



LIMITS AND POSSIBILITIES OF NURSES IN PRENATAL WARNING: PRELIMINARY NOTE

LIMITES E POSSIBILIDADES DO ENFERMEIRO NA ATENÇÃO PRÉ-NATAL: NOTA PRÉVIA

LÍMITES Y POSIBILIDADES DEL ENFERMERO EN LA ATENCIÓN PRE-NATAL: NOTA PREVIA

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ABSTRACT

Objective: to know the limits and possibilities of nursing care practices in prenatal care. **Method:** field, descriptive, qualitative approach study. The study scenario will be primary health care services of a city in the State of Southwest Paraná. Study participants will be nurses involved in prenatal care. For the production of data, participant observation and semi-structured interview techniques will be used. The data analysis will be operative through proposal. The precepts in the National Health Council Resolution 466/2012 will be respected. The research project was approved by the Research Ethics Committee, CAAE 39437014.4.0000.5346. **Expected results:** to promote discussion on the theme, contributing to the construction of nursing care knowledge in attention to prenatal care. **Descriptors:** Women's Health; Pregnancy; Prenatal Care; Nursing.

RESUMO

Objetivo: conhecer os limites e as possibilidades das práticas de cuidado do enfermeiro na atenção pré-natal. **Método:** estudo de campo, descritivo, com abordagem qualitativa. O cenário do estudo será os serviços da Atenção Básica de Saúde de um município no Sudoeste do Estado do Paraná. Os participantes do estudo serão enfermeiros envolvidos na atenção pré-natal. Para a produção de dados, serão utilizadas as técnicas de observação participante e entrevista semiestruturada. A análise dos dados será por meio da proposta operativa. Serão respeitados os preceitos previstos na Resolução 466/2012 do Conselho Nacional de Saúde. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 39437014.4.0000.5346. **Resultados esperados:** promover a discussão acerca da temática, contribuindo para a construção do conhecimento do cuidado de enfermagem na atenção ao pré-natal. **Descritores:** Saúde da Mulher; Gravidez; Cuidado Pré-Natal; Enfermagem.

RESUMEN

Objetivo: conocer los límites y las posibilidades de las prácticas de cuidado del enfermero en la atención pre-natal. **Método:** estudio de campo, descriptivo, com enfoque cualitativo. El escenario del estudio serán los servicios de la Atención Básica de Salud de una ciudad en el Sudoeste del Estado de Paraná. Los participantes del estudio serán enfermeros envueltos en la atención pre-natal. Para la producción de datos, serán utilizadas las técnicas de observación participante y entrevista semi-estructurada. El análisis de los datos será por medio de la propuesta operativa. Serán respetados los preceptos previstos en la Resolución 466/2012 del Consejo Nacional de Salud. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 39437014.4.0000.5346. **Resultados esperados:** promover la discusión acerca de la temática, contribuyendo para la construcción del conocimiento del cuidado de enfermería en la atención al pre-natal. **Descritores:** Salud de la Mujer; Embarazo; Cuidado Pre-Natal; Enfermería.

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INTRODUCTION

Pregnancy is a complex and unique moment in women's lives, including several changes of physical, psychological, social and cultural character. Therefore, it is necessary that the prenatal care exceeds the biological dimension.¹ For the Ministry of Health (MS), the prenatal care involves a set of actions developed during follow-up of pregnancy in order to ensure a healthy pregnancy and birth. It includes actions of comprehensive care, health promotion and disease prevention, contemplating qualified hearing, with the humanization of care and the strengthening of bonds.²

Maternal mortality is a major public health issue affecting unequally the different Brazilian regions.³ Although all the recommendations, program and ministerial policies have contributed to the reduction of this indicator in Brazil, where it is possible to identify a significant decrease in maternal mortality in recent decades, in 1990, for example, the country had a mortality ratio of 140 deaths per 100,000 live births, and in 2007 was reduced to approximately half of it, reaching 75 deaths per 100,000 live births.² Although it expresses this significant reduction, it is still well short of the target set by the country, which is 35 deaths per 100,000 live births by 2015, showing the need for evaluation of the actions developed in the women's health care.⁴⁻⁵

According to MS, it is necessary for a qualified prenatal care that the basic health unit is the main pregnant woman's gateway to the health service, with care guided by integrity and articulated with other points of care, as a service diagnostic support, hospitals, among others. In this sense, it is also proposed to qualified hearing by the professional, hosting the pregnant woman, allowing her to express her anxieties and concerns, thus ensuring the continuity of care.²

For the assistance during pregnancy to occur effectively, it is necessary to recognize and intervene in situations of risk and ensure the attention in several levels of care, indicating that the qualification of prenatal care goes beyond technical aspects, since it also comprises the humanization of care and ensuring the pregnant woman rights.² This is also highlighted by the authors, to criticize the prenatal care model centered in the biomedical and technical character, and prevailing in most of the health services of our country, which results in fragmentation of the

individual and their knowledge, the lack of appreciation of the subjective and the emphasis on pathological depreciation to man, disqualifying this attention.⁶

In this model, relationships between professionals and patients have limitations in the communicative process, which compromise the understanding of women about their health status, and reduce their ability and possibility of autonomy in decision making. Therefore, to ensure health as a right, it is necessary to abolish the care model technicalities, promoting dialogue, socialization of knowledge and practices among professionals, patients and their families.⁷ In this perspective, the care is interconnected with the culture of individuals, which involves aspects built over generations, permeating the way they act and understand the world and living in a group. Thus, culture is seen as a process in motion constantly changing and imbued with meaning, which gives the continuation of a practice, and their recognition or not, between generations.⁷

Based on these concepts, it is understood that for a special attention in prenatal care, it is necessary also to reconcile the beliefs, customs and popular knowledge to scientific knowledge. By aggregating professional care to the popular, there is an appreciation of the experiences, feelings and patients' values beyond the physical aspects, giving meaning to their subjectivity.⁷ Thus, patients' needs are identified, involving beliefs, expectations, meanings, life forms, promoted practices and knowledge in their cre.⁸

Moreover, the evolution of Public Attention to Women's Health Policies in Brazil aims to a prenatal attention focused not only for biological and technical dimension, but also for the comprehensive care to women's health. Thus, the MS in 2012 elaborated the notebook of Prenatal Low Risk attention, in order to enable health professionals to develop a skilled, humanized and integral practice.²

Aware that the qualified prenatal care is a key element in reducing maternal mortality, and in line with the National Agenda of Priorities in Health Research, published by MS in 2008, which highlights the importance of studies related to pregnancy, childbirth and the postpartum period, the relevance of this study is justified.⁹ With these considerations, the question that will guide this research is: "How are care practices in prenatal care developed by primary care nurses in a city of the State of Parana, Brazil?"

OBJETIVO

- To know the limits and possibilities of nursing care practices in prenatal care.

MÉTODO

◆ Type of study

It is a field, descriptive study, with a qualitative approach. The field study focuses on a community in which the researcher performs most of the work to experience directly the situation studied.¹⁰ The descriptive study observes, records, analyzes and correlates events or phenomena without manipulating them. It seeks to discover, as accurately as possible, the frequency with which the phenomenon occurs, its relationship and connection with others, its nature and characteristics.¹¹ When resuming the purpose of this study, it is understood the consistency of choice by the qualitative method, which is used in studies of history, relationships, representations, beliefs, perceptions and opinions of the resulting interpretations that men make their own way of living, their buildings, their feelings and thoughts.¹²

◆ Study scenario

The study scenario will be the Primary Care (AB) of a city in the State of Southwest Paraná, composed of teams from the Family Health Strategy, which the nurse develops actions in prenatal care. The city has 11 basic health units, four units have implemented two teams totaling 15 Family Health Strategy teams.

◆ Participants of the study

Study participants will be nurses who work in the Abs of the city and develop actions in prenatal care. The acting in prenatal care may include different actions, such as reception of pregnant women, nursing visits, home visits, active search, individual and group educational activities and other care practices carried out in this attention context.

The number of participants in this study will be based on authors of guidelines, which indicate that the closure of the collection should occur when the data presented consistency to meet the goal of the study.¹³ However, initially, it is proposed that the number of participants be about of ten professional. An invitation for participation of nurses in these health facilities will be held, and their participation in the study by intentionality, starting with those with larger number of patients in follow-up.

The **inclusion** criteria of the participants are: nurses who develop actions in prenatal

care within the ABs in the city, and exclusion criteria are: professionals who are removed from service at the time of the research, for treatment of health problems, holidays or leave period -maternity.

◆ Data procedure and technic and data record

For data collection, the participant observation and semi-structured interview techniques will be used. Initially, participant observation will be carried out in a natural way, which is where the observer is inserted into the group to be investigated.¹⁰ This technique was chosen because it is considered that it will enable the researcher's personal experience of the event. For data record, the diary will be used. It is noteworthy that, first, a notepad will be used in which the records will be carried out discreetly so as not to embarrass the participants, and after, they will be transcribed for the diary.

After the observation, there will be semi-structured interviews with nurses to complement the data collection. The interview will consist of closed questions concerning the characterization of the group, and open questions, guided by the objective of this study. Interviews will be scheduled in advance, according to the availability of participants and within their own workplace. For the record the interviews, it is intended that these be recorded, with the permission of the participants, in order to ensure greater reliability of the speeches.¹²

◆ Data analysis

Data analysis will be done through thematic content analysis technique for the operative proposal, characterized by two operational phases: exploratory and interpretative phases.¹² In the **exploratory phase**, the fundamental determinations of data built will be treated, thus becoming a mapping general of the investigated data. At this time, there will be a search for understanding of the socio-historical context of the social group investigated.

The **interpretative phase** will be presented in two stages: data order, which will include transcription and re-reading of the material as well as the organization of reports and data observed in a certain order. The second step will be the **classification of data**, which will include knowledge construction and will consist of the following phases: **horizontal and thorough reading of the texts, cross-reading, final analysis and reporting.**

◆ Ethic considerations

This study shall respect ethical principles, in accordance with Resolution number 466/2012, of the National Council of Health, which regulates research involving the participation of human beings.¹⁴ The research project linked to the Federal University of Nursing Graduate Program in Santa Maria (UFSM), was approved by the Committee Research Ethics/UFSM on December 8, 2014, under number CAAE 39437014.4.0000.5346.

◆ Expected results

It is expected that the results of this study allow the discussion on the topic, contributing to the construction of nursing care knowledge in attention to prenatal care. It is hoped also that the knowledge produced in this study can strengthen the work of nurses in their care practices in the prenatal care and assist in the qualification of prenatal care and performance of consolidation in the nurse in this area of attention, allowing, thereby reducing maternal and child mortality indicators.

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