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Prenatal care: essential actions developed by nurses

Assistência pré-natal: ações essenciais desenvolvidas pelos enfermeiros

Atención prenatal: acciones esenciales desempeñadas por los enfermeros

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Palavras chave: Assistência Pré-Natal; Enfermagem em Saúde Comunitária; Competência Profissional

Palabras clave: Cuidado Prenatal; Enfermería en Salud Comunitaria; Competencia Profesional.

ABSTRACT

Objective: Investigating the profile, knowledge and practice of nurses who work in low-risk prenatal.

Methods: This is a quantitative, descriptive, cross-sectional study conducted at the Family Health Basic Units of the city of Campina Grande/Paraiba, Brazil. The study included fifteen Basic Health Units of the Family of the sanitary district I of Campina Grande, totaling 15 nurses who responded to a questionnaire. Data were collected between March and June 2013. Data analysis was performed manually in map summary, according to the population studied and later the results were analyzed through descriptive statistics and organized into charts and tables of absolute and relative frequency.

Results: the data analysis revealed satisfactory the prenatal care performed by nurses, since in addition to procedures and routine tests it was observed that they also carry out the procedures and tests considered as complementary, according to the Ministry of Health.

Conclusion: it becomes necessary to give a larger guidance regarding the use of contraceptives after pregnancy. Also the study revealed the need for studies about evaluation of quality and impact of prenatal care conducted by nurses in decreasing maternal and neonatal morbidity and mortality in the municipality. This approach would be of great relevance for the consolidation of a successful practice in Campina Grande.

RESUMO

Objetivo: Investigar o perfil, o conhecimento e prática dos enfermeiros que atuam na atenção pré-natal de baixo risco.

Método: Pesquisa quantitativa, descritiva, transversal, realizada nas Unidades Básicas de Saúde da

Família do município de Campina Grande/Paraíba, Brasil. Foram incluídas quinze UBSF's do distrito sanitário I de Campina Grande, totalizando 15 enfermeiros que responderam a um questionário. A coleta dos dados ocorreu entre os meses de março a junho de 2013. A análise dos dados foi realizada manualmente, em mapa resumo, de acordo com a população estudada e posteriormente foram analisados através da estatística descritiva e organizados em gráficos e tabelas de frequência absoluta e relativa.

Resultados: Pode-se considerar satisfatória a assistência pré-natal realizada pelos enfermeiros, uma vez que além dos procedimentos e exames de rotina, observou-se que estes realizam os procedimentos e exames considerados como complementares, de acordo com o Ministério da Saúde.

Conclusão: Faz-se necessário o fornecimento de um maior número de orientação no que tange ao uso de métodos contraceptivos após o período gestacional. Revela-se ainda a necessidade da realização de estudos sobre avaliação de qualidade e impacto do atendimento pré-natal realizado por enfermeiros na redução de morbimortalidade materna e neonatal no município, abordagem esta que seria de grande relevância para a consolidação de uma prática bem-sucedida em Campina Grande.

RESUMEN

Objetivo: Investigar el perfil, el conocimiento y la práctica de las enfermeras que trabajan la atención prenatal de bajo riesgo.

Métodos: Estudio cuantitativo, descriptivo, transversal realizado en las Unidades Básicas de Salud Familiar Campina Grande / Paraíba, Brasil. Se incluyeron quince UBSF's del distrito sanitario I de Campina Grande, totalizando 15 enfermeros que respondieron a un cuestionario. La colecta de datos se llevó a cabo entre marzo y junio de 2013. El análisis de datos se realizó de forma manual, en mapa resumen, según la población estudiada y posteriormente se analizaron mediante estadística descriptiva y organizados en gráficosy tablas de frecuencias absoluta y relativa.

Resultados: Se puede considerar satisfactoria la atención prenatal realizada por los enfermeros, ya que además de los procedimientos y las pruebas de rutina, se observó que también llevan a cabo los procedimientos y pruebas consideradas como complementaria, de acuerdo con el Ministerio de Salud

Conclusión: Es necesario proporcionar un mayor número de orientación con respecto al uso de métodos anticonceptivos tras el periodo gestacional. Se revela también la necesidad de estudios de evaluación de la calidad y el impacto de la atención prenatal realizados por enfermeros especializados en la reducción de la morbilidad y mortalidad materna y neonatal en el municipio, este enfoque sería de gran importancia para la consolidación de una práctica exitosa en Campina Grande.

.INTRODUCTION

It seems that occur worldwide each year 120 million pregnancies, where we see the death of about half a million women due to complications arising from pregnancy or parturition process. Among these, 50 million women are affected by disease, illness or suffer severe limitations resulting from pregnancy status [(1)].

The rate of maternal mortality in Brazil, according to the Ministry of Health (MOH), in 2012 was of 68 per one hundred thousand live births. The Northeast region had the highest rate, registering 427 maternal deaths, followed by the Southeast with 417, South, with 149, with 164 North and Midwest, with 112. Regarding the federal unit, Paraiba, registering 26 cases, where 5 of these were recorded in the city of Campina Grande [(2)].

Prenatal quality care favors the reduction of mortality rates of women due to pregnancy, and enables improved quality of maternal and child life [(1)]. Prenatal care is to observe the mother, serving as a time of experiences to the family. It allows early detection of changes with the mother and the child. In this context, the nurse emerges as a qualified professional to assist low-risk pregnancy, since in recent decades there

has been a growth in the nurse's performance in its various areas [3]. Moreover, according to these authors, several aspects have favored the achievements for the professional performance of nurses among which stand out the transition from epidemiological and demographic profile of the population, regulation of the Unified Health System (SUS), and the Federal Councils and Nursing Regional are legally endorsing their performances as professionals in the nursing consultation.

Gestational monitoring lacks focus with regard to assistance to maternal and child health, which, historically, demand special care within the public health. There is in Brazil to maintain low key health indicators, fitting to mention the rates of maternal and perinatal mortality, which have promoted the implementation of public policies that focus on pregnancy and childbirth [4].

According to the Ministry of Health, the main purpose of prenatal and postpartum care is "welcoming women since the beginning of pregnancy, ensuring the end of pregnancy, the birth of a healthy child and ensuring maternal and neonatal welfare" [5].

In 2000 the Ministry of Health created the Program for Humanization of Prenatal and Birth (PHPN), aiming to reduce high rates of illness and maternal and perinatal deaths, expand the offer to prenatal, set parameters to optimize calls the pregnant women and provide the link between outpatient care and childbirth. It also set out the basic activities to be performed during the prenatal visits and postpartum [10].

In the case of the professional responsible for performing prenatal visits, the same must have qualification for the mentioned activity. There is evidence that prenatal low risk can be exercised not only by obstetrician, but also by a multidisciplinary team, including nurses and midwives [6].

According to the Law of the Professional Practice of Nursing, Decree 94.406/87, the nurse is authorized to perform basic prenatal visit. It also supports to undertake nursing consultation; nursing prescription; drug prescription, according to agreements signed by public health programs, as well as standardized by the health institution; care during childbirth, postpartum, and educational activities in health, finding shelter in Law 7.498/86 [7].

According to the Ministry of Health (5), for a satisfactory prenatal care, a number of mechanisms is indispensable, like: qualified professionals; suitable physical structure; equipments and instrumental indispensable; laboratory support; own document records, processing, data analysis and medicinal products [3].

Facing the reality of nursing professionals being progressively taking responsibility for leading and observe the woman during the pregnancy cycle, through primary health care programs that give autonomy to the nurse and that these present attitudes, knowledge and skills for the qualified exercise of their profession, the aim of this study was to investigating the profile, knowledge and practice of nurses working at the Family Health Strategy (FHS) in Sanitary District I of Campina Grande municipality, about the essential actions taken in prenatal low query risk towards an improvement in prenatal care for pregnant women and consequent promotion of safe motherhood.

METHOD

This is a descriptive, cross-sectional survey of a quantitative approach. It was conducted in BFHU's the city of Campina Grande / PB, Brazil. The health districts comprise a geographic area of a population with epidemiological, social characteristics and needs, and even the health resources to meet it. The study was conducted between January and September 2013. The study setting consisted of fifteen BFHU's belonging to the District Health I of Campina Grande-PB which ensured a sample of geographic, social, economic and cultural belonging to the enrolled population.

The study population was composed of nurses working in BFHU's belonging to the health district I of Campina Grande/PB.

The choice of location was made by simple random sampling with the six health districts belonging to the city of Campina Grande/PB, making a total of fifteen BFHU's visited and researched fifteen nurses.

The criteria used to select interviewees were: being a nurse of the FHS of the Sanitary District I of Campina Grande/PB, be in the performance of professional activities during data collection and take part in the research freely, leaving the various professionals of retro features deleted mentioned.

There was used a structured questionnaire with open and closed questions based on the document's Manual Ministry of Health Technician, translate the standards based on scientific evidence in obstetric practice, entitled: Prenatal and Puerperium [(5)].

Presented were addressed topics such as training profile, the monthly service demand to pregnant women, the number deemed necessary pre-natal consultations, to perform during pregnancy low risk, the time considered necessary for the beginning of prenatal care, the laboratory tests requested in the first of the pregnant woman consultation, clinical exams performed during prenatal visit low risk, as proceeds obstetric ultrasound request during pregnancy, the guidelines transmitted pregnant women during prenatal low risk query as well as the criteria used in making home visits to pregnant women.

Data collection was carried out between March and June 2013. The technique used for the individual interview was held with the nurses at scheduled times according to the availability of respondents. The interview locations were their BFHU's where these professionals are placed.

Data analysis was based on key actions recommended by the Manual Prenatal Technical and Puerperium of the Ministry of Health (5), as well as in research that translates scientific evidence and carried out manually, in short map, according to the population studied in which were then analyzed using descriptive statistics and organized into graphs and absolute and relative frequency tables, using the EXCEL software program.

This research was developed according to Resolution 196/96 of the parameters of the National Board of Health and Ministry of Health (1997) which provide for research involving humans. The Informed Consent was signed by the nurses, and all were informed about the research objectives, confidentiality and non-identification as a participant.

It was recorded in PLATAFORMA BRAZIL, approved by the City Health Department and the Research Ethics Committee of the State University of Paraiba (Protocol 0018/2013).

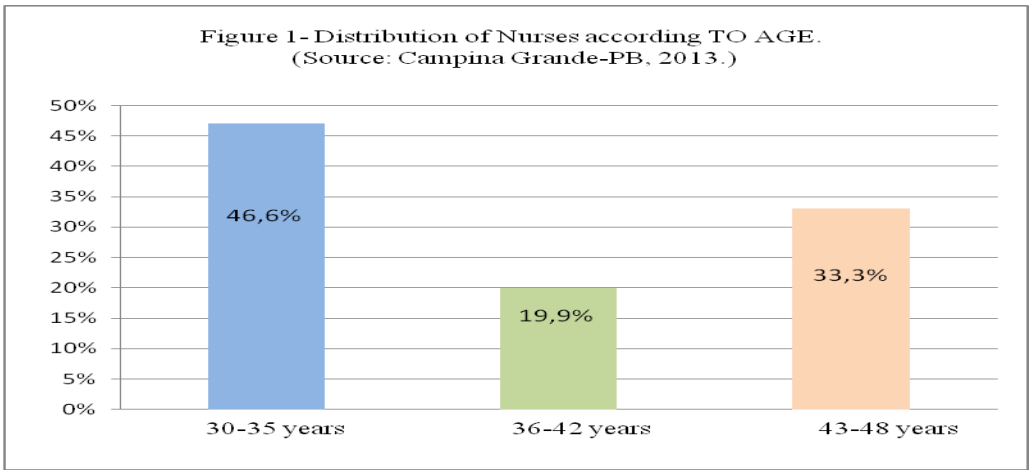
RESULTS

Characterization of the sample

The participants were 15 professionals, all female.

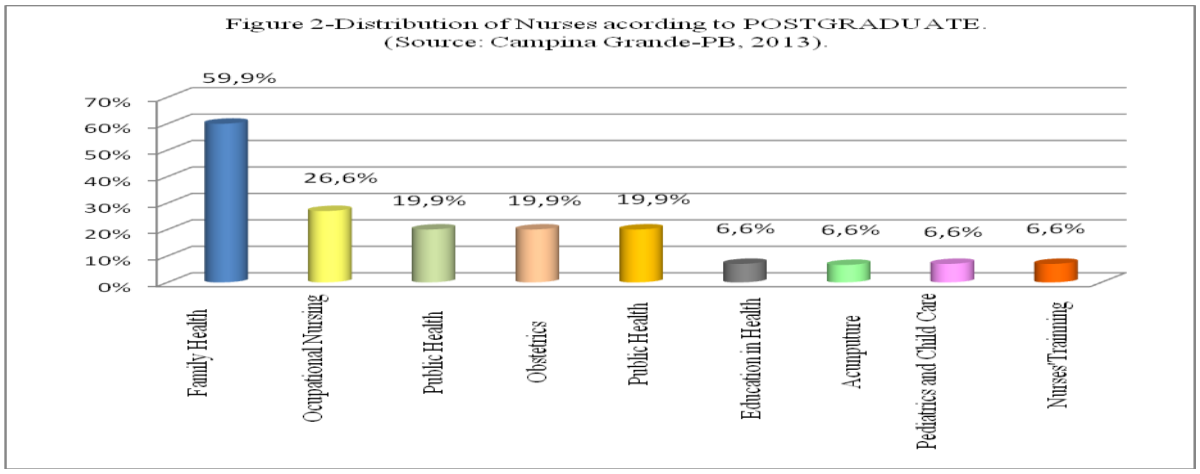
It is observed that among the respondents ages ranged between 30-48 years old, average age of 39,3 years old. From the 15 nurses, 07 (46,7%) were between 30 and 35 years old, 05 (33,3%) between 43 and 48 and 03 (20%) between 36 and 42 years old. (Figure 1)

Figure 1 – Distribution of Nurses according to age. (Source: Campina Grande-Paraiba, 2013.)



With regard to Postgraduate stricto sensu studies, 02 (13,3%) of respondents have mastership in public health. As to the latu sensu Postgraduate, 15 (100%) of the respondents have some kind of specialization, among which 09 (59,9%) in family health, 04 (26,6%) in nursing work, 03 (20%) in public health, 03 (20%) in public health, 03 (20%) in obstetrics, 01 (6,6%) in health education, 01 (6,6%) in acupuncture, 01 (6,6%) in pediatrics and child care, 01 (6,6%) in teacher training of nurses. It is also observed that 08 (53,3%) of respondents have two or more specializations and 02 (20%) have two or more specializations and a master's degree. (Figure 2)

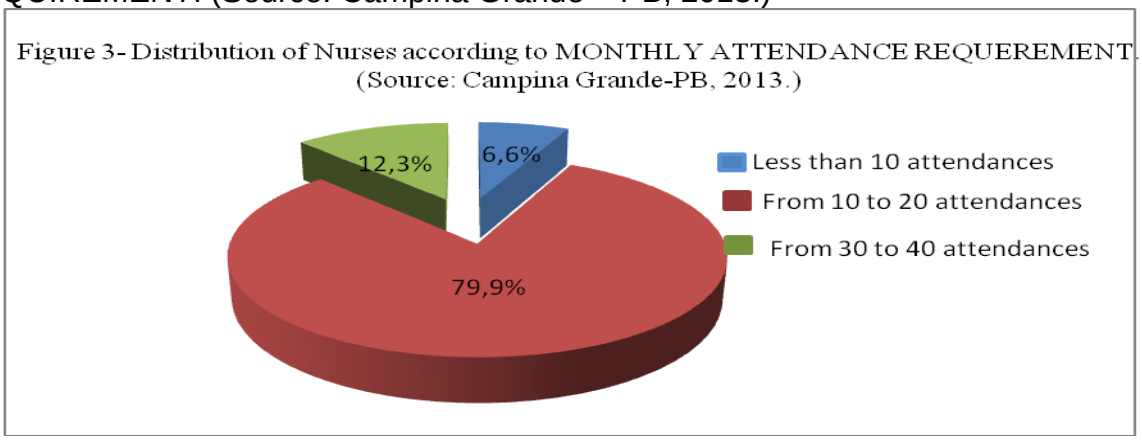
Figure 2 – Distribution of Nurses according to POSTGRADUATE. (Source: Campina Grande-Paraiba, 2013.)



Monthly service demand of nurses to pregnant women in fhs

Regarding the monthly service demand, it is observed that 12 (80%) of respondents claim to make 10-20 consultations, 02 (13,4%) 30-40 and 01 (6,6%) less than 10. (Figure 3)

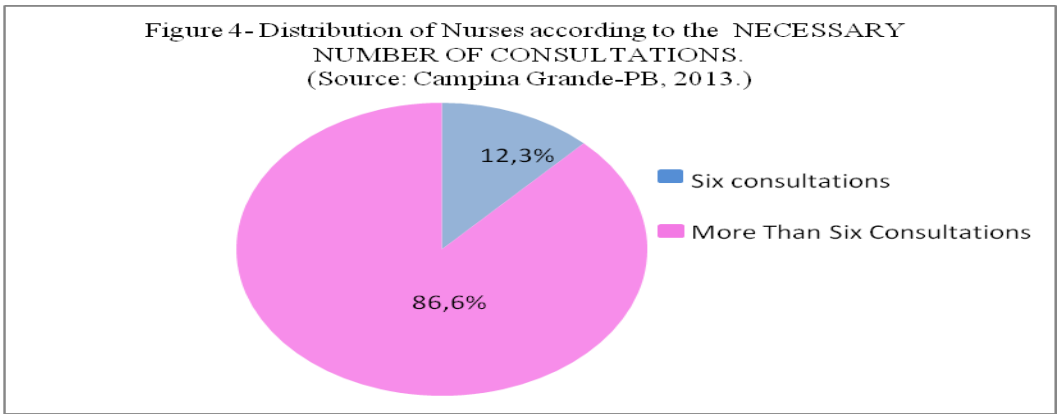
Figure 3 – Distribution of Nurses according to MONTHLY ATTENDANCE REQUIREMENT. (Source: Campina Grande – PB, 2013.)



Required number of pre-natal consultations to be held during pregnancy according to nurses

In relation to the number of pre-natal consultations to be held during pregnancy it notes that 13 (86,6%) of respondents consider necessary to perform more than 06 consultations and 02 (13,4%) consider 06 consultations as essential. (Figure 4)

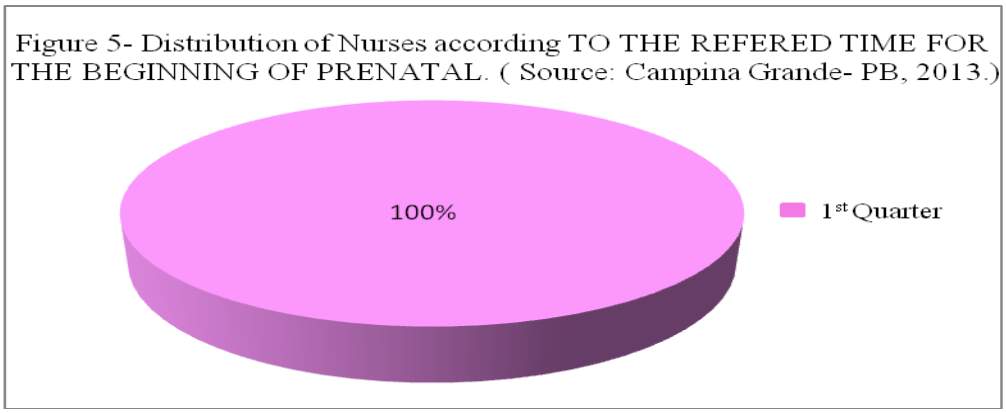
Figure 4 – Distribution of Nurses according to the NECESSARY NUMBER OF CONSULTATIONS. (Source: Campina Grande-PB, 2013.)



The time recommended for the beginning of the pre-natal according to the nurses

In relation to the time indicated for the beginning of prenatal, 15 (100%) of the interviewed consider the first quarter as ideal. (Figure 5)

Figure 5 – Distribution of Nurses according to the REFERED TIME FOR THE BEGINNING OF PRENATAL. (Source: Campina Grande-PB, 2013.)



Tests requested by the nurse during the first prenatal consultation

Table I shows that 100% of nurses report request during the first prenatal visit the blood group tests, serology for syphilis, rubella, Rh factor, urinalysis type I, hepatitis, blood count, fasting glucose, and HIV testing, ultrasound 79,9%, 59,9% Pap smear, 40% oncotic colpocitology, 33,3% parasitological feces and 26,6% vaginal bacteroscopy.

Table I – Tests requested by the nurses during the first prenatal consultation.

Tests requested by the nurses	Nº	%
Rh factor	15	100
Fasting Glucose	15	100
Blood Count	15	100
Blood work up	15	100
Hepatitis	15	100
Rubella	15	100
Serology for Syphilis	15	100
HIV testing	15	100
Urinalysis Type I	15	100
Ultrasound	12	79,9
Pap smear	09	59,9
Oncotic Colpocitology	06	40
Vaginal Bacteroscopy	04	26,6

(Source: Campina Grande- PB, 2013.)

Clinical tests performed during the prenatal consultation

It is observed according to Table II that 100% of nurses reported the achievement of weight measurement, blood pressure, auscultation of fetal heart rate, maternal height, uterine height measurement, breast examination, as well as the assessment of nutritional status as clinical examination during prenatal visit. But the cephalic-caudal exam is only mentioned by 79,9% of respondents.

Table II – Clinical examination carried out by nurses during prenatal consultation.

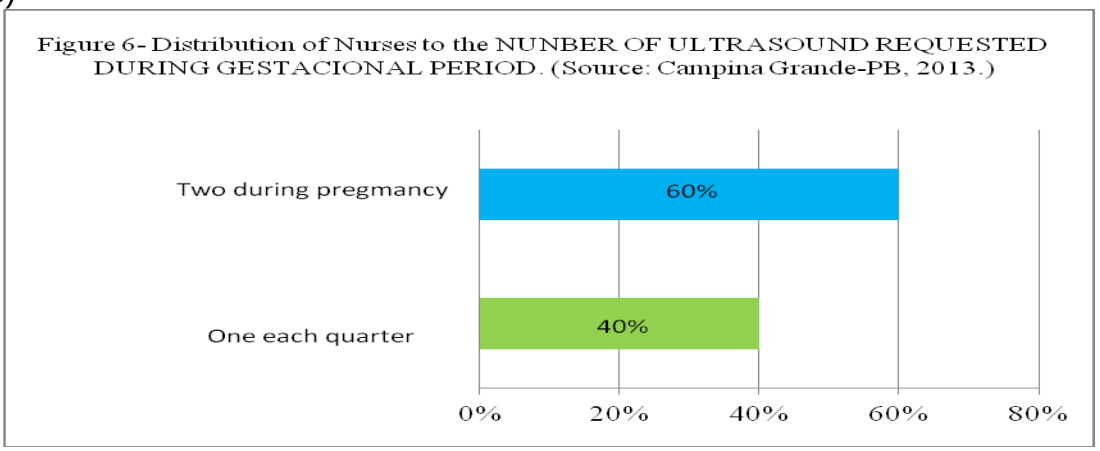
Clinical examination carried out by nurses during prenatal consultation	Nº	%
Maternal height	15	100
Auscultation of the FHB	15	100
Evaluation of the nutritional status	15	100
breast examination	15	100
uterine height measurement	15	100
Weight	15	100
Blood pressure	15	100
Cerebro-caudal examination	12	79,9

(Source: Campina Grande- PB, 2013.)

Conduction of obstetric ultrasound during gestational period

It is observed according to Figure 6 that 60% of nurses report request an ultrasound every three months, while 40% requested two.

Figure 6 – Distribution of nurses according to the NUMBER OF ULTRASOUNDS REQUESTED DURING GESTATIONAL PERIOD. (Source: Campina Grande – PB, 2013)



Guidelines submitted to pregnant women during prenatal consultation

In relation to the guidelines provided by the nurse during prenatal consultation it notices, related to Table III, that 100% of nurses were related to breastfeeding, mother's vaccines, the pregnant woman's diet, physical and emotional changes and signs and symptoms of childbirth, 93,2% care for the newborn, HIV testing, sexual activity, use of tobacco and alcohol and drug use, mode of parturition and risk and STD, 79,9% gestational diabetes and the importance of exercise, 73,2% vaccination of the newborn, parent participation during pregnancy and importance of sleep, 66,6% family planning, 46,6% pregnancy complications due to stress at work, 40% contraception methods. (Table 3).

Table III – Guidelines transmitted by nurses during prenatal consultation.

Guidelines transmitted by nurses during prenatal consultation	Nº	%
Breastfeeding	15	100
Pregnant's feeding	15	100
Body and emotional changes	15	100
Signs and symptoms of birth	15	100
Mother's vaccines	15	100
Sexual activity	14	93,2
Newborn care	14	93,2
STD	14	93,2
HIV test	14	93,2
Types of birth and risk	14	93,2
Use of medicines	14	93,2
Use of tobacco and alcohol	14	93,2

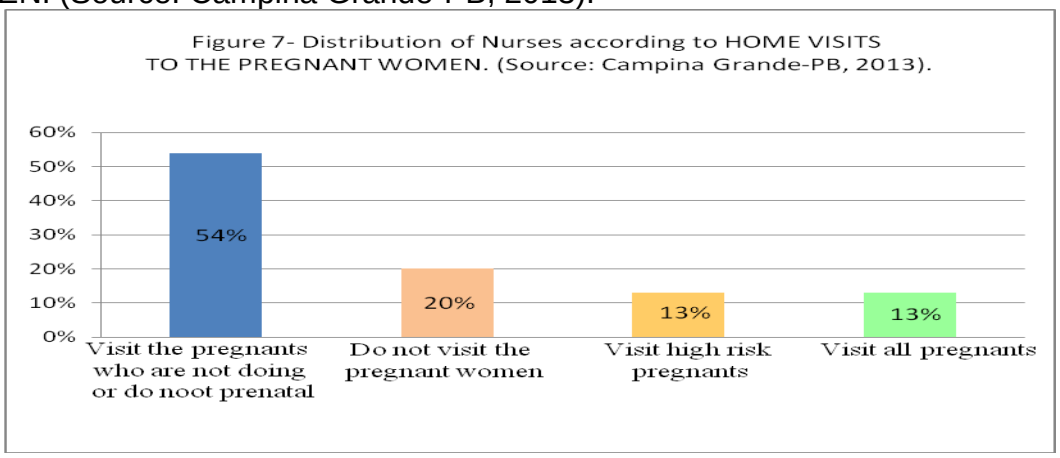
Gestational diabetes	12	79,9
Importance of physical exercise	12	79,9
Importance of sleep	11	73,2
Father's participation during pregnancy	11	73,2
Vaccinations of the newborn	11	73,2
Family planning	10	66,6
Gestational complications due to stress at work	07	46,6
Contraceptive methods	06	40

(Source: Campina Grande- PB, 2013.)

Conduction of home visits to the pregnant women

It is observed in relation to Figure 7 that when it comes to conducting home visits to pregnant women 53,4% visit only pregnant women who are not making or missing prenatal care, 20% do not conduct visits, 13,3% visit the high risk and 13,3% visit all pregnant women.

Figure 7 – Distribution of Nurses according to HOME VISITS TO THE PREGNANT WOMEN. (Source: Campina Grande-PB, 2013).



DISCUSSION

The participants were fifteen professionals, all female. Their ages ranged between 30 and 48, with an average age of 39,3 years old. In this study a relationship between age and the professional performance of this in the prenatal consultation has not been established.

With regard to Postgraduate, 02 of the interviewees have mastership in public health, 15 have some kind of specialization, among which there is a higher prevalence in family health with 09. Realize also that 08 nurses have two or more specializations and 02 have two or more specializations and a master's degree.

The improvement and lifelong learning are essential elements for the training, which positively reflect on professional practice. Therefore, a relevant factor, which was addressed, aims postgraduate relates that all the nurses who participated in the study

had some expertise, which may mean that they are seeking every day more knowledge as a way to pay better assistance to its clientele. Thus, according to the literature, professionals specializing in obstetrics have some advantage over other professionals for proper management in prenatal care [8].

Regarding the number of care for pregnant women performed monthly, it is observed that most of the respondents claim participating in 10-20 consultations and that only a small portion of 30 to 40. So it can be seen, according to reports of professionals, which in practice number of pregnant women is a contributing factor for dispensing timely consultation and subsequent optimization of the service. However the Manual Prenatal Technical and Puerperium: Attention Qualified and Humanized [5] makes no link between the monthly service demand and the quality of prenatal care.

Regarding the required number of prenatal visits to be carried out during pregnancy, almost all of the interviewees reported that considers necessary to carry out more than six consultations and a minor portion refers consider that six appointments are necessary for obtaining good performance mother to child during pregnancy.

According to the Technical Manual Prenatal and Puerperium: Qualified Care and Humanized [5], the number of desirable queries to a good accompaniment to pregnant women during prenatal care, should be a minimum of six visits, preferably one in the first quarter two in the second and three in the last quarter. However the nurses of the FHS Sanitary District I of Campina Grande highlighted struggle to achieve this parameter, making it possible for pregnant women attend all antenatal visits for a good monitoring of the evolution of pregnancy; yet, most Nurses estimates that six visits are not enough for more quality and develop all actions recommended by the program.

A survey conducted in 75 countries in Latin America, Asia and Africa, showed no significant differences from the pregnancy results among women with an average of five prenatal consultations compared to those with average of eight consultations [9].

Regarding the time indicated for the start of pre-natal, all interviewees consider the 1st quarter as indicated for reporting that is in this period that occurs the formation of the baby, so it is ideal for evaluation, observation, treatment and education of pregnant women in order to prevent and control risks to the pregnancy develops normal.

Regarding the time indicated for the start of pre-natal, another similar study on prenatal care in the Health Strategy for the Family held in Paraíba, in 2004, it was observed that only 79% of the nurses declared the first quarter as time indicated for the beginning of prenatal care [10].
According to the Manual Prenatal Technical and Puerperium: Attention Qualified and Humanized [5], prenatal care schedule must be set on the basis of gestational periods that determine higher maternal and perinatal risk, begin as soon as possible (first quarter) and be regular and complete (by ensuring that all ratings proposals are carried out and only ends after 42 days postpartum, a period which should have been held puerperal consultation.

Regarding the request for examination by the nurse during the first prenatal consultation, it is observed as a routine than 100% request blood group serology for syphilis, rubella, Rh factor, urinalysis, hepatitis, blood count, fasting blood glucose and HIV testing, and only 40% report a Pap smear, 33,3% parasitological feces and 26,6% vaginal bacteroscopy.

The justification given by most nurses by the low number of requests from tests Pap smear, vaginal bacteroscopy and oncotic colpocitology was the delay in collecting the material for review by the Secretary of Health which largely prevents the laboratory analysis, as well as the late delivery of results, in some cases only occurs after the end of pregnancy. In relation to the low parasitological request index stool and claim that only request when in laboratory tests hemoglobin is less than 11g/dl and even after the elemental iron supplementation remains unchanged or declines, and this sporadically found situation.

Regarding the parasitological request feces another study in Acre, in 2009, for assessing the performance of tasks performed by nurses in prenatal care, it was observed that in all antenatal visits was requested such an examination [(1)].

According to the Technical Manual Prenatal and Puerperium: Qualified and Humanized Attention(5), in the first prenatal visit should be asked: Hemoglobin and hematocrit (Hb/Ht), blood group and Rh factor, syphilis serology (VDRL), fasting glucose, urinalysis type I, HIV serology, with the woman's consent after the "pre-test counseling"; serology for hepatitis B (HBsAg), preferably near the 30th week of gestation, where available to perform; serology for toxoplasmosis, where available, and may be added further tests to this minimum routine: parasitology of feces, oncotic colpocitology, because many women attend health services only for prenatal care; thereby, it is essential that this opportunity, be conducted this exam, which can be done in any quarter, although without the endocervical collection, following current recommendations, Gram stain of vaginal secretion: around the 30th week of pregnancy, particularly in women with preterm birth history, serology for rubella: when there are suggestive symptoms, urine culture for the diagnosis of asymptomatic bacteriuria and obstetric ultrasound (where available).

Referring to the clinical examinations during the prenatal visit, it was observed that 100% of nurses report performing the measurement of weight, blood pressure, auscultation of fetal heart rate, maternal height, uterine height measurement, examination of the breasts, as well as an assessment of nutritional status. By contrast 79,9% claim to hold the cerebrospinal flow test. Another study conducted in Campina Grande (Paraiba), with nurses working in FHP and act in prenatal care, it was found that only 4,1% of nurses reported performing this assessment [(10)].

According to the Ministry of Health(5), evaluate the weight in relation to height and maternal nutrition and its relationship to fetal growth is a procedure recommended for prenatal care, since it is of great importance because it allows the identification of pregnant women malnutrition or overweight. Insufficient maternal weight gain is associated with delayed intrauterine growth, hyperemesis gravidarum, infections, parasites, anemia and other debilitating diseases, while excessive weight gain predisposes to fetal macrosomia, the polyhydramnios, edema and multiple pregnancies.

The measurement of maternal blood pressure should be performed on all queries in order to detect early hypertensive states. Auscultation of fetal beats should be performed with sonar, after 12 weeks, and with stethoscope Pinard, after 20 weeks in order to note the presence at each visit, the pace, the frequency and the normality of the same. Since the measurement of uterine height should be performed in order to identify and diagnose fetal growth of normal deviations from the relationship between the height and uterine gestational age. The breast examination should be performed in

order to identify changes and over should be carried out guidelines for breastfeeding in different educational moments, especially if the mother is a teenager. The same manual does not mention the implementation of the cerebrospinal flow test.

The incorporation of weighing and blood pressure measurement in prenatal routine observed is borne out by a study conducted in 2009, in Teixeira de county FHS (MG), where 100% of pregnant women reported that weight and blood pressure were assessed in all prenatal appointments.

Regarding the performance of obstetric ultrasound during pregnancy, it is observed that 60% of nurses report request once every quarter, while 40% ask two, given the difficulty faced in obtaining it, as there is delay in marking and this examination.

According to Brazil [5], ultrasonography may be increased to minimum routine tests when there is availability, the impossibility of determining gestational age clinically, should be requested as early in the first quarter, as a complementary exam to assess the gestational diabetes and between 16 and 20 weeks (morphological ultrasound) to track birth defects. There is no scientific evidence that routinely held, has any effective to reduce morbidity and perinatal mortality or maternal. The current scientific evidence related its realization in early pregnancy with a better determination of gestational age, early detection of multiple pregnancies and not clinically suspected fetal malformations. The possible benefits on other outcomes are still uncertain. Failure to perform ultrasound during pregnancy is no omission or diminishes the quality of prenatal care. On the other hand, the use of this test is justified in the first trimester (11th-14th weeks), to determine the nuchal translucency measurement, in order to trace chromosomal abnormalities, among them Down Syndrome, and confirm the presence of fetal heartbeat to establish embryonic vitality [5]

It was established that, in relation to the guidelines provided to the pregnant women during antenatal visit, 100% of the nurses were related to breastfeeding, mother of vaccines, the pregnant woman's diet, physical changes, emotional, signs and symptoms of labor, 93,2% care for the newborn, HIV testing, sexual activity, use of tobacco, alcohol and use of drugs, starting against only 40% reported guidance on contraceptive methods.

According to Brazil [12], should be carried out guidelines for breastfeeding in different educational moments, as it prevents child deaths, diarrhea, and respiratory infections, reduces the risk of allergies, high cholesterol, diabetes and high blood pressure, and reduces chance of obesity.
Regarding the low orientation index related to the use of contraceptive methods, the interviewees claim that only place in the puerperal consultation, thinking unnecessary these guidelines prenatally as pregnant women will only use a contraceptive method after the postpartum period.

Another study conducted in Minas Gerais, shows that only 32,5% of pregnant women received guidance on contraceptive methods in prenatal care [13].

In a study conducted in Pelotas (RS), the author found that women who did no consultation prenatally had a nearly three times more likely to not use contraception postpartum [14].

With regard to conducting home visits to pregnant women 53,4% visit only pregnant women who are not making or missing prenatal care, 20% do not conduct visits, 13,3% visit the self risk and 13,3% visit all pregnant women. The information provided by the nurses were satisfactory, since largely been visiting pregnant women who are not making or missing prenatal and despite the low rate, it can be seen still carrying out visits to all pregnant women and pregnant women high risk.

According to the Prenatal and Puerperium Manual, prenatal consultations may be held at the clinic or during home visits. Home visits should strengthen the bond established between the mother and the basic health unit and, although they are geared to pregnant women, should have full and inclusive character of the family and its social context. Therefore, any changes or risk factor identification to the pregnant woman, or another family member, should be observed and discussed with staff at the facility. The home care of the pregnant woman should have the following objectives: Capturing pregnant women not enrolled in prenatal care; defaulting bring pregnant women to prenatal care, especially high-risk; follow the evolution of some aspects of pregnancy, according to guidance of the health unit, where the displacement of the pregnant woman to the unit at any given period, is considered inconvenient or unnecessary; complete the educative work with the pregnant woman and her family group; and re-evaluate, follow up or redirect people visited on other actions taken by the health unit[5].

CONCLUSION

Health services, particularly FHS's, constitute as a gateway to the realization of prenatal care, and most of the time, the nurse the first professional establishing this contact. By taking this position, the nurse must be prepared not only to implement the clinical care and treatment, but to provide every psychological and social guidances that the pregnant woman needs.

The role of the nurse is important in the consolidation of prenatal care; however, it is necessary investment in professional training for the care of pregnant women during pregnancy and childbirth, demand that this can be remedied through the formation of midwifery experts.

The results of this study reveal that the core competencies expected in prenatal care, recommended by the Technical Standards Manual for Prenatal Care of the MOH have been developed, though some were held less frequently, or have not been implemented by all interviewed nurses.

The analysis of the main actions developed in prenatal care in the health district studied shows that it can be considered satisfactory prenatal care performed by nurses, as well the procedures and routine tests, we found that they realize the procedures and tests considered as complementary, according to the rules of the MOH for prenatal care. However, it is necessary to provide a larger number of guidances with respect to the use of contraceptive methods after the postpartum period.

It is also revealed the need for studies on quality assessment and impact of prenatal care performed by nurses in reducing maternal mortality and neonatal in the city, an approach that would be of great importance for the consolidation of a successful practice in Campina Grande.

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