

# Prenatal nursing consultation: an experience report of nurses' practices during the covid-19 pandemic

Consulta de enfermagem no pré-natal: um relato de experiência das práticas do enfermeiro durante a pandemia da COVID 19

Consulta de enfermería prenatal: relato de experiencia de las prácticas de enfermería durante la pandemia del COVID 19

## RESUMO

Objetivo: Relatar as práticas do enfermeiro na realização da consulta de enfermagem no pré-natal na Atenção Primária de Saúde, durante a pandemia da Covid-19. Método: Trata-se de uma pesquisa descritiva do tipo relato de experiência vivenciada pela autora durante atendimentos de pré-natal, no período de julho de 2020 a outubro de 2021 no município de São Luís-MA. Além da percepção a respeito da temática, buscou-se discutir estudos que contemplassem a consulta de enfermagem no pré-natal. Resultados: A crise sanitária e socioeconômica associada a pandemia da Covid-19 modificou a dinâmica de trabalho das equipes de Saúde da Família com introdução de novos fluxos de atendimento e exigiu do enfermeiro habilidades para atuar frente as diferentes necessidades induzidas por ela para manter cobertura de atendimento e o adequado pré-natal. Conclusão: Este relato, evidencia a contribuição do enfermeiro na consulta de enfermagem no pré-natal, revelando seu papel no combate a pandemia da Covid-19.

**DESCRIPTORES:** Enfermagem de Atenção Primária; Enfermeiras de Saúde da Família; Cuidado Pré-Natal; Covid-19.

## ABSTRACT

Objective: To report the practices of nurses in carrying out prenatal nursing consultations in Primary Health Care, during the COVID 19 pandemic. Method: This is a descriptive research of the experience report type experienced by the author during prenatal care, from July 2020 to October 2021 in the city of São Luís-MA. In addition to the perception on the subject, we sought to discuss studies that contemplated the nursing consultation in prenatal care. Results: The health and socioeconomic crisis associated with the COVID 19 pandemic changed the work dynamics of the Family Health teams and demanded even greater skills from nurses to act in the face of the different needs induced by it. adequate prenatal care. Conclusion: This report highlights the contribution of the nurse professional in the prenatal nursing consultation, revealing their role in combating the Covid-19 pandemic.

**DESCRIPTORS:** Primary Care Nursing; Nurses of Health of the Family; prenatal care; COVID-19.

## RESUMEN

Objetivo: Relatar las prácticas de los enfermeros en la realización de consultas de enfermería prenatal en la Atención Primaria de Salud, durante la pandemia de COVID 19. Método: Se trata de una investigación descriptiva del tipo relato de experiencia vivida por la autora durante la atención prenatal, de julio de 2020 a octubre de 2021 en la ciudad de São Luís-MA. Además de la percepción sobre el tema, buscamos discutir estudios que contemplaron la consulta de enfermería en el prenatal. Resultados: La crisis sanitaria y socioeconómica asociada a la pandemia de la COVID 19 modificó la dinámica de trabajo de los equipos de Salud de la Familia y exigió aún mayores competencias de los enfermeros para actuar frente a las diferentes necesidades inducidas por ella. atención prenatal adecuada. Conclusión: este informe destaca la contribución del profesional de enfermería en la consulta de enfermería prenatal, revelando su papel en el combate a la pandemia de Covid-19.

**DESCRIPTORES:** Enfermería de Atención Primaria; Enfermeras de Salud de la Familia; cuidado prenatal; COVID-19.

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**INTRODUCTION**

The nursing consultation (NC) is a private activity for nurses and is regulated by Law No. 7,498 through Decree No. 94,406/87 and by COFEN Resolution No. 358, which provides for the Systematization of Nursing Care (SAE) and the Nursing Process (NP).<sup>1,2</sup> Considered an essential activity in nursing practice, the consultation aims to identify health/disease situations, prescribe and implement actions for the promotion, prevention, protection, recovery and rehabilitation of the individual, family and community.<sup>3</sup>

In other countries with a universal health system, such as Canada, England and Spain, NC in Primary Health Care (PHC) is consolidated. Nurses work in the treatment of patients who need less technological density for care, such as monitoring chronic conditions, prenatal care and childcare. In Brazil, the National Primary Care Policy (PNAB) valued the nursing consultation in 2007.<sup>4</sup>

Over the last two decades, the consolidation and expansion of PHC has been implemented in Brazil with the presence of Family Health teams (FHT), especially in states and cities with greater socioeconomic and assistance deprivations, such as those existing in the Brazilian northeast. In several locations they represent the main and sometimes the only alternative for accessing the Unified Health System (SUS).<sup>5</sup>

In the eSF, the role of nurses has been constituting an instrument for changes in

health care practices in the SUS, responding to the proposal of a new care model that is not centered on the clinic and cure, but, above all, on the integrality of care, in the intervention in the face of risk factors, in the prevention of diseases and in the promotion of health and quality of life, among the public served are pregnant women.<sup>6</sup>

With the COVID-19 pandemic, a new scenario arises for the practices of nurses in the FHS, especially in pregnancy and birth care, and along with this there may be doubts and questions about the future. During pregnancy, the woman goes through an intense process of physical and psychological changes, typical of pregnancy, but that can increase the probability of stress, and even anxiety.<sup>7</sup>

Managing during the COVID-19 pandemic is a challenge, as it brings new concerns and an urgent need to adapt to an as yet unknown scenario. Studies seek to learn about how COVID-19 affects women during pregnancy, childbirth and the puerperium. Within this context, pregnant women are a risk group, as infections tend to be worse during pregnancy due to their immune system becoming more fragile.<sup>7</sup>

There was a need to reorganize the flow of care for pregnant women after the emergence of the pandemic, aiming at greater safety in care and guaranteeing good and resolute care. In places where it is not possible to comply with all care parameters, these must be identified as places of care for pregnant women with suspected or confirmed COVID-19, use of mask and gel alcohol

and establishment of a team that will only act in those sectors.<sup>8</sup>

Within the above, this article aims to report the practices of nurses in carrying out the prenatal nursing consultation in PHC in view of the complexity of the COVID 19 pandemic.

**METHOD**

This is a descriptive research of the experience report type experienced by the author - assistant nurse - about performing prenatal care in a basic health unit, during the confrontation of the coronavirus pandemic. The theoretical framework adopted permeated the historical-cultural perspective that explains human learning through social interactions.<sup>9</sup>

In addition to the perception on the subject, we sought to discuss studies that contemplated the nursing consultation in prenatal care.

The study included the EC that took place in an ESF Health Unit located in São Luís-MA, from July 2020 to October 2021. From February to March 2020, the UBS was providing care exclusively for respiratory symptoms. The consultations involved all patients who sought prenatal care, except for those under 14 years of age. About 300 EC were carried out in the mentioned period, with an average of 6 daily consultations. Pregnant women who were classified as high risk and those under 14 years of age were excluded. In this case, they were referred to the referral outpatient clinic.

The aim was to make the environment safe, comfortable and provide the establishment of a bond of trust with the pregnant women, so that they could feel welcomed and valued within the SUS.

Upon arrival of the patients at the Health Unit, the presence of the pregnant woman was confirmed at the Medical Archive Service (SAME - Serviço de Arquivo Médico) through the Electronic Medical Record (EMR) and then during the consultation, a dialogue was initiated where the complaints and general state of the same were discussed. Soon after, a physical examination and assessment of the general condition were performed. After collecting all the necessary information, a moment of health education began with the pregnant woman, where guidelines were given based on everything that was reported there, not only directed to the general state of pregnancy.

The moment with the pregnant woman was also used to explain to them which symptoms are considered normal within a period of pregnancy and to clarify doubts about care regarding protection and hygiene measures, in addition to social distancing as a form of prevention against COVID-19.

The instrument used (flowchart) was an adaptation of the Women's Primary Health Care Protocol 10 followed the flow: upon arrival, the woman was welcomed by a health agent and a nursing technician. If she had flu-like symptoms, she was safely referred to a medical professional or nurse. If she was symptom free, she was referred for prenatal consultation.

Considering the fact that the present study is an experience report based on professional experiences, approval by the Research Ethics Committee or the Free and Informed Consent Term was not necessary. It ensured that ethical principles were respected, as well as confidentiality of any and all NC carried out during the studied period, in line with Resolution No. 466/2012 of the National Health Council.

The questions pointed out in the report come from the professional's 22-year experience in PHC, specifically the last 12 years

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at the Turu II Health Center in São Luís - MA. And from March 2020, working on the front line of the COVID-19 Pandemic, where it was necessary to completely change the flow of care, intensifying reception measures as a mechanism to expand access and (re)organize the flow of the user in the UBS and of the work process.

## RESULTS AND DISCUSSIONS

Three questions were raised for the development of results and discussion of the experience of carrying out the nursing consultation to pregnant women in times of a COVID-19 pandemic.

1 - How has the flow of care for pregnant women at UBS been considering the Covid-19 Pandemic?

2 - How is the role of the Nurse in PHC during the Pandemic?

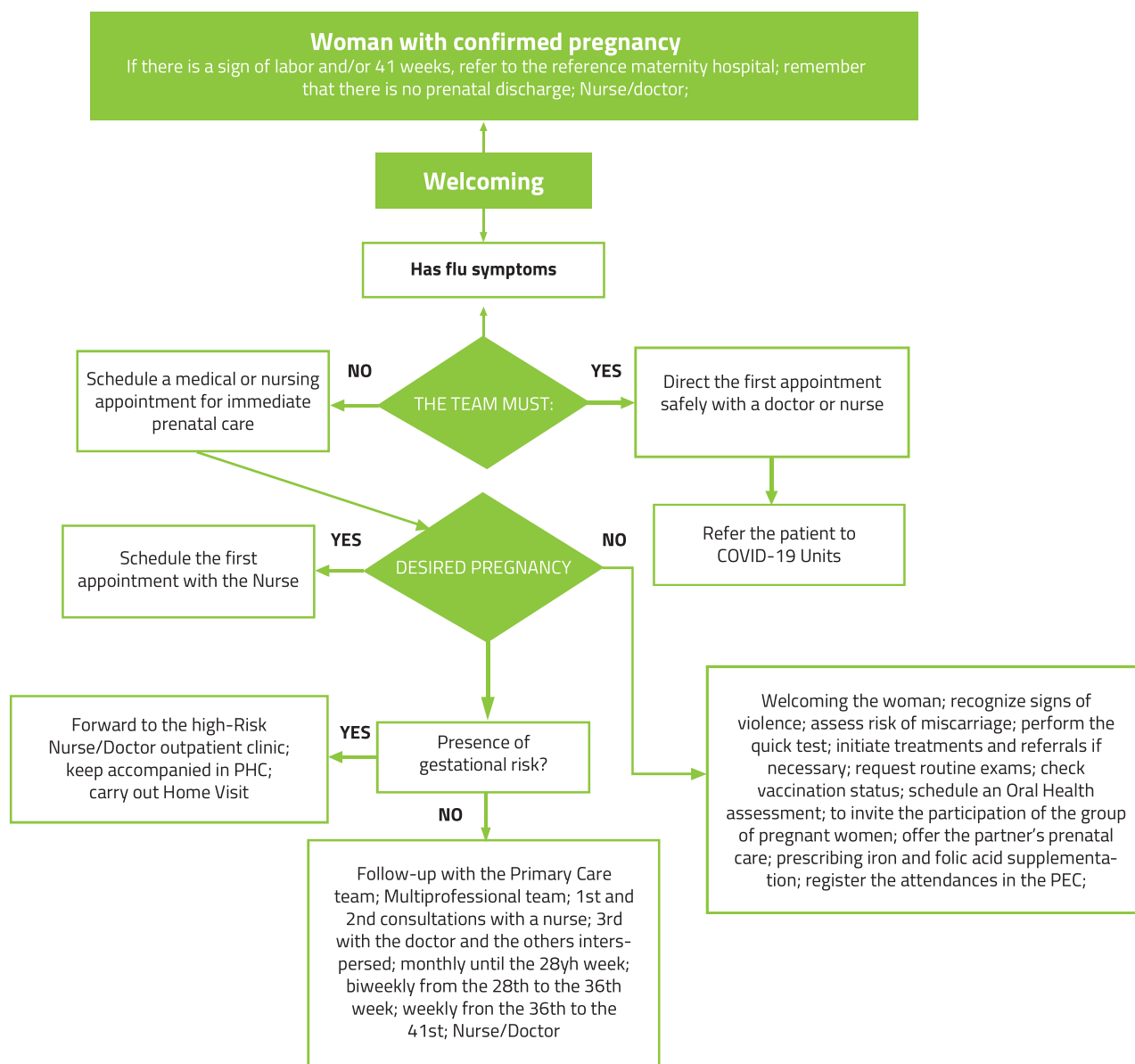
3 - What are the dimensions of the nurses' work process in PHC?

### 1.3 How has the flow of care for pregnant women at the UBS been, considering the COVID 19 pandemic?

After the pregnancy is confirmed, in a medical or nursing consultation, the follow-up of the pregnant woman begins. The procedures and conducts that follow must be performed systematically, and evaluated in every prenatal consultation. Conducts and diagnostic findings must always be recorded in the Citizen's Electronic Health Record (PEC - Prontuário Eletrônico do Cidadão) and in the Pregnant Woman's Card. The pregnant woman should then receive the necessary guidance regarding prenatal care: sequence of consultations, home visits and educational groups.<sup>11</sup>

Although there is no Reception protocol with Risk Classification implemented at the UBS, it is observed that there is a priority in the care of pregnant women in prenatal care, according to the UBS flowchart, where some pregnant women, upon arrival, they first seek medical care and after receiving care at the reception/SAME, they are directed to the NC. In the practice of welcoming, the first action is to refer her to

Fluxograma 1 – Fluxo que a gestante deve seguir conforme se há ou não sintomas gripais no atendimento pré-natal.



FONTE: Adaptado de BRASIL, 2016.

the triage service where she is attended by a nursing technician and only then directed to the scheduled service. There is no risk classification before it is attended by the nurse.

During the nursing consultation, if the professional detects flu-like symptoms, he or she forwards the pregnant woman to the reference service, which are the COVID-19 Units.

Welcoming is recognizing what the other brings as a legitimate and unique health need. Reception must attend and sustain the relationship between teams/services and users/populations. As a value of health practices, welcoming is collectively constructed, based on the analysis of work processes and aims to build relationships of trust, commitment and bond between teams/services, worker/teams and users with

their socio-affective network. Reception must be done through qualified listening offered by professionals to the user's needs.<sup>12</sup>

## 2. How is the role of nurses in PHC during the pandemic?

It is important to emphasize that the attributions of professionals in PHC are of great value throughout the process: terri-

torialization, mapping of the team's area of action, identification of pregnant women, continuous updating of information, carrying out health care primarily within the scope of the health unit, at home and in other community spaces, as well as carrying out comprehensive care and health promotion actions, disease prevention and qualified listening to users' needs, providing humanized care and enabling the establishment of a bond.<sup>13</sup>

The work of nurses in PHC is based on the dual care and management dimensions: a) production of care and management of the therapeutic process; b) health service and nursing team management activities. Management actions are predominant among nurses' practices in UBS; and in relation to the care dimension, the nursing consultation, as a clinical practice, is recognized as important by the nurse himself, but remains, mainly in the logic of individual clinical care, curative, without expanding the understanding of the health/disease process as a social production.<sup>14</sup>

The Nurse's attributions within the prenatal nursing consultation cover several actions, among them: guiding women and their families about the importance of prenatal care, breastfeeding and vaccination; provide the Maternity Card; perform the NC; request exams; perform quick tests; prescribing standardized medications for the prenatal program; guide vaccination, among other actions, 10 promoting maternal and child health, as well as contributing to female empowerment.<sup>14</sup> And in the face of the pandemic, such a function couldn't stop.

In the midst of the consequences of the COVID-19 pandemic, the fundamental work of nurses in Brazil as an organizer of collective health strategies is observed.<sup>15</sup> In this scenario, the Nurse assumed several roles, such as assistance, management and educational activities and there was a need to readaptation of this professional to perform a reception and screening of users who are directed to health units, causing an overload, as there was the adoption of strategies for the implementation of practices and care in accordance with the established

protocols.<sup>8</sup>

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either through longitudinal assistance or through actions aimed at health promotion and prevention, is notorious. Therefore, it plays a central role, having the nurse as one

of the protagonists in the fight against the pandemic and reorganization of the system for the integral care of the user.<sup>16</sup>

### **3. What are the dimensions of the nurses' work process in PHC?**

In order for the nurse to perform an NC in the women's area, it is necessary that she/he is prepared to meet the demands of this woman, accepting her values and remembering that she is part of a family nucleus. In addition, the woman is a holistic being consisting of body, mind and spirit, and in this way health will only be the result of human needs met.<sup>3,17</sup>

The NC is developed from the Nursing Process (NP) that must be carried out, in all environments, public or private, in which professional Nursing care occurs and is organized in 05 (five) interrelated stages, interdependent and recurrent: Research (Data Collection); Nursing Diagnosis (ND); Planning; Implementation and Evaluation.<sup>2</sup>

The nurses' work process conjectures 05 (five) complementary and interdependent dimensions: care, management, teaching, research and political participation. Nurses demand more time carrying out activities such as nursing consultations, home visits, release of medicines from health care programs, guidance, reception and appointment scheduling, followed by managerial activities including communication, leadership, continuing education and educational activities.<sup>18</sup>

### **CONCLUSION**

This report highlights the contribution of the nurse professional in the prenatal nursing consultation, revealing their role in combating the COVID-19 pandemic, and should be valued for its expanded role in public health, highlighting it in the multidisciplinary team as responsible for planning health actions.

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