

THE PERCEPTION OF PUERPERAL WOMEN ABOUT THE ASSISTANCE RECEIVED DURING PRENATAL CARE

A PERCEPÇÃO DE PUÉRPERAS SOBRE A ASSISTÊNCIA RECEBIDA NO PRÉ-NATAL LA PERCEPCIÓN DE PUÉRPERAS SOBRE LA ASISTENCIA RECIBIDA DURANTE LOS CUIDADOS PRENATALES

Tamires Barbosa Bezerra¹, Camila Almeida Neves de Oliveira²

ABSTRACT

Objective: to know the perception of puerperal women assisted at a Center for Normal Delivery about the assistance received during prenatal care. **Method:** a descriptive survey with a qualitative approach. Data collection occurred at a Center for Normal Delivery through semi-structured interviews with 16 puerperae, with the results being submitted to content analysis. The survey was approved by the Ethics Committee under CAAE: 21379919.3.0000.5037. **Results:** from the perspective of puerperal women, prenatal care enabled the construction of a bond with the health team through humanized care, prevailing their satisfaction with the assistance received during pregnancy. However, the study indicated the existence of weaknesses regarding access to health units and the waiting time for doing the tests requested in prenatal care. **Conclusion:** it is necessary to advance in order to effectively achieve quality in prenatal care and to improve professional practices in primary care to meet the women's expectations during assistance in the pregnancy period. **Descriptors:** Perception; Health Care; Prenatal Care; Postpartum Period; Primary Health Care.

RESUMO

Objetivo: conhecer a percepção de puérperas atendidas em um Centro de Parto Normal sobre a assistência recebida no pré-natal. **Método:** pesquisa descritiva com abordagem qualitativa. A coleta de dados ocorreu em um Centro de Parto Normal por meio de entrevista semiestruturada com 16 puérperas, sendo os resultados submetidos à análise de conteúdo. A pesquisa obteve aprovação do Comitê de Ética mediante CAAE: 21379919.3.0000.5037. **Resultados:** na ótica das puérperas, o atendimento pré-natal viabilizou a construção de vínculo com a equipe de saúde através de uma assistência humanizada, prevalecendo a satisfação com a assistência recebida na gestação. No entanto, o estudo sinalizou a existência de fragilidades no tocante ao acesso às unidades de saúde e ao tempo de espera para a realização dos exames solicitados no pré-natal. **Conclusão:** é preciso avançar para alcançar efetivamente a qualidade da assistência pré-natal e aprimorar as práticas profissionais da atenção primária para atender às expectativas das mulheres durante a assistência no período gravídico. **Descritores:** Percepção; Assistência à Saúde; Cuidado Pré-natal; Período Pós-

parto; Atenção Primária à Saúde.

RESUMEN

Objetivo: conocer la percepción de las puérperas atendidas en un Centro de Parto Normal sobre la asistencia recibida en los cuidados prenatales. **Método:** investigación descriptiva con enfoque cualitativo. La recolección de datos se realizó en un Centro de Parto Normal mediante entrevista semiestructurada con 16 puérperas y los resultados fueron sometidos a análisis de contenido. La investigación fue aprobada por el Comité de Ética a través de CAAE: 21379919.3.0000.5037. **Resultados:** en la óptica de las puérperas, la atención prenatal viabilizó la construcción del vínculo con el equipo de salud a través de una asistencia humanizada, prevaleciendo la satisfacción con la asistencia recibida durante el embarazo. Sin embargo, el estudio señaló la existencia de debilidades en cuanto al acceso a las unidades de salud y el tiempo de espera para la realización de pruebas solicitadas en la atención prenatal. **Conclusión:** es necesario avanzar para lograr efectivamente la calidad de la atención prenatal y mejorar las prácticas profesionales de la atención primaria para satisfacer las expectativas de las mujeres durante la asistencia en el periodo gravídico. **Descriptor:** Percepción; Asistencia sanitaria; Atención prenatal; Periodo posparto; Atención sanitaria primaria.

¹⁻² Universidade Regional do Cariri/URCA. Iguatu (CE), Brazil.

¹<https://orcid.org/0000-0002-0228-310x>

²<https://orcid.org/0000-0002-3674-2378>

*Article extracted from (Residency Conclusion Paper in Family and Community Health)
<< Prenatal care from the perspective of puerperae assisted at a Center for Normal Childbirth >>.
Escola de Saúde Pública do Ceará/ (ESP-CE), 2020.

How to cite this article
Bezerra, TB, Oliveira, CAN. The perception of puerperal women about the assistance received during prenatal care. Rev enferm UFPE on line. 2021;15(2):e247826 DOI: 10.5205/1981-8963.2021.247826

INTRODUCTION

The process of giving birth to a child is a unique experience in the life of a woman, full of physical, psychological, emotional, and social transformations. Thus, to ensure that this phase runs safely and healthily, it is necessary that maternal and neonatal health care is effective and qualified.¹

One of the main ways to promote health during pregnancy is to ensure pregnant women's access to health services with emphasis on prenatal care, which consists of a set of actions aimed at providing comprehensive care to pregnant women and their fetuses, enabling the early identification of risk factors in order to control them in due time and prevent obstetric complications, considering that the quality of this assistance plays a decisive role in maternal and perinatal mortality.²

In Brazil, prenatal care is among the main topics of discussion and public investment today, with notable concern within the public health context.³ Considering the significant importance of this care practice, the coverage of prenatal care has been expanded in the country since the 1990s; however, most Brazilian pregnant women are still not receiving qualified prenatal care as recommended by the Ministry of Health (MH).⁴

Epidemiological data show the prevalence of maternal and neonatal mortality in the country. Between the years 2006 and 2017, 20,229 maternal deaths occurred, corresponding to a Maternal Mortality Ratio (MMR) of 62.3 deaths per 100,000 live births (LB). Considering the Brazilian regions, the mortality rates were 71.9 in the North and 74.7 in the Northeast, while the Southeast, South, and Midwest regions had 54.7, 50.5, and 61.5, respectively, in the same period.⁵ In Ceará alone, from 1998 to 2014, 2,039 maternal deaths were confirmed, with an MMR of 78.1 per 100,000 LB.⁶

These data refer to the importance of the goal agreed upon in 2015 by Agenda 2030, which consists of an action plan defined by the United Nations and has as one of the Sustainable Development Goals the reduction in maternal mortality to less than 70 deaths per 100,000 LB by 2030, since until 2015 the MMR was still considered high according to the parameters of the World Health Organization.⁷

Despite the advances in the health system, such as the expansion of prenatal care coverage and improvements in delivery care, maternal mortality rates still remain high, demonstrating that the quality of obstetric care has not yet been fully achieved, considering that maternal mortality is a powerful indicator of women's health care.⁵

In this perspective, aware of the need for intervention, in 2000 the Brazilian Ministry of Health created the Prenatal and Birth Humanization Program with the purpose of qualifying maternal health care and reducing pregnancy-related morbidity and mortality indicators.⁸ Following

these goals, in 2011 the Stork Network program was implemented in the Brazilian Unified Health System (SUS), which proposes the expansion of access, reception and quality of prenatal care to guarantee women with the right to humanized care from reproductive planning through puerperium, as well as comprehensive care for newborns, as from the strengthening of network assistance.⁹

Therefore, in order to promote adequate health care for pregnant women, it is necessary to follow the parameters of the MH and its current strategy of care for women throughout their life cycle with the implementation of the Stork Network. The MH recommends that the first prenatal appointment should take place as early as up to 120 days of pregnancy, with a minimum of six appointments and a puerperal appointment up to 42 days after birth; these appointments should include orientation, physical examination, request for laboratory tests, immunization, and health education.¹⁰

The importance of the pregnant woman's follow-up by a multidisciplinary team is also emphasized, who, through the specificity of each core professional, can fully assist pregnant women, including their participation in educational activities.¹¹

The work process within the Family Health Strategy (FHS) is the reference model for prenatal care in the light of these recommendations, considering that primary care should be based on care, on qualified listening and on the bond between the professional and the patient in order to favor the approximation of pregnant women to the health service, strengthening the integrality and the potential for resolution.¹²

Thus, the Basic Health Unit (BHU) should be the preferential entrance door to the health system for pregnant women, since it is characterized as strategic equipment to better meet their needs, providing a longitudinal and continuous care during pregnancy.¹³

This survey represents an opportunity to identify what prenatal care is like from the perspective of puerperal women about this service, which will make it possible to get to know the quality of care offered beyond the professional technique, including the degree of satisfaction of the users of the health service, since they are women who have experienced the entire process of pregnancy and delivery.

It is believed that this study will enable the detection of possible failures of the health service or possible gaps in the performance of the professionals involved in the care of pregnant women in prenatal care - information of extreme relevance, since it can serve as a theoretical and practical basis for managers and health professionals in adopting possible intervention strategies, in addition to contributing to the reflection and improvement of maternal health care practices. The proposal of this study is thus justified, having as its guiding question: what is the perception of puerperal women regarding the assistance received during prenatal care?

OBJECTIVE

To understand the perception of puerperal women assisted in a Center for Normal Delivery on the assistance received during prenatal care.

METHOD

This is a descriptive survey with a qualitative approach. Qualitative surveys consider the interpretation of phenomena and the attribution of meanings, with the study environment as a direct source for data collection, and the researcher as a key instrument in the survey, as he/she is the one who analyzes the data inductively and maintains direct contact with the object of study.¹⁴

The study setting was a Center for Normal Delivery (CPN in Portuguese) located in a municipality in the interior of the state of Ceará. This CPN has five beds arranged in individual apartments structured for humanized delivery, a reception room, a doctor's office, and a nursing station, with a team of professionals composed of obstetricians, obstetric nurses, and nursing technicians trained in the maternal-infant area, constituting an obstetric reference center for the ten municipalities that make up the 18th Health Region of Ceará.

Sixteen puerperae participated in the study, according to the following inclusion criteria: age 18 years or older, being admitted to the CPN ward and having had prenatal care in the city of Iguatu-Ceará. Puerperae with clinical and/or emotional conditions that made it impossible to participate in the survey, or with some limitation in communication, were excluded.

Data collection occurred in the individual patient's ward, during the first 24 hours of immediate puerperium, being carried out from September to November 2019 through a semi-structured interview. The collection instrument was divided into two sections, one with closed questions referring to their sociodemographic data and obstetric history, and the other with open questions directed to the understanding about the puerperae's experiences during prenatal care. Thus, the questions asked were about how they evaluated the prenatal care received during pregnancy, whether they had faced any difficulty in accessing prenatal care, what they would change in their prenatal visits, and whether they were satisfied with the prenatal care they had received.

The puerperal women were interviewed after signing the Free and Informed Consent Form that explained in appropriate language all the benefits and possible risks to which they would be subject to during the study. The interviews were conducted by one of the researchers with previous experience in qualitative studies, being duly recorded and the sample finalized according to the speech saturation criterion, when the explanations and meanings attributed by the subjects reach a regularity of presentation.¹⁵

The information obtained in this survey was transcribed in full, evaluated and interpreted using the content analysis technique, consisting of three phases: Pre-analysis, which corresponds to

the step of organizing the collected material, when a comprehensive reading of the interviews was conducted; Material Exploration, with the themes grouped based on the interpretation of the subjects' speeches; and Treatment of Results and Interpretation, which consisted of the evaluation of the recognized meanings in order to discover the sense of the person's speech.¹⁶

The data analysis was performed manually by two researchers through reading and understanding the speeches obtained in the interviews, which were submitted to a coding process in which the participants' speeches were organized into descriptive thematic categories, by grouping the information according to similarity of content, and preserving the anonymity of the participants, who were referred to in the study by pseudonyms: P1 (puerpera 1); P2 (puerpera 2), and so on. Thus, from the transcription and careful reading, the speeches were analyzed and correlated to the findings in the relevant literature, making it possible to interpret the information contained in the interviews, adding to the development of the results.¹⁷

This study was conducted in compliance with ethical and legal precepts throughout its development, meeting the requirements of Resolution No. 466 of December 12th, 2012, of the National Health Council (CNS in Portuguese).¹⁸ Approval was obtained from the Ethics and Research Committee of the Escola de Saúde Pública do Ceará (Ceará School of Public Health), under Certificate of Submission for Ethical Appreciation (CAAE) No. 21379919.3.0000.5037.

RESULTS

Among the 16 puerperae who were interviewed, the age ranged from 18 to 38 years; regarding education, all were educated, varying only the level of education, since 6 puerperae (37.5%) had finished high school, 3 (18.75%) had finished college, and 3 had finished elementary school (18.75%). In addition, 2 (12.5%) puerperae had incomplete high school education, a number equivalent to those who had incomplete higher education, which was also 2 (12.5%). Regarding the place of residence, 9 (56.25%) lived in rural areas, and 7 (43.75%) in urban areas. Regarding monthly family income, 8 (50%) earned less than one minimum salary, being equivalent to the number of puerperal women with income between one and two minimum salaries, which also accounted for 8 (50%). As for occupation, 8 (50%) were housewives, not engaged in paid activity; 3 (18.75%) were farmers; 2 (12.5%) were employed at the time of data collection; the number of puerperal students also corresponded to 2 (12.5%); and 1 (6.5%) was self-employed.

As regards the reproductive and obstetric profile of the puerperae, considering the number of pregnancies, 13 (81.25%) were multigravidae, and 3 (18.75%) were primigravidae. Regarding the history of deliveries, 8 (50%) puerperae had had two normal deliveries, 4 (25%) had had three normal deliveries, 3 (18.75%) had experienced their first normal delivery, and 1 (6.25%) had had four normal deliveries, but none of the interviewees had undergone a cesarean section. In addition, the

history of abortions was also investigated, whereupon 11 (68.75%) puerperae had no history of previous abortions, and 5 (31.25%) had a history of a previous abortion.

From the analysis of the speeches obtained through the interviews, it was possible to define the categories "Access and reception in prenatal care" and "Quality of prenatal care: a look of the puerperal woman", which made it possible to understand the perception of the puerperae about the health care received during prenatal care.

Access and reception in prenatal care

In the speeches of the puerperal women, some difficulties in access to care in the health unit and to having tests done during prenatal care were identified, showing that these factors can directly interfere in the lack of engagement in medical appointments and in continued care.

I was in one, then I wasn't very well assisted, I went to another one that wasn't in my neighborhood, I asked for a transfer. I couldn't get medical attention here, I had to go to the farm, to my grandmother's house where I used to live. (P2)

Yes, this first one I didn't have a health agent, so it was very difficult for me to be able to keep my appointments updated. (P4)

It can be observed that the difficulties regarding access are related to the quality of care, considered unsatisfactory in the view of the puerperae, because it was necessary to move to another location in order to be assisted. Another factor that was considered was the lack of a community health agent, which interfered negatively in the attendance of the pregnant woman to the service.

Puerperal women also reported the difficulty in doing the tests requested during prenatal care, especially regarding the delay in accessing the results. Thus, when asked about what they would change in the appointments they had had, the following accounts came up:

I would only improve this question of the system of exams. (P3)

No, the only thing, that is, that is bad is the question of exams, because you have to... either pay for them or wait for the exams... you give birth and there are no ultrasound scans. (P4)

It's only the exams that take a long time to receive, but the appointments were in no time at all. (P11)

No, the only difficulty I had is that I could not get an ultrasound scan. (P14)

From the accounts, it can be seen that the puerperal women expressed feelings of dissatisfaction with the waiting time to undergo and obtain test results, showing that the quality of care, in their perceptions, transcends the professional approach and the appointments they had.

As from the speeches, the difficulties that occur in relation to the timely carrying out of tests are also perceived, culminating in the puerperae's dissatisfaction with the delay in accessing and receiving them. Therefore, the need for a structural reorganization of the health system is noticeable, not being restricted only to the request for routine exams, but to the conduction and timely results for a proper monitoring of the pregnancy in order to meet the minimum requirements for a quality prenatal care for the public of this study.

On the other hand, despite the dissatisfaction related to the access and timely receipt of exam results, when evaluating the prenatal appointments they had had, the puerperal women evidenced that they were well received during the appointments, having built relationships of trust through the strengthening of the bond with the professional.

Good, very good, I was very well assisted... the girls, the professionals at my FHC (Family Health Center)... very nice, I have no complaints, yesterday when I arrived here (Center for Normal Delivery) in pain, I called the nurse there, then asking, right, if what they were doing to me was right, to see if she could help me with some opinion, she said no, what he is doing is good, you can stay there, I loved it. As for the girls, I have no complaints, neither about the doctor. (P10)

They pay a lot of attention to us, treat us well, we get there, everyone is happy and satisfied, there is no pulling faces. (P7)

I thought it was good, my health agent, the nurse and the doctor were very helpful, they were very good. (P5)

It was good, there's nothing to complain about, I was very well treated every time. (P14)

Very good, very good indeed, in every way. (P3)

During the interviews, it was possible to identify that the majority demonstrated satisfaction with the way they were received at the FHS, creating a relationship of trust with the professional, feeling respected, and even having the opportunity to maintain contact with the nursing professional of the prenatal reference team during hospital care for labor, enabling communication, clarification of doubts and continuity of care with the primary care professional.

Quality of prenatal care: a look of the puerperal woman

In the analysis of the interviews, the majority of the puerperae were noticed to show satisfaction with the attention received during prenatal care, demonstrating that the care provided by the professionals met their expectations and needs, with clarification of doubts and proper orientation.

The needs I had, the questions, the exams, were met. (P8)

I could have all my questions answered, great. (P1)

I told them everything, they answered me, very nice people, they talked. (P7)

Well, the nurse, the doctor, they explained things, talked things through. (P6)

The nurse and the doctor are very helpful, they talk a lot, explain a lot, even though it is my second baby, but even so they were always reminding me of everything, telling me to be alert. (P5)

Moreover, when asked about the satisfaction related to the assistance received during prenatal care, the puerperae emphasized the issue of quality of care provided by the health professionals, as well as the educational moments they had during the pregnancy period, as verified in their speeches:

Yes. Oh, because I was very well taken care of by them. (P1)

I was, because they were helpful. (P2)

The doctor there is really nice, and I like her, she treats me very well. (P11)

Yes, because they are very... it's ... how do you say ... helpful. (P4)

For me everything was ok, there were some meetings that I liked with the doctors, nurses. (P13)

I think I cleared up all my doubts, I only went to one lecture about breastfeeding, I think that was all (laughs). (P6)

Also based on the accounts, it was possible to identify that one of the puerperae emphasized that the fact of having been assisted by a multiprofessional team contributed to her satisfaction with the care.

I wouldn't change a thing. I was really well assisted, because I saw a dentist, a nurse, a doctor, you know. (P15)

On the other hand, there were also reports of dissatisfaction with the treatment received during prenatal care, showing that it is still necessary to improve the assistance practices to qualify the care to pregnant women in its integrity, as identified in the following statements:

It was so-so, because there were times when I was well assisted, and other times when I was badly assisted. (P15)

In relation to the doctor, so-so... I found the time... it's... the appointment is very quick. It's because with the nurse I think I had more time; with the doctor it was that quicker thing. (P8)

As from the statements, it can be inferred that there is still a deficiency in the reception and in the professional assistance in prenatal care in health units, not meeting the needs of pregnant women in a comprehensive way, showing that there are still inadequate care practices in which qualified listening is not practiced effectively, not meeting the expectations of pregnant

women. In addition, a dissatisfaction with the medical professional's care can be noticed in one of the speeches, emphasizing that she had more time with the nurse during appointments.

DISCUSSION

For prenatal care to be considered adequate, it is necessary to have a minimum of six medical appointments, with vaccination, routine laboratory tests, supplementation and drug treatment according to the problems identified during pregnancy, with all procedures recorded in the Pregnant Woman's Booklet, ensuring the reference and counter-reference of the pregnant woman, especially at the time of delivery.¹⁹ Thus, prenatal care must be effective and qualified, as complications during pregnancy, delivery and postpartum period are the leading causes of death among women of reproductive age all over the world.²⁰

In this context, women's prenatal care should be based on the reception and guaranteed access to health services through the care of professionals trained to promote qualified listening in order to contribute to the prevention of diseases in pregnant women and provide integral care.²¹

In this study, difficulties related to access to the health service were identified, with the lack of a community health agent also being cited as one of the reasons that interfered with the constancy of pregnant women in attending medical appointments. The presence of the community health agent in the FHS is essential for the communication link between the community and the health service, contributing to the strengthening of the bond between the pregnant woman and the health team, favoring the early capture and adherence to prenatal appointments.²²

Furthermore, access to prenatal care from the first trimester of pregnancy is an indicator of the quality of prenatal service in primary care. The early intake of pregnant women for appointments is essential for the identification of risk conditions, providing the necessary interventions in order to reduce the high rates of maternal and neonatal mortality.²³

In accordance with the recommendations of the MH, prenatal appointments should include anamnesis, clinical, obstetric and gynecological examination, the request for laboratory tests, as well as obstetric ultrasound scanning and cytopathology, if necessary.¹³

However, in the assistance services for pregnant women there are still difficulties in obtaining timely results of tests requested by professionals in prenatal care, which interferes with the preventive function of such tests, compromising the quality of care and delaying the identification of gestational risks. As a result, many pregnant women decide to have the requested exams done in the private network due to the existing conflicts in terms of scheduling and receiving the results in the public service.²³

The results obtained in the Birth in Brazil Survey, conducted in public and private services between 2011 and 2012, already indicated the connection between failures in the coordination and

integrality of obstetric care and the unfavorable perinatal outcomes, given the barriers to access and inadequacies of prenatal care in Brazil. Thus, the study highlights the need for a reordering of the obstetric care network for the reduction of maternal and infant morbidity and mortality rates.¹⁹

From the point of view of the pregnant woman assisted in the health service, the reduction in waiting time, both in relation to care and scheduling, is seen to favor the access, to promote a welcoming care environment, with the appointments perceived as more qualified. In addition, the humanized care and ease of access are considered positive points in the assistance, contributing to the adherence to prenatal care.²⁴ Thus, quality prenatal care is reiterated to include the accessibility of care throughout the gestation period, considering the availability of medical appointments and the guarantee of resources for clinical procedures.²⁵

Most of the puerperal women interviewed showed satisfaction with the FHS reception and the care received in the appointments. The pregnant woman assisted in prenatal care needs to be received in a humanized way by all professionals who provide this assistance, implementing actions that are often neglected because they are considered simple, such as qualified listening to complaints and doubts, which implies satisfaction, confidence and safety in the care received, and also arouses the woman's autonomy in her gestation and delivery.²⁶

The nurse's role is essential in prenatal care for pregnant women, with strategies to promote health and prevent diseases based on the humanization of care through dialogue, bonding, and qualified listening, allowing the clarification of doubts and the promotion of female autonomy during pregnancy.²³

The actions taken during prenatal care and the way professionals report to pregnant women during the assistance may favor the adherence of pregnant women to medical appointments, since the bond is a facilitator of health actions that consider the subjectivity of pregnant women. Therefore, the importance of the involvement of all professionals in the assistance to women during pregnancy in a humanized way is emphasized in order to provide the reception and resoluteness, contributing to the reduction in maternal mortality rates.³

Prenatal care is revealed as a fundamental foundation in the protection and prevention of adverse events in obstetric health, allowing the identification and implementation of timely clinical procedures on potential risk factors for complications to the health of mothers and their newborns. Thus, the non-implementation or inadequate implementation of this assistance has been associated with higher rates of maternal and infant morbidity and mortality.²⁷

In this sense, the importance of qualified prenatal care is emphasized, and it should be focused not only on clinical procedures, but cover a framework of practices aimed at health promotion, reception, and bonding in order to develop the woman's autonomy for self-care.²⁸

Pregnant women are believed to adhere to the health service and seek health professionals when they feel welcome and receive qualified care. Thus, to accomplish a prenatal care that promotes satisfaction amongst pregnant women, humanized attention is necessary, ensuring respect and emphasizing the proper guidance to clarify doubts about the changes that occur during pregnancy, as this is a delicate phase that generates great expectation for both women and their families.²⁹ Therefore, it is necessary to consider, during prenatal care, that pregnancy is not only a period of great changes, but also a time of family adaptation, being important to include the fathers in this process.³⁰

In order to fully assist pregnant women in prenatal care, professionals should incorporate attitudes that respect and contemplate the subjectivity and uniqueness of women-mothers to their actions, considering the culture of each family unit. In this sense, health education actions are of great significance to promote a dialogical practice of popular education focused on the participation of pregnant women in a critical and reflective way, demystifying the verticalized model of guidance, and consequently valuing the shared construction of knowledge in order to encourage the woman's autonomy to experience a safe gestation and delivery.⁸

The puerperae highlighted the quality of care received from health professionals during prenatal care, mentioning the satisfaction with the educational moments they had during pregnancy. The educational practices, individual or collective, conducted during pregnancy enhance maternal autonomy, since they are moments of guidance and sharing of necessary information for the prevention of risks to the health of the pregnant woman and the foetus, being therefore indispensable for the effectiveness of prenatal care.³¹

The health education actions in the gestational period provide necessary information for health promotion as from the acquisition of new knowledge. Thus, the group development with pregnant women is a relevant resource that transcends the conventional clinic, because it aims at a comprehensive care that meets the maternal needs, helping women to manage the peculiar transformations of pregnancy in a healthy way.³²

In this study, the importance of the multiprofessional team in prenatal consultations was identified, evidenced as a factor that contributed to the satisfaction regarding the service. One of the necessary components for a satisfactory prenatal care is the presence of multidisciplinary assistance, as it has been found that pregnant women feel safer to be accompanied by a multidisciplinary team during prenatal appointments. Given that pregnancy is a period that can raise con-

cerns, anxieties and expectations, the support of the multiprofessional team helps the woman and her family to go through this moment with acceptance and in a healthy way.³³

Despite the puerperae's reports of satisfaction with the care received in prenatal care, dissatisfaction speeches were also reported, with deficiencies in the reception being highlighted, and the preference for the appointment being conducted by the nurse being mentioned. In a study developed to evaluate the expectation of pregnant women when the nurse is involved in their prenatal care, it was found that pregnant women showed satisfaction with the appointment conducted by this professional, since they felt more comfortable and welcomed, stating that they felt more valued during the appointments.³⁴

Furthermore, research shows that nursing care is highly differential, being associated with qualified listening, providing a suitable moment for the pregnant woman to clarify doubts, thus favoring the establishment of a bond with the professional. In this sense, the nurse's care during prenatal care promotes the pregnant woman's autonomy, giving effectiveness to the nursing appointment as opposed to monitoring by other professionals.²⁹

When pregnant women do not feel welcome in the prenatal consultation, they do not feel that the service is a moment of care, which often contributes to reducing satisfaction and trust in the professional who is engaged in this practice, emphasizing that the quality of care is essential for the continuity of the assistance and, therefore, to effectively promote maternal and neonatal health.³⁵

However, in the context of the pandemic of the COVID-19 infection being declared as an international public health emergency in 2020, pregnant women may encounter difficulties related to qualified listening to their complaints, or even difficulties in establishing a bond and welcoming due to the limitations imposed by this health crisis that requires changes and adaptations throughout the health system. This may also have negative repercussions on the reproductive experience of women and on the quality of care due to the need for social distancing by the population and the postponement of in-person appointments for pregnant women with symptoms compatible with a flu-like syndrome, in addition to home isolation.³⁶⁻⁷

It should be reiterated that this survey had the limitations of restricted accessibility to the accounts of only those puerperae who were hospitalized in the CPN ward at the moment of data collection, in addition to not having enabled identifying the knowledge and skills that these patients acquired through the articulation with the health training offered in the prenatal appointments.

Although the CPN is a place of reference in assisting women from ten municipalities, in this study only the puerperae who had their prenatal care done in the municipality of Iguatu were se-

lected, which made it difficult to verify the opinion about the satisfaction with prenatal care in the view of puerperae as a whole, thus not being possible to generalize the findings of this survey.

In addition, because it is a place of assistance designed for low-risk pregnant women, the probability of unfavorable perinatal outcomes after delivery is reduced, which may have contributed to the identification of a greater number of reports of satisfaction of users about the assistance they received.

CONCLUSION

This study managed to achieve the proposed objective and verify how prenatal care is perceived in the view of puerperal women. This understanding about the quality from the view of the health service user who experienced the entire gestational period leads to the identification that there are still difficulties regarding access to the service and the timely conduction of tests, which weakens the assistance and promotes the dissatisfaction of pregnant women.

It was noticed that despite many advances made in the public health field, it is still necessary to bring primary care teams closer to the reality of families in order to achieve early intake and adherence of pregnant women to prenatal appointments, overcoming the social vulnerabilities inherent to the context of each woman.

However, regarding the quality of assistance offered by health professionals in prenatal care, most of the puerperal women interviewed showed satisfaction with the way they were welcomed, with the bond built with the health team, with the guidance and clarification of doubts they received, showing that although there are some accounts of complaints and disappointments, the humanization in prenatal care prevailed in this survey, according to the puerperal women's accounts.

Therefore, the results found reflect that it is still necessary to advance in order to effectively achieve quality prenatal care in an equitable manner in all existing health realities, starting from the premise that it is pertinent to expand the care procedures considered positive in this study, which resulted in satisfaction among the puerperal women. At the same time, it is necessary to seek strategies, including the professionals and municipal management in this process, to improve access to and timely delivery of essential test results, eliminating or minimizing practices that negatively impact the quality of maternal health care.

Hence, the information listed in this survey is expected to broaden the view of health professionals, of the public health management and of the academic community for the importance of seeking the effectiveness of public policies aimed at the qualification of assistance to women in the pregnancy-puerperal cycle, as well as for the due implementation of the practices recommended by the MH in places of both maternal and child care.

Given all of the above, the importance of the nursing professional in primary care is emphasized in promoting maternal health, including interventions aimed at understanding the subjectivity of women as well, in an attempt to ensure the satisfaction of pregnant women with prenatal care, considering the importance of getting closer to and building a bond with the families in the territory covered by the FHS.

In this context, the insertion of qualified nursing professionals in this area of care contributes to meeting these assumptions, being essential to enable the access, adherence and continuity of prenatal care for pregnant women under their care through the search for the strengthening and implementation of the principles of the SUS and the adequacy of health interventions as from the understanding of the reality of the families assisted through immersion in the territories where they work.

The results obtained in this survey point out to contributions to the improvement of professional practices in primary care focused on maternal care in order to meet the expectations of pregnant women in prenatal care based on the presented accounts, in addition to subsidizing the role of public health managers for new proposals for intervention, with the aim of reducing the weaknesses of prenatal care presented in this survey.

CONTRIBUTIONS

All authors contributed equally to the study design, data collection, analysis and discussion, as well as in the writing and critical review of the content with intellectual contribution and approval of the final version of the study.

CONFLICT OF INTERESTS

There are no conflicts of interests.

REFERENCES

1. Luz NF, Assis TR, Rezende FR. Percepções de puérperas adolescentes ao pré-natal e ao parto. ABCS Health Sci [Internet]. 2015 [cited 2020 Apr 12]; 40(2):80-4. Available from: https://www.researchgate.net/publication/281578841_Puerperas_adolescentes_percepcoes_relacionadas_ao_pre-natal_e_ao_parto
2. Carvalho ML, Almeida CAL, Marques AKL, Lima FF, Amorim LMM, Souza JML. Prevenção da mortalidade materna no pré-natal: uma revisão integrativa. Rev Interd [Internet]. 2015 [cited 2020 Apr 12];8(1): 178-184. Available from: https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/733/pdf_231

3. Schmitt PM, Tomazzetti BM, Hermes L, Hoffmann IC, Braz MM, Martelo NV. Rev Saúde e Pesquisa [Internet]. 2018 [cited 2020 Apr 12];11(1):129-137. Available from:
<https://periodicos.unicesumar.edu.br/index.php/saudpesq/article/view/5968/3159>
4. Fontana AP, Medanha ABA, Inácio MX, Gusmão PP. Pré-natal: a visão das gestantes e puérperas usuárias do serviço de saúde pública. Rev Educ Saúde [Internet]. 2017 [cited 2020 Apr 12];5(2):72-8. Available from:
<http://periodicos.unievangelica.edu.br/index.php/educacaoemsaude/article/view/2649/2168>
5. Rodrigues ARM, Cavalcante AES, Viana AB. Mortalidade materna no Brasil entre 2006-2017: análise temporal. ReTEP [Internet]. 2020 [cited 2020 May 15];11(1):3-9. Available from:
<http://www.coren-ce.org.br/wp-content/uploads/2020/01/Mortalidade-materna-no-Brasil-entre-2006-2017-an%C3%A1lise-temporal-final.pdf>
6. Ceará. Secretaria da Saúde do Estado do Ceará. Governo do Estado do Ceará. Coordenadoria de Promoção e Proteção à Saúde. Núcleo de Vigilância Epidemiológica. Informe Epidemiológico Mortalidade Materna. Fortaleza. 2015. Available from: https://www.saude.ce.gov.br/wp-content/uploads/sites/9/2018/06/informe_mortalidade_materna_junho_2015.pdf
7. Souza JP. A mortalidade materna e os novos objetivos de desenvolvimento sustentável (2016-2030). Rev Bras Ginecol Obstet [Internet]. 2015 [cited 2020 June 10];37(12):549-551. Available from: <https://www.scielo.br/pdf/rbgo/v37n12/0100-7203-rbgo-37-12-00549.pdf>
8. Campos ML, Veleza AA, Coelho DF, Telo SV. Percepção das gestantes sobre as consultas de pré-natal realizadas pelo enfermeiro na atenção básica. J Nurs Health [Internet]. 2016 [cited 2020 May 15];6(3):379-90. Available from:
<https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/7949/6916>
9. Guerra MI, Jucá V. Narrativas das mulheres sobre o cuidado pré-natal. Psicol Saúde Doenças. 2016 [cited 2020 May 15];17(2):253-264. Available from:
<http://www.scielo.mec.pt/pdf/psd/v17n2/v17n2a11.pdf>
10. Maeda TC, Parreira BDM, Silva SR, Oliveira ACD. Importância atribuída por puérperas às atividades desenvolvidas no pré-natal. Rev Enferm Atenção Saúde Online [Internet]. 2014 [cited 2020 May 15];3(2):6-18. Available from:
<http://seer.uftm.edu.br/revistaeletronica/index.php/enfer/article/view/1016/879>
11. Andrade UV, Santos JB, Duarte C. A percepção da gestante sobre a qualidade do atendimento pré-natal em UBS, Campo Grande, MS. Rev Psicol Saúde [Internet]. 2019 [cited 2020 June 15];11(1):53-61. Available from:
http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2177-093X2019000100004&lng=pt

12. Tomazetti BM, Hermes L, Martello NV, Schmitt PM, Braz MM, Hoffmann IC. A qualidade da assistência pré-natal sob olhar multiprofissional. Rev Cienc Saúde [Internet]. 2018 [cited 2020 Apr 12];11(1):41-50. Available from:
https://www.researchgate.net/publication/324577111_A_qualidade_da_assistencia_pre-natal_sob_olhar_multiprofissional
13. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Atenção ao pré-natal de baixo risco. Brasília: Ministério da Saúde; 2012. Available from:
http://bvsms.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf
14. PRODANOV CC, FREITAS EC. Metodologia do trabalho científico: métodos e técnicas da pesquisa e do trabalho acadêmico. 2ª ed. Novo Hamburgo: Feevale; 2013.
15. Minayo MCS. Pesquisa social: teoria, método e criatividade. 27ª ed. Petrópolis: Vozes; 2011.
16. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo: Hucitec; 2010.
17. GIL AC. Como elaborar projetos de pesquisa. 4ª ed. São Paulo: Atlas, 2002.
18. Brasil. Resolução Nº 466 do Conselho Nacional de Saúde, de 12 de dezembro de 2012 (BR) [Internet]. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial da União. 2013. Available from:
http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html
19. Leal MC, Esteves-Pereira AP, Viellas EF, Domingues RMSM, Gama SGN. Assistência pré-natal na rede pública do Brasil. Rev. Saúde Pública [Internet]. 2020 [cited 2020 June 16];54(08):1-12. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102020000100206&lng=en
20. Joshi C, Torvaldsen S, Hodgson R, Hayen A. Factors associated with the use and quality of antenatal care in Nepal: a population-based study using the demographic and health survey data. Pregnancy Childbirth [Internet]. 2014 [cited em 2020 June 20];14(94):01-11. Available from:
<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-14-94>
21. Almeida RN, Carvalho Filha FSS, Moreira AS, Silva MLA, Santos EP, Paiva LCS et al. Atenção à mulher no pré-natal: análise da assistência versus direito à saúde. Rev Arq Cient (IMMES) [Internet]. 2019 [cited 2020 June 29];2(2):41-7. Available from:
<file:///C:/Users/Cliente/Downloads/131-Texto%20do%20artigo-1046-2-10-20191124.pdf>
22. Serrazina MF, Silva GSV. Captação da gestante para pré-natal precoce. Rev PróUniverSUS [Internet]. 2019 [cited 2020 June 26];10(1):29- 34. Available from:
<http://editora.universidadedevassouras.edu.br/index.php/RPU/article/view/1621>

23. Sehnem GD, Saldanha LS, Arboit J, Ribeiro AC, Paula FM. Consulta de pré-natal na atenção primária à saúde: fragilidades e potencialidades da intervenção de enfermeiros brasileiros. *Rev Enferm Referência* [Internet]. 2019 [cited 2020 June 15];5(1):1-8. Available from: <http://www.scielo.mec.pt/pdf/ref/vserVn1/vserVn1a05.pdf>
24. Gomes CBA, Dias RS, Silva WGB, Pacheco MAB, Sousa FGM, Loyola CMD. Consulta de enfermagem no pré-natal: narrativas de gestantes e enfermeiras. *Texto Contexto Enferm* [Internet]. 2019 [cited 2020 June 16];28:e20170544. Available from: https://www.scielo.br/pdf/tce/v28/pt_1980-265X-tce-28-e20170544.pdf
25. Coley SL, Zapata JY, Schwei RJ, Mihalovic GE, Matabele MN, Jacobs EA, et al. More than a “number”: perspectives of prenatal care quality from mothers of Color and Providers. *Womens Health Issues* [Internet]. 2018 [cited 2020 June 20];28(2):158-64. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5835403/>
26. Oliveira BCD, Brito SS, Giotto AC. Percepção das gestantes sobre o pré-natal. *Rev Inic Cient Ext* [Internet]. 2018 [cited 2020 Apr 12];1(2):96-108. Available from: <https://revistasfacesa.senaaires.com.br/index.php/iniciacao-cientifica/article/view/57>
27. Nunes JT, Gomes KRO, Rodrigues MTP, Mascarenhas MDM. Qualidade da assistência pré-natal no Brasil: revisão de artigos publicados de 2005 a 2015. *Cad Saúde Colet* [Internet]. 2016 [cited 2020 May 15];24(2):252-261. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-462X2016000200252&lng=en
28. Santos SMP, Rodrigues JO, Santos LV, Lira LCS, Silva UB, Souza LB. Assistência à saúde da mulher no ciclo gravídico-puerperal: avaliação da acessibilidade na atenção básica. *Cogitare Enferm* [Internet]. 2016 [cited 2020 May 15];21(1):01-10. Available from: <https://revistas.ufpr.br/cogitare/article/view/43938/27702>
29. Dias EG, Anjos GB, Alves L, Pereira SN, Campos LM. Ações do enfermeiro no pré-natal e a importância, atribuída pelas gestantes. *Rev Saúde Educ* [Internet]. 2018 [cited 2020 Apr 12];6(1):52-62. Available from: <https://www.e-publicacoes.uerj.br/index.php/sustinere/article/view/31722/25719>
30. Tehrani SG, Bazzazian S, Nayeri ND. Pregnancy experiences of first time fathers in Iran: a qualitative interview study. *Iran Red Crescent Med J* [Internet]. 2015 [cited 2020 June 20];17(2):1-5. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4376989/pdf/ircmj-17-02-12271.pdf>
31. Quental LLC, Nascimento LCCC, Leal LC, Davim RMB, Cunha ICBC. Práticas educativas com gestantes na atenção primária à saúde. *Rev Enferm UFPE* [Internet]. 2017 [cited 2020 Apr

12];11(12):5370-5381. Available from:

<https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/23138>

32. Lima VKS, Hollanda GSE, Oliveira BMM, Oliveira IG, Santos LVF, Carvalho CML. Educação em saúde para gestantes: a busca pelo empoderamento materno no ciclo gravídico-puerperal. Rev Pesqui Cuid Fundam (Online) [Internet]. 2019 [cited 2020 June 16];11(4):968-975 Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/6822/pdf_1

33. Interagindo com a equipe multiprofissional: as interfaces da assistência na gestação de alto risco. Esc Anna Nery [Internet]. 2011 [cited 2020 May 15];15(1):103-10. Available from: [https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452011000100015&lng=pt&nrm=iso)

[81452011000100015&lng=pt&nrm=iso](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452011000100015&lng=pt&nrm=iso)

34. Assunção CS, Rizzo ER, Santos ME, Basílio MD, Messias CM, Carvalho JB. O enfermeiro no pré-natal: expectativas de gestantes. Rev Pesqui Cuid Fundam (Online) [Internet]. 2019 [cited 2020 Apr 12];11(3):576-581. Available from:

http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/6585/pdf_1

35. Andrade FM, Castro JFL, Silva AV. Percepção das gestantes sobre as consultas médicas e de enfermagem no pré-natal de baixo risco. Rev Enferm Cent O Min [Internet]. 2016 [cited 2020 May 15];6(3):2377-2388. Available from:

<http://www.seer.ufsj.edu.br/index.php/recom/article/view/1015/1170>

36. Rondelli GPH, Jardim DMB, Hamad GBNZ, Luna ELG, Marinho WJM, Mendes LL et al. Assistência às gestantes e recém-nascidos no contexto da infecção covid-19: uma revisão sistemática. Rev Desafios [Internet]. 2020 [cited 2020 June 16];7(3):48-74. Available from:

<https://sistemas.uft.edu.br/periodicos/index.php/desafios/article/view/8943/16730>

37. Souza KV, Schneck SC, Pena ED, Duarte ED, Alves VH. Direitos humanos das mulheres no parto frente à pandemia de Covid-19: o que fazer da enfermagem obstétrica. Cogitare enferm [Internet]. 2020 [cited 2020 June 16];25. Available from:

<https://revistas.ufpr.br/cogitare/article/view/73148/pdf>

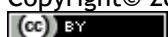
Corresponding Author

Tamires Barbosa Bezerra
E-mail: tamitbb@hotmail.com

Submitted: 12/08/2020

Accepted: 06/07/2021

Copyright© 2021 Revista de Enfermagem UFPE on line/REUOL.



This is an open access article distributed under Attribution CC BY 4.0 [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by/4.0/), which allows others to distribute, remix, adapt and build upon the material, even for commercial purposes, as long as due credit is given for the original creation. This is recommended to maximize the dissemination and use of licensed materials.