

STREET NETWORK: IMPORTANCE OF PRENATAL FOLLOW-UP AND LINKING OF PREGNANT TO REFERENCE MATERNITY

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ABSTRACT

In order to reduce the rate of maternal mortality, the Ministry of Health implemented the program of humanization of the prenatal. In addition, to ensure the access of pregnant women to maternity leave for childbirth, has been proposed by a visit from Stork Network linking of maternity pregnant reference to completion of delivery. This study had as general objective the perception of pregnant women about the experience of motherhood reference linking in a municipality of Recôncavo Baiano. Descriptive study with a qualitative approach. Participated in the study 16 women who are accompanied in the basic attention to Health units of the municipality of Santo Antônio de Jesus – Bahia and who conducted the visit maternity reference binding for delivery. Was conducted semi-structured interview containing questions 08 and the data obtained were analyzed through the thematic analysis of Minayo. The results indicate the predominance of women in adulthood, single, and all performed the prenatal consultations, the natural childbirth. It is noticed that the visit of linking has been held very positive conception of the women interviewed, in order to ensure the principles of humanization proposed by Stork Network.

Keywords: Humanization of assistance. Women's health. Pregnancy.

INTRODUCTION

Considering the high maternal and child mortality in recent years in Brazil, the Ministry of health has implemented, in 2000, the program of humanization of the prenatal and birth (PHPN), seeking strategies that promote improvements in assistance provided to pregnant women during prenatal (PN) and after birth, unleashing several studies in the country in order to collaborate for more quality assistance to pregnant women and recent mothers, in order to reduce the birth of children premature and low birth weight, maternal and perinatal mortality in addition to⁽¹⁾.

The PN consists of a set of educational and clinical procedures that need to be developed in accordance with clinical protocols and aim to monitor the evolution of pregnancy guide and clarify the wife and your family about pregnancy, childbirth and the care of the newborn. Search still prevent, detect early and treat the complications more frequent during this period⁽²⁾.

In this context, the Brazilian nursing has great relevance for contributions in reducing morbidity and maternal and child mortality, providing assistance with the programs proposed by the Ministry of health,

making the monitoring of pregnant women at gestational period and childbirth⁽³⁾. This assistance contributes to the realization of procedures proven to be beneficial to the maternal and child health and the abandonment of unnecessary and invasive techniques such as episiotomy, shaving and enema, vaginal successive touches⁽⁴⁾. However, it is necessary the integration of maternal and child healthcare network, aiming at minimizing the fragmentation and the waste of resources, seeking in this way to guarantee the completeness of care⁽⁵⁾.

In order to strengthen and ensure a humanized assistance to the binomial mother-son was established by Ordinance No. 1,459 of 24 June 2011, the Stork Network (RC)⁽⁵⁾. This Government strategy presents a new model of maternal attention with the focus on welcoming and strengthening the bond of users with health services. In addition, the network presents Stork character of efficaciousness and focuses on reducing the mortality rate⁽⁶⁾.

Given the above and in order to ensure the knowledge of pregnant women where childbirth will be held, the Ministry of health (MS) instituted the law n° 11,634, December 27, 2007 that ensures every pregnant

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woman assisted by the unified health system (SUS) the right to knowledge and prior binding maternity in which will be held your maternity and childbirth in which she will be satisfied in cases of prenatal period. The Act adds, that motherhood where the delivery must be able to accommodate and provide necessary assistance to pregnant women in case of gestational risk. However, if it is proven that it is not capable of performing the appropriate assistance, SUS will handle the secure transfer of pregnant women to another maternity leave⁽⁷⁾.

This study is justified because it is of great importance, whereas the knowledge generated from here you can fill in gaps that still exist on the subject, contributing to the assistance provided pregnant women during prenatal care and childbirth. In addition, it will raise a reflection about the work process in maternity wards, thus allowing a revaluation of the shares and the interaction of all the health team in providing quality care, improving the assistance aimed at pregnant women, to develop an improvement in public health, especially with regard to maternal and child mortality.

Thus, the study sought to answer the following question: As has been the experience of the binding of pregnant women motherhood of reference in the municipality of Santo Antônio de Jesus? In this way, this work has as objective the perception of pregnant women about the experience of motherhood reference linking in a municipality of Recôncavo and as specific goal, understand the meaning of the linking to pregnant women in relation to the experience during the prenatal and childbirth.

METHODOLOGY

This is a descriptive study of qualitative approach, where the information was collected through interviews with pregnant women in the search for understanding aspects of human behavior in this scenario. And before the analysis was sought to acquire information of the given group, making it more detailed understanding about the research.

And the study was carried out in the municipality of Santo Antônio de Jesus-BAHIA, in the year 2015. The choice by the scenario in question took place the fact that motherhood in this Municipality is the main reference for delivery on the public network of the region, as well as for being the pioneer in maternity pregnant binding in this scenario.

Santo Antônio de Jesus-BA is a municipality in the State of Bahia in the Northeast region of Recôncavo Sul. Its population, estimated by the Brazilian Institute

of geography statistics (IBGE), held in 2014 was 100,550 inhabitants. Therefore, it is relevant to point out that Santo Antônio de Jesus has 21 family health Units (USF) that support the local population, with 17 of these located in the urban area. In primary care, the municipality also has two basic health units (UBS), two Core teams to support family health (NASF) and 100% coverage of community health Agents.

The specialized attention is composed of a Municipal Polyclinic, two day-care Centers, a Regional health worker Center, a center of dental specialties and a testing and counseling center/customer service Specialized. In addition to these services, there are two public hospitals, being a Holy House of mercy and a State-run Regional Hospital, providing services to the local population, as well as the surrounding cities.

The study was conducted with 16 women accompanied by the basic attention to Health units of the municipality of Santo Antônio de Jesus-Bahia. From this number of respondents, there was need to continue will be the realization of the collection, once, one can notice the repetition of the information collected, featuring so data saturation.

For identification of women was made a previous contact with the nurses and the ACS linked to health units of the basic attention, for survey of women who met the criteria established in this study, as well as on own health unit time of trip the woman the query.

The criteria for inclusion in this study were: participation in visit maternity reference binding and adhesion to the study through the signature of informed consent (TFCC).

Data collection was conducted a semi-structured interview containing 08 issues, distributed in sociodemographic characteristics (age, sex, marital status, education, occupation), as well as issues related to prenatal care and the experience of the binding reference for motherhood. The interviews were conducted between the months of November and December 2015 and were recorded and transcribed in full soon after.

The research was authorized by the Municipal Health Secretariat of Santo Antônio de Jesus and approved by the ethics and Research Committee of the College Maria Milza (FAMAM), respecting the resolution of the National Health Council (CNS) nº 466/2012⁽⁸⁾, being approved by opinion No. 1,264,980/2015. After approval, the presentation of the Charter of the institution coparticipant pregnant women selected for the study. Each participant

received guidelines and signed the FICS. This document, as well as the responsibility of the researcher about the ethical aspects, as well as the confidentiality of the identity of each individual investigated, being the subject of research identified by Arabic numerals.

For better analysis of the data from this research, we opted for thematic content analysis⁽⁹⁾. This is to unveil the nuclei of meaning that make up a communication noting the presence of something that has meaning to the object under study. Thus, this analysis was carried out from the three steps, the first pre-analysis, which matured the object of study and set limits on the research problem; the second, the exploration of the material, which has collected information that responded to the problem, and finally the data analysis, which made the treatment by inferences and interpretations of the collected data⁽⁹⁾.

In this way, the variables used in this study were: age, marital status, pregnancy, prenatal consultations number, dates of visit and binding type. And, after thorough reading generated the following categories of analysis: Importance and experiences experienced during the prenatal monitoring; Visit experience maternity reference binding and binding visit Contribution for childbirth.

Framework 01. Characterization of the women participants of the research about the age, marital status, pregnancy, prenatal consultations, IG binding visit, type of delivery Santo Antônio de Jesus-BA, 2015.

| N. | AGE | MARITAL STATUS | NUMBER OF PREGNANCY | NUMBER OF PRENATAL CONSULTATIONS | IG BINDING VISIT | DELIVERY TYPE |
|----|-----|----------------|---------------------|----------------------------------|------------------|---------------|
| 01 | 20 | Married | 01 | 07 | 09 months | Cesáreo |
| 02 | 19 | Single | 01 | 08 | 08 months | Normal |
| 03 | 40 | Single | 02 | 08 | 08 months | Cesáreo |
| 04 | 35 | Single | 02 | 06 | 06 months | Cesáreo |
| 05 | 19 | Single | 01 | 06 | 07 months | Normal |
| 06 | 27 | Married | 01 | 11 | 08 months | Cesáreo |
| 07 | 24 | Married | 04 | 06 | 07 months | Normal |
| 08 | 15 | Single | 01 | 05 | 07 months | Normal |
| 09 | 27 | Stable Union | 03 | 08 | 08 months | Normal |
| 10 | 21 | Single | 01 | 07 | 07 months | Normal |
| 11 | 24 | Stable Union | 01 | 06 | 05 months | Normal |
| 12 | 36 | Single | 02 | 08 | 09 months | Normal |
| 13 | 38 | Married | 03 | 07 | 08 months | Cesáreo |
| 14 | 25 | Single | 01 | 06 | 09 months | Normal |
| 15 | 21 | Stable Union | 03 | 07 | 08 months | Normal |
| 16 | 23 | Married | 01 | 05 | 08 months | Cesáreo |

Source: Research data, 2015.

It is observed in table 1 that compared to obstetric data, more than half⁽⁹⁾ first pregnancy was a quadrigesta. Fourteen of them carried out of the 11 06 prenatal consultations and consultations were held only

This grouping and categorization of the data facilitated the identification of cores necessary way to greater rapprochement with the content of the answers of the respondents, thus facilitating the discussion of same.

RESULTS AND DISCUSSION

Of the 16 participants of the study, it was found that half of them were single and the rest were married or had a stable with age ranged from 15 to 40 years, with prevalence of women in the age group of 20 to 27 years, totaling 09 women. Notes, therefore, that despite technological advances present in medicine, it is necessary that the nursing staff to perform the counselling of adolescents and women who delay pregnancy, at greater risk of complications in these periods. The maternal age is one of the factors associated with stillbirth, in addition to relevance in the relationship with other factors associated with the fetal death⁽¹⁰⁾.

Having a partner is significant in the life of the pregnant woman, since this can act as economic and psychological support⁽¹¹⁾. Points out that single women have three times higher risk of not performing the monitoring of PN about married women⁽¹²⁾.

05 02. Most of them, therefore, followed what recommends the PHPN, that the prenatal follow-up should be initiated as early as possible, in order to ensure the minimum of pregnant 06 prenatal

consultations⁽¹³⁾. The low rates of adequacy of the process of prenatal assistance at the various levels of social assistance may result in undesirable outcomes such as birth of premature infants and low birth weight, in addition to contributing to maternal and perinatal mortality⁽¹⁾.

Attention to women's health during the pregnancy remains a challenge with regard to quality of care itself, and the aspects related to the philosophical debate around the careful⁽¹⁴⁾. In this sense, it is necessary to intensify the actions of qualification of the PN assistance, strengthening the educational activities to guarantee the fulfillment of the goals envisaged, thereby providing better indicators of health.

When questioned about the visit of the binding reference to completion of maternity leave, it has been found that all respondents made the visit during the period from 07 to 09 months, according to the recommendation of the Ministry of health. This is a positive, whereas the lack of information and knowledge of motherhood can cause insecurity, stress and provide a gestational experience negative.

Already in relation to the type of delivery, 10 had normal childbirth and cesarean delivery. In this context, reaffirms to be of great importance to the participation of the multidisciplinary team of the basic attention in strengthening the understanding of the childbirth, prenatal and transmitting security and tranquility, assisting pregnant women in the passage of the period gravid-puerperal where it is affected by changes of physical nature, hormonal, metabolic and psychological.

The educational actions during the PN as information of the procedures that will be performed in childbirth, the guidelines in your course, admission to the referral to the surgical Center, decrease anxiety and more security related to the procedures and professionals⁽¹⁵⁾. In this way, the information will allow reflection on the advantages and disadvantages of types of childbirth and can help pregnant women to choose the best option for the birth, as well as strengthen the natural childbirth, thereby reducing the high rates of Caesarean sections.

Importance and experiences experienced during the prenatal monitoring

The quality of prenatal care is essential in the identification of predisposing factors of avoidable risks, or simply under the conditions that arise during gestational period⁽¹⁶⁾. These guidelines for monitoring

the pregnant woman about certain procedures from beginning to the end of pregnancy allows the woman to become more confident⁽¹⁷⁾. In this sense, to know what the women's understanding about the importance of prenatal care, as they are described through the lines below:

To monitor the development of the baby and so the tests, anything to know if there's anything, ultrasound these things, is very important. (In-person interview. 10)

It was important right because, to take care of the baby, to see how she was, thank God everything was fine, it's important right in pregnancy do prenatal care from the beginning until the end. (In-person interview. 11)

It was so very important because different things right, [...] between the first two I did the 3rd was very different to the way, the way to lie down and get up [...] (laughs) [...]. (In-person interview. 13)

By examining lines of interviewed is possible to notice that these spoke very well, demonstrating to be satisfied with the prenatal care received. However, a perception that has not passed an interview, showing that whatever the prenatal follow-up. As is confirmed in the response that follows:

[...] prenatal care was not so important, because I have not had any complications, but only was important only because of exams. (In-person interview. 14)

This line denotes the fragility of understanding interviewed, who does not understand the importance of prenatal care and that could interfere directly in health and monitoring the binomial. So, is the need for this education and humanization process properly and qualified. The commitment of women arises from the moment she has adequate access to prenatal service, in that program's proposals are informed, anyway, she feels responsible for integrated care⁽¹⁾.

When questioned about the experiences during the prenatal monitoring, the interviewed have positioned themselves as follows:

I learned a lot that I didn't know, like how to breastfeed, what to do when the baby choking, these kinds of things is very important. (In-person interview. 02)

You see a child growing inside of you right, is quite different, I was willing enough to get pregnant, I wanted to have that experience of being a parent, feel my son inside my stomach, I thought it was really good. (In-person interview. 05)

As demonstrated in the lines above, they were satisfied with the assistance received during prenatal

consultations, so as to correspond with the expectations with regard to pregnancy/childbirth.

Experience of the visit to the maternity ward of reference binding

Is right of every pregnant woman accompanied by SUS have prior knowledge of what motherhood can be forwarded at the time of childbirth or in emergency cases in gestational period until the puerperium and motherhood must provide appropriate assistance as your specificity⁽¹⁸⁾.

In this perspective, to be indagates about the experience of the visit to the maternity ward of binding reference to completion of delivery, they also were satisfied in knowing the location where it would be held and, this can be influenced directly at time of delivery.

I was asking God for what God did something and God has prepared this visit for me to stay quiet. (In-person interview. 07)

[...] I didn't know there was new there, I've never gone in there no, there I saw where I was going. (In-person interview. 08)

Before I didn't have that right, and it was very good this visit. (In-person interview. 13)

I didn't know, I'm not from here, for me it was great to know that we have room to be waiting [...] where, what is the process, meeting rooms. (In-person interview. 15)

[...] the fact that people told me that the hospital was bad, I had the knowledge I saw it wasn't anything like that, I was scared by the fact that I don't know. (In-person interview. 16)

The process of health education is essential to prevent complications in pregnancy. The nurse has a fundamental role in this process, as has been said by some interviewees, they were unaware of motherhood where your birth would be realized and considered the visit very important for them to be quiet at the time of the birth of the baby and, if that satisfaction with this activity didn't keep relation with the fact that the woman be Primiparous, because even interviewed 13 that already knew the previous birth maternity, found important visits from binding.

However, a not understood the proposed interview visit binding, as demonstrated in the speech that follows:

It was strange. I thought motherhood was a cozier environment and inside was a little different. (In-person interview. 01)

The host of the pregnant woman, companion and family members is essential to ensure tranquility and confidence, so the team must be prepared and respect this moment. The above account demonstrates the need of professional qualification and the care that must be taken at the time of transmitting the information. You understand that the information received by the women during labour and assistance delivery feature a clear association with the satisfaction with the childbirth, and the more complete or sufficient for the information perceived by the woman, the greater the satisfaction reported with respect to the assistance provided by the team⁽¹⁹⁾.

Contribution of binding visit to childbirth

The Stork Network proposes actions to improve access to and quality of care provided to women and children, among them the linking of maternity of pregnant reference, aiming at the reduction of the pilgrimage of women at the time of admission in labor. Yet, in the present day, access inequalities persist a proper care⁽¹⁸⁾. The importance of this activity for pregnant women is exemplified in some reports.

Let me smoother [...] the person who was driving the visit was very well informed there all sorts of doubts I had he took, including the group that I was alone I asked so they have healed enough my doubts. (In-person interview. 01)

It was nice, because then I knew where everything was, so the place, as it was, as it was not. I found it very good. (Enterv. 02)

It was wonderful, because I didn't know motherhood, [...] social worker explained everything as could be, the rights I had that was date such, [...] spent to meet the hospital of another form, [...] when I went to visit [...]. (In-person interview. 06)

When I had my baby I already knew where she was going, when I feel the pain I knew where I was going to be. It was very important. (In-person interview. 12)

Thus, it is clear that category that the interviewed showed satisfaction related to linking and visit this visit contributed to that they feel more safe and comfortable at time of delivery. In contrast, other studies show that, despite the existence of health programs focusing on prenatal care as PHPN and Stork Network, attention to pregnant women is often not able to prevent complications⁽²⁰⁾.

FINAL CONSIDERATIONS

According to reports it can be observed the importance of prenatal (PN) and visit the binding reference maternity where the educational activities with information from procedures performed at birth, admission to the referral to the surgical Center, among other information helps decrease anxiety and insecurity of women.

Despite the difficulties faced to women, as well as location of the same express how they feel and the fact that binding of pregnant women on maternity leave have started a short time influencing the understanding of women and of the professionals on the subject, it is clear, satisfaction with the PN and childbirth assistance. It was noticeable that the visit has been held binding in a positive way in the design of the women interviewed,

in order to ensure the principles of humanization proposed by the Stork Network.

In this context, it's called attention to nursing care that has been dispensed to pregnant women because it is clear that the visit of linking is one of the factors that come by ensuring these women quiet, emotional balance and security that helps through this stage of life.

The survey demonstrates the importance, because it responded to the proposed objectives and arises as a possibility of evaluation of the practice of binding of pregnant women to maternity, thus contributing as an important source of research for the institutions involved. As a contribution to nursing, emphasized the need to strengthen the educational activities during the prenatal period, thus enabling an empowerment of those women.

REDE CEGONHA: ACOMPANHAMENTO PRÉ-NATAL E VINCULAÇÃO DE GESTANTES À MATERNIDADE DE REFERÊNCIA

RESUMO

Com intuito de reduzir o índice de mortalidade materno-infantil, o Ministério da Saúde implantou o Programa de Humanização do Pré-Natal. Além disso, visando assegurar o acesso das gestantes a maternidade para realização do parto, a visita vem sendo proposta pela Rede Cegonha a visita de vinculação da gestante à maternidade de referência para realização do parto. Este estudo teve como objetivo geral conhecer a percepção das gestantes sobre a experiência da vinculação à maternidade de referência em um município do Recôncavo Baiano. Estudo descritivo, com abordagem qualitativa. Participaram do estudo 16 mulheres que são acompanhadas nas Unidades de Atenção Básica à Saúde do município de Santo Antônio de Jesus-Bahia e que realizaram a visita de vinculação à maternidade de referência para o parto. Foi realizada entrevista semi-estruturada contendo 08 questões e, os dados obtidos foram analisados através da análise temática de Minayo. Os resultados indicam a predominância das mulheres na fase adulta, solteiras, primigestas, sendo que todas realizaram as consultas de pré-natal, prevalecendo o parto normal. Percebe-se que a visita de vinculação vem sendo realizada de forma bem positiva na concepção das mulheres entrevistadas, de modo a garantir os princípios da humanização propostos pela Rede Cegonha.

Palavras-chave: Humanização da assistência. Saúde da mulher. Gravidez.

RED CIGÜEÑA: ACOMPAÑAMIENTO PRENATAL Y VINCULACIÓN DE GESTANTES A LA MATERNIDAD DE REFERENCIA

RESUMEN

Con el objetivo de reducir el índice de mortalidad materno-infantil, el Ministerio de la Salud implantó el Programa de Humanización del Prenatal. Además, pretendiendo asegurar el acceso de las gestantes a la maternidad para la realización del parto, ha sido propuesta, por la Red Cigüeña, la visita de vinculación de la gestante a la maternidad de referencia para la realización del parto. Este estudio tuvo como objetivo general conocer la percepción de las gestantes sobre la experiencia de la vinculación a la maternidad de referencia en un municipio de Recôncavo Baiano. Estudio descriptivo, con enfoque cualitativo. Participaron del estudio 16 mujeres que son acompañadas en las Unidades de Atención Básica a la Salud del municipio de Santo Antônio de Jesus-Bahia y que realizaron la visita de vinculación a la maternidad de referencia para el parto. Fue realizada entrevista semiestructurada conteniendo 08 cuestiones y los datos obtenidos fueron analizados a través del análisis temático de Minayo. Los resultados indican la predominancia de las mujeres en la fase adulta, solteras, primigestas y todas realizaron las consultas de prenatal, prevaleciendo el parto normal. Se percibe que la visita de vinculación ha sido realizada de forma bastante positiva en la concepción de las mujeres entrevistadas, de modo a garantizar los principios de la humanización propuestos por la Red Cigüeña.

Palabras clave: Humanización de la atención. Salud de la mujer. Embarazo.

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