

# Pregnant women's social representations about prenatal nursing consultations

*Representações sociais de gestantes sobre a consulta de enfermagem no pré-natal*


*Representaciones sociales de mujeres embarazadas sobre las consultas de enfermería prenatal*

## Abstract


**Objective:** to investigate the social representations of pregnant women about prenatal nursing care. **Method:** based on the Theory of Social Representations, a qualitative study was conducted with 10 pregnant women assisted by nurses from the Family Health Strategy during prenatal consultations. Data were collected by means of a semi-structured interview consisting of guiding questions and a form with socioeconomic questions and obstetric gynecological data, and analyzed by structural narrative analysis. **Results:** when elaborating on the representation about prenatal nursing, the pregnant women demonstrated ignorance about this type of consultation, but satisfaction and confidence in their performance since this was a space of care for themselves and the baby. **Final considerations:** this study investigated pregnant women's social representations about nursing consultations related to care satisfaction and bond creation, favoring the continuity of care.

**Keywords:** Nursing; Prenatal care; Nursing care.


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## Resumo

**Objetivo:** conhecer as representações sociais de gestantes sobre as consultas e assistência prestadas pelo profissional enfermeiro no pré-natal. **Método:** estudo qualitativo ancorado na Teoria das Representações Sociais, realizado com 10 gestantes acompanhadas por enfermeiros da Estratégia de Saúde da Família nas consultas de pré-natal. A coleta de dados ocorreu por meio de entrevista semiestruturada, composta de questões norteadoras e formulário com questões socioeconômicas e dados gineco-obstétricos, seguida de análise estrutural da narração. **Resultados:** as gestantes, ao elucidarem a representação sobre a consulta com enfermeiro, demonstraram desconhecimento sobre a realização desse tipo de consulta, porém satisfação e confiança em sua atuação, por ser um espaço de cuidado consigo mesmas e com o bebê. **Considerações finais:** este estudo demonstrou as representações sociais das gestantes acerca das consultas com enfermeiro, relacionadas a satisfação com o atendimento e criação de vínculo com as gestantes, o que favorece a continuidade do cuidado.

**Descritores:** Enfermagem; Cuidado pré-natal; Cuidados de enfermagem.

## Resumen

**Objetivo:** conocer las representaciones sociales de las mujeres embarazadas sobre las consultas y asistencias brindadas por profesionales de enfermería en el prenatal. **Método:** estudio cualitativo basado en la Teoría de las Representaciones Sociales realizado con 10 embarazadas que son acompañadas por enfermeras de la Estrategia Salud Familiar en consultas de prenatal. La recolección de datos ocurrió mediante una entrevista semiestruturada, con preguntas orientadoras, y un formulario con preguntas socioeconómicas y datos ginecoobstétricos, con posterior análisis estructural de la narración. **Resultados:** Las embarazadas, al dilucidar la representación sobre la consulta de la enfermera, demostraron desconocimiento sobre este tipo de consulta, pero satisfacción y confianza en su actuación, ya que es un espacio de cuidado para ellas y el bebé. **Consideraciones finales:** este estudio demostró las representaciones sociales de las embarazadas sobre las consultas de enfermería relacionadas con la satisfacción con la atención y establecimiento de un vínculo con las embarazadas, lo que favorece la continuidad de la atención.

**Descriptores:** Enfermería; Atención prenatal; Atención de enfermería.

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## INTRODUCTION

Pregnancy is a physiological process marked by biopsychosocial changes and permeated by desires, insecurities and expectations. Therefore, in this phase women need support from their family and from health professionals<sup>(1)</sup>. Therefore, prenatal care is appropriate for welcoming women and their families in an integral and humanized way, as it is conceptualized as a set of fundamental care measures and procedures for preventing and detecting complications that may arise during the gestational period. In addition to that, prenatal care enables actions to promote health in the mother-child dyad, with a view to a healthy pregnancy and birth, and is an important strategy for reducing maternal and child morbidity and mortality, mainly due to preventable causes. However, for monitoring to be effective, it is necessary that pregnant women start attending the consultations as early as possible<sup>(2)</sup>.

The main causes of maternal mortality are related to hypertensive diseases, hemorrhages and puerperal infections. In view of that, it is indispensable to implement public policies that prioritize better health conditions in the dyad and expand the assistance provided in health services<sup>(3)</sup>. In this context, the Ministry of Health (*Ministério da Saúde*, MS) created the Prenatal Care and Birth Humanization Program (*Programa de Humanização do Pré-natal e Nascimento*, PHPN) and the National Policy for Comprehensive Women's Health Care (*Política Nacional de Atenção Integral à Saúde da Mulher*, PNAISM) in 2000, with the objective of expanding access to health services, increasing care coverage, monitoring quality and provision of prenatal, delivery, postpartum and neonatal assistance. In addition, these programs aim at women's leading role regarding their own health and autonomy in the decisions about the gestational process<sup>(4)</sup>.

As a complement to the actions of the aforementioned programs, the Ministry of Health created *Rede Cegonha* in 2011, which aims at implementing a new health care model for women and children with an emphasis on

the following: reproductive planning, pregnancy, delivery, postpartum, and children's growth and development from birth to two years of age. The program also favors access, welcoming and resoluteness guarantees, reducing maternal-child morbidity and mortality. It encompasses human rights protections in terms of respect for safe and respectful welcoming given cultural, ethnic and racial diversities<sup>(1,5)</sup>.

The Family Health Strategy (FHS) is a gateway for pregnant women into the Unified Health System (*Sistema Único de Saúde*, SUS), as it promotes a space for longitudinal and continued care to better accommodate their needs, especially during the pregnancy-puerperal period. Such assistance foresees pregnant women's quality of life and their families' and intervenes in the risk factors for health through educational, prevention and protection actions in terms of gestational risks<sup>(6)</sup>.

Thus, prenatal appointments should be in charge of a multiprofessional team, with emphasis on alternated consultations between nurses and physicians. Furthermore, health education actions should be developed focusing on topics such as nutritional habits, physical activity, sexuality, physiological changes during pregnancy and preparation for labor and birth, among others<sup>(6)</sup>.

Nurses are one of the essential professionals to provide prenatal care, as they have training based on technical-scientific knowledge and provide assistance based on humanization. Decree No. 94,406/87 regulates Nursing consultations within the scope of low-risk prenatal care in the FHS, in order to promote assistance that identifies needs and establishes relevant interventions, guidelines and referrals<sup>(7)</sup>. As Nursing consultations are inherent to nurses' professional practice, their importance in ensuring integrality of the care targeted at pregnant women is noted. Prenatal Nursing consultations enable establishing and strengthening the bond between professional and patient and provides perspectives for improvements in the obstetric

scenario, as these professionals are trained to provide humanized, comprehensive, resolute and good quality care to women and their families throughout the pregnancy-puerperal cycle. In addition to that, guidance and information can be provided to pregnant women through Nursing consultations, in addition to encouraging them to express their needs and desires, which contributes to building women's autonomy and leading role in childbirth, the postpartum period and newborn care<sup>(8)</sup>.

In terms of complications, a study shows comparable maternal and neonatal results for prenatal care provided by nurses and midwives or obstetricians, with superiority of the prenatal care model as provided by nurses and midwives in terms of prematurity. It is believed that this result was due to a possible impact of prenatal care provided by nurses and midwives in reducing C-sections and obstetric interventions, which contributes to improving maternal and child health parameters, in addition to resulting in a reduction in costs to the health system<sup>(9)</sup>. Another study points out that joint prenatal care carried out by a physician and nurse increases the chances of pregnant women accessing information and adapting to the guidelines, when compared to prenatal care mostly in charge of a single professional<sup>(10)</sup>.

The low number of publications making assessments through pregnant women's perspective in relation to the prenatal care offered by nurses in Nursing consultations is highlighted. In this context, to understand the care interfaces it is necessary to consider pregnant women's social representations regarding prenatal consultations, especially those carried out by nurses, as the subjectivity and meanings attributed by them are constructed through the reality experienced in the reference health service<sup>(8)</sup>.

When using the Theory of Social Representations in research in the Nursing area, it is possible to understand representations about care in the face of everyday experiences and how this translates into health needs. Thus,

identifying pregnant women's representations about the assistance provided in prenatal consultations will support adaptations in the care provided to this population segment<sup>(8)</sup>.

Knowing about the importance of prenatal care, of implementing the recommended actions both for pregnant women and for their newborns, and of nurses' role in this process, the following questions are formulated: Which are the pregnant women's representations about the prenatal care provided by nurses and which is the contribution of these professionals in the pregnancy-puerperal process from the women's perspective within the Family Health Strategy scope? In order to answer these questions, the objective was to know pregnant women's social representations about the consultations and assistance provided by professional nurses in prenatal care.

## METHODOLOGY

This is a field research study of a qualitative nature that presents a subjective approach because it allows the participants to tell their stories from their own perspective<sup>(11)</sup>. Social Representations were adopted as a theoretical framework, centered on everyday thinking, that is, on people's common sense, to understand what they think about a given phenomenon based on their beliefs, values and customs. According to this theory, information/communication can be generated by means of two processes: anchoring and objectivation. The former consists in the cognitive integration of the object represented with the pre-existing thinking system, whereas the latter consists in elaborating a concept from an image. With this methodology as a starting point, pregnant women can state their representations about Nursing consultations by means of their thoughts and behaviors created in their social environment<sup>(12)</sup>.

Ten pregnant women who met the following inclusion criteria participated in the study: being at least eighteen years old, which guarantees the participants' full capacity for action; being

in due conditions for a conversation; having attended at least three prenatal consultations with a nurse, considered by the researchers to be a sufficient number for pregnant women to express their representations about the consultations and contribute to achieving the study objective. The following exclusion criterion was adopted: pregnant women classified as of high risk by medical professionals and undergoing monitoring in secondary care.

Data collection was conducted from April to June 2022 by means of semi-structured interviews that were carried out by two researchers with experience in qualitative studies. The interviews followed a script with questions regarding the socioeconomic situation to characterize the pregnant women and questions about the gynecological-obstetric history; monitoring data on the current pregnancy were also collected, such as the number of consultations, procedures and exams, from the pregnant women's notebook and from their vaccination card. Finally, a script with guiding questions was applied, as follows: 1) Tell me what you think about prenatal Nursing consultation?; 2) In your opinion, which is the contribution of these professionals to the pregnancy, delivery and postpartum process?; 3) Which are your expectations and needs during prenatal care?; 4) Which practices did the nurses perform or performs during prenatal consultations?; 5) In your opinion, which are the duties and functions of these professionals?; 6) In addition to the consultations, what other procedures and activities did you take part in during your current pregnancy in which a nurse was involved?; and 8) Tell me about the knowledge you have acquired so far during prenatal care and the role played by nurses in building this knowledge.

The study locus corresponded to the FHS units located in Divinópolis, Minas Gerais, Brazil. The municipality has 43 health units, of which 4 from different regions of the city took part in the study. A prior survey of the respective FHS was carried out in which nurses

carried out prenatal consultations alternately with physicians and, from this, data collection was initiated only in the health units where the nurses agreed to participate in the study. At the same time, the nurses made available the list of pregnant women who met the research criteria, as well as the days and times when their prenatal appointments were scheduled. Thus, the invitation to participate in the study and the collection procedure took place in the health units themselves, after the consultations. When the invitation was accepted, both the participant and the researcher headed towards a reserved room in order to ensure privacy and secrecy of all the information.

Interviews were conducted until reaching data saturation; in other words, when the information provided by the interviewees ceased to contribute new elements to deepen the discussion. They lasted a mean of 12 minutes.

After collection, all interviews were recorded and transcribed in full and the transcriptions were stored in Microsoft Word documents to perform data analysis, based on structural narrative analysis<sup>(13)</sup>. This method consists of three stages: vertical, horizontal and cross-sectional readings. In the first stage, Vertical reading, it was sought to extract the global meaning from each interview, allowing to survey the topics found<sup>(14)</sup>. In Horizontal reading, each interview was deconstructed and reconstructed, which makes it possible to explain the meanings attributed by the subjects interviewed to the objects mentioned in the narratives, sequenced by (S) – that is, topics/statements were enumerated in ascending order as they appeared in the narratives. In turn, the research subjects were numbered as follows: I1, I2, I3, etc.<sup>(15)</sup>. Later on, the sequences were grouped by subject matter addressed, in order to categorize the data. In the third stage, Cross-sectional reading, the objective was to compare the meanings that had emerged in the interviews based on their concordant and discordant aspects. The study baseline categories (or empirical categories) were

obtained at the end of the analysis, which were compared and discussed against the results shown in the pertinent literature<sup>(16)</sup>. It is worth noting that data transcription and analysis were in charge of three researchers.

The interviewees stated their interest in taking part in the study by consenting to and subsequently signing the Free and Informed Consent Form (FICF). Consequently, this study is in line with the ethical principles for research human beings, as per Resolution No. 466/12 of the National Health Council (*Conselho Nacional de Saúde*, CNS).

It was approved by the Committee of Ethics in Research with Human Beings through Opinion No. 5.257.476 dated February 22<sup>th</sup>, 2022, and CAEE: 50600621.1.0000.5545. As a strategy to ensure the participants' anonymity, the researchers named them with the letter I for "Interviewee" followed by the subsequent number corresponding to the interviews: I1, I2, I3 and so on.

## RESULTS

In relation to the pregnant women's sociodemographic profile data, their age group varied between 20 and 36 years old, with 70% (n=7) aged from 20 to 30 and 30% (n=3) from 31 to 36. Regarding race, most of the pregnant women self-declared as brown-skinned: 60% (n=6). In terms of marital status, most of them (70%) reported being married and, in relation to schooling level, 80% (n=8) had Complete Elementary School. As for family income, 80% (n=8) live with up to two minimum wages and 20% (n=2) earn from two to four minimum wages, with 50% reporting that this income is distributed among three individuals.

In relation to the gynecological-obstetric data, 50% of the pregnant women were in their second pregnancy. Regarding gestational trimester, 70% were in the third and 30% in the second. The pregnant women that were in the second trimester attended from 4 to 5 prenatal consultations and those in their third trimester, from 5 to 9. Referring to the time when they

attended their first prenatal consultation, 80% of the pregnant women did so in their first gestational trimester and 20% in the second trimester. Regarding the tests recommended by the Ministry of Health in prenatal care, after analyzing the pregnant woman's records, it was observed that they were all requested and carried out in the appropriate trimester, by all pregnant women. Finally, all the women also had their vaccination status up to date at the time of collection.

Three categories that portray the pregnant women's representations about prenatal consultations with professional nurses emerged from the structural analysis of the testimonies, namely: (a) Professional nurses in prenatal care: From unawareness to satisfaction; (b) Effective care implementation by means of procedures performed during the consultations; and (c) Prenatal consultations as a health education space.

### Professional nurses in prenatal care: From unawareness to satisfaction

In this category, the data point to unawareness about nurses' role in prenatal monitoring; however, the interviewees indicate satisfaction when assisted by these professionals. For some pregnant women, prenatal consultations can only be in charge of physicians duly specialized in the area, as reported in the following testimonies:

"I went to another place, but they brought the gynecologist from there. You're kind of afraid, frightened... because the theory you have is that this part is all medical, that it's obstetrician that will do it and not a general clinician or a nurse. What I know about nurses is the more hospital-related part." (I1)

"I didn't know that nurses could carry out prenatal care, because I attended private consultations with the gynecologist with my other girl. It was the gynecologist that was in charge of my prenatal care and delivery." (I6)

Despite the unawareness about nurses' role in assisting pregnant women, many testimonies

were marked by satisfaction with the care provided by these professionals and highlighted how essential they are in this process. This was evidenced by the statements that describe these professionals as attentive, welcoming and essential, so that the interpersonal relationship created between nurses and pregnant women during the consultations enhanced the feeling of trust, as shown by the following testimonies:

“Because of the care, for him to have treated me, his respect for me... And they are really attentive with me.” (I2)

“She responds to everything I need, pays attention to me, gives me precise explanations.” (I8)

“The nurse is really attentive, she’s really loving, I even made friends with her, because she pays attention.” (I10)

Pregnant women also mention the difference between nurses in terms of availability for care, citing flexibility of schedules to attend prenatal consultations or even assist when complications arise, as mentioned in the following testimonies:

“Whenever I need a test or appointment, she’s available, even if it’s not a scheduled consultation, she’s always available. If I need to come here and talk.” (I6)

“This week I had a headache and the back of my neck was hurting, I didn’t have anything scheduled, I called and they immediately told me to go downstairs. So, I was seen immediately. This happens every time that I need some information or that I feel anything.” (I10)

### Effective care implementation by means of procedures performed during the consultations

Pregnant women describe the actions and procedures carried out by nurses during prenatal consultations, which translate into care measures such as anamnesis, physical examination, test requests, prescribing medications and assessing vaccination status, as explained in the following testimonies:

“(They) Check glycaemia, if I have any sexually transmitted disease, all these things they do.” (I1)

“She checked my leg, the swelling, she checked my eyes, she checked everything.” (I3)

“(She) Weights me, checks the pressure, sees the physical examination issue. She asks how my personal life is, because it interferes, right?” (I5)

“She always checks everything, she checks my belly, pressure, weight, she’s always checking everything. She checks the breasts, the heart beats, feeding, medication.” (I6)

Despite carrying out all the recommended procedures through anamnesis and physical examination during prenatal consultations, there was no mention of nurses’ participation at other moments or in other activities targeted at pregnant women:

“I didn’t participate (in other activities), even because my sister-in-law recently had a baby and she’s been my support group,” (I1)

“I still haven’t taken part in other activities, right? It must be because everything’s still incipient.” (I6)

### Prenatal consultations as a health education space

Nursing consultations are also a space for health education and some pregnant women reported such experiences during prenatal care, which took place through guidelines on feeding, childbirth, breastfeeding and care for the newborn; in addition to that, Nursing consultations represent a space for clarifying doubts arising from this process, as shown by the following testimonies:

“It was here that I learned everything. The first care measures with the baby, what I had to take, my own self-care.” (I2)

“She explained it to me, she said that I have to eat meat, lean meat, rice, beans, avoid fried food, avoid fat, avoid soda,

eat a lot of fruit, she explained this to me clearly. Ferrous sulfate every day, vitamins every day, I had a urine infection, she explained it to me clearly." (14)

"She palpates the eye, the breast, the belly, listens to the heart, and asks if I have any difference in discharge, if I have anything else, then we talk. The complaints, swelling." (17)

"She talked about the importance of breastfeeding, she told me that I have to go to the maternity hospital when I'm not OK, such as if I feel contractions." (19)

On the other hand, in their statements, some pregnant women stated insufficient guidelines regarding the delivery method and its benefits, as can be seen in the following testimonies:

"Kind of, I have a C-section, and then I want her to do it or something, but she doesn't want to, she said that I have the option of doing it normally. Mine have only been C-sections and they insisted on me that I have the chance to have it normal." (13)

"Look, I was thinking about having a natural delivery, but here comes someone who had a natural delivery fifteen days ago and it wasn't good. And I'm already wanting to change my mind but, unfortunately, as I depend on the SUS today, it doesn't depend on me, right?" (110)

## DISCUSSION

Referring to the findings obtained regarding race and family income, the data are in line with another study, showing the prevalence of mixed-race and low-income women undergoing prenatal care offered by the SUS<sup>(10)</sup>. The results of the current study reflect what is recommended by the Ministry of Health with regard to attending the first prenatal consultation in the first trimester and having attended at least six or more consultations at the end of the pregnancy. However, data from the national survey carried out in Brazil between 2011 and 2012 showed that the country has excellent prenatal coverage, which reaches nearly 98% of the pregnant women, although

only 73.1% attend the minimum number of consultations. Thus, certain failure in the quality of the assistance provided is noticed in terms of developing strategies to mitigate inequalities in prenatal appointments<sup>(17)</sup>.

The interviewed women's representations were around unawareness of professional nurses' role in prenatal consultations. The testimonies indicate certain appreciation of medical professionals and the biomedical model, in addition to showing an expectation of receiving care from a physician and valuing procedures and test requests during the consultations. Likewise, another study<sup>(18)</sup> pointed out that postpartum women treated by nurses at delivery reported satisfaction with the care provided by these professionals; however, their statements showed insecurity regarding the absence of a medical figure during pregnancy and parturition.

Despite pointing to a medical-centered care model, the testimonies reflect satisfaction with the assistance provided by nurses during the consultations and the representations surrounding these professionals reveal their role as caregivers and educators, whether through qualities such as paying attention and respect pointed out by the women, or through the guidelines provided in the consultations. These data are consistent with another study<sup>(4)</sup> that points to satisfaction with the prenatal care provided by professional nurses, as interaction through dialogue, welcoming and interest in the pregnant women's health make users feel more confident. It is through this monitoring that doubts are clarified and several activities to prevent health problems are performed. Consequently, nurses act as knowledge simplifiers and multipliers<sup>(4)</sup>.

Prenatal care enables significant contact between pregnant women and professionals. In this context, a study carried out with pregnant women revealed that 100% of the participants were satisfied with Nursing consultations, as they led to bonding between patient and nurse, as well as confidence,

welcoming and trust<sup>(19)</sup>. In consonance with these findings, another study showed that the assistance provided by nurses in prenatal consultations allowing welcoming these women in all their facets. Thus, nurses prove to be duly trained professionals to offer good quality and continuous assistance to pregnant women<sup>(6,20)</sup>.

Welcoming pregnant women through effective listening allows them to express their complaints, anxieties and doubts, which leads them to build trust and adhere to the care and assistance offered in consultations, as well enabling care continuity. Another bonding strategy used by nurses is dialogue, as it eases communication and knowledge of the women's context and, thus, creates intervention methods with other professionals<sup>(4)</sup>.

Availability for appointments is a crucial factor for pregnant women's satisfaction with prenatal consultations. In accordance with the results herein found, a study showed that it is easier for pregnant women to schedule prenatal consultations with nurses, which helps reduce the waiting time to meet their health needs and makes it possible to identify problems and complications as early as possible, which becomes a protective factor for pregnant women. This ease to schedule appointments and time availability are in line with what *Rede Cegonha* proposes because, once pregnant women enjoy such easy access and humanized care, there is a consequent increase in adherence to prenatal care<sup>(21)</sup>.

On the other hand, in some health services there is a different reality to the one seen in this study, where there is a high care demand, associated with lack of professionals and the consequent work overload of nurses. This scenario corroborates the absence of prenatal Nursing consultations, reflecting the assistance mostly provided by physicians, as shown in the *Nascer no Brasil* survey, where nearly 75% of the prenatal care appointments were in charge of medical professional<sup>(17)</sup>. This scenario of little effective participation by nurses may explain the unawareness

about the inclusion and participation of these professionals in prenatal care, as found in the current study.

The pregnant women's representations regarding the actions developed by nurses in prenatal care, such as physical examination and test requests, translate as care for them and their newborns. Other research studies agree with this result by showing appreciation of the knowledge and technical skills of professional nurses during prenatal consultations, as they directly reflect on the perinatal outcome<sup>(22)</sup>. A study carried out in São Luís do Maranhão showed that pregnant women valued performing techniques during prenatal consultations, such as auscultation of fetal heartbeats, as it reflected the baby's health status. Thus, when performing such practices, in addition to assessing the dyad's health, nurses also convey confidence and calmness to women<sup>(21)</sup>.

Prenatal consultations are also health education spaces because they involve guidelines on various aspects, such as newborn care, breastfeeding, delivery and nutrition. These strategies are fundamental to reduce health risks and vulnerabilities and favor women's leading role for self-care. In this context, a study shows that educational actions stand out in the training and profile of these professionals, which is confirmed by the contribution that professional nurses make to health education when they address various topics related to the health of pregnant women and newborns during prenatal consultations<sup>(3)</sup>.

However, there are still nurses who carry out consultations following a pre-established script, with mechanized actions focused on test requests and physical evaluations of the maternal-fetal status. This reality should not be witnessed, as nurses have the capabilities and skills to provide prenatal care with habitual risk and their participation, when effective, innovates care by developing practices such as perineal massage from the 34<sup>th</sup> week onwards to avoid perineal lacerations<sup>(23)</sup>.



Nurses also play the roles of educators and health promoters beyond prenatal consultations, including operational groups, workshops and courses for parents. When developed dynamically and in a clarifying way, such activities favor exchanges of experiences and stimulate pregnant women's active participation in prenatal care. However, although health education is discussed on the basis of public policies, there is still no culture in different health settings where this educational process is present, as pointed out by this study. Therefore, nurses must work to recognize each woman's cultural reality and provide opportunities for individual care, due to their potential<sup>(1,20)</sup>.

One of the crucial actions in prenatal care is to work on delivery and on the possible complications, in order to discourage unnecessary C-sections. In this study, the pregnant women's representations denote fear of normal delivery and lack of information about the benefits of the different delivery methods. At this point, the delivery moment is a long-awaited stage for women, as it consists not only of the birth of their child, but also of their new meaning as mothers. Therefore, it is important to instruct pregnant women about this process as early as possible, whether during consultations or in groups for pregnant women, as childbirth can be a positive or negative moment depending on the assistance provided during prenatal care. Therefore, when a woman receives information and guidelines that are pertinent to the delivery process, she faces this moment more confidently, harmoniously and with due appropriation of her own decisions<sup>(24)</sup>.

In this context, the birth plan created during prenatal care is a tool capable of expressing women's desires regarding the birth process, whether C-section or normal, as well as measures to alleviate pain and comfort the parturients. Nurses are qualified professionals to create the document with pregnant women and their partner, respecting their rights regarding care humanization, which could also

be configured as a differentiator in prenatal care provided by nurses, beyond the technical and mechanized procedures<sup>(24)</sup>.

Among the target topics of educational actions is breastfeeding, which should be encouraged from the first prenatal consultations given its importance for nutrition, hydration and protection of the newborn and its fundamental role in cognitive and psychomotor development, as well as for growth and development. Nurses should know the sociocultural and economic context of the pregnant women treated, as well as the beliefs and myths regarding breastfeeding that will permeate their everyday lives, in order to provide guidelines and interventions consistent with their environment<sup>(25)</sup>.

Finally, among the guidelines for pregnant women, care with nutrition is essential due to the increased nutritional needs during pregnancy, resulting from the body and hormonal changes inherent to this phase. Excessive weight gain during pregnancy can trigger the development of hypertensive syndromes, diabetes *mellitus*, macrosomia and even fetal distress. On the other hand, malnutrition in the mother can cause premature delivery and low weight in the newborn. As maternal nutritional status is reflected both in the pregnancy and in the fetus, nurses' guidelines regarding healthy eating habits that are appropriate to the pregnant woman's economic context are fundamental<sup>(6)</sup>.

This study had the following limitations: the small number of nurses who carry out prenatal consultations in the municipality researched and the fact that it covers a single Brazilian municipality, which precludes data generalization. Consequently, the recommendation is to conduct more in-depth research on the topic in other regions.

## FINAL CONSIDERATIONS

This study made it possible to understand pregnant women's social representations regarding the prenatal care offered by nurses, including unawareness about these professionals'

training to carry out prenatal consultations and the idea that only a specialist physician is duly qualified to monitor the pregnancy process. On the other hand, when the pregnant women were assisted by nurses, they valued the care provided, whether for their satisfaction with welcoming or for feeling confident and safe in the consultations.

In addition, the pregnant women's representations emphasized the importance of prenatal care to assess the dyad's health by means of guidelines and actions such as physical examination and test requests. They also showed that Nursing consultations allows exchanging diverse information and knowledge about the gestational process. On the other hand, the pregnant women also indicated non-participation in other activities that involved nurses. This imposes the need to articulate health services in terms of health education strategies that are pertinent to each woman's context.

Finally, pregnant women's representation regarding nurses' assistance showed that, when the professionals are attentive and establish a bond with the pregnant women, they feel free to clarify doubts and express their fears and desires, favoring monitoring continuity and, thus, care implementation.

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