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Nursing consultation in prenatal care from the perspective of postpartum women: an exploratory-descriptive study

Consulta de enfermagem no pré-natal na perspectiva de puérperas: estudo exploratório-descritivo

Consulta de enfermería en la atención prenatal desde la perspectiva de las puérperas: estudio exploratorio-descriptivo

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ABSTRACT
Objective: To know the perception of postpartum women about the meaning of Nursing consultations in prenatal care, with a view to qualifying maternal and child health care. **Method**: A qualitative and descriptive-exploratory research study, carried out with 20 postpartum women upon hospital discharge, who had carried out the minimum number of prenatal consultations recommended by the Ministry of Health. The data were collected through interviews, and content analysis was used as analysis technique. **Results**: Three categories resulted from the analysis process, namely: Perception of postpartum women about prenatal consultations; Informative consultations X Constructive consultations; and Advances in prenatal consultations between the first and second pregnancy. **Conclusion**: There is evidence of advances and achievements in prenatal care, which are related to the expansion in the number of prenatal consultations, the horizontalized and dialogic intervention approaches, and the proactive engagement both of the professionals and of the users, among others. However, there are still weaknesses related to the biomedical approaches, centered on the transmission and reproduction of information.
DESCRIPTORS: Unified Health System; Health Care; Prenatal Care; Humanized Delivery; Patient's Rights; Women's Health.

RESUMO
Objetivo: Conhecer a percepção de puérperas sobre o significado da consulta de enfermagem no pré-natal, com vistas à qualificação da atenção em saúde materno-infantil. **Método**: Pesquisa qualitativa, descritiva-exploratória, realizada com 20 puérperas em alta hospitalar, as quais haviam efetivado o mínimo de consultas pré-natal preconizada pelo Ministério de Saúde. Coletou-se os dados pela técnica de entrevista e a análise de conteúdo, como técnica de análise. **Resultados**: Resultaram do processo de análise três categorias, quais sejam: Percepção de puérperas sobre as consultas pré-natais; Consultas informativas X Consultas construtivas; e, Avanços nas consultas pré-natais entre a primeira e segunda gestação. **Conclusão**: Evidencia-se avanços e conquistas na atenção pré-natal, as quais estão relacionadas à ampliação do número de consultas pré-natais, às abordagens horizontalizadas e dialógicas de intervenção, ao engajamento proativo tanto dos profissionais quanto das usuárias, dentre outros. Permanecem, no entanto, fragilidades relacionadas às abordagens biomédicas, centradas na transmissão e reprodução de informações.
DESCRITORES: Sistema Único de Saúde; Atenção à Saúde; Cuidado Pré-Natal; Parto Humanizado; Direitos do Paciente; Saúde da Mulher.

RESUMEN
Objetivo: Saber cuál es la percepción que tienen las puérperas sobre el significado de las consultas de enfermería en la atención prenatal, a fin de calificar la atención de salud materno infantil. **Método**: Investigación cualitativa, descriptiva y exploratoria, realizada con 20 puérperas con alta hospitalaria, que habían realizado las consultas prenatales mínimas recomendadas por el Ministerio de Salud. La recolección de datos se realizó mediante la técnica de entrevista y la técnica de análisis utilizada fue el análisis de contenido. **Resultados**: Del proceso de análisis surgieron tres categorías, a saber: Percepción de las puérperas sobre las consultas prenatales; Consultas informativas vs. Consultas constructivas; y, Avances en las consultas prenatales entre el primer y segundo embarazo. **Conclusión**: Hubo avances y logros en la atención prenatal, relacionados con la ampliación del número de consultas prenatales, con enfoques de intervención horizontales y dialógicos, con la participación proactiva de los profesionales y de las usuarias, entre otros. Sin embargo, persisten debilidades relacionadas con los abordajes biomédicos, centrados en la transmisión y reproducción de información.
DESCRIPTORES: Sistema Único de Salud; Atención para la Salud; Atención Prenatal; Parto Humanizado; Derechos del Paciente; Salud de la Mujer.

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INTRODUCTION

The Nursing consultation emerged in the 1960s, with the aim of boosting the Nursing Process. In the Basic Health Care Network, the prenatal Nursing consultation emerges with force, carried out in accordance with a script established by the Ministry of Health and guaranteed by the Professional Practice Law and Decree No. 94,406/874. It is characterized by the development of comprehensive care for pregnant women, based on technical-scientific actions, with a view to improving obstetric care and reducing the maternal and child morbidity and mortality rates[1,2].

In this sense, prenatal care requires professional behaviors centered on singular and multidimensional care for the pregnant woman and the fetus, in order to identify and prevent pathological processes that may interfere with delivery and with the infant's healthy development. In other words, it aims at paying attention to the health of mother and child and, consequently, at contributing to the improvement of maternal and child health indicators in the country[3,4].

Prenatal Nursing consultations should be guided by the principles of the Unified Health System (Sistema Único de Saúde, SUS), namely: equality, universality, resoluteness and integrality of health actions, aiming at health promotion, prevention, protection and recovery/rehabilitation of the individual, family and community. Resolution No. 159/1993 of the Federal Nursing Council, revoked by COFEN Resolution No. 544/2017, makes Nursing consultations at all health care levels mandatory, in Nursing assistance, whether in public or private institutions[5].

Furthermore, Decree No. 94,406/87 of the Federal Nursing Council, which regulates the professional practice - Law No. 7,498, of June 25th, 1986, defines the Nursing consultation as an exclusive activity of the Nurse. As members of the health team, nurses are also authorized to prescribe medications that have been previously approved in institutional protocols[6].

To ensure prenatal care quality, the Ministry of Health (Ministério da Saúde, MS) established guidelines which highlight a minimum number of six consultations, starting in the first trimester, two in the second and three in the third trimester of pregnancy and, finally, every 15 days, carrying out an active search in the case of absent pregnant women, with the support of Community Health Agents[7].

Through Primary Care Booklet No. 32, the MS also establishes the schedule of appointments related to low-risk prenatal care, as follows: Up to the 28th week, consultations are monthly, from the 28th to the 36th week, they are conducted twice a month, and weekly from 36th to 41st gestational week. From ordinance No. 570/2000 onwards, the first prenatal consultation must be carried out by the 4th month of pregnancy, in addition to a consultation in the puerperium up to 42 days after delivery[8].

The World Health Organization (WHO) has recently recommended a greater number of prenatal consultations, increasing them to at least eight, with a view to improving the quality of prenatal care and reducing

complications in pregnancy. In addition, the new model of prenatal care recommends that pregnant women have their first appointment in the first 12 gestational weeks, with subsequent visits in the 20th, 26th, 30th, 34th, 36th, 38th and 40th gestational weeks[9].

The nurse plays a central role in conducting quality prenatal care, due to the ability to act with proactive welcoming strategies aimed both at the promotion, protection and education in health, as well as at the empowerment of the pregnant woman in relation to the choice of the type of delivery. Therefore, the nurse must rely on technologies such as prenatal Nursing consultation, which has the potential to identify demands and, based on a systematized care plan, establish intervention priorities[10].

A study carried out in Rio de Janeiro sought to describe the expectations of pregnant women about the nurses' role in prenatal consultations. It found that, despite the Professional Law that regulates the nurses' professional practice, most of the pregnant women (60%) were not aware that nurses could carry out low-risk prenatal care. Many understood the care provided by the Nursing professional as complementary to that of the physician and felt insecure in relation to the performance of that professional. After the consultation with the Nurse, however, they felt satisfied and encouraged, finding attention and a comfortable environment to ask questions and solve doubts[11].

Although present in Primary Health Care, Nursing consultations in prenatal care need to be qualified and (re)thought based on new intervention frameworks. In addition to prescriptive recipes and specific actions, it requires professional attitudes and postures capable of understanding the pregnant woman in her unique and multidimensional conception. From this perspective, the following question arises: What is the meaning attributed to the Nursing consultation in prenatal care from the perspective of postpartum women? Therefore, the objective was to know the perception of postpartum women about the meaning of the Nursing consultation in prenatal care, with a view to qualifying maternal and child health care.

METHOD

This is a qualitative and exploratory-descriptive study, carried out in a medium-sized maternity hospital located in the central region of Rio Grande do Sul. The participants were 20 postpartum women, aged between 18 and 41 years old, and with from one to five pregnancies, regardless of the type of delivery. Although in the pandemic period caused by COVID-19, it was possible to maintain the research process, with permission of the local management and observance of the institutional protocols.

The data were collected from June to July 2020, through individual interviews with the 20 postpartum women who promptly accepted the invitation. The participants were chosen at random, upon formal invitation after delivery, at hospital discharge. The interview was oriented by guiding questions such as: How do you evaluate your prenatal consultation? What

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has changed in your life and/or routine after the prenatal consultation? In your opinion, what could have been different in your prenatal consultation? The data collection process was initiated after approval by the Research Ethics Committee.

The interviews were audio-recorded, with permission of the participants and signing of the Free and Informed Consent Form. They were carried out in a room provided in the maternity hospital, respecting the privacy of each participant. Subsequently, the interviews were transcribed and analyzed.

Content analysis was used as a data analysis technique. Initially, it was sought to discover the nucleus of meaning that composed each communication, whose presence or frequency added meanings to the object under investigation. This process was conducted based on an exhaustive reading of the data, followed by organization of the material and formulation of hypotheses. Subsequently, the material was explored and, finally, the data were delimited into categories, as set forth in the method(12).

The inclusion criteria for the participants were as follows: having participated in at least six prenatal consultations as recommended by the MS and being available to participate in the interviews upon hospital discharge. The study excluded women under 18 years old and the six postpartum women who refused the invitation.

In compliance with the ethical recommendations in research, the ethical criteria in research with human beings were respected(13). The project received approval from the Ethics Committee under number 1,432,420. In order to maintain the participants' anonymity, they were identified with the letter P (puerperal women) and a numerical sequence, according to the order of the interviews.

RESULTS

The participants' characterization is presented below, in Figure 1. The figure shows age, profession, number of living children, type of last delivery, number of prenatal consultations, where and with which professional the consultations were carried out and the participants' city of origin.

Puerperal woman	Age	Profession	Number of pregnancies	Type of last delivery	Number of PN Consultations Professional who assisted Place where PN care was performed	City/Municipality
P1	27	Worker at a snack bar	02	ND	- 7 PN consultations AIC - PN with a physician - BHU	Santa Maria

P2	23	Caregiver	02	ND	- 8 PN consultations AIC - PN with a physician - BHU	Santa Maria
P3	41	Child Education Assistant	02	ND	- 8 PN consultations AIC - PN with physician and nurse - BHU	Santa Maria
P4	18	Housewife	01	ND	- 8 PN consultations AIC - PN with nurse - Private	Santa Maria
P5	21	Housewife	01	ND	- 11 PN consultations AIC - PN with obstetrician - BHU	Santa Maria
P6	18	Domestic worker	01	CD	- 9 PN consultations AIC - PN with GO - *Centro Materno de São Francisco de Assis*	São Francisco de Assis
P7	32	Commercial Manager	03	ND	- 8-9 PN consultations AIC - PN with GO - Private	Santa Maria
P8	22	Cashier	02	CD	- 9-10 PN consultations AIC - PN with physician and nurse - BHU	Santa Maria
P9	30	Farmer	03	CD	- 9 PN consultations AIC - PN with a physician - BHU	Jari – Inland
P10	25	Saleswoman	01	CD	- 8 PN consultations AIC - PN with a physician - Specialty clinic	São Francisco de Assis
P11	28	Housewife	02	ND	- 9 PN consultations AIC - PN with a physician - BHU	Quevedos

P12	30	Office Assistant	01	ND	- 9 PN consultations AIC - Physician - Private clinic	Santa Maria
P13	18	Intern Apprentice – Administrative	01	ND	- 9 PN consultations AIC - Physician - BHU	Santa Maria
P14	24	Cashier	02	CD	- 8-9 PN consultations AIC - Physician - BHU	Santa Maria
P15	28	Personal Trainer	01	ND	- 11 PN consultations AIC - 2 physicians and 1 nurse - BHU	Santa Maria
P16	27	Housewife	01	CD	- 10-12 PN consultations AIC - Nurse and Physician - BHU	Santa Maria
P17	34	Housewife	04	ND	- 7 PN consultations AIC - Physician - BHU	Jari
P18	26	Sales Consultant	03	ND	- 13 PN consultations - Nurse and Physician - BHU	Santa Maria
P19	22	Housewife	03	ND	- 7 PN consultations - Physician - BHU	Santa Maria
P20	18	Housewife	01	ND	- 14 PN consultations - Physician - BHU	Santa Maria

Figure 1 – Characterization of the participants of a maternity hospital. Santa Maria, RS, 2020
Key: PN = Prenatal; ND = Natural Delivery; CD = Cesarean Delivery; BHU = Basic Health Unit; AIC = According to the Information Collected; GO = Gynecologist.
Source: Prepared by the authors, 2020.

Three categories resulted from the organized and analyzed data, namely: Perception of postpartum women about prenatal consultations; Informative consultations X

Constructive consultations; and Advances in prenatal consultations between the first and second pregnancy.

Perception of postpartum women about prenatal consultations

Of the 20 participants, 12 puerperal women referred to consultations with physicians, although two also mentioned the nurse. In general, the puerperal women were satisfied with the prenatal consultations that were conducted. However, some of them compared the care received between one Health Unit and another, according to the statements:

> *The doctor was more interested, you know, more... and in the other she wasn't so much because it was...* (P3).

> *They were good, I liked the other clinic I'm going now more, because the doctor asks and he wants to know everything, even about your family* (P2).

It is noticed that, in many cases, quality medical consultations are related to the number of exams requested. In other cases, the quality of the service is related to the clarification of doubts, according to the following statement:

> *Both the doctor and the nurse ordered all the tests. And every time I had an appointment, she had a list of exams, you know... she asked if I had any questions, if I wanted to know anything, it was very good. Because, how can explain it to you...* (P3).

In another postpartum woman's speech, it is perceived that the consultations were quite superficial, that is, they did not address fundamental issues, such as type of delivery and others. This information had to be complemented with family members or closer individuals:

> *At the end, but she didn't. I just asked at last, "oh Dr., is it going to be normal?", then she told me that it would probably be normal, that she was a tiny baby and all that... so, look, about delivery, me and the Dr. we didn't talk much. Then, I have experiences in the family, you know. Then we talked like this, we talked, me and my sisters, my mother, everybody* (P5).

Although most of the participants mentioned that their prenatal consultations take place with a medical professional, one of the members made a comparison between the medical consultation and the nurse's consultation. In this participant's speech, it can be seen that the medical consultation is restricted to an order, while the Nursing consultation is carried out through dialog.

> *Because, actually, with the nurse the consultation was different... And when the appointment was made with her, she was more humanized. It was more of an exchange, a conversation like that... she further explained the questions I asked, oriented more. So it seems that when it's with the doctor, it's much more of an order, do it like this...* (P15).

Although, in general, postpartum women feel satisfied with the physician's care in prenatal consultations, two puerperal women mentioned this professional's disinterest in

examining them and clarifying their doubts. In this sense, it was evident that it is not enough to increase the number of prenatal consultations, but that it is necessary to discuss their quality.

Informative consultations X Constructive consultations

In the reports of 13 postpartum women, the need to qualify the intervention approaches both by physicians and by the nurses was noticed. In the different lines, it was noted that prenatal consultations are still strongly focused on informative and prescriptive approaches, rather than being constructive and participatory, that is, generating autonomy and empowerment, according to the following statements:

> *He's quiet, he doesn't talk much. He asks for your exam and that's it, just looks at it* (P2).
>
> *Very little, in this part she always left something to be desired. She was never much of a talker. When I really needed it, it was my mother who explained to me, because she already had experience and everything* (P6).
>
> *It's like, they ask and you say yes or no, yes or no, yes or no. It should be more of a conversation, to have more exchange of information and not just a questionnaire with questions they ask* (P15).

However, some participants recognized advances in the intervention modality and referred to the importance of horizontalized and dialogical processes of knowledge construction. In their speeches, they showed that they felt valued as they were given space for dialog and for exchanging knowledge and experiences, as expressed below:

> *It was really good, it was great. She talked to me, evaluated me and clarified all my doubts. As I'm young, I've never had a child, I had a lot of doubts and she helped me a lot* (P4).
>
> *In all the consultations I went I was unconcerned. I knew the baby was okay, that the heart could be heard. We always talked a lot about the baby, delivery, breastfeeding and everything* (P7).
>
> *They were always very considerate to me. Always a lot of explanation... I asked too. It helped me feel safer for delivery, it made me more confident, I guess* (P20).

In this same direction, it is noticed that the pregnant woman was reassured and committed autonomously, as she participated in the intervention process, that is, in the prenatal consultation. Thus, it is noted that the empowerment of pregnant women is directly related to the approaches to prenatal consultations, which will consequently affect the indicators of maternal and child morbidity and mortality. Pregnant women themselves recognize the need for dialog and how much it reflects on their attitudes and decisions.

> *I think that in general there needs to be more dialog in the consultations. People have to be better informed, sometimes you go but you get lost... there has to be more dialog* (P2).
>
> *More conversation and dialog. I would get there at the appointment*

> *and she would just listen to her heartbeat, you know? Then, when I took the exam, she would say "oh okay" or when I had to take some medication, something. It was just that, you know?* (P10).

> *To have more dialog and more interest in my opinion. To be able to come up front and say no, no. I say like this, we also have the right to choose, understand? I think that if you're there, you have to try to be the best you can, I think that was totally missing from her* (P14).

The participants' statements showed growing empowerment on the part of the pregnant and puerperal women, especially those who were able to distinguish intervention approaches and assess what helps them best. Likewise, they recognize the importance of their active and responsible participation throughout the gestational process.

Advances in prenatal consultations between the first and second pregnancy

Among the 20 study participants, seven mentioned improvements between the prenatal consultations from one birth to another. They recognize that, currently, consultations seek to consider the uniqueness and differentiated welcoming of the pregnant woman. This differentiated care made them feel more secure and confident about delivery, as exemplified below:

> *The prenatal period for my first one was different, there wasn't so much speculation and I'm not one to ask. If they don't tell me, I don't ask. And from this one, I had a lot of information... when pain started at home I already knew* (P2).

> *From this one I was more enlightened than before. I was much more prepared* (P3).

> *Because in my other pregnancy it wasn't like that, it was totally different. Now it was very different, now I was treated as if I was unique, I felt welcomed, like that* (P14).

In this evolutionary process, it is necessary to recognize the inductive public policies, by the Ministry of Health. In her speech, one of the puerperal women in particular mentioned that the currently recommended number of consultations also contributed to the qualification of care for pregnant and puerperal women. In addition to greater autonomy, this process guarantees them greater tranquility and security.

> *Yes, I had with the others too, but it wasn't like that, even related to time, I guess. A lot has changed from one time to the next, imagine that fourteen years ago it was totally different. I didn't even have as many appointments as I did this time* (P7).

> *Oh, I get calmer, after each consultation. I got calmer, because with the other one, I had very little information and a lot of problems* (P19).

In the participants' statements, in general, advances and achievements with regard to prenatal care are noted. They are related to the increase in the number of prenatal consultations, to intervention approaches that are more horizontal and dialogic, as well as to the posture and engagement of both professionals and users. However, there are

still weaknesses related to the biomedical approaches, which are still strongly focused on transmission and reproduction of information.

DISCUSSION

Prenatal care has undergone significant changes over the past few years, with a view to improving maternal and child health. These advances are related, above all, to new intervention approaches, in which aspects such as interprofessionality and the role of women are considered[14]. In this process of achievements and advances, it is necessary for the professionals to increasingly appropriate and base themselves, in addition to scientific evidence, on new theoretical references capable of expanding the health care perspective.

In his thinking on complexity, Edgar Morin[15] understands complexity as everything that weaves together and where the parts form the whole and the whole forms the parts. This means that human beings are complex, consisting of several parts that form the whole, which, in turn is greater than the sum of the parts, thus also containing presence of the whole in the part.

Morin's complexity allows an approach, which encourages the integration of different aspects of human life, considering the different parts, integrating different ways of thinking, living and caring. In this way, it is possible to foster a process of change that transcends punctual and fragmented care, centered on the one-dimensional biomedical model and on transmission of information. By overcoming the linearity of health care, welcoming, bonding and singular and multidimensional care for the human being is possible, in this case, the pregnant woman as the protagonist of her story[16].

The policy of Permanent Education in Health (Educação Permanente em Saúde, EPS), by Ordinance No. 1996/2007 of the Ministry of Health, induced problematization and contextualization, based on critical-reflective processes in which both professionals and users are subjects and actors of change. It seeks to meet real needs through the process of meaningful learning, motivated by the exchange of knowledge and practices of the experience[17].

In this sense, permanent education in health is a strategy capable of identifying the weaknesses in health care, but also of enabling prospective technologies for dialog and reinterpretation of the professional practice[18]. In addition to that, permanent education enables comprehensiveness and interprofessional health care, as well as the autonomy and shared responsibility of all actors involved.

In this evolutionary process, the Nursing consultation is configured as a prospective tool that aims at ensuring the quality of prenatal care, especially with regard to educational and health promotion actions. In addition to technical competence, the professional is required to have sensitivity to apprehend and welcome the pregnant woman as a complex unit, that is, based on her singularities and human multidimensionalities.

Although linked to the figure of the physician, the Nursing consultation in prenatal care

should increasingly differentiate itself, due to its ability to integrate and articulate different professional knowledge areas. As evidenced in a study, Brazil correlates prenatal consultation with the figure of the physician, which can be associated with lack of clarification from the users and with lack of empowerment of other health professionals, such as the nurse[19].

A qualitative approach study carried out in seven Primary Health Care Units from Fortaleza identified that the guidelines given by the professional in prenatal consultations brought up a sense of obligation and imposition, thus hurting the pregnant woman's autonomy. It also evidenced the technicality in the consultations, showing the mechanicity and verticality in the professional-user relationship[20].

The thought of complexity, which illuminates new Nursing care processes, transcends the sovereignty of the biomedical model and conceives the dialogical relationship between the different movements that make up the prenatal consultation. Under this approach, the Nursing professional assumes a mediating and interlocutory role in the prenatal consultation, which implies considering the singularities and multidimensionalities of each pregnant woman and family, turning them into protagonists of the process. Therefore, it is necessary to overcome traditional and vertical intervention models, based on interactive and associative processes that consider the uniqueness of each human being[15].

CONCLUSION

Advances and achievements in prenatal care are evidenced, related to the expansion in the number of prenatal consultations, to horizontalized and dialogic intervention approaches and to the proactive engagement of both professionals and users, among others. However, there are still weaknesses related to the biomedical approaches, centered on the transmission and reproduction of information.

It is concluded that the empowerment of pregnant women is directly related to the approaches to prenatal consultations, which will consequently affect the indicators of maternal and child morbidity and mortality. The mothers themselves recognize the need for dialog and how much this reflects on their attitudes and decisions.

In summary, prenatal Nursing consultations assume an increasingly important role in the maternal and child health care network. However, it is important that the nurse is distinguished by proactive leadership and the adoption of cross-cutting intervention approaches, capable of transcending the punctual and linear logic of work in health

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