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# Profile of pregnant women attended prenatal care in family health strategy teams

## Perfil de embarazadas mujeres embarazadas en equipos de estrategia de salud familiar

## Perfil de gestantes atendidas no pré-natal em equipes de estratégia saúde da família

**ABSTRACT**

Objective: this study aimed to analyze the profile of pregnant women seen in prenatal outreach teams of the family health strategy of a city in the North of Minas Gerais. Method: this is a descriptive, transversal study, quantitative and documentary, performed with data from pregnant women registered in the SISPRENATAL and 6,545 met in 110 family health Strategies of the city of Montes Claros, MG, in the year 2016. Results: the data showed that most pregnant women pleaded brown (55.19%). The predominant age was between 20 to 34 years of age (70.69%). Regarding consultations, of the total of women, only 34.59% performed the required number for pregnancy, that is, six or more queries; the captured in the first trimester of pregnancy (56.52%) and accompanied to the 40th week of gestation (29.46%). Conclusion: the study made it possible to carry out the welfare profile analysis of pregnant women that have been answered in the prenatal care in ESF teams of a municipality of Northern mines. Based on the findings, it can be observed that part of indicators of antenatal monitoring are being hit with a percentage above 50%, which shows a favorable outcome on the efforts of teams of primary health care (APS). With unfavorable indicators need to reflect, on the part of managers, community and health professionals of the APS for the search of strategies for improving the quality of care to pregnant.

**DESCRIPTORS:** Women's Health; Prenatal care; Family Health Strategy.

**RESUMEN**

Objetivo: Este estudio tuvo como objetivo analizar el perfil de atención de las mujeres embarazadas atendidas en atención prenatal en equipos de Estrategia de Salud Familiar en un municipio en el norte de Minas Gerais. Método: Estudio descriptivo, transversal, cuantitativo y documental, realizado con datos de 6.545 mujeres embarazadas registradas en SISPRENATAL y al que asistieron 110 equipos de Estrategias de Salud Familiar en la ciudad de Montes Claros, MG, en 2016. Resultados: Los datos mostraron que la mayoría de las mujeres embarazadas se declararon marrones (55,19%). La edad predominante fue entre 20 y 34 años (70,69%). Con respecto al número de consultas prenatales realizadas, solo el 34.59% realizó el número recomendado para el embarazo, capturado en el primer trimestre del embarazo (56.52%) y seguido hasta la semana 40 del embarazo (29.46%). Conclusion: el estudio permitió analizar el perfil de atención de las mujeres embarazadas atendidas por equipos del FSE en un municipio del norte de Minas. Se observa que se están alcanzando parte de los indicadores de monitoreo prenatal, lo que revela un resultado favorable de los equipos de Atención Primaria de Salud (APS) en atención prenatal. Sin embargo, existen debilidades en la atención brindada que merecen una mayor reflexión tanto por parte de los equipos como de los gerentes para mejorar la calidad de la atención a las mujeres embarazadas.

**DESCRIPTORES:** Salud de la Mujer; Cuidado Prenatal; Estrategia de Salud Familiar.

**RESUMO**

Objetivo: O presente estudo teve por objetivo analisar o perfil assistencial das gestantes atendidas no pré-natal em equipes de Estratégia Saúde da Família de um município do Norte de Minas Gerais. Método: Trata-se de um estudo descritivo, transversal, quantitativo e documental, realizado com dados de 6.545 gestantes cadastradas no SISPRENATAL e atendidas em 110 equipes da Estratégias Saúde da Família do município de Montes Claros, MG, no ano de 2016. Resultados: Os dados mostraram que a maioria das gestantes se declarou parda (55,19%). A idade predominante estava entre 20 a 34 anos (70,69 %). Em relação a quantidade de consultas de pré natal realizadas, apenas 34,59% realizaram o número preconizado para a gestação, captadas no primeiro trimestre de gestação (56,52%) e acompanhadas até a 40ª semana de gestação (29,46%). Conclusão: O estudo possibilitou a análise do perfil assistencial das gestantes atendidas pelas equipes da ESF em um município do Norte de Minas. Observa-se que parte dos indicadores de acompanhamento de pré-natal estão sendo atingidos, o que revela um resultado favorável das equipes de Atenção Primária à Saúde (APS) na assistência pré-natal. Porém percebe-se pontos de fragilidade da assistência prestada que merecem maior reflexão tanto pelas equipes, quanto pelos gestores de forma a aprimorar a qualidade do cuidado às gestantes.

**DESCRITORES:** Saúde da Mulher; Cuidado Pré-Natal; Estratégia Saúde da Família.

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**Jéssica Santos Pereira**
Bachelor of Nursing from the State University of Montes Claros. https://orcid.org/0000-0001-5886-1549

**Emerson Willian Santos de Almeida**
Master Student of the Fundamental Nursing Program of Ribeirão Preto College of Nursing, University of São Paulo - PAHO/WHO Collaborating Center for the Development of Nursing Research. https://orcid.org/0000-0002-6846-021X

**Christiane Borges Evangelista**
Professor of the undergraduate nursing course at the State University of Montes Claros. Master in Sciences from the Federal University of São Paulo - UNIFESP - SP. https://orcid.org/0000-0002-2392-2660

**Cristiano Leonardo de Oliveira Dias**
Professor of the undergraduate nursing course at the State University of Montes Claros. PhD student in Nursing UNIFESP – SP. https://orcid.org/0000-0002-2750-8416

**Joice Fernanda Costa Quadros**
Specialist in Family Health from the State University of Montes Claros. https://orcid.org/0000-0002-7753-951X

**Patrícia Alves Paiva de Oliveira**
Master by the Stricto Sensu Graduate Program in Health Sciences at Unimontes. https://orcid.org/0000-0002-6565-0587

**Orlene Veloso Dias**
Professor of the undergraduate nursing course at the State University of Montes Claros. PhD in Sciences from the Federal University of São Paulo - UNIFESP - SP. https://orcid.org/0000-0002-9017-7875

## INTRODUCTION

Prenatal care is the period before childbirth, in which there is total assistance to women as pregnant women, parturients and puerperal women. One of the main objectives of the follow-up is to promote the proper development of pregnancy and, thus, healthy delivery. Being a time when there is insertion of actions aimed at maternal and fetal health. These actions occur throughout the gestational trajectory to provide quality care and reduce maternal and perinatal mortality. Preventive, educational and therapeutic activities are developed and all this assistance is important for the prevention of diseases, early diagnosis of diseases and treatments that may be necessary during this period[1,2].

The Basic Health Units (UBS), where the Family Health Strategies (ESF) teams are located, should be the gateway for pregnant women to the Unified Health System (SUS), due to the proximity of the family context and the possibility of longitudinal monitoring of the family. In the first, second and third quarters, the assistance provided is an important indicator of the qualification of the care provided to pregnant women and, whenever possible, it should involve the family, especially the partner[3,4].

ESF teams are multiprofessional, mostly composed of doctors, nurses, nursing technicians, community health workers, in addition to oral health professionals and work in a population of 2,000 to 3,500 people. The provision of services to pregnant women must be carried out by the entire team, ranging from home monitoring by the community health agent to prenatal consultations carried out by medical professionals and nurses[5,6].

In this context, it is important to carry out studies in order to add information about the profile of pregnant women seen in the FHS teams, which may provide subsidies for the management of health care for these clients, contributing to the improvement of the quality of care and reducing risk of complications from this period.

Thus, the present study aimed to analyze the care profile of pregnant women attended in prenatal care in Family Health Strategy teams in a municipality in the north of Minas Gerais.

## METHODOLOGY

This is a descriptive, cross-sectional, quantitative and documentary study carried out with 6,545 pregnant women registered in the FHS teams, in the municipality of Montes Claros - MG in 2016. The study was carried out with data obtained from the Municipal Health Department of Montes Clear, through the prenatal monitoring report of pregnant women. This report is generated by the SISPRENATAL information system software, which is part of the SUS Humanization Program for Prenatal and Birth (PHPN). The studied population consisted of women who were pregnant in 2016, registered in the 110 ESF teams in the municipality. The survey was census, which justifies not having a sample, and the entire universe was worked on in order to achieve the proposed objective.

The data collection instrument was developed based on the information contained in the SISPRENATAL report, according to the variables: total registered pregnant women; breed; age; consultations; followed up with gestational age up to 20 weeks who underwent examinations; captured until the 20th week of gestation and followed up until the 40th week of gestation.

After collection, the data were processed and analyzed using Microsoft Office Excel 2010 software.

In accordance with the precepts of Resolution No. 466, of December 12, 2012 of the National Health Council (CNS), which regulates research involving human beings, this study had its project submitted to and approved by the Research Ethics Committee of State University of Montes Claros, under opinion No. 2,073,231. Prior to this, the Institution's Agreement for Participation in Research Agreement and the Responsibility Term for Access, Manipulation, Collection and Use of Professional Confidential Information for scientific purposes were signed.

## RESULTS AND DISCUSSION

It was observed that of the 6,545 pregnant women registered in SISPRENATAL in ESF teams, the majority 3,612 (55.19%) were mixed race (Chart 1). Data similar to that found in a study carried out in Tocantins with pregnant women from UBS, where a little more than half of the pregnant women also declared themselves to be brown - 53.4%[7]. In Brazil, about 50% of the population is black, this self-declared Afro-descendant (black or brown), which justifies the predominance of pregnant women in this audience[8]. In this study there was a separation of black and brown races/ colors.

In relation to the black race, 507 (7.75%) women were found (Chart 1). During pregnancy, black women have a greater biological predisposition to some morbidities, such as type II diabetes mellitus, pre-eclampsia or eclampsia in childbirth and gestational diabetes, in addition to sickle cell anemia, responsible for a series of complications in pregnancy, such as premature placenta, severe toxemia, stillbirth and premature birth, requiring greater attention from health professionals during this period[7-9].

Another point that deserves to be highlighted is that studies show that pregnant women of mixed race or black, in addition to the genetic predisposition to certain diseases, also face a series of problems during pregnancy, influenced by social determinants of health. In this sense, the Comprehensive Health Care Policy of the Black Population seeks measures that promote equity to this public(10). In addition, black and brown women have less adherence to the health service, which becomes a considerable aggravating factor for the quality of maternal and fetal life, considering that it hampers early diagnostic intervention for some diseases[8].

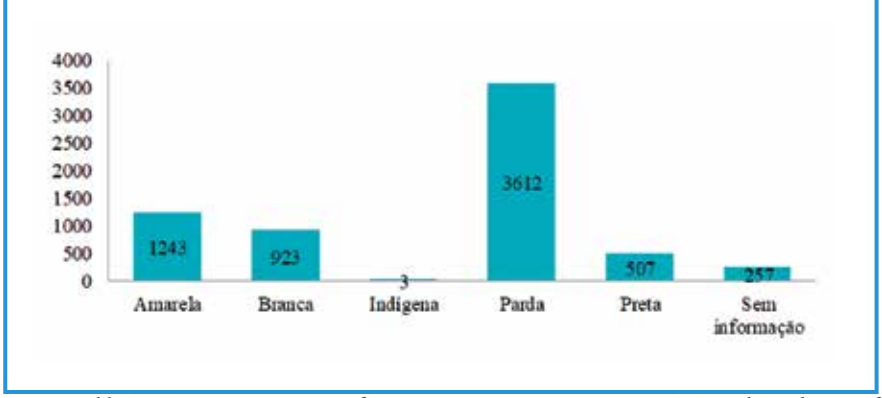
Still regarding the race/ color variable, it was noticed that 18.99% of women declared themselves race/ color yellow, which corresponds to the eastern origin, race/ color little prevalent in the Brazilian population. 14.10% were white women and only three were indigenous. The percentage of 3.93% corresponded to the absence of this variable, a worrying fact, given the importance of race/ color for pregnancy, denoting a failure to complete the system (Chart 1).

The age below 15 years and above 35 years is considered a risk factor by the Ministry of Health. In this study, it was observed that most women were between the required age group as the best for pregnancy, that is, 20 to 34 years old with 70.69% (Chart 2). With a predominance of the groups between 20 to 24 years old (25.18%) and 25 to 29 years old (25.91%). Pregnancy at the age recommended by the Ministry of Health aims at the least number of complications in the period[9].

According to the World Health Organization (WHO), the adolescence phase ranges from 10 to 19 years of age. As for this audience, it was observed that the largest number of pregnant adolescents was between the age group of 15 to 19 years old (13.08%), followed by a smaller amount in the age group between 10 to 14 years old (0,31%), where there is a higher gestational risk (Chart 2). Very low number in relation to the 90s, in which almost 26% of births in Brazil were to adolescents[12].

It is noteworthy that teenage pregnancy, compared to pregnancy at the recommended age, is at higher risk, since there is a higher occurrence of complications during pregnancy and during childbirth. Complications such as, anemia, more hypertensive disease, less weight gain, premature birth, anoxia, low birth weight, among others[12].

Chart 1. Profile of pregnant women registered with SISPRENATAL regarding race/ color. Montes Claros, MG, Brazil, 2016.




Source: Health Care Secretariat. Department of Strategic Programmatic Actions - DAPES. General Coordination of Women's Health. Prenatal Report - Monitoring of pregnant women. SISPRENATAL / PRENATAL, from 01/01/2016 to 12/31/2016.

There was no record of pregnancy under the age of 10 years. The data found in this study in relation to the number of pregnant adolescents reveal the success of actions to prevent teenage pregnancy by primary care.

It was observed that 15.92% of the women in this study had a pregnancy above 34 years old (Chart 2). The incidences indicate that late pregnancy, that is, in women above that age, have increased more and more over the years and different factors may have contributed to this increase, where the insertion of women into the job market stands out, with a better level socioeconomic and educational[14].

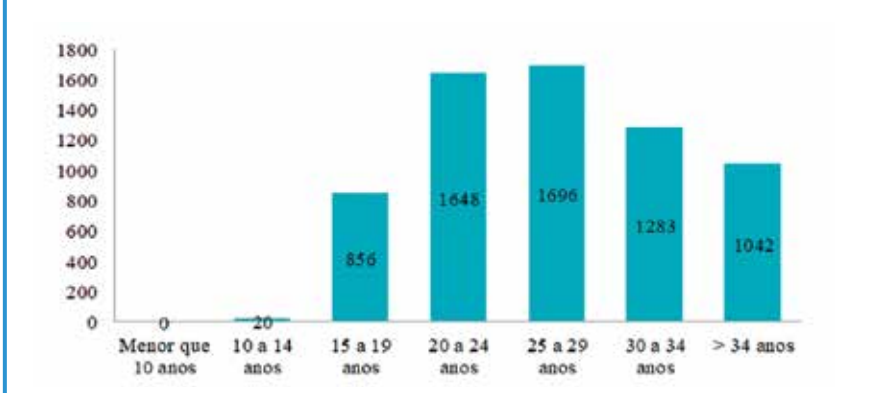
Late pregnancy can bring different complications to women and fetuses, such as: higher occurrence of ectopic pregnancy, premature birth, low birth weight, low vitality of the newborn, spontaneous abortions and higher perinatal mortality[15]. These women may still be at higher risk for diabetes and hypertensive diseases[12]. The occurrence of arterial hypertension is related to changes in vascularization, due to age. In women over 35 years old, peripartum hemorrhages can be found more frequently, in addition to a greater number of operative deliveries, premature delivery, premature amniorrexis and placenta praevia(14). Pregnancy, in this regard, requires even greater attention from health professionals, even though there are pregnant women with the same age group and without the need for specific interventions.

Combined with the good quality of care provided to women while pregnant, the study brought some of the indicators of the quality of prenatal care (proportion of pregnant women registered for prenatal care; proportion of pregnant women with six or more prenatal consultations; proportion of pregnant women followed up in prenatal care who underwent Hb, Hct, Glycemia, EAS, VDRL and HIV tests until the 20th week of pregnancy; proportion of pregnant women with early prenatal uptake), in addition to the proportion of pregnant women followed up to 40th week of gestation, based on the Humanization Program in prenatal and birth and guided by SISPRENATAL. These indicators make it possible for the Rede Cegonha to provide an assessment of the quality of care. Rede Cegonha was launched in 2011 by the Ministry of Health and standardized by Ordinance No. 1,459, whose objective is to provide good quality care for prenatal care, childbirth, the puerperium and the child up to 24 months and to evaluate the indicators. These indicators assist managers in health promotion, as they provide knowledge and identify the reality of the health condition of this population. Prenatal care is even more important, as it provides the necessary support for pregnancy[16,17].

In order to reorganize the actions taken in the context of pregnancy, Health Information Systems (SIS) play an important role in the administrative function of care. SISPRENATAL is one of the support systems in the management of these actions developed for pregnant women inserted in the PHPN of SUS. In this system, it is possible to carry out the monitoring and monitoring of pregnancy from the first postpartum care, as it lists the indicators of assistance intended for pregnancy.

Regarding the number of consultations, it was noticed that less than half, 2,264 (34.59%), had 6 or more prenatal consultations, as recommended by the Ministry of Health (Table 1). Low number compared to a study carried out in two existing maternity hospitals in the municipality of Rio Grande, in the extreme south of Brazil, where about 60% of women had six or more consultations. Regarding this indicator, the data in this study do not specify whether they were performed by medical professionals, nurses or any other, although the prenatal consultation can be

Chart 2. Profile of pregnant women registered with SISPRENATAL regarding age. Montes Claros, MG, Brazil, 2016.




Source: Health Care Secretariat. Department of Strategic Programmatic Actions - DAPES. General Coordination of Women's Health. Prenatal Report - Monitoring of pregnant women. SISPRENATAL / PRENATAL, from 01/01/2016 to 12/31/2016.

Table 1. Profile of pregnant women registered at SISPRENATAL regarding consultation. Montes Claros, MG, Brazil, 2016.

| VARIÁVEIS | N (6.545) | % |
|---|---|---|
| Consultas | | |
| 6 ou mais consultas | 2264 | 34,59 |
| Acompanhadas com IG até 20 semanas que realizaram exames | 432 | 6,60 |
| Captadas até a 12" semana de gestão | 3669 | 56,52 |
| Acompanhadas até a 40" semana de gestão | 1928 | 29,46 |

Source: Health Care Secretariat. Department of Strategic Programmatic Actions - DAPES. General Coordination of Women's Health. Prenatal Report - Monitoring of pregnant women. SISPRENATAL / PRENATAL, from 01/01/2016 to 12/31/2016.

done by the two professionals[18,19].

The main objective of PHPN is to reduce morbidity and mortality rates, in addition to seeking to improve access to prenatal care through humanization. This program provides information to meet the specific needs of pregnant women, fetuses and women after childbirth, seeking to ensure the improvement in quality and access to prenatal care, childbirth and the puerperium. PHPN includes the minimum number of prenatal consultations. In the first quarter, a consultation is required, two in the second quarter and three in the third quarter, totaling six consultations. Until the 28th week, consultations are carried out monthly; from the 28th fortnightly and from the 36th to the 41st week, consultations are weekly. In addition to a consultation in the puerperal period up to 42 days after delivery(9,20).

In the last trimester, a greater number of consultations is necessary, mainly due to the approach of childbirth and the increased probability of complications with the progress of pregnancy. Even so, 1,928 (29.46%) of the total women were followed up until the 40th week of pregnancy (Table 1). This amount does not indicate the real reasons for not following up until this period, that is, it may also be due to the previous delivery. The last quarter requires increased attention from health professionals with a higher number of consultations, which can be even above the recommended three(9,20).

In the case of consultations, the first is usually done by the nurse professional, in a detailed way, recommending anamnesis, physical examination and guidance to the pregnant woman. Subsequent consultations are divided between the doctor and the nurse. Consultations can be carried out both at UBS and at home. The decrease in the number of consultations may be related to the difficulty of access to health services, which can cause preterm birth, as well as the low weight gain of women during pregnancy, among other consequences[9,21].

In relation to pregnant women captured up to the 12th week of pregnancy, the number exceeds 50% of those registered - 56.52% (Table 1). In the National Program for the Improvement of Access and Quality of Primary Care (PMAQ), there is an indicator that assesses the proportion of pregnant women who started prenatal care in the 1st trimester, according to data taken from the Primary Care Information System (SIAB) in 2010, about 79% of the women monitored were captured in the first trimester of pregnancy. This indicator brings to light the percentage of women who had an early start to prenatal care. When inserted into the program from the beginning of pregnancy, women are monitored and diagnosed early, if they have any changes in that period[22].

**Under the SUS and through the Cegonha Network, women with suspected pregnancy are captured at the UBS and submitted to the Rapid Pregnancy Test (TIG) to confirm the hypothesis and start prenatal care.**

Under the SUS and through the Cegonha Network, women with suspected pregnancy are captured at the UBS and submitted to the Rapid Pregnancy Test (TIG) to confirm the hypothesis and start prenatal care. In the case of a menstrual delay of 15 days or more, the doctor or nurse can request the TIG and insert the pregnant woman into the program, that is, concluding her intake, with the start of monitoring at SISPRENATAL[9].

With regard to women followed up with gestational age (GI) up to 20 weeks who underwent examinations, it refers to the accounting of those who underwent examinations in the list of SISPRENATAL indicators, which are: blood count, VDRL, blood glucose, urine culture and HIV, although there are other exams for the same period. It is noticed that there was a very small number of compliances to the recommended tests (6.60%), indicating a low coverage when compared to the standards indicated by the Ministry of Health (Table 1). Exams during pregnancy are important because they provide monitoring and possible intervention to women, since they enable the early diagnosis of diseases that can cause complications during pregnancy. The good quality of the follow-up is related to the performance of the recommended exams, since they have the highest degree of indication, and the vast majority should be performed at the first consultation, as this is the first contact of the pregnant woman to the health service[9].

## CONCLUSION

The study made it possible to analyze

the care profile of pregnant women attended in prenatal care by ESF teams in a medium-sized municipality in the north of Minas Gerais. Based on the findings, there was low compliance by women to the minimum number of prenatal consultations required by the Ministry of Health. Most women, just over half, were captured by the 12th week of pregnancy. There was also a predominance of women between the age groups of 20 to 29 years, required as the best period for pregnancy and a low percentage of teenage pregnancies (13.39%). A greater number of race/ brown color was noted. There was low coverage of the exams until the 20th week and less than half of the women were followed up until the end of pregnancy.

In view of these results, it is noted that the APS teams in the studied city have obtained favorable results in the early capture of pregnant women and a low rate of teenage pregnancy. Regarding the number of prenatal consultations and coverage of exams performed, there are weaknesses in the care provided that deserve further reflection by both teams and managers, in order to improve the quality of care for pregnant women. ■

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