

Perceptions of pregnant women about prenatal care in primary health care



Percepções de gestantes acerca do cuidado pré-natal na atenção primária à saúde
Percepciones de gestantes acerca del cuidado prenatal en la atención primaria a la salud

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ABSTRACT

Objective: To understand the perceptions of pregnant women about the care received during prenatal care, in the field of primary health care.

Method: Qualitative study, based on Grounded Theory. Data collection was performed from August to December 2016, through a semi-structured interview with 12 pregnant women who received prenatal care in the city of Florianópolis/SC/Brazil. Data collection and analysis were performed concomitantly. Data analysis was performed using open and axial coding.

Results: Three categories were elaborated: Care before and during gestation, Participation in groups of pregnant women, and Quality care during pregnancy.

Conclusion: The perceptions of the pregnant women about the care received during the prenatal care is related to the care given, humanized reception, consideration of the pregnant woman's subjectivity and support in the difficult moments that make this period satisfactory.

Keywords: Primary health care. Prenatal care. Office nursing. Pregnant women.

RESUMO

Objetivo: Compreender as percepções das gestantes acerca do cuidado recebido durante o pré-natal, no âmbito da atenção primária à saúde.

Método: Estudo qualitativo, baseado na Grounded Theory. A coleta de dados foi realizada de agosto a dezembro de 2016, através de entrevista semiestruturada com 12 gestantes que realizaram acompanhamento pré-natal na atenção primária do município de Florianópolis/SC/Brasil. A coleta e análise dos dados foram realizadas concomitantemente. Na análise de dados utilizou-se a codificação aberta e axial.

Resultados: Foram elaboradas três categorias, sendo elas: O cuidado antes e durante a gestação. Participação em grupos de gestantes e, Cuidado de qualidade durante a gestação.

Conclusão: As percepções das gestantes acerca do cuidado recebido durante o pré-natal estão relacionadas à atenção dispensada, ao acolhimento humanizado, consideração da subjetividade da gestante e amparo nos momentos difíceis que tornam este período satisfatório.

Palavras-chave: Atenção primária à saúde. Cuidado pré-natal. Enfermagem no consultório. Gestantes.

RESUMEN

Objetivo: Comprender las percepciones de las gestantes acerca del cuidado recibido durante el prenatal, en el ámbito de la atención primaria a la salud.

Método: Estudio cualitativo, basado en la Grounded Theory. La recolección de datos fue realizada de agosto a diciembre de 2016, a través de entrevista semiestruturada con 12 gestantes en la atención primaria a la salud del municipio de Florianópolis/SC/Brasil. La recolección y análisis de los datos se realizaron concomitantemente. En el análisis de datos se utilizó la codificación abierta y axial.

Resultados: Fueron elaboradas tres categorías, siendo ellas: El cuidado antes y durante la gestación, Participación en grupos de gestantes y, Cuidado de calidad durante la gestación.

Conclusión: Las percepciones de las gestantes acerca del cuidado recibido durante el prenatal están relacionadas la atención dispensada, acogida humanizada, consideración de la subjetividad de la gestante y amparo en los momentos difíciles que hacen este período satisfactorio.

Palabras clave: Atención primaria de salud. Atención prenatal. Enfermería de consulta. Mujeres embarazadas.

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■ INTRODUCTION

A positive experience during a pregnant woman's prenatal is the result from the relationship between professional and user, which is established during the assistance and is based on dialogue. The information and guidance regarding healthcare are seen as features that make a difference in reaching quality⁽¹⁾. On the other hand, according to the authors, some aspects are seen as negative features of such assistance, including the lack of preparation of the pregnant woman to deliver, and the difficulty to access exams.

Therefore, prenatal care should not just be reduced to consultations and exam solicitation, as it also needs to consider the welcoming of pregnant women and the recognition of their needs, aiming at the establishment of bonds⁽²⁾.

According to the research *Nascer no Brasil* (Being Born in Brazil), performed between 2011 and 2012, 98.7% of pregnant women received prenatal care, 89.6% of which did so in primary care. 73.1% of them participated in the six consultations that the Ministry of Health recommends as a minimum⁽³⁾. The research also shows that only 60.6% of women started their prenatal before the 12th week of pregnancy, as prescribed by Rede Cegonha (the Stork Network)⁽⁴⁾, and less than 10% received the recommended procedures, such as routine exams and guidance about delivery and breastfeeding.

A study was performed in 2012/2013, involving 6,125 pregnant women who underwent prenatal care in a family health unit, with the objective of describing quality indexes in prenatal care in Brazil and in the scope of the Program of Access and Quality Improvement (PMAQ-AB), indexes that include the number of prenatal consultations, tetanus vaccination (when needed), prescriptions of ferrous sulphate, physical exams, educational guidance and lab exams. The study found that prenatal care was adequate for only 15% of the women interviewed⁽⁵⁾. Corroborating this, a study performed in a Family Health Unit in the city of Gurupi/Tocantins from March 2016 to November 2017, involving 50 pregnant women, evaluated the basic quality components of prenatal care as indicated by the Ministry of Health, finding that 34% of the women had inadequate prenatal care, 24% had adequate care, 24% had intermediate care, and only 18% were classified as having received superior adequate care⁽²⁾.

The quality of prenatal care is known to "directly impact health indexes, contributing to diminish the rates of perinatal and mother morbidity and mortality"^(2:92). However, the increasing incidence of congenital syphilis cases, and the fact that most maternal deaths are caused by arterial hypertension, show that, despite the increase in the cov-

erage of prenatal care, the quality of this type of assistance is still lacking⁽³⁾.

Also, nurses must perform prenatal consultations with pregnant women who are classified as low or medium-risk, and have the responsibility of guaranteeing they receive qualified and integral care⁽⁶⁾. According to the Ministry of Health, this type of consultation, in primary care, should be made alternately by the nurse and by the physician⁽⁷⁾. Similarly, nurses can follow-up high-risk prenatal care cases when they are part of multiprofessional teams, as this type of care is understood not to be merely a responsibility of the physician, and prenatal care is more than its individual consultations.

The participation of the nurse as a member of the health team who offers direct assistance to women during the cycle of pregnancy and puerperium, including the prenatal, is part of the directives established by PHPN⁽⁸⁾ and by the Stork Network⁽⁴⁾. The main advantages pointed out by the pregnant women who stated to be satisfied with the consultations made by nurses refer to their welcoming and listening, which are privileged by these professionals⁽⁹⁾.

Considering that Florianópolis/SC was evaluated as the Brazilian capital with the best primary care in the country, it becomes pertinent to know whether the prenatal care this city offers is satisfactory for the users. To this end, the following guiding question emerged: what is the perception of pregnant women regarding the care received during their prenatal, in the scope of primary care? This study aimed at understanding the perception of pregnant women regarding the care they received during prenatal, in the scope of primary care.

■ METHODS

This study is part of a larger project financed by the National Council of Scientific and Technological Development, Process n. 462049/2014-0, whose title is "Management of care and nursing for the quality of obstetric and neonatal attention". This is the sub-project of a qualitative research, a result from a Graduation conclusion paper⁽¹⁰⁾, which used, as its methodological reference, the Grounded Theory — GT⁽¹¹⁾, or Data-based Theory — DBT.

The study was performed in Florianópolis, the capital of Santa Catarina, in the south of Brazil. Data collection took place from August to December 2016, through semi-structured individual interviews, in depth, according to a script with guiding questions, including closed questions regarding identification data and obstetric history, and open questions. The main question of the research was: How do you perceive and evaluate the care you re-

ceived from the nurse, the nursing team and the health team from the moment you decided to have your child up to this point, regarding preconception and prenatal follow-up?

Twelve pregnant women who were undergoing prenatal consultations in primary healthcare and were in the third trimester of their pregnancy were interviewed, together with their companions, if any. They were undergoing the prenatal process in the Health Centers Saco dos Limões, Monte Serrat, Vargem Grande, Abraão, Coqueiros, Vila Aparecida, and Campeche, which belong to the four sanitary districts of the municipality. One of the pregnant women was receiving prenatal care in the ambulatory of the University Hospital Professor Polydoro Ernani de São Thiago, and was included in the sample as a way to vary the locations and the participants, as GT prescribes.

The inclusion criteria of pregnant women were: living in the city of great Florianópolis (Florianópolis and its contiguous cities), and having undergone prenatal consultations in some Health Center of the municipality. The research included only pregnant women from the third semester on, since their pregnancies were more advanced and, therefore, they would be able to better contribute to the study, due to their experience with the current gestation, and to the fact that they had already undergone prenatal follow-up during the first and second trimester of their gestations. Women who had any type of cognitive deficiency that could bias or diminish the reliability of collected data were excluded from the research.

The interviews were performed by one researcher (the author of the aforementioned conclusion paper) and recorded in audio after the participants gave their authorization to do so. They were later transcribed by the same researcher who collected the data. Data collection lasted until theoretic data saturation.

Data analysis was performed by the researcher who collected and transcribed the data, together with her advising professor, and used open and axial coding in distinct stages, but in a complementary and integral way. Therefore, data collection and data analysis happened simultaneously, as GT⁽¹¹⁾ prescribes. Open coding was the first step of data analysis. Data was separated in distinct parts, and later examined and compared in a search for similarities. In this stage, the process of category generation and differentiation took place. In the axial coding, which was the second stage, categories were related to their respective sub-categories, and associated to their properties and dimensions.

Attending to ethical criteria, the development of the research was guided by Resolution n. 466/2012 of the Na-

tional Council of Health and its complementary measures, also being approved by the Ethics Committee for Researches with Human Beings in the Pro-rectory of Research and Post-graduation of the Universidade Federal de Santa Catarina, under protocol n. 1.148.080. All participants signed the Free and Informed Consent Form. To identify the participants while guaranteeing their anonymity, acronyms were used followed by a number, according to the order in which the women were interviewed: G1, G2, G3 (...).

■ RESULTS

In this study, the age group of the pregnant women varied from 16 to 41 years of age, most of them being from 20 to 29 years old (66%). Regarding their marital status, most participants (41%) were legally married. Regarding their gestational histories, 58% were primigravidas, and the others were on their second pregnancies. Only three (25%) had planned the pregnancy, and the most common motive for the unplanned pregnancy to take place among the nine other participants was the non-use of contraceptive methods, such as birth control pills or condoms. In only one case, pregnancy was caused by a loss in the efficiency of the birth control pills after gastrointestinal problems. From the three women who planned their pregnancy, only one sought preconception guidance, having used folic acid and undergone exams.

However, it was found that, among the women who started their prenatal before their 13th week of pregnancy, only four used folic acid, while the other four only used ferrous sulphate. According to the women interviewed, during consultations most of them were guided about adequate eating habits in the gestational period, consumption of toxic substances, alcohol and drugs, and about the practice of physical activities.

Among the participants, eight had most of their consultations with nurses, and in two cases there was only one consultation with a physician. In four cases the number of consultations with nurses and physicians was the same.

In all cases, consultations involved a complete obstetric physical workup, weight and blood pressure measurement, measurement of fundal height, fetal heartbeat listening when the fetus was in an adequate gestational age to be examined, in addition to all exams that could be performed in each gestational trimester, all of which were adequately registered in the women's medical histories.

From data analysis, three categories were elaborated: Healthcare before and during gestation; Participation in groups of pregnant women; and Quality healthcare during pregnancy.

Healthcare before and during gestation

The first category, Healthcare before and during gestation, is comprised by the following sub-categories: Understanding of the information received during the prenatal; Presence of companions during prenatal consultations. Difficulties and obstacles in the access to a prenatal; and Visits to maternity before birth and maternity of reference.

With regards to the sub-category "Understanding of the information received during the prenatal", reports diverged. While some interviewees stated to be satisfied, others showed themselves to be unhappy with how fast consultations took place, with a lack of understanding of written guidance and lacking verbal guidance. Oftentimes, these led them to seek explanation from family and friends:

[...] I liked all consultations I was in, I was always well attended, they always clarified all my doubts (G5).

[...] They let everything run loose, and since they have the paper here that explains it, they think we must read and they don't have to say anything else, the nurses I mean, the physician herself, for me, she doesn't explain anything, the consultations with the physician are too quick, I leave without understanding a lot (G1).

In the sub-category "Presence of companions during prenatal consultations", it became clear that most pregnant women mentioned the work of their companions/husbands as the main reason for the companions not to be in the consultations with them. One woman emphasized that she prefers going alone to prenatal consultations.

[...] That is because he works a lot, the working hours conflict, generally, he's there in the ultrasounds (G4).

[...] Because the times of consultations are not good for someone to go together due to the scheduled times. My husband works, my mother doesn't live here, my son studies, it's not always possible (G8).

[...] Look, I prefer coming alone, he ends up bothering me, making me less at ease (G10).

A feature to be highlighted is that most women who went to the consultations by themselves do not seem to be bothered by the fact. However, they stated categorically that their companions would be by their sides at the time of delivery.

Regarding the sub-category "Difficulties and obstacles in the access to the prenatal", no interviewee had any trou-

ble regarding scheduling consultations or being attended. Only the following statement was mentioned, regarding the difficulty to access the unit due to the location of the participant's house:

[...] I live up in the hill, I have to come on foot, and it's far. Sometimes I don't even feel like coming because I get too tired. It's far, my house is far, but I didn't have any trouble scheduling my prenatal, no, it was very fast (G1).

Regarding the next sub-category "Visits to maternity before birth and maternity of reference", no interviewees received guidance on the available maternities, neither were any of them referred to the maternity of reference or invited/guided to visit it. The decision about the location of birth ended up being a result of private preferences or indications of positive experiences had by friends or family members.

[...] No, I didn't choose, my colleagues said it's good, my sister too, and it's better be cause I want to do it crouched, right! My sister says its better to do it crouched, and I think that the UH is the only place where they give you that opportunity (G1).

[...] No one said anything like: oh, go visit, know the place, nothing (G4).

Participation in groups of pregnant women

The category Participation in groups of pregnant women had, as its sub-categories, Guidance on breastfeeding and Guidance about delivery. Regarding the participation in these types of group, only five of the interviewees participated in a group, and among them, only three participated in the group offered by the Health Center itself. The other two participated in home-delivery groups. According to them, the existence of this type of group is very important.

It could be noted throughout the interviews that the pregnant women who visited these groups had received more information than those who did not, such as information on breastfeeding, delivery, caring for the newborn, signals of birth, in addition to feeling safer and more empowered regarding delivery and postpartum.

[...] Since it's my first time being a mom, it was very instructive and enlightening. It helps a lot. I like it and I think all pregnant women should participate... there's a lot you can't discuss on the doctor's office, or that we forget about (G9).

[...] Unfortunately, according to the nurse, it's not happening now, but if it was I'd participate too, I think it's very nice (G11).

Regarding the sub-category "Guidance about breastfeeding", it was found that few participants, that is, only five of them, received guidance on the subject, and did so in the pregnant women's group. The other seven participants (59%) reported not having received any guidance on the subject. Many interviewees described doubts and anxieties regarding this theme, as shown in the statements below:

[...] No, only once the nurse asked me if there was anything different, if they got bigger or milk was coming out... That was in the first days, but I'd like to know some things about it, I think it's important (G7).

[...] Hum, no... you know I hadn't even thought of that, because in the group they discussed it a lot. So, I hadn't even stopped to notice that no one there said anything, I think they should, right. If I wasn't on the delivery group, I wouldn't have that. They talk a lot about breastfeeding there, and it's really good to have this information (G11).

The same happened regarding the subcategory Guidance about delivery. Only three participants who participated in groups of pregnant women received information about labor, including types of labor, and the benefits of normal labor, which was encouraged.

[...] If I hadn't had this information and knowledge I would miss it a lot. These are too important things and need to be discussed, labor and breastfeeding, so that the woman prepares herself, see what she wants, so that she can plan for delivery. No one talked about it you know (G4).

[...] I'm kind of at a loss in this you know, I don't even know what kind of labor I'll go into, they don't say anything, I don't know if I can choose or how it works (G6).

Quality healthcare during pregnancy

The category Quality healthcare during pregnancy has two sub-categories: The importance of the nurse in the prenatal follow-up, and Satisfaction with the healthcare received. The participants were asked about what they think is a quality healthcare during prenatal, leading to the following statements:

[...] Giving attention, care itself, because, sometimes, you can't give it all, I know that exams, for example, in SUS,

it's different, but if you offer real attention and care, if you have dedication to talk, explain, looking at the pregnant woman and trying to help her, that's much better than 500 ultrasounds. In this moment it's much more significant to be embraced and understood within this complex hormonal world of pregnancy than having someone who does all the exams and looks at you as a belly and nothing else. Of course exams and such are important, but that's what quality care is, caring for real, making the other feel important at least there in that moment, and not merely a pregnant woman like any other (G8).

[...] Giving attention, being a partner, you know? Giving information, lots of information, all possible. That's very important! Knowing to respect each person's choices, understanding the particularities of each woman. I think it's nice when things are natural you know, not that one-off thing doctors do, you enter, they do this, that, and this that's on the script, prescribe something and that's it. I think the thing has to be more fluid you know, natural, after all we spend nine months going there right? So, it's nice for a more profound relationship to take place (G11).

Regarding the sub-category "The importance of the nurse in the prenatal follow-up", most participants considered this professional to be of significant importance in their prenatal care, presenting reports that evidence their preference for consultations with nurses, since they seek to embrace, listen, and really care about these women. Some women stated to have had their first consultation with a nurse and having, thus, found out how well-prepared this professional is to conduct the prenatal.

[...] Oh, I'll tell you, I had no idea about the role of the nurse! I'll say, it was surprising! They do such good work! I actually think it's better than that of the doctors. At least it was for me during prenatal. They have this more humane side you know, embracing, listening. They seem to embrace you and care for you like someone who really cares. They really care about you, they look you in the eye and understand you... I mean, it's not that the doctor wasn't good, but this embracing thing, that they listen, really listen, I at least felt that the nurse had this, you know (G8).

[...] Well, I think the nurse talks more, explains things more, she always asks about other things, how life is going. She asks about about how's life at home, with the husband, the job, if I'm fine, how I've been feeling. I think that's what makes a difference! She's on a more personal level, not so professional. The physician on the other hand is more pro-

professional from this perspective, you know? The physician does everything right, even asks if everything is fine, but doesn't investigate our lives that much (G11).

Regarding the sub-category "Satisfaction with the healthcare received", most (83%) mentioned to be satisfied with the care received. Only two women were not satisfied, as the lines below express:

[...] I mean, I liked it a lot! I was surprised, actually. I didn't know it would be so good! I only have good things to say about it! Wow! I'm super satisfied, there's nothing I didn't like, everything has been very good so far (G9).

[...] I think it was nice! The nurse is nice, but everything is very fast. I think it could be better. She just does what she has to do and that's it. It would need to improve a lot to be good you know! (G10).

Finally, the pregnant women were asked what they think could be improved in the prenatal healthcare. Many said that they did not have any suggestions for improvement, but made the following statements:

[...] Giving more time, more information, having more people you know? The service here is real bad, really very bad! I know people who did it in other places and it was much better (G6).

[...] Explain things a little better, more information on eating, breastfeeding, exams, everything, actually. There should be a pregnant women group, I don't know, there's so much things (G7).

[...] Having a group of pregnant women, because most women there end up not having access to many information, because it's not always that you can talk about everything in the consultation right? Apart from that there's nothing else, for me it was all ok (G11).

In summary, the suggestions of improvement included an increase in the length of prenatal consultations, the importance of groups of pregnant women in the units, more guidance on breastfeeding, eating habits during pregnancy, labor, and delivery.

■ DISCUSSION

Regarding preconception healthcare, only three gestations had been planned among those in this study,

and from them, only one mother sought preconception healthcare. According to the research Being Born in Brazil, conducted within the country between 2011 and 2012, most gestations were not planned, and 9.6% of the women stated to be unsatisfied with discovering they were pregnant, 2.3% even trying to interrupt their gestation⁽³⁾.

Another piece of information that called attention was the number of unplanned pregnancies due to the lack of preventive measures, such as condoms, which not only prevent unwanted pregnancies, but also protect against Sexually Transmitted Infections (STIs).

From the 12 women in this study, three started their prenatal in the second trimester (25%). The Brazilian Ministry of Health prescribes that the prenatal should start in the first trimester of pregnancy, and that at least six prenatal consultations should be performed. Concerning this data, only two women, both from Vila Aparecida, underwent five consultations, while the others, on average, underwent from seven to nine consultations.

According to the research Being Born in Brazil, 73.1% of women had six or more consultations during their prenatal⁽⁴⁾, a result that is not far from what was found by this study, in which only 17% of the women went to less than 6 consultations. However, it should be considered that the women in this study had not delivered yet, which meant that they were still undergoing prenatal consultations.

It is important for the prenatal follow-up to start as soon as possible, so that the recommended exams can be conducted and any abnormalities detected and treated early, avoiding any possible risk to mother and child. It is also essential for women to receive guidance and support regarding the changes undergone due to pregnancy, including adequate eating habits, daily and physical activity practice, the use of dangerous substances, risk signs and symptoms, discomfort relief, breastfeeding, pregnant women rights, guidance regarding the place where the birth will happen and the types of birth - especially the physiological type.

A distinctive result found in this study is that, according to the research Being Born in Brazil, 88.4% of pregnant women received assistance from the same professional, 75.6% of them being attended, especially, by physicians⁽³⁾. In this study, however, most women had more consultations with nurses than with physicians. In two cases, the women reported having had only one consultation with a physician. This may be related to the 100% coverage, in the city of Florianópolis, of Family Health Strategy, which offers more autonomy to the nurses. In addition, this could be related to the cases in which physicians are absent from the unit due to work leaves or vacations coupled with the lack of substitute workers, despite these types of absence

being rights of the worker. In these cases, the women still receive care, since the nurses are trained, and have both the autonomy and legal permission to offer them this type of healthcare, in addition to the existence of a healthcare protocol for prenatal consultations.

Although the research *Being Born in Brazil* shows that the prenatal is adequate from a quantitative standpoint, it also shows that the quality of prenatal care in Brazil is still lacking, especially regarding guidance to the pregnant women when it comes to breastfeeding and preparations for the physiological birth⁽³⁾, results also found in this research.

In this study, it was also made clear that some women manifested dissatisfaction with how fast the consultation was, with the lack of verbal guidance and the fact that the written guidance was not understandable. One of the responsibilities of the professional is that of always being available to offer guidance on the pregnancy-puerperium cycle as to empower women/couples to be the protagonists of the delivery/birth, in addition to clarifying doubts and answering questions and using effective communication methods. Also, it is necessary to use language that is adequate to each context and to the reality of the women, as to guarantee that all information is adequately understood.

The issue of the length of consultations and type of communication between professional and user, considering the aspects pointed out by this study, which emerged in the statements of the women, corroborate the current model of obstetric attention, which is still predominantly being applied in Brazil, i.e., the technocratic model, which also reverberates on the prenatal care and make it so pregnant women do not feel autonomous and empowered to be protagonists in the gestation, delivery and birth process, but submissive to the health professionals.

There are three models of obstetric attention in effect: technocratic, humanistic, and holistic. The technocratic model is the conventional obstetric attention. The humanistic model is related to the movement of humanization of delivery which has also been happening in Brazil since 2000, and proposes that women should be embraced with respect, in an evidence-based approach to healthcare⁽¹²⁾. The holistic model focuses more on a natural birth, outside the hospital environment. Robie Davis-Floyd has criticized the "technocratic model", due to its excessive technologization of life, that is, its unnecessary interventions, and has reported her experiences with midwife organizations in the United States and Mexico, which identify with what she calls "holistic model" of labor healthcare⁽¹³⁾.

Regarding the presence of a companion during prenatal consultations, most women mentioned that they go alone to the consultations, and mentioned as the greatest

obstacle the schedule of consultations and the distance from their workplace. The participation of the father in the prenatal is related to a greater involvement of fathers in the support to the pregnant women during labor, puerperium, and baby care, enhancing the connection between father and baby⁽¹⁴⁾. It stands out that the companion does not need to be the father, and can be any person chosen by the woman, around whom she feels safe and comfortable.

Regarding the maternity of reference, none of the women interviewed received guidance regarding the place where delivery would take place, neither did they receive guidance about visits to the maternity. The decision for the place of birth was theirs, as shown in the statements, and based on suggestions and preferences of friends and family, in addition to exclusion criteria regarding certain places, despite the fact that they did not have opportunities to get to know the service being offered, leading to doubts and anxiety. This shows that the integration of the network still has shortcomings, and that, despite the fact that taking the mothers to see the maternity of reference is a recommendation, it is still not a reality in the municipality, according to the results of this research.

The research *Being Born in Brazil* indicates that nearly 60% of pregnant women were guided on the maternity of reference for labor hospitalization, and among these, 84.5% had assisted birth in the maternity of reference. To deliver their child, 16.2% of women sought assistance in another maternity, and not the one in which their delivery took place. From these, 15% mentioned to have sought it in from two to 6 different health units to find a place where they could be admitted for labor⁽³⁾.

The connection of the mother to the maternity in which they will have their birth is regulated since 2007 by Law n. 11.634, from December 27, 2007, and the health team is responsible for seeing this procedure through, and for referring the pregnant woman to visit the maternity. This data also shows that the connection to maternity is still low, and that, often, despite its taking place, the search for healthcare is still long, which is frequently a result from lack of information in prenatal care.

Regarding participation in pregnant women groups, it was found that, unfortunately, participation in these groups still does not reach enough people, which apparently happens due to the same reason, the fact that Health Centers (primary care units) do not have these groups. In this research, only three women had access to a group of the kind which was offered in the Health Centers. In the other centers, the groups were not offered. It is known that, currently, there are groups of pregnant women in only six of the 50 Health Centers in the city.

Therefore, other possibilities must be considered so that women can go to these groups, such as grouping by strategic regions, as that makes it easier for a higher number of women to go to the groups, in addition to having more flexible timetables, since many women, as well as their partners, have jobs in which they need to be during the working hours of the Health Centers.

The lack of adherence to these groups may also be attributed to a higher valuing by the health professionals and the women themselves of objective issues, such as consultations and exams, targeted at the technocratic attention models, to the detriment of education activities, which are low-cost light technologies targeted at more technical and subjective issues. However, educational activities need to be valued, since they help to better guide women during their prenatal, so that they can have a positive experience and less chances of complications during puerperium, as well as a greater success in the care for the newborn and breastfeeding⁽¹⁵⁾.

With respect to the information received about breastfeeding, only 41% of the women mentioned having been guided about it, all of which were so in the group of pregnant women. According to the Being Born in Brazil research, more than 60% of the interviewees reported having received information on breastfeeding during the prenatal⁽³⁾.

Regarding labor, only three women had guidance about it, and once again, those were the ones who participated in the groups. According to data from the research Being Born in Brazil, only 41.1% received guidance about beneficial practices for labor⁽³⁾.

In this study, the nurses have stood out as the preferred professionals for prenatal consultations in the opinion of the pregnant women, since these women consider their care to be more humanized, which allowed them to understand and express the many different feelings experienced. Many have reported to consider this professional fully prepared for the job, often preferring to be attended by nurses than by other professionals, such as physicians. To them, the nurses, in general, explain and listen to them more, have more empathy, and perform all routine procedures of prenatal consultations, which makes them feel safe.

It was found that prenatal consultations have a good adherence and a high potential of establishing effective professional communication with pregnant women, but in many cases it was found that this space was not very well used by the professionals, leading the users to seek information through informal means, using internet, newspapers, magazines, and gathering information from family members, information that, oftentimes, is not adequate or correct.

To most pregnant women interviewed, what defines a quality prenatal, more than performing all prescribed pro-

cedures and offering information during them, is the attention offered, a humanized embrace, listening, considering the subjectivity of the woman, and offering support during the difficult moments that make this period satisfactory.

However, during this study, many aspects were pointed out by the participants about which they would like to receive more information and learn more, revealing that they had a conception about the quality of care that might have been incorrect, since their curiosities and needs were not being fully attended. That is, there is a contradiction between their reported need and desire of learning about many issues, and their satisfaction with the prenatal attention received. This study inferred that they associate the quality of assistance to the way they are treated, and to how they are embraced. Despite not receiving all information needed, most of them and most of their companions considered the care received to be satisfactory. That raises the questions of whether they were satisfied with the service, or whether they just did not know about the information that should be offered to them.

This investigation recognizes that, in isolation, the number of consultations performed does not define the quality of prenatal care. Additionally, it called attention to the fact that most participants in the study had at least six prenatal consultations and performed all required complementary exams, which did not guarantee that, up to the moment of data collection, they had full knowledge of certain important subjects during the gestational period.

■ CONCLUSION

Through this study, it was possible to understand the perception of pregnant women regarding the care they received during their prenatal, in the scope of primary care, identifying the elements that can promote or reduce maternal satisfaction with their prenatal. The prenatal care offered was, mostly, satisfactory to them. However, they associated the quality of assistance to the way in which they were treated, that is, to the way they were embraced, and not to the integral attention offered during the gestational period.

This study, realized in a capital known as a model for the country's primary health care, can subsidise actions that contribute to the permanent improvement of assistance planning, involving integral attention to the pregnant women, and perspectives of creating new proposals of work, involving the multidisciplinary team, managers, and health and teaching institutions, as to contribute to the formation of health professionals, as a research field.

A limitation of this study is the non-inclusion of the other Health Centers of the city in which the study was

conducted, since there is a total of 50 units. However, the focus of this study was not reaching all Health Centers, but including centers from all four sanitary districts in the city. That is why new studies are suggested that include other Health Centers and other participants, such as the professionals and the managers of these centers.

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