EDUCATIONAL PRACTICES WITH PREGNANT WOMEN AT A PRIMARY HEALTH CARE

PRÁTICAS EDUCATIVAS COM GESTANTES NA ATENÇÃO PRIMÁRIA À SAÚDE PRÁCTICAS EDUCATIVAS CON GESTANTES EN LA ATENCIÓN PRIMARIA A LA SALUD

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ABSTRACT

Objective: to know the main aspects related to the educational practices developed by nurses to the pregnant women in Primary Health Care. **Method:** this is an integrative review, going through six stages to systematize the research. Data collected in the Lilacs, Medline, and SciELO Virtual Library databases. Nine articles met the inclusion criteria and the Descriptors to guide the research were: Nursing; Health education; Pregnancy; Women's Health; Primary care; Daily Activities. **Results:** the study identified that the educational practices developed by nurses in Primary Health Care are related to health education with guidelines to prevent self-care, adequate care with the baby, promotion of autonomy and maternal empowerment, interpersonal communication, the participation of obstetrical nurses in this context. **Conclusion:** the study contributed to the theoretical explanation of the elements that make up the nurses/pregnant relationship from educational practices. It is relevant for the development of strategies that strengthen communication between the professional and the patient through active listening, humanized acceptance, games, and dynamics, encouraging the participation of family members, partners and collaboration of the multi-professional team members. **Descriptors:** Nursing; Health Education; Pregnancy; Women's Health; Primary Health Care; Activities of Daily Living.

RESUMO

Objetivo: conhecer os principais aspectos relacionados às práticas educativas desenvolvidas por enfermeiros às gestantes na Atenção Primária à Saúde. **Método:** revisão integrativa, percorrendo seis etapas para sistematizar a pesquisa. Dados coletados nas bases de dados Lilacs, Medline, Biblioteca Virtual SciELO, nove artigos atenderam aos critérios de inclusão e os Descritores para nortear a pesquisa foram: Enfermagem; Educação em Saúde; Gravidez; Saúde da Mulher; Atenção Primária; Atividades Cotidianas. **Resultados:** o estudo identificou que as práticas educativas desenvolvidas por enfermeiros na Atenção Primária à Saúde estão relacionadas à educação em saúde com orientações à prevenção do autocuidado, cuidado adequado com o bebê, promoção da autonomia e empoderamento materno, comunicação interpessoal, capacitação da equipe e incentivo à participação de enfermeiros obstetras neste contexto. **Conclusão:** o estudo contribuiu para explicitação teórica dos elementos que compõem a relação enfermeiro/gestante a partir de práticas educativas. É relevante para desenvolvimento de estratégias que fortaleçam comunicação entre profissional e usuária por meio da escuta ativa, acolhimento humanizado, jogos e dinâmicas, incentivo à participação de familiares, acompanhantes e colaboração dos componentes da equipe multiprofissional. **Descritores:** Enfermagem; Educação em Saúde; Gravidez; Saúde da Mulher; Atenção Primária; Atividades Cotidianas.

RESUMEN

Objetivo: conocer los principales aspectos relacionados a las prácticas educativas desarrolladas por enfermeros a las gestantes en la Atención Primaria a la Salud. **Método:** revisión integradora, recurriendo seis etapas para sistematizar la investigación. Datos recogidos en las bases de datos Lilacs, Medline, Biblioteca Virtual SciELO, nueve artículos atendieron los criterios de inclusión y los Descriptores para guiar a la investigación fueron: Enfermería; Educación en Salud; Embarazo; Salud de la Mujer; Atención Primaria; Actividades Cotidianas. **Resultados:** el estudio identificó que las prácticas educativas desarrolladas por enfermeros en la Atención Primaria a la Salud están relacionadas a la educación en salud con orientaciones a la prevención del autocuidado, cuidado adecuado con el bebé, promoción de la autonomía y empoderamiento materno, comunicación interpersonal, capacitación del equipo e incentivo a la participación de enfermeros obstetras en este contexto. **Conclusion:** el estudio contribuyó para explicación teórica de los elementos que componen la relación enfermero/gestante a partir de prácticas educativas. Es relevante para desarrollo de estrategias que fortalezcan comunicación entre profesional y usuaria por medio de la escucha activa, acogida humanizada, juegos y dinámicas, incentivo a la participación de familiares, acompañantes y colaboración de los componentes del equipo multi-profesional. **Descriptores:** Enfermería; Educación en Salud; Embarazo; Salud de la Mujer; Atención Primaria de Salud; Actividades Cotidianas.

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INTRODUCTION

Educating covers the most diverse dimensions of human formation, aiming to guide and give meaning to the human being for his relationship with the environment and collectivity, being an adaptive, critical, evolutionary and unfinished process. The educational process involves the subject in a constant mutation of reality that exposes him to real needs.¹

Education as an articulation between the most diverse social dimensions being a constituent element of social relationships, permeating the pedagogical, economic, political, social and cultural limits of society since the individual is not a passive receiver, but participant and autonomous. As a complex and constant process in the life of the human being, education does not present a single definition. It consists in the interaction between individuals participating in the educational process aiming at their transformation.²⁻³

Education and health are practices that coexist and develop in an articulated way, contributing to the construction and development of society, and education is a process that facilitates the achievement of health.⁴

A universally accepted concept of health only emerged after the World War II with the creation of the United Nations (UN) and World Health Organization (WHO): health is the state of complete physical, mental and physical well-being, not just the absence of disease. In this way, health encompasses the environment, human biology, lifestyle and organization of health care beyond the limits of the mere absence of disease, but it constitutes a set of factors that promote the physical, mental and social well-being of individuals.⁵

From the Brazilian Federal Constitution of 1988, the State's new scope of social policy concretized in the principles of universality, equity and integrality of actions, foundations of social security was decreed. Thus, the Unified Health System (SUS), which is a member and protagonist of this political process, has assumed the constitutional principles by broadening the health vision by recognizing that social, political and economic determinants are associated with other direct or indirect factors in the health-disease process. The integration of the health sector with other social policies and organized sectors of society has become a basic tool in the effort to ensure the supply of goods and services for all in improving the quality of life

of the population. Thus, for the Ministry of Health (MS), health education is a process that targets the society with the objective of contributing to the formation and development of healthy conditions seeking solutions for collective health, with educational actions being the main strategy for the construction of well-being with interaction among team professionals, highlighting nurses and the population.⁶

With the Alma-Ata Declaration, WHO made the State accountable for promoting health based on socially acceptable and accessible strategies and actions and for the community to actively participate in the construction process so the costs are compatible with the region offering primary care.⁷

Given these concepts, health education can be understood as part of public health, which permeates prevention levels and is present in recovery and treatment. Its objective is to make the individual autonomous in terms of caring for his or her well-being, not by imposing technical-scientific knowledge, but by situational understanding, valuing dialogic communication. It is a set of actions that associate experience and learning with the goal of conducting health and action seeking community empowerment to achieve greater control over the environment, leading as a strategy of popular empowerment coping with situations of vulnerability, mutual learning process, overcoming differences and cultural distances.⁸

The concept of health education interacts with the promotion, which is an ongoing process of empowering the community so it acts to improve quality of life. The indispensable strategies for health promotion are the understanding that this is a social, economic and personal good with access to information and mediation between social and professional groups.⁹

Health education has a transformative role. In this way, professionals and patients should develop a dialogue relationship based on the valuation of individuality, necessary to know the educational techniques by these professionals for the reconstruction of practice and knowledge.¹⁰

In this context, nursing professionals play a fundamental role in the health education process, contributing to the multiplication of information that leads the population to the development of self-care.¹¹

On the other hand, educational actions are training practices, individual or collective, to reach the improvement of the welfare and living conditions of a population group.

Appropriate methods of health education stimulate autonomy, meet community needs, seek quality of life, and value knowledge.³

Qualitative descriptive study with pregnant women in the prenatal clinic, in a Primary Health Unit (UBS) in the city of Maringá/PR, with a sample of 25 patients and collected through a semi-structured interview, recorded and performed at random on the day of the visit, identified little knowledge of the interviewees about what is education and health, difficulties in identifying the professionals of the team who idealized the educational practices and, even being guided by these professionals to well-being, when questioned understood the meaning of education and health such as family, school, health professionals, informative lectures and posters, which are not characterized as educational actions.¹²

Health education practices in Brazil have had a direct influence on the political context of each historical period. The educational actions were mostly developed in response to crisis situations with strong medical imposition. During the military dictatorship of 1968, society intensified the confrontation of health-related inequalities through social movements. With the creation of the SUS, popular education encourages and holds society accountable for its health.¹³

The performance of nursing is not limited to disease situations. Nurses can practice their professional practice in different contexts, one of which is education, understood as the main strategy for health promotion, presenting as an educator prepared to propose ways to reach individual and collective. The nurse must be sensitive to health and social problems to seek methods that promote quality of life and assistance with appropriate educational actions.⁹

Educational practices permeate all phases of the individual's life, such as the gestation. In the gestational period, they enable the construction of shared knowledge and empower women to make decisions in a conscious way, stimulating female autonomy; enable the active and informed participation of the woman and her partner in gestation, childbirth, birth and puerperium, promoting health.¹⁴

Thus, educational practices in health are the model still seems to be characterized by disciplinary and normative elements. Therefore, it is important to make explicit the understanding of the history, scenarios and subjects of these practices, as well as the plurality of spaces, times and actors/webs of

relationships: subjective, interactive and contextual.¹⁵

It is fundamental that the care of the health team goes beyond the guidelines, considering that it can involve everything from palliative care to support the family and caregivers. It is emphasized that the approach through educational actions can be an indicated alternative to stimulate family participation in this process favoring the construction of autonomy as an essential factor for health promotion.¹⁶

The gestational period is a unique moment in the life of women of great and important changes in all spheres of their life. Prenatal care is an important follow-up strategy to identify changes and promote self-care and women's autonomy in educational activities.¹⁷

The sharing of information between patients and health professionals, as well as their discussion, is an opportunity to improve the knowledge and understanding of the process of health. As ways of educating to promote health, the MH highlights the group discussions, dynamics and dramatizations.¹⁸

Authors highlight the benefits of educational actions during pregnancy, such as maternal, family and autonomy empowerment; emphasizing the importance of the multi-professional team for the development of educational practices.¹⁹

One study identified that the educational practices promoted in the gestational period agitate maternal empowerment, acceptance of pregnancy and promotion of the bond between mother/child. At any level of care, be it primary, secondary or tertiary, the nurse acts in a way that promotes and enhances discussions that involve not only scientific knowledge, but it also considers popular knowledge.²⁰

Primary care is presented as a fertile field for the development of educational practices that are viable strategies for the promotion of health in primary health care, encouraging and promoting self-care, besides allowing SUS principles, such as social participation and integrality, to be respected.²¹

This research is justified on the relevance of nurses in the development of educational practices, being this important strategy to promote health and significant field of action of this professional. The Book of Care to Prenatal Low Risk has as one of the duties of nurses the development of individual or collective educational practices.¹⁸

Health education is an integral part of the nurses' work process, constituting an instrument for establishing a critical-reflexive

relationship between professional and patient, raising awareness of the health and promotion of collective and individual quality of life, that is individuals, families and the community.

Thus, knowing the educational practices developed by nurses for pregnant women in primary health care contributes to the identification of measures that can be adopted to improve this practice and promote women's quality of life in the gestational period.

The study is very important for the scientific community, as well as other nursing professionals since health education is part of the daily routine of primary care. It is relevant to teaching since it will provide information to academics and new professionals in the qualification of those who already work in primary care, more precisely in the Family Health Strategy (ESF).

The objective of this research is to seek the main aspects related to the development of educational practices for pregnant women by nurses in Primary Health Care (PHC) through the integrative review. Within this context, the following question arises: how are the educational practices for pregnant women being developed by the nurse in PHC?

OBJECTIVE

- To know the main aspects related to the educational practices developed by nurses to pregnant women in Primary Health Care.

METHOD

It is an integrative review in which six stages were developed:

1. Identification of the theme and selection of the research question;
2. Establishment of inclusion and exclusion criteria;
3. Identification of pre-selected and selected studies;
4. Categorization of selected studies;
5. Analysis and interpretation of results;

6. Presentation of the revision/synthesis of knowledge.²²

The guiding question of this study was: how are the educational practices for pregnant women being developed by nurses in Primary Health Care?

The inclusion criteria of the studies in this integrative review were articles in Portuguese, indexed and collected at LILACS, MEDLINE, SciELO virtual library and World Health Organization (WHO) publications between 2005 and 2015 that address educational practices for the pregnant women developed by the nurse in the PHC, obtaining a sample of 50 articles that, after extensive reading, nine responded to the objective and inclusion criteria of the study. The search for articles occurred from July to October 2015 with the descriptors registered in the Descriptors in Health Sciences (DeCS): Nursing; Health education; Pregnancy; Women's Health; Primary attention; and Daily Activities.

After this step, a thorough reading of all the articles in the sequence was performed, delimiting variables for analysis and discussion of the data: a database; title/authors; journal/year; type of study and thematic considerations.

The research data were respected to the extent that the authors of the works were duly referenced throughout the work, detailed, seeking explanations in each study, comparing them with the others.

RESULTS

The results were collected and discussions developed after a thorough reading of all the articles compiled, described in Figure 1.

Database	Title/authors	Journal/year	Type of study	Thematic Results
LILACS	Social representations of women about pregnancy, puerperium and educational actions	Online Bras J Nurs 2013	Descriptive study guided by the procedural approach of Theory of Social Representations	The objective of this study was to understand the social representations of puerperal mothers about health education activities during the pregnancy and puerperal cycle at Family Health Centers in the city of Fortaleza (CE/Brazil). They identified that health education is through lectures, predominating the traditional model of information passing, and it is mainly intended for baby care and breastfeeding.
	Rodrigues DP, Guerreiro EM, Ferreira MA, Queiroz ABA, Barbosa DFC, Melo Filho AV.			
LILACS	Prenatal care in the municipality of Quixadá: according to the process indicators of SISPRENATAL	Rev enferm USP 2008	Documentary descriptive research	It analyzed prenatal care in the primary units of the municipality of Quixadá. It has the participation of 73 pregnant women. It identified that prenatal care refers to the basic procedures of pregnancy and more than 82% of those interviewed said they had never participated in educational activities.
	Grangeiro GR, Diógenes MAR, Moura ERF			
LILACS	Dimensions of maternal health in the perspective of social representations	Rev Enferm Min 2013	Integrative literature review	It identified maternal health from the perspective of social representations through the integrative review of 15 studies. There is a lack of prenatal health education about labor, delivery, and evidence of the need for health education for breastfeeding.
	Teixeira E, Silva SED, Carvalho LR, Silva BAC, Ailva LFL			
LILACS	Application of light technology in prenatal care: a focus on the perception of pregnant women	Rev enferm UERJ 2013	Participatory, descriptive and quantitative research	It identified the perception of pregnant women regarding the practice of educational technologies to be developed in prenatal care.
	Alves ACP, Figueiredo MFER, Souza NPL, Oliveira CJ, Oliveira DR, Souza WR			It was developed from the application of educational game in two primary health units of the municipality of Brejo Santo (CE/Brazil) with a sample of 17 pregnant women, who evaluated the strategy as a facilitator in the teaching-learning process.
LILACS	Low Prenatal Nursing in Family Health Strategy	Aquichan 2013	Qualitative research	It described the experience of pregnant women in the prenatal care at risk at the nurse's appointment. In the course of the research, home visits to pregnant women, health education during the pregnancy period, baby care, and the formation of a group of pregnant women were developed, identifying that nurses are important in the development of educational actions and care for women in the pregnancy-puerperal cycle.
	Feliciano NB, Pradebon VM, Soares SL			

LILACS	Contributions of prenatal care to vaginal delivery: perception of puerperal women	Rev Rene		An exploratory-descriptive study with a qualitative	It analyzed the way in which prenatal care contributes to the promotion of vaginal delivery from the perception of primiparous puerperal women. Thirty women participated in the study in the immediate postpartum period. It was evidenced that health education enabled interaction between the professional and the patient in the service, besides being a moment of learning. The guidelines offered during educational activities specifically involved uterine contractions and pain in childbirth; for most of the interviewees, no information was provided on prenatal delivery.
	Costa AP, Bustorfi LACV, Cunha ARR, Soares MCS, Araújo VS	2011			
LILACS	Socialization of knowledge and experiences about the birth process and care technologies	Rev Enferm	Eletr	Exploratory and descriptive study with a qualitative approach	It aimed to know the importance of developing an educational process from the perspective of women who lived this experience during pregnancy and childbirth. The study involved pregnant women, parturients and puerperal women in the Primary Unit of the Bairro dos Ingleses (municipality of Florianópolis). The deficiency of guidelines during prenatal care was considered a great fragility by pregnant women. The educational process was considered as a space for dialogue and learning. The most talked about topics were about childbirth and care for the newborn. The inclusion of the partner in this process needs to be stimulated. Regarding the preparation for the delivery of technologies in educational activities, they had breathing, massages, Swiss ball and exercises to strengthen the perineum. It was noticed that these guidelines favored the adoption of non-pharmacological techniques for the relief of pain in the hospital environment. Health education also included appreciation in the participation of family members, allowing the exchange of knowledge, enabling women to expand their knowledge, becoming self-confident.
	Darós DZ, Hess PT, Sulsbach P, Zampieri MFM, Daniel HS	2010			
	Prenatal care in primary health care under the eyes of pregnant women and nurses	Rev Enferm	Min	Descriptive research with a qualitative	It aimed to know the conception of both pregnant women and

MEDLINE	Guerreiro EM, Rodrigues DP, 2012 Silveira MAM, Lucena ABF		approach	nurses about prenatal care in the family health units of the IV Region of the Executive Secretary of Fortaleza/CE. The subjects of the study were 11 nurses who work in prenatal care and 18 women in the third trimester of gestation. Results presented in three categories. The first one identified the perception regarding the quality of the prenatal care, in which the nurses identified so the prenatal quality was achieved in addition to other factors such as a number of consultations, teamwork, reception, health education, especially for primiparous women due to the need for guidance and lack of experience with motherhood. The main guidelines were regarding breast care, signs of labor and aspects related to healthy eating. The traditional education model in which there is no effective communication between patient and professional was a gap identified by the pregnant women interviewed, not allowing important questions to be answered.
	Evaluation of the guidelines for prevention of pregnancy-specific hypertensive syndrome in adolescents	Rev Rene 2010	Descriptive study with a qualitative approach	The objective was to evaluate the prevention and/or control of risk factors for hypertensive syndrome for pregnant adolescents with a focus on health education. It involved six Family Health Strategy teams in the city of Fortaleza/CE. Twenty-five pregnant women between 13 and 19 years old, all in precarious socioeconomic conditions, participated in the study, and although they had a risk factor for hypertensive disease during pregnancy, they were aware of these factors. In spite of being educated about the prevention and/or control of risk factors for hypertensive disease, only three adhered to it.
MEDLINE	Silva MP, Santos ZMSA, Nascimento RO, Fonteneles JL			

Figure 1. Integrative and described review according to the database, title/authors, journal/year, type of study and results on the subject. Natal (RN), Brazil (2017)

DISCUSSION

The production on the topic is still insufficient in the literature and educational activities that deal with aspects related to the time of birth and delivery during prenatal care can contribute to reducing insecurity and

common fear among women in this experience, since there is great influence on social media, birth reports of family members and known people. Prenatal care is a propitious moment for health education with guidelines for the prevention of self-care, adequate care for the baby, promotion of

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autonomy and maternal empowerment, interpersonal communication, staff training and encourage the participation of obstetricians in this context.²¹

The research method identified as Free Test of Words Association (TLAP) was practiced by authors, having as inductive words Educational Actions, Pregnancy, Shelter, Educational Actions in Pregnancy and Shelter to identify social representations in the educational process of the pregnancy cycle for those who had recently undergone all stages of this cycle.²³

The first word coming to mind of women from the word inductive "Educational Actions" was education and the method used for this process keeping in the traditional way emphasizing care directed at the baby. When comparing words delivered by primiparous and multiparous women, the primiparous mothers referred to teachings provided in the household experience, inserting the family component in the educational process, while the multiparous taught by doctors or courses, inducing educational process into the biomedical context, observing the valorization of the scientific knowledge to the detriment of the knowledge acquired in previous experiences and other social ones. They also identified family influence in the context of pregnancy and the importance of stimulating the insertion of these components into the participation of educational activities to share experiences and knowledge.²¹

The topics covered in educational activities generally refer to the type of delivery and its advantages, care for the baby, encouragement of non-pharmacological therapies in pain management, and the importance of encouraging the participation of the partner. The traditional predominance with lectures is remarkable. It was observed the absence of the approach of subjects related to sexuality in gestation, correct breast picking, and stimulation to the practice of physical activities in the gestational and puerperal periods.

The women expressed dissatisfaction with the care received and lack of dialogue since the consultations were limited to physical evaluation, guidelines about breastfeeding and request for tests.²⁴

Corroborating this dissatisfaction, authors say and agree that despite the approach of individual and collective educational practices, the guidelines are still insufficient. There is a need for spaces that allow for deepening of knowledge and sharing of experiences. They also identified inefficiencies in educational activities in the

prenatal period with a non-participatory approach, since the pregnant woman assumes a passive position, which interferes with the process of maternal empowerment and autonomy.^{17,21,25}

Although the prenatal consultation is an opportunity for health education, this moment has not been used because of the interpersonal relationships between the patient and the professional, not allowing promotion of maternal autonomy and not effectively stimulating humanized practices in delivery and birth.

Authors have identified in the nurses' thinking that for prenatal care to be considered quality, it is necessary to adopt humanized practices, respect, and valorization of women, experiences, the participation of family members and multi-professional team. However, when asked about the quality of prenatal care, they were dissatisfied with educational practices, expressing the need for further clarification.²⁵

In an analysis of prenatal care in Quixadá in the state of Ceará, a study identified that slightly more than 71% of the women interviewed said they had received some type of orientation during the consultations, but only about 17% reported having participated in any an activity of educational character in a group, and the nurse is the main responsible for developing these activities, to be the professional with greater proximity to these women. The low participation compromises the integrality of the care, creates important gaps regarding important aspects of this period such as prenatal care that should be adopted by pregnant women, adoption of healthy eating habits, development of quality of life, preparation for childbirth, and breastfeeding.²⁶

Authors identified resistance by pregnant women and low participation in group activities, but the persistence of the team in the development of these activities allowed this quantitative increase gradually. The meetings dealt with topics on breastfeeding, care of the newborn for the need to make the mother safe in these care, and also to share experiences. At the meetings they identified acceptance of the nurse as care agent and educator, bringing the women closer to the FHT.^{24,26}

The benefits of adoption in-home educational practices enabled to show that the woman participated actively in this process, as well as the participation of family members in the exchange of experiences, as well as reinforcing the bond between the health and family team, citing the nurse as a

driving force for the process of maternal empowerment. Through the speech of the puerperal women, it was possible to identify that the stimulation of relaxation techniques in the prenatal period has a positive impact on the experience of childbirth and birth, generating a sense of security in women.²⁷

Through the educational game “The Roulette of Maternal Knowledge”, it was sought to apply low-density technology to two groups of pregnant women to identify their perceptions. The game covered topics related to labor, childbirth, puerperium and breast care, pictures related to actions taken to care for the baby, bath, position for breastfeeding and after the method of group games with the pregnant women evaluated the educational technology. The game promoted interaction and exchange of experiences among the participants, enabling the active participation of pregnant women, allowing the information to be absorbed for both women in their first pregnancy and multiple pregnancies. The use of toys for the practice of childcare was also well accepted by the study participants. The pregnant women reported that the time for the development of the activity was short evidencing the need to apply this technology in the development of group educational practices in more than one opportunity for a broader approach of the themes pertinent to health education for pregnant women. Thus, it was observed that educational games make the teaching/learning process more dynamic and favor a communication process that should be easy to understand and contextualized.²⁸

Low-density technologies with dynamics and educational games demonstrate an important strategy to make activities more engaging and effective, besides stimulating active participation of women in health education activities.

One study addressed the importance of educational practices in co-responsibility for the prevention of gestational complications such as Pregnancy-Related Hypertensive Disease (DHEG) with a preventive approach, but not including the social determinants of health.¹³

The PHC develops promotion, protection, rehabilitation and rehabilitation activities. However, it is observed that educational activities are more focused on the promotion process, with little focus on prevention of diseases and diseases common to the gestational period, such as the threat of abortion, gestational diabetes, and DHEG. Spaces that promote the exchange of experiences and active participation of

women in the educational process are of paramount importance during the gestational period and prenatal care, a fundamental tool to reduce inherent insecurity at this moment, to promote autonomy and maternal empowerment.

As a transdisciplinary care professional, the nurse assumes an important role as a health educator. Among his attributions, he must fulfill educational activities, individual and collective, guide the population about vulnerability and risk factors. The Low-Risk Prenatal Attention Report (2012) suggests topics be addressed during this follow-up in both collective and individual activities. These guidelines should not only focus on caring for the child who will come to the world or managing pain during labor but should also give women questions and experiences at the center of the discussion.

Certain challenges may compromise the effectiveness of prenatal educational activities, such as low adherence by the women, use of the approach through lectures, valorization of scientific knowledge over the constructed in social and family experiences, a practice not recommended by MH by do not allow women and their families to enter the educational process, therefore, not influencing the promotion of maternal autonomy, not allowing active participation of women or family members and not actually stimulating the adoption of humanized practices. The themes addressed in educational activities tend to marginalize female self-care by valuing themes that address care for the newborn. Guidelines that allow humanized practices during labor and delivery, as well as encouragement of normal birth, were little evidenced in this study.

Despite the ratified challenges, educational activities promote benefits, such as encouraging the participation of women and their families, strengthening the bond between nurses and women positively impacting the experience of motherhood, as well as promoting health, preventing diseases and problems. The factors that contribute to the educational practices by the nurse in the PHC according to this study were the performance of this professional as a facilitator of the process, the concretization of group meetings, the approach of simple technologies both in the collective and individual context that was shown to be effective in the educational practices for pregnant women.

CONCLUSION

The study identified that the educational practice developed by nurses in primary care can have positive repercussions on the experience of this very significant moment in the life of the woman and the construction of a family that is the birth. To strengthen communication between professional and patient through active listening and humane reception, practice of games and dynamics that allow integration among all components of this process, encourage the participation of family and companions, strengthening the nurse as an educator in the development of these activities, encouraging participation and collaboration of the components of the multi-professional team.

It is necessary to stimulate creativity on the theoretical implications of the results, considering the critical reasoning concerning health education, either individually or collectively in the process of professional training of the nurse so by assuming professional responsibility, he can develop and skills acquired in their academic experience.

The results of the review contributed to the theoretical explanation of the elements that make up the nurses/pregnant relationship from educational practices, behavioral elements present in the interpersonal relationship in the care that links each concept, as well as to allow an understanding of the studies published under the perspective of educational practices in PHC deepening questions and fostering practical reflection, making effective interpretations in a theoretical sense for the enrichment of Prenatal Care in UBS.

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