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INTEGRATIVE REVIEW ARTICLE

HUMANIZATION STRATEGIES FOR PRENATAL CARE: INTEGRATIVE REVIEW ESTRATÉGIAS DE HUMANIZAÇÃO DO CUIDADO NO PRÉ-NATAL: REVISÃO INTEGRATIVA ESTRATEGIAS DE HUMANIZACIÓN DEL CUIDADO EN EL PRENATAL: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to summarize the humanization strategies used in the health services that perform prenatal care.

Method: this is an integrative review aiming to answer the question << What are the humanization strategies used in the care of pregnant women in prenatal care? Scientific publications were searched in the SciELO virtual library. The inclusion criteria were: national articles, available in full, observing the time limits of 2009 and 2014. The bibliographic survey was carried out in October 2014. **Results:** only 10 publications were selected, analyzed and condensed in one figure, the qualitative approach was predominantly performed by nurses. **Conclusion:** the actions to humanize prenatal care are varied and can be implemented. However, it is necessary to reflect on the professionals inserted in this context. **Descriptors:** Humanization of Assistance; Prenatal Care; Pregnant Women.

RESUMO

Objetivo: sumarizar as estratégias de humanização utilizadas nos serviços de saúde que realizam o cuidado no pré-natal. **Método:** revisão integrativa visando a responder a questão << Quais as estratégias de humanização empregadas na assistência à gestante no Pré-natal?>>. Realizou-se busca das publicações científicas na biblioteca virtual SciELO. Os critérios de inclusão foram: artigos nacionais, disponíveis na íntegra, observando os limites temporal de 2009 e 2014. O levantamento bibliográfico foi realizado em outubro de 2014. **Resultados:** foram selecionadas apenas 10 publicações, analisadas e condensadas em uma figura, a abordagem qualitativa foi predominante, sendo realizadas em sua maioria por enfermeiras. **Conclusão:** as ações para humanizar o pré-natal são variadas e passíveis de ser implementadas, porém, para isso é necessária uma reflexão a respeito por parte dos profissionais inseridos neste contexto. **Descritores:** Humanização da Assistência; Cuidado Pré-Natal; Gestantes.

RESUMEN

Objetivo: sumarizar las estrategias de humanización utilizadas en los servicios de salud que realizan el cuidado en el prenatal. **Método:** revisión integradora para responder la pregunta << Cuáles son las estrategias de humanización empleadas en la asistencia a la gestante en el Prenatal?>>. Se realizó una búsqueda de las publicaciones científicas en la biblioteca virtual SciELO. Los criterios de inclusión fueron: artículos nacionales, disponibles en su íntegra, observando los límites temporales de 2009 y 2014. El levantamiento bibliográfico fue realizado en octubre de 2014. **Resultados:** fueron seleccionadas apenas 10 publicaciones, analizadas y condensadas en una figura, el enfoque cualitativo fue predominante, siendo realizados en su mayoría por enfermeras. **Conclusión:** las acciones para humanizar el prenatal son variadas y pasibles de ser implementadas, pero, para eso es necesaria una reflexión al respecto por parte de los profesionales inseridos en este contexto. **Descriptor:** Humanización de la Atención; Atención Prenatal; Mujeres Embarazadas.

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INTRODUCTION

Pregnancy is a complex and unique experience for every woman because there are biological and emotional changes that involve the pregnant woman, the society, the health services and the family members. Considering this complexity, prenatal care for women is guided by health policies to reduce maternal and neonatal morbidity and mortality, as well as to be qualified and humanized.¹

The Ministry of Health describes prenatal care as a period before the childbirth, in which actions are implemented to promote maternal and child well-being in an individual and collective way, since during this period, pregnant women should be accompanied and assisted in their needs so they can maintain a healthy pregnancy and, when necessary, performing clinical and laboratory examinations, receiving guidance and taking prophylactic medication and/or vaccines.²

The emphasis is given to the humanization during gestation further comprises childbirth, so the other stages of birth are not given equal importance. However, it is known that humanized care in prenatal care is the first step and the one of fundamental importance for a healthy and safe birth, since this assistance reduces the cases of maternal and fetal morbidity and mortality, besides being a period in which the woman is prepared for motherhood, and man for fatherhood, strengthening the acquisition of autonomy and safe living the process of birth, from preconception to the time of childbirth and then, from the puerperium.³

Prenatal care is also offered in basic care, in the Family Health Strategy by meeting and acting near the homes of the patients, facilitating the creation of the bond, the humanized care and the implementation of individual and collective actions to promote the health of the population.⁴ However, studies show that prenatal consultation is almost always characterized as a routine, technical, fast time, and not as an occasion to share knowledge and experiences; that is, it is a service that is bound to fulfill only institutional protocols that value measurements and measures.³

In June 2000, the Ministry of Health instituted the Prenatal and Birth Humanization Program (PHPN), aiming at ensuring that pregnant women and the newborn improved access, coverage, and quality of follow-up prenatal care and childbirth and puerperium care, to citizenship rights. Thus, in this scenario, humanization as

a strategy materializes in the assistance through the integral reception of the pregnant women in their needs aiming at reducing the risks to which they are exposed, among other initiatives.⁵

The Ministry of Health recognizes that quality and humanized prenatal care is fundamental to maternal and newborn health, and that for its humanization and qualification a new look at the health/their total body/mind, and understand the social, economic, cultural and physical contexts in which they live. It also shows that it is necessary to create new bases for the relationship between health professionals, patients, and managers, as well as to build a culture of respect for human rights, which includes sexual and reproductive rights and the appreciation of aspects Involved in care.⁶

In the humanization of care in the health services, the professional has the duty to accept with dignity the woman and the newborn, considering them as subjects of rights, and not as passive objects of attention. In this context, to make humanization effective, the aforementioned Governing Body advises that employees and managers should be valued, in addition to their co-responsibility; the construction of solidarity bonds and collective participation in the management process; the implementation of actions that seek to know the social needs of health; the commitment to the environment and the conditions of work and service infrastructure, to anticipate and provide the necessary resources to improve assistance; the organization of routines, ruling out unnecessary interventions; the implementation of inter and multidisciplinary work actions based on ethical principles, ensuring to women and their families, resolution, shared care, privacy and autonomy in the conduct and decisions to be adopted.⁶

The interest for the theme originated during the Specialization Nursing Prenatal Care course at the Federal University of São Paulo and the author's experience in the forums on prenatal care.

Thus, after 14 years of implementation of PHPN, considering the implications contained in this assistance context regarding prenatal care, the objective was determined:

- To summarize the humanization strategies used in the health services that perform prenatal care.

METHOD

This is an integrative review⁷⁻⁹ carried out in compliance with the six steps: the first step

was the identification of the theme or guiding question, the second step was delimited the criteria of sampling and search in the literature, the third step was the categorization of studies, in the fourth step, the studies included in the integrative review were read and evaluated, in the fifth step were made interpretations and discussion of the results, in the sixth step, the synthesis of knowledge evidenced in the articles analyzed or presentation of the integrative review was described.^{7,8}

The guiding question of the study was << What are the humanization strategies used in the care of the pregnant women in prenatal care in scientific publications from 2009 to 2014? The following Health Sciences Descriptors (DeCS) were selected according to the terminology in health in the Virtual Health Library (VHL) to answer the question: Humanization of Care; Prenatal and Pregnant Care. The following Boolean operator scheme was chosen to systematize and optimize the search: “Humanization of Care” [and] “Pregnant” and “Prenatal Care” [and] “Pregnant”. There were 40 articles found.

Following the chosen descriptors, the selection of the articles published in the month of October of 2014 in the Scientific Electronic Library Online (SciELO) was started. The inclusion criteria were national and international publications available online in full and free of charge, respecting the time limit for publication of 5 years, which corresponds to 2009 to 2014. The exclusion criteria were productions that did not show strategies of humanization of prenatal care and not available for full-text access, believing that this would hinder both researchers and health professionals to access it. It should be emphasized that the 5-year period is one of the norms applied in the integrative review work of the specialization course mentioned above, as well as enabling to know the most current publications on the subject.

The full texts available facilitated the work since reading the article as a whole contributes to the achievement of the goal of the research with greater accuracy. The national and international databases were chosen because it is an issue within the scope of national health policy. After reading the

texts in full following the inclusion criteria of the study, there were 12 articles selected to compose the final sample. Finally, four articles were excluded, having a total of eight articles answering the guiding question of the research.

Data collection was done with the help of a script that included the identification of the article (name of the authors); year of publication; magazine, objective; results that highlight strategies for the humanization of prenatal care; conclusions and recommendations of the study. The analysis and synthesis of the data were done in synthetic tables. The research was conducted respecting the ethical aspects, maintaining the authenticity of the results and proposals to ensure the authorship of the articles researched. Data collection was completed systematically, so the screening guided the analysis according to the study's objective.¹⁰⁻² The results and discussion of the data were described in a descriptive way.

RESULTS

All of the studies selected in this work were based on research carried out by nurses, a fact that reveals the importance of these professionals working in this type of care, as well as the promotion of humanization policy actions within maternal and child institutions. By identifying the failures in the process of delivery and prenatal care from specific indicators, whether in the care or the organization of the service, it is pertinent to implement strategies and care plans to improving these indicators.

However, the places of the studies were different, where the southern region of Brazil had a higher number of studies (4), followed by Espírito Santo, ES - (2), Rio de Janeiro, RJ - (1) and João Pessoa, PB - (1). One of the studies was an integrative review, and the other seven were research divided into qualitative and quantitative approaches (Figure 1). Subsequently, in Figure 2, the articles and strategies that refer to humanization in prenatal care are described.

Year of publication	Title	Journal	Methodology
2011	Perception of puerperal women on the care provided by the prenatal health team ¹⁵	Texto contexto-enferm	Qualitative/ Descriptive
2012	The interpersonal relationship between health professionals and pregnant adolescents: distancing and approaching of an integral and humanized practice ¹⁶	Ciênc saúde coletiva;	Qualitative/ Descriptive
2013	Prenatal care in the primary care of the municipality of João Pessoa-PB: characterization of services and patients ¹⁷	Rev Bras Saude Mater. Infant. [online]	Quantitative/ Cross-sectoral
2011	Performance of process indicators of the Prenatal and Birth Humanization Program in Brazil: a systematic review ¹	Cad Saúde Pública	Systematic review
2013	Atendimento pré-natal na ótica de puérperas: da medicalização à fragmentação do cuidado ²²	Rev esc. enferm. USP	Qualitative Descriptive
2013	Agreement between information from the Pregnant Woman's record and the maternal reminder among puerperal women of a medium-sized Brazilian city ¹⁸	Cad Saúde Pública;	Randomized controlled clinical trial
2010	Humanized care in the prenatal care: a look beyond the divergences andConvergences ³	Rev Bras Saude Mater. Infant. [online]	Qualitative/ Exploratória
2010	Adequacy of the prenatal care process according to the criteria of the Humanization of Prenatal and Birth and the World Health Organization ²¹	Ciênc saúde coletiva	Epidemiological Observational Cross-sectoral

Figure 1. Publications selected for integrative review, according to the year, title, the name of the journal in which the article was published and methodology of the study.

Identification	Strategies for prenatal humanization	Conclusions
1. Perception of puerperal women on the care provided by the prenatal health team	a) Implementation of the pregnant woman group, full care; b) Elaboration of the plan of assistance to pregnant women, according to the needs identified and prioritized, establishing interventions, guidelines, and referrals to reference services, promoting the inter-disciplinarity of actions. The importance of the CHA establishment of the bond with the unit. c) Carrying out the hosting. d) Monitoring of multi-professional team. e) Complete anamnesis of the nurse.	Despite the Humanization Program in Prenatal Care and Birth and the institution's research effort to adapt health policies in their daily lives, there are still gaps about humanized and holistic care for the pregnant and postpartum women.
2. The interpersonal relationship between health professionals and pregnant adolescents: Distances and approximations of an integral and humanized practice.	a) Need to guide professional training aimed at the development of technical and relational skills, forged under ethical-humanistic principles and able to transform people into their daily practice, since there is also the internal availability of the professional and spaces for interpersonal collaboration in the service.	Regarding individual and collective actions, the biomedical model does not condition the integral actions proposed by the humanization policy.
3. Prenatal care in the primary care of the city of João Pessoa-PB: characterization of services and patients	a) It is suggested the elaboration of strategies to increase the adherence of professionals to PHPN. b) The low percentage of services with health education activities (45.5%) and internal evaluation (47.7%) reveals the need to promote and make available spaces for the construction of health education activities in the service. c) Promoting greater participation of pregnant women in the process of evaluating the actions offered to them during prenatal care.	Indicators of the internal evaluation show that besides the questions of results involving clinical intercurrents, inadequate nutritional status in pregnancy and low prevalence of exclusive breastfeeding are barriers to the quality of prenatal actions in primary health care.

4. The performance of process indicators of the Prenatal and Birth Humanization Program in Brazil: a systematic review	a) Data releases of the prenatal consultations and the examination carried out in the SISPRENATAL. b) Prioritizing awareness of the importance of recording information, training for inclusion in the system, and improving more accessible and less bureaucratic data recording instruments.	PHPN faces the challenge of correct information documentation by SISPRENATAL.
5. Prenatal care from the perspective of puerperal women: from medicalization to the fragmentation of care	a) There was a need to reorganize prenatal and birth care, under the longitudinal care, in both public and private services. b) The pacing of inter-sectoral actions in the ways of promoting women's health. c) Promotion of the formulation of more equitable and positive public policies in the perspective of integrality of care.	The study showed weaknesses regarding integrality, humanization, reception, lack of bonding, indiscriminate use of technologies and unnecessary interventions, which can produce and/or enhance situations of vulnerability. Therefore, the strategy is to humanize prenatal care, to promote the improvement and qualification of the hosting, reducing unnecessary interventions.
6. Agreement between information from the Pregnant Woman's record and the maternal reminder among puerperal women of a medium-sized Brazilian city.	a) Correct filling of the Pregnant woman's record. Of the 2,288 postpartum women interviewed, 1,228 (53.7%) carried the pregnant woman's record, and the comparison was made in that group. b) Correct and authentic filling with the assistance provided by the pregnant woman record. Six or more prenatal visits, breast and gynecological examinations, two blood tests, VDRL, anti-HIV, urine, and tetanus vaccination showed a statistical difference between the referred and annotated data ($p \leq 0.001$). c) The adequacy of prenatal care through the Prenatal Humanization Program index (PHPN).	A sub-registry on the pregnant woman's record, which had a negative influence on the prenatal quality assessment. The absence of information on the Record of the Pregnant woman causes damages in the intercommunication between the different instances involved in the assistance to prenatal, childbirth and the puerperium, due to ignorance of the actual monitoring of the care given.
7. Humanized care in the prenatal care: a look beyond the divergences and Convergences	The study shows the following barriers found by pregnant women: socioeconomic and personal issues of pregnant women; Biomedical training; Disarticulation among health services; Devaluation of primary and professional care; Power; Inattention and disrespects to the pregnant woman. Thus, to humanize prenatal care, it is necessary to: a) Care centered on the human being, its protagonism and the promotion of health; b) Integral care to women's health to ensure accessibility to health services; c) Dialogical relationships between pregnant women and professionals; d) Providing a humanized environment with trained and ethical professionals.	The study shows a model of humanistic health centered on the human being and its protagonism; Evidence of integral and ethical care; Shows obstacles in the health system and society to achieve the ideology of humanization, which can be overcome by political and professional commitment, the formation of solidarity networks between health services and social mobilization; Broadens the production of knowledge and subsidizes changes in practice.
8. Adequacy of the prenatal care process according to the criteria of the Humanization of Prenatal and Birth and the World Health Organization	The study showed that no pregnant women had a prenatal care process fully adequate to WHO criteria, and less than 5% of the pregnant women underwent prenatal care according to PHPN. Of the pregnant women, 44.7% did not start prenatal care until the 4 th month. Regarding the accomplishment of technical procedures in the consultations, weight (95.0%) and blood pressure (95.6%) were the most important. Thus, to apply the principles of PHPN, you need to: a) Elaboration of strategies to capture pregnant women until the third month of gestation. b) Offering consultations from the perspective of integrality, complete and resolute and valuing the pregnant woman. c) Implementation of ongoing evaluations of health services that provide prenatal care.	Periodic evaluations of the health services should become a routine practice to identify critical nodes and propose actions that intervene to ensure the fulfillment of the minimum criteria of care and that contemplate the social and demographic characteristics of the population assisted.

Figure 2. Publications selected for integrative review, according to the title of the article, humanization strategies of prenatal care and conclusions.

DISCUSSION

The Prenatal and Birth Humanization Program (PHPN) refers to a variety of strategies for humanized care, considering facilitated access to health services, coverage and quality of prenatal care to the puerperium, to the mother and child, and to expanding the already existing actions mandated by the Ministry of Health in the area of care to the pregnant woman.¹³

One of the strategies found by the Ministry of Health in the implementation of PNHN was to encourage the elaboration of protocols aimed at the humanization of care and service. Thus, it is sought to build a training and multiplier network that improves services, such as comfortable environment, adequate furniture, visual communication, welcoming to the patient, adding to the programs implemented by the Ministry of Health and state and municipal managers.

As found in the articles, the strategies shown in the literature are associated with the assumptions of the humanization practice of prenatal care, as well as the effectiveness of such actions to qualify this assistance. Among the strategies, the care is focused on the principles of integrality; offering multi-professional assistance; an individualized nursing care plan according to the woman's needs for the follow-up of pregnancy; give opportunities to welcome the woman in her doubts and fears; offer guidance for self-care for her and her child; Offer groups of pregnant women that address themes related to the needs of the participants; the professional must have continuous training to provide quality assistance, seeking to strengthen the bond with the woman, their partner, and family.¹⁵

It was identified by the studies analyzed that the elaboration of protocols for the humanized care to the pregnant woman can be an efficient strategy in the sense of valorizing the integrality in the service to the woman. Thus, as the offer of nursing consultation with the purpose of orienting on diet, hygiene, breast care, body and emotional changes, signs, and symptoms of childbirth, family planning, sexuality and labor rights, become potential and fundamental for the Implementation of humanized and comprehensive prenatal care.¹⁵

Another study analyzed also concluded that the assistance provided to women is fragmented, and so the author reinforces that it is necessary to have a reformulation of prenatal care based on PHPN and the precepts

of the humanization of care.¹⁵ In this context, reception is one of the most important actions to ensure the humanization of care¹⁶; Studies refer to an inadequate professional posture, considered authoritarian because it dictates what is right and wrong according to its view.¹⁶ This aspect of care is detrimental to the strengthening of the bond. Thus, it is necessary a proposal of dialogue service, which gives the pregnant woman the possibility of making responsible and informed decisions. Therefore, it is important to have a service that is sensitive to listening, based on integrality, considering the subjectivity of the pregnant woman, so that she feels welcomed and can be supported in her anxieties, fears, and doubts. In this sense, the ethical posture of the professional is emphasized to be able to provide answers, so that there are no constraints.¹⁵

For the professional to have a welcoming and humanized posture, it is necessary to adapt their language to give a good understanding, since the barriers to "communication resulting from the use of biomedical expressions constitute obstacles to interaction, demonstrating how much technicality is unfavorable the humanization of care."^{16:783}

The educational practice becomes an ally in the promotion of bonding and the humanization of care, according to the study consulted,¹⁶ because it facilitates the exchange of knowledge, experiences and the expression of needs, expectations, fears, anguish,¹⁶ enabling a better contact between the pregnant woman and the health professional. Some studies reveal the low participation of pregnant women in this practice, which suggests a need for adequacy of care in the prenatal context considering the patients, and not only the routine procedures already established by the service.

As stated, the health service must offer the pregnant woman a physical structure to provide quality prenatal care, as well as the human and material resources required to assist her, as determined by public policies¹⁶. For this, the studies that evaluate the assistance received are relevant to stimulate the construction of strategies and actions that enable improvements in care. It is necessary that it be integrated into the primary, secondary and tertiary care levels to ensure that prenatal care is humanized, offering multi-professional care, as well as improving the quality of the data launched in the SISPRENATAL program.¹⁷

The importance of the truthfulness and consistency of the information contained in

the Pregnant Woman Record allows the care to be accompanied with quality, facilitating the intercommunication between the professionals of the prenatal care network, suggesting that it is an aspect that composes the set of actions advocated by humanization, since such actions are also implemented to improve assistance to pregnant women, women, and children.¹⁸ A study carried out in Porto Alegre (RS) aimed at assessing the adequacy of prenatal care low-risk, according to the recommendation of the Ministry of Health. One of the issues addressed refers to the importance of records of prenatal care, both for clinical practice and for the continuity of care processes, since such records also allow assessing the quality of care offered, which is fundamental to the achievement of PHNP¹⁹

The humanized practice in prenatal care corresponds to the right of the pregnant woman to access educational actions, home visits, medical and nursing consultation, follow-up with a nutritionist and psychologist, avoiding risks and health problems, early fetal prenatal care, pre-conceptional care³, including “therapeutic, educational and interdisciplinary meetings for a better understanding of the experiences, expression of feelings and doubts, evaluation of maternal and fetal well-being, preparation for childbirth, maternity and paternity, dialogues between pregnant women and professionals”.^{3:361}

It is necessary for the professional to consider women in their integrality, multidimensionality, uniqueness, in the individual and collective scope to offer humanized prenatal care, in all age groups and contexts, seeking to prevent, diagnose, recover and promote health in the different levels of complexity, going beyond care related to the procedures.³ Thus, “women are encouraged to assume their role in gestation, delivery, and health control, production, care and health management.”^{3:363}

In this context, it is important to emphasize the role of the training of professionals, so care is taken according to the precepts of humanization and the dialogical posture, leaving aside the reductionist and hospital-centric logic.^{3,16} It is pertinent to recall that the reception also becomes important as conduct that guides the humanized care, because the posture is welcoming, respectful and qualified listening to the expectations and needs of the patient, also helping in the approximation and adherence of the actions offered by the health services. According to the scientific

literature, the hosting is part of a resolute, personalized and agile service, so that it allows the professional to recognize the pain, fears, and problems of the pregnant women, avoiding to trivialize or ignore them, besides including all Involved in the prenatal process, especially their partners.³

Quickly accessibility to prenatal care assistance, access to exams, return, referral, continuity of care in hospital institutions and postpartum consultation in the Basic Health Units are also presuppositions of humanization.¹⁵

As mentioned, the environment is revealed in research as a key point in the humanization of care. Therefore, it must be warm and healthy, with an integrated health team and composed of well-paid professionals recognized for their actions, technically competent, able to value human relationships by being accessible and motivated in care. In this way, besides using precepts that contemplate the philosophy of humanization, health institutions need to be organized with flexible flows and protocols, articulating their actions with other health services and social sectors.³

Although the studies found did not mention it, humanizing the assistance in prenatal care is to inform the pregnant woman about her rights regarding maternity leave, the companion among other benefits guaranteed to them by law, as well as the woman's participation in decisions. In this context, the reception of the father in the gestation, prenatal, delivery and puerperium processes is important and pertinent, ensuring and valuing paternity as a way of respecting and contributing to the exercise of the couple's reproductive rights.²⁰

Studies used in this research corroborate the importance of the systematization of prenatal care so that it is humanized, considering the assumptions of PHNP and the Rede Cegonha. However, the literature highlights that in some municipalities, the Rede Cegonha does not operate as it should, and care continues to be performed in a fragmented, impersonal and non-dialogical way by most health teams.²¹ Thus, the systematization of prenatal care with humanization as a principle, can help and direct care and improve the quality of care offered to women, especially those most vulnerable.

CONCLUSION

As a limitation of the study, it is worth noting that the literature on humanization in prenatal care has not been exhausted,

considering that studies published in other databases that refer to the subject have not been investigated.

This study identified through the literature that discusses the humanized care in prenatal care, that prenatal care is still fragmented and the implementation of the humanization actions dictated by the Prenatal and Birth Humanization Program is not the reality of many services. The vast majority of them assume deficiencies in prenatal coverage and follow-up, besides not offering educational actions and having fragilities that hinder comprehensive and resolute assistance, such as restricted access to some of the necessary tests for the maintenance of maternal and fetal health.

The strategies shown by the research allowed to summarize some of the humanization strategies used in the health services that perform this prenatal care, since the actions highlighted in this study can be facilitating and, in fact, the implementation of humanization in prenatal care such as greater frequency of pregnancy groups, both to discuss and meet the needs presented and to welcome and reinforce their relationship with the professionals of the service; implementation of the systematization of nursing care in prenatal care; preparation of a plan of assistance for the pregnant woman and her family members, valuing their needs to assisting them fully; promotion of communication actions with managers and workers to facilitate access to the exams, consultations and other procedures necessary to offer a quality prenatal care; training employees to better serve and ethically and respectfully welcome pregnant women and their families; promotion of the updating of the team on an ongoing basis; preparation an administrative plan for periodic evaluation of the services offered, as well as reinforcing the need for new research to provide effective changes to improve the prenatal care setting.

Therefore, the study was relevant to Nursing since besides to identifying actions and strategies that can concretize humanization in prenatal care, it allows reflection on the nurse professionals' practice about the care offered to pregnant women in the prenatal because it is necessary for professionals to be aware of their role in this assistance context and to jointly seek improvements according to their competencies and training for the changes that the studies recommend. Therefore, it is also pertinent to consider seriously the reflection of the practices, the diagnosis of

reality and the knowledge of the social determinants that make up prenatal care.

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