

## The performance of nurses: practices, potential and weaknesses in high-risk prenatal care

*Atuação de enfermeiras: práticas, potencialidades e fragilidades no pré-natal de alto risco*  
*Actuación de las enfermeras: prácticas, potencialidades y debilidades en el cuidado prenatal de alto riesgo*

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### Abstract

**Objective:** To analyze the potential and weaknesses of nurses in the provision of high-risk prenatal care. **Methods:** Qualitative research, carried out with six nurses from the high-risk outpatient clinic of a reference maternity hospital in the municipality of Teresina, Piauí. Data were collected from February to March 2020 through semi-structured interviews and examined according to content analysis. **Results:** Nurses can provide high-risk prenatal care with emotional support, embracement and educational practices that directly impact maternal morbidity and mortality. The potentialities were the adequate physical space and the length of service in the institution and the fragility was the lack of nursing consultation. **Conclusion:** It was evidenced that nurses do not fully develop all the practices recommended by the Ministry of Health. Despite this, there is potential in the performance, namely, their acquired knowledge, and physical space, and the materials. These aspects facilitate the development of care practices that can promote a healthy birth and reduce maternal mortality. In addition, nurses aim for recognition and greater protagonism in specialized prenatal care.

**Descriptors:** Role of the nursing professional; High-risk pregnancy; Prenatal care.

### Whats is already known on this?

Nurses make up the multidisciplinary team in high-risk prenatal care. Therefore, they stand out for performing bureaucratic actions more frequently and do not perform the nursing consultation.

### What this study adds?

Nurses do not fully develop the practices recommended by the Ministry of Health in high-risk prenatal care. They reported the facilitating and difficult aspects for the development of their practice.



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### Resumo

**Objetivo:** Analisar as potencialidades e fragilidades de enfermeiros (as) na atuação ao pré-natal de alto risco. **Métodos:** Pesquisa qualitativa, realizada com seis enfermeiras do ambulatório de alto risco de uma maternidade de referência do município de Teresina, Piauí. Os dados foram coletados no período de fevereiro a março de 2020 por intermédio de entrevistas semiestruturadas e examinados conforme a análise de conteúdo. **Resultados:** As enfermeiras podem realizar na assistência ao pré-natal de alto risco: o suporte emocional, o acolhimento e a realização de práticas educativas que impactam diretamente na morbimortalidade materna. Considerou-se como potencialidade o espaço físico adequado e o tempo de serviço na instituição, e que a inexistência da consulta de enfermagem consiste em uma fragilidade. **Conclusão:** Evidenciou-se que as enfermeiras não desenvolvem em sua totalidade todas as práticas preconizadas pelo Ministério da Saúde. Apesar disso, há potencialidades na atuação que são dispor de conhecimentos adquiridos e consultório e materiais. Logo, facilitam o desenvolvimento de práticas assistenciais que podem promover um nascimento saudável e a redução da mortalidade materna. Ademais, as enfermeiras almejam por reconhecimento e maior protagonismo na assistência ao pré-natal especializado.

**Descritores:** Papel do Profissional de Enfermagem; Gestão de Alto Risco; Assistência Pré-Natal.

### Resumen

**Objetivo:** Analizar las potencialidades y debilidades del enfermero en el cuidado prenatal de alto riesgo. **Métodos:** Investigación cualitativa, realizada con seis enfermeras del ambulatorio de alto riesgo de una maternidad de referencia de la ciudad de Teresina, Piauí. Los datos fueron recolectados de febrero a marzo de 2020 mediante entrevistas semiestructuradas y examinados según análisis de contenido. **Resultados:** Las enfermeras pueden brindar atención prenatal de alto riesgo, apoyo emocional, prácticas acogedoras y educativas que impactan directamente en la morbilidad y mortalidad materna. Consideraron como potencialidades el espacio físico adecuado y el tiempo de servicio en la institución y que la falta de consultas de enfermería es una debilidad. **Conclusión:** Se quedó evidente que las enfermeras no desarrollan plenamente todas las prácticas recomendadas por el Ministerio de Salud; a pesar de ello, existe potencial en su trabajo, que es haber adquirido conocimientos y espacios y materiales de oficina. Estas ventajas facilitan el desarrollo de prácticas de atención que promueven partos saludables y reducción de la mortalidad materna. Las enfermeras aspiran a reconocimiento y mayor protagonismo en la atención prenatal especializada.

**Descriptores:** El papel del profesional de enfermería. Embarazo de Alto Riesgo. Cuidados Prenatales

## INTRODUCTION

Prenatal care is essential to the health of pregnant women and the quality of this care is related to the access of resources in the management and care environment. <sup>(1)</sup> Prenatal coverage in Brazil is 98.7%. However, it presents regional differences, among which are access and consultations. <sup>(2)</sup> In order to reduce morbidity and mortality rates and offer quality care, the Prenatal and Birth Humanization Program (PBHP) and the Stork Network (SN) were established, which refer to the importance of nurses as members of the group of health professionals in the performance of prenatal care. <sup>(3-4)</sup>

The Sustainable Development Goals (SDGs) aim to reduce global maternal mortality to less than 70 per 100,000 live births by 2030. In view of this, the World Health Organization (WHO), through the report World Status of Nursing in 2020, recognized the role of nurses in health systems and the contribution to health care, in addition to contributing to the improvement of global health and achieving the goals of the SDG. <sup>(5-6)</sup>

In addition to monitoring high-risk pregnancies, nurses can be part of the multidisciplinary team to promote performance in high-risk pregnancies, which occurs in 6% to 33% of cases. Therefore, high-risk pregnancy is defined by having risk factors or determinants. <sup>(7-8)</sup> In this context, nurses stand out for performing actions proposed by the Ministry of Health (MH), referring to comprehensive, humanized, problem-solving and quality care for pregnant women. <sup>(9-10)</sup>

The inclusion of nurses in High-Risk Prenatal Care (HRPC) is often limited to interventions within the scope of collaborative problems that consist of monitoring and evaluating the establishment of physiological complications in pregnant women. <sup>(7)</sup> Despite this, the care provided by nurses in high-risk prenatal care meets the recommendations of the PBHP and the International Confederation of Midwives (ICM) document for a positive pregnancy experience. <sup>(3,11)</sup>

Based on this premise, the role of the obstetric nurses is of paramount importance to promote the achievement of the SDGs and thus reduce maternal and child morbidity and mortality due to their qualification of care. <sup>(6)</sup> However, there is a gap on the practice of nurses in the monitoring of high-risk pregnant women in prenatal care. Furthermore, there are few studies on the role of nurses in high-risk pregnancies, as they are complex events and require specialized attention based on evidence-based practices.

Given the above, the following research question was raised: What are the potentialities and weaknesses for the practice of nurses in high-risk prenatal care? Thus, the objective was to analyze the potential and weaknesses of nurses in the performance of high-risk prenatal care.

## METHODS

Descriptive study with a qualitative approach, carried out in a high-risk perinatal monitoring clinic belonging to the reference maternity hospital in the State of Piauí, located in the municipality of Teresina-Piauí (PI), Brazil. In this outpatient clinic, women receive assistance in gynecology, pediatrics, nutrition, psychology, physical therapy, speech therapy, neuro-pediatrics and nursing services.

For the selection of participants, intentional sampling<sup>(12)</sup> was used and the inclusion criteria were: working in the outpatient clinic for more than one year and participants who did not provide direct care to high-risk pregnant women were excluded. Six nurses who performed high-risk prenatal care practices participated in the study. It is worth mentioning that eight nurses worked in the outpatient clinic and two did not participate in the study because they were on vacation or leave for health reasons.

The study participants were previously contacted in person at the workplace to explain the objectives of the research and its voluntary nature. Data were collected between February and March 2020, by filling out a form for sociodemographic and functional characterization of nurses.

It should be noted that the interview script was prepared based on the guidelines of the PBHP and SN.<sup>(3-4)</sup> Then, the semi-structured interview was conducted with questions about the practices, potentialities and weaknesses that nurses could have in carrying out their care. Based on this, the questions in full are described below: what are the practices performed by you in this sector? Are part of your work routine? Do you have any ease or difficulty in carrying them out? Do you know the provisions recommended by the Ministry of Health on care during high-risk prenatal care?

In addition, it was also discussed about institutional support, physical structure, articulation between professionals and if there was training, as shown below: do you have support in the service to carry out these practices? Do you consider that the environment of the sector is welcoming and comfortable for the adoption of care practices for pregnant women? Are your activities articulated with the other team members (psychologist, nutritionist, obstetrician, and physical-therapist)? Have you received training to develop care practices related to high-risk prenatal care once you started working at this institution?

The interviews were conducted by one of the researchers with experience in the study area, individually, in a reserved room in the workplace itself, according to the availability of the participants so that there was no interference in professional activities. In addition, the interviews were audio-recorded in order to preserve the anonymity of the participants. The interviews lasted a mean of 20 to 60 minutes.

The data were transcribed in full and reviewed twice in order to preserve the participants' statements and make them true. Then, to organize the speeches and analyze them, content analysis was applied in the thematic modality considering the phases: pre-analysis of the interviews, then the exploration of the material and finally, the treatment of the results and interpretation of the participants' statements.<sup>(13)</sup>

In the pre-analysis, we proceeded with the floating reading of the interviews and coding of the units of the context and categorization and were grouped into a thematic framework based on the object of study.<sup>(13)</sup> After rereading and exploring the results, two themes were originated: Practices of nurses in high-risk prenatal care; Potentialities and weaknesses for performance. These were explained through the guidelines of the Ministry of Health on the humanization of prenatal care.<sup>(3-4)</sup> The participants were identified with the letter N (initial of the word nurse), followed by the Arabic numbering referring to their order of participation in order to ensure the anonymity of the participants.

It is noteworthy that the study was conducted following the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist to ensure appropriate methodological rigor for qualitative research.

The participants of the study were protected by the Informed Consent Form that followed all the principles of resolution 466/2012 that regulates research involving human beings, obtaining authorization from the Research Ethics Committee (REC) of the Federal University of Piauí (UFPI), with favorable opinion number 2,817,507.<sup>(14)</sup>

## RESULTS

Six nurses participated in the study, all self-reported brown and aged between 32 and 56 years. As for marital status, three were single, two divorced and a widow. The time of professional practice ranged from 10 to 29 years, they worked 30 hours a week in the sector, working hours called day laborers, with a statutory contract. All interviewees had two employment relationships of 20 to 36 hours per week. As for professional improvement, two studied specialization in obstetric nursing and the others reported being specialists in the areas of medical-surgical, family health, intensive care unit, public health and nephrology. Only one nurse had a master's degree in nursing.

### Practices of nurses in high-risk prenatal care

Regarding educational practices, most nurses mentioned performing. Only three reported performing care activities and only two exercised nursing supervision and medication administration. In addition, four nurses informed the performance of the cardiotocography exam and nursing consultations. Only one worked as a nursing coordinator and performed nursing registration. And another, mentioned performing the little heart test and the pre-audit for the consultations.

At the moment, we are responsible for the part of the educational activities and I am responsible for the administration of a medication (N1).

I do cardiotocography exams on outpatients that are necessary, pre-audit of consultations; I do the heart test, [...] (N4).

I am in the coordination part of the institute, I make schedules of salon appointments, I am in the management part of professionals, [...] we do consult, it is no longer like before that we consulted all the patients who arrived for prenatal care [...] (N2).

In reference to the location for the educational actions, the interviewees reported that most of the activities were carried out in a meeting room. They mentioned the holding of lectures or pregnant women's course and the use of materials, such as a folder on the topics that are associated with what the child-friendly hospital recommends, such as prenatal practices, good practices in the process of labor and delivery and care for the newborn, in addition to guidance on breastfeeding using the serial album on breastfeeding.

We have a meeting room, there is a round of conversations and we clarify the doubts and develop the activity [...]. In addition to the issue of delivery, pregnant women always have doubts about what humanized delivery is, what happens, the care of the newborn from breastfeeding, the first bath, the cleaning of the umbilical stump, the vaccines, the neonatal tests that the child has to take (N1).

With regard to emotional support for pregnant women, all participants considered it important to perform it and five nurses reported having emotional support for pregnant women during high-risk prenatal care through observation of pregnant women in the consultation and when necessary referred to the psychologist.

[...] when we identify that the patient needs psychological counseling, we as a nurse can give the referral and the patient already schedules to be seen by the psychologist right here in the maternity [...] (N2).

Regarding the welcome of pregnant women, most interviewees reported that the welcome was more effective when there was a routine nursing consultation at the outpatient clinic, as the nurses had their first contact with the patients and the professionals explained the HRPN procedures. However, only one participant mentioned that the welcome did not exist or was not so efficient because the nurses were no longer the first contact with the pregnant women.

We do consult, it is no longer like in the past that we consulted all patients who arrived for prenatal care, they used to go through the nurses, to do the risk classification, but today this classification is already done in primary care, so the patients already arrive here

with the risk classification done. [...] We perform the nursing consultations, like the patients did not get the medical consultation on the day, for some problem we do the consultation, do the orientation (N2).

I think it practically does not exist; it is not so efficient because we do not perform the routine nursing consultation [...] (N3).

Regarding the implementation of practices based on the provisions recommended by the Ministry of Health on high-risk prenatal care, most declared to know such practices, only one did not remember and the other never heard of. In addition, the participants mentioned that they should provide exams, develop educational practices and provide guidance to pregnant women.

Ensuring high-risk examinations, routine prenatal examinations, the educational part, guidance on breastfeeding [...] (N3).

I have never read any specific provision by the Ministry of Health, I know what I live [...] (N4).

Regarding the articulation of actions with the work team, most nurses stated that the actions were shared with the team according to the need of the pregnant women and two reported that there was no multiprofessional interaction.

We are open with the professionals to be talking, discussing the cases [...]. We do not have the routine of holding multiprofessional meetings, but I think this is really missing, the issue of planning assistance, holding meetings, making case discussions [...] (N2).

Articulation of actions with the work team exist partially. Because there used to be this multidisciplinary/disciplinary team, today it is broken up [...] (N5).

### **Potentialities and weaknesses for performance**

Regarding the potentialities, with regard to the performance of care practices during prenatal care, most nurses reported that the length of service in the institution and the knowledge acquired contributed to the development of the activities. Two mentioned having their own office and materials to carry out the practices. Regarding the support of the participants to work in the service, most nurses indicated receiving the support of the institute's management and the nursing team and only one informed that it was not always that there was support.

Look, we have a favorable environment to serve, we even have our own office, it is well equipped, there is sonar, the necessary equipment, [...] we have a room for educational practices [...] (N5).

I am confident in developing practices, even due to the issue of time, experience (N1).

Regarding the weaknesses to perform the practices, four nurses mentioned the lack of nursing consultation as a routine and the lack of interest of pregnant women to participate in educational practices. Only one nurse reported that the ambience of the sector was not adequate to develop the activities.

So, one of the difficulties is that we put the nursing consultation as a routine in high-risk prenatal care. Because usually the patient has the monitoring of nursing in primary care, but it is important that she also has it here in prenatal care. We make these consultations more sporadically, for example, when a physician is absent, then we see the patients or when the patients seek nursing due to spontaneous demand. But ideally, these nursing appointments should be scheduled. We are working on this, so that there is this schedule and that all patients go at least once in prenatal care for the nursing consultation [...] (N2).

Look, the educational part is not possible because the patients don't want to; we've already tried everything without results. Y is because they are more directed towards medical consultations [...] (N5).



Given the weaknesses, most participants highlighted the need to incorporate practices into the routine of care for pregnant women in the sector, essentially the nursing consultation, which is no longer mandatory and is essential in high-risk prenatal care, as it is a time when nurses have first contact with the patients, promoting welcoming, performing screening and detecting possible diseases. Only two nurses mentioned the need to improve the physical structure, so that it becomes pleasant and cozy, in addition to preparing a banner with the main activities of the group of pregnant women.

Yes, the establishment of high-risk nursing consultations, as a routine [...]. My suggestion is that it should be mandatory; unfortunately the management said that it cannot be mandatory because we cannot condition the pregnant women to do something to the detriment of the medical consultation, as this makes it difficult for the patients to access medical care and this cannot be done (N4).

In the meeting room itself, what we are trying to do now, for example, is to put some boards, try to make a banner with the main activities that this group is wanting to do [...] even develop the activities (N1).

Regarding the training of nurses to work in high-risk prenatal care, half of the participants said they received training together with professional psychologists and nutritionists. And the other nurses stated that they did not receive training when starting work in the outpatient clinic, however, over the time of service in the sector, training occurred in which the maternity offered courses and working hours. Among those who did not receive the training, two claimed that the training occurred by each professional independently.

Yes, at the time we entered here, we did a training, which was precisely focused on the issue of maternal and child care [...] where it addressed the issue of prenatal care, child care and all aspects related to it, emotional, nutritional [...] I remember that this training helped us a lot, imagine recent graduates, I had no experience and it was very important for us to enter here and develop these practices (N1).

Initially no, we received some training that the maternity hospital itself provides, there are courses, days, but that was after I was already here [...] there is training on care for the main pathologies that affect high-risk pregnancies. The management of high-risk prenatal care, how these pregnant women should be referred here (N2).

## DISCUSSION

The analysis of the results favored the understanding of the practices performed by nurses in high-risk prenatal care, as well as the potential and weaknesses for the performance of these professionals. Nurses' practices are limited in relation to their technical skills in the HRPN. Since the activities that can be developed by these professionals are related to assistance, management, administrative and educational. These practices ensure that nurses take effective actions, enable healthy birth and reduce possible maternal complications.<sup>(8-9)</sup>

The educational practices carried out by nurses are developed based on the recommendation of the Ministry of Health. Thus, this finding corroborates the study, in which educational actions help pregnant women, in order to motivate them to be protagonists of the pregnancy process, promoting a more peaceful and satisfactory experience, in order to contribute to increasing autonomy in relation to self-care.<sup>(15)</sup>

It was evidenced that the emotional support to pregnant women in the HRPN, carried out by the nurses of the study, is consistent with that recommended by the Ministry of Health, by corroborating that the nurses have the essential role in listening to needs, which allows the expression of feelings that arise in the experience of pregnancy, established a bond with the pregnant women, allowing them to feel welcomed and deal with physiological and psychological experiences and transformations during pregnancy.<sup>(16-17)</sup>

Regarding the welcoming of high-risk pregnant women, the participants reported that it is ineffective and/or nonexistent the nursing consultation that makes the first contact with the pregnant women unfeasible. This conduct does not comply with the recommendations of MH. Welcoming is a moment that favors the trust of the users in order to build bonds, guarantee access and resoluteness in the services. Thus, welcoming is preponderant for the effective monitoring of pregnancy, in which nurses promote actions that will lead to comprehensive care.<sup>(18)</sup>

The use of the standard operating procedure in the development of practices is insufficient and/or unknown by nurses, which makes it difficult to direct care.<sup>(19)</sup> This finding contrasts with the study, in which it addresses that the use of standards and protocols, in addition to professional qualification to provide care to pregnant women, is possible to effectively improve the quality of care, valuing the scientificity of the profession.<sup>(7)</sup>

With regard to the nurses' knowledge of the provisions recommended by the Ministry of Health, regarding their performance when caring for women with high-risk pregnancies, it was clear that their understanding was unsatisfactory. This finding is not consistent with the recommendations of the Ministry of Health, as the nurse's performance must be anchored in the humanization of care, adequate attention, welcoming with assessment of complexity of care and implementing the systematization of nursing care with the aim of modifying the performance of nurses in prenatal care.<sup>(20)</sup>

In addition, it was noticed that the performance of the participants was disjointed with the actions of the health team. This result is not consistent with what is recommended in the monitoring of high-risk pregnancies. In view of the above, the study addresses that assistance in the HRPN should be provided by a multidisciplinary team, in which collaboration, communication and shared decision-making prevail. This performance promotes the reduction of mortality of women with high-risk pregnancies.<sup>(21)</sup>

During the performance of the activities, the nurses faced several potentialities, such as the length of service, the knowledge acquired, the availability of office and materials that favored the practices. This result corroborates studies in which it addresses that nurses should have broad knowledge, so that they can improve care in the monitoring of high-risk prenatal care. In addition, the organizational structure of the environment must provide aspects related to the physical plant, human and material resources. In addition, the ambience of the sector must provide a harmonious, welcoming, attentive place to everyone who is there.<sup>(22-23)</sup>

Despite carrying out care and educational actions for high-risk pregnant women, it was identified that nurses have limitations in their work. The main weakness listed by the participants was the failure to carry out routine nursing consultations, which could favor a positive pregnancy outcome in addition to reducing adverse effects. This fragility occurs because health services do not value the role of nurses in prenatal care. With this, the nurses perform other non-care activities.<sup>(24)</sup>

Therefore, it is necessary to implement the nursing consultation in the service. The consultation seeks to encourage pregnant women to attend prenatal care, clarify doubts, promote activities that explain what changes the woman's body may undergo during pregnancy, provide guidance on which vaccines to take, identify signs of labor, the delivery process and breastfeeding, balanced nutrition and newborn care, in addition to enabling listening and dialogue centered on humanization.<sup>(24-25)</sup>

In addition, the lack of interest of pregnant women in the educational practices carried out by nurses was highlighted. Studies show that lack of interest may be related to problems of accessibility to the health service, since most pregnant women are from municipalities in Piauí and because they need public transport, most of the time, they arrive at the outpatient clinic with the objective of carrying out the medical consultation and disregard educational actions.<sup>(7,26)</sup>

Regarding training, it was evidenced that half of the nurses did not receive training or updates to work in the HRPN outpatient clinic. Therefore, this finding is not consistent with the recommendations for action, since the provision of training aimed at the performance of nurses is intended to provide a quality prenatal consultation and effective and safe care.<sup>(10)</sup>

The limitations of the study were restricted to understanding the role of nurses only in high-risk outpatient clinics, which made it impossible to know the practice of nurses in secondary care. It is recommended to carry out research to study the role of nurses in interprofessional care and to contemplate the perception of pregnant women about this care. The contribution of the study was to understand which practices were being developed by nurses and what this entails for their support as health professionals.

## CONCLUSION

It was evident that nurses do not fully develop the practices recommended by the Ministry of Health regarding assistance to the HRPN. Despite this, there are factors that contribute to enhancing the nurses' performance, which are length of service and acquired knowledge developed over time, in addition to the office layout and materials that favor practices. Therefore, this facilitates the development of care practices that can promote healthy births and reduce maternal mortality.

However, the lack of nursing consultation as a service routine and the patients' lack of interest in educational practices were barriers that prevent efficient and humanized care, in addition to the professional autonomy of nurses in the high-risk pregnancy outpatient clinic.

Therefore, the participants proposed the need to promote training, professional appreciation, greater autonomy in the obstetric scenario and discussion on public policies legally supported in health services that support the performance of nurses during HRPN care.

## CONTRIBUTIONS

Study conception or design: Ribeiro EES, Jorge HMF. Data collection: Ribeiro EES. Analysis and interpretation of data: Ribeiro EES, Jorge HMF, Writing of the article or critical review: Ribeiro EES, Pereira LC, Rocha GST, Ferreira Júnior AR, Magalhães RLB, Jorge HMF. Final approval of the version to be published: Ribeiro EES, Pereira LC, Rocha GST, Ferreira Júnior AR, Magalhães RLB, Jorge HMF.

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