

COMPETÊNCIA DA ENFERMEIRA NO CUIDADO PRÉ-NATAL: POTENCIALIDADES, ENTRAVES E POSSIBILIDADES

NURSING COMPETENCE IN PRENATAL CARE: POTENTIALITIES, BARRIERS AND POSSIBILITIES

COMPETENCIA DE LA ENFERMERA EN EL CUIDADO PRÉNATAL: POTENCIALIDADES, BARRERAS Y POSIBILIDADES

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RESUMO

Objetivo: Identificar potencialidades, entraves e possibilidades, quanto ao cuidado pré-natal com competência. **Método:** Revisão integrativa realizada, em junho de 2018, em cinco bases de dados de amplo acesso na área da saúde, combinaram-se descritores e termos relativos à temática. Incluíram-se artigos originais, disponíveis na íntegra, nos idiomas inglês, espanhol ou português, sem delimitação temporal. **Resultados:** Foram incluídos 20 estudos, 55% de abordagem quantitativa, e 20% apresentam a definição de competência utilizada. A escuta ativa, vínculo e orientações em saúde são potencialidades apontadas por gestantes e enfermeiras; déficit de conhecimento e habilidade, alta rotatividade de profissionais, metas quantitativas e excesso de trabalho burocrático foram alguns entraves destacados; e educação permanente, feedback da população e maior articulação serviço, ensino e associações de classe constituem-se em algumas possibilidades para desenvolvimento de competência no cuidado pré-natal. **Considerações finais:** Para aperfeiçoar o cuidado prestado, exige-se um esforço coletivo, tanto pessoal como em equipe, das instituições de serviço, ensino e classe, para que a formação desenvolva a competência profissional e, em serviço, essa se perpetue direcionada à responder as necessidades de saúde das gestantes.

Descritores: Competência profissional; Cuidado Pré-Natal; Cuidado de Enfermagem; Atenção Primária à Saúde.

ABSTRACT

Objective: To identify potentialities, barriers and possibilities regarding qualified prenatal care. **Method:** Integrative review conducted in June 2018 in five broad access health databases by combining descriptors and terms related to the subject. Original articles, fully available in English, Spanish or Portuguese, without temporal delimitation were included. **Results:** Twenty studies were included, 55% with a quantitative approach, and 20% presenting the definition of competence used. Active listening, bonding and health orientations are potentialities pointed out by pregnant women and nurses; lack of knowledge and skill, high staff turnover rate, quantitative goals and excessive bureaucratic work were some highlighted obstacles; and continuing education, population feedback and greater articulation service, teaching and professional associations are some possibilities for developing prenatal care competence. **Final considerations:** Improvements in the provided care requires a collective effort, both in the personal and team level, of the service provider, teaching and professional institutions, so that the training develops the professional competence and, during service, this is perpetuated to reach the needs of health of pregnant women.

Descriptors: Professional Competence; Prenatal Care; Nursing Care; Primary Health Care.

RESUMEN

Objetivo: Identificar potencialidades, barreras y posibilidades con respecto a la atención prenatal competente. **Método:** Revisión integradora realizada en junio del 2018 en cinco bases de datos de amplio acceso en el área de la salud, se combinaron descriptores y términos de la temática. Se incluyeron artículos originales, en su totalidad, en inglés, español o portugués, sin delimitación temporal. **Resultados:** Se incluyeron 20 estudios, 55% de abordaje cuantitativo, y 20% presentan la definición de competencia utilizada. La escucha activa, el vínculo y las orientaciones de salud son potencialidades señaladas por mujeres embarazadas y enfermeras; los déficits de conocimiento y habilidades, la alta rotación de profesionales, los objetivos cuantitativos y el trabajo burocrático excesivo fueron algunos obstáculos destacados; y la educación continua, la retroalimentación de la población y un mayor servicio de articulación, enseñanza y asociaciones de clase son algunas posibilidades para desarrollar la competencia de atención prenatal. **Consideraciones finales:** Para mejorar la atención brindada se requiere un esfuerzo colectivo, tanto personal como de equipo, del servicio, instituciones de enseñanza y en clase, para que en la formación se desarrolle la competencia profesional y en el servicio para que se perpetúe en la dirección de responder a las necesidades de la salud de la embarazada.

Descriptores: Competencia Profesional; Atención Prenatal; Atención de Enfermería; Atención Primaria de Salud.

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INTRODUCTION

The provision of high quality health care to pregnant women has a positive impact on reducing maternal and child morbidity and mortality rates. Among the various practices developed by the nurse in Primary Health Care (PHC), as a member of the multidisciplinary team, prenatal care stands out in this study, for which the nurse is legally supported and must have competence to develop it ⁽¹⁾. To reach this goal, it depends on the correct identification of women's health needs, with consequent provision of appropriate care. During their practice, it is the nurse's responsibility to develop care together with the pregnant woman and her companion in order to identify possible maternal or fetal injuries that may compromise a positive pregnancy experience or lead to an unfavorable pregnancy outcome ⁽¹⁻²⁾.

The World Health Organization (WHO) recommends that prenatal care goes beyond curative or preventive practices, including the counseling of healthy habits, the planning of pregnancies, and the identification and support of women that are in a situation of violence perpetrated by their partners ⁽²⁾. For this, the presence of trained and competent professionals who qualify health care is essential ⁽³⁾.

It is noteworthy that, although there are ministerial documents that present the nurse's competences, in the sense of attributions, and others that provide competences essential to professional practice, in the specialty of the obstetric area, such as the International Confederation of Midwives. But in this study, we start from the conception of competence as to the subject's capacity to act effectively when developing an action when it is in a certain situation in which it needs to activate the resources available; however, as each situation is unique, these resources must not be tight ⁽⁴⁾ so that they can respond to the singularities of each situation. Thus, the nurse, as a PHC professional, a service recommended as the gateway to the Unified Health System (SUS) by the Health Care Networks (RAS) ⁽¹⁾, develops a crucial role, taking care as an object of their work, through prevention, promotion, rehabilitation and health treatment ⁽⁵⁾.

In caring for women, by improving the competence of nurses for prenatal care, it is possible to achieve not only better results in reducing maternal and fetal morbidity and mortality, but also improvements in care during

the parturition process ⁽⁶⁾. Given this, the following question was raised: what are the potentialities, barriers and possibilities regarding the competence of nurses in prenatal care?

In order to foster professional, management and teaching reflection regarding the aspects that could be improved to achieve a more competent care, valuing the profession and responding to the needs of the assisted population, this study aimed to identify potentialities, barriers and possibilities for competing prenatal care.

METHOD

In order to respond to the objective of the present study, the Integrative Literature Review was chosen, as it is a method that allows synthesizing information from studies published in the scientific literature, allowing a survey of the current panorama on the theme of interest, and an induction of generalizations, as well as the identification of the existing gaps ⁽⁷⁾.

For the study design, six steps were followed ⁽⁷⁾. Firstly, the theme was identified and the following research question was listed ⁽⁷⁾: what are the potentialities, obstacles and possibilities for competent prenatal care? In the second stage, the criteria for inclusion and exclusion of studies were established ⁽⁷⁾. According to the level of evidence in: Level I - systematic review or meta-analysis; Level II - randomized controlled studies; Level III - controlled studies without randomization; Level IV - case-control or cohort studies; Level V - systematic review of qualitative or descriptive studies; Level VI - qualitative or descriptive studies and Level VII - opinions or consensus ⁽⁸⁾, only original studies with levels of evidence II, III, IV and VI, fully available in English, Spanish or Portuguese and that had as object of study, the competence of nurses in prenatal care in Primary Health Care were included. Review studies, editorials, opinions/comments, dissertations, theses, experience reports and reflective studies were excluded. In order to cover a larger quantity of publications on the subject, it was decided not to limit the time of publication of articles in searches.

For the literature survey, by accessing the CAPES/MEC Journals portal in June 2018, the following broad access databases in the area of health and nursing were consulted: Virtual Health Library (VHL); National Library of Medicine (PubMed / Medline); Cumulative Index of Nursing

and Allied Health Literature (CINAHL); Web of Science and the multidisciplinary base Scopus.

To operationalize the searches, a consultation was initially made to the National

Library Health Subject Descriptors (DeCS) and Medical Subject Headings (MeSH), matching the search keys, as shown in Figure 1.

Figure 1 - Search strategy, according to the database, Curitiba, Paraná, Brazil, 2018.

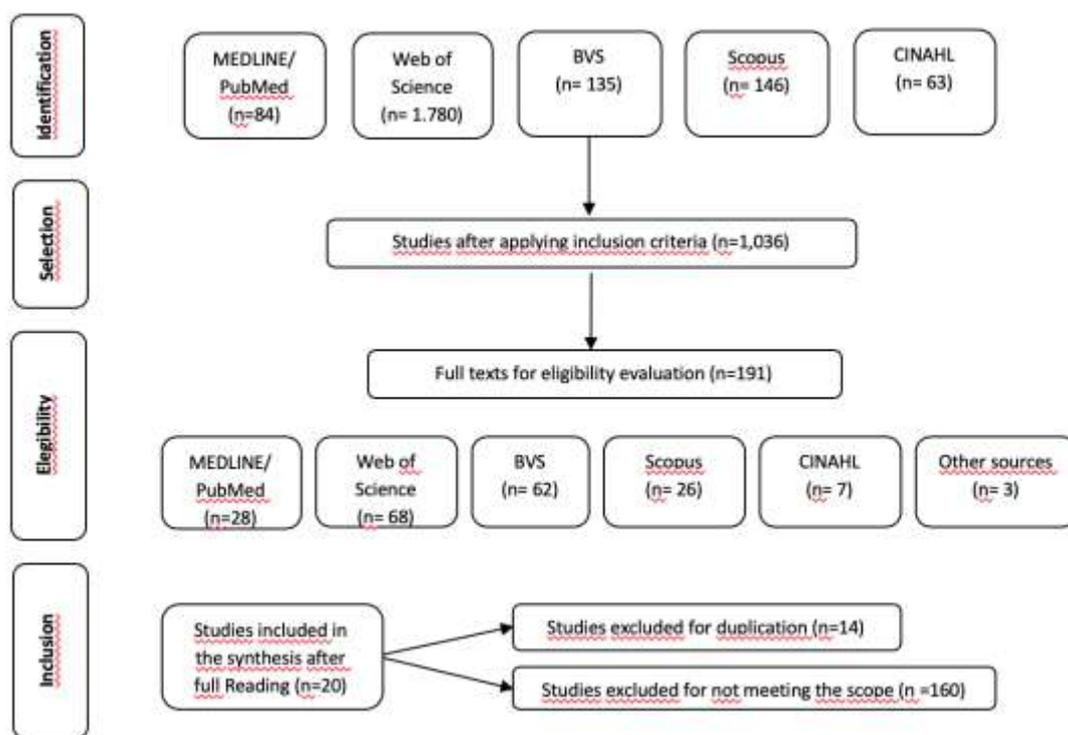
Base	Search combination
BVS	Competence OR competency OR "professional competence" OR "nurse competence" OR "core competencies" AND pregnancy OR "antenatal care" OR "prenatal care" AND nursing OR "obstetrical nursing" OR "primary nursing care" OR "nursing care"
PubMed/ Medline	"Professional Competence" OR "Clinical Competence" OR "Social Skills" AND "Nurses" OR "Nurse Midwives" OR "Nurses, Community Health" AND "Midwifery" AND "Prenatal Care" OR "Pregnancy" AND "Primary Health Care"
Web of Science	"Professional competence" AND "prenatal care" AND "primary nursing care" AND "nurse practitioner" OR "midwife/midwives"
SCOPUS	Competence OR competency OR "professional competence" OR "nurse competence" OR competencies AND nursing OR midwifery AND "prenatal care" OR "antenatal care" OR pregnancy AND "primary health care"
CINAHL	"Professional competence" AND nursing AND "prenatal care"

Source: Authors, 2018.

In the initial search, 2,208 studies were identified in the five electronic databases consulted, followed by application of the study type filters, full availability and languages, according to the inclusion criteria, totaling 1,036 articles, from which the title, abstract, keywords or descriptors were read. Studies that were not in line with the inclusion criteria were disregarded, totaling 191 articles selected for full reading.

After excluding duplicate studies and those that did not meet the scope of the review, 17 studies from the databases and three articles found in specific complementary searches were included for analysis, from the references of the articles consulted, totaling 20 articles, according to the process described in Figure 2.

Figure 2 - Flowchart of the path to delimit the studies based on the PRISMA model ⁽⁹⁾ - Curitiba, PR, Brazil, 2018.



In the third stage, the information to be extracted from the selected studies ⁽⁷⁾ was

defined through the elaboration of an instrument containing: title, author, country and year of

publication, database, journal, objective, design and methodological reference and main results presented by the study. After the organization of the studies in the structured instrument, in the fourth stage of the review, the reading, exploration and analysis of the studies⁽⁷⁾ were conducted, the common themes that emerged were agglutinated as to the potentialities, barriers and possibilities for prenatal care with competence.

The fifth and sixth stages of the review consisted of discussing and interpreting the data in the light of the literature and presenting the knowledge synthesis⁽⁷⁾, respectively.

The studies included in this review were published in broadly accessible journals, do not require ethical confidentiality, and the review by the Research Ethics Committee (CEP) is unnecessary. However, the present study is contemplated in a larger project, approved under Certificate of Presentation for Ethical Appreciation 83070218.0.0000.0102.

RESULTS AND DISCUSSION

Twenty papers submitted were included for analysis, as shown in Figure 3, all classified with level of evidence VI, distributed in 18 journals, of which 11 (55%) nationals; the

journals Midwifery and Anna Nery stood out, with two articles in each.

The period of coverage of the articles was from 2006 to 2018, with the years 2010 and 2012 having the largest number of publications. There was a predominance of the quantitative approach with 11 (55%) studies, the qualitative approach with seven (35%) and mixed method studies with two (10%) selected materials.

The definition of competence was identified in four (20%) articles, the references used were Ramos (2002) and Perrenoud (2001) with two (10%) studies each. Two other materials mentioned the basis in the International Confederation of Midwives (ICM)'s Core Competencies for the Practice of Obstetrics, but the definition was not presented. The main instruments used for data collection were: semi-structured interview in half of the studies; questionnaires and forms in eight (40%) studies, and non-participant observation in five (25%), two of which concomitantly with semi-structured interviews. Health professionals participated in 18 (90%) studies, of which four (20%) also had the participation of pregnant women or postpartum mothers and caregivers, and in two (10%) only pregnant women were consulted.

Figure 3 - Synthesis of selected studies. Curitiba, Paraná, Brazil, 2018.

Title	Year/ Country	Approach/Participants	Main Results
Prenatal care: difficulties experienced by nurses ⁽¹⁰⁾	2006 Brazil	Quantitative / Nurses	Deficit in professional knowledge and skills, failures in undergraduate prenatal care. It is necessary to develop skills (know-how) that need knowledge (knowing) to exist attitudes (know-how-to-be).
Training of healthcare personnel to improve performance of community-based antenatal care program ⁽¹¹⁾	2007 Paraguay	Quantitative / Nursing Team	The professional knowledge and adherence of pregnant women to prenatal care increased. Continuous training and supervision have contributed to professional development and practice of acquired knowledge and skills.
A percepção das enfermeiras sobre a competência social no desenvolvimento da assistência pré-natal ⁽¹²⁾	2008 Brazil	Qualitative / Nurses	Deficient updating and specialization, multiple employment relationships. To identify the insufficiency of the biomedical model. To improve care, recognition and institutional motivation are key.
Assistência pré-natal: competências essenciais desempenhadas por enfermeiros ⁽¹³⁾	2009 Brazil	Quantitative / Nurses and Pregnant Women	Low specialization in the area. Deficient physical examination of the pregnant woman. Professionals need to understand the importance of incorporating assistance and qualification protocols.

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Title	Year/ Country	Approach/Participants	Main Results
Maternity care and birth preparedness in rural Kyrgyzstan and Tajikistan ⁽¹⁴⁾	2010 Kyrgyzstan Tajikistan	Quantitative / Health professionals, Pregnant women and caregivers	Pregnant women, caregivers and professionals are unaware of complications during pregnancy, childbirth and the puerperium. Preparatory courses for women and caregivers are indicated, as well as professional training.
Análise do exercício de competências dos não médicos para atenção à maternidade ⁽¹⁵⁾	2010 Brazil	Quantitative / Nurses	Deficient physical examination, nutritional assessment and health education at home visit. There are personal and institutional barriers. It is necessary to qualify, value and motivate the professional to care.
Prenatal care by nurses in the East Zone of the city of São Paulo – Brazil ⁽¹⁶⁾	2010 Brazil	Quantitative / Nurses	Lack of knowledge and undervaluation are obstacles to the exercise of skills. Appreciation, professional training and partnership with women and families are needed.
Exercise of essential competencies for midwifery care by nurses in São Paulo, Brazil ⁽¹⁷⁾	2011 Brazil	Quantitative / Nurses	Barrier of care model that considers hierarchical position to the detriment of professional competence and evidence-based practice. Appreciation and professional motivation promote woman-centered care.
O pré-natal realizado pelo enfermeiro: a satisfação das gestantes ⁽¹⁸⁾	2011 Brazil	Qualitative / Pregnant Women	Approval of prenatal care performed by nurses, satisfaction of pregnant women regarding competence in completing the consultation, humanization and active listening, patience for health guidance in the face of the doubts presented.
O cuidado pré-natal na Atenção Básica de Saúde sob o olhar de gestantes e enfermeiros ⁽¹⁹⁾	2012 Brazil	Qualitative / Nurses and Pregnant Women	Prenatal care needs to go beyond the technological scope, encompass humanistic aspects and comprehensive attention. Active listening to identify needs of pregnant women, to act in a way to answer them.
Cuidado Pré-natal às adolescentes: competências das enfermeiras ⁽²⁰⁾	2012 Brazil	Qualitative / Nurses	Dialogic approach to recognize the needs of adolescent pregnant women. Partnerships are needed beyond health services, training and continuing education, associated with the construction of specific protocols.
Estudo das competências essenciais na atenção pré-natal: ações da equipe de enfermagem em Cuiabá, MT ⁽²¹⁾	2012 Brazil	Quantitative / Nursing Team	Experience by professional practice. Deficit physical examination, guidance and referrals. Absence of pregnant group and risk classification. Nonstandard or evidence-based actions.
Ações do pré-natal realizadas pela equipe de enfermagem na Atenção Primária à Saúde, Cuiabá ⁽²²⁾	2013 Brazil	Quantitative / Nursing Team	Essential skills unstandardized, deficit in guidance and records. Protocols, partnerships with professional associations and educational institutions for professional and competency-based improvement.
Poor quality of antenatal care services—Is lack of competence and support the reason? An observational and interview study in rural areas of Lao PDR ⁽²³⁾	2013 Sweden	Mixed Methods / Nurses	Poor quality and professional performance. Lack of routine and support, equipment shortages, and skilled professionals. Supplying basic equipment, providing qualified professionals, service training and protocols are necessary to improve knowledge and skills.
Primary healthcare worker knowledge related to prenatal and immediate newborn care: a cross sectional study in Masindi, Uganda ⁽²⁴⁾	2014 Uganda	Quantitative / Nurses, Obstetricians and Nursing Assistants	Deficient knowledge. Better results were from professionals with more than six years of experience and, in primary care services, when compared to hospitals. There are formative differences between professionals and the need to improve knowledge.
Prenatal care: essential actions developed by nurses ⁽²⁵⁾	2015 Brazil	Quantitative / Nurses	Satisfactory procedures and routine examinations. Professional qualification to broaden the clinical aspect, evaluations of the nurse's prenatal impact on maternal and neonatal morbidity and mortality are required.
Facilitators of prenatal care in an exemplar urban clinic ⁽²⁶⁾	2016 USA	Qualitative / Pregnant Women	Immigrant or low-income pregnant women value competent professionals, humanized and empathic care, consistent with their cultural beliefs, which contributes to the improvement of maternal outcomes.

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Title	Year/ Country	Approach/Participants	Main Results
Low-risk antenatal care: family health strategy nurses' attitudes ⁽²⁷⁾	2016 Brazil	Mixed Methods / Nurses	There is professional dynamism and proactivity. Personal and institutional barriers. In-service education and academy-service approach for qualification and skills development.
Woman-centred care during pregnancy and birth in Ireland: thematic analysis of women's and clinician's experiences ⁽²⁸⁾	2017 Ireland	Qualitative / Puerperal mothers, Midwives, Doctors and Nurses	Government support and professional awareness to overcome the current model. Precarious work relationships and overload show that, even knowing alternative models, professionals do not implement in their practice.
Práticas sociais de medicalização & humanização no cuidado de mulheres na gestação ⁽²⁹⁾	2018 Brazil	Qualitative / Nurses, Doctors and Dentists	Professional turnover, precarious employment relationships and work overload, with accumulation of functions, are obstacles to the humanized model. Remodeling of health and disease concepts for work processes is required.

Source: Data obtained from the study, 2018.

From the information collected from the selected articles, a summary table was elaborated as to the potentialities of prenatal

care developed by competent nurses, the barriers to competing prenatal care and the possibilities for competing prenatal care (Figure 4).

Figure 4 - Potentialities, barriers and possibilities for competent prenatal care. Curitiba, Paraná, Brazil, 2018.

Potentialities	Barriers	Possibilities
Welcome Active listening Consideration of cultural beliefs Bond Formation Health Guidelines Technological Resources	No protocols in the service High turnover of professionals Bureaucratic work overload Undervaluation of professional capacity Low knowledge and skill Referral and counter-referral service	Continuing education in service Review focus on quantitative goals Assisted population feedback Integration service, academy and professional associations Teamwork with common goal Attention model recognition

Source: Authors, 2018.

Potentialities of competent prenatal care

This category was comprised by seven studies and presents the potential of prenatal care provided by nurses with competence both from the point of view of pregnant women receiving care and the professionals who perform it, being the prenatal period highlighted as a central moment to develop care aimed at ensuring a safe pregnancy⁽²⁵⁾.

The humanized care developed by competent professionals is valued by pregnant women^(18,26), especially for the ability to pay attention to their complaints, patience and dedication to health guidelines presented by nurses⁽¹⁸⁾. The presence of technological resources and attention to biological aspects is also appreciated by pregnant women, however, the representativeness of care that is independent of the availability of material resources, such as reception⁽¹⁸⁻¹⁹⁾, consideration of the pregnant women's and family's cultural beliefs⁽²⁶⁾, availability to answer questions and attendance of nurses during consultations is evident^(18-19,26). That is, the

satisfaction of pregnant women regarding the consultation performed by the nurse includes, besides the quality provided regarding protocol practices, actions that favor bond formation, involving larger relational components such as active listening, welcoming, attention to doubts, empathy⁽¹⁸⁻¹⁹⁾, identified as facilitators of prenatal care⁽³⁰⁾.

From the nurses' perspective, quality prenatal care was understood as that with care, health education, full attention to pregnant women, minimum number of six consultations, referral and counter-referral service, and teamwork^(15-16, 20,27). Nurses identify themselves as proactive professionals, who develop welcoming, seeking to build bonds to strengthen the professional-pregnant relationship, using dialogue as a tool to establish the bond, as well as active listening⁽²⁷⁾, being recognized by population as the professionals who practice active listening the most^(12,18).

Given the preponderant biomedical model in health care, nurses need to assimilate their inefficiency to meet the needs of pregnant

women in their entirety⁽¹²⁾, through a dialogical approach to care,⁽²⁰⁾ seeking to advance as to their own practice. This recognition of the inadequacy of the current model of health care is a possibility for its transformation^(12,17), since denaturalizing a problem corresponds to the movement to seek to understand and solve it. As, for example, when analyzing the increase in coverage of prenatal care, which did not represent a significant improvement in quality due to the disproportionate reduction in maternal and child mortality in view of efforts to impact on these rates⁽³¹⁾.

Thus, it is identified that professional competence in nursing is directly related to improving the quality of care provided and public health⁽³²⁾. As for prenatal care, which represents a primordial moment of care for pregnant women and their caregivers, in order to develop it competently and based on the principles of humanization, the nurse should expand her practice only to biological, encompassing the context in which the pregnant woman is inserted, using the bond, active listening and the other resources discussed above to recognize needs and develop their professional practice in order to answer them^(26,33).

Barriers to competent prenatal care

The 13 studies that made up the present category point to limitations on the provision of competent prenatal care, highlighting the predominance of quantitative studies in the consulted literature (55%). Thus, it is clear that analyzes of professional competence are still traditionally centered on the acquisition of knowledge and techniques and/or individual performance of workers⁽³⁴⁾. It is necessary to reflect on which prism competence will be considered in the face of the evidence of qualification in service as a strategy to develop it, since it is not just the accumulation of knowledge, but the way the professional mobilizes, in a rational and reflective manner, the resources available in a given situation⁽⁴⁾.

Researches that verified prenatal care from the perspective of ICM's Essential Competencies for the Exercise of Obstetrics^(10,15-16,24) identified non-conformities to what was advocated by the document. The difficulties to develop care with competence include questions related to the professional personal and institutional limitations^(15-17,28-29). As service barriers, there is the lack of protocols that guide prenatal care⁽¹⁵⁻¹⁶⁾, which,

when associated with standardized routines and attention-oriented training, make it possible to expand nurses' knowledge and adherence to the prenatal care practice⁽²¹⁾. In addition, they point out the reduced quantity and turnover of professionals, which also hinder the continuity of care, linked to work overload, due to the accumulation of bureaucratic functions, devaluation of nurses' ability and competence^(15,28-29), confirming conditions that corroborate the practice focus to reduce the fulfillment of tasks⁽²⁹⁾ directed at monitoring the physiological development of pregnancy.

Personal barriers include the lack of knowledge^(10,13,15-17,24) and prenatal professionals' ability^(10,23), as well as the precariousness of low-paid employment relationships^(12,15,28-29), causing many professionals to work double or triple hours. Moreover, there is a difficulty in sedimentation of the nurse-pregnant-companion bond, which is essential to achieve greater depth in the recognition of the needs of pregnant women and extrapolate the biological scope⁽²⁵⁾, since this approach requires dedication and time, hampered by service demand for time available⁽²³⁾.

The lack of knowledge of the potential of the nurse by health systems, insufficient training or continuing education^(10,14,16-17,23-24), conflicts and rivalries with the medical professionals, lack of union and professional strengthening, and mainly, failure to establish partnerships with women in order to enjoy greater recognition⁽¹⁵⁻¹⁶⁾ are also obstacles. The limitation of nurses regarding the request for certain tests during prenatal care and the delayed results, lack of reference and counter-reference, lack of material resources, and lack of teamwork are pointed as factors that hinder competent care⁽²³⁾.

As for pregnant women, dissatisfaction pervades the absence of reference and counter-reference between health services and the lack of information⁽¹⁹⁾. The merely protocol care, preceded by long waits for addressing specific and protocol issues, form barriers to prenatal adherence⁽³⁰⁾, and the practice of health education gives higher quality to the care provided⁽¹⁹⁾. However, it is necessary for these professionals to have competence so that these guidelines are not only the transmission of information⁽²⁵⁾, but that they provide care to the pregnant woman in its entirety, based on the context and needs of the pregnant woman, so

that the guidance provided make sense and focus on your reality.

Care that restricts the attention to the pregnant woman's health needs makes us question the adequacy of prenatal care compared to its continuity. A Mexican study identified a 98.4% proportion of coverage of consultations performed by women during their last pregnancy, however, adequacy was present in only 71.5% of cases, presenting better adequacy among women with higher purchasing power and education⁽³⁵⁾.

Accordingly, a national study identified low prenatal care adequacy (15%), especially regarding the completeness of the physical examination, receiving guidance and performing all complementary examinations. Women with higher incomes, residing in cities with higher Human Development Index (HDI) and located in the Southeast, received more adequate prenatal care⁽³⁶⁾. It is emphasized the importance of care developed by professionals with competence to identify the needs of pregnant women and focus on them, seeking equity in health care⁽³⁶⁾, striving for the essence of the profession, which is care.

Possibilities for developing and maintaining competence in prenatal care

In this category, consisting of 16 studies, possibilities are presented to develop the competence of nurses in prenatal care and promote its maintenance. Permanent in-service education and greater offer of professional training are pointed by studies as crucial to develop competence for quality prenatal care for safe motherhood^(11-14,16,20,22-25,27).

For women to have a positive experience of pregnancy, health care actions need to be directed at maintaining physical as well as sociocultural normality and healthy parameters for women and babies, for a transition to childbirth and birth as a positive event⁽³⁷⁾. Being the nurse and other health professionals mediators of this process in a joint action⁽³⁾, the role of the nurse in terms of its representativeness in the health system, legal support to care with autonomy and in the formation of opinion among civil society stands out. We emphasize the need for investments in their education and training for care, so as to enable the interconnection between knowledge, skills and attitudes⁽³⁸⁾.

For the implementation of individualized care, according to the need of the pregnant

woman, based on evidence and continuity of actions⁽³⁹⁾, a differentiated service is needed, with professionals qualified to act based on good clinical practices, with the provision of relevant information as well as psychosocial and emotional support⁽³⁷⁾. Being the permanent education in service evidenced as a powerful tool for the development of the competence of nurses in prenatal care^(12-14,16,19-20,22-23,27), especially in view of the need for knowledge that the professional needs to have in order to act in a given situation, since the situations are changeable, as well as the necessary knowledge and resources and, consequently, the professional competence also changes⁽⁴⁾, requiring constant improvement.

Improving the integration of the referral and counter-referral system of services is highlighted as a positive point to foster skills maintenance⁽¹⁶⁾. There is need for recognition and professional motivation by the institution^(12,15-17,23), not only the valorization of the technological dimension in health practices, reflected in the execution of tasks and the fulfillment of quantitative goals⁽¹²⁾. It is necessary to promote networking in order to implement the Health Care Networks proposal as the gateway to the SUS, with a view to improving referral and counter-referral services, in addition to teamwork⁽¹⁹⁾. It is emphasized that, in order to be aligned in a work that has the same purpose, it is necessary to develop collective skills, so that the actions between professionals are articulated, not juxtaposed with each other⁽⁴⁾.

In view of this, the relevance of the institution's participation for the realization of proposals aimed at the development of competence is evidenced, by defining its organizational guidelines and attributions according to "the aggregation of social value to the individual and economic value to the institution"⁽⁴⁰⁾. In order to implement the principles of humanization advocated for health services, professionals must agree to these principles, starting from a reform of the work process and remodeling the concepts of health and disease⁽²⁹⁾, so that all professionals are aligned towards a common goal centered on meeting the needs of the pregnant woman^(12,17).

Another possibility for the development and maintenance of competence in prenatal care concerns the feedback of the assisted population and their recognition of the care received, which also strengthen professionals and favor a practice

with competence ⁽¹²⁾. Thus, the continuous maintenance of professional competence is necessary, being the responsibility of both the individual and the organization and professional associations ⁽⁶⁾, which can articulate in order to strengthen the quality of the service provided and the profession itself. In this case, it may be helpful to apply strategies such as providing adequate management support for nurses to enable professional growth; fair assessment of the practices developed; sense of professional autonomy and improvement in organizational resources ⁽³²⁾.

To maintain the knowledge and skills developed, it is necessary to associate continuous supervision strategies of these actions ⁽¹¹⁾, in addition to the development of protocols and promotion of professional training, through specialization courses in the area ⁽¹³⁾. In addition, the provision of courses to pregnant women and their caregivers, in order to raise awareness and insert them in care, can complement the work with competence of the nurse for prenatal quality ⁽¹⁴⁾, and partnerships with other institutions may even be signed to broaden the scope of the guidelines and actions developed ⁽²⁰⁾.

In order for all these aspects to be achieved, government support and commitment to achieving care models with emphasis on women-centered care ⁽²⁸⁾, as well as the partnership between academia, service ⁽¹⁵⁾ and professional associations ⁽²¹⁾, is essential ^(22,27), and that the nurse establishes the bond with the pregnant woman and the companion ⁽¹⁶⁾. The strengthening between service and educational institution favors, since training, that they are aligned as to the necessary competence in the service for prenatal care. Since, given the different existing concepts, there is a mismatch of training and practice, in which the "how" occurs the formation does not converge to the "how" the practice is developed.

The multiplicity of terminologies used to characterize professional competence, as well as the diversity of conceptualizations for this, can be considered limitations in this study, since the descriptors were specifically directed to the term competence and may not have understood articles that addressed the theme through other descriptors.

Considering that prenatal care developed by a competent nurse contributes, in addition to improving the quantitative goals of the service, to meeting the needs of pregnant women in their

entirety, reflecting not only on quality prenatal care, but also on women's awareness regarding the process of gestating and giving birth. Recognizing this gap in the literature regarding nurse practice allows the service to structure itself regarding the need for professional training, as well as for the academy to reorganize itself in the teaching-learning process for the formation of a critical and reflective professional about its professional life practice, and be guided by the best evidence for care.

FINAL CONSIDERATIONS

Regarding the potentialities of competence in developing prenatal care, the perspectives of pregnant women and nurses agree on the need to be a space for health education, reception and active listening to complaints and needs of pregnant women. Professionals identify that the biomedical model is insufficient to meet these needs, and developing care with competence would make it possible to expand it.

Personal limitations regarding knowledge and skills, associated with the organization of the work process with a small number of professionals, high turnover and bureaucratic activity overload are obstacles to a prenatal care that identifies and responds to the needs of pregnant women and their families, especially due to the difficulty of conformation of the professional-pregnant-companion bond.

In order to overcome these barriers and foster potentials, it is necessary both a personal commitment to seek improvement, as well as the need for services to incorporate continuing education programs and continuous monitoring, starting from identifying the gaps of professionals to direct the structuring of modules that meet the needs presented to develop nurses' competence. Other possibilities that must be associated are the reorganization of services so that the team works towards a common goal, to respond to the needs of the population, requiring efforts at the level of the service itself, but also of the educational institutions and professional associations.

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