

## RESEARCH PAPER (ORIGINAL) 8

## Prenatal consultation in primary health care: weaknesses and strengths of Brazilian nurses' performance

*Consulta de pré-natal na atenção primária à saúde: fragilidades e potencialidades da intervenção de enfermeiros brasileiros*

*Consulta prenatal en la atención primaria de salud: debilidades y potencialidades de la intervención de los enfermeros brasileños*

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### Abstract

**Background:** To ensure prenatal care quality and reduce maternal and neonatal morbimortality, nurses working in primary health care settings need to carry out consultations aimed at identifying and preventing unfavorable perinatal outcomes.

**Objective:** To know the weaknesses and strengths of nurses' performance in prenatal consultations.

**Methodology:** A qualitative, descriptive study was conducted in the first half of 2018. The sample was composed of 11 female nurses bound to family health strategy units of a municipality in southern Brazil. Structured interviews were conducted and subject to thematic content analysis.

**Results:** The weaknesses identified included the delay in delivering the prenatal screening tests requested, the deficit of professionals to make up the multidisciplinary teams, and the difficulty of pregnant women to understand the importance of prenatal care. As for strengths, the variety of clinical interventions, the bond between the professional and the mother, and the use of local protocols were considered.

**Conclusion:** This study allowed knowing relevant aspects that can influence the quality of primary health care provided by nurses.

**Keywords:** primary health care; prenatal care; nursing

### Resumo

**Enquadramento:** Para assegurar a qualidade do período pré-natal e reduzir a morbimortalidade materna e neonatal, os enfermeiros que exercem funções na atenção primária à saúde precisam de realizar consultas pré-natais voltadas para a identificação e prevenção de desfechos perinatais desfavoráveis.

**Objetivo:** Conhecer as fragilidades e potencialidades da intervenção do enfermeiro na consulta de pré-natal.

**Metodologia:** Estudo qualitativo, do tipo descritivo, realizado no primeiro semestre de 2018. Participaram 11 enfermeiras vinculadas às unidades da estratégia saúde da família de um município do sul do Brasil. Foram realizadas entrevistas semiestruturadas e analisadas pela análise de conteúdo temática.

**Resultados:** Como fragilidades, a morosidade na entrega dos exames solicitados no pré-natal, o déficit de profissionais para compor as equipas multiprofissionais e a dificuldade no entendimento das gestantes acerca da importância do pré-natal. Como potencialidades, a variedade de intervenções clínicas, o vínculo entre o profissional e a gestante e o uso de protocolos municipais.

**Conclusão:** O presente estudo permitiu conhecer pontos relevantes que podem influenciar a qualidade da atenção pré-natal realizada pelo enfermeiro.

**Palavras-chave:** atenção primária à saúde; cuidado pré-natal; enfermagem

### Resumen

**Marco contextual:** Para garantizar la calidad de la atención prenatal y reducir la morbilidad y la mortalidad materna y neonatal, los enfermeros de atención primaria deben realizar consultas prenatales destinadas a identificar y prevenir los resultados perinatales peligrosos.

**Objetivo:** Conocer las fragilidades y potencialidades de la intervención del enfermero en la consulta prenatal.

**Metodología:** Estudio cualitativo, de tipo descriptivo, realizado en el primer semestre de 2018. Participaron once enfermeras vinculadas a las unidades de la estrategia de salud de familia de un municipio del sur de Brasil. Se realizaron entrevistas semiestruturadas, que se analizaron mediante el análisis de contenido temático.

**Resultados:** Como debilidades, el retraso en la entrega de los exámenes prenatales solicitados, la falta de profesionales para componer los equipos multiprofesionales y la dificultad de las mujeres embarazadas para entender la importancia de la atención prenatal. Como potencialidades, la variedad de intervenciones clínicas, el vínculo entre el profesional y la mujer embarazada y el uso de protocolos municipales.

**Conclusión:** El presente estudio proporcionó puntos relevantes que pueden influir en la calidad de la atención prenatal realizada por el enfermero.

**Palabras clave:** atención primaria de salud; atención prenatal; enfermería

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## Introduction

Prenatal care includes disease prevention, health promotion, and treatment of problems that may occur during pregnancy and after childbirth. Access to prenatal care in the first trimester of pregnancy is an assessment indicator of the quality of primary health care (PHC) in Brazil. The timely initiation of prenatal care is essential for the diagnosis of and intervention on conditions that make the expecting mother's and newborn's health vulnerable, as well as for the reduction of high maternal and perinatal mortality rates (Ministério da Saúde, 2016). As regards the regular prenatal monitoring, the nurse can perform it entirely, according to the Brazilian legislation on professional nursing practice (Ministério da Saúde, 2016). The nurse is one of the key professionals for prenatal care delivery because of his/her training to intervene with health promotion and disease prevention strategies and use humanization in the care provided (Gomes et al., 2019). As such, the nurse formulates the care plan in the prenatal nursing consultation according to the identified and prioritized needs, defining the interventions and guidelines and referring to other services, and also promoting the interdisciplinary nature of actions (Gomes et al., 2019).

Thus, the nurse should use dialog and the established bond and listen to pregnant women and their families in prenatal care monitoring. This work strategy allows a close relationship between health professionals and expecting mothers so that doubts can be clarified and the woman's autonomy promoted (Aires, Ferreira, Santos, & Sousa, 2016). Autonomy relates to the particular conditions that allow women to decide on issues that influence their lives and act by such decisions (Bortoli et al., 2017).

Data from the survey "Nascer no Brasil" showed that circa 89.6% of the prenatal consultations were carried out in PHC units and pointed out that 75% of pregnant women were assisted by the physician (Viellas et al., 2014), hence the need to reinforce the training in prenatal monitoring for nurses.

Also, studies have revealed flaws in prenatal care, highlighted by issues such as difficult access to health care, initiation of prenatal care after 12 weeks of gestation, incomplete implementation of the recommended procedures, improper request for screening tests, and lack of information about the rights of pregnant women and family. As a result, the quality and effectiveness of care may be affected, and unfavorable outcomes can occur (Viellas et al., 2014; Saavedra & Cesar, 2015).

Few studies are addressing the factors that enable and hinder the nurses' performance in the prenatal consultation because publications have been focusing mainly on prenatal care quality and adequacy assessment (Nunes, Gomes, Rodrigues, & Mascarenhas, 2016; Saavedra & Cesar, 2015; Viellas et al., 2014), hence the importance of this study. In this sense, this research was developed to know the weaknesses and strengths of the nurses' performance in the prenatal consultation.

## Background

Pregnancy is a complex, dynamic, and multidimensional process for women and their families because of its clinical, social, cultural, and symbolic characteristics (Bortoli et al., 2017; Van Der Sand, Ressel, Monticelli, & Schirmer, 2016). From a family perspective, it is a period of profound transformations, learnings, expectations, longings, and insecurities about future experiences, including the acquisition of new roles and responsibilities (Dodou, Rodrigues, & Oriá, 2017).

The pregnancy-puerperium cycle, although it is expected to be a period of good experiences, can generate various health needs, whether physical, emotional, relational, and social. The changes in this cycle can expose the woman more often to consequences that are specific causes of maternal morbimortality (Strefling et al., 2017).

Within the Brazilian context, the Ministry of Health recommends that the regular prenatal monitoring be implemented exclusively by the PHC team. PHC comprises a set of health interventions developed by a multidisciplinary team in a defined territory and directed at individuals, families, and communities. It includes interventions of promotion, prevention, protection, diagnosis, treatment, rehabilitation, damage reduction, palliative care, and health surveillance (Portaria nº 2.436, de 21 de setembro de 2017). Within the scope of PHC, the expecting mother needs to establish a bond with the team of her residence area. The prenatal interventions are part of the duties of all team members, and the monitoring consultations are the responsibility of the nurse and the physician (Ministério da Saúde, 2016). The duties of the nurse in regular prenatal monitoring are directed both at the women and their families. These competencies include educating women and their families about the importance of prenatal monitoring and regular consultations, requesting additional screening tests according to the local protocol, developing educational activities, individually or in a group, and alerting women to warning signs and risk factors (Ministério da Saúde, 2013).

So that the quality of prenatal care is ensured, a Brazilian program named Stork Network (Rede Cegonha) was implemented in 2011 (Ministério da Saúde, 2016). It aims at human rights' protection, safe care that respects cultural, ethnic, and racial diversity, and the guarantee of reproductive planning. Moreover, the program comprehends actions for developing a network of care to guarantee women qualified and humanized care during pregnancy, childbirth, and the postpartum period. As regards a child's health, it provides monitoring until the 2 years of age, ensuring a safe birth and health development and growth.

To reduce maternal morbimortality, PHC professionals need to be aware and able to assist, at an early stage, the expectant mother and her family, to identify and prevent the emergence of problems and difficulties related to this period (Vargas et al., 2016). Such assistance constitutes a set of care focused on maternal, child, and family health, which allows experiencing the pregnancy quietly and safely, with fewer risks of adverse perinatal

outcomes (Ministério da Saúde, 2016).

Thus, the communication channel in pre-natal care is PHC, responsible for the early assistance to pregnant women, the regular prenatal, the continuous reassessment of gestational risk and referral to services of excellence, when necessary. However, it should be emphasized that, in order for that to happen efficiently, basic health units need to be adequately equipped and have professionals trained to identify situations of gestational risk (Vargas et al., 2016). Thus, prenatal care needs to be based on assistance and the bond with the expecting mother and her family, the development of educational actions that go through all meetings between professionals and pregnant women, the early detection of gestational risk situations, and the access to safe and excellent health services, both primary health care and hospital (Ministério da Saúde, 2016). Besides, it is recommended that prenatal care begins as early as possible during at least six consultations, at least one in the first trimester, two in the second trimester, and three in the third trimester (Ministério da Saúde, 2016).

## Research question

What are the factors that weaken and potentiate the nurses' performance in prenatal consultations?

## Methodology

A qualitative, descriptive study was conducted in Family Health Strategy units (ESF) of a municipality in southern Brazil during the first half of 2018. The reason for the scenario of this study is that these units operate in line with the Stork Network proposal, which provides for the extension of prenatal care in the Basic Health Units. The

municipality consists of 18 ESF units.

The participants were 11 nurses who worked in ESF units of that municipality. The inclusion criteria were developing prenatal consultations in PHC in the urban area of the municipality and being at work at the time of data collection. Nurses who worked for less than 6 months in PHC were excluded, and also those who did not provide care to pregnant women. The number of participants in this study was determined by the saturation data criterion, which represents the knowledge of the researcher that no new information is added to the process of research (Minayo, 2014).

Data were collected through structured interviews, composed by the following guiding questions: What are the interventions directly developed by you in prenatal care? How do you perceive the nurses' performance in prenatal care provided in PHC units of the municipality? In your practical experience, what are the main difficulties you face in prenatal consultation? And what strengths do you pinpoint regarding your work in these consultations? What strategies do you use to develop your prenatal care interventions?

The study participants were approached in the health care units where they worked, and the interviews were scheduled according to their availability. Before data collection, the informed consent form was signed with two copies, one for the participant and the other for the researcher. The information obtained was recorded on audio upon authorization and later transcribed integrally. The data analysis was performed using the thematic content analysis of Minayo (2014), composed of three phases (Table 1). The transparency and detail, presented in Table 1, regarding the data analysis allow ensuring the validity and reliability criteria of this analysis because it provides directions for other researchers to rebuild what was developed in other studies.

Table 1

### *Data analysis process*

Pre-analysis	<p>Literal transcription of the data obtained through the semi-structured interviews;</p> <p>Listening to the recordings and fluctuating reading, from which the initial impressions of the researcher concerning the data emerged;</p> <p>Comprehensive and sequential readings, a highlight of excerpts from the statements of the participants using the chromatic technique, in which the similar ideas were grouped by color;</p> <p>Composition of empirical data for detailed analysis.</p>
Exploration of the material	<p>A cutout of equivalent information present in the empirical data and specification of the meaning cores that relate to words, sentences, and phrases that give meaning to the content of the participants' statements;</p> <p>Grouping of the meaning cores for the formation of categories.</p>
Treatment of the results obtained and interpretation	<p>The proposition of inferences and interpretations from the national and international scientific literature.</p>

The research followed the principles of Resolution no. 466/12 of the National Health Council of the Ministry of Health and was approved by the Ethics Committee, under the CAAE no. 74988317.7.0000.5323 and opinion no.

2.316.699. To ensure the anonymity of the interviewees, the participants were identified with an alphanumeric coding system using the letter E, followed by an Arabic numeral according to the order of the interviews.



## Results

This study comprised 11 nurses between 25 and 50 years old, with a significant time of professional experience, delimited by periods between 5 and 20 years. The period of working in PHC ranged between 1 and 10 years. Concerning postgraduate level degrees, six participants reported having completed and/or in progress. The specialization in family health is the most reported, as a result of the recent implementation of PHC units in the municipality. Moreover, they reported owning a postgraduate degree *latu sensu* in Health Management (three), oncology (one), and geriatrics (one). It should be noted that no participant possessed a specialization in women's health.

The data analysis established three topics: weaknesses of the nurses' performance in prenatal consultation, strengths of the nurses' performance in prenatal consultation; and strategies for nurses' intervention in prenatal care.

### Weaknesses of the nurses' performance in prenatal consultation

One of the main weaknesses with impact on the proper development of prenatal care reported by the nurses was the delay in delivering the screening tests recommended by the Ministry of Health. The reports have pointed out that these delays led to the invalidation of tests because they would be outdated:

"The delay in carrying out the examinations by the Single Health System (SUS) hinders care delivery, leading to an infrequent attendance of the consultations by the pregnant woman." (E03; March 2018); "For me, it is the testing requests, you make the request, often an urgent request, and they take at least 30 days to be ready." (E06; March 2018); "For sure, regarding the screening tests, the delay is huge. The majority of our pregnant women come from low-income households and end up having to make sacrifices to pay special tests for faster results." (E03; March 2018).

Another issue that impacts prenatal care relates to the lack of professionals in multidisciplinary teams in the FHS units, especially physicians, which results in work overload for the nurses: "We should have more professionals working with us, including the doctor, we have many pregnant women for a few nurses (E10; April 2018)". Another difficulty highlighted by the nurses was the understanding of pregnant women about the importance of prenatal care:

It depends on the patient; sometimes, they do not accept the recommendations that we make. For example, sometimes we request the implementation of uterine cervical cancer testing and they refuse, thinking that it can result in damage to the baby, no matter how much we explain the procedure. (E01; March 2018)

The difficulty of some of them in understanding the importance of early prenatal care because the chances of solving any change are higher in the first trimester. Also, when we need to go in search of the pregnant women actively and they change addresses and do not inform us, we end up not

locating them. Their absence in the consultations is the biggest problem. (E02; March 2018)

"Pregnant women missing appointments because perhaps they do not understand the importance of prenatal monitoring. They require a differentiated approach because we need to search for them and visit them at home actively." (E04; March 2018).

### Strengths of the nurses' performance in prenatal consultation

For the participants, the main strengths of prenatal care focused on a variety of clinical interventions that can be performed during the nursing consultation and the establishment of a bond between the professional and the mother, thus strengthening the care.

In the prenatal consultations, the vital signs, uterine height, fetal heartbeat are checked, all rapid screening tests are requested: "We can establish the supplementation with ferrous sulfate and folic acid. This clinical follow-up since the beginning of pregnancy is important to decrease maternal and neonatal morbimortality." (E01; March 2018).

"The quality of the nursing consultation is a differential; the pregnant woman can receive greater care with the humanized look of nurses. I think the closeness between the nurse and the pregnant woman makes all the difference in care." (E05; March 2018); "The nurse's role is fundamental in PHC, we welcome and assist these pregnant women. We accompany these women during most of their pregnancies, there is the physician, but we are a kind of companion to them, we end up developing a powerful bond." (E07; April 2018).

In the nursing consultation, I try to provide more attentive service to them; I stay more than one hour with each one during the prenatal consultations, I request for the partner, when possible, to come together with the mother. I explain the maternal care logbook, show the charts, advocate an adequate diet, I refer her to the nutritionist of the unit, I check the fetal heartbeat. (E08; April 2018)

The presence of local protocols in the ESF units was also reported as a strengthening element of prenatal care: "The local protocols relating to prenatal care allow for a high autonomy and freedom to conduct the nursing consultations. Moreover, the multi-professional team that assists in prenatal care follows the same line of care" (E09; April 2018); "The municipal protocol guides the prenatal consultations. It gives us a higher autonomy in care delivery, in the prescription of medication determined in the protocol, in requesting screening tests, and in the referrals according to the flows defined by it." (E04; March 2018).

### Strategies for nurses' intervention in prenatal care

According to the participants, the group of pregnant women is one of the main strategies for prenatal care adherence, exchange of experiences, and support to the clarification of doubts. However, the nurses reported that the peculiarities need to be considered and the groups need to be safeguarded in the healthcare agenda.

The group is a valuable space to reinforce prenatal care adherence. It is crucial to leave the pregnant woman at ease from the first meeting onward. Also, understanding her context because sometimes it is her first pregnancy or she may already have a background of abortion or previous diseases. We need to learn how to listen to these women better; they have many doubts; we need to listen to what the women bring to us and let it flow. (E01; March 2018)

“The group of pregnant women is a space for the exchange of experiences; it is where we show the diversities of pregnancies, we clarify doubts that are not addressed in the consultations, advocating the care of the Ministry of Health.” (E06; March 2018). “Pregnant women are my favorite patients. We have the group of pregnant women, where I expound the pregnancy because each one has a different experience.” (E07; April 2018).

The maintenance and constant updating of systems of the Ministry of Health were reported by the participants as a necessary strategy for the quality of prenatal care. Being crucial for the quantitative monitoring of pregnant women, they also allow that the municipality receives government investment.

The maintenance of the reports of the consultations on the system is essential, Not only do I have the report from the system, but I also have my own so I can manage the consultations. Thus, we can conduct all the guidance interventions and the government of guidance, and the government provides the funds. (E04; March 2018)

“Prenatal care begins, and I register it in the system. Updating the system is the first task that helps us in the monitoring and maintenance of funds.” (E11; April 2018).

## Discussion

In this study, the nurses' performance in prenatal care transpired from the understanding of women in its entirety, overpowering a fragmented care, based on the biomedical model. Studies show that the dynamics of the prenatal consultations can be summed up to the logic of medical consultations and the clinical and laboratory assessment in the monitoring of pregnancy (Nunes et al., 2016; Viellas et al., 2014).

In the United States, a study revealed that maternal and neonatal care is considered the most expensive. Approaches are developed in multidisciplinary teams composed of psychologists, physicians, nurses, midwives, epidemiologists, sociologists, and social workers (Ickovics, Lewis, Cunningham, Thomas, & Magriples, 2019). This study noted the lack of multidisciplinary teams for intervention during prenatal care.

Within the scope of PHC in Brazil, the performance of nurses in nursing consultations for the monitoring of pregnancy, the prescription of medication and the request of screening tests determined in protocols constitute a change in the concept of health care and allow reducing the rates of maternal and neonatal morbimortality (Ministério da Saúde, 2016). Moreover, it should be emphasized that the prescription of

medication and the request for screening tests are ensured by the law of professional activity and the Ministry of Health, as a responsibility of nurses in regular prenatal monitoring (Bortoli et al., 2017).

The participants of this study reported that the request for screening tests in regular prenatal care is a standard procedure laid down by the local protocol, hence the importance of implementing the protocols by the municipality, essential in the organization and management of the intervention of nurses in care delivery. Performing their tasks as defined in the protocols is crucial because they describe the actions of nurses to adequately meet the health needs of expecting mothers (Bortoli et al., 2017).

The nurses stressed the delay in obtaining the results of screening tests requested in prenatal consultations, which compromises the preventive objective of these tests, the identification of damage and consequences. In this respect, a study revealed that some pregnant women are unaware that the ultrasound examination can and should be conducted by the SUS and that they have the right to it. However, they occasionally decide to perform it in a private clinic, as it is still difficult to schedule the examination and receive the results (Gomes et al., 2019).

Regarding the lack of knowledge of pregnant women about the ultrasound examination, a research conducted in Turkey revealed that pregnant women had a low level of knowledge about the prenatal screening tests and recommended the reinforcement of nursing care focused on health education (Seven, Akyüz, Eroglu, Daack-Hirsch, & Skirton, 2017). The abovementioned study suggests that nurses are professionals who can enlighten the pregnant women about the tests performed during prenatal monitoring and their relevance for the assessment of clinical evolution.

However, the high number of consultations and the frequent implementation of basic procedures and exams, although necessary, do not ensure the adequacy of prenatal care (Nunes et al., 2016). From this perspective, although Brazil has reached high coverage in prenatal care, many reasons for maternal and perinatal mortality persist (Vrellas et al., 2014). Health professionals should take advantage of the opportunities for establishing contact with the pregnant women and consider the prenatal consultation as an essential space for health education because it allows reinforcing the bond and prioritizing the needs of each patient and family. A research conducted in northeastern Brazil had observed that the nursing consultation had had a positive evaluation among pregnant women, especially when they realized the commitment, the time availability, and the technical-scientific knowledge of nurses (Gomes et al., 2019).

Besides, participation in health education groups for pregnant women and family allows sharing experiences and developing knowledge. The groups of pregnant women, using dialog and active methods, promote the participation of pregnant women in prenatal care and contribute to the reduction of prematurity and low birth weight, as well as increase the rates of exclusive breastfeeding during the first 6 months of life (Gomes et al., 2019).

The public policies directed at women's health stress the need for health education throughout the pregnancy-puerperal cycle. However, health education, although it is the basis of

Brazilian programs and policies directed at women's health for more than 30 years, is still considered a great challenge for public health and health professionals. It should be noted that this practice needs to determine culture as its reference. In this sense, the educational process, based on a pedagogical concept of dialog and respect, begins with acknowledging the cultural reality and allows women and families to build a knowledge consistent with their possibilities and potentials (Van der Sand et al., 2016).

As regards the guidelines, prenatal care represents an ideal space for the discussion of issues such as the women's and families' rights in the pregnancy-puerperal cycle, the importance of prenatal care, breastfeeding, preparation for childbirth, postpartum, and reproductive planning. However, the guidelines for emancipation need to consider the experiences of each pregnant woman, which certainly challenge the professionals to commit to the needs and possibilities of each pregnant woman and her family (Quental, Nascimento, Leal, Davim, & Cunha, 2017).

This means to say that, in prenatal care, nurses need to go beyond the approach of risks and consider the complexity of the effects of both individual and contextual statuses on pregnancy. Pregnant women, according to their social, cultural, economic, and relational context, experience biological, behavioral, and affective events that intertwine with the institutional and family situations, which may, besides affecting the physical and emotional health of women, limit their autonomy and their power of decision (Oliveira & Mandu, 2015).

These issues that go beyond the clinical perspective are highlighted in a study carried out in Bangladesh, which showed that socio-cultural barriers, such as financial impoverishment, difficulty in going to prenatal consultations due to local transport, and lack of understanding and family support, limit prenatal care (Akter, Yimyam, Chareonsanti, & Tian-sawad, 2018). Therefore, health education is emphasized as a tool for promoting the active participation of women and families in prenatal care (Oliveira & Mandu, 2015). A study conducted in Jordan, about the interaction between expecting mothers and nurses in prenatal care, noted that this closeness is important to reinforce prenatal care and obtain good results (Alnuaimi, Oweis, & Habtoosh, 2019). The access of pregnant women and the family to information about their health and the child is a right that should be guaranteed. In this sense, it is understood that the dialog approach that allows the sharing of information between health professionals and women and the direct communication between these individuals, reinforces their ability to decide on their body and care (Oliveira & Mandu, 2015). Therefore, the occasionally authoritarian structure of health professionals should be overcome, as it departs from the knowledge, practices, and experiences of women and families regarding the experience of the pregnancy-puerperal cycle (Dodou et al., 2017).

The limitations of this study are characteristic of descriptive, qualitative studies, mainly because it was developed locally in some FHS units of one municipality, which hinders the generalization of its findings. However, the results offer contributions to nursing and health, benefitting the (re) thinking of actions of PHC nurses in care to pregnant women

in prenatal consultations. In this way, this study presents valid findings for the daily clinical practice of nurses and the public policies of care to pregnant women in PHC, so that the weaknesses of this care are minimized.

## Conclusion

The study allowed identifying issues that facilitate and hinder the regular prenatal monitoring in PHC. It should be stressed that, within this context, prenatal care has direct implications in maternal and perinatal morbimortality and is an indicator of the quality of obstetric care.

The factors that hinder the nurses' performance in prenatal consultation include the delay in delivering the screening tests recommended by the Ministry of Health, the lack of health professionals to make up the multidisciplinary teams in PHC, and the difficulty of pregnant women in understanding the importance of prenatal care.

The following strengths were identified: the variety of clinical interventions that can be carried out during the nursing consultation, such as the clinical-obstetric examination, the implementation of rapid tests, the request for screening tests, and the prescription of a specific medication. The bond between the health professional and the expecting mother and the use of local protocols were also highlighted as elements that promoted prenatal care.

Although the regular prenatal monitoring can be performed by the nurse, who, according to the ministerial guidelines and the law of professional activity, has the skills to do so, the space occupied by this professional in regular prenatal care is lower than expected. The strengthening of this space only becomes possible if the nurse builds his/her practice on the best technical-scientific evidence and genuine relationships with pregnant women and their families.

Concerning the recommendations, the data can allow a discussion with the nurses from the health units to propose improvements to the nursing consultation. Moreover, they can guide the discussion with the management bodies to ensure the necessary tools to improve prenatal care. For teaching purposes, specifically the training of nurses, one suggestion is to address the importance of quality of care in regular prenatal care in PHC. For research purposes, further studies should be conducted to analyze the topic from the perspective of pregnant women and their families.

## Author contribution

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