

Educational activities in the prenatal period as a strategy for empowering women in labor

Actividades educativas en el período prenatal como estrategia para el empoderamiento de la mujer en el parto

Atividades educativas no período pré-natal como estratégia de empoderamento da parturiente

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How to cite this article:

Lima MM, Gouvêa NA, Lavelle CDA, Lopes ALF, Pinto ELG, Coutinho APA, Rachid RS, Coutinho LS, Nascimento JSA, Araújo HM. Educational activities in the prenatal period as a strategy for empowering women in labor. *Glob Acad Nurs.* 2023;4(Sup.3):e374. <https://dx.doi.org/10.5935/2675-5602.20200374>

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Submission: 07-02-2023

Approval: 09-05-2023

Abstract

The aim was to analyze and discuss how educational activities during the prenatal period can contribute to the construction of women's autonomy and empowerment during labor and delivery. This is an integrative literature review, which enables the study, summary, and analysis of scientific knowledge already carried out on the topic covered. The databases Latin American and Caribbean Literature in Sciences, Nursing Database, CUMED, and Scientific Electronic Library Online were consulted. There are several ways to carry out educational activities as a strategy for building the empowerment of pregnant women during prenatal care. Most articles mention the conversation circle; a group of pregnant women and individualized care; in addition to the need for continuing education actions for this multidisciplinary team. Educational activities allow women in the pregnancy-puerperal period to have the capacity and confidence to make critical decisions; in the process of building autonomy and empowerment; seeing themselves as the protagonist of their labor; labor and birth.

Descriptors: Prenatal; Health Education; Empowerment for Health; Childbirth; Prenatal Care.

Resumén

El objetivo fue analizar y discutir cómo las actividades educativas durante el período prenatal pueden contribuir para la construcción de la autonomía y el empoderamiento de las mujeres durante el trabajo de parto y el parto. Se trata de una revisión integradora de la literatura, que permite el estudio, resumen y análisis del conocimiento científico ya realizado sobre el tema tratado. Se consultaron las bases de datos Literatura Latinoamericana y del Caribe en Ciencias, Base de Datos de Enfermería, CUMED y Biblioteca Electrónica Científica en Línea. Existen diversas formas de realizar actividades educativas como estrategia para construir el empoderamiento de las mujeres embarazadas durante el cuidado prenatal. La mayoría de los artículos mencionan el círculo de conversación; grupo de gestantes y atención individualizada; además de la necesidad de acciones de educación continua para este equipo multidisciplinario. Las actividades educativas permiten que las mujeres en el período embarazo-puerperal tengan capacidad y confianza para tomar decisiones críticas; en el proceso de construcción de autonomía y empoderamiento; verse como protagonista de su labor; parto y nacimiento.

Descriptores: Prenatal; Educación para la Salud; Empoderamiento para la Salud; Parto; Cuidado Prenatal.

Resumo

Objetivou-se analisar e discutir como as atividades educativas durante o período de pré-natal podem contribuir para a construção da autonomia e empoderamento da mulher no período de trabalho de parto e parto. Trata-se de uma revisão integrativa de literatura, que viabiliza o estudo, resumo e a análise do conhecimento científico já realizado sobre o tema abordado. Foram consultadas as bases de dados Literatura Latino-Americana e do Caribe em Ciências, Banco de Dados em Enfermagem, CUMED e *Scientific Electronic Library Online*. São diversas as maneiras de realizar atividades educativas como estratégia para a construção do empoderamento da gestante no pré-natal. A maioria dos artigos citam a roda de conversa; grupo de gestantes e um atendimento individualizado; além da necessidade de ações de educação continuada dessa equipe multiprofissional. As atividades educativas permitem que a mulher no período-gravídico-puerperal possa ter a capacidade e segurança na tomada de decisões de forma crítica; no processo de construção da autonomia e empoderamento; se vendo como protagonista do seu trabalho de parto; parto e nascimento.

Descritores: Pré-Natal; Educação em Saúde; Empoderamento para Saúde; Parto; Cuidado Pré-Natal.



Introduction

The Pre-Natal and Birth Humanization Program (PHPN), created in 2000, aims, as one of its criteria, to guarantee improvement in admission, coverage, and qualification of prenatal care, birth, and postpartum care for pregnant women and newborns, in addition to welcoming the woman's partner or companion at the health service. It aims at the importance of humanizing childbirth, a good quality of care from the pregnant woman's entry point into the maternity ward, seeking better quality in prenatal care and thus rescuing the main and active role of this woman during childbirth. Therefore, based on this program that served as a reference, the Stork Network was created in 2011 by the federal government, a strategy characterized by implementing a care network with all necessary maternal and childcare, from the reproductive planning phase to the puerperium as a possibility of expanding and qualifying care for both within the SUS^{1,2}.

Carrying out quality prenatal care is extremely important for a healthy pregnancy, because it acts in the prevention and detection of maternal-fetal pathologies, in preventing gestational risks and ensuring good development of the baby, reducing mortality and morbidity levels³. It is a fundamental piece of different experiences and information that contribute to the safety and self-confidence of the parturient in seeing herself as the main role in this birth process. Prenatal care is essential for pregnant women to feel able to accept and refuse behaviors or procedures that may cause embarrassment or pain⁴.

The quality of prenatal care is the first step towards humanized labor and birth, routinely constructed by a health professional with respectful communication, with the implementation of educational activities during prenatal care, generating information and support⁵. Inserting the parturient woman into a prenatal model focused on listening and knowledge, reorganizing the work process, and leaving the central axis of the figure of a doctor, working with this woman in a multidisciplinary way with reception, participation, and information, are essential actions for good quality prenatal care⁶.

Educational activities can be applied both individually and in groups, collectively. They can be carried out in an informal environment, with questions that address the pregnancy-puerperal period, involving care for the newborn, and self-care, allowing an exchange of experiences and knowledge about their reproductive rights. Within this aspect, we can have educational activities such as pregnancy circles, workshops, and visits to the maternity ward, among others⁷.

Therefore, educational activities are extremely important in this process. And, for it to be of quality and to achieve the expected positive and flawless result, the health professional, especially the nurse, needs to be aware of the importance of communication as a unique and facilitating instrument, as it is in this communication that The parturient will inform herself, report her anxieties, fears, insecurities and become aware, feeling safe to be active throughout the pregnancy cycle process⁸.

Furthermore, if a woman is well-informed and oriented, she ends up acquiring good health and hygiene habits in her family environment. With all this, we will create a good health promotion and education strategy, because, in addition to taking care of herself and practicing good habits, she will become an instrument that takes health information to her scope, that is, she will be a multiplier agent of health⁹.

Considering the importance of implementing quality prenatal care and admitting these women and their companions to educational activities, the objective of this work is to analyze and discuss how these activities during the prenatal period can contribute to the construction of autonomy and empowering women during labor and birth.

Methodology

The present study was produced through an integrative literature review, which enables the study, summary, and analysis of scientific knowledge already carried out on the topic covered.

The purpose of the literature review is to gather knowledge on a topic. It allows the reader to understand the background of current knowledge on a subject and clarifies the importance of new study¹⁰.

The integrative review is a methodology that provides the synthesis of knowledge and the incorporation of the applicability of results from significant studies in practice¹¹.

In nursing, the use of an integrative review can show gaps in knowledge and highlight areas that require further research. It is a practice that has been widespread, as it "enables the synthesis of available research, related to a given problem, to direct practice based on scientific knowledge" in addition to promoting professional updating and elucidating differences between studies¹².

The process of preparing an integrative review is built in six stages, therefore, the following steps were used: identification of the theme and elaboration of the guiding question; establishment of inclusion and exclusion criteria, a stage where the literature search began to identify the studies that will be included; identification of pre-selected and selected studies; categorization of selected studies; analysis and interpretation of results; synthesis of knowledge on the topic and presentation of the review.

To better direct the research, the guiding question was created: "How important are educational activities during the prenatal period for women in labor, and what has been published in the scientific literature about this?"

The searches were carried out in May 2023 using the Health Sciences Descriptors (DeCS), in Portuguese using databases and electronic libraries. Google Scholar was consulted using the following descriptors: "Prenatal"; "Health education"; "Empowerment for Health"; "Partum"; "Prenatal Care", "Educational Workshops", and "Humanization". The search strategies were carried out with the Boolean operators AND and OR, namely: (Prenatal) AND (Health Education) AND (Health Empowerment) AND (Childbirth) AND (Prenatal Care) AND (Educational Workshops) AND (Humanization).



The databases Latin American and Caribbean Literature in Sciences (LILACS), Nursing Database (BDENF), CUMED, and Scientific Electronic Library Online (SciELO) were consulted. The search strategies were carried out with the Boolean operator AND, namely: (Prenatal) AND (Health Education) AND (Health Empowerment) AND (Childbirth) AND (Prenatal Care).

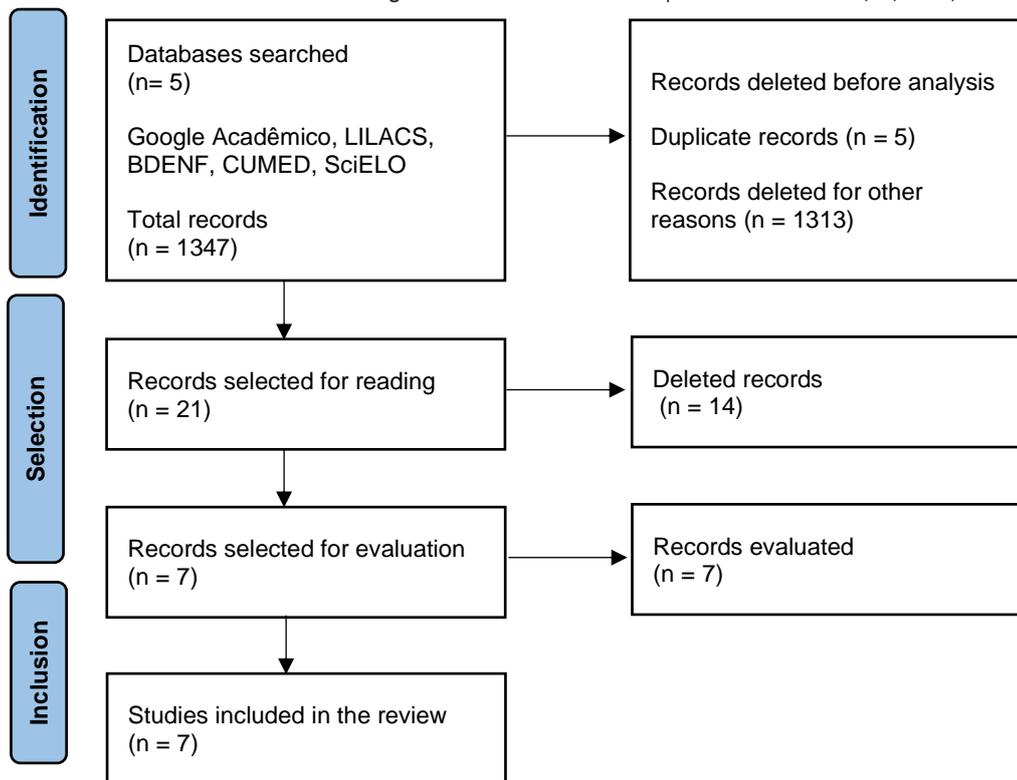
The following inclusion criteria were established: white literature, articles published in Portuguese in technical-scientific journals and available free of charge online, full articles that addressed the topic regarding educational activities in prenatal care, and articles published and indexed in databases from 2000 to 2022.

The criteria for exclusion were articles in languages other than Portuguese, articles from years before the established period, and studies that did not address the research theme.

The selected articles were independently analyzed by title, objective, and summary, to select those that would meet the inclusion criteria. The selected articles needed to demonstrate the importance of educational activities in the prenatal period for the empowerment of women in labor.

Figure 1 presents the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) article identification and selection flowchart to reach the final sample. Bardin's Thematic Content Analysis was used to create thematic categories for discussion.

Figure 1. Flowchart of the search process. Rio de Janeiro, RJ, Brazil, 2023



Results and Discussion

After these steps, the articles were read in detail, highlighting the relevant points to corroborate the results and discussion of the present work, thus surveying the studies used to produce this bibliographic review.

Ten articles were selected, which were organized in a table that comprises: the title; authors; year; database, and synthesis of results, which is highlighted in Chart 1.

The studies analyzed were presented in Chart 1 based on the related factors that led to failures or obstacles to carrying out possible educational activities during prenatal care; problems related to the research theme and what are the strategies that can be used as a form of empowerment against these factors. Three articles (30%) were found that reported the importance of educational practices for pregnant women in the prenatal period as a form of empowerment; 1 article (10%) reported on the knowledge and experience of pregnant women about

postpartum self-care and the need to propagate new approaches in prenatal care about the importance of postpartum self-care as a form of autonomy and protagonism in decisions involving their health; 2 articles (20%) about the primordality of creating a birth plan as a way of empowering pregnant women so that obstetric procedures are carried out according to their clinical needs and desires.

And 2 articles (20%) that showed the importance of nursing professionals having permanent education as a form of investment for their professional improvement and growth; and finally, 2 articles (20%) that pointed out the importance of the bond between health professionals and pregnant women for the development of empowerment.

We can also observe from the results that the articles suggest different ways of carrying out educational activities as a strategy for building the empowerment of pregnant women in prenatal care.



Most articles mention the conversation circle; a group of pregnant women and individualized care; in addition to the need for continuing education actions for this multidisciplinary team.

Chart 1. Articles selected for integrative literature review. Rio de Janeiro, RJ, Brazil, 2023

Title	Authors	Year	Base	Related factor	Empowerment strategy
Atividades educativas no pré-natal sob o olhar de mulheres grávidas	Santos Silva, Andréa Lorena; Rosendo do Nascimento, Enilda; de Almeida Cardoso Coelho, Edméia; Nunes, Isa Maria.	2014	CUMED	The lack of dissemination of educational activities to pregnant women and the low appreciation of these activities by family members, fueled a lack of interest, thus helping to make it difficult for pregnant women to participate.	Invest in greater publicity about educational activities, using prenatal consultations to inform activities; show its importance; with the nurse using the communication tool to their advantage to reflect not only on good dissemination but also taking the opportunity to spread knowledge and emphasize the demystification of some themes that are transmitted in family culture. Addressing not only the interest of the pregnant woman in search of knowledge and autonomy but also that of her companion, in the role of supporting.
Educação em saúde no empoderamento da gestante	Souza, Evelyn Vitória Azevedo de; Bassler, Thais Carolina; Taveira, Ananda Gonçalves.	2019	BDEF	Insecurity on the part of pregnant women; lack of information.	Develop prenatal actions with pregnant women about the importance of knowledge and guidance; showing the importance of self-care during pregnancy; caring for your newborn and praising her as a protagonist in this process.
Experiência de gestantes na consulta de enfermagem com a construção do plano de parto	Trigueiro, Tatiane Ferreira; Arruda, Karine Amanda de; Santos, Sinderlândia Domingas dos; Wall, Marilene Loewen; Souza, Silvana Regina Rossi Kissula; Lima, Letícia Siniski de	2022	LILACS	Pregnant women have little information about the importance of the birth plan and when it is available, it ends up being ignored by the care team, opting to carry out the actions already registered.	Developing prenatal educational activities with pregnant women about the importance of the birth plan can bring autonomy and empowerment to pregnant women.
Saberes e experiências de gestantes sobre autocuidado puerperal e cuidado do/a recém-nascido/a mediante práticas educativas	Mota, Jessica Fonseca; Almeida, Mariza Silva; Magalhães, Gessica Cerqueira; Souza, Venícia Conceição; Silva, Joise Magarão Queiroz; Anjos, Karla Ferraz dos.	2021	LILACS	The fact that pregnant women are unaware of and have little information about self-care in the postpartum period.	Highlight the relevance of spreading new approaches to health education during pregnancy, which include postpartum care in its most diverse aspects, to stimulate women's autonomy, placing them as protagonists in decisions involving their health, and to feel welcomed and valued.
Boas práticas de assistência ao parto e nascimento: percepções de enfermeiras da atenção básica	Raznievski, Luana Fietz da Silva; Fettermann, Fernanda Almeida; Rosa, Andriele Berger da; Bordignon, Juliana Silveira; Freitas, Hilda Maria Barbosa de; Donaduzzi, Daiany Saldanha da Silveira.	2020	LILACS	Low qualification of health professionals in developing actions and knowledge regarding labor and common practices in conducting normal births, which increases the risk of women experiencing unnecessary obstetric interventions.	Invest in the ongoing education of health professionals involved in the woman's pregnancy process and implement actions that can guarantee the quality of care for women during pregnancy. Therefore, this will bring better outcomes in labor and birth, in addition to female empowerment and this woman as a protagonist.
Trabalho interdisciplinar desenvolvido por profissionais de saúde em grupo de gestantes e/ou casais grávidos (1996-2016)	Vieira, Amanda Nicácio; Padilha, Maria Itayra; Costa, Roberta; Petry, Stéfany.	2019	LILACS	Lack of space to clarify doubts, addressing the issue of labor and birth with the professional.	Create a group of pregnant women with educational activities as a form of self-care; security; knowledge and participation of the companion as support and creation of a pregnant-professional bond. In addition to being a space for learning and exchanging professional experience.
Contribuições do enfermeiro no pré-natal para a conquista do	Jardim, Mara Julyete Arraes; Silva, Andressa	2019	LILACS	Pregnant women report recognizing the value of prenatal care for the health of the mother and newborn; however, they do not link	Establish a bond between pregnant woman and nurse through educational actions not only based on technical knowledge, but also actions that can strengthen this bond so that the professional becomes aware of the needs presented by them

empoderamento da gestante	Arraes; Fonseca, Lena Maria Barros.			these actions to the formation of their autonomy in the decisions to be made. In addition to showing that pregnant women did not use the information provided by nurses to achieve empowerment during childbirth.	during prenatal care and provides the necessary guidance for the acquisition of autonomy and empowerment.
Práticas educativas para (re) significar o parto e o nascimento no olhar de puérperas	Blank, Evelin Braatz; Soares, Marilu Correa; Cecagno, Susana; Ribeiro, Julliane Portella; Oliveira, Stefanie Griebeler; Ferreira, Juliana Brito.	2019	LILACS	It was observed that the prenatal scenario needs to be better explored by the professional and used by the pregnant woman to clarify doubts; guidelines; exchange of experiences and information.	Invest in and promote collective practices so that nurses can strengthen prenatal care actions; happier and safer labor and birth.
Assistência de enfermagem à saúde da mulher na estratégia saúde da família: relato de experiência	Oliveira, Ana Kelly da Silva; Freire, Hyanara Sâmea de Sousa.	2017	LILACS	Lack of information, lack of encouragement on the part of pregnant women in prenatal consultations.	Hold conversation circles and dynamics with a focus on prenatal care as a form of female empowerment; encouraging normal birth; highlight the importance of contraceptive methods; reproductive planning; non-pharmacological methods of pain relief. In addition to professional growth.
Experiência de gestantes na consulta de Enfermagem com a construção do plano de parto	Trigueiro, Tatiane Herreira; Arruda, Karine Amanda de; Santos, Sinderlândia Domingas dos; Wall, Marilene Loewen; Souza, Silvana Regina Rossi Kissula; Lima, Letícia Siniski de.	2022	SciELO	Pregnant women are unaware, fears and insecurities. They do not have knowledge about the birth plan.	Plan a birth plan with the pregnant woman, to demonstrate its importance and alleviate situations, such as obstetric violence.

From the analysis of the table presented, it was possible to organize two categories, namely: The importance of educational activities in the pregnancy-puerperal cycle and the role of the nurse in building the empowerment of pregnant women.

The importance of educational activities in the pregnancy-puerperal cycle

It is understood that prenatal care is the best time to provide guidance regarding the pregnancy-puerperal process. It is believed, for example, that the group of pregnant women is a unique and extremely important space for exchanging experiences; information; strengthening health education and disease prevention; in addition to being a fundamental piece for women's autonomy, which will have a positive impact on the empowerment of pregnant women in their labor and delivery⁸.

Prenatal care is the first step towards building autonomy and healthy labor and birth with the aim of welcoming and supporting women from their doorstep, thus making them protagonists at this moment. In addition to working for your physical and mental well-being with guidance and information about your pregnancy. It can be said, then, that for this pregnant woman to have a positive experience in the pregnancy-puerperal cycle, it is necessary, above all, to contribute and provide an effective transition

to labor and delivery, stimulating autonomy; maternal competence and self-esteem⁹.

In relation to past guidelines and the clarification of doubts in prenatal educational activities, it can be observed that these enable users and participants to self-confidence; awareness of what is being done and applied; being able to assert their rights and thus demand certain behaviors, such as a scheduled cesarean section without any complications or necessity. In addition to providing knowledge of situations that will require care during the pregnancy and birth process; baby care and encouraging breastfeeding¹³.

Regarding the exchange of experiences, it was possible to observe it as a positive proposal, as it can provide the creation and strengthening of bonds between women who are going through the same moment, as well as family members and health professionals. The use of this space and this proposal can also give the opportunity to cover topics; new practices and exchange of knowledge in an informal pregnant-professional manner, thus making the educational process seen as a positive and essential process within prenatal care¹³.

It can be added, therefore, that it is interesting that this education that takes place in prenatal care does not just happen in the form of lectures or with traditional methods. It is extremely important that the education process is not a discouragement for the user, but rather a bridge in the construction of the empowerment process. And for this, a



favorable environment can be created with strategies that aim to ensure that the user is integrated and interested, such as a pregnant women's circle; workshops; visits to the maternity ward; and construction of the birth plan; among others. With a stimulated user; well-informed; participatory; oriented and safe, the probability of achieving maternal and fetal well-being is much greater. Of course, relying on all educational strategies, thus showing the importance of prenatal health education provided by a qualified professional¹⁴.

The role of the nurse in building the empowerment of pregnant women

Health professionals end up having to play a dual role, both as professionals and as educators in the process of providing information and guidance in the construction of self-knowledge, autonomy, and empowerment. Not forgetting to listen to the speeches brought from common sense knowledge by women and their companions in their realities. It is in this moment of listening that the bond between professional and patient begins to form, a bond that is often informal, but which will be extremely important in building this process of autonomy and empowerment¹⁵.

It is considered that prenatal care is the perfect time to provide guidance; and clarification of doubts regarding the pregnancy, labor, and delivery process; birth, and care for the newborn. When we combine this entire informative process, putting women first and offering them all the support and basis necessary to acquire good knowledge along with educational activities, we can guarantee excellent health education. Educational activities, in addition to providing knowledge, strengthen the bond with professionals, thus bringing more security and autonomy to this woman.

Health Education is an essential tactic for promoting women's health throughout their life cycle. Well-informed and oriented women are knowledge multipliers, that is, they can influence, inspire, and motivate other women around them and take all the knowledge, thus continuing the educational process. For pregnant women to have quality prenatal care, in addition to consultations, there must be educational activities, whether individual or in groups, aiming to encourage the sharing of information and exchange of experiences between users and health professionals.

Therefore, to create and strengthen this bond, the commitment of the health professional, especially the nurse, is essential, as it is the professional who has the role of assisting women in the pregnancy-puerperal period and uses communication as a tool. Using it to your advantage, that is, using it to your advantage during educational activities to

work on building and strengthening women's autonomy and empowerment¹⁵.

That said, when we talk about health education and the nurse's role in building this woman's empowerment, it is necessary to bear in mind that it is necessary to put the pregnant woman first, as well as her desires; fears; insecurities; needs; as well as her reality. Thus, having an individualized look at this course, along with listening. And in general, try to work on the particularities of each one so that all guidance is effective throughout the health education process¹⁴.

Therefore, continued education with an emphasis on good practices in labor and birth care, based on scientific evidence, is essential. Always highlighting the importance of nurses in ensuring quality care; and providing the necessary support for pregnant women, however, this professional must have a care practice based on scientific evidence¹⁶.

Conclusion

As previously stated, the empowerment of pregnant women will be built throughout prenatal care, and the pregnancy. It is at this moment that the construction of this woman's autonomy and empowerment must occur, allowing her to know her rights; the physiology of childbirth; the non-pharmacological and pharmacological methods that can be used; information and guidance on how labor and delivery are carried out; so that she can be welcomed; participate in decisions and be a protagonist at that moment. After all, we can understand empowerment as the act of granting power to oneself, a movement of individual emancipation, where one has control over one's own life. It is during pregnancy that most pregnant and postpartum women have doubts; insecurities; fears and end up not knowing their rights. However, this can be remedied through collective educational activities during prenatal care.

With this, we can conclude that educational activities as a form of strategy for building women's autonomy and empowerment are an indispensable tool. It is in this space where she will resolve your doubts; exchange experiences; work security; and self-care; know the place where she will give birth; be guided and informed of their rights; know methods that can help you in moments of discomfort and pain; have a place to speak and listen; being able to identify and relate to women who are experiencing the same moment and establish an informal bond with the professional.

Therefore, educational activities allow women in the pregnancy-puerperal period to have the capacity and confidence to make critical decisions; in the process of building autonomy and empowerment; seeing themselves as the protagonists of their labor; labor, and birth.

References

1. Ministério da Saúde (BR). Programa de humanização no pré-natal e nascimento [livro online] Brasília: MS, 2000. Disponível em <https://www.scielo.br/j/rbsmi/a/csvgvNHzkYX4xM4p4gJXrVt/?lang=pt>
2. Ministério da Saúde (BR). Universidade Estadual do Ceará. Humanização do parto e do nascimento [livro online]. Brasília: MS, 2014. Disponível em <https://bvsm.sau.gov.br/bvs/publicacoes/parto.pdf>



3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Pré-natal e Puerpério: atenção qualificada e humanizada [livro online]. Brasília: MS, 2005. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/manual_pre_natal_puerperio_3ed.pdf
4. Souza VB, Roecker S, Marcon SS. Ações educativas durante a assistência pré-natal: percepção de gestantes atendidas na rede básica de Maringá-PR. *Rev. Eletr. Enferm.* [Internet]. 30º de junho de 2011 ;13(2):199-210. Disponível em: [https://revistas.ufg.br/fen/article/view/10162=Fatores intervenientes na credibilidade das gestantes quanto às estratégias de cuidado propostas pelo pré-natal.pdf](https://revistas.ufg.br/fen/article/view/10162=Fatores%20intervenientes%20na%20credibilidade%20das%20gestantes%20quanto%20%C3%A0s%20estrat%C3%A9gias%20de%20cuidado%20propostas%20pelo%20pr%C3%A9-natal.pdf)
5. Moreira MGMM. A importância da educação em saúde na atenção ao pré-natal. Campos gerais. Trabalho de Conclusão de Curso [Especialização em Atenção Básica em Saúde da Família] – Universidade Federal de Minas Gerais; 2013.
6. Fagundes DQ, Oliveira AE. Educação em saúde no pré-natal a partir do referencial teórico de Paulo Freire. *Trabalho, Educação e Saúde.* 2016;15(1):223–243. doi: 10.1590/1981-7746-sol00047
7. Ministério da Saúde (BR). Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Política Nacional de Atenção Integral à Saúde da Mulher: Princípios e Diretrizes [livro online]. Brasília: MS; 2011. Disponível em https://bvsmms.saude.gov.br/bvs/publicacoes/politica_nac_atencao_mulher.pdf
8. Blanck EB, et al. Práticas educativas para (re)significar o parto e o nascimento no olhar de puérperas. *Salusvita* [Internet]. 2019;38(3):581-595. Disponível em: https://secure.unisagrado.edu.br/static/biblioteca/salusvita/salusvita_v38_n3_2019/salusvita_v38_n3_2019_art_02.pdf
9. Jardim MJA, Silva AA, Fonseca LMB, et al. Contribuições do Enfermeiro no Pré-Natal para a Conquista do Empoderamento da Gestante. *Rev Fund Care Online.* 2019.11(n. esp):432-440. DOI: <http://dx.doi.org/10.9789/2175-5361.2019.v11i2.432-440>.
10. Mata L, Madeira A. Análise da produção científica sobre educação profissionalizante da enfermagem brasileira: uma revisão integrativa. *REME* [Internet]. 2010;14(3):424–433. Disponível em: <https://periodicos.ufmg.br/index.php/rem/article/view/50459>
11. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. *Einstein (São Paulo)* [Internet]. 2010;8(1 pt 1):102-6. Disponível em: <https://www.scielo.br/j/eins/a/ZQTBkVJZqcWrTT34cXLjtBx/?format=pdf&lang=pt>
12. Demitto MO, Silva TC, Páschoa ARZ, Mathias TAF, Bercini LO. Orientações sobre amamentação na assistência pré-natal: uma revisão integrativa. *Rene* [Internet] 2010. [Acesso em 19 de janeiro 2023];11(spe)223-229. Disponível em http://www.revistarene.ufc.br/edicao especial/a25v11esp_n4.pdf
13. Vieira AN, Padilha MI, Costa R, Petry S. Trabalho interdisciplinar desenvolvido por profissionais de saúde em grupo de gestantes e/ ou casais grávidos (1996- 2016). *Hist enferm Rev eletrônica* [Internet]. 2019; 10(1):51-63. Disponível em <http://here.abennacional.org.br/here/v10/n1/a5.pdf>
14. Souza EVA, Bassler TC, Taveira, AG. Educação em saúde no empoderamento da gestante. *Rev enferm UFPE online* [Internet]. 2019 [acesso em 6 de novembro de 2022];13(5):1527-31. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/238437/32817>
15. Silva ALS, Nascimento ER, Coelho EAC, Nunes IM. Atividades educativas no pré-natal sob o olhar de mulheres grávidas. *Rev Cubana Enfermer* [Internet]. 2014 [acesso em dezembro de 2022];30(1). Disponível em: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-03192014000100005
16. Raznievski LFS, Fettermann FA, Rosa AB, Bordignon JS, Freitas HMB, Donaduzzi DSS. Boas práticas de assistência ao parto e nascimento: percepções de enfermeiras da atenção básica. *REUFMS* [Internet]. 2020 [Acesso em: Fevereiro de 2023];10(34):e34. <https://doi.org/10.5902/2179769238887> <https://periodicos.ufsm.br/reufsm/article/view/38887/html>
17. Sabino GC, Araujo DM, Silva MRB, Souza DRS, Gomes NN, Oliveira NS, Machado KLF. Práticas do enfermeiro no acompanhamento da mãe de recém-nato pré-termo na Atenção Básica. *Glob Acad Nurs.* 2021;2(Spe.1):e91. <https://dx.doi.org/10.5935/2675-5602.20200091>