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RESEARCH

PREGNANT WOMEN PROFILE ASSISTED IN NURSING'S PRENATAL CONSULTATIONS AT A BASIC HEALTH UNIT

PERFIL DE GESTANTES ASSISTIDAS NO PRÉ-NATAL DE ENFERMAGEM DE UMA UNIDADE BÁSICA DE SAÚDE

PERFIL DE GESTANTES ASISTIDAS EN EL PRENATAL DE ENFERMERÍA DE UNA UNIDAD BÁSICA DE SALUD

Camila Neumaier Alves[1], Lúcia Beatriz Ressel[2], Cheila Sanfelice[3], Priscila Bisognin[4], Laís Antunes wilhelm[5], Roselaine Ruviaro Zanini[6]

ABSTRACT

Objective: To identify the socioeconomic and behavioral profile of pregnant women cared for in prenatal nursing consultations at a basic health unit in the State of Rio Grande do Sul, Brazil. **Method**: Quantitative, documental and retrospective research. Eighty-eight nursing records were collected from medical data of pregnant women cared for from January 2009 to November 2010. Descriptive statistics was used for data analysis. **Results:** The predominance was: young pregnant women, married, housewives, with low level of education; family incomes of up to two minimum wages; basic sanitation available; no consumption of alcohol, cigarettes and drugs; diversified diet; restricted physical activity; regular dental care; need for reinforcement of tetanus immunity; first prenatal consult with less than 20 weeks; and planned pregnancy. **Conclusion:** The identification of pregnant women's characteristics allows identifying their main needs. This could be used for promotion of health by improving prenatal care. **Descriptors:** Prenatal care, Nursing, Pregnancy.

RESUMO

Objetivo: Identificar o perfil socioeconômico e comportamental de gestantes assistidas em consulta de enfermagem no pré-natal de uma unidade básica de saúde do interior do Rio Grande do Sul. **Método**: Pesquisa quantitativa, documental e retrospectiva. Foram utilizados na coleta de dados 88 históricos de enfermagem dos prontuários de gestantes atendidas no período de janeiro de 2009 a novembro de 2010. Para a análise dos dados utilizou-se a estatística descritiva. **Resultados:** Predominam gestantes jovens, casadas, donas-de-casa, com baixa escolaridade; renda familiar de até dois salários mínimos; saneamento básico presente; negação de uso de álcool, drogas e cigarro; alimentação variada; atividade física restrita; visita odontológica regular; necessidade de reforço da vacina antitetânica; início do pré-natal com menos de 20 semanas; e gestação planejada. **Conclusão:** Identificar as características das gestantes possibilita reconhecer suas principais necessidades e trabalhar na promoção da saúde, qualificando o pré-natal. **Descritores:** Cuidado pré-natal, Enfermagem, Gravidez.

RESUMEN

Objetivo: Identificar el perfil socioeconómico y el comportamiento de las gestantes asistidas en consulta de enfermería en el prenatal de una unidad básica de salud del interior del Estado de Rio Grande do Sul. **Método**: Investigación cuantitativa, documental y retrospectiva. Para la recopilación de datos fueron utilizados 88 historiales de enfermería de los registros de gestantes atendidas en el periodo de enero de 2009 a noviembre de 2010. Para el análisis de los datos se utilizó la estadística descriptiva. **Resultados:** Predominaron gestantes jóvenes, casadas, con baja escolaridad y amas de casa; renta familiar de hasta dos sueldos mínimos; saneamiento básico presente; negación de uso de alcohol, drogas y cigarrillos; alimentación variada; actividad física restricta; visita odontológica regular; necesidad de refuerzo de la vacuna antitetánica; inicio del prenatal con menos de 20 semanas; y embarazo planeado. **Conclusión:** Identificar las características de las gestantes posibilita reconocer sus principales necesidades y trabajar en la promoción de la salud, cualificando el prenatal. **Descriptores:** Cuidado prenatal, Enfermería, Gravidez.

[1]Nurse; Master's candidate of the Graduate Program in Nursing, Federal University of Santa Maria (PPGENF/UFSM); Email: camilaenfer@gmail.com. [2]Nurse; PhD in Nursing from São Paulo University (USP); Associate professor at the Nursing Department, UFSM; Email: lbressel208@yahoo.com.br. [3]Nurse; Master's degree in Nursing; Email: cheilinha_sanf@yahoo.com.br. [4]Nurse, UFSM; holds a PIBIC/CNPq scholarship; Email: pribisognin@gmail.com. [5]Nurse; Master's candidate at PPGENF/UFSM; Email: laiswilhelm@yahoo.com.br. [6]PhD in Epidemiology from the Federal University of Rio Grande do Sul (UFRGS); Adjunct professor at the Statistics Department (UFSM); Email: rrzanini@smail.ufsm.br. Article produced from the monograph "Characterization of pregnant women cared for in nursing consultation at the prenatal of the Kennedy Health Unit", UFSM, 2011. Research carried out with the financial support granted by the CNPq by means of the PIBIC/CNPq Scientific Initiation Scholarship (UFSM - 2011/2012).

INTRODUCTION

The gestational period represents a stage of much learning for women and their families. It is a moment of intense physical and psychological transformations, therefore requiring specialized and qualified care. Prenatal care is a service provided to women during the pregnancy period, which includes promotion and prevention of maternal and child health and the treatment of the problems that occur from the gestational process until the postpartum.[1] Currently, prenatal care in Brazil is ruled by the guidelines of the Program for Humanization of Prenatal and Birth (PHPB), established by the Ministry of Health in 2000, which is based on humanization of care as a condition for the proper monitoring of pregnancy, childbirth and the puerperium. It seeks full and quality care.[2]

The main objectives of the PHPB are to reduce the high rates of maternal and perinatal morbimortality, increasing access to the service and establishing criteria in order to qualify the consultations. It promotes the link between patient care and childbirth, as well as indicating the minimum essential procedures to be performed.[3]

In this context, nurses are involved in prenatal care performing consultations for low-risk prenatal care.[4] Their activities must be based on the assumptions of humanized care. Nurses must recognize the individuality of the subjects during care and establish a bond with each woman, so as to perceive their real needs and their ability to deal with the process of birth, promoting their well-being and assuring their health and their children's.[1]

In this regard, the recognition of socioeconomic and cultural characteristics of pregnant women can influence on meeting the needs of the gestational period. To this end, a watchful eye of nurses is necessary regarding the singularities of subjects cared for, in order to base actions on the principles of integrity.[5]

It is believed that studies dealing with epidemiological data can contribute to nursing consultations in health units, since tracing the characteristics of pregnant women can develop care geared to the reality of women and thus meet their real needs.[6]

This study aimed to identify the socioeconomic and behavioral profile of pregnant women cared for in nursing consultations during the prenatal period in a basic health unit in the State of Rio Grande do Sul, Brazil in order to know the characteristics of the population served to qualify prenatal care.

METHODOLOGY

This is a documentary and retrospective study, epidemiologically descriptive with a quantitative approach. The sample was composed by nursing records of pregnant women cared for in nursing prenatal consultations in a health unit in the State of Rio Grande do Sul, Brazil.

Nursing records are printed documents, drawn up by the nurse responsible for consultations in the referred health unit and it is filled out in the first prenatal consultation. It is considered a document that provides registered information, constituting a unit that serves for consultation, study or proof.[7]

The inclusion criterion was composed of nursing records of pregnant women cared for during the prenatal period from January 2009 to November 2010. From 144 records found in the period described, we included 88 nursing records for the study. The rest were excluded because they did not have nursing records of pregnant women.

Data collection was carried out between February and March 2011, after authorization by the Municipal Health Office and approval of the research project by the Committee of Ethics on Research of the Federal University of Santa Maria, RS, Brazil (Certificate CAAE 03720243000-10). For the implementation of the research, we complied with the provisions of Resolution No. 196/96 issued by the National Health Council of the Ministry of Health, which regulates research involving human beings.[8]

The form used for data collection followed a similar orientation to that of the organization of nursing records and included the search of the following information: identification data (age, marital status, occupation, education, and family income); who made the referral of pregnant women to the service; housing conditions (type, electric light, garbage, waste, and water); lifestyle habits (smoking, alcohol and drug consumption, type of food, dental care, and physical activity); leisure activities; personal history; family history; gynecological history (menarche, age at first sexual intercourse, type of contraceptive method used, occurrence of sexually transmitted diseases and cytopathological examination of the uterine cervix); type of menstrual cycle; obstetric history (number of pregnancies, parity, abortions, type of delivery, interdelivery interval, previous intercurrences, complications in the puerperium, and exclusive breastfeeding); current pregnancy (whether it was planned and how it was experienced by the family); tetanus immunization; current complaints relating to pregnancy; and gestational age in the first nursing consultation.

In this article, we decided to present the data concerning the identification of pregnant women, housing conditions, in addition to the behavioral characteristics of pregnancy, including lifestyle habits and data about current pregnancies.

The data were tabulated using Microsoft Excel for Windows and the statistical analysis was performed by means of the Statistical Package for Social Sciences (SPSS 13), using the absolute and percentage frequency. A descriptive analysis was performed, which summarizes data from tables or graphs and allows analyzing information contained in them, with the objective of synthesizing information.[9]

RESULTS AND DISCUSSION

In order to have a better visualization of the data obtained, they were grouped in tables and divided into two categories: "socioeconomic conditions" and "conditions of current pregnancy".

The socioeconomic characteristics of the population studied will be presented with the variables relating to age, marital status, education, occupation in the labor market, family income, housing, and sanitation conditions.

Regarding the behavioral characteristics of the current pregnancy, we present data with respect to smoking, alcohol and drug consumption, dietary habits, physical activity, dental care, gestational age in the first consultation, tetanus immunization, complaints, and pregnancy planning.

Table 1 - Distribution of pregnant women cared for at prenatal nursing consultations, according to marital status, education, occupation in the labor market and income. Santa Maria, RS, 2011. (n=88).

Identification data	*N*	*%*
Marital status		
Single	13	14.8
Married	57	64.8
Unmarried union	16	18.2
Fiancé	1	1.1
Separated	1	1.1
Pregnant woman's schooling		
Complete Elementary School	20	22.8
Incomplete Elementary School	30	34.1
Complete High School	15	17.1
Incomplete High School	21	23.9
Incomplete Higher Education	1	1.1
No information	1	1.1
Pregnant woman's occupation		
Housewife	36	40.9

Student	7	7.95
Store clerk	3	3.4
Babysitter	4	4.55
Secretary	2	2.3
Housemaid	6	6.8
Unemployed	3	3.4
No information	16	18.2
Other	11	12.5
Family income (minimum wages*)		
1	33	37.5
2	32	36.4
3	7	7.95
5	1	1.1
No information	15	17.05
Total	**88**	**100**

Source: Pregnant women's nursing records, 2009-2010.
**Minimum wage is the lowest remuneration that employers may legally pay to workers and it is established by the government.*

In relation to the age of the population studied, there was an average of 26 years. In a total of 88 women, the lowest age was 13 years and highest 46 years. Of this total, 12 women were at a favorable age for pregnancy, and all were in line with the reproductive phase referenced by the Ministry of Health. In Brazil, the reproductive age is considered between 10 and 49 years and women with individual characteristics favorable for pregnancy are those between 15 and 35 years of age.[10]

Regarding marital status among women cared for, 57 (64.8%) reported being married and 16 (18.2%) having a partner. This data are in accordance with the latest demographic census, which showed an increase of 4.5% in the number of marriages in relation to 2009.[11]

However, it should be noted that at the time of the nursing consultation, no document certifying the marital status of women was required. For this reason, omission of true marital status can occur by considering a stable conjugal union as a marriage.

In terms of education, we observed that 30 (34.1%) pregnant women had incomplete elementary school and 21 (23.9%) had incomplete high school, thus, incomplete schooling was predominant.

This information corroborates with a recent study performed in the city of Petrolina, PE, Brazil, showing that the majority of pregnant women surveyed had incomplete schooling, particularly elementary school.[12]

This confirms the concern of the Ministry of Health on the obstetric risk in pregnant women who have low education level.[10] Therefore, it is necessary to know these women so that nursing can intervene effectively during the gestational process.

Regarding the occupation of pregnant women, most of them were housewives 36 (40%). Of these, 14 (38.9%) had incomplete elementary school and 11 (30.6%) complete; 8 (22.2%) women had incomplete high school and 3 (8.3%) complete.

Similar to these data, a study conducted in Rio de Janeiro also shows the occupation of housewife as the highest prevalence among women surveyed. In addition, it presents a large number of women with low education. In this line of thought, we agree with the authors of the study mentioned when they state that due to low schooling, pregnant women do not perform remunerated activities or work in tertiary sectors, for example working as housemaids[5], which may determine the family income.

At this respect, we observed that the husbands (or partners) or other relatives were predominantly responsible for supporting the families of pregnant women.

As for family income, we observed that 33 (37.5%) families lived on a minimum wage and 32 (36.4%) on two minimum wages. This way, family income, occupation and education are directly linked to the determination of the economic situation of pregnant women. This highlights the concern with the birth of children considered to be at risk, since the Ministry of Health considers that newborns are at risk when they are born into

low-income families.[10] From this perspective, there is a need for attention to the socioeconomic status of pregnant women in prenatal care.

Table 2 - Distribution of pregnant women cared for at prenatal nursing consultations, according to housing and basic sanitation. Santa Maria, RS, 2011. (n=88).

Housing and sanitation	*N*	*%*
House		
Own	65	73.9
Rented	15	17
Provided	6	6.8
No information	2	2.3
Material		
Wood	17	19.3
Masonry	58	65.9
Mixed	10	11.4
No information	3	3.4
Light		
Electric	86	97.7
No information	2	2.3
Garbage		
Collected	84	95.5
Burnt	1	1.1
No information	3	3.4
Waste		
Sewage	68	77.3
Septic tank	12	13.6
Open sewage	5	5.7
No information	3	3.4
Water		
Running water	82	93.2
Well	3	3.4
Other	1	1.1
No information	2	2.3
Total	**88**	**100**

Source: Pregnant women's nursing records, 2009-2010.

Regarding housing conditions of the pregnant women, there was a predominance of 65 (73.9%) living in their own homes, 58 (65.9%) lived in houses of masonry and 86 (97.7%) had electric light. As to basic sanitation conditions, 84 (95.5%) had garbage collected, 68 (77.3%) had sewer network for waste collection and 82 (93.2%) had running water, while only one pregnant woman needed to get water from her neighbor due to the lack of supply.

According to the last national survey on basic sanitation, conducted by the Brazilian Institute of Geography and Statistics (IBGE) in 2008, the State of Rio Grande do Sul had 3.8 million people without waste collection service. This document still states that the main solution adopted to make up for the absence of this service was the construction of septic tanks, which had increased in relation to the survey conducted in 2000. Such data corroborate with the information obtained in this study, which found 12 (13.6%) houses with septic tanks. However, the same document identified that the public water supply service in the southern region reached 99.7% and waste collection served to all 496 municipalities in the State of Rio Grande do Sul, which confirms the high level of these data in this study.[13]

Table 3 - Distribution of pregnant women cared for at prenatal nursing consultations, according to current behavioral characteristics of pregnancy: smoking, alcohol and drugs. Santa Maria, RS, 2011. (n=88).

Behavioral characteristics	*N*	*%*
Smoking		
No	76	86.4
Yes	9	10.2
No information	3	3.4
Alcohol consumption		
No	76	86.4
Yes	9	10.2
No information	3	3.4
Drugs consumption		
No	85	96.6
Yes	1	1.1
No information	2	2.3
Total	**88**	**100**

Source: Pregnant women's nursing records, 2009-2010.

Regarding the behavioral characteristics of pregnant women, we found that 9 (10.2%) were smokers, 9 (10.2%) consumed alcohol during pregnancy and 1 (1.1%) made use of illicit substances.

Of these nine pregnant women who were smokers and consumers of alcoholic beverages, three smoked and make use of alcohol at the same time, which according to the Ministry of Health makes pregnancy possible to suffer development deficit, risk of premature birth, low-weight childbirth and premature separation of placenta.[10]

In that respect, nursing consultations during the prenatal period represent an

opportunity for the professionals to influence in an attempt to: change behaviors that confer risk to pregnancy; promote healthy lifestyles; and, if necessary, direct these women to specialized support.[12]

This way, it is recommended to perform a detailed interview in the first prenatal consultation regarding aspects pertaining to maternal health. Research on the consumption of tobacco and other drugs is intended to advice for the abandonment of their use, due to the harmful consequences that can be caused to the health of the woman and her fetus.[14] Therefore, it is possible to observe the importance of the health service team being prepared to provide appropriate care and monitor these pregnant women.

Table 4 - Distribution of pregnant women cared for at prenatal nursing consultations, according to the current behavioral characteristics of pregnancy: diet, physical activity and dental care. Santa Maria, RS, 2011. (n=88).

Behavioral characteristics	*N*	*%*
Diet		
Adequate	74	84.1
Inadequate	9	10.2
No information	5	5.7
Dental care		
Did not attend	24	27.3
Attended	55	62.5
No information	9	10.2
Physical activity		
Did not practice	48	54.5
Practiced	35	39.8
No information	5	5.7
Total	**88**	**100**

Source: Pregnant women's nursing records, 2009-2010.

We observed that 74 (84.1%) out of the 88 women studied reported in the interview that their nutritional intake was made up of water, fruits, salads, carbohydrates and vegetables fractionated on a daily basis, having little consumption of sweets, fried foods and soft drinks, which was considered an adequate diet.

The lack of certain nutrients during the gestational period can cause harms to women and their fetus' health, such as nutritional anemia, which is considered the main and less visible complication during pregnancy.[15] However, the excess of some nutrients can cause weight gain of pregnant women, which is directly related to a higher incidence of gestational diabetes, hypertension in pregnancy and preeclampsia.[16]

To this end, the prenatal consultation should focus on the promotion of healthy eating, highlighting the prevention of nutritional disorders and diseases related to food and nutrition, such as low weight, overweight, obesity, hypertension and diabetes.[10]

It is known that dental care during pregnancy is a service proposed by the Ministry of Health for the quality of care provided to pregnant women.[10] In the data found in this study, 55 (62.5%) pregnant women held regular dental care, while 24 (27.3%) did not. It should be noted that the dental service is offered in health units and that during nursing consultations, while questioning to pregnant women about oral health, the service is mentioned and women are forwarded to it, emphasizing the importance of a multidisciplinary joint action.

On the other hand, it is known that many pregnant women are afraid to seek the service of dentists due to beliefs and myths involved in this subject. This fact must be resolved by professionals in a multi-disciplinary and multi-professional activity, clarifying about the importance of oral hygiene and due care.[17]

It is also important to highlight the importance of physical activity during pregnancy. It is recommended by health professionals due to its importance in maintaining the quality of life and healthy development of pregnancy. The practice currently recommended nowadays is walking, which should be done in moderation, two to three times a week and without feeling tired.[10]

In this study, we observed that 35 (39.8%) pregnant women carried out some kind of physical activity. Pregnant women's records stated the performance of light walking with little effort. In

this way, prenatal consultations are considered an opportune moment to raise awareness among pregnant women about the importance of physical activities.

Table 5 - Distribution of pregnant women cared for at prenatal nursing consultations, according to the current behavioral characteristics of pregnancy: gestational age at the beginning of prenatal period, planning of pregnancy and tetanus immunization. Santa Maria RS, 2011, (n=88).

Current pregnancy	*N*	*%*
Gestational age		
Over 20 weeks	24	27.3
Less than 20 weeks	54	61.3
No information	10	11.4
Planned pregnancy		
No	49	55.7
Yes	33	37.5
No information	6	6.8
Tetanus immunization		
Reinforcement	37	42.05
Immune	15	17.05
Did not know	1	1.1
No information	35	39.8
Total	**88**	**100**

Source: Pregnant women's nursing records, 2009-2010.

Regarding the gestational age at which pregnant women began prenatal consultation, we observed that 54 (61.3%) initiated it within the first 120 days and 24 (27.3%) began after 120 days. Of these, the lower gestational age was eight weeks and the largest 36 weeks. It should be noted that all pregnant women, who were in the first consultation with the nurse, had already started prenatal care with the obstetrician of the health unit.

With respect to this data, a study conducted in the city of Petrolina, PE, Brazil, identified that 33.3% of pregnant women surveyed started prenatal consultations in the first gestational trimester and that 61.1% started in the second[12], which differs from the findings of our study, in which the prevalence observed was in the first trimester. This fact confirms the need and the importance of the early identification of pregnant women, as well as the achievement of the recommended services.

It is known that the identification of women should occur until 120 days of pregnancy[10], confirming that the prenatal service of the health unit under study was in accordance with what the Ministry of Health advocates about the adequate beginning of consultations. It is also noteworthy that the nursing consultation service during prenatal was disclosed in the unit and also that pregnant women were forwarded by their obstetrician to be cared for by the nurses. Communitarian agents of health are not mentioned, because during the selected period for the data collection the unit did not offer that service.

In this study, it was possible to know whether the current pregnancy of these women had been planned and how its acceptance had occurred. We observed that 49 (55.7%) pregnancies had not been planned. Regarding the unplanned pregnancies, only one had been rejected by the father of the pregnant woman, the rest had been accepted by the couple and received family support. With respect to planned pregnancies, there were references of joy, happiness, and support on the part of the families and partners in all records.

With respect to tetanus immunization, 37 (42.05%) records indicated that pregnant women should perform the reinforcement dose before delivery and 15 (17.05%) presented the full vaccination chart, because they had already received the necessary doses and they were within a period of five years laid down by the Ministry of Health. We observed that there was no historical information about tetanus immunization in 35 (39.8%) records.

Tetanus immunization starts in the second trimester of pregnancy and its realization and investigation during prenatal care are critical, because they prevent neonatal tetanus.[18] Pregnant women can be considered to be immunized with

at least two doses of tetanus vaccine and the second dose should be held until 20 days before the probable date of delivery.[10]

Another constant data in the records of pregnant women was about the most common complaints of pregnancy. Among these, 59 (67.04%) pregnant women had nausea, vomiting, heartburn, discomfort, insomnia, polyuria, varicose veins, loss of appetite and lower abdominal pain. Most of these complaints are related to physiological changes in the first gestational trimester, since the prevalence of filling out nursing records took place within that period.

Such data corroborate with the same information obtained in a study carried out in Rio de Janeiro, which found the physiological changes of early gestational period as most cited complaints.[5] This fact confirms the importance of prenatal care, which should intervene in a beneficial way, seeking prevention and promotion of health of the pregnant women and their fetuses through relevant information and guidelines in order to explain the adaptations of the body of the pregnant women, as well as ways to prevent or reduce these common disorders of pregnancy.

We highlight that a significant amount of records indicated absence of data, making a more accurate analysis of some data difficult, which might have lead the results at a level that was not reliable regarding the population studied. For this reason, it is important to understand that the nursing records are in the form of written communication of relevant information about clients and their care.[19] This way, it is essential to understand that nursing records are critical in the process of care. as well as knowing the population cared for in the service.

CONCLUSION

This study showed the characterization of variables related to 88 pregnant women cared for in low-risk prenatal consultations carried out by nurses in a basic health unit. The epidemiological and descriptive analysis of data allowed identifying the socioeconomic and behavioral profile of pregnant women as being young, married and with low schooling. Housewife was the prevalent occupation of these pregnant women. The family income corresponded to an average between one and two minimum wages. There were appropriate sanitation conditions in the houses. The lifestyle habits of these pregnant women included regular dentist consultations; denial regarding the use of alcohol and drugs, and lack of confirmation with respect to smoking; and low achievement of physical activities. Most pregnant women began nursing prenatal consultations before 20 weeks of gestation; requiring reinforcement of tetanus immunization and showing common complaints during the first gestational trimester. Most pregnancies had not been planned.

This research allowed a singularized and critical eye with respect to socioeconomic characteristics and health conditions of the pregnant women under study. From the results, it was possible to identify the main needs of these women, as well as working with them in the promotion and protection of their health and the fetuses', this way qualifying prenatal care.

It is essential to note the importance of a reliable nursing record with regard to the information obtained, as it is a decisive element for nurses in order to know the characteristics of the population cared for, as well as their individual needs and risk factors that deserve attention during the prenatal care.

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