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PRENATAL CARE ACCORDING TO INDICATORS OF THE PRENATAL AND BIRTH HUMANIZATION PROGRAM

CUIDADO AO PRÉ-NATAL SEGUNDO INDICADORES DO PROGRAMA DE HUMANIZAÇÃO DO PRÉ-NATAL E NASCIMENTO

CUIDADO AL PRE-NATAL SEGÚN INDICADORES DEL PROGRAMA DE HUMANIZACIÓN DEL PRE-NATAL Y NACIMIENTO

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ABSTRACT

Objective: To analyze the prenatal nursing care according to the indicators of the Prenatal and Birth Humanization Program. **Method:** This is an integrative review of the literature, developed through the Scientific Electronic Library Online database, in indexed publications from 2010 to 2015. **Results:** It was noted that nursing care in prenatal care faces to a reality different from that advocated by the Prenatal and Birth Humanization Program, involving several factors that make this assistance difficult, among them the lack of preparation of professionals, differences between doctor and nurse, difficulties in the early capture of the pregnant woman, gestational risk assessment, registration of important records for the monitoring of pregnant women, among others. **Conclusion:** The nursing professional plays a fundamental role in prenatal care, so the training, based on the principles of PHPN, becomes fundamental for the establishment of effective, humanized and quality prenatal care, thus contributing to the reduction of morbidity and mortality maternal and perinatal.

Descriptors: Prenatal Care; Humanized birth; Nursing; Family Health Strategy; Obstetric Nursing.

RESUMO

Objetivo: Analisar a assistência de enfermagem no pré-natal segundo os indicadores do Programa de Humanização do Pré-Natal e Nascimento. **Método:** Trata-se de uma revisão integrativa da literatura, desenvolvida através da base de dados Scientific Electronic Library Online, em publicações indexadas no período de 2010 a 2015. **Resultados:** Notou-se que a assistência de enfermagem no cuidado pré-natal enfrenta uma realidade diferente do preconizado pelo Programa de Humanização no Pré-Natal e Nascimento, envolvendo vários fatores que dificultam essa assistência, entre eles o despreparo dos profissionais, divergências entre médico e enfermeiro, dificuldades na captação precoce da gestante, avaliação do risco gestacional, divergências no registro de fichas importantes para o acompanhamento da gestante, entre outros. **Conclusão:** O profissional de enfermagem tem papel fundamental no cuidado pré-natal, portanto a capacitação, embasada nos princípios do PHPN, torna-se fundamental para o estabelecimento de uma assistência pré-natal efetiva, humanizada e de qualidade, contribuindo assim para a redução da morbimortalidade materna e perinatal.

Descritores: Cuidado Pré-Natal; Parto Humanizado; Enfermagem; Estratégia Saúde da Família; Enfermagem Obstétrica.

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RESUMEN
Objetivo: Analizar la asistencia de enfermería en el prenatal según los indicadores del Programa de Humanización del Pre-Natal y Nacimiento. **Método:** Se trata de una revisión integrativa de la literatura, desarrollada a través de la base de datos Scientific Electronic Library Online, en publicaciones indexadas en el período de 2010 a 2015. **Resultados:** Se notó que la asistencia de enfermería en el cuidado prenatal enfrenta una enfermedad que se há convertido en una de las principales causas de la crisis económica mundial, en el marco de la crisis económica mundial. El registro de fichas importantes para el acompañamiento de la gestante, entre otros. **Conclusión:** El profesional de enfermería tiene un papel fundamental en el cuidado prenatal, por lo que la capacitación, basada en los principios del PHPN, se vuelve fundamental para el establecimiento de una asistencia prenatal efectiva, humanizada y de calidad, contribuyendo así a la reducción de la morbimortalidad materna y perinatal.
Descriptores Cuidado Prenatal; Parto Humanizado; Enfermería; Estrategias para la salud de la familia; Enfermería Obstétrica.

INTRODUCTION

Gestation is considered a period which several physiological and emotional changes occur in the life of the woman and family, which end up generating expectations, emotions, anxieties, fears and discoveries. Therefore, prenatal care is essential from the time of conception until the beginning of labor, for both the woman and the baby. Performing quality care allows the identification of changes, gynecological pathologies during pregnancy, preventing or controlling them, avoiding complications for the mother's health and the concept, impacting on the reduction of maternal and fetal morbidity and mortality rates.[1]

According to the Brazilian Ministry of Health:

> *Qualified and humanized prenatal and puerperal care is provided through the incorporation of welcoming behaviors and without unnecessary interventions; of access to quality health services, with actions that integrate all levels of care: promotion, prevention and health care of the pregnant woman and the newborn, from basic outpatient care to hospital care for high risk.*[2]

The nurses play a fundamental role in prenatal care, since they are a qualified professional in the care of women, having an important role as an educator in the health of the population, as well as working with humanization during the care provided, whether in health promotion or prevention of diseases.[1]

Regarding to the provision of quality prenatal care, the Brazilian Ministry of Health, through Administrative Rule 569 of June 1, 2000, established the Humanization Program for Prenatal and

Birth (PHPN), that focus is the specific attention needs of the pregnant woman, the newborn and the mother in the postpartum period; having as priorities the reduction of high rates of maternal, peri and neonatal morbidity and mortality; adoption of measures to ensure improved access, coverage and quality improvement in the care and follow-up of prenatal care, delivery, puerperal and neonatal period; and investments aimed at high risk pregnancy. This program has as its fundamental basis the humanization of neonatal obstetric care with a view to improving the follow-up of childbirth and puerperal.[3]

The PHPN establishes basic principles to be followed by health institutions in order to provide quality and humanized care to pregnant women and their families.[4] These principles emphasize the accomplishment of at least six prenatal follow-up visits, preferably one in the first trimester, two in the second, and three in the third trimester of gestation; performing a consultation in the puerperium, up to 42 days after birth; and essential laboratory tests for early diagnosis of diseases that can lead to complications of fetal development and maternal health, such as ABO-Rh, VDRL, toxoplasmosis, fasting glucose, urine routine and uroculture, anti-HIV testing, Hb / Ht, among others; besides the application of tetanus vaccine; conducting educational activities; classification of gestational risk in all consultations. In addition, ensure the pregnant women, classified as risk, care or access to the reference unit for outpatient and / or hospital care at high-risk gestation.[5]

The accomplishment of these activities by the nurses and other professionals involved in the prenatal care implies on lending of financial resources to the municipalities that adhere to PHPN. The follow-up of these actions is carried out through the Monitoring System of the Prenatal and Birth Humanization Program (SISPRENATAL), which is developed to record the activities carried out to adequately monitor the pregnant women included in the program.[6]

According to the Brazilian Ministry of Health, that system promotes:

> "(...) Actions for the Promotion, Prevention and Health Care of Pregnant Women and Newborns, increasing efforts to reduce high rates of maternal, perinatal and neonatal morbi-mortality, improving access, coverage and quality of the prenatal care, childbirth and postnatal care and neonatal care, subsidizing municipalities, states and the Brazilian Ministry of Health with key information for the planning, follow-up and evaluation of the actions developed through the Prenatal Humanization Program and Birth." [7]

Based on that, the present study aimed to analyze the prenatal nursing care according to the indicators of the Prenatal and Birth Humanization Program; with the following guiding question: What is the reality of nursing care according to the indicators of the Prenatal and Birth Humanization Program?

METHOD

It is an integrative review of the literature, from the conclusion work of the graduate course in Prenatal Care, Federal University of São Paulo. The review was developed based on material already made up of scientific articles. The bibliographic search was performed using the following descriptors: Prenatal Care; Humanized birth; Nursing; and Family Health Strategy, and Obstetric Nursing; in the Scientific Electronic Library Online database (SciELO) and official Brazilian government websites, since they include relevant articles and more directed to the proposed study objective. Only free available articles were selected in full. Established as inclusion criteria: publications in Portuguese, because it was sought to portray the Brazilian reality since the PHPN is a national program; articles in full that portrayed Prenatal Care and Nursing, and indexed publications in the period from 2010 to 2015. Excluded were publications in other languages, monographs, theses and dissertations, articles that after reading the abstracts did not address the theme of the study; those that did not portray, in a general way, the Brazilian reality, but, reality in specific cities in the country; those that were repeated in the databases and those that were not freely available. The cross-over was performed using Boolean operator "AND", as presented in Table 1. Thus, based on the descriptors, 291 articles were found, and after applying the eligibility criteria, 102 articles were selected and, from these, 6 articles and 4 government bases, totaling 10 references, which best answered the research question.

Table 1: Selection process of articles after integral reading the study in the Scientific Electronic Library Online (SciELO) database, 2018.

Descriptor	Articles found	Articles selected	Articles used
Prenatal Care AND Nursing	131	46	1
Humanized Delivery AND Pre-Natal Care	19	11	1
Prenatal Care AND Family Health Strategy	29	10	1
Prenatal Care AND Obstetrical Nursing	112	35	3

RESULTS The articles found that compose the study sample are shown in the table below.

Table 2 - Description of articles located in the Scientific Electronic Library Online (SciELO) database, in 2018.

Article title	Authors / year of publication	Study type	Results	Recommendations / Conclusions
1. Cuidado pré-natal e cultura: uma interface na atuação da enfermagem[7].	Alves CN, Wilhelm LA, Barreto CN, Santos CC, Meincke, SMK, Ressel LB (2015)	Ethno Nursing	Prenatal care more focused on technicist behaviors focused on the biological issue of gestation, Lacking to value the customs, knowledge, beliefs, values and practices of care of pregnant women and their families.	To know the sociocultural context of pregnant women for an integral care of the same. Carry out the welcome, in a respectful manner, with dialogue, to establish quality care.
2. O Sistema Único de Saúde que dá certo: ações de humanização no pré-natal[8].	Barreto CN, Wilhelm LA, Silva SC, Alves CN, Cremonese L, Ressel LB (2010)	Field study, descriptive exploratory qualitative approach.	Care focused on technical procedures and routines, leaving aside the sociocultural knowledge of women. *Feelings of distrust and insecurity in women, which is the result of a cultural construction focused*	According to the Prenatal and Birth Humanization Program (PHPN), it is important to recognize the social context, accepting it in a respectful way, thus valuing them and building trust and bonds. These behaviors directly affect women's positive adherence to prenatal care. The training of the Community Health Agent so that it can act to help increase

			only on focused medical care. Training during the undergraduate course in Nursing. Time of access to laboratory and preventive exams, and their results. Distancing between pregnant women and the health service.	coverage of prenatal care is also crucial. Establish measures so that the results of the examinations take place in a timely manner, facilitating the attendance and follow-up of the pregnant women, in addition to maintaining the bond of the same with the team / unit. Professional improvement in the quality of care provided to pregnant women, requiring changes in the educational process of the professions, focusing also on proactive learning, recognition of the other and active listening of pregnant women. To carry out health education with the pregnant women, in order to create a space for the exchange of experiences of the same, making them protagonists / active subjects of care.
3. Avaliação da assistência pré-natal em unidade com estratégia saúde da família[4].	Correa MDC, Tsunechiro MA, Lima MOP, Bonadio IC (2014)	Cross-sectional study	Proportion of pre-natal, early-onset, in relation to the minimum of minimum consultations recommended by PHPN. Little return to puerperal consultation. Failure to record in medical records. Possibilities of failures in the execution of exams. Low coverage of tetanus vaccination.	To elaborate actions for a better capture and adhesion of the pregnant women to the prenatal follow-up. Better attention of the team to women who did not perform puerperal consultation, since this reflects in the improvement of indicators of maternal and perinatal morbidity and mortality. Performing the examinations during pregnancy is fundamental, since they provide information about the general state of health of the pregnant woman; also being important in the identification of diseases that can have negative consequences for the

			Failure to perform gestational risk assessment in any consultation.	pregnant woman and the concept. Therefore, improving the management in the request and release of requested test results is essential. The professional should not miss the opportunity to update the pregnant woman's vaccination schedule, since the pregnant woman frequently searches the health service for prenatal care. Perform and record the procedures performed, in addition to assessing gestational risk in all consultations; these behaviors are among the basic conditions for effective prenatal care.
4. A produção de dados para o Sistema de Informação do Pré-natal em unidades básicas de saúde[6].	Lima AP, Correa ACP (2013)	Qualitative, exploratory and descriptive study.	Disagreement in the form of filling out the registration and follow-up records of the pregnant woman by the professionals. Low return of postpartum women to puerperal appointments. No Record of puerperal consultation not performed. Have more functions than other health professionals do, when it comes to recording information. Omissions in filling fields in a form responsibility of the medical professional.	Fields neglected by professionals, while filling in the forms. Unfortunately, there are pregnant women who come to perform prenatal consultations without registration in SISPRENATAL. Completion of the record of the pregnant woman being performed predominantly by nurses, or often by other professionals who can not perform such registration. Pregnant women who forget the date of the last menstruation or do not attend the health service with the requested documentation, implies in the registration of the same. Train and make professionals aware of the importance of registration in the records, in a correct way, for the production of data in

			Existence of problems in SISPRENATAL's own computerized system.	SISPRENATAL; because it is an important source of fundamental data for the planning and evaluation of the prenatal care and transfer of resources. Awareness of the population regarding the importance of puerperal consultation. Maintain the system for the production of adequate information with the reality of the municipality.
5. Análise do exercício de competências dos não médicos para atenção à Maternidade[9].	Narchi NZ (2010)	Descriptive and exploratory study.	Training of professional nurses with little experience in obstetrics.	"The need for continuing education of professionals so that they are able to provide humanized and solidly supported support for the competence in obstetrics, which requires specific knowledge and skills, both obstetrical physiopathology and sociocultural aspects of this phase of women's life, not always contemplated by undergraduate courses in Nursing, whose focus in Brazil is still hospital care and the administration of services "(p. 153).
6. Protocolo na assistência pré-natal: ações, facilidades e dificuldades dos enfermeiros da Estratégia de Saúde da Família[1].	Rodrigues EM, Nascimento RG, Araújo A (2011)	Qualitative study	Devaluation of the care provided during prenatal care by some nurses. Lack of training, unpreparedness or negligence of professionals in prenatal care. *Non-completion of prenatal care by nurses due to lack of time and due to the large number of inhabitants of their area of coverage.* Lack of teamwork.	"Prenatal care is not limited to procedures performed within the doctor's office. According to the Prenatal Assistance Technical Manual of the Ministry of Health, good prenatal care includes both simple actions (guidelines, pregnant groups, request for diagnostic exams, home visits, among others) and procedures performed in the usual prenatal visit by the doctor or nurse "(p. 1045). Training and preparation of professionals, to obtain practical skills and skills for problem solving, critical thinking and decision

			Lack of knowledge and the lack of clarity of the professionals on the recommended in guidelines / protocols.	making, thus implying qualified prenatal care. Plan the care of the nurse, so that the prenatal care can be performed by the same without the service of the unit. The team of the unit needs to work together, so that the assistance is offered integrally to the user, as recommended. Use of nurse assignment protocols in prenatal care.

DISCUSSION

Five studies were performed in basic health units (BHU), [1,4,6-9], and only one study was performed in UBS and hospitals with obstetric beds exclusively destined to SUS.10 Among these, two were quantitative studies performed in the state of Sao Paulo[4,9,] one of descriptive exploratory nature[10], and the other cross-sectional study.[4] The other four articles are both qualitative studies[1,6-9], three of which are descriptive and exploratory in nature[1,6], and one in ethnographic study.[8]

After analyzing the six selected articles, it is noted that nursing care in prenatal care often faces a reality different from that advocated by PHPN. Among several points that make this assistance more difficult, the following stand out:

- Technicist behaviors focused on the biological issue of gestation[8,9]
- Devaluation of pregnant women's prior beliefs[8]
- Nurses' graduation process[9,10]
- Waiting time for the results of the exams performed[9]
- Proportion of prenatal with early onset[4]
- Little return to puerperal consultation[4,6]
- Record failures in the registration and follow-up record[4,6]
- Low coverage of anti-tetanus vaccination[4]
- Non-achievement of gestational risk in all consultations[4]

- Lack of training, unpreparedness or negligence of professionals in prenatal care[1]
- Work overload for the nurse[1]
- Lack of teamwork, and the lack of knowledge and lack of clarity of professionals over what is recommended in recommended guidelines / protocols[1]

One of the main principles emphasized by PHPN is the humanized and quality hosting. It can be observed that nurses often do not value the knowledge / prior knowledge, practices and beliefs of pregnant women.[8] One factor that favors this devaluation is the nursing training process itself, where knowledge is basically focused on issues biological, leaving aside proactive learning, recognition of the other, and active listening to pregnant women.[9]

Knowing to respect the moment of each gestation, welcoming the woman in a respectful way, with dialogue, exchange of experiences, knowing the socio-cultural context of the woman is fundamental for an integral care of the same.[8] The nurse, with her role of educator, must carry out education in health with pregnant women, in order to create a space for the exchange of experiences of the same, making them protagonists / active subject of care.[9] These attitudes are important for the establishment of bond and trust between the nurse and the pregnant woman, thus implying quality care and better adherence of women to prenatal care.[8,9]

Also, noteworthy in the literature are the laboratory and preventive exams that are performed during prenatal care, and the time of access to the results.[9] This factor is directly linked to the pregnancy's adhesion to prenatal care.[9] Therefore, conducting examinations and accessing the results in a timely manner contributes to the resolution of actions, as well as improving the approach of the pregnant woman to the health unit.[9]

Another important aspect was the proportion of early-onset prenatal care, in relation to the minimum number of consultations recommended by the PHPN, and the return of women to the puerperal consultation.[4,6] Unfortunately, there is still difficulty with early of the pregnant women for the beginning of prenatal care and their adherence, in addition to the low number of returns to the puerperal consultation.[4,6] It is important to emphasize that prenatal and puerperal follow-up should be carried out in an integral, humanized and resolutive manner by the team responsible for its area of coverage, even when the women are in follow-up whether in private or in another unit. One strategy is

the training of the Community Health Agent to help increase the coverage of prenatal care[9], since this professional is in direct contact with the family and the health service. It is possible to work with the training of nursing professionals to improve the team's attention to women who did not perform puerperal consultation[4], as well as to carry out actions to raise awareness of the population about the importance of this consultation[6]; as it reflects the improvement of indicators of maternal and perinatal morbidity and mortality.[4]

Two other principles emphasized by the PHPN are the application of the tetanus vaccine and the assessment of gestational risk in all consultations.[5] However, studies show that there is still a low adherence / coverage of this immunization in pregnant women.[4] Therefore, nurses should not lose the opportunity during the visits of the pregnant woman to the unit for prenatal care to emphasize the importance of vaccination and stimulate the accomplishment of the same, since the non immunization of the woman can have consequences for her health and her concept. With regard to gestational risk assessment and recording in every consultation, a study has shown that there are often disagreements between the nurse practitioner and the nurse practitioner, who sometimes do not fill in the charts correctly.[6] The study showed that when the doctor does not write the gestational risk of the pregnant woman, the nurse looks for clues in the medical record and classifies this woman.[6] However, this classification has already occurred in the wrong way.[6] Therefore, to enable and make nursing professionals aware of the importance of registration in the records, in a a correct way, is essential for effective and quality prenatal care.[6]

Another problem pointed out in the articles was the way in which the registration is carried out on the records of pregnancy records and follow-up of the pregnant woman, which are passed on to SISPRENATAL, a system that monitors the pregnant women inserted in PHPN.[6] Data production is essential for the transfer of financial resources for the institutions, as previously discussed in this study. There are divergences at the time of filling by nurses and doctors, where it is done partially and some important fields are neglected.[6] Sometimes the pregnant woman also contributes to inadequate filling, when she does not remember the date of the last menstruation (DUM) or he forgets to take the important documents to complete the information requested in the records.[6] The study also points out that often this filling function is only delegated to the professional nurse, and the professional who carried out the consultation is

responsible for such action.[6] Therefore, the qualification of the professionals involved in prenatal care, be it the doctor or the nurse, is important so that the registration is done in a standardized way, as recommended by the PHPN, thus, not interfering with the resources passed on and the care provided to the patient. Pregnant.

Also, worthy of note is the devaluation by the nursing professional himself regarding the prenatal care provided by him, attributing that this function should be performed only by the physician.[1] The nurse should be aware that the care provided to the pregnant woman is not limited only to the procedures performed within the medical office, but to a care that also involves the educational part, such as guidelines, groups of pregnant women, home visits, among others; where these can be performed either by the physician or by the Nurse.[1] Hence, the nurse must value himself and understand that he has enough preparation to perform such a function. And if this one does not have security to carry it out, the professional should seek appropriate training and assistance planning in order to obtain practical skills and skills for problem solving, critical thinking and decision-making, thus implying in skilled prenatal care.[1]

CONCLUSION

The results of this study indicate that the reality experienced by nursing professionals still differs from that advocated by PHPN. The lack of preparation of the professional, differences between the medical professional and the nurse, difficulties in the early capture of the pregnant woman, difficulties in accessing the results of the laboratory tests, gestational risk assessment, difficulties in obtaining the puerperal women to return to puerperal consultation, and differences in registration of important records for the follow-up of pregnant women; were the main factors that hindered the practice of these professionals, as established by PHPN.

The nursing professional has a fundamental role in prenatal care, so the training, based on the principles of the PHPN, becomes fundamental for the establishment of effective, humanized and quality prenatal care; thus, contributing to the reduction of morbidity and mortality maternal and perinatal.

Among the limitations of the study, it is noticed that there are few articles related to the research question, mainly studies directed to the whole Brazilian territory; therefore, new studies are needed to better understand those difficulties

experienced by health professionals in each region of the country; thus, encompassing the entire Brazilian reality, and not just the reality of some specific cities.

REFERENCES

1. Rodrigues EM, Nascimento RG, Araujo A. Protocolo na assistência pré-natal: ações, facilidades e dificuldades dos enfermeiros da Estratégia de Saúde da Família. Rev Esc Enferm USP. [Internet]. 2011 [citado em 08 dez 2017]; 45(5):1041-47. Disponível em: https://www.scielo.br/pdf/reeusp/v45n5/v45n5a02.pdf
2. Ministério da Saúde (Brasil), Secretaria de Atenção à Saúde. Pré-natal e puerpério: atenção qualificada e humanizada: manual técnico [Internet]. Brasília, DF: Ministério da Saúde; 2006 [citado em 25 mar 2018]. Disponível em: http://bvsms.saude.gov.br/bvs/publicacoes/manual_pre_natal_puerperio_3ed.pdf
3. Ministério da Saúde (Brasil), Secretaria Executiva. Programa de Humanização do Parto. Humanização no pré-natal e nascimento. Brasília, DF: Ministério da Saúde; 2002.
4. Correa MDC, Tsunechiro MA, Lima MOP, Bonadio IC. Avaliação da assistência pré-natal em unidade com estratégia saúde da família. Rev Esc Enferm USP. [Internet]. 2014 [citado em 08 dez 2017]; 48(Esp):24-32. Disponível em: https://www.scielo.br/pdf/reeusp/v48nspe/pt_0080-6234-reeusp-48-esp-024.pdf
5. Ministério da Saúde (Brasil). Portaria nº 569, de 1º de junho de 2000. Institui o Programa de Humanização no Pré-Natal e Nascimento [Internet]. Brasília, DF: Ministério da Saúde; 2000 [citado em 25 mar 2018]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2000/prt0569_01_06_2000_rep.html
6. Lima AP, Correa ACP. A produção de dados para o Sistema de Informação do Pré-Natal em unidades básicas de saúde. Rev Esc Enferm USP. [Internet]. 2013 [citado em 08 dez 2017]; 47(4):876-83. Disponível em: https://www.scielo.br/pdf/reeusp/v47n4/0080-6234-reeusp-47-4-0876.pdf
7. Ministério da Saúde (Brasil). SisPreNatal [Internet]. Brasília, DF: Ministério da Saúde; [2008] [citado em 25 dez 2018]. Disponível em: http://www2.datasus.gov.br/DATASUS/index.php?area=060305
8. Alves CN, Wilhelm LA, Barreto CN, Santos CC, Meincke SMK, Ressel LB. Cuidado pré-natal e cultura: uma interface na atuação da enfermagem. Esc Anna Nery Rev Enferm. [Internet]. 2015 [citado em 08 dez 2017]; 19(2):265-71. Disponível em: https://www.scielo.br/pdf/ean/v19n2/1414-8145-ean-19-02-0265.pdf
9. Barreto CN, Wilhelm LA, Silva SC, Alves CN, Cremonese L, Ressel LB. O Sistema Único de Saúde que dá certo: ações de humanização no pré-natal. Rev Gauch Enferm. [Internet]. 2015 [citado em 08 dez 2017]; 36(n Esp):168-76. Disponível em: https://www.sicelo.br/scielo.php?pid=S1983-14472015000500168&script=sci_abstract&tlng=pt
10. Narchi NZ. Analise do exercício de competências dos não médicos para atenção à Maternidade. Saúde Soc. [Internet]. 2010 [citado em 08 dez 2020]; 19(1):147-58. Disponível em: https://www.scielo.br/pdf/sausoc/v19n1/12.pdf

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