

QUALIFIED PRENATAL CARE: THE NURSE'S TASKS – A BIBLIOGRAPHIC SURVEY**ASSISTÊNCIA PRÉ-NATAL QUALIFICADA: AS ATRIBUIÇÕES DO ENFERMEIRO – UM LEVANTAMENTO BIBLIOGRÁFICO****ASISTENCIA PRENATAL CALIFICADA: LAS ATRIBUICIONES DEL ENFERMERO – UM LEVANTAMIENTO BIBLIOGRÁFICO**Lilian Donizete Pimenta Nogueira¹, Gabriela da Silva Oliveira²**ABSTRACT**

INTRODUCTION: Maternal mortality is a great challenge to Brazilian public health; one of the main ways to prevent it is the prenatal care, provided by the public health network. For this to occur with quality, there are basic procedures to be performed. **OBJECTIVES:** Nurses' assignments in prenatal care, with emphasis on quality care and the essential skills for the exercise of obstetrics nurses. **METHODOLOGY:** This is a literature review. The used databases were MEDLINE, LILACS and *SciELO*, using the key words: prenatal, maternal mortality, professional competence and midwifery. **RESULTS:** We found that the role of nurses is of great importance regarding initiatives to prenatal care, because without them, the consultations become restricted to a biomedical model. In this context, a set of skilled and qualified professionals to perform prenatal is necessary, thus reducing the numbers of maternal death.

Key words: Prenatal Care; Maternal Mortality; Professional Competence; Obstetric Nursing.

RESUMO

INTRODUÇÃO: A morte materna é um grande desafio à saúde pública brasileira; uma das principais formas de prevenção destas é o pré-natal, disponibilizado pela rede pública de saúde. Para que este ocorra com qualidade existem procedimentos básicos a serem realizados. **OBJETIVOS:** Atribuições do enfermeiro no atendimento pré-natal, com destaque para a assistência qualificada e as competências essenciais para o exercício da obstetria dos profissionais de enfermagem. **METODOLOGIA:** Trata-se de um levantamento bibliográfico. As bases consultadas foram MEDLINE, LILACS e *SciELO*, utilizando os descritores: pré-natal, mortalidade materna, competência profissional e enfermagem obstétrica. **RESULTADOS:** Verificamos que o papel do enfermeiro é de grande relevância no que diz respeito às ações voltadas ao pré-natal, pois sem ele, as consultas se restringem a

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um modelo biomédico. Neste contexto, faz-se necessário um conjunto de profissionais qualificados e habilitados para realizar o pré-natal, e conseqüentemente reduzir os números de morte materna.

Palavras-chave: Cuidado Pré-Natal. Mortalidade Materna. Competência Profissional. Enfermagem Obstétrica.

RESUMEN

INTRODUCCIÓN: La mortalidad materna es un gran desafío para la salud pública de Brasil; una de las principales formas de la prevenir es el cuidado prenatal, proporcionado por la salud pública. Para que esto ocurra con calidad existen procedimientos básicos que se deben realizar. **OBJETIVOS:** Asignaciones de los enfermeros para el cuidado prenatal, con énfasis en la atención de calidad y las habilidades esenciales para el ejercicio de la enfermería obstétrica. **METODOLOGÍA:** Se trata de una revisión de la literatura. Las bases consultadas fueron MEDLINE, LILACS y *SciELO*, usando las palabras clave: prenatal, mortalidad materna, competencia profesional y enfermería obstétrica. **RESULTADOS:** Se encontró que el papel de los enfermeros es de gran importancia en lo que respecta a las iniciativas para la atención prenatal, ya que sin ellos, las consultas están restringidas a un modelo biomédico. En este contexto, es necesario un conjunto de profesionales expertos y cualificados para realizar el prenatal, y por lo tanto reducir el número de muertes maternas.

Palabras clave: Atención Prenatal; Mortalidad Materna; Competencia Profesional; Enfermería Obstétrica.

INTRODUCTION

Maternal death has been a major challenge to Brazilian public health, after all, it is one of the great indicators of female health.

The World Health Organization (WHO) defines as maternal death the one that occurs during pregnancy or within a period of 42 days after its termination, regardless of the duration or location of the pregnancy, due to any cause related to pregnancy or related measures.¹

The causes of maternal death are divided into two groups: direct obstetric deaths and indirect obstetric deaths. Direct

obstetric deaths occur due to obstetric complications during pregnancy, childbirth, or the puerperium, caused by interventions, omissions or incorrect treatment. Indirect obstetric deaths are caused by diseases already existing before gestation, or developed in this period and aggravated by the physiological effects of gestation.²

In Brazil, high rates of maternal mortality have been a challenge for health services, and for society, becoming a major public health problem that unequally affects the less favored social classes.³

One of the main ways of preventing these deaths is through prenatal care, offered by the public health network, free of charge, with easy access, and the right of all pregnant women, regardless of their location.

Prenatal care is one of the most complete sets of clinical and educational procedures offered to a specific population group, whose goal is to promote health and identify early problems that may pose risks to the pregnant woman's health and the concept, besides diagnosis and appropriate treatment of the problems that may occur in this period, with a great potential of impact on maternal and infant morbimortality.⁴

Prenatal care should begin early, have universal coverage, be performed periodically, be integrated with other preventive and curative actions; a minimum number of consultations must be respected and its success depends, to a large extent, on the moment when it begins.⁵

In Brazil, prenatal care is considered to be of low efficacy, and attention to childbirth and puerperium are considered forgotten stages. Due to this problem, the nursing action cannot be developed in isolation without an exact connection, but permanently with all the other professionals who participate in the

process. The adoption of measures and procedures known to be beneficial for follow-up during this period is necessary, avoiding, in most cases, unnecessary practices, which, although frequently performed, do not benefit the woman or the newborn and pose greater risks for both.⁶

The main objective of prenatal and puerperal care is to welcome the woman from the beginning of pregnancy, ensuring, at the end of gestation, the birth of a healthy child and the guarantee of maternal and neonatal well-being, contributing to the reduction of maternal mortality and child health. Qualified prenatal and puerperal care is provided through the incorporation of welcoming behaviors and without unnecessary interventions; through easy access to quality health services, with actions that integrate all levels of care: promotion, prevention and health care of pregnant women and newborns, from basic outpatient care to high-risk hospital care.⁷

In this scenario, where maternal mortality represents a serious public health problem to be faced, we have prenatal care as an essential tool to ensure that the pregnancy-puerperal cycle occurs more safely, which contributes effectively to reducing maternal deaths. Prenatal care depends on relatively simple procedures, and can be fully carried out in basic health

care, since it does not lack high technology and can contemplate the needs of pregnant women most of the time.

With the purpose of contributing to public health policies regarding the fight against maternal death, we outline as object of this study the attributions of the nursing team in prenatal care to pregnant women. The health professional responsible for providing care for women during the pregnancy-puerperal cycle needs to possess a range of knowledge and skills essential for a quality care.

Thus, we sought to highlight the importance of the quality prenatal care, clarify which competencies are essential for the practice of obstetrics of nursing professionals, and identify the roles of nurses and nursing staff in prenatal care.

METHODOLOGY

This is a study carried out by means of a bibliographical survey, using documents already elaborated as: scientific articles and documents published in electronic medium, which address the theme “maternal death and nursing care during the prenatal period”.

The development of a bibliographical research bases on already elaborated materials, specially books and scientific articles. This type of research constitutes an excellent technique to provide the

researcher with the theoretical approach, knowledge and scientific training that enable the production of original and pertinent works. Consultation of sources consists of identifying documentary sources (such as audiovisual, cartographic and textual documents) and analyzing the sources and gathering information (recognition of ideas that give content to the document).⁸

RESULTS

In this article, the data were collected using the internet for access to the MEDLINE (Medical Literature Analysis and Retrieval System Online), LILACS (Scientific and Technical Literature of Latin America and the Caribbean) and SciELO (Scientific Electronic Library Online), and the sources used to construct this work were articles, theses and dissertations.

For the bibliographic search, we used the Descriptors in Health Sciences (DeCS), which have structured vocabulary, bilingual (Portuguese and English), based on collections of terms organized to facilitate access to information.

Data collection took place between July and September 2014 in the premises of the library Professor Dr. Domingos João Baptista Spinelli, from the University Center UNIFAFIBE, located in the city of

Bebedouro/SP. Articles were searched through the following descriptors: Prenatal AND Maternal Mortality; Professional Competence AND Obstetric Nursing.

For the present study, 200 publications were found between the year 2000 and 2013. After finalizing the search strategies for publications, the title, year of publication and summary of the pre-selected articles were read, with the

purpose of analyzing whether they met the proposed theme for this review. In this way, we identified 37 studies, and, then, we carried out a systematic reading of the studies and selected those that contemplated the subject studied. Twenty publications were selected for analysis and construction of the results of this research.

Frame 1 presents a brief summary of the articles selected in this review.

Frame 1 – Description of the articles included in the result and discussion Bebedouro, 2014.

Title of the Article	Author	Journal	Year of Publication
Committees Manual of the Maternal Mortality. ¹	Ministry of Health, Department of Health Care, Department of Strategic Programmatic Actions.	3 th ed. Brasília (DF): Ministry of Health (BR);	2007
Maternal mortality: sociodemographic and causal profile. ²	Riquinho DL, Correia SG.	Rev. bras. enferm. [Internet]. [Access on Jan 26, 2014];	2006
Scientific Production about Mother Mortality in Nursing Periodics. ³	Santos APV, Coelho EAC, Rodrigues LSA, Paiva MS.	Rev. Baiana de enfermagem.	2010
Inadequacy of prenatal care in underprivileged parts of the Northeast of Brazil: prevalence and some associated factors. ⁴	Dias-da-Costa JS, Cesar JA, Haag CB, Watte G, Vicenzi K, Schaefer R.	Rev Bras Saúde Matern Infant.	2013
<i>Fatores associados à inadequação do uso da assistência pré-natal</i> (Factors associated with the inadequate use of prenatal care). ⁵	Coimbra LC, Silva AAM, Mochel EG, Alves MTSSB, Ribeiro VS, Aragão VMF et al.	Rev. Saúde Pública [Internet] [Access on Jan 26, 2014];	2003
<i>Consulta de enfermagem no pré-natal</i> (Prenatal nursing consultation). ⁶	Marques RG, Prado SRLA.	Rev Enferm UNISA	2004
Making pregnancy safer: the critical role of the	World Health Organization.	Geneva: World Health Organization;	2004.

skilled attendant: a joint statement by WHO, ICM and FIGO. ⁷			
<i>Como elaborar um projeto de pesquisa</i> (How to develop a research Project). ⁸	GIL AC.	São Paulo: Atlas;	2010
Study of basic skills in antenatal care: actions of the nursing staff in the city of Cuiabá-MT. ⁹	Duarte SJH, Mamede MV.	Enfermagem em Foco.	2012
Prenatal care by nurses in the east zone of the city of São Paulo - Brazil. ¹⁰	Narchi NZ.	Rev Esc Enferm	2010
Prenatal and puerperal. humanized and qualified care. ¹¹	Ministry of Health, Department of Health Policies, Technical Area of Women's Health.	Brasília (DF): Ministry of Health (BR);	2006
Educational action in prenatal care: a reflection on nursing consultation as an opportunity for health education. ¹²	Rios CTF, Vieira NFC.	Ciênc. saúde coletiva [Internet]. [Access on: Jan 25, 2016];	2007
The technical competence of nurses to women during antenatal care in the city of Rio de Janeiro [dissertation]. ¹³	Silva JRM.	Rio de Janeiro: Escola de Enfermagem Anna Nery/UFRJ; (Anna Nery Nursing School)	2011
Midwifery and nurse-midwifery education: old problems or new possibilities? ¹⁴	Riesco MLG, Tsunehiro MA.	Rev Estudos Feministas.	2002
Examining the evidence for the International Confederation of Midwives essential competencies for midwifery practice. ¹⁵	Furrlerton JT, Thompson JB.	Midwifery	2005
Pre-natal consultation by nurses: Client satisfaction among expectant mothers. ¹⁶	Barbosa TLA, Gomes LMX, Dias OV.	Cogitare Enferm.	2011
Attention to the prenatal of low risk. ¹⁷	Brazil. Ministry of Health. Secretariat of Health Care. Department of Basic Attention.	Cadernos de Atenção Básica, nº 32	2012

Pre-natal in the Family Health Program (PSF): with the word, the nurses. ¹⁸	Benigna MJC, Nascimento WG, Martins JL.	Cogitare Enferm.	2004
Prenatal care: core competencies performed by nurses. ¹⁹	Cunha MA, Mamede MV, Dotto LMG, Mamede FV.	Esc. Anna Nery [Internet]. [Access on: Jan 10, 2015];	2009
Prenatal care protocol: actions and the easy and difficult aspects dealt by Family Health Strategy nurses.	Rodrigues EM, Nascimento RG, Araújo A.	Rev. esc. enferm. USP [Internet]. [Access on: Jan 10, 2015];	2011

Source: Data collected by the authors.

DISCUSSION

QUALITY PRENATAL

Qualified prenatal care refers to the process by which a pregnant woman and the newborn receive adequate care during pregnancy, labor, delivery, the postpartum period and the neonatal period, regardless of the place of care - home, health center or the hospital.⁹ This should provide care that facilitates the professional's performance at the various levels of the health system, and the health system must present knowledge and skills that make its obstetric practice safe and able to reduce maternal mortality.¹⁰

The Ministry of Health, through its Technical Manual of Prenatal and Puerperium, states that, in order to provide a quality prenatal, during the first consultation, the anamnesis should be carried out, addressing epidemiological aspects, besides the family, personal, gynecological and obstetric antecedents

and the current pregnancy situation; the physical examination, which should be complete, including assessment of head and neck, chest, abdomen, limbs and inspection of skin and mucous membranes, followed by gynecological and obstetric examination. In the following consultations, the anamnesis should be brief, addressing aspects of maternal and fetal well-being. Initially, women's doubts and anxieties should be heard, as well as questions about diet, bowel and urinary habits, fetal movement, and the presence of discharge or other vaginal losses.¹¹

The prenatal period is a time of physical and psychological preparation for childbirth and motherhood, and, as such, it is a time of intense learning and an opportunity for professionals in the health team to develop education as a dimension of the care process. Several studies on the importance of prenatal care or, specifically, on educational actions during this period,

show that, even though consultations were carried out, pregnant women showed dissatisfaction with the guidelines on childbirth, puerperium and care of newborns.¹²

COMPETENCES AND ABILITIES FOR THE BASIC EXERCISE OF OBSTETRICS

The Brazilian Association of Obstetricians and Obstetric Nurses (ABENFO), founded in 1989, presents a great contribution in the struggles and achievements of Obstetric and Neonatal Nursing in Brazil. Its mission is to bring together multiprofessional and multi-sectorial efforts to improve care for women and the newborn in the perspective of humanization.¹³

At the international level, organizations representing obstetricians and obstetric nurses, - the International Confederation of Obstetricians and the International Council of Nurses (ICN), have prepared a preparatory document to analyze trends in education, define joint policies for training and the exercise of obstetricians and nurses and delimit professional territories.¹⁴

This document defines that the professional qualified to accompany the woman during prenatal, childbirth and

puerperium has the capacity to gather the knowledge that makes up the six competences and abilities, of the document entitled "Essential Competencies for the Basic Exercise of Obstetrics", namely:

Competence 1: have required knowledge and abilities of the social sciences;

Competency 2: provide high quality and culturally sensitive health education;

Competence 3: provide high-quality prenatal care;

Competence 4: provide high-quality, culturally sensitive care during childbirth;

Competence 5: provide women with comprehensive, high-quality, culturally sensitive care during the postpartum period;

Competence 6: provide high-quality comprehensive care for the healthy newborn from birth to two months old.

The practice of obstetrics is understood as an art based on common sense, tradition, and person-centered care and, like most women seeking obstetric care, is healthy and requires only basic health promotion care. Therefore, the definition of essential competencies helps to classify the work of midwives and bases the construction of a new care model.¹⁵

NURSE'S ASSIGNMENTS

The role of nurses at all levels of care is of great relevance, and, regarding prenatal care, it should show the population the importance of gestation monitoring in health promotion, prevention and treatment of disorders during and after pregnancy, as well as present information on the available services. The nurse must understand the importance of humanizing and qualifying the care to the pregnant woman, in order to obtain her greater adhesion to the prenatal, guaranteeing quality in the attendance and better obstetric and perinatal results with healthy mother and newborn.¹⁶

The nurse professional can fully follow the low-risk prenatal care in the basic health network, according to the Ministry of Health and as guaranteed by the Professional Exercise Law, regulated by Decree No. 94,406 / 87.¹⁷

One of the nurse's attributions during this period is the nursing consultation, an independent activity that aims to provide conditions for the promotion of pregnant women's health and the improvement of their quality of life, through a contextualized and participatory approach.⁶

Despite the many barriers imposed, the nursing consultation has been growing in importance, and acting increasingly strong in different areas. In addition,

during the nursing consultation, the nurse prepares the care plan, identifies and prioritizes the needs, establishes the interventions, and referrals to other services, promoting the interdisciplinarity of actions, especially with dentistry, medicine, nutrition and psychology.¹⁶

Adequate prenatal care and its interaction with childbirth services are essential to obtain good pregnancy outcomes, and the main problems pointed out in studies in the literature refer to professionals' failure to comply with norms and routines.¹⁸

The study carried out in Rio Branco - AC, in 2009, verified that the actions and procedures most frequently performed by nurses at some health units were: initial history (anamnesis), date of last menstruation, probable date of birth, gestational age, examination of lower limbs (LL), edema examination, Fetal Heart Rate (FHR) auscultation, measurement of uterine height, request for laboratory exams.¹⁹

In the context of comprehensive health care for women, prenatal care should be organized to meet the real needs of the pregnant population, using the existing technical and scientific knowledge and the most appropriate means and resources available for each case.¹¹ For it to

happen efficiently, the nurse professional must perform all the following procedures:

- guide women and their families about the importance of prenatal, breastfeeding and vaccination;
- perform the registration of the pregnant woman in the Pre-Natal Information System (SisPreNatal) and provide the Pregnant's Card duly completed (the card must be checked and updated at each visit);
- conduct the low-risk gestation prenatal visit;
- request additional examinations according to the local prenatal protocol;
- conduct rapid tests;
- prescribe standardized medications for the prenatal program (ferrous sulfate and folic acid, in addition to standardized medications for STD treatment - Sexually Transmitted Diseases, according to syndromic approach protocol);
- guide the vaccination of pregnant women (according to the current vaccination schedule);
- perform clinical examination of the breasts;
- develop individual and group educational activities,
- carry out home visits during the gestational and puerperal period, follow the breastfeeding process and guide the woman and her partner about family planning.¹¹

Unfortunately, we know that many nurses from prenatal health units do not usually perform all the procedures of their competence, and most of the professionals are unaware of the domain of such care, and do not consider their actions provided as nursing participation during prenatal care.²⁰

The nurse's work exceeds biomedical care, his/her main activity should focus on establishing a relationship of support, understanding and discussion of aspects fundamental to women's health, that is, in the construction of a trust relationship with a view to health education, which is very necessary in pregnancy and postpartum. The quality of the care closely relates to these aspects, probably not valued by the population, because they are unaware of it, and by many nurses, because they associate professional qualification with autonomy in the prescription of medicines and request for exams.¹⁰

FINAL THOUGHTS

Maternal mortality is considered a serious public health problem, and is still a reality present in Brazil, occurring due to the fact that simple procedures, which should be performed routinely, are forgotten or considered irrelevant and unnecessary.

The role of the nurse is of great relevance regarding prenatal actions, as well as the performance of his/her technical procedures. One of his/her main activities is to establish a relationship of support, understanding and discussion of aspects fundamental to women's health, thus creating a trustful relationship. We know that his/her participation in this period is extremely important, because without him/her, the consultations are restricted to a biomedical model of complaints and requests for examinations.

In short, in order to reach all these ideals, a set of qualified and trained professionals is necessary to perform prenatal care, and, for this, these professionals need to be constantly updating their knowledge, because, although Brazilian municipalities do not hire the obstetrician for prenatal care, the generalist nurse, who is updated and seeks new knowledge, also becomes capable of performing the basic procedures recommended by the Ministry of Health to achieve a quality prenatal. Therefore, with qualified professionals, and quality prenatal care, we achieve our ideal, which is nothing more than reducing the number of maternal deaths from preventable causes.

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