

Nursing in low-risk prenatal care: health education and humanization

Enfermería en la atención prenatal de bajo riesgo: educación en salud y humanización

Enfermagem no pré-natal de baixo risco: educação em saúde e humanização

Débora Tereza Rosa¹

ORCID: 0009-0003-7166-7996

Mayra Gabrielli Quevedo

Soares^{1*}

ORCID: 0009-0009-8739-229X

Kayo Augusto Pacher¹

ORCID: 0000-0002-0623-6669

Marinara Aparecida Quevedo

Soares¹

ORCID: 0009-0000-7287-6966

Rafael Braga Esteves²

ORCID: 0000-0003-4604-6840

Lucas Eduardo da Silva Andrade¹

ORCID: 0009-0004-6676-6276

Cassiana Maria Bento Santos¹

ORCID: 0009-0003-9966-640X

Katia Cristina dos Santos

Darruiz³

ORCID: 0009-0005-7573-6340

Mariane dos Santos Guerra¹

ORCID: 0009-0003-1057-960X

Laércio Fabrício Alves⁴

ORCID: 0009-0001-6399-9814

¹Faculdade de Ensino Superior Santa Bárbara. São Paulo, Brazil.

²Universidade de São Paulo. São Paulo, Brazil.

³Faculdades Integradas de Jau. São Paulo, Brazil.

⁴Universidade São Francisco. São Paulo, Brazil.

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*Corresponding author:

mayra_gabrielli@hotmail.com

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Abstract

This study aimed to analyze the main actions of nurses in primary health care units to maintain the health of pregnant women and their babies during the first and second trimesters of prenatal care, including preventive actions and attention to warning signs. The methodology used was bibliographic research in scientific articles. This is an integrative review, with the theme delimited by the research question: "What actions does the nurse need to take during prenatal care to maintain the health of the pregnant woman during pregnancy?". The results indicate that nursing care in low-risk prenatal care is crucial for promoting the health of pregnant women. Nursing has the function of creating a relationship of trust with pregnant women, enabling continuous monitoring and early identification of complications, resulting in more effective and personalized care. In addition, it was observed that sociodemographic, obstetric, and behavioral factors have a direct impact on the quality of life of pregnant women. This study concluded that qualified prenatal care, in accordance with public health policies, is essential for reducing complications and promoting maternal and neonatal well-being.

Descriptors: Nursing; Pregnant Women; Primary Care; Care; Prevention.

Resumén

Este estudio tuvo como objetivo analizar las principales acciones del personal de enfermería en unidades de atención primaria de salud para preservar la salud de las gestantes y sus bebés durante el primer y segundo trimestre de la atención prenatal, incluyendo acciones preventivas y la atención a los signos de alarma. La metodología empleada fue la investigación bibliográfica en artículos científicos. Se trata de una revisión integrativa, cuyo tema se enmarcó en la pregunta de investigación: "¿Qué acciones debe realizar el personal de enfermería durante la atención prenatal para preservar la salud de la gestante?". Los resultados indican que la atención de enfermería en la atención prenatal de bajo riesgo es crucial para promover la salud de las gestantes. La enfermería tiene la función de crear una relación de confianza con las gestantes, permitiendo el seguimiento continuo y la identificación temprana de complicaciones, lo que resulta en una atención más eficaz y personalizada. Además, se observó que los factores sociodemográficos, obstétricos y conductuales tienen un impacto directo en la calidad de vida de las gestantes. Este estudio concluyó que la atención prenatal cualificada, de acuerdo con las políticas de salud pública, es esencial para reducir las complicaciones y promover el bienestar materno y neonatal.

Descriptores: Enfermería; Embarazadas; Atención Primaria; Atención; Prevención.

Resumo

Este trabalho teve por objetivo analisar as principais ações do enfermeiro na unidade básica de saúde, que visam manter a saúde da gestante e do bebê durante o primeiro e segundo trimestre do pré-natal, incluindo as ações preventivas e atenção aos sinais de alerta. A metodologia utilizada foi a pesquisa bibliográfica em artigos científicos. Trata-se de uma revisão integrativa, o tema delimitado pela pergunta de pesquisa: "Quais ações o enfermeiro precisa ter durante o pré-natal para manter a saúde da gestante durante a gestação?". Os resultados sinalizam que o atendimento de enfermagem no pré-natal de baixo risco é crucial para a promoção da saúde das gestantes. A enfermagem tem como função criar uma relação de confiança com as gestantes, possibilitando um acompanhamento contínuo e a identificação precoce de complicações, o que resulta em um atendimento mais eficaz e personalizado. Além disso, observou-se que fatores sociodemográficos, obstétricos e comportamentais têm impacto direto na qualidade de vida das gestantes. Concluiu-se neste estudo que o pré-natal de maneira qualificada, em conformidade com políticas públicas de saúde, é primordial para redução de complicações e promoção do bem-estar materno e neonatal.

Descritores: Enfermagem; Gestante; Atenção Primária; Cuidados; Prevenção.



Introduction

Pregnancy, being a physiological process, tends to occur without complications for both mother and fetus. To ensure the health of both, prenatal care is essential, which is the objective of this study: to analyze the role of nursing and health education in low-risk prenatal care, aiming to improve the quality of life and autonomy of pregnant women. This care should be provided in primary health care units, in collaboration between the nursing team and physicians. During consultations, the aim is to determine whether the pregnancy is high or low risk, factors that will influence the frequency of consultations, the necessary examinations, and which health professionals should be consulted¹.

At the beginning of prenatal care, the first consultation is directed to the nurse, who is primarily responsible for guiding pregnant women regarding warning signs, conducting the anamnesis, responsible for identifying risks and the pregnant woman's history, as well as answering the pregnant woman's questions through qualified listening and scientific knowledge. The pregnant woman should seek the primary care unit closest to her residence for evaluation and inclusion in prenatal consultations, thus aiming for a healthy pregnancy and a delivery with the lowest possible risks^{1,2}.

Prenatal appointments occur periodically, following a monthly, bi-weekly, and weekly schedule, according to the weeks of gestation: 1st to 28th week of gestation, monthly; 28th to 36th week of gestation, bi-weekly; 36th week to the end of gestation, weekly. Appointments take place both at the health unit and at home, and involve community meetings, with the main objective being the monitoring of the pregnancy by the obstetric specialist and the postpartum check-ups at the health unit³.

For several decades, pregnancy and childbirth were exclusively female experiences, assisted by midwives and more experienced women in the community. Starting in the 1980s, driven by pressure from healthcare professionals, feminist movements, and civil society organizations, Brazil began implementing transformations in women's healthcare, seeking to increase participation, dissemination of information, and awareness of their rights. In 1983, the Comprehensive Women's Health Care Program (PAISM) challenged previous principles, proposing a comprehensive and equitable approach to all stages of a woman's life, emphasizing the importance of prenatal care. The Family Health Strategy (ESF) consolidated these transformations, prioritizing health promotion and comprehensive care, especially during pregnancy and the postpartum period⁴.

Studies show that habits and lifestyle choices have a greater influence on health than genetics, making preventive care fundamental for healthy aging. However, it is common for men to neglect their health, seeking fewer medical consultations. Research conducted by the Men's Health Reference Center in São Paulo revealed that 70% of men seeking medical care do so because of women or children, and more than half already have diseases in advanced stages. On average, Brazilian men live 7.2 years less than women, due to factors such as violence, traffic accidents, and cardiovascular diseases. To address this

situation, the Ministry of Health implemented the National Policy for Comprehensive Men's Health Care in 2009, aiming to improve care within the SUS (Brazilian Public Health System) and increase awareness of the importance of self-care among men⁵.

Considering men's health history and their participation in pregnancy, prenatal care also exists for the partner, according to the National Policy for Comprehensive Men's Health Care (PNAISH) established by Ordinance GM/MS No. 1,944, of August 27, 2009, with the objective of greater paternal involvement, also including family planning and attention from both partners during pregnancy¹.

Historically, reproductive planning and prenatal care were focused solely on women. In 2011, the Ministry of Health launched the Men's Prenatal Program to promote more active fatherhood and disease prevention. Despite the inclusion of men, their participation is still limited and often passive, due to problems such as incompatible schedules at health units, lack of adequate training for professionals, and lack of awareness of fathers' rights. The support of partners and the reconciliation of work schedules are fundamental for the fathers' presence at appointments, which can improve their attitude and health monitoring⁶.

Men are often unaware of their rights, and many are unaware of the existence of specific public health policies for men, as well as initiatives focused on early childhood that guarantee the right to prenatal care for their partner. This lack of information also explains the scarcity of men in Basic Health Units, because without knowledge of their rights, how can they claim them? Law No. 13.257/2016 of March 8, 2016, which deals with policies for early childhood, includes in Article 473 of the CLT (Consolidation of Labor Laws) that the worker may be absent for up to 2 (two) days to accompany medical consultations and complementary examinations during the pregnancy of his wife or partner⁷.

In addition to partner support, the family support network can also play a significant role for pregnant women, both during pregnancy and the postpartum period. Research shows that the presence of family support and accompaniment during Family Health Strategy (ESF) appointments are directly related to women's desire to have a loved one by their side during childbirth. Most of the women interviewed valued this support, considering it essential for emotional well-being and for various practical matters, such as household chores, newborn care, and financial support. This support is fundamental for women to cope with the intense emotions and transformations that occur during pregnancy, the postpartum period, and childbirth. Social support, ranging from informal self-help groups to formal services like the ESF, plays a significant role in this context⁸.

Among the main responsibilities of the Institute of Health are: collaborating in the formulation and evaluation of state policies on science, technology and innovation focused on health; stimulating and managing research on health technologies for the SUS-SP (Unified Health System of São Paulo); promoting scientific and technological investigations in the field of Public Health; promoting the



dissemination of scientific and technological knowledge to support decisions in health policies and practices; and contributing to the training of health professionals, in addition to fostering technical cooperation for the SUS-SP⁹.

Intending to improve the health of pregnant and postpartum women, the Instituto de Saúde portal offers three documents from the São Paulo State Health Secretariat that aim to improve the quality of care for these women within the SUS-SP (Unified Health System of São Paulo). Emphasizing the theme of this article, we highlight two documents of relevance: the "Document on the Care Pathway for Pregnant and Postpartum Women" and the "Guidance Manual for Managers for Implementing the Care Pathway." Both aim to improve the training of professionals who care for pregnant women, with the first including a technical guide on prenatal and postpartum care. The document "Care Pathway for Pregnant and Postpartum Women," published by the São Paulo State Health Secretariat in 2024, seeks to guarantee women's sexual and reproductive rights, including continuous access to contraceptive methods in municipalities to prevent unwanted pregnancies. Furthermore, the objective is to improve care during pregnancy, childbirth, and the postpartum period, especially in areas with the worst maternal and neonatal health indicators. The document proposes the implementation of a care pathway in each health region, based on protocols and technical guidelines from the Brazilian Unified Health System (SUS) and adapted to the context of the state of São Paulo, aiming to reduce maternal and neonatal mortality^{9,10}.

The "Manual for Managers to Implement Care Pathways" was developed to guide SUS (Brazilian Unified Health System) administrators in São Paulo in implementing Care Pathways for pregnant and postpartum women in the state's 64 health regions. The objective is to unite efforts among health professionals, especially municipal and state managers, to guarantee and improve care for these women. This manual is part of a larger initiative to regionalize the health system, aligned with the Management Pact and the State Health Plan. Divided into two chapters, the first addresses concepts and guidelines for care, while the second details the operational planning steps for the execution of these care pathways throughout the state¹¹.

Prenatal care coverage in Brazil is almost universal for pregnant women using the SUS (Unified Health System), based on the criterion of at least one consultation, but this picture changes when other parameters are considered. It decreases when we include the tests performed and the link to the maternity hospital. According to the study conducted by Leal, problems with care and service quality also contribute to low adherence among pregnant women, especially considering social and economic inequalities¹².

The factor that contributes to effective nursing care is directly linked to scientific knowledge and the use of specific protocols, thus generating safety for both the nurse and the pregnant woman, enabling a bond between the two parties and the identification of potential risks¹².

Through preventative measures, prenatal care identifies risks for both mother and baby, ensuring a safe

pregnancy and the possibility of a healthy baby's birth, while preserving the mother's health. Studies have shown that quality prenatal care is associated with a reduction in negative perinatal outcomes, such as low birth weight and prematurity, as well as reducing the chances of obstetric complications such as pre-eclampsia, gestational diabetes, and maternal deaths¹³.

In the context of prenatal care, the management of nursing care performed by nurses is characterized by providing comprehensive care to pregnant women and their families, and welcoming them in health centers/basic units, during prenatal consultations, and throughout the entire prenatal care process¹⁴.

In a study, most nurses, when questioned, reported that prenatal care alone is insufficient. Therefore, another factor that proves indispensable for the care of pregnant women in primary health care and other health services is the nurse-patient relationship, where it is the responsibility of nursing to create a bond with the pregnant woman, thus ensuring that prenatal care is well-accepted by the pregnant woman and advantageous for both¹⁵.

During the first prenatal appointment, the pregnant woman is given a "Pregnancy Booklet," which contains general information about her rights, information about the pregnant woman and the health unit, the baby's development and nutrition, as well as general questions regarding pregnancy and prenatal care itself. When handing over the pregnancy booklet, the nursing staff needs to encourage reading and familiarization with it. For nurses, the SUS (Brazilian Public Health System) provides a booklet on low-risk prenatal care, in which professionals have access to protocols, evaluation criteria, and information that helps in recognizing a high-risk pregnancy and the care needed to maintain a low-risk pregnancy¹⁶.

Through the Federal Nursing Council (COFEN), nurses have the following legal protections regarding prenatal care:

"Article 3. Nurses, Obstetric Nurses, and Midwives working in Obstetrics Services, Normal Delivery Centers, and/or Birthing Centers or other locations where care is provided are responsible for: I – Welcoming the woman and her family members or companions; II – Assessing all maternal, clinical, and obstetric health conditions, as well as those of the fetus; III – Ensuring care for the woman during prenatal care, childbirth, and the postpartum period through nursing consultations; IV – Promoting a woman-centered care model for childbirth and birth, creating an environment conducive to physiological labor and birth, and ensuring the presence of the woman's chosen companion, as provided by law; V – Adopting practices based on scientific evidence such as: offering non-pharmacological methods of pain relief, freedom of position during childbirth, preservation of perineal integrity at the moment of fetal expulsion, skin-to-skin contact between mother and newborn, support for breastfeeding immediately after birth, among others, as well as respect for the ethnic and cultural specificities of the woman and her family"¹⁷.

Therefore, the importance of different nursing perspectives in strengthening health education practices and improving maternal and neonatal health is highlighted, contributing positively and with a solid foundation to the



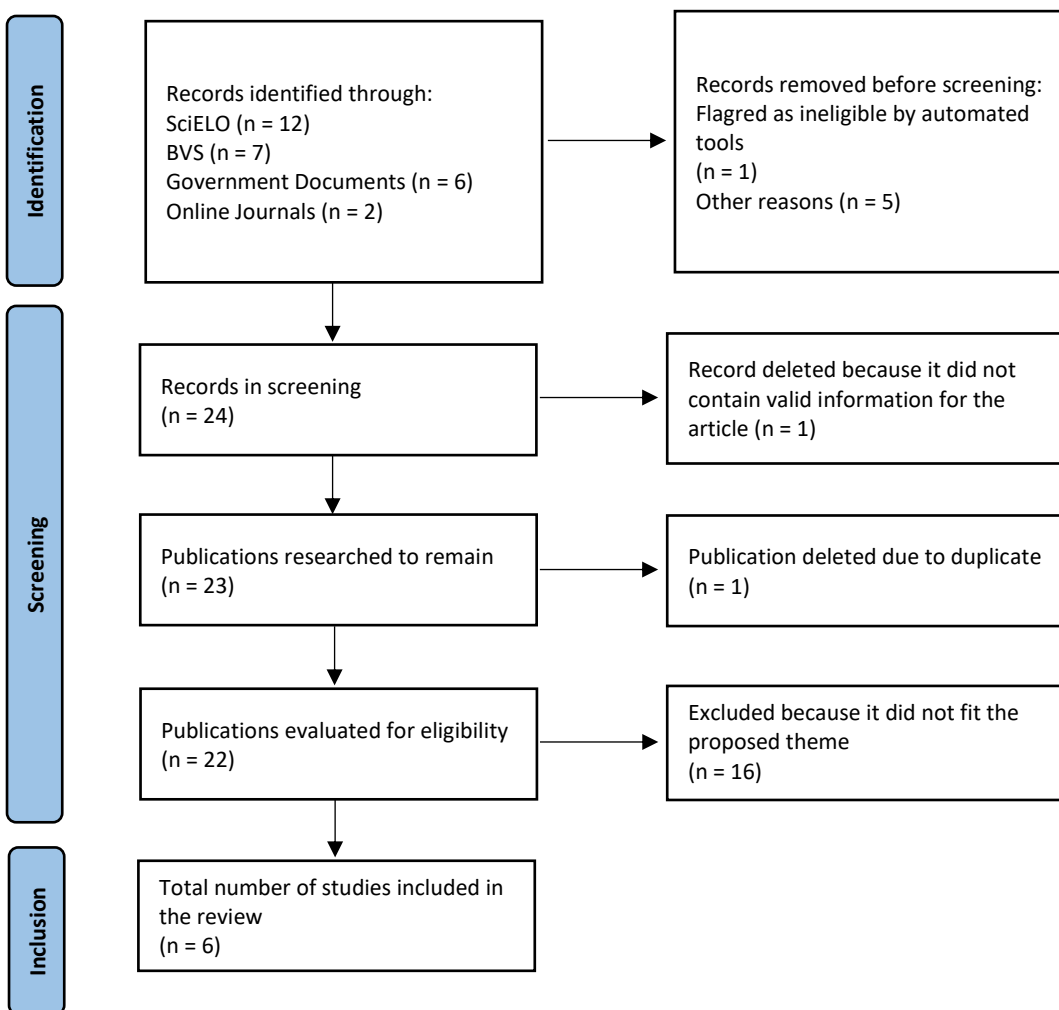
health field, promoting the autonomy and quality of life of pregnant women.

Methodology

This study is an integrative review, the theme delimited by the following research question: "What actions does a nurse need to take during prenatal care to maintain the health of the pregnant woman during pregnancy?". Articles and documents published between 2008 and 2024 were searched in the following databases: SciELO, Virtual Health Library, and the Gov.br Portal. Using descriptors found by searching the DeCS (Descriptors in Health Sciences) with the following terms: "Nursing OR pregnancy"; "Nursing OR pregnancy"; "Nursing OR prenatal"; "Nursing" and

"Unified Health System", the following descriptors were selected: "Prenatal Care"; "Nursing Care"; "Primary Nursing"; "Preventive Measures"; "Prevention and Control"; "Unified Health System". To construct the guiding question for this research, the PICO strategy was used, which facilitates the identification of essential elements for the study. Thus, we defined the components: P (Population) as pregnant women, I (Interest) as prevention, and Co (Context) as prenatal care in primary care. In addition, the following keywords were selected to guide the search and analysis of studies: Nursing; Pregnant women; Primary Care; Care; and Prevention. The articles were selected and discarded according to the following flowchart:

Figure 1. Identification of studies through databases and records. Tatuí, SP, Brazil, 2024



Results and Discussion

Chart 1 presents a synthesis of selected studies investigating key aspects of prenatal care in Brazil, focusing on Primary Health Care. The analysis concentrates on five main dimensions: the humanized approach and nursing education strategies for preparing for active childbirth; the assessment of pregnant women's quality of life and its determinants; the effectiveness of technology-mediated

group prenatal care; the integration of nursing consultations in low-risk prenatal care; and the role of family and paternal support in gestational monitoring. The compilation of objectives and main results allows for an integrated view of the evidence and gaps in prenatal care, providing a basis for discussion on innovative practices and the consolidation of a mother-centered care model.



Chart 1. Studies selected for review. Tatuí, SP, Brazil, 2024

Title	Country	Year	Type of Approach	Objectives	Main Results
Pré-natal humanizado: estratégias de enfermagem na preparação para o parto ativo	Brazil	2018	Descriptive study, based on theoretical studies.	This research aims to examine the role of nursing in prenatal care, especially regarding methods of preparation for childbirth, intending to empower women during the birthing process.	Humanized prenatal care demands both a welcoming environment and technical training for the nursing team. The established bond and health education promote the pregnant woman's knowledge and autonomy, making her the protagonist throughout pregnancy, childbirth, and the postpartum period.
Qualidade de vida relacionada à saúde de gestantes e fatores associados	Brazil	2021	Cross-sectional, correlational.	The study seeks to identify how sociodemographic, obstetric, and behavioral factors impact the quality of life of pregnant women.	Several sociodemographic, obstetric, and behavioral factors directly impact the quality of life of pregnant women and, therefore, should be prioritized during prenatal care.
Pré-natal coletivo mediado por tecnologia educativa: percepção de gestantes	Brazil	2023	Qualitative method.	The study seeks to identify how sociodemographic, obstetric, and behavioral factors impact the quality of life of pregnant women.	It is essential to adopt new intervention strategies that allow pregnant women to feel like protagonists throughout the entire pregnancy and postpartum process.
Consulta de enfermagem no pré-natal de baixo risco na Estratégia Saúde da Família	Brazil	2018	Qualitative, descriptive, exploratory, and field-based approach.	The research aims to integrate nursing consultations into low-risk prenatal care.	It is recommended that nursing consultations be implemented during low-risk prenatal care, integrated with medical consultations at the Health Unit to provide higher quality and more humanized nursing care.
Ausência do homem no pré-natal da parceira e no pré-natal do pai	Brazil	2021	Integrative literature review.	Analyze the father's participation in the woman's prenatal care and in the partner's prenatal care.	It is suggested that the planning of health services for this clientele be reorganized and reformulated, with a view to promoting the quality of care, men's health, and adherence to prenatal care for both the partner and the father.
Importância do apoio familiar no período gravídico-gestacional sob a perspectiva de gestantes inseridas no PHPN	Brazil	2019	Observational, descriptive, cross-sectional, quantitative-qualitative.	Analyze pregnant women's perceptions of the importance of family support during the pregnancy and gestation period.	The presence of family, partners, and trusted individuals during pregnancy provides a sense of security and support. The pregnant woman feels closely accompanied by healthcare professionals and family, positively influencing the moment of childbirth.

Research assessments indicate that nursing care during low-risk prenatal periods is fundamental for promoting the health of pregnant women^{3,6,15,17}. The role of nursing involves establishing a relationship of trust with pregnant women, allowing for constant monitoring and early identification of complications, which leads to more efficient and individualized care^{10,11,13}.

Furthermore, it was found that sociodemographic, obstetric, and behavioral factors directly influence the quality of life of pregnant women^{8,12}. Research suggests that health education provided during prenatal visits can mitigate the impacts of unfavorable factors, encouraging greater adherence to health guidelines and consequently improving women's quality of life^{4,10,13}.

Preparing for active childbirth through nursing tactics, such as the use of educational technologies and humanized methods, has proven effective in enabling pregnant women to take the leading role in the birthing process^{13,15}. The educational actions conducted by nursing staff led to a more rewarding childbirth experience, with fewer unnecessary interventions and greater independence for the pregnant woman¹⁴.

The findings also show that health education plays a crucial role in promoting knowledge and independence among pregnant women^{4,13}. Through group prenatal care or the use of educational technologies, these strategies have

been identified as an effective way to actively involve pregnant women in their own pregnancy process, reducing fears and doubts^{14,15}.

Ultimately, the integration of individual and collective care proved essential in providing emotional and technical support to expectant mothers^{10,13,15}. While individual nursing consultations offer personalized care, group prenatal care promotes the exchange of experiences and the formation of support networks, resulting in an enhanced understanding of the pregnancy experience^{8,15}. These findings highlight the importance of nursing consultations and health education during prenatal care, emphasizing the beneficial effect on the physical, mental, and social health of pregnant women^{4,6,17}.

The following articles were analyzed, which share an emphasis on prenatal care and the promotion of a healthy pregnancy, highlighting the role of nursing, health education, and the quality of life of expectant mothers, especially the role of nursing as an intermediary in care. In all the texts, it is clear that the nursing team stands out in providing care, whether through individual consultations or collective prenatal care, emphasizing its role in promoting health and monitoring pregnant women^{3,4,6,8,10-15,17}. Health education emerges as a common link, whether in preparing expectant mothers for active childbirth or in the application of educational technologies^{4,13,14}. This highlights the



importance of empowering women through information and educational practices.

It is evident that the topics also highlight the importance of a humanized method, in which the woman is considered the center of her experience, whether in the care of low-risk pregnancies, in preparation for childbirth, or in the pursuit of a higher quality of life, since the health and quality of life of pregnant women are intrinsically linked to the care provided, with improving quality of life being a common goal in all the strategies discussed^{8,12}.

Nursing care in low-risk prenatal care is essential to ensure constant and high-quality monitoring of pregnant women^{3,6}. The Family Health Strategy (ESF) encourages the decentralization of care, enabling nursing professionals to work directly in primary care^{10,11}. This fosters the establishment of bonds with expectant mothers and the implementation of preventive and educational actions. The incorporation of nursing into low-risk prenatal care helps in the early identification of complications and reinforces adherence to health guidelines, positively influencing the outcome of the pregnancy^{4,10,13,17}.

Sociodemographic, obstetric, and behavioral factors also directly affect the quality of life of pregnant women, including socioeconomic conditions, access to the health system, family support, and lifestyle^{8,12}. By addressing these variables during consultations, nursing could personalize care and implement measures that promote the well-being of the pregnant woman. A deep understanding of these elements allows healthcare professionals to perform more efficient interventions, improving both the physical and psychological condition of the expectant mother^{4,8,10,13}.

It is noticeable that the main objective of all the articles is health education. This not only broadens the pregnant woman's understanding of the pregnancy process and possible complications but also empowers her to make more independent decisions about her own body and childbirth. Educational strategies, such as group prenatal care or the application of educational technologies, foster knowledge sharing, increase the woman's self-confidence,

and prepare her for a more conscious and participatory childbirth experience¹³⁻¹⁵.

Furthermore, the connection between individual and group care in prenatal care can be an important aspect for discussion. Although nursing consultations provide unique care, the application of educational technologies and the implementation of group prenatal care can enhance the effect of the assistance, fostering an environment of shared experiences. This combination intensifies the emotional support and technical empowerment of the pregnant woman to cope with the stages of pregnancy, childbirth, and the postpartum period^{8,10,14,15}.

Thus, all the factors mentioned and analyzed clearly indicate the relevance of a good structure, listening, support, and humanized care exclusively for the life and health of pregnant women, which are directly linked to a good pregnancy outcome^{3,6,8,10,12,13}, as studies on the influence of family support and prenatal experience on pregnant women affirm, this persists and is associated with better expectations for childbirth, recovery, and the subsequent resumption of daily activities⁸.

Conclusion

In conclusion, prenatal care, especially within the context of primary care, is an essential and specialized process that requires a broad and humanized approach and support from the nursing team at the health unit. This support is crucial for early identification of risks and for guiding pregnant women. Higher maternal and neonatal quality of life is associated with excellent prenatal care, along with strengthening the bond between professional and patient, ensuring continuous and humanized monitoring. Furthermore, educational actions for the pregnant woman and her partner are essential for more conscious and participatory care. Therefore, qualified prenatal care, in accordance with public health policies, is paramount for reducing complications and promoting maternal and neonatal well-being.

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