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THE COMPETENCE OF THE NURSE IN PRENATAL CARE FROM THE PERSPECTIVE OF PREGNANT WOMEN

A COMPETÊNCIA DA ENFERMEIRA NO CUIDADO PRÉ-NATAL SOB A ÓTICA DE GESTANTES

LA COMPETENCIA DE LA ENFERMERA EN EL CUIDADO PRENATAL BAJO LA ÓPTICA DE GESTANTES

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Objective: to apprehend the competence of the nurse in prenatal care from the perspective of pregnant women and describe the care received from the perspective of the obstetric nurse's competence based on the document of the International Confederation of Midwives (ICM). Method: qualitative, descriptive research, conducted through semi-structured interview with 27 pregnant women, analyzed based on the steps suggested by Creswell and support of the software *Iramuteq*®. Results: the care performed during prenatal care from the perspective of pregnant women was framed in attitudes and skills of the nurse in prenatal care in the context of the competences defined by the ICM document, mostly present as bonding, embracement and active listening. Final considerations: the relevant aspects of the consultation performed by the nurse are sometimes overshadowed by the hegemony of the biomedical model. The training and continuous development of competence, for an individualized practice, strengthen and allow advances in comprehensive care and visibility of the profession.

Descriptors: Prenatal care. Nurse. Nursing care. Primary Health Care. Professional competence.

Objetivo: apreender a competência da enfermeira no cuidado pré-natal sob a ótica de gestantes e descrever os cuidados recebidos na perspectiva da competência da enfermeira obstetra com base no documento do International Confederation of Midwives (ICM). Método: pesquisa qualitativa, descritiva, realizada mediante entrevista semiestruturada com 27 gestantes, analisadas com base nos passos sugeridos por Creswell e apoio do software Iramuteq®. Resultados: os cuidados realizados durante o pré-natal pela ótica das gestantes se enquadraram em atitudes e habilidades da enfermeira no pré-natal no contexto das competências definidas pelo documento do ICM, majoritariamente presentes como vínculo, acolhimento e escuta ativa. Considerações finais: os aspectos relevantes

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da consulta realizada pela enfermeira são, por vezes, ofuscados pela hegemonia do modelo biomédico. A formação e o contínuo desenvolvimento de competência, para uma prática individualizada, fortalecem e permitem avanços na integralidade do cuidado e visibilidade da profissão.

Descritores: Pré-natal. Enfermeira. Cuidado de enfermagem. Atenção Primária à Saúde. Competência profissional.

Objetivo: comprender la competencia de la enfermera en el cuidado prenatal bajo la óptica de gestantes y describir los cuidados recibidos en la perspectiva de la competencia de la enfermera obstetra con base en el documento del International Confederation of Midwives (ICM). Método: investigación cualitativa, descriptiva, realizada mediante entrevista semiestructurada con 27 gestantes, analizadas con base en los pasos sugeridos por Creswell y apoyo del software Iramuteq®. Resultados: los cuidados realizados durante el pre-natal por la óptica de las gestantes se encuadraron en actitudes y habilidades de la enfermera en el pre-natal en el contexto de las competencias definidas por el documento del ICM, mayormente presentes como vínculo, acogida y escucha activa. Consideraciones finales: los aspectos relevantes de la consulta realizada por la enfermera son, a veces, ofuscados por la hegemonía del modelo biomédico. La formación y el continuo desarrollo de competencia, para una práctica individualizada, fortalecen y permiten avances en la integralidad del cuidado y visibilidad de la profesión.

Descriptores: Prenatal. Enfermera. Cuidado de enfermería. Atención Primaria de Salud. Competencia profesional.

Introduction

Prenatal care aims to ensure healthy gestational development, with minimal impact on maternal and fetal health. Attention to risk situations, integration of points in the care network and qualification of care are crucial factors for reducing maternal and child morbidity and mortality [1].

The care centered on pregnant women, integrating each link of care, aims to provide integrated and effective clinical practices with essential information, professionals qualified with a cohesive health system, as well as emotional and psychosocial support [2].

The qualification is focused on many strategies to improve health care, but the practice reveals weaknesses, focusing on protocol activities, such as compliance with rapid tests, requests for tests, obstetric physical examination and notes in the Pregnant Woman's Booklet [3-4]. Such activities in relation to conducting prenatal care are essential, but other aspects should be emphasized in prenatal care, such as active and qualified listening and health promotion actions focused on education, both in group and individual modalities [1].

The role of the nurse becomes imperative in this scenario, in view of the attributions of the category, such as the bond of the pregnant woman to prenatal care, active and qualified listening, carrying out consultations interspersed with the medical professional, request for complementary rapid tests, prescription of standardized drugs, health education, identification of warning signs and home visit [1].

It should be noted that the Federal Nursing Council (COFEN – Conselho Federal de Enfermagem) regulates the role of nurses in the field of care during prenatal, childbirth and birth care [5]. The practice has repercussions in the prevention process of maternal and fetal morbidity and mortality, through professional autonomy in prenatal care and identification of possible complications [6].

Regarding the competence of the nurse for prenatal care, the main differentials of action in nursing consultation refer to the creation and strengthening of bonds, active listening and health education. Some mishaps limit the performance in this context, due to the accumulation of activities, exhaustive work, need for reorganization of the work process and hegemony of the biomedical model [7]. Given the activities to be developed, it is essential to understand the concept of competence. Therefore, competence means acting in order to mobilize knowledge effectively in each

experience, encouraging knowledge previously acquired [8].

In the specificity of prenatal care, the base were the essential skills for the practice of obstetrics of ICM, which consists of a document that brings the competence to be developed by the obstetric nurse through minimum set of knowledge, skills and attitudes to professional practice. It also includes general skills in the area, prenatal and reproductive planning, care during labor and delivery, continuous care of women and newborns [9].

Concerning the visibility given to the user, studies emphasize that pregnant women value the care and embracement of the nurse during the prenatal consultation. Such care favors the bond between nurse and pregnant woman, providing support, active listening, empathy and sharing of female gender predominant in the category [10].

The knowledge of prenatal experiences and expectations from the perspective of the pregnant woman, in order to identify factors that serve as a subsidy for improvement of care, are paramount to the user-centered practice [3]. We can identify factors related to care that allow us to reflect nursing practice with competence for quality care.

Thus, nursing care competently becomes imperative for qualification of prenatal care, given the possibilities of the nurse's performance for a practice focused on the singularity of the pregnant woman. Knowing the experiences and expectations of the pregnant woman in this context allows to understand the care from the user's perspective, serving as a subsidy to reflect on the practice exercised so that the pregnant woman actively participates in the gestational process and receives a comprehensive care that meets her expectations and needs.

According to the problem exposed, the following research question was raised: what is the competence of the nurse in prenatal care from the perspective of the pregnant woman? The present study, therefore, aimed to apprehend the competence of the nurse in prenatal care from the perspective of pregnant women and describe the care received from the perspective of the obstetric nurse's competence based on the ICM document.

Method

This is a qualitative and descriptive research, conducted with pregnant women in prenatal care in Family Health Units (FHU). The study site was a city in the metropolitan region of Curitiba – PR, with the FHU. The participants were pregnant women older than 18 years, in prenatal follow-up with a doctor and/or nurse in the FHU, of any gestational risk, primiparous or multiparous, who were in the second or third trimester of pregnancy. The sample excluded pregnant women in the first trimester of pregnancy and without understanding of the Portuguese language, since the municipality has an ethnic-cultural diversity.

For data collection, contact was made with the Primary Care manager of the FHU to explain the research proposal and know the operation of scheduling prenatal consultations to facilitate the interview process. Subsequently, data collection was decided to start in two FHU for the largest number of registered pregnant women and for the restrictions due to the pandemic. The care due to the pandemic was followed according to Anvisa rules [11].

Previous contact was made with the nurses responsible for the two FHU to confirm the scheduling of prenatal consultations of pregnant women who fit the criteria for inclusion and exclusion of the research. After the consultations, the pregnant women were approached verbally by the researcher, randomly, in which the research proposal was explained and how the data collection would take place.

After agreement and verbal acceptance of the pregnant woman, an Informed Consent Form (ICF) was presented, respecting the ethical aspects of the research, for acceptance and signature, in order to continue the data collection. Then, the interviewee was accommodated in a private office available at the FHU for data collection.

Data collection occurred through a semi-structured interview with a guide script, which allowed to identify the experiences and expectations of the pregnant woman in prenatal care. Twenty-seven interviews were collected from April to May 2021.

The interviews were recorded by the main researcher in the FHU of reference of the pregnant women, with variable duration of six to twenty-six minutes. In order to preserve the anonymity of the participants, these were named with the letter "G" followed by Arabic numerals "1, 2, 3..." consecutively and fully transcribed.

The collections ended in the occurrence of data saturation, since, concomitant to the interviews, the transcription was performed and the information was already saturated. In addition to saturation, to perform the data encoding, through the support of the Iramuteq® software, for optimal data processing, there is a minimum of 20 texts (interviews) [12].

For data analysis, the steps proposed by John Creswell were followed [13]. First, the organization and preparation of the data for analysis was carried out and, subsequently, there were reading and coding of the data, as well as detailed analysis, description of the data, representation of the analysis and interpretation of the analysis [13]. Data encoding was supported by the free software Iramuteq® - Interface de R pourles Analyses Multidimensionnelles de Textes et de Questionnaires, in which the Descending Hierarchical Classification method was used to organize the words into classes according to their significance [12].

From this, the following document identified the competence of the nurse based on the identification of competences in the area of performance of the obstetric nurse: the 2019 document of the ICM entitled "Essential Competencies for Midwifery Practice" [9].

This study is part of Master's research included in a larger project, entitled "The care of women in Primary Health Care based on competence", with approval of the REC 4.075.680 on June 8, 2020. The ethical aspects were respected according to Resolution n. 466, of December 12, 2012 of the National Health Council, which regulates the Guidelines and Ethical Standards of Research involving Human Beings [14].

Results

Regarding the characterization of the participants, the age of 27 ranged from 18 to 40 years, with a predominance of marital status married/stable union (78%), education with complete high school (55.5%) and average family income of one to two minimum wages (67%). The gestational age at the time of the interview ranged from 18 to 41 weeks, with a predominance of multigestational pregnant women (52%), unplanned pregnancies (81%), and the number of consultations ranged from two to 10 consultations, being interspersed between nurse and doctor.

The care and routines received during prenatal consultations, based on the report of the interviewed pregnant women, are presented in Charts 1 and 2. Initially, the competence defined by the ICM is presented, followed by the expected attitudes to this competence and the comparison to the practice of the nurse from the perspective of the pregnant woman, which shows the results consistent with the skills and attitudes of the nurse identified through the speech of pregnant women. Only the competences of the ICM identified according to the speech of pregnant women are listed, thus there are competences of the said document not included in the results.

Chart 1 shows the results regarding general competences, which deal with autonomy and responsibilities as a professional, in relations with women and other caregivers and the care activities applied to all aspects of midwifery practice.

Chart 1 - Identification of the general competences of nursing practice from the perspective of pregnant women, Curitiba, PR, Brazil. (continued)

1.G Enable women's individual choices about care	
Expected attitude Advocate and support women to be the central decision makers in their care; Help women identify their needs, knowledge, skills, feelings and preferences throughout care; Provide information and guidance on sexual and reproductive health; Collaborate with women to develop a comprehensive plan of care that respects their preferences and decisions.	**Practice perceived by the pregnant woman** The results did not show a representative approach for this nurse's action to take place; Fragility was observed in the approach to the population's reproductive health, since the interviewees demonstrated a lack of knowledge on the subject; 81% of unplanned pregnancies, suggestive of poor health education on the subject; There was no phrase representative of the category.
1.H Demonstrate effective interpersonal communication with women, families, health care staff, and community groups	
Expected attitude Listen impartially and empathetically and respect the opinion of others; Promote the expression of diverse opinions and perspectives; Use the woman's preferred language or an interpreter to maximize communication; Establish ethical and cultural boundaries in relations between professionals and non-professionals; Demonstrate cultural sensitivity to women, families and communities, as well as in situations of grief; Facilitate teamwork and interprofessional care with other service providers and community groups/entities; Establish and maintain supportive and collaborative relationships with individuals, agencies and institutions that are part of the reference networks; Transmit information accurately and clearly and respond to the needs of individuals.	**Practice perceived by the pregnant woman** The presence of bonding and active listening was identified through consultations where the nurse shows attention, asks questions, listens and solves doubts; Some interviewees refer to a lack of knowledge about prenatal care as one of the practices of nurses in the service. Example: *I didn't feel comfortable with the nurse, I didn't ask her anything in the first consultation (...) I had many doubts, but none were answered because I wasn't sure I could ask for being a nurse (...) I wanted a doctor consultation to feel more secure, I was afraid to ask the nurse something and she would say something different from the doctor (...) (G13).*
1.I Enable normal delivery processes in institutional and community settings, including homes	
Expected attitude Promote policies and a work culture that value the physiological processes of birth; Use human and clinical resources to provide personalized attention to women and their babies; Provide continuity of care for the woman.	**Practice perceived by the pregnant woman** Absence of groups of pregnant women (pandemic); Pregnant women express the need and willingness to participate in group activities, recognizing their real importance; Fragility in female empowerment, revealing that pregnant women predominantly do not know about the gestational process and birth. Example: *I didn't participate in a group for pregnant women, I think it would be nice to exchange ideas and tips (G21).*

Chart 1 - Identification of the general competences of nursing practice from the perspective of pregnant women, Curitiba, PR, Brazil. (conclusion)

1.J Assess health status, detect risks and promote health well-being of women and babies	
Expected attitude	**Practice perceived by the pregnant woman**
Conduct comprehensive assessment of sexual and reproductive health needs; Assess risk factors and behaviors; Order, perform and interpret laboratory tests and/or diagnostic images; Show critical and clinical reasoning based on scientific evidence to promote health and well-being; Provide health information and advice to the individual circumstances of women and families; Collaborate with women to develop and implement a plan of care.	Risk stratification and referral for appropriate treatment – high risk and/or urgent/emergency unit; Identification of needs and individualized care, identified through results that show the resolution of individualized needs; Conducting a Pap smear examination for cervical cancer; Weakness in the adequate active search for a preventive exam, since several interviewees reported not having performed the exam. Example: *(...)sent me for the Pap smear, I was scared and I didn't do it because I had already undergone the exam before, but now in the pregnancy I was afraid to do it and I didn't tell the nurse (G13).*
1.K Prevent and treat common health problems related to reproduction and early childhood	
Expected attitude	**Practice perceived by the pregnant woman**
Preserve / promote safety and hygiene conditions for women and babies; Use universal precautions; Provide women with options to manage and treat common health problems; Use technology and interventions for health promotion and secondary prevention of complications; Recognize when there is an indication for medical consultation/referral for health problems, including consultation with other midwives and including the woman in decision-making.	Referral with reference/counter-reference to high risk and annotation in the Pregnant Woman's Handbook; Referral to psychology due to anxiety in a pandemic situation; Referral to multidisciplinary team: dentist and nutritionist; Example: *I follow up with a psychologist because of the anxiety, the doctor here referred to high-risk to check this because the medicine for anxiety can affect everything (G11).*
1. L Recognize anomalies and complications and institute appropriate treatment and referral	
Expected attitude	**Practice perceived by the pregnant woman**
Maintain up-to-date knowledge, rescue techniques and equipment to respond to emergencies; Recognize situations that require competence beyond the own; Maintain communication with women about the nature of the problem, actions and referral if indicated; Determine need for intervention; Implement appropriate and timely intervention, interprofessional consultation and/or referral according to local circumstances with accurate verbal and written information to other caregivers when the transfer is made; Collaborate in the decision process.	Comprehensive anamnesis in the bond consultation; The team is available to the pregnant woman for any needs/doubts; Referral to high-risk prenatal care. Example: *I expected what it actually was, the nurse was very good to me, she spoke to me openly about everything she had to say, she answered my doubts (...) (G23).*

Source: Created by the authors

In Chart 2, the results show aspects related to the evaluation of maternal and fetal health, covering health and well-being promotion, detection of complications and care for unwanted pregnancies.

Chart 2 - Identification of preconception and prenatal skills in nursing practice from the perspective of pregnant women, Curitiba, PR, Brazil (continued)

2.A Provide preconception care	
Expected attitude Identify and help reduce barriers related to access and use of sexual and reproductive health services; Assess nutritional status, immunization, health behaviors, pre-existing medical conditions, and exposure to known teratogens; Screening for sexually transmitted infections and cervical cancer; Advise on iron and folic acid supplementation, dietary intake, physical exercise, immunization updates, modification of risk behaviors, prevention of sexually transmitted infections, and reproductive planning.	**Practiced perceived by the pregnant woman** Prevalence of pregnant women without family planning (81%), which suggests weakness in family planning in the coverage area. Screening for sexually transmitted infections was performed during the bond consultation using rapid tests. Example: *I can't say, I never thought about a child, I never thought about prenatal care, how it would be, I never thought about any of that (G23).*
2. B Determine the woman's health status	
Expected attitude Confirm pregnancy and estimate gestational age; Obtain a complete health history and perform a complete physical examination; Obtain biological samples for laboratory testing; Provide information about conditions that can be detected by screening; Assess immunization status and update as indicated; Discuss with the woman findings, possible implications, and mutually determine a plan of care.	**Practiced perceived by the pregnant woman** Bond and embracement with active listening in the bond consultation; Conduct a confirmatory pregnancy test when necessary; Compliance with routines such as rapid tests, laboratory tests and ultrasound; Absence of advice on sexually transmitted infections; Fragility in health education. Example: *Since the first consultation with the nurse I've felt welcomed, I was able to talk and ask questions freely, she openly answered my questions (...) (G12).*
2. C Assess fetal well-being	
Expected attitude Assess fetal size, amniotic fluid volume, fetal position, activity, and heart rate by examining the maternal abdomen; Determine if there are indications for further evaluation/examination and refer accordingly; Assess fetal movements and activity.	**Practice perceived by the pregnant woman** Investigated complaints, general condition, auscultation of fetal heartbeats, verification of uterine height, checking of exams and notes in the pregnant woman's notebook; Complete physical examination was not performed. Example: *They only write it down on the card, if we have to undergo an ultrasound, they do it, but there is no conversation about pregnancy knowledge (...) (G25).*
2. D Monitor pregnancy progression	
Expected attitude Women's physical and psychological assessments, well-being, family relationships and health education needs; Provide information about normal pregnancy to the woman and family members or support network; Suggest measures to deal with common discomforts of pregnancy; Provide information on danger signs and emergency preparedness; Review findings and adapt care plan together with the woman.	**Practice perceived by the pregnant woman** Assessment of fetal well-being; Request and verification of test results recommended by the Ministry of Health; Weakness in guidelines. Example: *They didn't explain why I saw the uterine height, I think it's to see if the weeks are correct, my measurement was always 2 cm more; in that consultation, it was normalized, the nurse said that it's now correct. (G12).*

Chart 2 - Identification of preconception and prenatal skills in nursing practice from the perspective of pregnant women, Curitiba, PR, Brazil (continued)

2. E Promote and support health behaviors that enhance well-being	
Expected attitude Provide emotional support to women to encourage changes in health behavior; Provide information to the woman/family about the impact on the health of the mother and fetus under risky conditions; Counsel women and offer referrals to services for care and treatment; Respect women's decisions about participation in treatments and programs; Make recommendations and identify resources to reduce/discontinue smoking during pregnancy.	**Practice perceived by the pregnant woman** Lack of guidance: only a few pregnant women reported receiving guidance on healthy living habits, with greater emphasis on a balanced diet; Encouraging the use and prescription of ferrous sulfate; Vaccination schedule update; Example: *In an ideal prenatal care, maternal care needs to be reinforced, they say briefly, they could reinforce more than they do (G06).*
2. F Provide anticipatory guidance related to pregnancy, childbirth, breastfeeding, parenting, and family changes	
Expected attitude Promote and refer women and people from the support network to childbirth education programs and guide; Prepare the woman, partner and family to recognize the onset and progression of labor and when to seek care; Provide information about postpartum needs such as contraception, newborn care and the importance of breastfeeding; Identify needs that require other competencies, such as excessive fear and dysfunctional relationships.	**Practice perceived by the pregnant woman** Pregnant women mention the need for greater detail in consultations; Guidance focused on prenatal routines, following the guidelines prescribed in the Pregnancy Handbook, warning signs, some information about childbirth and high risk; Doubts removed when there are questions; Absence of groups of pregnant women. Example: *She explained if everything was fine, what she was doing, she just didn't explain why it was useful (G19).*
2. G She explained if everything was fine, what she was doing, she just didn't explain why it was useful	
Expected attitude Stabilize emergencies and refer the treatment and collaborate in care; Implement critical care activities to maintain vital body functions; Mobilize blood donors, if necessary; Transfer to advanced level institution, if necessary.	**Practice perceived by the pregnant woman** Referral to high-risk prenatal care and urgency/ emergency as indicated. Example: *I expected that in the first consultation they would refer me to high risk and the first thing they did was refer me so that was good (G03).*
2. H Help the woman and her family plan an appropriate birthplace	
Expected attitude Discuss options, preferences and contingency plans with the woman and her support network, and respect her decision; Provide birthplace information and promote the availability of a wide range of birth scenarios.	**Practice perceived by the pregnant woman** Bond according to municipal determination and guidelines in this regard. Example: *They put all the data in the system to be able to continue monitoring the pregnancy and gave the reference maternity (G02).*

Chart 2 - Identification of preconception and prenatal skills in nursing practice from the perspective of pregnant women, Curitiba, PR, Brazil (conclusion)

2. I Providing care to women with unwanted or unplanned pregnancies	
Expected attitude	**Practice perceived by the pregnant woman**
Confirm pregnancy and gestational age, refer to ultrasound if uncertain pregnancy and/or symptoms of ectopic pregnancy; Provide warm prenatal care if the pregnancy continues; Refer to social services for support and assistance when necessary; Inform about legal provisions, eligibility and access to services; Provide information about abortion procedures and check contraindications. Refer to referenced services; Provide post-abortion care.	Active listening during pregnancy with difficult acceptance; Post-abortion active listening. Example: *This consultation took about two hours, she was moved by what had happened (...) (G08).*

Source: Created by the author.

Discussion

The results identified from the perspective of pregnant women allowed to highlight the competence of the nurse in prenatal care and discuss it regarding the potential and weaknesses in practice, as well as the recommendations of the Ministry of Health for better results.

Competence is a skill acquired through experience and knowledge throughout professional experience and encompasses a set of skills that can work effectively under various circumstances and attitudes to mobilize skills. In this sense, care should be focused on the bond, with a nursing process that encompasses all aspects of the individual guided by health promotion, with continuous management of care with competence [15].

In relation to family planning, the execution of such competence presents weakness. The literature shows that it is necessary to guide the pregnant woman regarding the decision to gestate, violence against women, pregnant women's rights, mental health and working conditions. The partner should be encouraged to participate in the process as a whole [1].

A study related to the acceptance of unplanned pregnancy shows that the stable relationship facilitates the acceptance process, given the concomitant support relationship of the couple. The multiprofessional team has a fundamental role in acting through Primary Health Care for counseling and encouraging the co-responsibility of the partner [16]. In the family context, culturally, the woman is responsible for taking care of the house and children, and, consequently, also the for the decision to have children [17].

Considering the role of the nurse, which fits in skills and attitudes for a care with competence, a study lists the differentials of nursing consultation from the perspective of nurses, referring to the relationship established with the pregnant woman and family, security provided to the user, active listening, removal of doubts and guidance [7]. Although such items are prevalent in the research, some weaknesses point to technical and poorly comprehensive approaches.

A study on the perception of the user identified potentialities linked to prenatal consultation by the nurse, highlighting the embracement, resolution and time spent in consultation as synonymous with quality care [18]. The literature aligns with the results on the aspects identified as nurse skills and attitudes.

The bond consultation should investigate socioepidemiological aspects, personal and family history, gynecological, obstetric and the situation of the current pregnancy, physical

and emotional changes, check and update the vaccination situation of the pregnant woman, complete and deliver the Pregnant Woman's Booklet. Complementary exams must be requested in the bond consultation preferably in the first trimester [1].

A study refers to the screening routine for Sexually Transmitted Infections as a protocol, but the counseling regarding the prevention of diseases is not comprehensive, since professionals report lack of training that allows a broad practice [19]. Another study showed the importance that pregnant women give to prenatal examinations [20]. In agreement with the literature, this study identified similar results related to less comprehensive explanations on the subject.

The Ministry of Health indicates that, in the bond consultation, it is essential to solve doubts and minimize the anxiety of the pregnant woman and partner. The guidelines should be focused on various aspects such as feeding, intestinal and urinary habits, fetal movement, presence of discharge or vaginal loss [1].

Taking into account the need for empowerment of the pregnant woman to choose the delivery route, importantly, skills and attitudes focus on promoting a culture that values normal childbirth with the use of human and clinical resources that provide personalized and continuous attention to mothers and babies [9].

Normal delivery should be encouraged and the woman should be aware of the risks and benefits of the different birth routes, as well as of the cases in which cesarean section is the indication option [1]. Therefore, the nurse should develop competence for the creation of the bond, support to women in their decisions, strengthening their ability to give birth and putting the woman at the center of care [21].

Considering the importance of health education in pregnancy, the groups of pregnant women are fundamental to the process of health education and clarification of doubts, where pregnant women actively participate in such activities [20]. The research findings allow to relate to the study in question, given the fragility in the execution linked to the pandemic. Therefore, the importance of the nurse to develop competence to personalize health education in crises.

The psychological care is fundamental, with elaboration of actions that meet the psychosocial demands of pregnant women and puerperal women [22-23]. The sensitive view and qualified listening are essential to perceive the woman in a situation of mental health changes and skillful referral to the multiprofessional team [23]. Such aspects were found in this research with referral to psychology due to issues related to the pandemic.

In relation to other prenatal referrals, it is important to emphasize the need for guidance to the pregnant woman for dental evaluation, preferably in the first trimester of pregnancy (1,24), given the problems that may arise in pregnancy as dental caries, enamel erosion, mobility, gingivitis, among others [1]. Most interviewees in the survey reported having received guidance o attend the dentist.

The referral to high-risk prenatal care requires the indication according to the factors listed by the Ministry of Health [1]. Pregnant women who follow risk criteria tend to be more likely to have complications and mother or fetus death. With the process of referral and counter-reference with Primary Health Care, the monitoring and control of such situations are carried out. In case of changes that stand out from the competence of Primary Care, the pregnant woman should be referred to the high risk.

The knowledge of the assisted population is fundamental for adequate referral. Multiprofessional care proposes to complement primary care through specific guidelines and necessary care [24]. In the present study, risk stratification and referral to follow-up in high-risk prenatal care were identified.

Concerning the routines of subsequent consultations, all should have succinct anamnesis focusing on complaints and signs of complications, reevaluation of gestational risk, physical examination directed to assess maternal and fetal well-being, verification of the vaccination schedule, supplementation of folic

acid and ferrous sulfate, evaluation of results of complementary tests, review and evaluation of the Pregnant Woman's Booklet, in addition to providing guidance on feeding, weight gain, risk signs and encouraging breastfeeding[1].

Regarding the physical examination, a study reports the presence of general and obstetric examination in each consultation by the pregnant women's point of view [3]. Other authors report fragility in the completeness of this procedure [25]. According to the *Rede Mãe Paranaense* [24], the general physical and obstetric examination is one of the activities included in the bond consultation and subsequent consultations. In this research, the findings are associated with those who perceived weaknesses to the completeness of the physical examination.

A study shows the presence of guidelines mainly on eating habits, others not remembered refer to ineffective guidelines. The fragility regarding the implementation of the guidelines refers to the hegemony of biomedical care, taking into account only biological aspects, not being effective practices [26]. In this sense, the literature is aligned with the research findings, since the results show that there is no uniformity in this practice.

For competence development, education in graduation and ongoing training endorses a beneficial practice. In addition to emphasizing the rights of women and midwifery professionals, they should be based on strategies for the bond between professional and patient [21]. The use of tools for educational monitoring based on competence, based on documents such as ICM, allows the training of professionals with greater qualification for practice [27].

Final considerations

The bond consultation brings aspects that demonstrate the potential of the nurse's practice as influencer of the pregnant woman's understanding in relation to health care during prenatal care in Primary Health Care. Perceptions were mainly satisfactory, marked by embracement, active listening and bond formation. The weaknesses were related, above all, to the need for greater deepening in consultations, deficiency in physical examination and health education.

Despite a relevant perception of the bond consultation, the appreciation in prenatal care by the perspective of pregnant women extends mainly to routines recommended by government programs, focusing on fetal vitality, marked by the appreciation of the clinical practice, not taking into account all the necessary aspects.

Important gaps related to health education were found, since the groups of pregnant women are potential sources of knowledge exchange. Although the pregnant women show several guidelines received, there is weakness in uniformity and in the approach, which supposes obstacles in this area. In pandemic times, strategies that overcome such gaps are useful, since pregnancy requires a solid and effective educational process for health promotion.

There are skills and attitudes that must be reflected and restructured in the individual scope of work processes, as team and management, development of competence that exceeds the expectations of the user and serves as a subsidy for the planning of actions and consolidation of nursing care. A care with competence allows the weaknesses in the current care model to move towards a restructuring based on the individuality of the pregnant woman with active participation as a user of the health service.

A limitation of this study concerns the difficulty of collecting details of the bond consultation, since there was influence of the time elapsed, leading to the accumulation of experiences, generating abstraction of some items. Therefore, research directed to the bond consultation still in the first quarter allows a detailed identification of the experience. Another limitation refers to having obtained only the pregnant woman's point of view. Thus, research that captures the practice of prenatal care from the perspective of the nurse allows the identification of more comprehensive aspects under another face of care, as a subsidy for the development of competence within the profession.

This research contributes to professionals and government representatives to reflect on the practice of care and formulate strategies that seek the development of pre-hospital competence of the nurse, considering the importance of the pregnant woman's point of view for an individualized care that responds to her real expectations. The nursing should be strengthened as a profession to provide prenatal care with competence, which highlights the potential of professional practice with scientific foundation and reflection on care and the pregnant woman as the protagonist of this process.

Collaborations:

1 – conception and planning of the project: Marilene Loewen Wall;

2 – analysis and interpretation of data: Carolina Pasala;

3 – writing and/or critical review: Deisi Cristine Forlin Benedet;

4 – approval of the final version: Marilene Loewen Wall and Deisi Cristine Forlin Benedet.

Conflicts of interest

There are no conflict of interests

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