NURSING CARE IN PRENATAL AND PATIENT SAFETY: INTEGRATIVE REVIEW
CUIDADOS DE ENFERMAGEM NO PRÉ-NATAL E SEGURANÇA DO PACIENTE: REVISÃO INTEGRATIVA

INTegrative Review ArtiCLE

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ATENÇÃO DE ENFERMÉRIA EN PRENATAL Y SEGURIDAD PACIENTE DEL PACIENTE: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: to analyze the scientific publications on patient safety during nursing care in prenatal primary health care. Method: integrative review, to answer the question << What are the scientific research recommendations for patient safety during nursing care in the prenatal primary health care? >> The search for scientific production, was carried out between 2005 and 2014, in the databases MEDLINE, LILACS, IBECES and BDENF and virtual library Scielo, using the descriptors: Nursing Care and Prenatal Care. Results: after the analytical reading of the articles, two categories emerged: "Nurses' perceptions about prenatal care" and "Recommendations for nursing care during prenatal care". Conclusion: professionals need qualification so that they have knowledge and skills for a safe and quality care, with a humanized reception to the pregnant woman and her family and encouraging the participation of the father during prenatal care.

Descriptors: Primary Health Care; Patient Safety; Prenatal Care; Nursing Care.

RESUMO


RESUMEN

Objetivo: analizar las publicaciones científicas sobre la seguridad del paciente a lo largo del cuidado de enfermería en el periodo de atención primaria de salud. Método: revisión integrativa, con el fin de responder a la pregunta << Cuáles las recomendaciones de las investigaciones científicas para la seguridad del paciente durante la asistencia en atención primaria salud prenatal?>> se llevó a cabo la búsqueda de la literatura científica, entre 2005-2014, en las bases de datos MEDLINE, LILACS, IBECES y BDENF y biblioteca virtual Scielo, utilizando las palabras clave: cuidados de enfermería y prenatal. Resultados: después de lectura analítica de las obras, emergieron dos categorías: << Percepciones del enfermero sobre el cuidado prenatal >> y << Recomendaciones para la atención de enfermería durante el periodo prenatal >>. Conclusión: la necesidad de profesionales con conocimientos y habilidades para un cuidado seguro y de calidad, con acogida humanizada a la mujer embarazada y su familia y fomentar la participación del padre durante el cuidado prenatal.

Descriptors: Atención Primaria de la Salud; La Seguridad del Paciente; Atención Prenatal; Cuidados de Enfermería.
INTRODUCTION

Since Florence Nightingale, caring for the wounded in the Crimean War in 1854, the humanistic character of nursing care was shown, characterized by human dialogue, promoting physical, mental and social well-being for a healthy life, needing responsibility, ability, solidarity and knowledge on the part of the nurse. Nursing care permeates all levels of health care, but, it is in primary health care where nurses provide comprehensive care that permeates all phases of community life.

The main strategy of basic health care in Brazil is the Family Health Strategy (FHS) and, for Nursing, represents the possibility of reorienting its actions in command to the health needs of patients. With this, nurses have important autonomy within the Family Health Centers, seeking, in ethics, the values and principles for nursing practice, promoting commitment to health. Working from the perspective of health surveillance, managing and planning health actions, providing care within UHS principles, to promote the health of individuals, families and communities.

The work of nurses in basic care, in the care and management dimension, is aimed both at the individual, in the production of nursing care and in the management of therapeutic projects, as well as, in the collective in the monitoring of the health situation of the population, in the management of the nursing team and the health service for the production of care safety.

Among the existing programs in the ESF is the prenatal care, that should be the pregnant woman's preferred entry point into the health system, being the point of strategic attention to better meet their needs, including providing a longitudinal and continued follow-up, especially during pregnancy. It is up to the health team and the nurse professional to perform the pregnant woman's reception, with bond and trust building, accountability for integral care, vulnerability, assessment according to their social context, ensuring safe and quality care.

In the 1990s, the publication “To err is human: constructing a safer health system” generated great repercussions in stating that in the USA, 44,000 to 98,000 patients died annually from health care errors. Currently, it has gained special attention at the global level. According to the World Health Organization (WHO), damage occurs in tens of thousands of users in several countries, causing permanent side effects, prolonged hospitalization, disability, and increase hospital costs.

The adherence of good practices and the reduction of damages related to health care is fundamental to the patient's safety in care settings, and is an indispensable attribute for the effective quality of health care. Therefore, in order to ensure its progress, it is necessary to recognize the importance of the culture of patient safety in health care organizations.

Thus, in Brazil, the Ministry of Health created the National Patient Safety Program (NPSP), through Administrative Rule GS/GM No. 529, of April 1, 2013, with the general objective of collaborating for the qualification of health care in all national health services in the public and private spheres, according to the priority given to patient safety in health services in the political agenda of WHO member states and in the resolution adopted during the 57th World Health Assembly.

The importance and impact of safe and quality nursing care during prenatal care at FHS is highlighted, and evidence-based knowledge, is a well-founded opportunity to construct it and evidence scientific knowledge.

OBJECTIVE

- To analyze scientific publications on patient safety during nursing care in prenatal primary health care.

METHOD

Integrative review carried out by the following steps: selection of the research question; definition of inclusion and exclusion criteria; categorization of selected studies; critical analysis of results by identification of differences and conflicts; interpretation of results and synthesis of information.

In order to define the first stage of research, that is the identification of the theme and the choice of research question, the following guiding question emerged: What are the scientific research recommendations for patient safety during nursing care, in the prenatal primary care setting? Cheers?

Thus, in the second stage, inclusion criteria was used: articles of all languages and that were published in journals with Qualis Capes A1, A2, B1 and B2 evaluation for nursing, which are the ones that show the highest quality indicators. The time frame delimited was the years 2005 to 2015, in order to portray the current scientific production. We excluded articles that were not available in
their complete form, which presented doubly or did not fit the theme.

The bibliographical survey was carried out from October to December 2015, in the databases (Medical Literature Analysis and Retrieval System Online) (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Spanish Bibliographical Index of Sciences De la Salud (IB ECS) and the Nursing Database (BDENF) and the Scientific Electronic Library Online (SciELO).

The third step consisted in defining the information to be extracted from the selected studies. At this stage, the objective was to organize and summarize information in a concise manner, forming a database of easy access and management. The information of the studies related to the transversality of the themes: Nursing Care, prenatal Care and Primary health care included: name of the authors; year of publication, type and study sample; research interventions; results and the conclusion.

In the fourth stage, the evaluation of the studies included in the integrative review and critical analysis is performed, correlating them. Also in this stage, the search for evidence in the electronic databases was done through the PICO strategy, which represents an acronym for Patient / problem, Intervention, Comparison and Outcomes.10 The vocabularies of controlled descriptors were the Descriptors in Health Sciences (DeCS), used in the Virtual Health Library (VHL). Initially, DeCS = P - “prenatal”, I - “nursing care” and O - “patient safety” were used, but, because no studies were found that answered the question of research, we chose, to remove the descriptor O - “patient safety” and keep the other descriptors, which were inserted in the databases, according to the use of the PICO strategy, through the use of the Boolean operator AND.

The content analysis, was used through the interlocution of the authors of the studies, demonstrating the convergences, divergences and complementarities and the methodological coherence with consequent classification of the levels of scientific evidence.

The fifth stage, corresponds to the interpretation of the results, where a discussion of the main results that emerged through the critical evaluation, contextualization, comparison, highlighting the gaps and the implications of the analyzed articles were carried out.

The sixth and final stage, was the review and synthesis of the knowledge produced. In the search it was possible to identify 280 studies being described quantitatively and following the steps performed in the databases to obtain the studies of interest that composed the final sample. In each base and SciELO, a quantitative study was obtained: LILACS = 224, BDENF = 45, SciELO = 10, IBCS = 1, MEDLINE = 0. In the second moment, a first reading of the title, abstract and descriptors was carried out, seeking affinities with the theme, resulting in 134 articles. In the third moment, a second reading of the articles in full and search of the classification of Qualis Capes, thus, finalizing 16 articles.

After reading the titles and abstracts, the selected studies were analyzed using an already validated instrument Ursi11, evaluating data referring to the identification of the original article, methodological characteristics of the study, evaluation of methodological rigor, the interventions measured and the results found in articles to the journal, author, study and level of evidence12: 1 - systematic reviews or meta-analysis of relevant clinical trials; 2 - evidence of, at least, one well-delineated randomized controlled trial; 3 - well-delineated clinical trials without randomization; 4 - well-delineated cohort and case-control studies; 5 - systematic review of descriptive and qualitative studies; 6 - evidence derived from a single descriptive or qualitative study; 7 - opinion of authorities or committees of experts, including interpretations of information not based on research.13

Following the eligibility criteria, the final sample consisted of 16 articles that responded to the study objective, seven from LILACS, six from BDENF, two from SciELO and one from IBCS. Based on the analysis of the contents of the 16 articles selected by the inclusion criteria of this study, the following thematic categories were created to better understand the contents: nurses’ perceptions about prenatal care and recommendations for nursing care during prenatal care.

**RESULTS**

The articles were found in the SciELO databases (articles 1-2 = 12.50%), IBCS (article 3 = 6.25%), BDENF (articles 4-9 = 37.50%), LILACS articles 10-16) and with a classification in Qualis Capes of A1 (6.25%), A2 (25.00%), B1 (31.25%) and B2 (37.50%), as can be seen in figure 1:
Regarding the time frame of the studies, all articles were published in the last six years, highlighting the year 2012, with five (31.25%); followed by the years 2011, with three (18.75%) and 2009, 2010, 2013 and 2014, respectively with two (12.5%) of the findings each.

Regarding the levels of evidence, all studies were classified as level VI, where the evidence obtained is derived from a single descriptive or qualitative study, in which it can be seen that Nursing does not yet have scientific research that shows strong evidences related to care prenatal care and patient safety.

The prevalence of descriptive studies (87.5%), followed by the observational study (6.25%) and only one article was found in a quasi-experimental study (6, 25%), according to figure 2.

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Authors</th>
<th>Method</th>
<th>Level of Evidence</th>
<th>Year of Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>The dimensions of prenatal care in the nursing consultation.</td>
<td>Shimizu HE, Lima MG.</td>
<td>Qualitative method to understand the social representations of pregnant women about gestation and the perception of care received in the prenatal nursing consultation.</td>
<td>VI</td>
<td>2009</td>
</tr>
<tr>
<td>A2</td>
<td>Prenatal care for adolescents and the attributes of primary health care.</td>
<td>Bárbaro MC, Lettieri A, Nakano A M S.</td>
<td>A quantitative approach, carried out with health professionals, using the instrument Primary Care Assessment Tool-Brazil, to analyze the presence and extension of the attributes.</td>
<td>VI</td>
<td>2014</td>
</tr>
<tr>
<td>A3</td>
<td>HELLP syndrome: review study for nursing care.</td>
<td>De Oliveira RS, De Matos IC, Da Silva TBP, De Azevedo NM. Andrade M, Do Espirito Santo F H.</td>
<td>Narrative review of a qualitative approach that analyzes the HELLP syndrome as one of the main complications of arterial hypertension in pregnancy.</td>
<td>VI</td>
<td>2012</td>
</tr>
<tr>
<td>A4</td>
<td>Prenatal care in basic health care under the eyes of pregnant women and nurses.</td>
<td>Guerreiro EM, Rodrigues DP, Silveira MAM, Lucena NBF.</td>
<td>This is an exploratory and descriptive research, aimed at this study was to know the conceptions of pregnant women and nurses about prenatal care in basic health care.</td>
<td>VI</td>
<td>2012</td>
</tr>
<tr>
<td>A5</td>
<td>Perceptions and experiences of men regarding prenatal care and delivery of their partners.</td>
<td>Oliva TA, Nascimento ER, Do Espirito Santo FR.</td>
<td>This is a qualitative, exploratory-descriptive study with the objective of analyzing the participation of men in prenatal care and delivery of their partners.</td>
<td>VI</td>
<td>2010</td>
</tr>
<tr>
<td>A6</td>
<td>Prenatal care: experiences experienced by the father.</td>
<td>Figueiredo MGAV, Marques AC.</td>
<td>A descriptive-exploratory study aimed to identify the experiences experienced by the father when accompanying the prenatal consultation, knowing his socioeconomic profile.</td>
<td>VI</td>
<td>2011</td>
</tr>
<tr>
<td>A7</td>
<td>Adolescence: an analysis of the</td>
<td>Vargens OMC, Adão</td>
<td>This is a descriptive research, with a</td>
<td></td>
<td>2009</td>
</tr>
<tr>
<td>Article</td>
<td>Title</td>
<td>Authors</td>
<td>Type</td>
<td>Year</td>
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<tr>
<td>A8</td>
<td>Prenatal care: satisfactions and expectations.</td>
<td>Santos AL, Radovanovic C AT, Marcon SS.</td>
<td>Qualitative approach, based on the theoretical-methodological assumptions of Symbolic Interactionism and Grounded Theory, with the purpose of analyzing the decision of the adolescent through pregnancy, based on the meaning she attributed to the phenomenon. This was a qualitative study, which evaluated the satisfaction of pregnant women with prenatal care, identify the aspects they would like to be approached during the care, and the factors that could make it impossible to participate in meetings of pregnant women.</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>A9</td>
<td>Profile of pregnant women attended at the prenatal service of the basic health units of Fortaleza-CE.</td>
<td>Peixoto CR, Lima TM, Costa CC, Freitas LV, Oliveira AS, Damasceno AKC.</td>
<td>A descriptive, cross-sectional and quantitative study aimed at characterizing the pregnant women users of prenatal care at the Family Health Centers (CSFs) in the city of Fortaleza.</td>
<td>2012</td>
<td></td>
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<tr>
<td>A10</td>
<td>Perceptions of puerperae on the care provided by the prenatal health team.</td>
<td>Vieira SM, Bock LF, Zocche DA, Pessota CU.</td>
<td>This is a qualitative and descriptive research, aiming to identify how the puerperal users of a public health service in Porto Alegre perceive the assistance provided by the prenatal health team and what they think about the access, reception and the service received.</td>
<td>2011</td>
<td></td>
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<tr>
<td>A11</td>
<td>Comprehensiveness of care in the context of prenatal care.</td>
<td>Melo RM, Brito RS, Carvalho F PB, Júnior JMP, Barros SDOL.</td>
<td>A descriptive and exploratory research of a qualitative nature, aiming to identify the understanding of nurses about the integrality of health actions in prenatal care.</td>
<td>2011</td>
<td></td>
</tr>
<tr>
<td>A12</td>
<td>Pre-natal actions performed by nursing teams in primary care</td>
<td>Duarte SJH, Mamede MV.</td>
<td>This descriptive, exploratory, cross-sectional, quantitative study aimed at describing the actions performed by the nursing team in prenatal care in the city of Cuiabá, MT.</td>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>A13</td>
<td>Application of light technology in prenatal care: a focus on the perception of pregnant women.</td>
<td>Alves ACP, Figueiredo MFR, Sousa NPL, Oliveira CJ, Oliveira DR, Sousa WM.</td>
<td>Participant research, descriptive and quantitative, that identified the perceptions of pregnant women about the use of an educational technology to be used in prenatal care. This is an epidemiological, descriptive and retrospective study, that aimed to discuss the causes of reduced prenatal care,</td>
<td>2013</td>
<td></td>
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</table>
The analysis of the journals evidenced the presence of 12 (75%) national journals, and four (25%) international journals. Regarding the classification of the articles, according to Qualis Capes, the majority (three) of the journals were classified in Qualis B2 (35.30%), showing a good quality of the selected intellectual productions, as evidenced in figure 3.

Complements the studies that deal with the use of groups of pregnant women in prenatal care.

The articles studied showed a follow up of the theme, since there were no divergences between the publications. The convergences are found among them, since they follow the same theme. Complementarity is also found among the studies, mainly regarding the reception, dialogue and integralty during prenatal care. Thus, it is important to note that the complementarity present in the studies is characterized as a theoretical and practical basis for structuring and rationalizing the health systems and services that are safer and of better quality.
**Summary of Results**

A1. It has been shown that interventions must be developed based on the needs and knowledge of women, and that the nursing consultation covers the psychosocial dimensions of care for pregnant women and newborns.

A2. It was observed, that the expansion of the coverage of the family health units and the professional qualification can be strategies to qualify the attention to the health.

A3. In the results, the nurse should be aware of the appearance of clinical manifestations related to preeclampsia, in order to intervene, in order to reduce complications and associated mortality.

A4. It was evidenced that listening is an excellent resource to identify the needs of pregnant women and, therefore, provide them with relevant information and care.

A5. The need for male participation was noted to support women's health issues, recognizing and including them as subjects of basic human needs.

A6. It was analyzed that the participation of the man in prenatal consultations minimizes the insecurity and anxiety arising from doubts and expectations.

A7. It was observed that nurses should reconsider the pre-judgment that pregnancy in adolescence is always a problem for those who experience it.

A8. The importance of offering clear and appropriate information to each situation, being open to listening to doubts, fears and longings.

A9. The individual and collective actions should be directed and specific according to the profile of the pregnant woman, helping in the development of a healthy gestation.

A10. The health team should provide clear, secure information and care for the woman in a comprehensive and welcoming way, engaging her in the service.

A11. The nurse must develop practices that respect the dialog between subjects, the dignity of pregnant women and the guarantee of their rights as citizens and users of the health system.

A12. It was evidenced the need to create and implement a prenatal care protocol that could guide the nursing consultation.

A13. Demonstrates the suitability of light technologies, especially educational games, to be worked on with pregnant women.

A14. It recommends the nurses' partnership with the women and their families during the pregnancy cycle, in order to facilitate the performance of nursing during the gestational period.

A15. It recommends the creation and maintenance of groups, among other collective activities for the sharing of knowledge and interaction among users.

A16. It was observed the need for investments in training for health professionals who perform prenatal care, both at undergraduate and continuing education level for those already trained.

**DISCUSSION**

It can be verified that, in the analyzed works that the number of articles related to the subject of patient safety in prenatal care is scarce and that the subject is still little discussed by nursing.

Patient safety has gained widespread public attention in the last 20 years. However, most surveys are targeted and performed especially in the hospital sector. Gradually, patient care has been focused on safety campaigns in inpatient care. Thus, they become indispensable to the articulation between the recommendations of the scientific evidences that focus prenatal and clinical practice, for the safety of the binomial mother and child, during the prenatal nursing.

The publications have shown that, in addition to the difficulties experienced by nurses, they face structural limitations, such as: inadequate physical structure of services, difficulties in performing and receiving examinations and results, respectively. Thus, in order to provide the pregnant woman with quality of care and to ensure the safety of the woman and the child, structural and procedural subsidies are necessary to provide nurses with the conditions to provide care.

It is a fact that, when it comes to factors that interfere with the quality of prenatal care, many can only be solved in a broader sphere and do not depend only on the
behavior of the professional, but on the articulation of managers and health workers. Safe care derives both from the correct actions of health professionals and from appropriate processes, and systems in institutions and services, as well as from regulatory governmental policies, establishing a coordinated and permanent effort. The concern with safety is already implicit in the Brazilian model of health care, which is based on the defense of life.15

The studies revealed, that for prenatal quality care, there is a need for a change from the professionals and the system. Actions and practices should be implemented in prenatal care, from health education to the creation of protocols. The use of protocols, determining behaviors and procedures offers the nurse a greater organization of the assistance and orientation of its functions so that the assistance is standardized and can happen in a safe and quality way.

Thus, engaging in protocol-based activities is a complex issue and involves many organizational, social, and behavioral factors. Most health professionals may not be familiar with the standards advocated for quality and multi-causal care practice, including lack of knowledge and lack of clarity about what is recommended.16

Patient safety and quality of care is a broad subject, in which nursing care must be focused on promoting quality of care and patient safety, requiring a multidisciplinary approach, permeated by a political commitment to promote the practice of nursing as a central strategy to achieve transformations and better outcomes in any area of health care.7

Healthcare professionals who provide care to the patient, including nurses, are important elements in the process of avoiding mistakes, preventing poor decisions, alluding to care, and also taking a leadership role in advancing and using strategies to generate safety and quality of care. It is indispensable to rethink the practice, and to know that it is possible to reduce complications for the patient.17

Thus, safe and quality prenatal care requires a set of actions and practices developed by the effort of all involved in the process, so that women can be satisfied through effective, safe and quality care.18 Nursing has been contributing to the reduction of errors related to health care in pregnant women and newborns, however, alternatives are still needed for the constant improvement of this care.

Prenatal care, according to the norms of the Ministry of Health and as proposed in the Basic Care Booklet,18 can avoid important negative outcomes during prenatal, labor, delivery and puerperal periods, thus, generating, safety to the binomial mother and child, by reducing the probability of occurrence of the error.

It is worth mentioning that the error should be considered as something that can bring learning and improvement in the quality of care, and for this, there is a need to institute a patient safety culture.19

As a way to minimize errors in health care, educational practices are of great relevance and the nurse professional has become essential in promoting such activities. Health education is part of the daily routine of the nurse, especially, when the subject is prenatal. For this reason, he must understand the importance of humanizing and qualifying the attention offered to pregnant women to ensure better adherence and early onset of prenatal care.20

A different way to address important issues and demystification of beliefs and myths is the insertion of educational games during health education in groups of pregnant women, and they can work on topics of great relevance in a relaxed way.

The games, as educational technology, are a favorable strategy for groups of pregnant women and emerges as an innovative method that allows an active participation through the exchange of information between professionals and pregnant women, in a dynamic and interactive way. As a result, it provides bonding, as well as the understanding by pregnant women of changes in pregnancy, self-care and the baby, and the rights of women throughout the process.21

Prenatal care consists of behaviors, care, and procedures that benefit the life of the pregnant woman and the child, in which care is provided from conception to birth, preventing complications during pregnancy and childbirth, ensuring the mother's health and healthy development of the fetus, thus avoiding harm.20 For a safe and quality prenatal care, it is necessary besides the nursing consultation, the formation of groups with dialogical moments, exchange of information and experiences among the pregnant women, thus providing a space to express their doubts and find ways to solve them.

Health workers need to seek the affinity between the health team and its patients, approaching as close as possible to a
humanized, safe and quality practice, bringing to the pregnant woman an assistance that corresponds to her expectations and needs. 

When it comes to prenatal health education, it is of great importance that professionals use all the opportunities and consider that the moment of the consultation is a space for educational actions, since, in individual care, the link can be increased and prioritized the needs of each user. However, health education carried out during consultations only leaves women with the opportunity to participate in educational groups, to share their fears and anxieties, and to clarify the doubts common to other mothers. This restricts, collective learning, the rich exchange of experiences and knowledge among women.

Another aspect analyzed in the articles and that deserves to be highlighted and should be considered for patient safety during prenatal care in primary care is communication between the nurse and patient.

During the prenatal nursing visit, nurse-pregnancy communication relations are established, in which the reception and listening must be carried out, helping the pregnant woman to face this stage of life with greater tranquility, since it allows her to understand and express the various feelings experienced.

For a production of quality care in prenatal care the reception is indispensable. The health team should receive the pregnant woman in a humanized way. In this context, nursing plays an important role in the humanization of care, through a systematic, individual and contextualized care so that an effective communication between nurses and pregnant women takes place.

The health team should be vigilant to all events and doubts of the pregnant woman, reducing their suffering through guidance and help. So, the nurse needs knowledge and sensitivity to identify, understanding and follow the physiological and emotional process that permeates gestation. Or: humanizing care is indispensable for the construction of safe and quality care.

Understanding the importance of comprehensive care, the need for family support to the effectiveness of health guidelines, and actions, it is worth highlighting in this process the participation of the father during prenatal care. The assistance performed by the nursing team in the inclusion of the father during childbirth is one of the basic principles of humanization. The father must be prepared to provide the necessary support during the parturition, according to what has been taught to him during all gestation by the nursing, sharing with the woman the afflictions and fears that are common in this period, bringing benefits to the woman as positive feelings of security and joy in sharing this moment with the man.

It is incumbent upon Nursing to perform its function, following the recommendations necessary to host the pregnant woman, and, to effectively practice prenatal care and ensure the quality and safety of the mother and child.

**CONCLUSION**

With the analysis of the scientific production, it can be affirmed that although the thematic safety of the patient in the nursing care during prenatal care is a subject of great relevance for the health of the woman and the fetus, little is discussed, presenting scarce scientific productions, making it difficult to reach the subject with health professionals and pregnant women.

The quality and safety of prenatal care are directly related to the health professional's behavior towards the pregnant woman, and she needs to be aware of her duties and obligations to ensure the safety of the woman and the concept throughout pregnancy, labor, childbirth and puerperium.

The main recommendations for the safety of pregnant women during prenatal care in primary health care, found in scientific production, are related to the qualification of professionals so that they have the knowledge and skills to meet the demands during the care of the woman and the family, use of educational technologies in a group of pregnant women, following the requirements of the Ministry of Health to ensure a quality and safe care, welcoming the pregnant woman and her family in a humanized way. Another recommendation, of great importance, is the encouragement of the father's participation during the prenatal care, protecting the man from the transformations that are involved in the gestation process, contributing to obtain information and reduce the insecurity of the couple.

The study in question showed the need for new research on the subject, with the purpose of researching and publishing the concerns and showing new forms of qualified care, ensuring the patient during nursing care.

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