(16)</sup>

Humanized care makes it possible to bring the professional and the pregnant woman closer in order to meet the complexity of the pregnancy period. Humanization is a fundamental part in the prenatal period, as a person only connects to another if there is commitment in the relationship, that is, investment in actions that focus on the well-being of the pregnant person, making the relationship more effective, profitable and patient-centered.<sup>(13)</sup>

In addition, prenatal care by a multi-professional team is extremely important.<sup>(10)</sup> Consultations when carried out in a team are more likely to provide humanized guidance, as shown by the study by Marques et al.<sup>(9)</sup>: consultations carried out by nurses and doctors had a 41% chance of greater adequacy to the guidelines, compared to an exclusive physician.

The MH recommends addressing the following themes: importance of prenatal care; oral hygiene of mother and child; adequate physical activity; healthy eating; use of medicines, alcohol and tobacco; pregnancy development; bodily and emotional changes; fears and fantasies about pregnancy and childbirth; common signs in pregnancy; guidance on frequent complaints; importance of parental participation; childbirth and the development of the bond between father and son; postpartum care, with newborn (example: baby shantala) and encouragement to return to health services.<sup>(2)</sup>

Health education actions contribute to health promotion. In the experience report by Silva et al.<sup>(17)</sup>, conversation circles were carried out by nurses, psychologists, physiotherapists, dentists, social workers and biologists specializing in physiology and embryology, demonstrating the importance of the participation of the multidisciplinary team for the formation of opinions and the consolidation of knowledge about healthy pregnancies and births and well assisted.

The MH recommends for women's health: prenatal, perinatal, puerperal and

Chart 1: General characteristics of the selected articles

| DATABASES        | COUNTRY OF ORIGIN | TITLE  | TYPE OF STUDY                         | AUTHORS                        | JOURNALS AND YEAR OF PUBLICATION                  |
|------------------|-------------------|--|---------------------------------------|--------------------------------|---|
| SciELO           | Brazil            | Guidelines for pregnant women in prenatal care: the importance of shared care in primary health care                     | Quantitative, transversal             | Marques et al. <sup>(9)</sup>  | Escola Anna Nery (2021)                           |
| LILACS           | Brazil            | Prenatal care according to professional records present in the pregnant woman's handbook                                 | Quantitative, descriptive             | Castro et al. <sup>(10)</sup>  | Revista enfermagem UFSM (2020)                    |
| LILACS           | Brazil            | Prenatal Care as a Facilitator in the Participation of the Companion in the Labor and Delivery Process                   | Qualitative, descriptive, exploratory | Souza et al. <sup>(11)</sup>   | Revista de pesquisa: cuidado é Fundamental (2020) |
| SciELO<br>LILACS | Brazil            | Failure to perform a serological test for syphilis during prenatal care: prevalence and associated factors               | Quantitative, transversal             | Cesar et al. <sup>(12)</sup>   | Revista brasileira epidemiologia (2020)           |
| LILACS           | Brazil            | Prenatal care: a value in question.  | Qualitativo, descritivo, exploratório | Silva et al. <sup>(13)</sup>   | Cogitare enfermagem (2017)                        |
| LILACS           | Brazil            | Evaluation of prenatal consultations: adherence to prenatal care and complications in maternal and child health.         | Quantitative, evaluative              | Pereira et al. <sup>(14)</sup> | Revista Ciência Plural (2017)                     |
| SciELO           | Brazil            | Prenatal care and risk factors associated with prematurity and low birth weight in a capital city in northeastern Brazil | Case-control                          | Gonzaga et al. <sup>(15)</sup> | Ciência saúde coletiva (2016)                     |

Source: prepared by the authors (2021).

newborn care in team AB, as these professionals add contributions to provide quality care.<sup>(1)</sup>

It is worth mentioning that the guidelines during prenatal care are professional practices that do not involve additional financial costs, but depend on the role and attitudes of the professionals.<sup>(9)</sup> In the study by Castro et al.<sup>(10)</sup>, 80,8% of women were seen by both doctors and nurses who alternate consultations in search of interdisciplinary care. Another study, carried out by Costa et al.<sup>(18)</sup>, in Goiânia, they found lower values, with 45,4% of the consultations were made by doctors and nurses and 53,6% were attended only by the doctor.

It is important that professionals perform the registration of height, weight, pre-pregnancy body mass index (BMI), fetal heartbeat and blood pressure measurement, updated at each visit. Changes in BMI should be encouraged in the dialogue about care, to avoid changes in the glycemia and blood pressure of the pregnant woman, as well as the preservation of the fetus' health.<sup>(10)</sup>

Pereira et al.<sup>(14)</sup>, when assessing the correlation between adherence to prenatal care and complications, they noticed that 86% of mothers who adhered to prenatal care did not complicate, while the 13% less participative had complications, such as: bleeding (9,4%), seizure (3,1%), urinary tract infection (1,6%), diabetes (1%) and high blood pressure (8,4%).

Checking the pressure in consultations is essential to assess the risks related to high blood pressure, as preventing and detecting early helps to adopt behaviors that avoid complications.<sup>(19)</sup> Hypertensive disorders of pregnancy are one of the main causes of maternal and perinatal mortality worldwide, with prevalence of chronic hypertension in 0,9-1,5% of pregnant women, with preeclampsia being the main complication, with global prevalence of 2 to 8% of pregnancies globally. Brazil predicts an incidence of 1,5% for preeclampsia and 0,6% for eclampsia.<sup>(20)</sup> In the event of such changes, the pregnant woman is referred to specialized care.<sup>(10)</sup>

There is little point in carrying out the procedures if they are not registered. Registration failures in the pregnant woman's handbook influence the care of the mother-child binomial during childbirth and the puerperium. Castro et al.<sup>(10)</sup>, found high failure rates, mainly regarding laboratory tests and nutritional assessment. In the study by Gonzaga et al.<sup>(15)</sup> mothers who presented inadequate prenatal care in relation to the routine of basic laboratory tests (76% of cases), had an increased chance for the occurrence of prematurity and/or low birth weight.

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The MS recommends the request: ABO-Rh, hemoglobin/hematocrit, fasting blood glucose, VDRL, type I urine, anti-HIV testing, hepatitis B, cytomegalovirus, rubella and toxoplasmosis.<sup>(2)</sup>

Another issue addressed in the selected studies relates to the proper diagnosis of syphilis in pregnancy to avoid congenital syphilis. Cesar et al.<sup>(12)</sup>, propose measures to increase the coverage of the serological test: the provision of rapid tests in health

units; conducting campaigns, encouraging the request for the exam in the prenatal consultation; prioritization of patients with a profile of few consultations. The MH recommends that screening for syphilis during prenatal care should be performed at least twice during pregnancy (beginning of prenatal care and around the 30th week) and at the time of hospitalization.<sup>(2)</sup>

Prenatal care in Brazil has inequities and low quality of care, especially in less favored regions<sup>(21)</sup>, as well as inadequacy of the infrastructure of the PC network that performs prenatal care, low adequacy of clinical actions with low team management capacity.<sup>(23)</sup> prenatal care was considered inadequate for 89,1% of women.

The main problems related to adequacy to PHPN by Mendes et al.<sup>(24)</sup> were late onset of prenatal care; insufficient number of consultations; few guidelines, including on the reference maternity for childbirth; pilgrimage in the antepartum; lack of prioritization of pregnant women at higher risk and problems in articulation with other maternal and child health services.

Therefore, for the reduction of maternal and child morbidity and mortality, as well as complications, it is essential to start early and follow up and comply with the recommendations of the Ministry of Health, regarding the promotion, prevention, diagnosis and treatment of problems that may arise in pregnancy.<sup>(24)</sup> In addition to being integral and equitable, strengthening regional networks focused on social inclusion.<sup>(25)</sup>

## CONCLUSION

Twenty-one years after PHPN, AB still forces low-quality, non-humanized prenatal care for most pregnant women. Properly monitoring prenatal results in benefits for the woman, for the mother-child binomial and reduces inequities. It involves multi-professional work and has more robust results in the joint work of doctors and nurses and greater chances of following the recommended guidelines. The late start of prenatal care increases the

risk of complications for the mother and baby and is still a reality in AB.

The integrative review does not exhaust the needs for revisiting the theme, but it

warns about the power of multiprofessional sharing, lack of assistance and the need to expand the techniques and skills to be shared with the pregnant woman to faci-

litate the fluidity of understanding, avoiding risks and not imputing costs, soon benefiting people, professionals and the health system. ■

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