Cogitare Enfermagem

ORIGINAL ARTICLE

INSTRUCTIONAL GUIDE TO SUBSIDIZE THE NURSING CONSULTATION IN LOW-RISK PRENATAL CARE: CONSTRUCTION AND VALIDATION*

HIGHLIGHTS

1. The content supports the nurse in decision-making.
2. All recommendations in the guide are based on scientific evidence.
3. The organization of the guide follows the demands of prenatal nurses.

Wanderson Luís Teixeira[1]
Denise Antunes de Azambuja Zocche[1]
Silvana dos Santos Zanotelli[1]
Maria Fátima Silva Vieira Martins[2]
Dirce Stein Backes[3]

ABSTRACT

Objective: to develop a technical guide for low-risk prenatal care. **Method:** methodological research that included the construction and validation of a technical guide. A questionnaire and two bibliographic reviews were applied in data collection. Conducted in the macro regions of the Great West and Midwest of Santa Catarina - Brazil. For the construction of the guide, we had an exploratory stage with 48 nurses. **Results:** the guide consists of three chapters. Nursing care in low-risk prenatal care. The nursing consultation and the appropriate management according to the gestational period. Protocols, instruments, and scales used in low-risk prenatal care. Validation was performed by 14 judges with Content Validity Index 0.96. **Conclusion:** the guide will contribute to the qualification of nurses' work in Primary Health Care, transforming the obstetric scenario of the regions involved and strengthening nurses' practices in the performance of low-risk prenatal care.

DESCRIPTORS: Office Nursing; Pregnant Women; Women's health; Primary Health Care; Health Education.

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[1]Universidade do Estado de Santa Catarina, Chapecó, SC, Brasil.
[2]Universidade do Minho, Braga, Portugal.
[3]Universidade Franciscana, Santa Maria, RS, Brasil.

INTRODUCTION

Prenatal care and emotional support provided during this phase influence the way of coping with the parturition process. Thus, prenatal care is a privileged space for listening, dialogue, co-responsibility and, if necessary, interventions that can have a positive impact on gestational outcome[1].

The usual risk prenatal care process is characterized by the monitoring and care of pregnant women who do not present individual, sociodemographic risk factors related to previous obstetric history, disease or condition that may interfere negatively in the evolution of pregnancy. It can be performed by both doctors and nurses in the Primary Health Care (PHC) network, considered the gateway for pregnant women to prenatal care services[2].

Among the care activities offered by PHC is the Nursing Consultation (NC), which is legally supported by Law No. 7,498/862. The NC is a private activity provided by the nurse, in which health problems are identified, prescriptions are made, and nursing measures are implemented to promote the promotion, protection, recovery or rehabilitation of users of the Unified Health System (SUS)[3]. In addition to being considered an important strategy for monitoring the health of women and the fetus, NC can be potentially useful for the development of health education activities that enable the acquisition and formation of new knowledge about pregnancy, labor, childbirth and postpartum[4].

In 2000, the Ministry of Health (MS) established the Prenatal and Birth Humanization Program[4] , with the aim of standardizing care for pregnant women and proposed the link between prenatal and delivery services. After a decade, the Rede Cegonha ("Stork Network") (RC)was established within the SUS, more precisely in 2011, soon after, in the state of Santa Catarina[5]. Through deliberation 314/cib/2013, the Bipartite Interagency Commission, in the use and performance of its duties, at the 168th ordinary meeting on May 24, 2012, established the Operational Plan of the Rede Cegonha, for the Metropolitan Region of Florianópolis / Health Region of the Greater Florianópolis PDR, already deliberated at a meeting of the Regional Intermanagers Commission of Greater Florianópolis - CIR Greater Florianópolis, held on 05.16.2012[6].

The recommendations proposed by these programs in prenatal care include welcoming care, early capture of pregnant women, active search for absentees, a minimum of six consultations, guarantee of complementary tests, educational activities, encouragement of normal delivery and reduction of unnecessary cesarean sections, link with the place of delivery and adequate recording of information on the pregnant woman's card[6]. It is worth noting that the Ministry of Health recommends that prenatal care for habitual risk be developed exclusively by the PHC team. The pregnant woman needs to be linked to the team of the area covered by her residence, with prenatal care actions being the responsibility of all team members and follow-up appointments are the responsibility of the nurse and the doctor[7].

In this scenario, nursing has a fundamental role in the operationalization of all these actions, with emphasis on NC. However, even with the advances in the creation of health programs and policies aimed at improving obstetric care, some Brazilian studies indicate flaws in prenatal care, such as low number of consultations, scarce guidance, incomplete performance of procedures, little scientific basis for practice based on the best technical-scientific evidence, and lack of linkage between prenatal and delivery services, impairing the quality and effectiveness of care[8].

From the concerns arising from the professional experience, added to the previous affinity on the theme, the question that guided the present research arises: what elements should be considered in the construction of a technical guide to strengthen the Systematization of Nursing Care in low-risk prenatal care, performed by nurses in the Macro regional Health Regions of the Great West and Midwest of the State of Santa Catarina?

Considering the above, we sought to develop a technical guide for nurses who perform low-risk prenatal care in the Great West and Midwest of Santa Catarina. The relevance of this proposal is justified by the need to bring utopian obstetric care closer to the real needs of everyday Primary Health Care (PHC), thus breaking with the process of medicalization of labor and birth.

The objective of this study is to develop an educational technology, such as a technical guide, for nurses who perform low-risk prenatal care in Primary Health Care.

METHOD

It is methodological research that includes the production, construction, validation and evaluation of research instruments and techniques to develop a product[9].

Forty-eight nurses who perform low-risk prenatal care participated in the study, 14 from the Macro-regions of the Great West of Santa Catarina and 34 from the Midwest. The selection of nurses was intentional by indication of the managers who constitute the Interagency Commission of the Western Region of Santa Catarina - CIR. In the semantic validation stage of the guide, 14 nurses specialized in public health/collective/obstetrics and with a minimum experience of one year as a prenatal nurse.

Initially, an Integrative Review (IR)10 was carried out, according to the protocol11, and a narrative review (NR) that considered documents from the Ministry of Health, (website of the State and Municipal Health Secretariat, COFEN/COREN-SC, Official websites, and scientific representations in the area – ABENFO) (ABENFO, in Portuguese) that dealt with the nursing and prenatal dyad. In addition to the IR and NR reviews, a questionnaire was applied in the exploratory stage via Google forms with open questions, to explore the potentialities, weaknesses and difficulties of care nurses who perform low-risk prenatal consultations in the Macro-regions of the Great West and Midwest of SC.

Next, the material was explored, which was the longest phase of data coding, to identify significant elements that were aligned with the object of the study, that is, to identify significant themes/contents for the construction of the guide. To this end, theoretical and legal frameworks were used to analyze the concepts and institutional recommendations of the Ministry of Health: Low-Risk Prenatal Care Notebook[12], humanization in prenatal care and birth[13], Primary Care Protocols: Women's Health[14], Pregnancy, childbirth and birth with health, quality of life and well-being[15], National Guidelines for Assistance to Normal Childbirth, Humanized Attention to Abortion: Technical Norm[16], High-Risk Pregnancy Manual[17], Resolution of COFEN 358/2009, which deals with the NC nursing consultation[18], State protocol of attention to prenatal care of habitual risk[19], and national guidelines of assistance to normal delivery[20].

For the treatment of the results, the principles of Bardin[21] were used, where the raw data are treated to become significant and valid. For this, simple statistical treatment was used to identify the frequency of certain expressions or words that represented themes or content to compose the guide. This step generated the registration units[22]. They were then grouped into context units, which in turn revealed four categories: Technical and scientific knowledge to overcome the weaknesses and difficulties encountered in the nursing consultation in low-risk prenatal care, Humanization, and the bond in prenatal care: potentialities for strengthening the nursing consultation, Infrastructure, and human resources necessary to carry out the nursing consultation in low-risk prenatal care and themes and contents recommended for the guide.

The most frequent themes/contents extracted from the analysis were: use of manuals, scripts and flowcharts (38), followed by the role of the prenatal nurse (24), requests for

laboratory tests, physical examination (16), stages of pregnancy (15), complications and complications in pregnancy (3), guidance on breastfeeding (2), postpartum depression (2), humanized childbirth (1) and risk classification (2), obstetric violence (1), immunization schedule (1), immunization of pregnant women to prevent Covid-19 (1), newborn care (1).

The guide was then reviewed by a pedagogical design and sent for semantic validation[23]. The domains evaluated were content, language and relevance. The questions were scored according to the Likert scale, considering the degree of importance for the composition of the technology content (1 - for totally adequate; 2 - for adequate; 3 - for partially adequate and 4 - for inadequate)[23]. The content validity index (CVI) was used to assess the degree of agreement between the judges, and the agreement used in this study to consider the guide validated was 0.90[24]. The data from the validation were organized in an electronic spreadsheet, in the Excel® program version 2016, as shown in Table 1 below:

Chart 1 - Content Validation Index (CVI) of the Guide for the systematization of Nursing Care in low-risk prenatal care. Chapecó, SC, Brazil, 2022

CONTENT		
They are suitable for the educational process of antenatal nurses.	Fully adequate: 10 Adequate: 04 Partially adequate: 01	**CVI= 0.93%**
They are suitable for the educational process of antenatal nurses.	Fully adequate: 09 Adequate:05 Partially adequate: 01	**CVI= 0.93%**
They encourage nurses to use the manual.	Fully adequate: 06 Adequate:08 Partially adequate: 01	**CVI = 0.93%**
They support the nurse in carrying out antenatal care consultations.	Fully adequate: 10 Adequate: 04 Partially adequate: 01	**CVI = 0.93%**
Are they consistent with the prenatal nursing practice recommended by national and international legal frameworks in the field?	Fully adequate: 07 Adequate:06 Partially adequate: 02	**CVI = 0.86%**
LANGUAGE		
Adequate language	Fully adequate: 09 Adequate:03 Partially adequate: 03	**CVI = 0.80%**
Interactive language.	Fully adequate: 09 Adequate:05 Partially adequate: 01	**CVI = 0.80%**
Appropriate text length.	Fully adequate: 07 Adequate:07 Partially adequate: 01	**CVI = 0.93%**
Is the writing style easy to understand, and does it match the level of knowledge of the target audience?	Fully adequate: 10 Adequate:03 Partially adequate: 02	**CVI = 0.86%**

RELEVANCE		
The figures/images facilitate learning about the topic in question.	Fully adequate: 08 Adequate:06 Partially adequate: 01	**CVI = 0.86%**
The Manual stimulated the exchange of information on the subject with other professionals who perform low-risk prenatal care consultations.	Fully adequate: 11 Adequate: 03 Partially adequate: 01	**CVI = 0.93%**
The content presents relevant information for low-risk prenatal care.	Fully adequate: 10 Adequate:04 Partially adequate: 01	**CVI = 0.93%**

Source: The authors (2022).

After semantic validation by the judges, the guide underwent readjustments due to the relevant suggestions made by the judges, even if they did not change the validation percentage that obtained the CVI of 0.96%. The protocol for the treatment of syphilis in pregnancy was included in the updates based on the new Guidelines. On page 72, we address neonatal screening (heel prick test), which states that a massage should be performed before collection. In this perspective and according to the recommendation of the MS, the massage causes hemolysis of the blood sample and mixed with tissue fluids makes the test reading unfeasible.

In this sense, the recommendation of the MS is that the collection should be performed on the heel, on the sides of the heel. The "compressed dressing" should be performed only one compression until the bleeding stops. In this perspective, it was suggested to replace the photo of the pregnant woman/person on page 28. According to the judges, only the belly is part of a human being, the photo only of the pregnant belly alone depersonalizes the person who is pregnant. On page 30 - the romanticized photo was removed and replaced by a photo closer to the reality experienced by pregnant women in PHC. Page 26 of the 2016 version of the pregnant woman's booklet was replaced by the current one.

We had suggestions related to language, where we replaced the term "echo graphic" to "ultrasonographic" especially in the summary to facilitate the reader's understanding. We carried out a spelling and grammar review, as well as in the style of citations and font used in the text, with a view to facilitating reading and imposing authority in the text using a more formal font. The suggestion on page 64 was not accepted, given that the Brazilian Federation of Gynecology and Obstetrics Associations (FEBRASGO, in Portuguese), ratifies that postpartum depression (PPD) is a heterogeneous clinical entity that generally refers to a major depressive episode or severe to moderate intensity, present in the first months after birth.

This research was part of a macro project "Development of technologies for the implementation and implementation of the Systematization of Nursing Care, proposed by the Professional master's degree in nursing in Primary Health Care at UDESC (CAPES/ COFEN Notice of Agreement No. 28/2019). The project was submitted and approved by the Research Ethics Committee: opinion number 4,689,980.

RESULTS

The Guide was structured in three chapters: the first addresses Nursing Care in Low-Risk Prenatal Care, which addresses the fundamental concepts for women's health care in

low-risk prenatal care; the second presents the Nursing Consultation in Low-Risk Prenatal Care, its stages and the instruments to perform it; and finally, the third chapter presents protocols, instruments, recommendations, standards and scales used in the Low-Risk Prenatal Care consultation, according to figure 1:

Figure 1 - Chapters of the Guide. Chapecó, SC, Brazil, 2022
Source: The authors (2022).

After content validation by the judges, through the application of the Content Validation Index (CVI) instrument, the last version was obtained according to Figure 2:

Figure 2 - Cover and summary of the Guide. Chapecó, SC, Brazil, 2022
Source: The authors (2022).

DISCUSSION

In this study, four categories were evidenced that composed the Guide to the Systematization of Nursing Care in the low-risk prenatal consultation: Nursing Care in Low-Risk Prenatal Care, Nursing Consultation in Low-Risk Prenatal Care and Protocols, Instruments and Scales Used in Low-Risk Prenatal Care Consultation.

Nursing care in low-risk prenatal care is an ascending highlight during health policies in Brazil and was genuinely implemented in response to the persistence of high maternal and perinatal mortality coefficients in Brazil. Thus, prenatal care allows health monitoring in the gestational process, as it identifies risk factors and performs timely detection and treatment of previous pathologies, which contributes to better maternal and perinatal outcomes in the gestational cycle[25].

The prenatal consultation during the gestational cycle guarantees, above all, one of the most important phases of the life of pregnant women, experienced differently by each woman, guided by the sociocultural, family context and values rooted in the gestational history of each woman. In this perspective, nurses must assume a posture capable of welcoming and listening and agreeing on appropriate responses, attending to all their dilemmas, fears, anxieties, doubts, and offering adequate information to pregnant women[26].

Active listening is the great tool for welcoming prenatal care, as it prepares pregnant women for the moment of delivery, as well as offering women incentive to overcome their fears in the unique process of their lives that is labor and birth[24].

From Ordinance No. 358/200918 that supports nursing in the assistance provided to pregnant women during prenatal care in the family health strategy-FHS, providing subsidies for nursing prescription in low-risk prenatal care, such as filling out the pregnant woman's card and medical record, as well as routine laboratory tests during pregnancy, and guidance, therapeutic care, according to health service protocols, and directing pregnant women, classified as high risk for specialized medical consultation. In this perspective, the nursing consultation is a mechanism of utmost importance to carry out health education, promoting a link, empowering women with knowledge[18].

Considering the above considerations, the actions of nurses are very relevant in prenatal care, since through the assistance provided it is possible to identify complications early and monitor pregnant women who are at risk. In addition, pregnant women are heard and welcomed in their history and inserted in their reality, thus providing a safer pregnancy[27].

Quality prenatal care is the one that reduces maternal and infant morbidity and mortality, resulting from resolution and welcoming actions for pregnant women. Prenatal care should facilitate the access of pregnant women to primary care, thus ensuring the adequate provision of care for pregnancy and childbirth[24].

The gestational cycle must be satisfactorily monitored in its three phases: pregnancy, childbirth, and puerperium, so that women receive comprehensive and higher quality care. Prenatal care aims to ensure the development of pregnancy, favoring a healthy birth, with the least possible negative impact on maternal and fetal health[19].

Through the Systematization of Nursing Care (SNC), clinical thinking is organized, while through the Nursing Process (NP) consultations are methodologically recorded. To ensure a quality prenatal care, the Nurse in prenatal care, by performing the Nurse's Consultation, must adopt the phases of the NP to methodize the actions developed, constituting a standard of care. Thus, applying the knowledge organized by the SNC and the NP, in all its dimension, can represent a milestone to subsidize quality care to pregnant women and promote the safe development of the baby during the consultation performed by nurses[2]. Regarding the tests performed, studies identify high coverage in the first trimester by SUS. The most common tests performed in the first trimester were type

1 urine, fasting blood glucose, Hb/Ht, anti-HIV and VDRL, and ultrasound tests were also widely performed during pregnancy. The request and proper interpretation of test results during prenatal care is an important way of monitoring women to classify their gestational risk. Therefore, this practice should be satisfactorily adopted in all follow-ups carried out in public and private services[28].

The limitations of the study were based assuming that this research was developed based on the perception of nurses from a region of the state of Santa Catarina. In this sense, it would be desirable to develop other studies in other regions to strengthen the practice of more nurses who perform low-risk prenatal care.

CONCLUSION

The study indicated that nursing care in low-risk prenatal care is based on guidelines and information derived from the scientific knowledge acquired by nurses. Although the nurses were fragile in monitoring low-risk prenatal care, they were willing to seek support materials that could subsidize the consultations. This study may contribute to the qualification of nurses who perform low-risk prenatal care, particularly in the field of care, in addition to the training of professionals as well as in the permanent health education of primary health care nurses who work in low-risk prenatal care.

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Corresponding author:
Wanderson Luís Teixeira
Universidade do Estado de Santa Catariana
Rua Sete de Setembro, 91D, Centro - Chapecó
E-mail: wandersonteixeira.camiliano@gmail.com

Role of Authors:
Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Teixeira WL, Zocche DA de A.** Drafting the work or revising it critically for important intellectual content - **Teixeira WL, Zocche DA de A, Zanotelli S dos S, Martins MFSV, Backes DS.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Teixeira WL**. All authors approved the final version of the text.

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