CASE REPORT ARTICLE

NURSING CARE SYSTEMATIZATION IN PRENATAL CONSULTATIONS

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM NAS CONSULTAS DE PRÉ-NATAL

SISTEMATIZACIÓN DE CUIDADOS DE ENFERMERÍA EN CONSULTAS PRENATALES

Kamila Jéssica Pereira Leite¹, Wagner Lucas de Araújo Valença Silva², Evandro Almeida Alves³, Elayza Carlos Damasceno⁴, Luana Jeniffer Souza Farias da Costa⁵, Kesia Jacqueline Ribeiro Oliveira⁶, Raquel Ferreira Lopes⁷

ABSTRACT

Objective: to report the experience of nurses in the implementation of Nursing Care Systematization during prenatal consultations. **Method:** this is a qualitative, descriptive study, type experience report, with medical records of pregnant women attended at a basic health unit. It is informed that the implementation process of Nursing Care Systematization took place in four stages. A table with the main nursing diagnoses and interventions was elaborated using the taxonomy International Classification for Nursing Practice. NCS was applied during nursing consultations of nurses accompanied by the preceptor. **Results:** it was revealed that initially there was difficulty for the nurses to make the records in the medical records according to the ICNP, but the nurses could understand the importance of applying the NCS and the standardization of nursing diagnoses. **Conclusion:** it becomes the application of Nursing Care Systematization fundamental for the full analysis of patients in the pregnancy period, as well as for the critical-reflective training of students. Professionals should be sensitized to the implementation of NCS in health services. **Descriptors:** Nursing Process; Nursing Care; Prenatal Care; Health Centers; Primary Nursing; Patient Care Planning.

RESUMO

Objetivo: relatar a experiência de enfermeiros na implantação da Sistematização da Assistência de Enfermagem durante as consultas de pré-natal. **Método:** trata-se de estudo qualitativo, descritivo, tipo relato de experiência, com prontuários de gestantes atendidas em uma unidade básica de saúde. Informa-se que o processo de implantação da Sistematização da Assistência de Enfermagem ocorreu em quatro etapas. Elaborou-se uma figura quadro com os principais diagnósticos e intervenções de Enfermagem, utilizando a taxonomia Classificação Internacional para a Prática de Enfermagem. Aplicou-se a SAE durante as consultas de Enfermagem dos enfermeiros acompanhados da preceptora. **Resultados:** revela-se que, inicialmente, houve dificuldade dos enfermeiros para a realização dos registros nos prontuários de acordo com a CIPE, mas os enfermeiros puderam compreender a importância da aplicação da SAE e da padronização dos diagnósticos de Enfermagem. **Conclusão:** torna-se a aplicação da Sistematização da Assistência de Enfermagem fundamental para a análise integral das pacientes em período gravídico, como também para a formação crítico-reflexiva dos estudantes. Devem-se sensibilizar os profissionais para a implantação da SAE nos serviços de saúde. **Descritores:** Processo de Enfermagem; Cuidados de Enfermagem; Cuidado Pré-Natal; Centros de saúde; Enfermagem Primária; Planejamento de Assistência ao Paciente.

RESUMEN

Objetivo: informar la experiencia de enfermeros en la implementación de la Sistematización de la Atención de Enfermería durante las consultas prenatales. **Método:** se trata un estudio cualitativo, descriptivo, tipo experiencia, con registros médicos de mujeres embarazadas atendidas en una unidad básica de salud. Se informa que el proceso de implementación de la Sistematización del Cuidado de Enfermería se realizó en cuatro etapas. Se elaboró una tabla con los principales diagnósticos e intervenciones de enfermería, utilizando la taxonomía Clasificación Internacional para la Práctica de Enfermería. Se aplicó SAE durante las consultas de enfermería de enfermeras acompañadas por el preceptor. **Resultados:** se reveló que inicialmente hubo dificultades de los enfermeros para la realización de registros en prontuarios médicos de acuerdo con la CIPE, pero las enfermeras podían entender la importancia de aplicar el SAE y los patrones de los diagnósticos de enfermería. **Conclusión:** se convierte en la aplicación de la Sistematización de la Atención de Enfermería fundamental para el análisis completo de pacientes en el período de embarazo, así como para la formación crítica reflexiva de los estudiantes. Los profesionales deben estar sensibilizados con la implementación de SAE en los servicios de salud. **Descriptores:** Proceso de Enfermería; Atención de Enfermería; Atención Prenatal; Centros de Salud; Enfermería Primaria; Planificación de Atención al Paciente.

^{1,2,3,4}Tiradentes University Center / UNIT. Maceió (AL), Brazil. ¹<https://orcid.org/0000-0002-7793-638X> ²<https://orcid.org/0000-0003-0313-9801> ³<https://orcid.org/0000-0002-3326-6695> ⁴<https://orcid.org/0000-0003-4001-3263> ⁵Federal University of Alagoas / UFAL. Maceió (AL), Brazil. ⁶<https://orcid.org/0000-0002-6532-4642> ⁷Federal University of Alagoas / UFAL. Maceió (AL), Brazil. ⁶<https://orcid.org/0000-0001-6458-7857> ⁷Alagoas School of Technology / FAT. Maceió (AL), Brazil. ⁷<https://orcid.org/0000-0002-2061-7038>

How to cite this article

Leite KJP, Silva WLAV, Alves EA, Damasceno EC, Costa LJSF da, Oliveira KJR, et al. Systematization of nursing care in prenatal consultations. J Nurs UFPE on line. 2019;13:e242001 DOI: <https://doi.org/10.5205/1981-8963.2019.242001>

INTRODUCTION

Given the new paradigm of reorganizing primary health care, a differentiated role is played by nurses in the team to which they belong. Its practice refers to a restructuring and requires systematic action in the integrality of care. It is added that, from the search for knowledge in research, subsidies acquired by nurses will lead them to new work processes, new ways of insertion in community spaces, as well as new guidelines for evaluating the results of this model.¹

It is pointed out that, considered as an instrument used for care actions, with the Nursing Care Systematization (NCS), health problems, planning and implementation of actions and evaluation of results by the professional nurse are identified.² The introduction of NCS is the exclusive responsibility of the nurse, providing systematic care under fundamental circumstances for its promotion.³

The Nursing Process (NP) is considered as the largest representation of the scientific method of the profession, being directed by the NCS through which the development and organization of the work of the team for which the nurse is responsible occurs.⁴

It is possible, with the NCS, to organize the professional work regarding the method, the staff and the instruments, making possible the operationalization of the Nursing Process, provided for in Resolution 358/2009 of the Federal Nursing Council.³

Despite being primordial in the practice of nursing, providing the professional with technical, scientific and human resources, aiming at a better quality of care, the introduction of NCS in practice is an arduous task for several reasons.⁵

It is noteworthy that one of the reasons that hinder the implementation of NCS is that nurses have to be aware of it, applying it in their daily lives. It is noted that most professionals do not have knowledge of the methodology, so do not put it into practice or do it in half.⁶ Other factors for not implementing NCS are the lack of human resources and due to this scarcity, nurses dedicate more time to care activities, moving away from management activities⁷.

It is possible, with the NCS, the elaboration of a Nursing prescription with individualized care, besides enabling the improvement of Nursing records and the humanization of care.²

With reference to Resolution No. 358/2009, the NP should be based on theoretical support that guides the execution of its five phases, with the nurse being the leader in the development and evaluation of this.⁸

Similarly, it is determined by Resolution No. 429, 2012, that, in the execution of the NP, the

formal record includes a summary of the collected data, nursing diagnoses, nursing actions or interventions as a result of the diagnoses identified, as well as results achieved in the care provided to the person, family or community.⁹

It is understood that one of the points that facilitate the introduction of NCS is the filling of patient data in the system, making it more practical; implementation difficulties are usually when organizing medical records only possible through initiative and persistence.¹⁰

The nursing care plan is elaborated by the nurse during the prenatal nursing consultation and according to the identified and prioritized needs, establishing interventions, guidelines and referrals to other services.¹¹ Thus, the pregnant woman is seen holistically in the biological, family, social, economic, emotional, effective and spiritual contexts.

The prenatal nursing consultation is considered an opportune moment to discuss the complaints brought by pregnant women, their doubts, their anxieties regarding the pregnancy period, fetal and newborn organism, a time to clarify doubts, review and reinforce guidelines, report test results and the prognosis of pregnancy. It becomes a moment that should awaken, in the pregnant woman, the care with her health and self-care.¹²

Therefore, there is a need to show nurses the importance of updating the scope of women's health care to attend prenatal consultations, providing more qualified care through the implementation of the Systematization of Nursing and its own taxonomy, such as the ICNP®.¹³

OBJECTIVE

- To report the experience of nursing students in the implementation of Nursing Care Systematization during prenatal consultations.

METHOD

This is a qualitative, descriptive, experience-related study conducted by nurses during supervised internship I in a basic health unit, in an Alagoas municipality, from August to October 2017, and in the medical records of pregnant women attended at same unit.

It is reported that there was no need for submission to the Research Ethics Committee because it is an experience report with a proposal to contribute to the scientific literature from the experience of undergraduates during the exercise and implementation of NCS in prenatal consultation.

The basic health unit consists of a family health team, where care is provided to patients registered in the area of coverage and spontaneous demand. It is noted that, during the study period, there were 32 pregnant women

enrolled in prenatal care. Nursing consultations for pregnant women were divided between the unit nurse and the preceptive nurse, with supervision to the nurses.

Initially, a bibliographic search, in articles and manuals of the Ministry of Health, was carried out in order to find the main complaints presented by pregnant women during prenatal consultations.

Then, the main nursing diagnoses presented during the data collection phase during prenatal care were described and, after listing these diagnoses, a search of the terms by the ICNP® taxonomy and the main nursing interventions was performed.

Finally, it was produced a table for fixation in the Nursing office, containing the main Nursing diagnoses and results with the appropriate Nursing interventions for the public in question, organized in alphabetical order.

NCS was applied during prenatal consultations with pregnant women by nurses accompanied by the preceptor and the ICNP taxonomy was used ® for the record in the medical record.

RESULTS

The process of implantation of the NCS in prenatal consultations was developed in four stages. Initially, it was awakened in the nursing team, the importance of Nursing Care Systematization with the complete and holistic physical examination in pregnant women, not just the obstetric examination.

Subsequently, the unit's nurse was sensitized about NCS and the use of the ICNP® taxonomy, with emphasis on the importance and necessity of comprehensive care, as well as the standardization of nursing diagnoses and interventions.

Figure 1 shows the main nursing diagnoses, interventions and expected results found using the ICNP taxonomy®.

Nursing Diagnostics	Nursing Prescription	Nursing Results
Anxiety present	Advise on fears; Guide on relaxation techniques.	Improved anxiety
Leg cramps	Guide breathing technique (increase oxygen flow). Guide on food intake pattern (rich in potassium, calcium and vitamin B1 - banana, melon, coconut water, others). Massage the leg. Guide progressive muscle relaxation technique. Raise leg (put at heart level for 20 minutes several times a day). Avoid severe exercise (excessive).	Improved leg cramps
Mild candidiasis / moderate / severe	Manage sexual behavior; Get data on hygiene standards; Obtain urination data; Guide about self-care; Orient about vaginal hygiene; Advise on food or liquid intake pattern; Reinforce behavioral regime (light clothes, cotton panties); Orient about sexual behavior; Collect cervical cells; Prescribe medication (as per MH protocol);	Improved cadidiasis
Present dyspareunia	Guide for change in the pattern of sexuality; Offer psychological support to patient and partner.	Improved dyspareunia
Dyspepsia (or indigestion)	Guide on the pattern of food intake; Guide on the pattern of fluid intake; Guide about breathing technique.	Dyspepsia (or indigestion), absent
Pain during urination (or dysuria) present	Monitor the appearance of urination; Evaluate the genitourinary apparatus; Advise water intake; Make tracking.	Absent pain
Lack of knowledge about baby (or infant) care)	Guide on baby care.	Knowledge about improved baby care
Lack of knowledge about fetal development	Guide on fetal development.	Knowledge about fetal development
Lack of knowledge about pregnancy (pregnancy)	Guide on the stages of pregnancy; Inform about the importance of the frequency of consultations; Advise on the preventive administration of folic acid and ferrous sulfate; Guide on the pattern of food intake; Inform about the importance and purpose of prenatal examinations; Encourage exclusive breastfeeding;	Knowledge about pregnancy (pregnancy)
Lack of knowledge about childbirth (or birth)	Inform about vaginal delivery and cesarean section; Guide about changes that happen in the body after childbirth;	Knowledge of childbirth (or birth)
Depressed mood.	Advise on hope;	Improved mood.

	Encourage positive affirmations; Manage mood.		
Excessive Food Intake.	Guide on the pattern of food intake.	Improved Intake.	Food
Non-adherence to immunization regime	Vacinate.	Enhanced immunization adherence.	
Non-adherence to the drug regimen	Inform about adherence to the drug regimen (folic acid and ferrous sulfate).	Improved adherence to drug regimen	
Nausea	Identify pattern of food intake. Advise on management of nausea from nausea. Guide on pattern of food intake. Guide on pattern of fluid intake.	Nausea, absent	
Heartburn	Avoid eating food (coffee, black tea, hot, alcohol, soda, candy). Guide on diet (small amounts 3/3 hours).	Improved heartburn	
Sleep deprivation	Orient about the night eating pattern; Guide on the proper sleeping position (left lateral position); Promote peaceful environment.	Improved sleep	
Vaginal bleeding	Obtain data regarding the appearance and amount of bleeding; Avoid physical exertion; Advise on rest; Forward to doctor.	Absent bleeding.	
Abnormal vaginal secretion	Manage sexual behavior; Get data on hygiene standards; Evaluate genitourinary condition (color, odor, itching); Orient about vaginal hygiene; Orient about sexual behavior. Guide on urinary system function; Guide vagina secretion / elimination; Stimulate fluid intake; Monitor secretion / elimination of the vagina; Offer diagnostic test (rapid test); Collect cervical cells; Prescribe medication (as per MH protocol).	Vaginal secretion at the expected level	

Figure 1. Characterization of diagnoses and prescriptions found using the ICNP taxonomy. Maceió (AL), Brazil, 2017.

After the elaboration of the chart and fixation in the Nursing practice, the NCS and the use of Nursing diagnoses and interventions during the prenatal consultations were implemented, as well as the registration in the pregnant women's medical records.

It is noteworthy that, at this stage, nurses had greater difficulty in adapting to the new way of performing prenatal consultations and, especially, in the records in medical records due to the need for more time to perform the consultation.

It was also noticed that the pregnant women noticed the change in care and many reported feeling happy and thanked for the care provided, longer consultation times and longer time to talk with professionals and for having their questions answered.

DISCUSSION

The NCS is a care methodology that guides the Nursing work process, systematizing the care to the individual, making it more qualified, resolute and humanized, as it allows a uniform language in health. It is necessary, for it to be implanted in the health service, that the Nursing team understands its importance and the application in the care process.³

It is explained that, with technological evolution, the constant exchange of information

and the demands of health institutions, in an attempt to maximize resources and improve the quality of care, have increasingly required nurses to improve their services, planning and operationalization of care, intensifying the undeniable need to adopt and consolidate NCS.¹⁴

It is identified, in health services, especially in primary care, the resistance of some professionals to apply NCS during nursing consultations, either due to lack of training or high demand, requiring more time in consultations or even to lack of sensitivity about the importance of applying NCS.

It is noticed that professionals do not put all NCS steps into practice in their work environment, as this practice implies improvement in the use of this methodology for its implementation, which requires constant updating, skills and experience.¹⁵

Understanding about the importance of NCS and the result of its application in the care process becomes a major contribution for professionals to implement it in their work environment, but it is necessary that they know and apply the stages of care. Nursing process and know how to apply their technical-scientific knowledge in assisting the individual.³

Due to the deficiency of nurses' records, the NCS becomes an informal instrument, which makes its implementation difficult; In view of this, the

non-satisfactory accomplishment of the Nursing registry makes the NCS incomplete and inoperative and reveals a contradiction.¹⁴ It is due to the non-use of NCS by professionals to the distance between thinking and doing, mainly because there is no greater concern with the quality of care.³

According to a study already carried out, the implementation of NCS in the basic health units with which nursing care becomes more humanized, focused and directed to the user in a unique way. The nurse is recognized for doing her job by assisting the user according to her reality, considering her living conditions and providing greater satisfaction to both the client and the nurse.³

It is observed in primary care that the approach based on NCS has not been implemented and, as a gateway, it needs the development of critical thinking in nursing practice, generating technical autonomy, individualization, uniformity, continuity and evaluation of the care provided; Therefore, using the NCS in the Basic Health Units would guide the care to users, seeking to achieve quality nursing care.³

It is evident from the application of the NCS in prenatal consultations that the nurses could critically understand the care directed to each pregnant woman in a unique and singular way. The main complaints and diagnoses of pregnant women were identified, being able to intervene according to the reality of each patient.

Moreover, by the implementation of the SAE, the care and management practice of care for each client is reaffirmed, where it is possible to highlight the technical-scientific knowledge through systematic care, which contributes to the appreciation of the professional category and higher quality care.

CONCLUSION

It is concluded that the application of Nursing Care Systematization is fundamental for the full analysis of patients in the pregnancy period as well as for the critical-reflective training of students and that nurses should be sensitized to the implementation of NCS in health services.

REFERENCES

1. Tannure MC, Pinheiro AM. SAE: sistematização da assistência de enfermagem: guia prático. 2th ed. Rio de Janeiro: Guanabara Koogan; 2011.
2. Souza MFG, Santos ADB, Monteiro AI. The nursing process in the opinion of the nursing staff of a teaching hospital. *Rev Bras Enferm.* 2013 Mar/Apr; 66(2):167-73. DOI: <http://dx.doi.org/10.1590/S0034-71672013000200003>
3. Santana JCB, Rocha VAM, Oliveira E, Afonso LN, Santos SLR, Freitas VMF, *et al.* Nurses on the

perception of Systematization Nursing Care in primary care of Belo Horizonte. *Enferm rev* [Internet]. 2013 Jan/Apr [cited 2017 Oct 22];16(1):4-17. Available from: <http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/12936/10175>

4. Maria MA, Quadros FAA, Grassi MFO. Systematization of nursing care in urgency and emergency services: feasibility of implementation. *Rev Bras Enferm.* 2012 Mar/Apr;65(2):297-303. DOI: <http://dx.doi.org/10.1590/S0034-71672012000200015>

5. Remizoski J, Rocha MM, Vall J. Difficulties in the implantation of nursing's: a theoretical revision. *Cad Esc Saúde* [Internet]. 2010 [cited 2017 Oct 16];1(3):01-14. Available from: <http://portaldeperiodicos.unibrasil.com.br/index.php/cadernossaude/article/download/2298/1871>

6. Krauzer IM, Adamy EK, Ascari RA, Ferraz L, Trindade LL, Neiss M. Nursing care systematization in primary care: what do the nurses say? *Ciênc enferm.* 2015 Aug; 21(2):31-8. DOI: <http://dx.doi.org/10.4067/S0717-95532015000200004>

7. Penedo RM, Spiri WC. Meaning of the Systematization of Nursing Care for nurse managers. *Acta Paul Enferm* [Internet]. 2014 [cited 2017 July 02];27(1):86-92. Available from: http://www.scielo.br/scielo.php?pid=S0103-21002014000100016&script=sci_arttext

8. Conselho Federal de Enfermagem. Resolução nº 358 do Conselho Federal de Enfermagem de 15 de outubro de 2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes públicos ou privados [Internet]. Brasília: COFEN; 2009 [cited 2017 Oct 22]. Available from: http://www.cofen.gov.br/resolucao-cofen-3582009_4384.html

9. Conselho Federal de Enfermagem. Resolução nº 429 do Conselho Federal de Enfermagem de 30 de maio de 2012. Dispõe sobre o registro das ações profissionais no prontuário do paciente, e em outros documentos próprios da enfermagem, independente do meio de suporte - tradicional ou eletrônico [Internet]. Brasília: COFEN; 2012 [cited 2017 Oct 22]. Available from: http://www.cofen.gov.br/resolucao-cofen-n-4292012_9263.html

10. Faria OW, Costa CFS, Acosta DF. Systematics in nursing care for mothers during postpartum in family health basic units: a perspective. *Vittalle* [Internet]. 2012 [cited 2017 Oct 16];24(2):23-9. Available from: <https://seer.furg.br/vittalle/article/view/5128/3197>

11. Duarte SJH, Andrade SMO. Prenatal assistance in the Program Health of the Family. *Esc Anna*

Nery Rev Enferm. 2006 Apr; 10(1):121-5. DOI: [10.1590/S1414-81452006000100016](https://doi.org/10.1590/S1414-81452006000100016)

12. Rios CTF, Vieira NFC. Educational action in prenatal care: a reflection on nursing consultation as an opportunity for health education. Ciênc Saúde Colet. 2007 Mar/Apr;12(2):477-86. DOI: <http://dx.doi.org/10.1590/S1413-81232007000200024>

13. Barreto CN, Ressel LB, Santos CC, Wilhelm LA, Silva SC, Alves CN. Prenatal care in the voice of pregnant women. J Nurs UFPE on line. 2013 June;7(6):4354-63. DOI: <https://doi.org/10.5205/1981-8963-v7i6a11674p4354-4363-2013>

14. Soares MI, Resck ZMR, Terra FS, Camelo SHH. Systematization of nursing care: challenges and features to nurses in the care management. Esc Anna Nery Rev Enferm. 2015 Jan/Mar;19(1):47-53. DOI: <http://dx.doi.org/10.5935/1414-8145.20150007>

15. Silva EGC, Oliveira VC, Neves GBC, Guimarães TMR. Nurses' knowledge about nursing care systematization: from theory to practice. Rev Esc Enferm USP. 2011 Dec; 45(6):1380-6. DOI: <http://dx.doi.org/10.1590/S0080-62342011000600015>

Corresponding author

Raquel Ferreira Lopes

Email: raquellopes@gmail.com

Submission: 2019/07/18

Accepted: 2019/10/08

Copyright© 2019 Journal of Nursing UFPE on line/JNOUL.

This is an Open Access article distributed under the terms of the [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/). This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. Recommended for maximum dissemination and use of licensed materials.