

PRENATAL CARE AND PUBLIC POLICIES FOR WOMEN'S HEALTH: INTEGRATIVE REVIEW

Assistência pré-natal e políticas públicas de saúde da mulher: revisão integrativa

Atención prenatal y las políticas públicas de salud de la mujer: revisión integrativa

Review Article

ABSTRACT

Objective: To analyze evidence on prenatal care implemented in primary care, with focus on the perception of pregnant women, postpartum mothers and health professionals, and on the relationship with the public policies for women's health. **Methods:** A survey was conducted in BDENF, LILACS and SciELO databases comprising the period of 2004 to 2013, through the descriptors "Prenatal care", "Primary healthcare", "Public policies for health", "Comprehensive assistance to women's health", and including publications in Spanish and Portuguese language. Nineteen articles were selected, and their data was organized and analysed in light of the public policies. **Results:** It was observed that effective prenatal care favours the reduction in maternal mortality rates. The perception of pregnant and postpartum women about the prenatal care was discussed on the basis of the Ministry of Health guidelines, and is linked to the importance of the multidisciplinary team's performance. Deficiencies were identified in the women's knowledge with respect to dental care, breastfeeding guidance, and the participation of parents in education groups performed in the prenatal period. Nurses associated the prenatal assistance to beneficial effects, provided that pregnant women perform consultations and professionals are able to adopt effective monitoring in prenatal care. **Conclusion:** Quality prenatal care ensures the monitoring of pregnant women and prevents complications in childbirth and postpartum period, reflecting on the decrease in maternal and infant mortality.

Descriptors: Prenatal care; Primary care; Public health policies; Comprehensive Health Care to women's health.

RESUMO

Objetivo: Analisar evidências sobre a assistência pré-natal implementada na atenção básica, com foco na percepção de gestantes, puérperas e profissionais de saúde e na relação com as políticas públicas da saúde da mulher. **Métodos:** Realizou-se um levantamento nas bases de dados BDENF, LILACS e SciELO no período de 2004 a 2013, através dos descritores "assistência pré-natal", "atenção básica", "políticas públicas de saúde" e "assistência integral a saúde da mulher", observando-se publicações em português e espanhol. Selecionaram-se 19 artigos, cujos dados organizados puderam ser analisados à luz das políticas públicas. **Resultados:** Observou-se que a assistência pré-natal eficaz favorece a diminuição dos índices de mortalidade materna. A percepção de gestantes e puérperas quanto à assistência pré-natal foi discutida com base nas recomendações do Ministério da Saúde e está vinculada à importância da atuação de equipe multiprofissional. Identificaram-se deficiências quanto ao conhecimento das gestantes acerca da atenção odontológica, orientações sobre o aleitamento materno e participação de pais em grupos de educação realizados no pré-natal. Os enfermeiros associaram a realização do pré-natal aos efeitos benéficos, desde que as gestantes realizem as consultas e que os profissionais estejam aptos a adotar condutas de acompanhamento eficaz no pré-natal. **Conclusão:** A assistência pré-natal de qualidade garante o acompanhamento da gestante e previne complicações no parto e puerpério, refletindo na diminuição da mortalidade materna e infantil.

Descritores: Assistência pré-natal; Atenção básica; Políticas públicas de saúde; Assistência integral à saúde da mulher.

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RESUMEN

Objetivo: Analizar las evidencias de la atención prenatal establecida en la atención básica investigando la percepción de embarazadas, puérperas y profesionales de la salud y la relación con las políticas públicas de la salud de la mujer. **Métodos:** Se realizó una búsqueda en las bases de datos BDENF, LILACS y SciELO en el periodo entre 2004 y 2013 a través de los descriptores en portugués “assistência pré-natal”, “atenção básica”, “políticas públicas de saúde” y “assistência integral a saúde da mulher”, observándose las publicaciones en portugués y español. Fueron elegidos 19 artículos cuyos datos fueron analizados basados en las políticas públicas. **Resultados:** Se observó que la atención prenatal eficaz contribuye para la disminución de los índices de mortalidad materna. La percepción de las embarazadas y puérperas sobre la atención prenatal fue discutida basada en las recomendaciones del Ministerio de la Salud y está vinculada a la importancia de la actuación del equipo multiprofesional. Se identificaron deficiencias en el conocimiento de las embarazadas sobre la atención odontológica, orientaciones sobre el amamantamiento materno y la participación de padres en grupos de educación realizados durante el prenatal. Los enfermeros asociaron la realización del prenatal con los efectos benéficos una vez que las embarazadas participen de las consultas y que los profesionales estén preparados para la adquisición de conductas de seguimiento eficaz en el prenatal. **Conclusión:** La atención prenatal de calidad garantiza el seguimiento de la embarazada y previene las complicaciones del parto y puerperio, reflejando en la disminución de la mortalidad materna e infantil.

Descriptores: Atención prenatal; Atención primaria de salud; Políticas públicas de Salud; Atención integral de salud.

INTRODUCTION

The Family Health Strategy (*Estratégia Saúde da Família - ESF*), implemented by the Ministry of Health (*Ministério da Saúde - MS*), grants collective actions that enable the provision of health care in primary care (*Atenção Básica - AB*) in a comprehensive and universal way with a focus on equity. Among other programs developed in this context, it recommends actions aimed at the health of children, adults, older people, and, particularly, women's health care^(1,2).

Health care actions developed for the health care of women permeate the prevention of cervical cancer, family planning, prevention of dental problems in pregnant women, and prenatal care⁽²⁾. The latter consists of a set of procedures and care actions that include prenatal care, pregnancy diagnosis, gestational risk classification since the first consultation, in addition to supplementary feeding to underweight pregnant women, tetanus vaccination, postpartum evaluation, and other care actions⁽³⁾.

A historical analysis of public policies aimed at women's health in Brazil shows that, until the 1970s, the maternal and child health was the main priority. Important documents from this period should be highlighted, such as: The General Guidelines of the National Maternal and Child Health Policy (*Diretrizes Gerais da Política Nacional de Saúde Materno-Infantil*), which established the creation of programs for care during childbirth and postpartum, and for risk pregnancy; the Maternal and Child Health Program (*Programa de Saúde Materno-Infantil - PSMI*), focused on the relationship between child nutrition, pregnant women, postpartum, and women of childbearing age; and the High-risk Pregnancy Prevention Program (*Programa de Prevenção da Gravidez de Alto Risco*) aimed to prevent high-risk pregnancies⁽⁴⁾.

From the 1980s, women's health policies stopped focusing on pregnancy only and started to care about women's general health with the creation of the Women's Comprehensive Health Care Program (*Programa de Assistência Integral à Saúde da Mulher - PAISM*), aimed at the inclusion of women's health care from adolescence to old age, fostering respect for – and being committed to – their rights⁽⁵⁾.

Two decades have passed, and in 2004 the MS established the National Women's Comprehensive Health Care Policy (*Política Nacional de Assistência Integral à Saúde da Mulher - PNAISM*), which incorporated the focus on gender, comprehensiveness and health promotion as guiding principles, seeking to consolidate advances in the field of sexual and reproductive rights with emphasis on the improvement of obstetric care, family planning, unsafe abortion, and the fight against domestic and sexual violence⁽⁶⁾.

From the institution of the PAISM until the implementation of PNAISM, reflections were necessary for society to understand the concept of the contemporary woman - free, independent and fully empowered to exercise their capabilities in various social contexts under protection of the Constitution; for instance, they have the inalienable right to experience their sexuality and to choose not to be a mother⁽⁶⁾.

Thus, it is worth noting the significant increase in the number of women of childbearing age in Brazil in recent years, reaching the mark of 58,404,409 women, representing 65% of the total female population⁽⁷⁾. This leads the Brazilian National Health System, also known as the Unified Health System (*Sistema Único de Saúde - SUS*) to engage in the development of public policies to provide quality prenatal and postpartum care – to facilitate the access and referral of pregnant women to obstetric and neonatal health services – and, above all, humanized care, promoting “the link between outpatient care and childbirth”⁽⁸⁾.

Based on these data, the following question arose: how prenatal care implemented in primary care is characterized from the perception of pregnant and postpartum women and health professionals, when considering the recommendations of women’s health public policies? Based on this question, we aimed to carry out an integrative literature review with the purpose of analyzing evidence on prenatal care implemented in primary care, focusing on the perception of pregnant and postpartum women and health professionals, and its relationship with women’s health public policies.

METHODS

This is an integrative literature review⁽⁹⁾ conducted in the period from May to July 2012.

This integrative review involved the following steps: defining the guiding question (problem) and research objectives; establishing the criteria for inclusion and exclusion of published articles (sample selection); literature search; analysis and categorization of studies, presentation and discussion of results⁽⁹⁾.

We conducted a search for articles indexed in BDNF, LILACS and SciELO databases using the descriptors “prenatal care”, “primary care”, “public health policies” and “women’s comprehensive health care”, which were combined using the Boolean operator “and”. We chose databases that include literature published in Latin America and the Caribbean, as well as Brazilian technical and scientific references published from 2004 to 2013 in English and Spanish. We choose the aforementioned period because 2004 was the year of publication of PNAISM, and in 2013 was the year with the last published studies.

Inclusion criteria were: research articles addressing prenatal care, women’s health public policies, as well as the perception of prenatal care from the point of view of pregnant and postpartum women and health professionals, published in Portuguese and Spanish, articles format. We excluded articles that were not published full-text.

To facilitate the selection, categorization of information and analysis of the studies, we developed an instrument consisting of the following items: author, year, setting, studied phenomenon, study population, and result. The selected articles were read thoroughly and the information obtained was presented in a table and analyzed in the light of the MS policies and programs on prenatal care, resulting in three themes: prenatal care profile, perception of pregnant and postpartum women regarding prenatal care, and meanings attributed by nurses to prenatal care.

RESULTS

The database search found 57 articles in SciELO, 325 in LILACS and 193 in BDNF. After reading the abstracts, we selected 22 articles from SciELO, 76 from LILACS and 53 from BDNF.

Following this process, the study sample included 19 articles that met the inclusion criteria established (Figure 1) and that presented information on the author, objective, population and main results on prenatal care profile (Chart I); perception of pregnant and postpartum women regarding prenatal care (Chart II); and the perception and performance of the nurse regarding prenatal care (Chart III).

Regarding the methodology used, 15 studies were qualitative and four were quantitative. Regarding the setting and authorship, four studies were conducted in São Paulo, five in Rio de Janeiro, four in Rio Grande do Sul, two in Pernambuco, one in Natal, one in Ceará, and two in Minas Gerais; all of them were published in the period from 2004 to 2013.

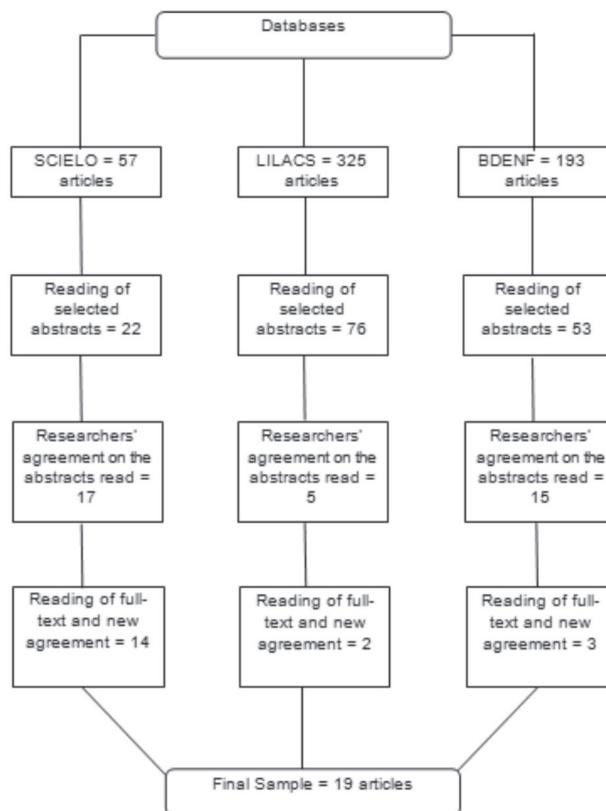


Figure 1 - Flowchart describing the search for articles in the databases. Fortaleza, CE, 2012.

Chart I - Description of articles addressing prenatal care profile, according to author, population, research objective and main results. Fortaleza, CE, 2012.

AUTHOR	POPULATION	OBJECTIVE	MAIN RESULTS
Oliveira, 2010 ⁽¹⁰⁾	Newborns	Identify the effect of teenage pregnancy on fetal mortality.	Teenage pregnancy had a direct effect on postneonatal death.
Lago, 2010 ⁽¹¹⁾	Pregnant and postpartum women	The previous presentation of a flowchart for structuring a system of care in health care systems.	The study presents care management tools that can be used at each moment of the care process.
Reberte, 2010 ⁽¹²⁾	Eight pregnant women and four husbands	Describe the experience of fathers participating in a health education group in a prenatal care service.	The participation of the father in prenatal educational activities provides benefits to himself and, consequently, to his family and the society.
Morimura, 2006 ⁽¹³⁾	400 postpartum women	Estimate the prevalence of anti-HIV testing during prenatal care.	The number of consultations, the number of professionals who assisted the woman during prenatal care, and education were associated with anti-HIV testing.
Calderon, 2006 ⁽¹⁴⁾	Review study	Analyze effective interventions in prenatal care.	Maternal health promotion, risk prevention and guarantee of nutritional support during pregnancy.
Minagawa, 2006 ⁽¹⁵⁾	101 children	Verify how birth weight relates to maternal conditions.	Attending prenatal care reduced the occurrence of low birth weight.
Spindola, 2006 ⁽¹⁶⁾	118 women	Identify users and develop their epidemiological profile.	Most women started prenatal care when they were 14-17 weeks pregnant, had previous vaginal births and did not report any complaints in the first consultation.

Chart II - Description of articles addressing the perception of pregnant and postpartum women regarding prenatal care, according to author, population, research objective and main results. Fortaleza, CE, 2012.

AUTHOR	POPULATION	OBJECTIVE	MAIN RESULTS
Figueiredo, 2008 ⁽¹⁷⁾	Pregnant women	Analyze the access to prenatal care from the view of pregnant women attending primary care centers (<i>Unidade Básica de Saúde – UBS</i>).	Changes in some aspects of the service in order to adapt them to the real needs of users and improve the bond with professionals.
Paula, 2008 ⁽¹⁸⁾	Pregnant women	Analyze prenatal care in UBS.	Only one of the pregnant interviewees reported having all the exams and vaccinations recommended by the Prenatal and Birth Humanization Program (<i>Programa de Humanização no Pré-Natal e Nascimento</i>).
Bueno, 2011 ⁽¹⁹⁾	262 pregnant women	Assess the difficulties in the care of pregnant women with toxoplasmosis diagnosis.	The average waiting time for blood collection for serologic testing during prenatal was 113.4 days. The average waiting time for referral was 52.1 days, and for initiation of treatment was 160.6 days.
Vargas, 2010 ⁽²⁰⁾	Tem postpartum women	Investigate the perception of postpartum women regarding their participation in groups for pregnant women.	There is a lack of planned and structured actions in the UBS to put into practice educational and strategic actions for the development of groups for pregnant women.
Batistella, 2006 ⁽²¹⁾	200 pregnant women	Identify the knowledge of pregnant women regarding prenatal dental care.	Regarding information about oral health, the majority of interviewees did not have access to information; therefore, they did not present any knowledge about it.
Dióz, 2006 ⁽²²⁾	Pregnant women	Know the evaluation of prenatal care from the view of pregnant women.	Pregnant women expected both their organic problems and those related to their female condition were considered during prenatal care.
Cavalcanti, 2006 ⁽²³⁾	Postpartum women	Identify satisfaction factors of postpartum women regarding prenatal care.	There was a direct relationship between postpartum women who reported being very satisfied with the information received and the satisfaction with prenatal care.

Chart III - Description of articles addressing the perception and performance of the nurse regarding prenatal care, according to author, research objective, population and main results. Fortaleza, CE, 2012.

AUTHOR	POPULATION	OBJECTIVE	MAIN RESULTS
Narchi, 2010 ⁽²⁴⁾	131 nurses	Analyze the exercise of nurses' competences in prenatal care.	Nurses did not exercise competences essential for a quality prenatal care due to personal and institutional barriers they face at work.
Garcia, 2010 ⁽²⁵⁾	Obstetric nurse	Identify the nurse performance regarding women's health in primary care.	The work of nurses, conducting low-risk prenatal consultations in the primary care network, is legally and ethically protected and provides real benefits to users.
Valença, 2010 ⁽²⁶⁾	18 nurses	Understand nurses' prenatal actions for the prevention of postpartum depression.	Nursing interventions during prenatal care can favor overall well-being of the woman, the unborn child and the family, contributing to the prevention of postpartum depression.
Nery, 2006 ⁽²⁷⁾	12 nurses	Identify the actions developed by the nurse during prenatal consultation.	The nurse aims at the health of the mother-child binomial, exclusively addressing issues related to the fact of being pregnant rather than addressing issues related to being woman.
Duarte, 2006 ⁽²⁸⁾	Nurses	Describe the actions of nurses in prenatal care.	Promotes the interaction and the bond with pregnant women and the adherence to prenatal care.

DISCUSSION

Prenatal care profile

After analyzing the articles, we found that seven studies pointed to the characterization and profile of prenatal care as well as its relationship to reducing maternal mortality.

In the Brazilian scenario, the concern for maternal and child health dates back to the 1940s, with the creation of the National Department of Childhood (*Departamento Nacional da Criança*), which emphasized not only child care but also maternal care in terms of pregnancy and breastfeeding⁽⁵⁾.

The profile of prenatal care has as its fundamental principle the user embracement from beginning to end of pregnancy, ensuring the birth of a healthy child and the maternal and child well-being⁽²⁹⁾.

The epidemiological profile of women attending prenatal consultations in a university hospital was investigated using 118 records dating from January to June 2003. It was found that the majority of deaths directly related to reproductive function was due to hypertension in pregnancy, complications during labor, hemorrhage, and postpartum infection⁽¹⁶⁾.

Noteworthy is the Prenatal and Birth Humanization Program (*Programa de Humanização no Pré-Natal e*

Nascimento) in SUS, published in 2002 by the MS, which since 2001 has developed training programs for humanized care during labor/birth dedicated to healthcare professionals, instituting a specialization program in obstetric nursing⁽³⁰⁾.

However, evidence suggests that low birth weight is not associated with maternal work nor with prenatal care, but with the following variables: weight gain during pregnancy of less than seven kilograms, age under 20 years and partner's absence⁽³¹⁾. The variable "birth weight gain of less than seven kilograms" elucidates the recommendation of the MS with the publication of the "Prenatal and Postpartum Manual": a qualified and humanized care ("Manual do Pré-Natal e Puerpério": *atenção qualificada e humanizada*), ensuring that prenatal care is carried out in accordance with established parameters, among which stand out the assessment of nutritional status of pregnant women and its monitoring through the Nutritional Surveillance Information System (*Sistema de Informação em Vigilância Nutricional - SISVAN*); prevention and treatment of nutritional disorders⁽²⁹⁾.

Given the occurrence of maternal mortality, prenatal care cannot predict the main labor complications in most women, such as hemorrhage, sepsis, and labor obstructions. However, effective interventions during pregnancy can favor maternal prognosis⁽¹⁴⁾.

According to the MS, women should attend at least six prenatal consultations and one postpartum consultation; the first consultation should happen until the 16th week of pregnancy, and, in the absence of risk, prenatal care should follow the recommendations for primary care in prenatal care⁽²⁹⁾.

Based on the aforementioned study, it is important to require and perform the essential tests during prenatal care, such as anti-HIV testing, which should be held in the first and third trimesters of pregnancy. Research showed the prevalence of testing in prenatal care, showing that the number of consultations in prenatal care, the number of professionals providing prenatal care, and education were significantly associated with the completion of anti-HIV testing⁽¹³⁾.

Perception of pregnant and postpartum women regarding prenatal care

In this category, we identified seven studies conducted in different regions of the country that mentioned the perception of pregnant and postpartum women regarding prenatal care and were discussed based on the MS recommendations. Based on these recommendations, they analyzed the access of pregnant women to prenatal care, the perception of pregnant and postpartum women, the knowledge regarding dental care, the information about breastfeeding, and the participation of fathers in educational groups held during prenatal care.

Research conducted in the city of Porto Alegre to analyze the access to prenatal care in primary care (*Atenção Básica - AB*) from the perspective of 14 pregnant women attending a Primary Care Center (*Unidade Básica de Saúde--UBS*) has evidenced two forms of access to care: one through emergency medical services and the other through scheduled appointment. However, the study highlights access difficulties that mothers face in establishing this first contact. It was noted the importance of the care provided by the multidisciplinary team in order to meet the principle of comprehensiveness. However, obstacles were observed in relation to the organization of the AB, which can make it difficult to provide care for pregnant women⁽¹⁷⁾.

In the state of Rio Grande do Sul, a study conducted with eight postpartum women to know their perception regarding prenatal care service showed that there is a need to reorganize the prenatal and birth care service, under the logic of the longitudinality of care in both public and private services; additionally, there is a need for intersectoral actions agreement on the ways of promoting women's health and fostering the development of more equitable and positive public policies from the perspective of comprehensive care⁽³²⁾.

As for the difficulties in the access of pregnant women, research points to the relationships established between the healthcare team and users, the critical problems, and the dialogic noise presented in the prenatal process, such as the reduced number of pap smear tests performed and the inexistence of educational activities. However, it was verified a degree of problem-solving regarding the care for pregnant women, given that a large number of women were satisfied with the consultations held by doctors and nurses⁽³³⁾.

In Viçosa, MG, 44% of pregnant women had attended three prenatal consultations or less, only one of the women reported having all examinations and vaccinations recommended by the Prenatal and Birth Humanization Program (*Programa de Humanização no Pré-Natal e Nascimento*), and there was a lack of pregnant women's awareness of their rights and the possible ways to ensure adequate health monitoring at this stage of life⁽³⁴⁾.

As for dental care, in the city of Santa Maria, RS, it became clear that most of the respondents did not receive information on oral health and the pregnant women who attended private clinics had made greater use of vitamins and obtained further guidance on breastfeeding when compared to pregnant women receiving care from SUS; this finding highlights the need for more dental and speech-language care for pregnant women in order to provide holistic care to the mother-child binomial⁽²⁴⁾.

The coherence that guides the use of the public system by users is related to the quality care and the relationship established with health professionals on the basis of affection^(35,13). From the perspective of 215 women hospitalized in the obstetrics hospitalization sector of the Maternal and Child Health Unit University Hospital (*Hospital Universitário Unidade Materno Infantil - HUUMI*), the factor that interferes with the satisfaction and/or dissatisfaction of postpartum women was the paucity of prenatal care services to effectively meet the demand and hence encourage the migration of users from one unit to another, resulting in a demand higher than the expected⁽¹³⁾.

Literature data showed that there is an active participation of fathers in the breastfeeding process, and that health services should establish clear goals, establishing a health team training policy as the standard of quality of care provided to women, children and father^(12,18).

Meanings attributed by nurses to prenatal care

In this category, we identified five studies conducted in different regions of the country that mentioned the perceptions of nurses regarding prenatal care.

According to the guidelines of the Prenatal and Postpartum Technical Manual (*Manual Técnico do Pré-*

Natal e Puerpério), quality and humanized prenatal and postpartum care consists of a set of actions aimed at the user embracement without unnecessary interventions, the easy access to quality health services, with actions at all levels of care - health promotion, prevention and care for the pregnant woman and the newborn - ranging from basic outpatient care to high-risk hospital care⁽³⁾.

Given these recommendations, we sought to analyze how prenatal care is characterized, based on the perception of nurses, through the results of studies that addressed: the role of nurses in nursing consultations during the prenatal period, the role of obstetrics nursing in low-risk prenatal and prenatal care^(31,27).

A study highlights the users' interest in acquiring new knowledge and the performance of consultations to monitor the pregnancy, as well as the possibilities and limitations for improving the health care provided⁽³²⁾.

The nurse seeks to contribute to a pleasurable pregnancy without complications and a healthy childbirth by focusing his/her work on the health of the mother-child binomial⁽²⁷⁾. Noteworthy are the benefits to the health of pregnant women resulting from their interest in promoting their quality of life by attending consultations, and that professionals are prepared and available to adopt beneficial behaviors towards the health of pregnant women^(32,27).

It is noteworthy that such actions are in line with what is recommended by the Prenatal Care Technical Manual (*Manual Técnico de Assistência Pré-Natal*) of the Ministry of Health, which establishes that women who have access to health services should be informed about programs, lectures and activities, as well as guidance regarding the exercise of sexuality, reproductive physiology, regulation of fertility and risks of abortion, prevention of STDs, cervical and breast cancer, and healthier hygiene and dietary habits⁽³⁾.

The achievements of the university extension project titled "Obstetrics nursing in low-risk prenatal care" (*Enfermagem obstétrica no atendimento pré-natal de baixo risco*) should be highlighted, given that it emphasized the relationship with public health and education policies and their repercussions at the School of Nursing/ UERJ, verifying that teachers managed to find an appropriate space to promote educational/care actions tailored to the social reality of users and the professional habits of obstetric nurses; additionally, it implemented the guidelines of the Women's Comprehensive Health Care Program (*Programa de Assistência Integral à Saúde da Mulher*)⁽²⁵⁾.

Certainly, the work of obstetric nurses in prenatal care offers a quality care that ensures women's rights, for it is known that the nursing consultation in primary care network is currently performed in accordance with the

guide established by the MS, guaranteed by the Professional Practice Law (*Lei do Exercício Profissional*) and the Decree No. 94,406/87. Low-risk prenatal period can be fully monitored by the nurse⁽³⁾.

CONCLUSION

Scientific evidence on the prenatal care implemented in primary care point to an association with women's health public policies. Regarding the profile of prenatal care, it was found that the specific monitoring of pregnancy ensures the quality of childbirth and postpartum care and the reduction of maternal and infant mortality. The literature indicates that most of pregnancy problems can be prevented, such as gestational hypertension, labor complications, hemorrhage, and postpartum infection.

Perceptions of pregnant and postpartum women regarding prenatal care in Brazil was related to the access to prenatal care through emergency medical services or scheduled appointment; the incipient guidance on dental care; the importance of breastfeeding and the low participation of fathers in health education groups.

The meaning attributed to prenatal care by nurses is consistent with the actions proposed by the MS policies and programs, which is reflected in the development of good prenatal care practices, favoring a pregnancy without complications and a healthy childbirth. Nurses seek to promote the quality of life of pregnant women advising them about sexuality, reproductive physiology, fertility regulation, sexually transmitted diseases, good hygiene and dietary habits.

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