



## The importance of prenatal care in primary care by health professionals: a literature review

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### 1 INTRODUCTION

The first health policy aimed at women was the Maternal and Child Health Program (MCHP), created in 1973, whose focus was restricted to the provision of services aimed at ensuring the health of the mother-child binomial and the gestational outcome of poor non-welfare women, placing motherhood at the heart of the woman's social role. Until the early 1980s, health policies aimed at Brazilian women were directed to only one cycle of their lives, the gravidic-puerperal cycle (**COSTA, 2012**).

Prenatal care is a fundamental space to promote changes in the core of care, in order to welcome pregnant women, ensuring their right to quality care, as a component of citizenship (**BRASIL, 2000**).

Prenatal care includes disease prevention, health promotion, and treatment of problems that may occur during pregnancy and after delivery. Access to prenatal care in the first trimester of pregnancy is an indicator for assessing the quality of primary health care (PHC) in Brazil. The timely initiation of prenatal care is essential for the diagnosis and intervention on conditions that make vulnerable the health of the pregnant woman and the newborn, as well as reducing the high rates of maternal and perinatal mortality (**BRASIL, 2016**).

Data from the research 'Born in Brazil' showed that approximately 89.6% of prenatal consultations were performed in PHC units and emphasized that 75% of pregnant women were seen by a medical professional. This reinforces the need to work prenatal care in the academic training of nurses. Furthermore, studies have shown failures in prenatal care, evidenced by issues such as difficulties in access to care, initiation of consultations after 12 weeks of gestation, incomplete performance of recommended procedures, inadequate request of laboratory tests and imaging, and insufficient information about the rights of pregnant women and their families, which affects the



quality and effectiveness of care and can generate unfavorable outcomes (VIELLAS et al., 2014; SAAVEDRA; CESAR, 2015).

## 2 OBJECTIVE

This study aims to describe factors presented in the literature that address the quality of service in prenatal care in Primary Health Care.

## 3 METHODOLOGY

This study used the integrative literature review as a method, which allows readers to recognize the professionals who conduct more research on a given subject, produce scientific findings of opinions and ideas, describe knowledge in its current state and thus promote impact on clinical practice. This research method provides health professionals with important data on a given subject, in different places and at different times, keeping them up to date and facilitating changes in clinical practice as a consequence of the research. Therefore, it is believed that the integrative review is a relevant tool in the process of communication of research results, facilitating their use in clinical practice, since it provides a synthesis of the knowledge already produced and provides subsidies for improving health care (MENDES; SILVEIRA & GALVÃO, 2008).

The following study steps were followed: 1- Preparation of the guiding question; 2- Database search and sampling; 3- Data collection, 4- Critical analysis of the studies with data organization (SOUZA; SILVA; CARVALHO, 2010). The search was conducted in the months of September and October 2022. Considering the time interval for searching the articles between the years 2002 and 2022.

The publications were collected in the Virtual Health Library (VHL), which gathers scientific journals and magazines, such as: Lilacs (Latin American and Caribbean Literature on Health Sciences), Medline (Medical Literature Analysis and Retrieval System on-line), and BDENF (Nursing Database) and in the database: SCIELO (Scientific Electronic Library Online).

For the search, the following descriptors were selected: prenatal, primary care, health professionals.

A total of 1233 articles were found in the VHL (Virtual Health Library), 329 were repeated in other databases, 125 were discarded because there was no relationship with the theme of this research, 102 were not available for reading. At the end of the selection 24 of these studies were listed for this research.



## 4 DEVELOPMENT

The prenatal care should be carried out until the end of pregnancy. It is essential that the pregnant woman does not miss the consultations, since in addition to following the baby's development in the consultations she can ask all her questions, feel more welcome, prepared for the new phase that is to come and also a moment of physical and psychological preparation. In fact, the follow-up is essential and necessary, at least six consultations. The Ministry of Health makes it clear that the main goal of prenatal care is to welcome the woman from the beginning of pregnancy, providing security until the end of pregnancy, until the birth of a healthy child ensuring maternal and child well-being (DINIZ et al., 2021; HERMANN, 2018).

For a quality prenatal care, good assistance is essential, with guidance on diet, exercise, vaccination, and the importance of attending consultations. When professionals perform prenatal care, it is important that they create a bond, because it is a time when the pregnant woman and the father can feel comfortable to ask questions, because pregnancy itself brings many anxieties, one should make the most of each consultation and assistance provided to feel safe with the arrival of childbirth. The father's prenatal participation aims at the right to access health services, and can be used as a gateway for men to the health care network, because they also need care to take care of the family. However, the role of the man in the woman's pregnancy is not only to accompany, it is also, to be partner and companion, passing security and creating a greater bond between them (MORAES; BRISOLA; CHARLO, 2019; BALICA; AGUIAR, 2019).

Thus, prenatal care needs to happen from the reception and the bond with the pregnant woman and her family; the development of educational actions that permeate all moments of encounter between professionals and pregnant women; the early detection of gestational risk situations; and the access to safe and quality health services, both in the primary care network and in hospitals (Ministério da Saúde, 2016). In addition, it is recommended that it be started as early as possible, with at least six consultations, being at least one in the first trimester, two in the second trimester, and three in the third trimester (Ministério da Saúde, 2016).

The assistance (PN) is among the policies, programs, strategies, and actions that seek positive results in relation to women's health in a comprehensive way. It is determined by law that this coverage is offered in the Unified Health System (SUS), considering all vital cycles, including assistance to conception and contraception, monitoring of gestational development and assistance to delivery, puerperium, and the newborn (BRASIL, 2020).

When the pregnant woman is assisted in a timely manner, it is possible to identify diseases that were already present in her body, evolving silently, such as hypertension, diabetes, syphilis, toxoplasmosis, among others. Detecting fetal or maternal problems, some of them in early stages,



allows for adequate treatment and later provides a normal life for both, besides avoiding further harm to the woman. (LIVRAMENTO et al, 219).

Lima (2013) mentions that it is essential to guarantee human, physical, material and technical resources. That the units have the appropriate amount of human resources, with the hiring of a multidisciplinary team, being available, the (ACS), nursing assistant or technician, nurse, dental surgeon and doctor.

Another interesting point, is that professionals should take advantage of the opportunities of contact with pregnant women and consider the prenatal consultation as an important space for health education, since it is legitimate for educational actions, as it makes it possible to strengthen the bond and prioritize the needs of each user and family. A research conducted in northeastern Brazil identified that the nursing consultation had a positive evaluation among pregnant women, mainly when they perceived the nurse's interest, time availability, and technical-scientific knowledge (GOMES et al., 2019).

The access of pregnant women and their families to information about their own health and that of their child is a right to be ensured. Thus, it is understood that the dialogical approach that enables the sharing of information between health professionals and women, in addition to guiding the communication between such subjects, strengthens their ability to decide about their body and care (OLIVEIRA; MANDU, 2015).

In the context of the hierarchization of public health services in Brazil, the Basic Health Units (BHU) are the gateway to access health services in primary care. They must be efficient in order to prevent, detect clinical complications, guide, monitor pregnant women throughout the pregnancy process and in the postpartum period, in addition to identifying high-risk pregnant women (in which the mother and fetus are at risk of death) and referring them to more complex services (CESAR et al., 2011; MARTINS, 2010).

Evaluating prenatal care has a great impact on reducing unfavorable obstetric outcomes, since the quality of that care is closely related to the health levels of mothers and conceptus (ANVERSA et al., 2012).

The guarantee of quality prenatal care, which prioritizes the rights of the pregnant woman and the child, is essential and is characterized as one of the enormous challenges related to women's health, both in the managerial and care spheres. In this context, the relevance of humanized practices, such as the welcoming service, is highlighted in the national scenario, given the impact of this practice in health services, as an important tool for the construction of better quality public health care services. The proposal of qualified care for pregnant women is an important challenge to SUS, even though prenatal care reaches almost universal coverage, and the persistence of inequalities in access to adequate care is noticeable, with the potential to reverse unfavorable perinatal indicators. Thus, there



is an urgent need for a multidisciplinary team with broad and updated training on the theme of humanization, which assimilate and incorporate changes in the scenario of women's health care, with an action that respects the specificities of each professional, generating a common good to the patient assisted (DA SILVA, 2016; FELIX et al., 2017; BRASIL, 2018).

The Ministry of Health recommends requesting: ABO--Rh, hemoglobin/hematocrit, fasting glycemia, VDRL, type I urine, anti-HIV testing, hepatitis B, cytomegalovirus, rubella, and toxoplasmosis (2). Another issue addressed in the selected studies is related to the proper diagnosis of syphilis in pregnancy to avoid congenital syphilis (BRASIL, 2005).

They propose measures to increase the coverage of serological testing: the availability of rapid tests in health units; conducting campaigns, encouraging the request of the test in the prenatal consultation; prioritizing patients with a profile of few consultations. The MS recommends that screening for syphilis during prenatal care should be performed at least twice during pregnancy (beginning of prenatal care and close to the 30th week) and at the time of hospital admission (CESAR et al., 2020).

The prenatal consultation performed in Primary Health Care is indispensable for a pregnancy without complications and should be initiated immediately after a positive pregnancy outcome. Regarding adherence to PN, the higher it is, the lower the risk of complications during pregnancy and postpartum. In the study done, its importance was proven, because 86% of pregnant women who adhered to prenatal care, did not complicate, compared to 13% of pregnant women who had complications in pregnancy, having as a cause; bleeding, seizure, urinary tract infection, diabetes and hypertension (PEREIRA DO et al., 2017).

The Stork Network is an example, being an excellent strategy of the MS to ensure maternal and child care and to organize in a structured way family planning and humanized care to pregnancy, childbirth and postpartum (NEVES et al., 2020).

According to the research of Gomes CBA, et al. (2019), it showed that the quality of care is associated with the physical examination performed by nurses and the care provided in these consultations, such as the professional's interest, availability of time, technical mastery, practicality, and ease of subsequent appointments. Another factor that influences the quality of the care service is that vaccines are always available, as well as laboratory tests. However, it was observed that there is still a certain distance between physical and psychological health. Pregnant women consider that talking about their mental state is something very intimate and personal, therefore an adequate approach by the nursing professional is necessary to prevent this pregnant woman from acquiring postpartum depression.

According to Anversa et al. (2012), the health levels of mothers and newborns are linked to the quality of prenatal care, thus, evaluating the care provided has a great impact on reducing unfavorable



obstetric outcomes. Within the network of the Unified Health System - SUS, the intake of pregnant women for the start of prenatal care is essential for the early diagnosis of possible clinical changes that place both the pregnant woman and the child in a position of vulnerability to perform congruent interventions (BRASIL, 2016).

To change this reality, a viable path includes the strengthening of Primary Care allied to the organization of Health Networks, in search of the provision of adequate care in a timely manner, including a guarantee of continuity of care (OLIVEIRA JÚNIOR et al., 2021).

All made possible through the sharing of information and responsibilities distributed among PHC, Specialized Outpatient Care (SEA) and Hospital Care (HH), among other measures. In this context, the National Policy of Primary Care - PNAB (BRASIL, 2017) establishes the PHC as the main gateway of entry of the user into the public health system becoming the communication center of the Health Care Networks (RAS), coordinator of care and organizer of actions and services available in a comprehensive manner and free of charge to all people, according to their needs, considering the determinants and conditioning factors of health specific to each territory. For PHC to exercise its function of preferential access to the Unified Health System (SUS), it is essential that it is qualified, has autonomy and involves in the decision-making process and care all workers working at this level of care, fundamental requirements for the development of clinical guidelines for prenatal care (MENDES, 2015).

## 5 CONCLUDING REMARKS

This study shows that prenatal care is of utmost importance for a healthy pregnancy, through the reception, qualified auscultation, and comprehensive care by health professionals to pregnant patients in Primary Care.

Nevertheless, the welcoming and humanized care performed by health professionals in the UBS are fundamental strategies in ensuring comprehensive care. It is important that health teams develop work processes with active participation of pregnant women in decisions, that is, respecting their cultures.

It is perceived a theme of great relevance, therefore the importance of prenatal care for a healthy pregnancy, delivery and puerperium. Thus, it is necessary that more studies be built on this theme in order to increasingly achieve the proper functioning of the primary care network, especially with regard to prenatal consultations.



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