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IMPACT OF PRENATAL CARE ON OBSTETRIC OUTCOMES: A NARRATIVE REVIEW OF THE LITERATURE

Andressa Aguiar da Silva
https://lattes.cnpq.br/8911547342317913

Mariana Dantas Moreira
https://lattes.cnpq.br/5874478828844366

Ivan Lucas Bonizioli Barcellos
https://orcid.org/0009-0000-9478-7008

Yolaida Betancourt Casanova
https://lattes.cnpq.br/3763322176929828

Hilberthe Lefroy Deilton Sousa Costa
https://lattes.cnpq.br/1351701225557512

Fernanda Ferreira Gouveia
https://lattes.cnpq.br/2875545470504486

Eduardo Soares Marques Guimarães
https://orcid.org/0009-0008-4978-1262

Bianca Yumi Takano
https://lattes.cnpq.br/418956119270165489

Aline Santos de Almeida
https://lattes.cnpq.br/5945758395564308

Ketyla Albino Linhares
https://lattes.cnpq.br/5414248369063517

Joyce Almeida Né da Silva
https://orcid.org/0000-0002-5125-0048

Janaina Bojikian da Costa Vital Juliatto
https://lattes.cnpq.br/2596242858222029

Carolina Dossena
Universidade Positivo
https://orcid.org/0009-0007-2658-6571

Rhuan Nantes Fontoura Teofilo
Universidade Positivo
https://orcid.org/0009-0003-5316-1852

Abstract: Objective: To analyze the impact of prenatal care on obstetric outcomes. Literature Review: Prenatal care, through preventive actions, seeks to ensure the healthy development of pregnancy and enable the birth of a healthy baby, while preserving the health of the baby and the mother. Adequate prenatal care requires at least six consultations during pregnancy (Ministry of Health, 2006b). If the pregnancy is not classified as high-risk, at least one consultation is recommended in the first trimester of pregnancy, two in the second and three in the third. Pregnant women must be seen until they reach labor or reach the risk period for post-maturity, around the 42nd week. According to the Ministry of Health (2006b), prenatal care is concluded only on the 42nd day after delivery, when the postpartum consultation is held. These determinations may vary, depending on the risks presented by the pregnant woman, and in all cases adherence to prenatal care is essential (Buchabqui, Abeche & Brietzke, 2001). Final considerations: It is important to systematically evaluate prenatal care for pregnant women. This can be done by creating a space to listen to these pregnant women and also to the professionals involved in the care. This information is very important for improving prenatal care, understanding the motivations of pregnant women who do not adhere to it, and providing quality prenatal care in medical and psychological terms to all pregnant women.

Keywords: pregnant women, prenatal, neonatal.

INTRODUCTION

Pregnancy is a very important experience in the life of a woman and her family. During pregnancy, some physiological changes occur that involve all organic systems, generating expectation, emotion, anguish, concern and discoveries. Therefore, it is necessary to be aware of all these changes in order to provide adequate support for the health of the pregnant woman. Complicated pregnancies, whose particular characteristics can pose risks to the mother or fetus, are called "high risk".

Therefore, prenatal care and comprehensive care for women's health must be structured to meet the real needs of the pregnant population. Health care actions must be focused on the target audience of the area covered by the basic health unit (UBS), ensuring continuity of care, guidance and verification of these actions on perinatal and maternal health. In this context, prenatal support integrates precaution, behaviors and attitudes in favor of the pregnant woman.

This care occurs from the beginning of pregnancy until labor, and also aims to recognize, treat or verify the existence of pathologies; avoid complications during pregnancy and childbirth; provide pleasant maternal health and good fetal development; and reduce fetal and maternal morbidity and mortality rates. In 2000, the MS began implementing the Humanization Program in Prenatal and Birth Care (PHPN), through Ordinance GM No. 569, of June 1, 2000, with the objective of promoting actions aimed at reducing maternal morbidity and mortality and improving perinatal results, with the strategy of humanizing care.

BIBLIOGRAPHICAL REVIEW

Prenatal care, through preventive measures, seeks to ensure the healthy development of pregnancy and enable the birth of a healthy baby, while preserving the health of the baby and the mother. Studies have shown that qualified prenatal care is associated with a reduction in negative perinatal outcomes, such as low birth weight and prematurity, in addition to reducing the chances of obstetric complications, such as eclampsia, gestational diabetes and maternal deaths.

All guidance provided by health professionals to pregnant women during prenatal care is an important part of this care process. Although relevant, however, national studies have identified failure by health professionals to provide guidance on pregnancy, the importance of and techniques for breastfeeding, how to prepare for childbirth and basic care for the newborn.

In this sense, Primary Health Care (PHC) is a strategic space for low-risk, high-quality prenatal care. In Brazil, PHC, guided by the National Primary Care Policy (PNAB), emphasizes that it is the responsibility of the health team to welcome and provide health care to pregnant women and children, including disease prevention, health promotion, and treatment of problems that occur during pregnancy through the postpartum period, as well as child care. In this scenario, shared work among health professionals allows for different perspectives on prenatal care practices, ensuring comprehensive care and increasing the potential for resolution.

Adequate prenatal care requires at least six consultations during pregnancy (Ministry of Health, 2006b). If the pregnancy is not classified as high-risk, at least one consultation is recommended in the first trimester of pregnancy, two in the second and three in the third. Pregnant women must be seen until they reach labor or reach the risk period for post-

maturity, around the 42nd week. According to the Ministry of Health (2006b), prenatal care is only completed on the 42nd day after delivery, when the postpartum consultation is held. These determinations may vary, depending on the risks presented by the pregnant woman, and in all cases adherence to prenatal care is essential (Buchabqui, Abeche & Brietzke, 2001). It is worth noting that these recommendations are basically medical and do not mention the importance of assessing and meeting the emotional demands of the pregnant woman.

Such demands are, in some cases, at least partially addressed in support groups for pregnant women held in health centers, which have proven to be positive, although they are not a universal procedure (Falcone, Mãder, Nascimento, Santos & Nóbrega, 2005; Souza & Carvalho, 2003).

In addition to the factors associated with the quality of care, socioeconomic status has been identified as a factor that makes it difficult for Brazilian pregnant women to attend prenatal consultations, due to the difficulties in access that this vulnerability can cause (Silveira, Santos & Costa, 2001). Added to this are the long lines, long waiting times for consultations, the insensitive way in which some professionals deal with their patients, the lack of family support, difficulties with transportation, and cultural and language differences (Cook et al., 1999). The authors also mention that personal problems and psychological distress, such as depression, anxiety, stress or ambivalence regarding pregnancy, can influence adherence to prenatal care (Cook et al., 1999; Sable & Wilkinson, 1999).

Therefore, prenatal care appears to be an important time to offer emotional and social support to women. The mother-baby bond is certainly influenced by external and contextual factors in the pregnant woman's life, one of which is social support (Huth-Bocks, Levendosky, Bogat & Von Eye, 2004). The authors state that mothers need to create and maintain a support network so that they can achieve the goals of motherhood. Corroborating these findings, Melender and Lauri (2002) identified that problems reported by North American mothers during pregnancy were associated with social support and experiences related to prenatal health care.

FINAL CONSIDERATIONS

It is important to systematically evaluate prenatal care for pregnant women. This can be done by creating a space to listen to these pregnant women and also to the professionals involved in providing care. This information is very important for improving prenatal care, understanding the motivations of pregnant women who do not adhere to it, and providing quality prenatal care in medical and psychological terms to all pregnant women. Understanding this period is not only extremely important for the immediate health issues of the pregnant woman and the baby, but also for motherhood, fatherhood and the baby's development.

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