Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

INTEGRATIVE REVIEW ARTICLE

ACCESS TO PRENATAL CARE WITHIN THE PRIMARY CARE: AN INTEGRATIVE REVIEW

O ACESSO AO PRÉ-NATAL NO ÂMBITO DA ATENÇÃO BÁSICA: REVISÃO INTEGRATIVA

EL ACCESO A LA ATENCIÓN PRENATAL DENTRO DE LA ATENCIÓN PRIMARIA: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the scientific evidence about the factors that approach and distance pregnant women from the access to prenatal care within the primary care. ***Method:*** an integrative review in order to answer the main question: which aspects approach and move away from the policies and programs aimed at access to prenatal care within the primary care? The research was performed at the databases Lilacs, Medline and SciELO electronic library. ***Results:*** the factors that bring pregnant women to prenatal include adequate physical structure, easy scheduling, geographical distance and the quality of prenatal care. The factors that separate access to prenatal were delayed uptake of pregnant women, multiparity, low education, low income and pregnant adolescents. ***Conclusion:*** the qualified prenatal care presents a challenge for health professionals. ***Descriptors:*** Women's Health; Prenatal Care; Primary Health Care.

RESUMO

Objetivo*:** analisar as evidências científicas acerca dos fatores que aproximam e distanciam a gestante do acesso à atenção pré-natal no âmbito da atenção básica. ***Método: revisão integrativa, visando responder a questão norteadora: quais os aspectos que se aproximam e que se distanciam das políticas e programas nacionais, que visam o acesso à atenção pré-natal, no âmbito da atenção básica? Buscou-se na base de dados Lilacs, Medline e na biblioteca eletrônica SciELO. ***Resultados***: fatores que aproximam a gestante ao pré-natal incluem a estrutura física adequada, fácil acesso do agendamento, a distância geográfica e a qualidade de atenção pré-natal e os fatores que distanciam o acesso ao pré-natal apontaram a captação tardia das gestantes, multiparidade, baixa escolaridade, baixa renda e gestantes adolescentes. ***Conclusão***: a atenção pré-natal qualificada apresenta-se como um desafio para os profissionais de saúde. ***Descritores***: Saúde da Mulher; Cuidado Pré-Natal; Atenção Primária à Saúde.

RESUMEN

Objetivo: analizar la evidencia científica acerca de los factores que aproximan y distancian las mujeres embarazadas al acceso a la atención prenatal dentro de la atención primaria. ***Método:*** una revisión integradora con el fin de responder a la pregunta principal: ¿qué aspectos se acercan y se distancian de las políticas y programas destinados a acceso a la atención prenatal dentro de la atención primaria? Se buscó en las bases de datos Lilacs, Medline, y en la biblioteca electrónica SciELO. ***Resultados:*** los factores que aproximan las mujeres embarazadas a la atención prenatal incluyen la estructura física adecuada, fácil programación, la distancia geográfica y la calidad de la atención prenatal. Los factores que distancian el acceso a la atención prenatal fueron la captación tardía de las mujeres embarazadas, la multiparidad, bajo nivel de educación, los bajos ingresos y adolescentes embarazadas. ***Conclusión:*** la atención prenatal calificada se presenta un reto para los profesionales de la salud. ***Descriptores***: Salud de La Mujer; Atención Prenatal; Atención Primaria de Salud.

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INTRODUCTION

Pregnancy is a period marked by changes influenced by cultural, historical, social and economic context involving the woman. Thus, the prenatal care challenges health professionals to understand these singularities, providing care that addresses their needs, directing humanized care and integral to pregnant women and their families.[1]

Prenatal care includes actions aimed at ensuring the development of pregnancy and healthy birth. Therefore, it is up to health professionals to develop comprehensive care actions and health promotion in order to prevent injuries and provide a qualified hearing and humanized care, covering the users' needs and favoring the bond construction.[2]

Therefore, access to prenatal care is essential for a qualified attention, being one of the main birth prognostic indicators. In this context, the Basic Health Unit (BHU) plays a key role, as it is the preferential access entry of pregnant women to health services, besides serving as a strategic point of attention and receiving the user in their needs, enabling the ongoing care.[2] However, the health care needs to involve more than just the mother's reception in health services and must include the receptiveness based on humanized care practices.

In this direction, the Ministry of Health also strengthens that the actions of the primary care team need to start even before the mother access the UBS. The team must know, in the female population at childbearing age, those who demonstrate the desire to become pregnant, and involve them in their reproductive planning actions, encouraging the participation of sexual partners in health care, strengthening the bond between the woman and the health team, and allowing preconception counseling, early detection of pregnancy and timely initiation of prenatal care.[2]

In Brazil, there is significant reduction in maternal mortality indicators. In 1990, the country had a mortality ratio of 140 deaths per 100,000 live births, while, in 2007, this ratio decreased to 75 deaths per 100,000 live births.[2]

These values reflect the evolution of attention public policies to women's health, which have as starting point the Integral Assistance Program for Women's Health (PAISM – *Programa de Assistência Integral à Saúde da Mulher* in Portuguese) in 1983, and, more specifically directed to assist the gestational period, the Prenatal and Birth Humanization Program (PHPN – *Programa de Humanização do Pré-natal e Nascimento* in Portuguese). The last one, introduced in 2000, represented an unprecedented initiative in the Brazilian public health, when proposing a minimum protocol of actions to be performed on prenatal care, throughout the national territory.[3]

In 2011, the Stork Network appeared in order to consolidate the PHPN. Its proposal was to reorganize the care model to the health of women and children, in order to structure the Care Network of Maternal and Child Health and ensure access, receptiveness, solving and reduction of maternal and infant mortality ratios, focused on neonatal component. From its implementation, the country estimated covering 100% of pregnant women by the end of 2014.[4] Nevertheless, for the adhesion to occur, it is necessary that the health professional is prepared to act in this service and provide care, humanization and empathy. It is imperative to consider the socio-cultural aspects that permeate the life context of each user and her family, to be attentive to individual needs and to provide a comfortable environment for these individuals.

Thereby, and considering prenatal an essential step for a healthy pregnancy, as it enables an opportune space to clarify the doubts of pregnant women and their families, as well as exchange of experiences and demystifying fears and longings, this study is justified by the possibility of promoting discussion and reflection on access to prenatal care within primary care, a key issue for the pre-qualification assistance.

OBJECTIVE

- To analyze the scientific evidence about the factors that approach and distance pregnant women from access to prenatal care within the primary care.

METHOD

This is an integrative review, which followed the six stages: 1) topic selection and preparation of the research guiding question; 2) definition of the inclusion and exclusion criteria of studies; 3) definition of the databases and search in the scientific production; 4) analysis and categorization of the studies; 5) discussion of the data; 6) finally, the presentation of the review synthesis.[5]

The development of this study based on the following research question: which aspects approach and move away from the policies

and programs aimed at access to prenatal care within the primary care?

The search took place between April and June 2015. It was developed in the database Latin American and Caribbean Health Sciences (LILACS), with the theme descriptors "prenatal care" and "primary health care", the electronic database Public Medline (PubMed) using the MeSH terms "prenatal care" and "primary health care" and the Scientific Electronic Library Online (SciELO) with the keyword "prenatal".

While selecting publications, the inclusion criteria were: primary research articles; in Portuguese, English or Spanish; complete publication; with levels of evidence from 1 to 6.6. The exclusion criteria were: theses, dissertations, monographs, articles that did not answer the research question, without abstracts or unavailable. The period chosen for the study was the year of 2000, with a view to the PHPN implementation, important milestone in the access to care for maternal and child health.

In the initial search, 153 studies were found, 90 in LILACS, eight in PubMed/MEDLINE and 55 in SciELO. The selection of the publications occurred after reading the titles and abstracts, considering the inclusion and exclusion criteria. Therefore, 86 did not answer the research question, 24 did not have the abstract in the database, 13 were unavailable, seven were repeated, two were experience reports and six were theses. In total, there was inclusion and analysis of 15 articles. Of these, some were incomplete in the databases, but found through a thorough search in the electronic media.

After this selection, there was a filling out of an instrument containing the database in which the publication was, its reference, objective, methodology, results and final considerations, organized considering the research question. The objective of this instrument is to allow organizing and analyzing data.

Scientific productions were further classified according to levels of evidence.[6] It is noteworthy that the ethical aspects of this review were preserved, since the authors of the publications were properly referenced as the Copyright Law No. 9.610/98.

RESULTS

After exhaustive reading of the selected studies, there was an elaboration of a summary table containing the identification of the article represented by the letter A (Article) followed by cardinal number, title, author, method, year of publication and level of evidence (**Figure 1**).

Identification	Title	Authors	Method	Year of Publication	Level of Evidence
A1	Evaluation of antenatal care in selected Family Health Centers in a Midwest Brazilian municipality, 2008-2009.	Handell IBS, Cruz MM, Santos MA.	Normative evaluation, with a study of descriptive case as research strategy.	2014	VI
A2	Evaluation of pre-natal care from the perspective of different models in primary care.	Oliveira RLA, Fonseca CRB, Carvalhaes MABL, Parada CMGL.	The data was obtained from interviews with managers, observation in the health centers, and analysis of patient records of pregnant women, selected at random	2013	VI
A3	Reasons that take pregnant women to make prenatal: a social representation's study.	Duarte SJH.	Qualitative research, using the collective subject discourse to organize and analyze the discourses and Social Representation Theory as a theoretical framework	2012	VI
A4	Prenatal care in public and private health services: a population-based survey in Rio Grande, Rio Grande do Sul State, Brazil.	Cesar JA, Sutil AT, Santos GB, Cunha CF, Mendoza-Sassi RA.	The collection of information occurred through a pre-encoded single questionnaire, containing a high number of closed questions, and applied to mothers up to 24 hours after childbirth.	2012	VI
A5	Differences in prenatal care between health	Mendoza-Sassi RA, Cesar JA,	A cross-sectional study was performed with all	2011	VI

	services under the Family Health Strategy and traditional primary care clinics in Rio Grande, Rio Grande do Sul State, Brazil.	Teixeira TP, Ravache C, Araújo GD, Silva TC.	women who gave birth from January 1st to December 31st, 2007, and who received prenatal care in the municipal health system		
A6	Prenatal care access in Primary Health Care according to pregnant women.	Figueiredo PP, Rossoni E.	Collection of data through semi-structured interview.	2008	VI
A7	Prenatal care in the primary level of healthcare: provider characteristics which influence users' satisfaction.	Bronfman-Pertzovsky MN, López-Moreno S, Magis-Rodríguez C, Moreno-Altamirano A, Rutstein S.	By applying a cross-sectional study, in 2000, 217 care-provider user pairs, interviewed in 95 porimary care units in eight Mexican states were analyzed.	2003	VI
A8	Perception of prenatal care among clients of the Brazilian National Health System (SUS): a comparative study.	Ribeiro JM, Costa NR, Pinto LFS, Silva PLB.	A comparative cross-sectional study among public prenatal care users in conventional outpatient health services and family health services	2004	VI
A9	Criteria for choosing primary health care facilities for prenatal care, Brazil.	Santos IS, Baroni RC, Minotto I, Klumb AG.	A cross-sectional study, conducted at four maternity hospitals in Pelotas, in Southern Brazil	2000	VI
A10	Prenatal Care Profile among Public Health Service ("Sistema Único de Saúde") users from Caxias do Sul.	Trevisan MR, Natacha DRSL, Araújo M, Ésber K.	Cross-sectional cohort study.	2002	IV
A11	Quality and equity in antenatal care and during delivery in Criciúma, Santa Catarina, in Southern Brazil	Neumann NA, Tanaka OY, Victora CG, Cesar JA.	It uses a cross-sectional design with a strong retrospective component.	2003	VI
A12	The meaning of prenatal care for pregnant women: an experience in the city of Campo Grande, Brazil	Duarte SJH, Andrade SMO.	Qualitative study.	2008	VI
A13	Women's Perception About Pre-Conception Attention in a Basic Health Unit	Lander-dahl MC, Ressel LB, Martins FB, Cabral FB, Gonçalves MO.	Qualitative study.	2007	VI
A14	Prenatal care for adolescents and the attributes of primary health care.	Barbaro MC, Lettiere A, Nakano AM.	Quantitative study.	2014	VI
A15	Prenatal care at the primary health care level: an assessment of the structure and process	Silveira DS, Santos IS, Costa JS.	Cross-sectional descriptive study.	2001	VI

Figure 1. Identification of the article, title, author, method, level of evidence and year of publication.

As for the characterization of the 15 analyzed articles, regarding the area of knowledge, there was prevalence of the field of medicine, with eight studies, followed by Nursing, with five, Nutrition and Public Health, with one. As for the year of publication, the years 2014, 2012, 2008 and 2003 had, each one, two productions, followed by 2000, 2001, 2002, 2004, 2007, 2011 and 2013, with one publication each. According to the classification of the level of evidence, 14 studies showed level of evidence of six and one study, with level of evidence of four.[6]

As for the participants, nine studies were developed with pregnant women, two with

mothers. Among the others, one was developed with mothers who had just gave birth, one, with health service managers, one, with users of the health service and one, with professionals who perform prenatal. Among the scientific journal, the Public Health Notebooks prevailed, with four studies, the Latin American Journal of Nursing had two studies, the Journal of Obstetrics and Gynecology, Epidemiology and Health Services, Ciencia y Enfermeria, Nursing Journal of Rio Grande do Sul, Public Health of Mexico, Journal of Epidemiology, Health and Society, Journal of Public health and Anna Nery School Journal of Nursing had, each one, one study.

DISCUSSION

By analyzing the studies, it was possible to group them into two themes: "Factors that bring pregnant women closer to prenatal care access" and "Factors that distance pregnant women from access to prenatal care".

♦ Factors that bring pregnant women closer to prenatal care access

Through the analysis of the included studies, there was identification of eight factors that contribute to the pregnant woman's access to prenatal care. These factors are in line with national policies and programs related to prenatal care, within the attention, and involve the appropriate physical structure, the geographical distance between the user's residence and the health service, the quality of prenatal care, periodic training of health professionals, effective communication between the health professional, the pregnant woman and her family, establishing the bond, the expanded health professional vision on the gestational process, and providing guidance and clarifying questions of pregnant women and their families.

Initially, it is noteworthy the importance of effective implementation of actions foreseen in PHPN. The assistance development in accordance with these assumptions, besides ensuring women's access to health services, enables a qualified prenatal care.[7]

The identified first factor relates to the appropriate physical structure. The provision of clean rooms and easy to access, in which pregnant women can feel comfortable and welcomed, is an essential aspect of adherence to prenatal consultations.[8] Therefore, prenatal care quality needs to contemplate physical resources, materials , human and financial resources to meet all pregnant women's needs.

In this perspective, considering the importance of early prenatal care, as well as its continuity, so that the outcome of pregnancy is favorable, for both the mother as the baby, the service location must allow easy access to scheduling consultations. Thus, the attention is not delayed as to adversely affect the identification and management of potential problems that may incur damage to the health of mother and child.[8]

In this perspective, the geographical distance between the user's residence and the health service is an element that interferes with her decision in undergoing the prenatal care in health unit.[9] This element meets the ministerial proposal[2], which provides that BHU is the preferred port of entry of pregnant women to health services. It also defines that BHU needs to represent the strategic point of attention, which enables the receptiveness of pregnant women, meets their needs and provides the longitudinal and continuous monitoring.

The quality of prenatal care also stood out as a contributing factor to the mother's adherence to that process.[10] Therefore, there is need for periodic training of professionals, allowing their qualification to receive and resolve the pregnant woman's doubts, lessening her anxiety and insecurity.[8]

In addition to ongoing training of health professionals, prenatal care also requires a welcoming attitude, with active listening of pregnant women[11], planning, implementing and continuously evaluating the offered prenatal care.[12] The receptiveness provides a safe and comfortable environment for pregnant women. Still, among its contributions, there is the construction of the bond between the mother and the health team. Such relationship allows a secure and decisive prenatal care for the user.[11]

Moreover, health professionals, when performing the prenatal care, need to recognize and value the pregnancy as a time of great physical and emotional changes. Thus, health professionals need to broaden perspectives on the gestational process, seeing it not only as a period of intense biological changes, but also as a phase in which various psychological, social and cultural aspects are intertwined, being able to interfere with experience of pregnancy and their adherence to prenatal care.

Since pregnancy is a social and unique experience for the woman, it is a special and temporary period with many changes, which can bring anxiety, doubt and insecurity to the woman and her family. In this regard, prenatal care is very important because it

aims to monitor the pregnancy and identify risks to maternal and fetal health, interfering when necessary, and providing greater safety for pregnant women and their families.[13]

Thus, besides providing all necessary care to maternal and child health, health professionals also need to guide and answer questions of pregnant women and their families, through attentive listening and open dialogue.[2] Thus, the prenatal care a teachable moment in which the woman has a real opportunity to meet and develop her necessary care, autonomously and consciously.[14-15]

Therefore, a well-performed, humanized and qualified service enables, in addition to clinical care and prevention of possible complications, the respect and appreciation of cultural, social, psychological, spiritual and economic conditions of each user.[16] In this direction, by providing attentive listening, the open dialogue, appreciation and interaction of each user[17], prenatal care offered by the Family Health Strategy, one of the modalities of the public sector, so of the Unified Health System, offer several best coverage indicators than other services, such as private one.[18-21]

♦ Factors that distance pregnant women from access to prenatal care

In Brazil, prenatal care almost achieved universal coverage; however, there are still significant inequalities related to access to prenatal care. Among these, there are barriers that interfere with early initiation of prenatal care and quality of care, factors that could reverse the adverse perinatal indicators, which persist in the country.[22]

In the analysis of the selected studies, among the factors that separate the mother's access to prenatal care, seven factors detached, three of which relate to health institutions and four, to their own users. Among the highlighted factors, there was the late catchment of the pregnant woman, the delay in the scheduling of consultations and inadequate infrastructure, multiparity and understanding that they did not require prenatal care, the incidence of teenage pregnancy, low educational attainment and insufficient financial resources.

Although prenatal care in the basic network has considerably advanced in terms of quality, in some cases, there is still the late catchment of pregnant women[8,13], which can compromise maternal and child health.[23] Besides late catchment, the delay to schedule the consultation and inadequate facilities in health services configured on aspects that hinder the access of pregnant women to undergo prenatal care.[9,24] The lack of information by the pregnant woman about the routine health service or, more frequently, the lack of receptiveness by some staff member are the most common reasons for the delay in the service.[25]

Regarding the factors that interfere with access to prenatal care and are associated with the user, it was observed that the greater the number of previous pregnancies, the worse was the prenatal monitoring.[26] In some situations, the experience of previous pregnancies may allow the woman to feel self-sufficient to deal with future pregnancies and, therefore, does not recognize the importance of prenatal consultations. In this sense, multi-pregnant women who did not have any problem in the previous pregnancy tend to feel safer in the experience of the new pregnancy, not undergoing prenatal care.[27]

Moreover, the pregnant women's low level of education and low-income also negatively influence on the access to prenatal care. These aspects lead to the lack of adherence to prenatal care, late follow-up or even a service with lower technical quality.[24,26,28]

The teenage pregnancy was also a factor that hinders access to prenatal care.[29] The adolescents often have no favorable family structure during pregnancy, which may contribute to the lack of knowledge about the importance of undergoing prenatal care.[30] Therefore, pregnancy in adolescents is directly related to low adherence to prenatal care and may cause increased risk of premature birth and infant low birth weight, and may also increase the need for psychosocial support subsequent to the stress of pregnancy in this stage of life.[30]

CONCLUSION

This review allowed analyzing the scientific evidence about the pregnant women's access to prenatal care within primary care, identifying factors that approach and move away from what national policies and programs recommend. Some articles have revealed the need to rethink strategies and behaviors for the early identification of pregnant women, while others showed contributing factors and facilitators that need to be preserved.

A qualified prenatal care, recognized as a public health policy, still represents a challenge for health professionals. The commitment to the pregnant woman's adherence and qualification of provided care must be constant, as well as improving the available infrastructure for performing prenatal care. The ethical behavior, effective communication, respect and sensitivity are

essential for targeting health actions. Training strategies and professional development, as well as complementing the training of health professionals may be suggestions for further research.

This study intends to contribute to further researches on access to prenatal care that enable building new knowledge and strengthening more and more the care and practices for women's health.

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Submission: 2015/11/17
Accepted: 2016/07/22
Publishing: 2016/09/01

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