



AMBULATORIAL ADMINISTRATION UNDER THE PERSPECTIVE OF PREGNANT WOMEN

ATENDIMENTO AMBULATORIAL SOB A PERSPECTIVA DE GESTANTES ATENDIMIENTO AMBULATORIAL DESDE LA PERSPECTIVA DE MUJERES EMBARAZADAS

Verônica Francisqueti¹, Elen Ferraz Teston², Maria Antonia Ramos Costa³

ABSTRACT

Objective: to know the perception of pregnant women about the quality of the service by the multiprofessional team. **Method:** an exploratory study, with a qualitative approach, carried out at a point of reference for the secondary attention of the Mãe Paranaense Network, in the interior of Paraná, with a target audience of 50 pregnant women. Data were collected from a semi-structured interview. For the analysis, the Content Analysis Technique was used in the Thematic Analysis modality. **Results:** two thematic axes - knowledge about the Paraná mother network, were highlighted, in which the pregnant women stated that they did not know what the network was; Equality of care of the multiprofessional team, and most of the pregnant women considered as good the care received at the point of outpatient secondary care. **Conclusion:** in the perception of the majority of pregnant women, the quality of the service at the outpatient secondary point was considered good. **Descriptors:** Pregnant Women; Risk Groups; Nursing.

RESUMO

Objetivo: conhecer a percepção das gestantes sobre a qualidade do serviço pela equipe multiprofissional. **Método:** estudo exploratório, com abordagem qualitativa, realizado em um ponto de referência da atenção secundária da Rede Mãe Paranaense, no interior do Paraná, tendo como público-alvo 50 gestantes. Os dados foram coletados a partir de entrevista semiestruturada. Para a análise, utilizou-se a Técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** destacaram-se dois eixos temáticos - conhecimento sobre a rede mãe paranaense, no qual as gestantes afirmaram não conhecer o que era a rede; e qualidade do atendimento da equipe multiprofissional, sendo que maioria das gestantes considerou como bom o atendimento recebido no ponto de atenção secundário ambulatorial. **Conclusão:** na percepção da maioria das gestantes, a qualidade do serviço no ponto secundário ambulatorial foi considerada boa. **Descritores:** Gestantes; Grupos de Risco; Enfermagem.

RESUMEN

Objetivo: conocer la percepción de las mujeres embarazadas sobre la calidad del servicio por el equipo multidisciplinario. **Método:** estudio exploratorio con un enfoque cualitativo, se realizó en un punto de referencia de la atención de la atención secundaria de la Red Madre Paranaense, en el interior de Paraná, teniendo como enfoque 50 mujeres embarazadas. Los datos fueron recogidos a través de entrevista semiestructurada. Para el análisis se utilizó la Técnica de Análisis de Contenido en modo de Análisis Temático. **Resultados:** hubo dos temas principales, conocimientos sobre la red madre paranaense, en el que las mujeres embarazadas han afirmado no conocer lo que es la red; igualdad del atendimento del equipo multidisciplinario, siendo que la mayoría de las mujeres embarazadas considera como buena la atención recibida en el punto de atención ambulatoria secundaria. **Conclusión:** en la percepción de las embarazadas, la calidad de servicio ambulatorial secundario es considerada buen punto. **Descriptores:** Mujeres Embarazadas; Grupos Vulnerables; Enfermería.

¹Academic, Nursing Course, State University of Paraná / UNESPAR. City of Gaúcha (PR), Brazil. E-mail: veronicafrancisqueti19@gmail.com;

²Nurse, PhD, Professor, State University of Paraná / UNESPAR. Paranavaí (PR), Brazil. E-mail: ferrazteston@gmail.com; ³Nurse, PhD, Professor, State University of Paraná / UNESPAR. Paranavaí (PR), Brazil. E-mail: enfunespar1982@hotmail.com

INTRODUCTION

The gestational period is marked by physical, emotional, and also social changes, which, are often, considered normal. However, some pregnant women have an increased risk of complications for their health and their baby due to the presence of some pre-existing factors such as: age (under 15 years and over 40 years), chronic diseases and communicable diseases.¹

Caring for the pregnant woman during prenatal care are of great value, since through them it is possible to detect both mother's and baby's intercurrents, as well as enabling the woman and her family to learn about changes in pregnancy and in relation to pregnancy. To the child.^{2,3}

In order to increase the quality of maternal and child health care, especially, at high risk pregnancies, the Ministry of Health created the Stork Network in 2011, which defined that high-risk stratified pregnant women should be referred to the high prenatal service Risk, together with a specialized care and, simultaneously, with the basic care team, offering conditions for a complete follow-up to both the pregnant woman, and their family.⁴⁻⁵

In this context, the State Department of Health of Paraná (SESA) implemented the Paranaense Mother Network, based on the experience of the Curitiba mother network. This network has as one of the objectives to establish in the basic care services, the stratification in low risk, intermediate risk and high risk of the pregnant women in the beginning of the prenatal, taking into account the presence or not of the risk factors.⁶

High-risk stratified pregnant women are those with a pre-existing clinical condition such as endocrinopathies, hypertension, autoimmune diseases, bariatric surgery, gynecology, infectious diseases, psychosis, severe depression, among others, and clinical intercurrents such as Rh isoimmunization, infectious diseases, gestational hypertensive disease, preterm labor, confirmed fetal malformation, premature amnior- rhexis, and others.^{1,7}

The health services use this stratification to order the care of the pregnant women and to accompany them in all the necessary points of attention^{5,6}, aiming at the qualification of care and the reduction of maternal and child mortality due to preventable causes.⁶ Thus, The stratified pregnant women as high risk need to perform five multiprofessional consultations during the gestational period

and the pregnant women of intermediate risk a multiprofessional care.⁵

This multidisciplinary care should be carried out by a team of obstetricians, nurses, pharmacists, nutritionists, social workers and others, where each professional will prepare a plan of care for the pregnant woman, providing guidelines that will complement the actions developed by the primary care team.⁶

The outpatient secondary care point should offer two group educational activities that should be conducted by a higher education professional, providing the pregnant woman and her child with a guarantee of a healthy and quality life.^{5-6,8}

When considering the current relevance of this strategy, as well as the lack of studies that reveal the functioning of its implementation, under the perception of the users of the service, this study has as a research question: How is the quality of the services provided by the point of secondary attention from the perspective of the Pregnant women?

OBJECTIVE

- To know the perception of pregnant women regarding the quality of care by the multiprofessional team.

MÉTHOD

Exploratory study, with a qualitative approach. The target population of this study consisted of all the pregnant women participating in the Regional Specialties Center (CRE) (n = 50), who were stratified as high-risk pregnant women and intermediate risk by the Primary Care team.

The research was developed in the CRE, reference service of the Northwest region of the State of Paraná. The service has service with referenced demand for primary health care in 28 municipalities in the Northwest Region, with two shifts: morning and evening. The CRE is the secondary attention point composed of a multiprofessional team in which a psychologist, a physiotherapist, a social worker, and four medical specialties (gynecologist and obstetrician, gastroenterologist, pulmonologist and dermatologist).

Data were collected on Fridays, according to the scheduling of consultations in the service for pregnant women, from May to November 2015. After authorization from the institution, the participants were gathered in a room provided by CRE for this activity, where they received information and clarifications On the research and signed the Free and Informed Consent Term.

Francisqueti V, Teston EF, Costa MAR.

Ambulatorial administration under the...

The authors used a questionnaire, which contained socio-demographic data and pregnancy data (age, education, gestational age, gestational number, marital status and risk stratification), and a guiding question: In their perception of quality of care provided by the multi-professional team? The answers were transcribed in their entirety. The pregnant women were identified by the letter "G", followed by an Arabic number, according to the delivery of the signed consent form, in order to preserve anonymity.

Data related to socio-demographic characteristics and number of visits were stored in a database through the Microsoft Excel2010 worksheet, and presented through means and percentages to subsidize the discussion of qualitative data.

The qualitative data were submitted to the Content Analysis, technique in thematic analysis modality.⁹ After analysis, two thematic axes were defined: Knowledge about the mother network of Paraná; Quality of care of the multi-professional team. The research was submitted to the analysis of the ethics committee in research involving human beings, in accordance with Resolution 466/12, of the National Health Council, and was approved under the number of Opinion 1,243,866.

RESULTS

Among the 50 pregnant women interviewed, 92% were aged between 20 and 39 years, 6% were women over 40 years and 2%, under 15 years. The majority (96%) had more than three years of study and more than half (60%) were married and economically active (64%).

Regarding gestation, 68% were multiparous, 62% were in the third trimester and 10% of them already had a history of abortion. With respect to risk stratification, 82% were at high risk (42% due to clinical intercurrents, with emphasis on placental displacement (6%), gestational diabetes (6%), gestational hypertension (10% and 40%) due to poor pre-existing clinical condition, evidencing 6% diabetics and 4% with hypertension).

In most cases (86%), referral to the CLP was performed by the medical professional and 14% by the nurse, but 8% of the pregnant women did not know the reason for referral to the outpatient secondary care point.

The content analysis of the interviews allowed the identification of two thematic categories described below.

◆ Knowledge about the network of attention

Most of the pregnant women (78.7%) reported not having knowledge about what the Network is and 19.14% have never heard about this service. Among the minority (14.89%) who said they knew the Mãe Paranaense Network, 6.38% reported not knowing correctly the rights guaranteed to pregnant women.

[...] I know that the Network offers care during pregnancy and after the baby is born, and after a year you have complete follow-up that you need. Follow up, the time you have available to come they have to make a vacancy." (G12)

Ah, the Mãe Paranaense Network, came to give rights to pregnant women, to accompanying women, to having medical services, and to nurse obstetricians, although they do not have rights. They just are not fulfilled (laughs). She also has the right to have a meeting there at the hospital, from when you have close to childbirth and your husband participate together with you from the meeting and from there can participate in childbirth so he can attend, that many people like, more people enough, does not know that." (G38)

I do not know, I have not heard." (G23)

[...] I do my prenatal in this Network Mãe Paranaense, that we have the booklet, right." (G7)

Quality of care of the multiprofessional team

Regarding general care, 14.9% of pregnant women considered it to be a regular care, due to waiting time.

[...] here it takes too long, it's eight o'clock to be taken care of at one o'clock in the afternoon." (G2)

What I think of the attendance is regular, for being pregnant I think I would have to take a little more consideration. Another problem is the delay, one day I arrived here noon and I was attended at four in the afternoon. I do not live here I have to return to my city." (G4)

However, the majority (76.59%) considered it as good.

Ah now it's good, but at first it was not, I was going to ask about my baby, I kicked the doctor, it's kind of rustic [...]" (G12)

The doctor is very attentive, explains things right. The doctor is very good." (G46)

It was good, great, I have nothing to complain about." (G39)

When questioned about the care by the multi-professional team, it was identified that all were attended by the gynecologist and obstetrician, but less than half (31.91%), reported having received care from the social

Francisqueti V, Teston EF, Costa MAR.

Ambulatorial administration under the...

worker; 29.78% and 12, 7%, respectively, said they were also assisted by the physiotherapist and psychologist. Only 19, 14% stated that they received care from the nurse practitioner.

[...] only with the doctor himself. (G14)

[...] I only went with the social worker only. (G36)

[...] the nurse here from the CRE answered me. The social worker, too. (G31)

[...] I spent well at the beginning only there I think it was with the psychologist, social worker, the woman of today who is a physiotherapist [...] an appointment with each. (G25)

More than half (57.4%) received guidance on care during pregnancy by one of the professionals of the CRE's multi-professional team.

[...] I received information about food, that I cannot eat these sugar stuffs, a lot of salt, dough, none of these things, eat enough vegetables, lots of fruit. And about breastfeeding, breastfeeding, because it is important until the six months or more [...]. (G16)

[...] Follow the prenatal and take the right medications." (G19)

[...] ah nutritionist spoke to balance the weight that I already obese, she spoke because of the pressure, take the salt, take the potassium, because of the burning take out the dough, so that's what I understood. The social worker was breastfeeding, to know how I am how I'm going to do after the baby is born. And the physiotherapist was a way to get up, sit, and sleep that it's not to hurt the spine, that's all. (G17)

[...] They talked about breastfeeding, baby care, delivery care, after childbirth. (G30)

[...] then the social worker, informed me how it was for me to operate the nurse I do not remember much, and the physiotherapist the ways to sit, to get up from bed." (G41)

Regarding whether or not they received care instructions during and after gestation, 42.5% of the pregnant women reported that they received no guidance at the secondary care point, and, of these 25.53% inferred that they received guidance only in their home municipality, as shows the lines.

There was guidance yes, there in the municipality, not here. (G3)

Not because I went straight to the doctor alone. He looks at the exams and asks how I'm going, I say, then he listens to the heart, then he's ready to send it away (laughs). (G40)

DISCUSSION

According to the Paranaense Mother Network, pregnant women younger than 15 years or older than 40 years are stratified as intermediate risk.⁵ In this study, the majority of pregnant women were in the age bracket

considered ideal for the development of gestation without complications, which corroborates the results of a study carried out in Minas Gerais, Brazil, where the prevalence of pregnant women was between 22 and 39 years of age.¹⁰

Low levels of schooling may limit women's understanding of the importance of health care and make it difficult to access information on care during the gestational period.¹² In this study, most pregnant women had more than three years of schooling.

In this study, pre-existing conditions such as hypertension (14%), gestational hypertensive disease (DHEG) (10%) and 4% with chronic hypertension were found to be more prevalent as causes of stratification of high-risk pregnant women. Diabetes appeared as a cause in 12% of the participants, corresponding to 6% gestational diabetes and 6% diabetes mellitus. This study corroborates with the results of a study carried out in the high-risk maternity hospital in Goiânia, which identified preeclampsia (17.2%), systemic arterial hypertension (9.1%) as the most prevalent causes of gestational morbidities Diabetes (8.1%).¹²

It is noticed that the Paranaense Mother Network follows service models found in other States, regarding stratification and risk. According to a survey carried out in São Paulo, from the moment that the pregnant woman is diagnosed with DHEG, she is considered a high-risk pregnant woman, being referred from her Basic Health Unit to the reference unit, which, from this moment, are jointly responsible for the care of this woman.¹³ It is emphasized that, in this flow, referral services perform complex assistance, through a multi-professional team, according to the health needs of pregnant women.¹⁴

In this study, some pregnant women did not know the reason for being in a reference service, which corroborates with the results of the study carried out in Minas Gerais, where the lack of orientation and information felt by the pregnant women in relation to the reason for being referenced For high-risk prenatal.¹⁰ It should be noted that communication is a fundamental element of the interpersonal relationship between professionals and the patient, occurring effectively in health care¹⁵, besides being an important factor in adherence to prenatal care and actions Self-care.

The lack of knowledge of the Network by most pregnant women corroborates the results of a study carried out in Rio Grande do Sul, which identified that the knowledge of pregnant women presented little in relation to

Francisqueti V, Teston EF, Costa MAR.

Ambulatorial administration under the...

prenatal care and risk situations during pregnancy.¹⁶ This fact makes it difficult for women require their rights, as recommended by the Network guidelines.

Also in this context, another study carried out in Espírito Santo, aimed at analyzing the adaptation of the prenatal care, process according to the principles of the Prenatal and Birth Humanization Program (PHPN) and the Stork Network guidelines in the System Unified Health System (UHS), revealed that, once the pregnant women have appropriate access to the health services, in which they are educated about all the PHPN proposals, they feel integrated into health care, aware of the care, developing the commitment. However, it is verified that this situation is far from being achieved, since the care performed by pregnant women is without dialogue by the majority of health professionals.¹⁷

When the pregnant women were questioned about the quality of care received in the service researched, the majority considered the service to be good, but, due to the fact that they did not know what would be the Paranaense Mother Network and their rights may be one of the factors that deserves questioning, Requiring concrete activities aimed at defending and guaranteeing the rights of pregnant women, through the educational component, the qualification of the information and adequate strategies, so that they can know their rights. Thus, it is necessary to discuss with women, during the pregnancy-puerperal cycle, their rights in an integral and broad way.¹⁸

However, some pregnant women were aware of their rights, as can be detected in the G38 speech, where it reports on Law No. 11, 108, of 2005, which guarantees parturients for the participation of the companion during labor, delivery and postpartum Immediate in the UHS. The assistance offered by the companion of choice of the pregnant woman, provides a psychological structure, attenuating fear and tension.¹⁹

According to the speeches of G2 and G4, the failures in attendance are related to waiting time, which corroborates study results in Rio de Janeiro which pointed to the dissatisfaction of pregnant women, related to the waiting time for the service.²⁰ Still in this context, a study carried out in Curitiba with pregnant women when questioned about the degree of satisfaction with prenatal care in the mother network in Curitiba, 13.3% declared dissatisfied with the delay in the

results of the exams, lack of humanization and physical structure.²¹

It is known that the Paranaense Mother guideline advocates multi-professional care in the field of outpatient secondary care. However, it can be observed, in the statements of pregnant G14 and G40, that the follow-up in CLP is being performed only by the gynecologist and obstetrician, since the Other professionals from the multi-professional team performed only one care, regardless of the risk of the pregnant woman, as can be detected in G25 speech. Based on the responses (G12 and G46) of the pregnant women, it was possible to verify that the care is centered on the medical professional.⁵

In order for prenatal care to be carried out with quality, professionals must be qualified to carry out educational and assistance activities, either in groups or individually, so that pregnant women can understand and know all gestational development, since in this way the multi-professional team will assist in the promotion Preventing social, cultural, and psycho-affective disorders, avoiding aggravations in pregnant women, providing an improvement in the quality of life, and reducing the risks of maternal and infant morbidity and mortality.^{22,23}

Just over half of the pregnant women received guidance from the multiprofessional team about gestational care as can be observed in the speech of G17. The support of the multiprofessional team can help pregnant women better recognize pregnancy changes and achieve changes in their attitudes and adopt healthier lifestyle.¹⁰

In the G30, discourse the instructions given by the health professionals regarding the care of the pregnant woman and baby, in relation to the delivery and after the delivery, and the importance of the breastfeeding, are verified. Health education is a time when the pregnant woman acquires information that can contribute to pregnancy and safe childbirth.²³ It can be seen, from the G19's, speech that there was guidance for continued prenatal care and use of medications correctly. The health professionals in the Prenatal consultations should highlight the relevance of prenatal care, enabling pregnant women to become participants in this process.²⁴ It was possible to identify in the G41 excerpt about guidance, clarification of family planning, by the health professional. It is necessary to be carried out by the health team, with family planning instructions aimed at the prevention of a consecutive high-risk pregnancy and avoiding maternal and infant mortality.^{23,24}

FUNDING

Araucária foundation.

REFERENCES

1. Ministério da Saúde. Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas [Internet]. [cited 2016 Nov 15]. Gestação de alto risco: manual técnico. Brasília; 2012. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/manual_tecnico_gestacao_alto_risco.pdf

2. Heaman MI, Sword W, Elliot L, Moffatt M, Helewa ME, Morris H, et al. Barriers and facilitators related to use of prenatal care by inner-city women: perceptions of health care providers. BMC pregnancy childbirth [Internet]. 2015 [cited 2016 Mar 10];15:2. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25591945>

3. Vendittelli F, Barasinski C, Pereira B, Lémery D. Incidence of immediate postpartum hemorrhages in French maternity units: a prospective observational study (HERA study).BMC pregnancy childbirth [Internet]. 2016 [cited 2015 Sept 11];16(1):242. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4995746/>

4. Fortuna CM, Mesquita LPD, Matumoto S, Monceau G. A análise de implicação de pesquisadores em uma pesquisa-intervenção na Rede Cegonha: ferramenta da análise institucional. Cad saúde pública [Internet]. 2016 [cited 2017 Mar 01];32(9):1-10. Available from: <http://www.scielo.br/pdf/csp/v32n9/1678-4464-csp-32-09-e00117615.pdf>

5. Ministério da Saúde. Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas [Internet]. [cited 2016 Oct 15]. Simpósio Internacional de Redes de Atenção Integral à Saúde da Mulher e da Criança. Brasília; 2015. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/simposio_internacional_redes_atencao_integral.pdf

6. Secretaria de Estado da Saúde do Paraná. [Internet]. [cited 2016 Nov 10]. Linha Guia - Rede Mãe Paranaense. Curitiba; 2014. Available from: http://www.saude.pr.gov.br/arquivos/File/ACS/linha_guiaversao_final.pdf

7. Huçulak MC, Dalcuche MG, Peterlini OLG. Rede Mãe Paranaense: Relato de Experiência na Gestão de Resultados. VI Congresso CONSAD de gestão pública [Internet]. 2013 Abr 16-18;Centro de Convenções Ulysses

8. Cabrita BAC, Abrahão AL, Rosa APD, Rosa FDSFD. A busca do cuidado pela gestante de alto risco e a relação integralidade em saúde. Ciênc cuid saúde [Internet]. 2015 [cited 2016 July 17];14(2):1139-1148. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/24250>

9. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.

10. Oster RT, Bruno G, Montour M, Roasting M, Lightning R, Rain P, et al. Kikiskawâwasow - prenatal healthcare provider perceptions of effective care for First Nations women: an ethnographic community-based participatory research study. BMC pregnancy childbirth [Internet]. 2016 [cited 2016 Dec 15];16(1):2016. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27514523>

11. Gonçalves CGDO, Soares VMN, Barberian AP. Unidade de Saúde Mãe Curitibana: Satisfação das Usuárias. Rev baiana saúde pública [Internet]. 2014 [cited 2016 Dec 10];38(2):327-343. Available from: <http://rbsp.sesab.ba.gov.br/index.php/rbsp/article/view/568>

12. Reis JTS, Saraiva FO, Ferraresi MF, Vieira MADSV. Perfil Epidemiológico das parturientes atendidas em uma maternidade de alto risco de Goiânia- GO. Estudos [Internet]. 2014 [cited 2016 Oct 17];41(2):329-339. Available from: <http://seer.ucg.br/index.php/estudos/article/view/3388>

13. Cruz AFDN, Vieira BDG, Alves VHA, Rodrigues DP, Queiroz ABA, Santos KM. Morbidade materna pela doença hipertensiva específica da gestação: estudo descritivo com abordagem quantitativa. Rev pesquisa cuid fundam. (Online) [Internet]. 2016 [cited 2016 Dec 09];8(2):4290-4299. Available from: <http://dx.doi.org/10.9789/2175-5361.2016.v8i2.4290-4299>.

14. Corrêa ACDP, Dói HY. Contrarreferência de mulheres que vivenciaram gestação de risco a unidades de saúde da família em Cuiabá. Ciênc cuid saúde [Internet]. 2014 [cited 2016 July 23];13(1):104-110. Available from: <http://www.periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/19916>

15. Palatnik A, Mele L, Landon MB, Reddy UM, Ramin SM, Carpenter MW, et al. [Timing of treatment initiation for mild gestational](#)

Francisqueti V, Teston EF, Costa MAR.

Ambulatorial administration under the...

- [diabetes and perinatal outcomes](#). Am j obstet gynecol [Internet]. 2015 [cited 2017 mar 01];213(4):560-560. Available from: <http://dx.doi.org/10.1016/j.ajog.2015.06.022>
16. Bicego XR, Bonan JC, Silveira SKD, Carvalho MAD. Risco reprodutivo e renda familiar: análise do perfil de gestantes. Ciênc saúde coletiva [Internet]. 2013 [cited 2016 Dec 09];18(4):1161-1171. Available from: <http://dx.doi.org/10.1590/S1413-81232013000400029>.
17. Martinelli KG, Neto ETDS, Gama SGND, Oliveira AE. Adequação do processo da assistência pré-natal segundo os critérios do Programa de Humanização do Pré-natal e Nascimento e Rede Cegonha. Rev bras ginecol obstet [Internet]. 2014 [cited 2016 Nov 10];36(2):56-64. Available from: <http://www.scielo.br/pdf/rbgo/v36n2/0100-7203-rbgo-36-02-00056.pdf>
18. Rodrigues ESRC, Torquato JA, Davim RMB, Oliveira LFME, Alves ESRC, Nóbrega MDF. Percepção das mulheres sobre seus direitos no ciclo gravídico puerperal. J Nurs UFPE on line [Internet]. 2016 [cited 2016 Nov 16];10(5):1796-804. Available from: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IscScript=iah/iah.xis&src=google&base=BDENF&lang=p&nextAction=lnk&exprSearch=29665&indexSearch=ID>
19. Santos RAAD, Melo MCP, Cruz DD. Trajetória de humanização do parto no Brasil a partir de uma revisão integrativa de literatura. Cad Cult Cienc [Internet]. 2015 [cited 2016 Nov 20];13(2):76-89. Available from: <http://periodicos.urca.br/ojs/index.php/cadernos/article/view/838>
20. Vetorre MV, Dias M, Vetorre MV, Leal MDC. Avaliação da qualidade da atenção pré-natal dentre gestantes com e sem história de prematuridade no Sistema Único de Saúde no Rio de Janeiro, Brasil. Rev bras saúde matern infant [Internet]. 2013 [cited 2016 Oct 19];13(2):89-100. Available from: http://www.scielo.br/scielo.php?pid=S1519-38292013000200002&script=sci_abstract&tlng=pt
21. Alves DPDS, Oselame GB, Dutra DDA, Tetzaff AADS, Oliveira EMD. Caracterização de gestantes em atendimento pré-natal. Revista da Universidade Vale do Rio Verde [Internet]. 2015 [cited 2016 Oct 10];13(2):630-638. Available from: http://www.scielo.br/scielo.php?pid=S151938292013000200002&script=sci_abstract&tlng=pt
22. Skupien SV, Ravelli ANX, Acauan LV. Consulta puerperal de enfermagem: prevenção de complicações mamária. Cogitare

- enferm [Internet]. 2016 [cited 2016 June 10];21(2):01-06. Available from: <http://revistas.ufpr.br/cogitare/article/download/44691/28240>
23. Dias EG, Santo FGDE, Santos IGRD, Alves JCS, Santos TMFD. Percepção das gestantes quanto a importância das ações educativas promovida pelo enfermeiro no pré-natal em uma unidade básica de saúde. Rev gest sist saúde [Internet]. 2015 [cited 2016 Oct 18];6(3):2695-2710. Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=5555827>
24. Angulo-Tuesta A, Santos LMP, Natalizi DA. Impact of health research on advances in knowledge, research capacity-building and evidence-informed policies: a case study on maternal mortality and morbidity in Brazil. São Paulo med j [Internet]. 2016 [cited 2017 Mar 01];134(2):153-162. Available from: <http://dx.doi.org/10.1590/1516-3180.2015.01530211>.

Submission: 2016/12/16

Accepted: 2017/04/07

Publishing: 2017/05/01

Corresponding Address

Verônica Francisqueti
Avenida Domingos Sanches, 1448
Jardim Morumbi
CEP: 8700-000 – Paranavaí (PR), Brazil