REUFPI
Revista de Enfermagem da UFPI
ISSN 2238-7234

Original

"Recognition" of nurses' practices in specialized outpatient prenatal care: subsidies for protocol development

"Reconhecimento" das práticas de enfermeiras no pré-natal ambulatorial especializado: subsídios para desenvolvimento de protocolo

"Reconocimiento" de las prácticas de enfermeras en el prenatal ambulatorio especializado: subsidios para el desarrollo de un protocolo

Nathalia Karine Santos Carvalho[1]
ORCID: 0009-0009-0022-1712
Ravena de Sousa Alencar Ferreira[1]
ORCID: 0000-0001-7311-2212
Laura Pinto Torres de Melo[2]
ORCID: 0000-0002-3030-2216
Marcelo Victor Freitas Nascimento[1]
ORCID: 0000-0003-3465-2595
Herla Maria Furtado Jorge[1]
ORCID: 0000-0001-9706-5369

Abstract

Objective: To recognize the practices of nurses in specialized outpatient prenatal care to support the construction of a protocol. **Methods:** Qualitative research, carried out in a specialized outpatient clinic, linked to a reference maternity hospital for the state of Piauí. Six nurses who make up the multidisciplinary care team for high-risk pregnant women participated in the study. Data were collected from May to June 2023 through participant observation and thematic workshop, conducted from the first stage of the Four Rs Process. For the organization and interpretation of the data, the Bardin content analysis technique was performed. **Results:** It is understood that the practice of nurses consists of carrying out educational activities, registration of diseases of compulsory notification, supervision of the service and cardiotocography. Potentialities in the service were identified, such as the provision of training courses at the institution and the presence of specialists, as well as weaknesses such as the absence of nursing consultation. **Conclusion:** The contributions of this study are that they can have an impact on the process of training nurses, on strengthening multidisciplinary actions based on public policies, on valuing obstetric nurses in high-risk prenatal care and improving work processes.

Descriptors: Prenatal care; High-risk pregnancy; Nursing care; Qualitative research.

Whats is already known on this?
Prenatal monitoring during high-risk pregnancies by nurses has an impact on health promotion, prevention of maternal-fetal risks and injuries, and reduction of maternal mortality rates.

What this study adds?
It can have repercussions on the process of training nurses, strengthening multidisciplinary actions, valuing obstetric nurses in high-risk prenatal care and improving work processes.

[1]Universidade Federal do Piauí. Teresina, Piauí, Brasil.
[2]Universidade de Fortaleza. Fortaleza, Ceará, Brasil.

Autor correspondente: Nathalia Karine Santos Carvalho
E-mail: enfnathalia.carvalho@gmail.com

How to cite this article: Carvalho NKS, Ferreira RSA, Melo LPT, Nascimento MVF, Jorge HMF. "Recognition" of nurses' practices in specialized outpatient prenatal care: subsidies for protocol development Rev. enferm. UFPI. [internet] 2025 [Cited: ano mês abreviado dia];14:e6024. DOI: 10.26694/reufpi.v14i1.6024

Resumo

Objective: *Realizar o reconhecimento das práticas de enfermeiras no pré-natal ambulatorial especializado para subsidiar a construção de um protocolo.* ***Methods:*** *Pesquisa qualitativa, realizada em um ambulatório especializado, vinculado a uma maternidade de referência para o estado do Piauí. Participaram do estudo seis enfermeiras que compõem a equipe multiprofissional de assistência às gestantes de alto risco. Os dados foram coletados no período de maio a junho de 2023 por meio da observação participante e oficina temática, conduzidas a partir da primeira etapa do Processo Quatro Erres. Para a organização e interpretação dos dados, realizou-se a técnica de análise de conteúdo de Bardin.* ***Results:*** *Compreende-se que a prática dos enfermeiros consiste na realização de atividades educativas, registro de doenças de notificação compulsória, supervisão do serviço e cardiotocografia. Identificou-se potencialidades no serviço como a oferta de cursos de capacitação na instituição e a presença de especialistas, bem como fragilidades a exemplo da ausência da consulta de enfermagem.* ***Conclusion:*** *As contribuições do presente estudo podem repercutir no processo de formação de enfermeiros, no fortalecimento de ações multidisciplinares pautadas em políticas públicas, na valorização de enfermeiros obstetras na assistência ao pré-natal de alto risco e melhoria dos processos de trabalho.*

Descritores: *Cuidado pré-natal. Gravidez de alto risco; Cuidados de Enfermagem; Pesquisa qualitativa.*

Resumén

Objetivo: *Reconocer las prácticas de enfermeras en atención prenatal ambulatoria especializada para subsidiar la construcción de un protocolo.* ***Métodos:*** *Investigación cualitativa, realizada en un ambulatorio especializado, vinculado a una maternidad de referencia para el estado de Piauí. Participaron en el estudio seis enfermeras que conforman el equipo multidisciplinario que brinda asistencia a mujeres embarazadas de alto riesgo. Los datos se recolectaron de mayo a junio de 2023 a través de observación participante y talleres temáticos, realizados con base en la primera etapa del Proceso de las Cuatro R. Para organizar e interpretar los datos se utilizó la técnica de análisis de contenido de Bardin.* ***Resultados:*** *Se entiende que la práctica del enfermero consiste en realizar actividades educativas, registrar enfermedades de notificación obligatoria, supervisar el servicio y realizar cardiotocografía. Se identificaron puntos fuertes en el servicio, como el impartir cursos de capacitación en la institución y la presencia de especialistas; también se identificaron debilidades, como la ausencia de consultas de enfermería.* ***Conclusión:*** *Los aportes de este estudio son que pueden incidir en el proceso de formación de enfermeras, en el fortalecimiento de acciones multidisciplinarias basadas en políticas públicas, en la valorización de las enfermeras obstétricas en la atención prenatal de alto riesgo y en la mejoría de los procesos de trabajo.*

Descriptores*: Atención prenatal; Embarazo de alto riesgo; Atención de enfermería; Investigación cualitativa.*

INTRODUCTION

Prenatal monitoring is imperative to impact mortality rates, since most of these deaths occur from preventable causes. It is essential to ensure the availability of high-quality human and structural resources to ensure a safe pregnancy-puerperal process. Surveillance of gestational risk factors should be continuous, being carried out through risk stratification at each visit. It is noteworthy that, in cases of high-risk pregnancy, there is an increase in the possibilities of complications for the mother and the baby, which makes an adequate multidisciplinary monitoring and an approach adjusted to the specific needs according to the gestational risk indispensable.[1-3]

Maternal mortality is still a challenge worldwide. According to a WHO report published in February 2023, in 2020 about 287,000 women died from maternal causes worldwide, corresponding to 800 deaths every day. These data in less developed countries represent 42% of all maternal deaths, with 2,147 deaths from maternal causes recorded in the Brazilian scenario in the same year.[4]

In the context of maternal and child health in Brazil, public health policies were developed to guide actions to improve prenatal care services. In this sense, the Ministry of Health instituted the Prenatal and Birth Humanization Program in 2000 and, in 2011, the Stork Network.[5-6] In order to improve the organization of the care network for pregnant women, especially in relation to gestational risk, in 2013 guidelines were established for the organization of Health Care in High-Risk Pregnancy, aligned with the Stork Network.[7]

In 2022, the Ministry of Health implemented a new strategy for the organization of the Maternal and Child Care Network (RAMI), which was revoked in January 2023 due to the excessive focus on a model centered on gestational risk, treating pregnancy as a pathological process and focusing on the figure of the medical professional. Finally, in 2024, the Alyne Network was established, with the objective of reducing maternal mortality in Brazil by 25%, promoting comprehensive care for pregnant women, parturients, puerperal women and children, with attention to ethnic-racial and local regional inequalities.[8-9]

It is noteworthy that prenatal nursing care enables a relationship between nurses, pregnant women and their families and allows the systematization of care with a focus on health promotion and prevention of diseases and injuries.[10-11] The monitoring of specialized outpatient prenatal care will require a specific nursing look, with emphasis on the maternal organism as a whole, in addition to

promoting the involvement of this woman in her self-care in order to awaken her critical sense regarding her health.[10,12]

A good relationship between the pregnant woman and the nursing team promotes satisfaction with the care received and is associated with greater adherence to prenatal care.[13] This study is justified by the importance of the role of nurses in the care of high-risk pregnant women, as well as the adequacy, through a care protocol, of the practice of nurses in the care of this public.

Given these considerations and based on the nurse's skills, the following question was asked: how does the practice of nurses in prenatal care occur to subsidize the construction of a protocol for action in the specialized care outpatient clinic? Thus, the objective was to recognize the practice of nurses in specialized outpatient prenatal care to support the construction of a protocol.

METHODS

This is a qualitative research from a macroproject entitled "Development of a nursing protocol in high-risk prenatal care in Teresina". The research followed the guidelines of the Consolidated criteria for reporting qualitative research (COREQ).[14]

The Research was developed in a specialized care outpatient clinic, linked to a reference maternity hospital for the state of Piauí. The service has highly complex outpatient monitoring, with consultations in the various health areas (medicine, nursing, psychology, nutrition, physiotherapy, occupational therapy, speech therapy), imaging tests, neonatal screening, immunization, among other activities.[15]

Participants were selected by convenience sampling.[16] The sample comprised six nurses who make up the multidisciplinary team of the service. As inclusion criteria, it was considered to be part of the multidisciplinary team and to have at least six months of experience in the specialized care outpatient clinic. Nurses on leave due to maternity leave, health leave or other reason for leave that is longer than the data collection period were excluded.

Data were collected from May to June 2023 through two stages: participant observation and a thematic workshop. Participant observation enabled the analysis of the physical structure, equipment and routine of the care environments for pregnant women, in order to capture, interact and understand more closely the environment of interest. To this end, the researchers began to integrate the study scenario, capturing the relationships established, in order to produce objective records in a checklist and field diary.

The second stage included a workshop with the nurses of the service, guided by the convergence group discussion technique, through thematic workshops following the process called Four Rs (4Rs), which involves the phases of Recognition, Revelation, Share and Rethink. This study focused on the Recognition phase, which aimed to bring group members together and present the purposes of the study, in addition to recognizing the practices performed by the participants in the specialized outpatient prenatal setting.[17]

From a semi-structured interview, data were collected through a collection script prepared by the researchers containing the sociodemographic aspects, professional profile and aspects related to specialized outpatient prenatal care, with the following questions: what are the practices performed in the service, difficulties faced in care and whether the physical structure of the service is considered adequate. To carry out the interviews, the participants were asked to sign the Informed Consent Form (ICF). Privacy, secrecy, freedom of response and anonymity were ensured.

The recognition workshop was carried out by two nurses with expertise in the obstetric area. Initially, all nurses were invited to participate in the research, with scheduling of day, time and place, according to the availability of the participants, in a reserved meeting room, free of noise, in June 2023 respecting the place defined by them, with a mean duration of 60 minutes.

During the workshop, the intra-group interaction was initiated in order to present the Research Project to the participating professionals and encourage adherence to the study. Subsequently, a reflection was directed with the following question: "What practices do you perform in high-risk prenatal care?" and established a participatory dialogue between professionals.

For the organization and interpretation of qualitative data, Bardin's content analysis technique was adopted. The first phase corresponded to a systematization of the initial ideas. The interviews were recorded with the aid of a tape recorder by the researchers and later transcribed in a second listening

with attention to the details of each participant's speech. The information collected was compiled in a thematic framework and analyzed for content, to identify relevant points.[18]

In the second phase of the analysis, the content of the material was explored, corresponding to the analysis of the perception of each participant throughout the questionnaire as common perspectives and similar experiences. In the last phase, the results were treated and properly interpreted. From the significant and faithful results, it was possible to propose inferences and interpretations about the potentialities and weaknesses of the service.[18]

As for the risks offered by the research, they are associated with information obtained from the interviewed nurses about their perception in the care of high-risk pregnant women. As for the benefits, developing a scientific instrument to guide the practice of nurses to pregnant women admitted to high-risk prenatal care can contribute to improving the monitoring of high-risk pregnant women, with the objective of reducing perinatal and neonatal maternal mortality.

Regarding ethical aspects, the guidelines of Resolution 466/2012 of the National Health Council/Ministry of Health were followed, with the Certificate of Presentation for Ethical Assessment – CAAE number 68692223.5.0000.5214, approved by opinion number 6.046.136.[19]

RESULTS

Six nurses aged between 32 and 63 participated in the workshop. The time of professional practice ranged from 2 years to 33 years. All had a postgraduate degree (in the areas of mental health, urgency and emergency, obstetric nursing and public health) and two had a professional master's degree. All had more than one employment relationship, with working hours ranging from 20 to 30 hours per week in the institution of the study field and from 20 to 40 in another institution (five as a nurse in a Basic Health Unit and one in civil construction as an architect). The length of time working in this maternity ward ranged from 4 to 33 years.

Through the participant observation stage, details that make up the physical and human structure were glimpsed in the field of study, such as the availability of offices, which are arranged side by side and distributed in three halls (two aimed at assisting pregnant women and one at child care), with adequate furniture, although aged, integrated by stretcher, chairs, computer, sink, soap, paper towel and hospital equipment such as sphygmomanometer, stethoscope, thermometer, oximeter, adult and pediatric scale and anthropometric ruler.

It was found that the outpatient clinic complies with the accessibility policy such as the presence of ramps; it also has a wheelchair, toilets, audio and video equipment and drinking fountains. At the time, it was possible to observe some faults, such as a damaged air conditioning unit in one of the waiting rooms, which caused the environment to heat up, in addition to the lack of a room for nursing consultations.

The researcher captured the relationships established, in order to produce records about the actors involved, events and activities carried out. Thus, the field diary allowed recording facts such as the opening time of the outpatient clinic, which despite the opening at the right time, did not present a pattern at the beginning of the consultations, which varied according to each professional, some were punctual, but there was a record of delays. The mean waiting time to start the care cycle was thirty minutes, the screening lasted about ten minutes and each medical consultation lasted about twenty minutes. It was observed that the same office was rotated for care by different specialties (medicine, nutrition and nursing). In addition, some professionals reported instability in the service system, which caused damage to the pace of service in the circuit.

In the second moment, it was possible to contact the research participants in order to develop a thematic workshop on the practice of nurses in specialized outpatient prenatal care and the results were grouped into two thematic categories.

Nurses' practice in specialized outpatient prenatal care

The nurses reported carrying out educational activities individually and collectively, with lectures on breastfeeding, contraceptive methods and family planning, in addition to the registration of compulsory notification diseases (Human immunodeficiency virus - HIV, syphilis, toxoplasmosis, and viral hepatitis) followed by counseling, cardiotocographies, nursing procedures according to the need of the service and team supervision.

> Team inspection, notification of compulsory diseases, collective activities and breastfeeding lectures, contraceptive methods, cardiotocography, nursing procedures at the request of the physician or free demand, breast evaluation, among others (Nurse 04).

> Notifications of toxoplasmosis, syphilis and cardiotocography exams, guidelines, evaluation, supervision (Nurse 6).

One of the participants also mentioned the management of a specific drug for preterm infants and heart disease as one of her activities in the service. In addition, the recurrence of compulsory notification diseases and the notification of rape of the vulnerable were highlighted.

> I, for six months in the year... I am a particular case, for six months of the year I am on a medication that is made for premature and heart disease patients, which is Palivizumab, I don't know if you know it, so for six months I am alone in this, during the other six months I am together with Raven in these activities, including educational activities as well (Nurse 02).

> And there is a lot of compulsory notification disease without being notified, then we notify a lot (Nurse 01).

"Recognition" of the potentialities and weaknesses of the practice

When asked about the potential of the service for high-risk outpatient prenatal care, positive aspects were mentioned to a lesser extent, such as the possibility of performing multiple examinations and professional specialists.

> There are specific exams, specialists, laboratory, cardiotocography and imaging exams (Nurse 03).

In what consists of training nurses to work at high risk, all participants reported having participated in refresher courses offered by the service on high-risk pregnancy care.

> Yes. Course of the Baby-Friendly Hospital Initiative, Patient Safety, Management of specific pathologies (eg.: hemorrhages, preeclampsia) (Nurse 01).

> Yes. All before the pandemic. Kangaroo method, breastfeeding, fire brigade, patient safety (Nurse 04).

The study participants highlighted weaknesses that include difficulties in the systematization of care, including the absence of vacancies for consultations and exams such as ultrasound for spontaneous demand and access to medicines. The insufficient number of professionals in the service, and the lack of commitment to work by some, in addition to the lack of standardization in consultation times because it depends on the time provided by physicians, thus making it difficult to organize care, which negatively affects patient care.

> Absence of vacancies for spontaneous demand (Nurse 03).

> Insufficient number of other professionals (16 physicians, 6 nurses) (Nurse 04).
> Patients come from far away, sometimes there is a lack of professionals (Nurse 02).

> Schedules according to the physician's schedule, making it difficult to organize and comfort the environment (Nurse 04).

> Professionals without commitment to work (Nurse 05).

The nurses considered high-risk prenatal care as inadequate since the biomedical model predominates with a consequent weakening of the multidisciplinary team and care. The fact that the biomedical care model is rooted in the understanding of the pregnant woman was highlighted. In

addition, there is no incentive for practices that promote interaction between multiprofessional categories, such as the discussion of clinical cases among team members. As presented in the answers:

> At the moment it is centered on medical care, and there is a need for a closer look at the other aspects of the pregnant woman's health (Nurse 04).

> There is no multiprofessional interaction, only physicians have this type of interaction with each other (Nurse 04).

It was evidenced that at the time of the study, the nursing consultation is outside the activities performed in the sector, which can be considered as a weakness of the service. In this sense, the nurses mentioned the importance of nursing consultation in specialized outpatient prenatal care since it allows nursing evaluation and the need for the pregnant woman to be reinserted in the activities of the outpatient clinic.

> This consultation with the nurse is very important, it is essential, because we focus on things that the obstetrician will not focus on, right, the education part, the part of several things, of this very care that we do outside of notification and guidance, counseling (Nurse 2).

They reported that the absence of an adequate physical structure is a weakness of the service and mentioned the importance of implementing a new care model that includes the multidisciplinary team in order to improve the quality of care and provide comprehensive care to the patients.

> It is not suitable. Old building, lack of rooms for service (Nurse 02).

> Electronic medical record has no record of nursing procedures (Nurse 04).

> When the patient arrived here, it was often not explained where she was scheduled and she thought she would come to talk to the obstetrician, when she got here she would talk to the nurse, not belittling our consultation, but as she had already gone through the consultation with another nurse and she came in search of the specialist, it ended up generating discomfort for her and for me (Nurse 02).

From this context, during the workshop, the need for a new care model that includes the multidisciplinary team was emphasized, with the objective of improving the quality of care. This perspective of a planned consultation circuit is inserted in the proposal of the new care scenario.

> A new care model is being developed that includes the multidisciplinary team with the objective of improving the quality of care (Nurse 02).

When asked about the improvements that could be implemented in the service, the participants mentioned the guarantee of multiprofessional care to all pregnant women through the new care model to be implemented, including the nursing consultation, as well as the elaboration of a care plan shared by this team. It was also emphasized the need to improve the recruitment of pregnant women for educational activities, the implementation of electronic medical records, adaptation of the physical space for initial screening, training with the mid-level team and organization of consultation times.

> Guarantee of multiprofessional care to all pregnant women, through a care circuit and elaboration of a shared care plan with the team for all patients who undergo prenatal care (Nurse 01).

> Implementation of nursing consultation with the participation of all professionals (Nurse 05).

> To improve the capture of pregnant women to educational activities (Nurse 02).
> Complete intuitive and agile electronic medical record (extremely slow VM). Similar to the PEC of the city hall (which is the medical record of the Ministry of Health) (Nurse 04).

DISCUSSION

Regarding the practice of the nurses in the study, it was observed that although the participants did not undergo the nursing consultation, they are inserted in the context of care for pregnant women monitored at the specialized outpatient clinic. It was evidenced that the practices carried out by the participants of this study corroborate the results of another study, when it was found that adequate care for high-risk pregnant women include adequate and individualized reception, focusing on the pregnant woman and her family members, health promotion and education, monitoring and surveillance of pathologies and complications inherent to high-risk pregnant women.[20]

Regarding health education carried out by nurses in this study, a study points out that counseling as an efficient public health action in order to increase breastfeeding rates is more effective when performed from prenatal to postpartum. It is important to ensure actions to promote, protect and encourage breastfeeding in order to expand the full access of the population.[21] Nurses play a fundamental educator role for women's autonomy and preparation for the experience of pregnancy, delivery and puerperium.[20]

A study carried out with 768 puerperal women that sought to examine the quality of prenatal care highlighted that 37.4% (n = 275) of the women were informed about the activities to facilitate delivery and 43.5% (n = 320) of the signs of the beginning of labor. It was also highlighted that just over half of the women received information on clinical complications that would indicate some risk of pregnancy (56.9%; n = 419) and the importance of breastfeeding in the first hour of life of the newborn (59.6%; n = 439).[22] In this scenario, promoting groups of pregnant women can be an excellent educational strategy, as it is a strong channel of guidance. Nurses, by coordinating group activities, are able to reach many women in a single meeting, contributing to the effectiveness of prenatal care. In each meeting it is possible to share common experiences and difficulties between them and reflect on possible solutions, and the participation of companions and family members who will be part of this peculiar phase of the woman is also allowed.[23,24] In this study, it was observed that the participants highlighted health education activities as a point to be improved in the service.

Regarding the administration of medications by nurses, it is important to emphasize that the low proportion of professionals in the service and the absence of adequate physical structure mentioned by the participants have a great impact on medication errors, as evidenced by a scope review. The nursing team acts as an important safety barrier in the safe administration of medicines, which is an important indicator of health quality.[25]

In the literature, weaknesses similar to those found at the site of this study were also identified, as in a research that pointed out challenges related to care in health units, such as the limited structure of the service and the high demand. These factors result in longer than expected waiting times, and, in most situations, require professionals to attend in an accelerated manner to handle the flow, which often makes it difficult to establish links and promote dialogue.[26]

When comparing the finding about the biomedical care model is rooted in the perception of the pregnant women, a similar result was identified in a research carried out in two public maternity hospitals, one located in the Southeast Region of Brazil and the other in the Northeast Region, in which such thinking leads pregnant women to seek prenatal care only for medical care.[10]

In this context, a study that aimed to analyze the association between the adequacy of the guidance received during prenatal care and the professional responsible for monitoring the pregnant woman in most consultations, identified that those attended predominantly by physicians and nurses had a 41.0% greater chance of receiving guidance considered adequate, compared to pregnant women accompanied exclusively by physicians. These findings indicate that the adequacy of the guidelines was more prevalent in contexts where prenatal care was shared between different professional categories, especially between physicians and nurses, reinforcing the importance of multiprofessional action as a strategy for qualifying prenatal care.[27]

Thus, the decentralization of care actions, by causing the fragmentation of care, contributes to the weakening of nursing work. This scenario compromises the work process of the category, generating negative impacts on the health of professionals, on the operationalization of health services, on the quality of care provided and on the safety of users. Given this reality, it is essential that nursing professionals develop strategies aimed at valuing their own category and rescuing the essential foundations of the profession, such as presence, qualified listening and comprehensive care, with a view to strengthening their work process and overcoming the challenges faced in professional practice.[28]

In this scenario, regarding the consolidation of the performance of multiprofessional care, it is essential to highlight the benefits in order to ensure comprehensive and resolutive care, considering its theoretical-scientific basis and legal support, nursing is able to provide prenatal care, both for pregnant women at usual risk and for those at high risk. For this, there are national protocols that guide quality prenatal care, providing health professionals with guidelines for the execution of clinical procedures and specific conducts in care. In addition, multiprofessional care enables the practical application of one of the fundamental principles of SUS: comprehensive care.[29]

The absence of the nursing consultation mentioned by the study participants differs from what guides the Ministry of Health, which recommends the care of pregnant women by a multidisciplinary team.[4] An integrative review emphasized the contribution of the nurse professional in the monitoring of high-risk pregnant women, and this professional was able to identify the risk factors for the main unfavorable maternal and neonatal outcomes, such as preeclampsia, prematurity and low birth weight.[30]

A review of the literature on the difficulties faced by nursing professionals in carrying out prenatal consultations highlights, among the main aspects, the inadequacy of the infrastructure available for the provision of quality care, as well as the work overload of nurses. In a research carried out with nurses, it was pointed out that the lack of a complete team with a sufficient number of professionals is a frequent condition in the municipality studied. The interaction between the high demand for care, the insufficiency of human resources and the overload of tasks attributed to nurses constitutes a contradictory scenario to the principles of quality and resoluteness recommended in prenatal care.[31-32]

The need to promote continuing education to nurses working in the sphere of women's health care is evident, due to the amount of information throughout their training and, mainly, the general aspect received in universities. Knowledge and professional training are indispensable points for the worker to establish a reliable conduct towards the user of the health service.[33,29]

This study was limited by the fact that it did not include all members of the nursing team, which would allow a better deepening of the care offered by the high-risk prenatal service. On the other hand, we highlight the scientific contributions of this study that can have repercussions on the process of training nurses, strengthening multidisciplinary actions based on public policies, valuing obstetric nurses in high-risk prenatal care and improving work processes.

CONCLUSION

Thus, the practices of nurses in specialized outpatient prenatal care comprise a sequence of activities, such as the registration of compulsory notification diseases (HIV, syphilis, toxoplasmosis, viral hepatitis), health education activities with pregnant women, service supervision, cardiotocography and nursing procedures according to demand. A nursing protocol that fosters these activities is essential to mediate and optimize the care provided.

Among the potentialities, they addressed the offer of health training courses by the institution, the availability of exams and specialist professionals. As for the weaknesses, we identified the absence of prenatal consultation at the moment, quantitative disproportion of members of the categories of the multidisciplinary team, inadequate physical structure and the predominance of the biomedical model. New perspectives also emerged on the transition to the new maternity scenario in question, with the introduction of a new care model.

CONTRIBUITIONS

Contributed to the conception or design of the study/research: Jorge HMF, Carvalho NKS. Contributed to data collection: Carvalho NKS, Ferreira RSA. Contributed to the analysis and/or interpretation of data: Carvalho NKS, Ferreira RSA. Contributed to article writing or critical review: Carvalho, NKS, Jorge, HMF. Final approval of the version to be published: Melo LPT, Nascimento MVF, Jorge HMF.

REFERENCES

1. Mohammadi S, Shojaei K, Maraghi E, Motaghi Z. Care providers' perspectives on quality prenatal care in high-risk pregnancies: a qualitative study. Iran J Nurs Midwifery Res. 2023;11(2):122-34. DOI: 10.30476/IJCBNM.2023.97603.2192.

2. Ministério da Saúde (BR). Nota técnica para organização da rede de atenção à saúde com foco na atenção primária à saúde e na atenção ambulatorial especializada - Saúde da Mulher na gestação, parto e puerpério. São Paulo: Sociedade Beneficente Israelita Albert Einstein; 2019. Available from: https://atencaobasica.saude.rs.gov.br/upload/arquivos/202001/03091259-nt-gestante-planificasus.pdf. Acesso em 20 de jan. 2024.

3. Moyer C, *et al*. Stalled progress in reducing maternal mortality globally: what next? Lancet. 2023; 401: 1060-1062. Available from: https://doi.org/10.1016/S0140-6736(23)00518-4. Acesso em 06 de março de 2024.

4. World Health Organization (WHO). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Available from: https://www.who.int/publications/i/item/9789240068759. Acesso em: 26 ago 2023.

5. Ministério da Saúde (BR). Gabinete do Ministro. Portaria nº 569, de 1º de junho de 2000. Institui no âmbito do Sistema Único de Saúde- SUS o Programa de Humanização no pré-natal e nascimento, 2000. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2000/prt0569_01_06_2000.html . Acesso em: 26 ago. 2023.

6. Ministério da Saúde (BR). Portaria nº 1.459, de 24 de junho de 2011. Institui, no âmbito do Sistema Único de Saúde-SUS a Rede Cegonha, 2011. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1459_24_06_2011.html . Acesso em: 26 ago. 2023.

7. Ministério da Saúde (BR). Portaria nº 1020, de 29 de maio de 2013. Institui as diretrizes para a organização da Atenção à Saúde na Gestação de Alto Risco e define os critérios para a implantação e habilitação dos serviços de referência à Atenção à Saúde na Gestação de Alto Risco, incluída a Casa de Gestante, Bebê e Puérpera (CGBP), em conformidade com a Rede Cegonha. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt1020_29_05_2013.html . Acesso em: 26 ago. 2023.

8. Ministério da Saúde (BR). Portaria GM/MS nº 715 de 04 de abril de 2022. Altera a Portaria de Consolidação GM/MS nº 3, de 28 de setembro de 2017, para instituir a Rede de Atenção Materna e Infantil (Rami). Diário Oficial da União. 4 Abr 2022. [acesso em 2025 abr 02]. Available from: https://in.gov.br/web/dou/-/portaria-gm/ms-n-715-de-4-de-abrilde-2022-391070559.

9. Ministério da Saúde (BR). Portaria GM/ms Nº 5.350, de 12 de setembro de 2024. Altera a Portaria de Consolidação GM/MS nº 3, de 28 de setembro de 2017, para dispor sobre a Rede Alyne. Diário Oficial da União. 12 Set 2024. [acesso em 2025 abr 02]. Available from: https://www.in.gov.br/en/web/dou/-/portaria-gm/ms-n-5.350-de-12-de-setembro-de-2024-584287025.

10. Jorge HMF, et al. Assistência humanizada no pré-natal de alto risco: percepções de enfermeiros. Humanized care in high-risk prenatal care: nurses' perceptions. Rev Rene. 2020;21:e44521. DOI: 10.15253/2175-6783.20202144521.

11. Melo DEB, Silva SPC, Matos KKC, Martins VHS. Consulta de enfermagem no pré-natal: representações sociais de gestantes. Rev Enferm UFSM. 2020;10. DOI: 10.1590/1980-220x-reeusp-2022-0463pt.

12. Gadelha IP, Diniz FF, Aquino PS, Silva DM, Balsells MMD, Pinheiro AKB. Determinantes sociais da saúde de gestantes acompanhadas no pré-natal de alto risco. Rev Rene. [Internet] 2020; 21(6): 1-8.DOI:https://doi.org/10.15253/2175-6783.20202142198.

13. Paula M, Höfelmann DA. Quality assessment of prenatal and puerperium care. einstein (São Paulo). 2023;21:eAO0094. DOI: https://doi.org/10.31744/einstein_journal/2023AO0094.

14. Souza VR, Marziale MH, Silva GT, Nascimento PL. Tradução e validação para a língua portuguesa e avaliação do guia COREQ. Acta Paul Enferm. 2021;34:eAPE02631. DOI: https://doi.org/10.37689/acta-ape/2021AO02631.

15. Secretaria de Estado da Saúde do Piauí (PI). Institucional [internet]. Available from: http://www.mder.pi.gov.br/institucional/.

16. Polit DF, Beck CT. Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática da enfermagem. Porto Alegre: Artmed Editora; 2018.

17. Trentini M, Paim L, Silva DMGV. Pesquisa Convergente-Assistencial – PCA: delineamento provocador de mudanças nas práticas de saúde. Porto Alegre, RS(BR): Moriá; 2014.

18. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2016.

19. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução n° 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília: Diário Oficial da União; 2012. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html. Acesso em: 5 maio 2023.

20. Nascimento JWA, Almeida TA, Silva RM, *et al*. O papel do enfermeiro na gravidez de alto risco: uma revisão sistemática. Pesqui Soc Desenvolv. 2022;1. doi:10.33448/rsd-v11i1.24616. Available from: https://rsdjournal.org/index.php/rsd/article/view/24616. Acesso em: 6 mar. 2024.

21. Ferreira GE, Silva MA, Oliveira RP, et al. A atenção do enfermeiro na assistência ao pré-natal de baixo risco. Brazilian Journal of Health Review. 2021;4(1):2114-27. Available from: https://docs.bvsalud.org/biblioref/2022/08/1381566/36_68253_por.pdf. Acesso em: 06 de mar. 2024.

22. Mendes RB, *et al*. Avaliação da qualidade do pré-natal a partir das recomendações do Programa de Humanização no Pré-natal e Nascimento. Ciênc Saúde Coletiva. 2020;25(3):793-804. DOI: 10.1590/1413-81232020253.13182018.

23. Medeiros FF, Santos IDL, Franchi JVO, Caldeira S, Ferrari RAP, Pelloso SM, *et al*. Prenatal assessment of high-risk pregnancies in primary and specialized outpatient care: a mixed study. Rev Bras Enferm [Internet]. 2023;76(5):e20220420. Available from: https://doi.org/10.1590/0034-7167-2022-0420. Acesso em 19 de janeiro de 2024.

24. Ferreira GE, et al. A atenção do enfermeiro na assistência ao pré-natal de baixo risco. Braz J Health Rev. 2021;4(1):2114-27. DOI: 10.34119/bjhrv4n1-172.

25. Sátiro LSP, Silva MAL, Araújo AL, Rodrigues CCFM, Alves KYA, Tibúrcio MP, *et al*. Safe administration of medications by nursing professionals in the hospital environment: scoping review protocol. Online Braz J Nurs. 2022;21 suppl 1: e20226550. https://doi.org/10.17665/1676-4285.2022.6550. Acesso em 19 de janeiro de 2024.

26. Melo DEB, Silva SPC, Matos KKC, Martins VHS. Consulta de enfermagem no pré-natal: representações sociais de gestantes. Rev Enferm UFSM. 2020;10. DOI: 10.1590/1980-220x-reeusp-2022-0463pt.

27. Marques BL, *et al*. Orientações às gestantes no pré-natal: a importância do cuidado compartilhado na atenção primária em saúde. Esc Anna Nery. 2021;25(1). DOI: 10.1590/2177-9465-EAN-2020-0098.

28. Zanlorenzi GB, Loewen Wall M, Aldrighi JD, Benedet DCF, Skupien SV, *et al*. Fragilidades e potencialidades do cuidado de enfermagem em aleitamento materno na atenção primária: revisão integrativa. Rev Enferm UFSM. 2022;12. DOI: 10.5902/2179769268253. Accessed August 9, 2024.

29. Almeida Barbosa Franco RV, Paiva de Abreu LD, de Alencar OM, Franco Moreira FJ. Pré-natal realizado por equipe multiprofissional da atenção primária à saúde. Cadernos ESP [Internet]. 2020 Jun 29 [cited 2024 Aug 13];14(1):63-70. Available from: https://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/247.

30. Cristiano JMR, Pires AG, Motta ALC, Tavares LS, Gonçalves LR. Gestantes de alto risco: a pré-eclâmpsia, mortalidade materna e perinatal. High-risk pregnant women: pre-eclampsia, maternal and perinatal mortality. Braz J Dev. 2022;8(9):61645-53. DOI: 10.34117/bjdv8n9-082. Accessed January 17, 2024.

31. Rocha SN, Antoneli SO, Leite EPRC, Ribeiro PM, Terra FS. Dificuldades enfrentadas pelos enfermeiros para a realização das consultas de pré-natal de risco habitual. Rev Pesq Cuid Fundam. 2021;13:966-73. DOI: 10.9789/2175-5361.rpcfo.v13.9738.

32. Amorim TS, et al. Gestão do cuidado de enfermagem para a qualidade da assistência pré-natal na Atenção Primária à Saúde. Esc Anna Nery. 2022;26. DOI: 10.1590/2177-9465-EAN-2021-0300.

33. Silva EBF, Silva JMO, Santos JDS, Leandro VLFO, *et al*. Dificuldades e desafios enfrentados pelos enfermeiros no pré-natal de alto risco: um estudo fenomenológico. Res Soc Dev. 2022;11(8). DOI: 10.33448/rsd-v11i8.30291.

Conflicts of interest: No
Submission: 2024/08/13
Revised: 2025/02/08
Accepted: 2024/07/07
Publication: 2025/08/06

Editor in Chief or Scientific: Jose Wicto Pereira Borges
Associate Editor: Jaqueline Carvalho e Silva Sales