



THE EMBRACEMENT PRACTICE IN PRENATAL CARE: LIMITS, POTENTIALITIES AND CONTRIBUTIONS OF NURSING*

PRÁTICA DO ACOLHIMENTO NA ASSISTÊNCIA PRÉ-NATAL: LIMITES, POTENCIALIDADES E CONTRIBUIÇÕES DA ENFERMAGEM

PRÁCTICA DEL ACOGIMIENTO EN LA ATENCIÓN PRENATAL: LÍMITES, POSIBILIDADES Y CONTRIBUCIONES DE LA ENFERMERÍA

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This study aims to analyze the practice of embracement in prenatal care, highlighting their limits and potentialities, and the contributions of nursing to its incorporation in the attention to pregnant women. This is a narrative review with search of scientific or institutional materials indexed in databases of electronic media, published from 2000 to 2010, using the subject descriptors and/or words, resulting in 32 productions. Data organization was performed, and then the content analysis, identifying four thematic categories. This study reinforced that the practice of embracement is a strategy that provides quality care during prenatal and in the relationship between the pregnant woman and the health professional. Despite the difficulties in its implementation, the practice of embracement in prenatal care may contribute to a favorable pregnancy outcome. The practice of embracement is consistent with the object of nursing care and therefore may potentiate it.

Descriptors: User Embracement; Prenatal Care; Pregnancy; Health Services; Nursing.

Este estudo tem como objetivo analisar a prática do acolhimento na assistência pré-natal, destacando seus limites e potencialidades, e, as contribuições da enfermagem para a sua incorporação na atenção às gestantes. Trata-se de uma revisão narrativa, com busca de produções científicas ou materiais institucionais indexados nas bases de dados de suporte eletrônico, publicadas no período de 2000 a 2010, utilizando os descritores de assunto e/ou palavras, resultando em 32 produções. Foi realizada organização dos dados e, após análise de conteúdo, identificaram-se quatro categorias temáticas. Este estudo reforçou que a prática do acolhimento é uma estratégia que propicia qualidade ao atendimento no pré-natal e na relação entre a gestante e o profissional de saúde. Apesar das dificuldades para a sua implantação, a prática do acolhimento no pré-natal pode contribuir para o desfecho favorável da gestação. A prática do acolhimento coaduna-se com o objeto da Enfermagem, o cuidado, portanto, podendo, potencializá-lo.

Descritores: Acolhimento; Cuidado Pré-Natal; Gravidez; Serviços de Saúde; Enfermagem.

El objetivo fue analizar la práctica del acogimiento en la atención prenatal, destacando sus límites y posibilidades y las contribuciones de la enfermería para su incorporación en la atención a las embarazadas. Revisión narrativa, con búsqueda de producciones científicas o materiales institucionales indexadas en las bases de datos de soporte electrónico, publicado en el período de 2000 a 2010, utilizando los descriptores de asunto o palabras, resultando en 32 producciones. Fue llevada a cabo organización de datos y, después de análisis de contenido, se identificaron cuatro categorías temáticas. Este estudio destacó que la práctica del acogimiento es una estrategia que proporciona calidad en la atención prenatal. A pesar de las dificultades en su aplicación, la práctica del acogimiento en el prenatal puede contribuir para el resultado favorable del embarazo. Práctica del acogimiento está en consonancia con el objeto de cuidados, por lo tanto se puede potencializar.

Descritores: Acogimiento; Atención Prenatal; Embarazo; Servicios de Salud; Enfermería.

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INTRODUCTION

Embracement, in the health context, translates as a set of actions to improve service and increase the specificity in a given situation faced by the patient. The act of embracing is intrinsically linked to the attitude of listening carefully to the patient and recognizing him as a whole, emphasizing the biopsychosocial aspects^(1,2).

In this perspective, embracement does not require technological advances or improvements in health practices, but it requires attitudes based on social and humanitarian values. In the case of pre-natal care, it aims at the attendance to the pregnant women in a holistic way, overcoming the fragmentation of health actions⁽²⁻³⁾.

The woman, until the mid-twentieth century had her birth assisted by midwives in the home environment. However, since then, childbirth has been institutionalized. So, the woman started to be assisted in hospitals by health professionals, more specifically, by the doctor. Subsequently, one observed the importance of following the development of the whole pregnancy, and then one started the organization of prenatal care⁽⁴⁾.

In this context, the Ministry of Health has proposed several programs aimed at improving the health of women in the process of pregnancy, childbirth and postpartum. In 1980 one implemented the Program for Integrated Women's Health (PIWH)⁽⁵⁾ and later, in 2000, the Program for Humanization of Prenatal and Birth (PHPB), which had as one of its foundations the humanization of obstetric and neonatal care, a guaranteed minimum number of consultations, the proper and humane care during childbirth, considering that these are important conditions for quality care⁽⁶⁾.

More recently, the introduction by the Ministry of Health, of the Stork Network, with ordinance No. 1459, from June 24 2011, brought up the discussion of the model of care in this field of practice and knowledge, as well as the importance of implementing actions that

articulate points of attention, such as primary health care services, which perform the prenatal care, and the hospital, where most of the births happen⁽⁷⁾.

Regarding the improvement of the quality in prenatal care, one also observed the use of institutional protocols with proposals of organization of care for pregnant and postpartum women, aiming to standardize behaviors and promote safe care to this group. The design and implementation of these protocols, although do not guarantee the practice of Embracement, indicate that managers and professionals recognize the importance of the classification of prenatal care, based on the creation of bonds between the professionals and pregnant women, in particular regarding its relevance as a strategy of adherence to prenatal care⁽⁴⁾.

Thus, one conducted this narrative review based on the following question: How is the practice of embracement used in prenatal care, considering limits and potentialities and the possible contributions of nursing to incorporate this practice in the care to pregnant women?

This way, the objective of this study was to synthesize the practice of embracement in prenatal care, highlighting its limits and potentialities as well as the possible contribution of nursing to incorporate this practice in the care to pregnant women.

With this study, one aims to contribute and give visibility to the practice of embracement, understanding the practical difficulties and potentialities of its incorporation by professionals and health services and highlight the contributions of nursing for its use.

METHOD

This study consists of a narrative review aimed at synthesizing the practice of embracement in prenatal care, highlighting their limitations and potentialities and the possible contributions of nursing for the

incorporation of this practice in the care for pregnant women.

A narrative review was used as a method because it allows contextualizing and discussing the topic, through the search of publications in books, articles, proceedings, and other sources that constitute the scientific databases. It does not necessarily imply the use of systematic methods; it focuses specifically on the development of the "state of the art" of a certain subject, under critical analysis of the author(s). Thus, it is possible to aggregate results of various studies, facilitating the readers' updating⁽⁸⁾.

In this type of review one discusses the "state of the art" of a certain topic, from the theoretical or contextual point of view. Therefore, there is no need to list the sources of information used, the methodology, the criteria used for evaluation and selection of the documents. The potentiality of this type of study is on the critical analysis of the author about the knowledge systematized and disseminated through books, printed and/or electronic magazine articles, academic productions, among others⁽⁸⁾.

For the elaboration of this study, one chose to develop it in phases. In the first phase one sought to identify the material of interest. Therefore, one delimited the databases, composed by scientific productions and institutional manuals published in the Virtual Health Library (VHL), in Lilacs databases (Latin American Literature in Health Sciences) and Scielo (*Scientific Electronic Library Online*), one also used the virtual library of theses and dissertations of the Universidade de São Paulo (USP).

In the second phase one looked for scientific productions of interest. As a search strategy one used the following subject descriptors and/or words: "embrace" or "women's health" or "Prenatal" or "Prenatal care" or "pregnancy" or "Nursing" or "Health service". The search was conducted in the period from June to July 2012, having as inclusion criteria of the

production the availability of the full text in Portuguese and temporal delimitation from 2000 to 2010.

In the third phase, one conducted the reading of the material selected, based on an information form prepared by the authors for each production or institutional material, allowing the data organization, considering the variables: database; year of publication; type of production and object, according to the authors' analysis. After that, one conducted the selection of the following productions: 34 scientific articles, being 14 articles indexed at Lilacs, 18 at SciELO, one at Google Scholar, and found through reverse search, that is, from the references of selected articles, in order to identify articles not found initially. In the virtual theses and dissertations library at USP one selected 16 theses and 21 dissertations, totaling 71 productions. After new reading of the productions, when one considered the correspondence between the object of production *versus* the object of study, one identified the final sample, composed by 25 articles, three theses, one dissertation and three manuals, resulting in 32 productions.

In the fourth phase one performed the analysis of these productions, based on content analysis⁽⁹⁾, applying the rule of relevance, that is, the adequacy of the material and its correspondence with the goal that raises their analysis, based on the cropping of themes defined before: Embrace and prenatal care; Embrace: limits and potentialities; Embrace: contributions of nursing in pregnant women's care. Thus, one identified the core meaning of each category. Then after applying the rule of exclusivity and the reorganization of the units of meaning, one performed the delimitation of thematic categories.

RESULTS AND DISCUSSION

The thematic content analysis allowed the construction of four thematic categories: a) Embrace as a strategy to create a bond between the mother and the health care team; b) Embrace

and the experience of pregnant women in prenatal c) the practice of embracement by the professionals and health services: difficulties and limitations, and, d) the potentiality of nursing care in the practice of prenatal care, discussed below.

Embracement as a strategy to create a bond between the pregnant woman and the health team

One understands as embracement listening to the user in a qualified way, providing a positive and resolving response about the complaint. This practice involves the reorganization of the health service assuming the guarantee of universal access, resolution, humanized attendance and the creation of the bond professional-user⁽¹⁰⁾.

Thus, embracement is guided by certain principles of great importance to the provision of health care, namely: ensuring access to all the people who seek the service, the professional's ability to listen and to solve the problems and grievances of the population; the reorganization of the work process, so that the model does not remain centered on the practice of medical care, giving value to the multidisciplinary work, and the establishment of a humanitarian relationship of all the people who work in the health area with the user⁽¹⁰⁾.

The work process in line with the proposal of the embracement practice, transforms the environment of care, so that the professional and the user, in this case the pregnant woman, benefit from it⁽³⁾. Together, they seek solutions to the problems presented considering the complaints and the service organization. In this context, one uses a light technology, defined as the relationship, the bond, the subjectivity and the embracement technology, characterized by the autonomy and freedom in the execution of work. The insertion of the embracement practice in the work process changes the focus of the service model centered

on the person of the doctor and starts to have embracement as the main point of care for the users⁽¹⁰⁾.

The embracement does not require sophisticated equipment, however, it demands that health professionals, especially nurses, are prepared to listen and respect, in all contexts, the users in this delicate moment they are. Embracement is a primary way to humanize the whole process that develops until the outcome of delivery⁽¹¹⁻¹³⁾.

The risk classification, which is a system of dynamic stratification and prioritization of need for care according to the potential of risk, injury or suffering through the evaluation of clinical severity shown, when coupled with embracement, becomes an instrument that increases the resolution of the responses of the health system to the needs of the user, through the ordering and orientation of the assistance in the specific line of care, using the system of reference and counter reference⁽¹⁴⁾. The program called Stork Network, recently proposed by the Ministry of Health recognizes the embracement component with risk rating according to SUS (Unified Health System) as a guideline that strengthens access, timely treatment and comprehensive care⁽¹⁵⁾.

The act of embracement in the health area is, therefore both an ethical/political guideline in the production model of health and an advanced technological tool in the development of listening, guaranteeing the access and the bond formation. Embracement is a tool that allows the identification and this way strengthens the bond. It also allows the analysis of the health process focusing on relationships established by it, which leads to the recognition of the user as an agent of participation in the construction and development process of health⁽³⁾.

Embracement translates as an important strategy in the process that develops between professionals and pregnant women during prenatal care. This proposal is composed by the reception of the users in order to listen

and analyze their situation, aiming to offer appropriate solutions to their specific problems. This is different from other working methods aimed at the recognition of rights and responsibilities determined by service and health models⁽¹⁰⁾.

In prenatal care, embracement is considered one of the main methods of approach between the pregnant woman and the staff. The development of a trusting relationship between the professional and the user can help to lessen the embarrassment and fears that pregnant women might have, clarify all procedures to be performed and the resistance that the pregnant woman has during prenatal consultations^(11,16).

Thus, embracement is seen as responsible for the alliance between professionals and pregnant women, as starting with embracement one provides a degree of confidence between mothers and professionals, favoring a comprehensive and participatory care of the pregnant woman.

Embracement and the experience of pregnant women in prenatal care

Motherhood is treated in an extremely contradictory way by society. It is seen as one of the most important and careful facts, in the moment that a new life is emerging, however many times the assistance offered to pregnant women is neglected. This situation has called attention, because in spite of the technological advances and assistance, recent estimates projected the occurrence of 273,000 maternal deaths worldwide in 2011⁽¹⁷⁾.

The story that every woman brings about her pregnancy should be welcomed and heard in full. Thus, prenatal care becomes a moment when the mother has a chance to solve her doubts and gain knowledge about the subject. In primary care, embracement and humanization are perceived in attitudes and actions that are evident day by day, in the relationship between the professional and the user. Cordiality and respect are

essential so that embracement develops and a bond between these two parties is established⁽¹⁸⁾.

For pregnant women, the presence of someone they trust, like their partner, a relative or even a health professional with whom she has established a bond is important, because it promotes their comfort and well-being during labor. However, in dissonance with this information, in 58.9% of the cities with high priority to the gestational period, this practice does not exist⁽¹²⁾.

Pregnancy is a time of intense changes for women. Not only physiological changes, but also psychological and social ones. The support from both the family and the professional staff is important for the pregnant woman to go through this period in a relatively tranquil and calm way. The absence, either total or partial of this support, can generate a situation of stress, loneliness and insecurity for pregnant women^(19,20).

Much of the negative feelings developed during pregnancy can be overcome with effective and human monitoring from the multidisciplinary team. If such attention is not found in prenatal care, the woman will seek someone she trusts or she thinks that knows about the subject, which can result in disagreement with the information provided by the health professionals during prenatal care⁽²¹⁾.

Health teams should review their attitudes and understand what can be done to improve and expand the appropriate access for all pregnant women. It is shown by the users the desire to be recognized as individuals with their cases and as individuals as users of a service. The unprejudiced and non-judgmental professional behavior is very important for this to happen and to reflect so that pregnancy is seen as a positive and enjoyable experience for the pregnant woman⁽²¹⁾.

The experience of women during pregnancy, childbirth and puerperium can be affected in a negative way, instead of recognizing their needs, when the care provided by the health professionals is interventionist.

The institutional routines commonly hinder humanized care that one aims to achieve, with adverse consequences for the evolution of the whole process and the maternal and fetus well-being⁽²²⁾.

The gestational period presents the duality between happiness and fear. The pregnant woman is an active agent of the whole process, and she also experiences it in her own body. Factors such as a proper planning and the right and clear information coming from the health team are essential for the process to elapse well, so that there are positive interactions between the user and those that permeate and participate in their daily lives⁽²⁰⁾.

Embracement, in the case of prenatal care, is a strategy that facilitates and completely restructures the work of professional nursing. Active listening and posture of acceptance and openness create a positive and comfortable atmosphere for the pregnant women.

The practice of embracement by health professionals and services: difficulties and limits

Considering the fragility and insecurity often presented by the women during pregnancy, health professionals should have an ethical, educational and human behavior and have knowledge about the practices applied during the prenatal period. However studies show the difficulty of professionals to deal with the practice of prenatal consultation. The lack of preparation and technical training of health professionals is recognized as one of the most frequent problems and they exacerbate difficulties in offering the pregnant woman holistic care⁽²²⁾.

It is important to highlight that besides the assistance provided in primary care units, embracement can/should also be offered to this target audience in new areas of assistance, such as the House of Pregnant Women. In accordance with the principle of fairness of the Unified Health System (SUS), based on the humanization of assistance, the Ministry of Health

established in 1998, the Hospital Referral Systems for High-Risk Pregnancy and among the services provided there is the creation of the "House of Pregnant women"⁽²³⁾. In this kind of service, the practice of embracement is also of paramount importance.

Some professionals do not update regularly, resulting in an additional obstacle in attendance. Another aggravating factor is the frequent changing of the professional staff, as it brings some uncertainty to the team that cannot guide properly the pregnant woman and even be afraid to do it. However, only the training of professional staff is not enough to ensure quality care. It is necessary that professionals are motivated to review their conduct and rethink their working methods⁽²¹⁾.

The implementation of practice in primary care presents some difficulties, among them the environment of the health unit where it occurs. One usually uses the nursing management room, examination rooms, vaccination rooms, which eventually become multipurpose rooms. This reality affects the embracement team, due to the constant movement of people in those places, several interruptions and other professionals coming in and out of these rooms, which generates a total lack of privacy for consultations with pregnant women⁽²⁴⁾.

Another aspect that affects embracement directly is the understanding of the concept of this practice by the staff. When they conduct embracement, health professionals perform a screening, evaluating the main complaint, if there is the need for referral to the doctor and if this consultation would be immediate or if it could be set according to the doctor's schedule. Many times, the real meaning of embracement, which is the qualified listening and the resolution in a positive and humane way of the causes presented by the user, is lost in the work process⁽¹⁶⁾.

The implementation of information technology from SUS in the treatment is also a difficulty in the

practice of embracement. If on the one hand technology speeds and improves control over the case and information that can be of great value to the team, on the other hand, makes it difficult for the professional to have a prior notion of the case, distancing him from the patient, decreasing the resolution and the specific attention to each case⁽²⁵⁾.

The non-uniformity of conduct in the health team of the same unit in embracement may also impair the subsequent consultations, including those provided to pregnant women. The differences between the procedures and the guidelines given to this group can generate situations of discomfort and risks⁽²¹⁾.

The potentiality of nursing care in the practice of embracement in prenatal care

The nursing professional, after the implementation of PIWH became more independent to perform procedures such as the completion of low risk prenatal care. Besides being protected by the law of professional practice, which regulates the practice of nursing, the nurse is able to develop activities and procedures established by Public Health Programs, particularly in primary care⁽¹⁹⁾. With the strengthening of public policies, protocols and the implementation of embracement, nurses can and should act directly and continuously in women's health care, especially in prenatal performed predominantly in primary care - Family Health Strategy, favoring the user's adhesion.

The insertion of embracement as a daily practice in health units contributed to changes in the nurse's working routine. Besides practicing embracement, this professional conquered autonomy and space on his work environment, acting in various functions as prescribing medications, ordering tests based on protocols, organizing the nursing staff, aiming to provide more dynamic, comprehensive and resolute care, recognized by the community⁽¹⁰⁾.

Nursing has characteristics that get close to the principles of embracement. Nurses in their training understand care as a basic human need, and important features come from this, as the open listening, without prejudice, always seeking a better solving for the stated problem; sensitivity to understand the other, good communication and argumentation; an open dialogue favoring the creation of a bond between professionals and users.

Nurses' role during the prenatal actions is one of the most valued in primary care. During this process, nurses use the sensitivity to facilitate a rapprochement with the user, being necessary to know the woman, creating a bond⁽²⁶⁾.

Besides the technical knowledge required from the professional, sensitivity and active listening are two important tools for the work of nursing consultation. The nursing consultation should be seen as an embracement space and that allows the user to develop relationships of trust with the professional^(19,20). The nursing professional is able to create an environment that is open to meet the needs identified by pregnant women. That environment provides full communication between these parties, allowing the whole pregnancy to go on until the moment of childbirth as calmly as possible⁽²⁶⁾,

During the prenatal consultation nursing starts to clarify doubts and complaints, and besides sharing knowledge and starting the process of the mother's education. Information is provided for the purpose of promotion and prevention regarding breastfeeding, vaccinations, body care (hygiene, nutrition, sleep/rest), and solving doubts, expressing feelings and experiences of pregnant women⁽¹⁹⁻²⁰⁾.

One can conclude that, besides all the subjective care that nursing offers in accordance with embracement, nursing professionals are trained to conduct a comprehensive care aimed at the physiological and pathological aspects. And through this knowledge, they can provide an effective and

comprehensive care to pregnant women, ensuring autonomy, influence and leadership to the pregnant women and their families.

Due to this autonomy and this bond created by nurses with the pregnant woman who, often comes to the health service for the first time, starts to trust the professional and often returns to the health unit, encouraging health promotion not only for the pregnant woman, but for her entire family.

FINAL CONSIDERATIONS

When prenatal care is offered in a systematized, coordinated and resolute way, ensuring the principles of integrity, humanization and in accordance with the care protocols, it reduces maternal and neonatal morbidity and mortality significantly.

Embracement allows the reconstruction of the work process in a way that it promotes comfort and safety to the user, creating a human and embracing environment to the pregnant woman. The main contribution generated by embracement is the creation of a bond between the mother and the multidisciplinary team of the health service. The existence of such a relationship allows prenatal to happen in a safe and problem-solving way for the pregnant woman.

The nursing consultation is an appropriate space for the development of care in the assistance to women receiving prenatal, although there are difficulties in the implementation and recognition of this intervention, with obstacles that originate from the management of the health service, the organization of the working process and even professional training and community recognition.

Nursing has characteristics linked to the practice of embracement, which facilitates its adherence to this guideline of the National Humanization Program. The subjective aspects that nursing professionals develop during their training such as communication skills and sensitivity complement and reinforce the bonds, and the

technical expertise enables the horizontal interaction with pregnant women.

By adopting embracement as a professional attitude, the nurse starts to see the pregnant woman individually in her context. Listening and care plans will encourage reflection on their complaints, not seeing only a specific problem, strengthening the professional's autonomy and the comprehensive care to women.

The improvement of care is visible when mediated by embracement. Besides creating a bond between this user and the health center, it allows the optimization of prenatal services respecting the needs of pregnant women and ensuring a quality service that will be continued in the postpartum period.

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