REVISTA ONLINE DE PESQUISA
CUIDADO É FUNDAMENTAL
Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

RESEARCH DOI: 10.9789/2175-5361.2018.v10i4.1014-1019

The humanization of prenatal care under the pregnant women's perspective

A humanização do cuidado pré-natal na perspectiva valorativa das mulheres gestantes

La humanización de la atención prenatal cuidado en perspectiva valorativa embarazo las mujeres

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How to quote this article:
Silva LA, Alves VH, Rodrigues DP, Vieira BDG, Marchiori GRS, Santos MV. The humanization of prenatal care under the pregnant women's perspective. Rev Fun Care Online. 2018 oct/dec; 10(4):1014-1019. DOI: http://dx.doi.org/10.9789/2175-5361.2018.v10i4.1014-1019

ABSTRACT

Objective: The study's goal has been to identify and analyze the values regarding the care received, which were expressed in the discourses of the women/pregnant monitored by the Prenatal Program. **Methods:** It as a phenomenological study with a qualitative approach. Twelve women from January to March 2013 were interviewed in prenatal care services in Niterói city, Rio de Janeiro State. The statements were transcribed and submitted to a comprehensive analysis for the formulation of the categories, and also articulated with Max Scheler's Values Theory. **Results:** Based on the data analysis, the following categories emerged: the prenatal care value from the woman/pregnant perspective; and the humanized actions that implies a change of values. **Conclusion:** It was concluded that both the welcome and the humanized prenatal care are vital and affective values; therefore, they are intrinsic values. Hence, contributing to reflect the prenatal care and aiming this service towards the women's specific needs.
Descriptors: Women's health, prenatal care, social values, nursing.

RESUMO

Objetivo: Identificar e analisar os valores expressos nos discursos das mulheres/gestantes acompanhadas no Programa de Pré-natal, a respeito da assistência recebida. **Métodos:** Estudo fenomenológico com abordagem qualitativa. Foram entrevistadas 12 mulheres no período

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de janeiro a março de 2013 acompanhadas no pré-natal nos serviços de atenção básica do município de Niterói, Rio de Janeiro. Os depoimentos foram transcritos e submetidos a análise compreensiva para a formulação das categorias e articuladas com a Teoria dos Valores de Max Scheler. **Resultados:** Emergiram as seguintes categorias: O valor do acolhimento no pré-natal sob a ótica da mulher/gestante e a humanização como uma ação que implica em mudança de valores. **Conclusão:** Concluiu-se que o acolhimento e a humanização no cuidado durante o pré-natal são valores vitais e afetivos, portanto, valores em si mesmo. Contribuindo assim para refletir a assistência pré-natal, objetivando o direcionamento desse atendimento às necessidades específicas de cada mulher.
Descritores: Saúde da mulher, Cuidado pré-natal, Valores sociais, Enfermagem.

RESUMEN

Objetivo: Identificar y analizar los valores expresados en los discursos de las mujeres / mujeres embarazadas acompañado del Programa Prenatal, con respecto a la atención recibida. **Métodos:** Estudio cualitativo fenomenológico. Se entrevistó a 12 mujeres de enero a marzo 2013 acompañada prenatalmente en los servicios de atención primaria en la ciudad de Niterói, Rio de Janeiro. Las entrevistas fueron transcritas y se sometieron a análisis exhaustivo para la formulación de las categorías y articulados con la teoría de los valores de Max Scheler. **Resultados:** Surgieron las siguientes categorías: El valor de acogida antes de nacer, desde la perspectiva de la mujer / madre y la humanización como una acción que implica el cambio de valores. **Conclusión:** Se concluye que la recepción y la humanización en la atención durante el período prenatal son valores vitales y afectivas, por lo que los valores en sí mismo. contribuyendo así a reflejar la atención prenatal, apuntando la dirección de esta reunión las necesidades específicas de cada mujer.
Descriptores: salud de la mujer, la atención prenatal, los valores sociales, enfermería.

INTRODUCTION

The prenatal care includes a set of care and procedures aimed at preserving the health of the pregnant woman and the concept, ensuring gestational follow-up that is characterized by physical and emotional changes, as well as being experienced by pregnant women in a different way. So, prenatal care represents a chance for women to receive care that guarantees their quality of life during the pregnancy period.[1]

Nevertheless, the quality of care in the health service is one of the major challenges of the Health Ministry, especially in the area of Women's Health. With regards to the reproductive component, the challenge is to reduce maternal death, a serious Brazilian public health issue. This situation is echoed by the United Nations (UN), whose meeting of the Millennium Summit in 2000 adopted one of the Eight Millennium Development Goals (MDGs), "Improving maternal health", which is the 5th MDG, a target that has not yet been reached by Brazil in 2015.[2]

In the 2000s, the Health Ministry launched the Prenatal and Childbirth Humanization Program, and the National Policy for Attention to Women's Integral Health aimed at expanding access to health services, favoring a more humanized coverage of women's attention. These programs bring in their conceptions the value of women's care, based on the protagonism of actions that concern their health, although the attention received in prenatal care still perpetuates assistance focused on the biomedical, mechanistic and reductionist model.[3]

This paradigm, deep-rooted in health institutions, focuses on the biomedical model, which strengthens interventionist assistance, predominantly technical, that recognizes women passively in prenatal care, treating it as an adjunct to protocols and technical procedures, either invasive or not, without possibility of creating a bond that supports the value of care centered on its real physical, emotional and social demands inherent in the process of development.[4]

In Brazil, prenatal care in Primary Care is centered on protocol health actions, guided by technical conducts that recognize women through classic pregnancy symptoms, without addressing their silent complications, domestic violence and abortion.[5]

In overall, it is necessary to recognize the values, beliefs and meanings of the female context when attending a woman in prenatal care, understanding, thus, motherhood as a dynamic process that is constantly in construction, deconstruction and search for meaning. Therefore, the commitment to improving the life quality and health of each pregnant woman should be based on the relationship established between the caregiver and the person being cared for, in other words, the woman/pregnant in her entirety.[6-7]

There is a great challenge in promoting the humanization of care, one of which is the difficulty in understanding the importance of the speech of the other, in other words, if the speech of the other is disqualified, unrecognized, or if their arguments are even placed, then invalidating either any emancipatory communicative understanding or action hypothesis.[8]

The prenatal care requires the study of the health, social, political, and philosophical relationships imbedded in it. These dimensions necessarily imply the closest reciprocity between thought and action, demands and possibilities. It also involves questions both deep and general, as the purpose of human life - individual and collective - and the sense attributed to oneself, the other, and the world. Responses to such questions depend on the success of the outcome of the entire prenatal care process, which is a function of a particular worldview, of the Human Being and of a specific social reality that each pregnant woman experiences.

Hence, the values experienced by pregnant women in daily life, whose experiences are rich and a source of knowledge, will contribute to understanding the phenomenon of prenatal care and its challenges.[9]

Given this perspective, the study formulated the following guiding question: What are the values addressed by women regarding the prenatal care quality? In view of the aforementioned, and in order to respond this issue, the following study objectives were established: identifying and analyzing the values expressed in the pregnant women's speeches monitored by the Prenatal Program.

METHODS

It as a phenomenological study with a qualitative approach, which was based the subjective data appraisal by the pregnant women.

The participants of the study were 12 women/pregnant attending three prenatal care programs in the city of *Niterói*, *Rio de Janeiro* State. The number of participants was set up after the exhaustion of the senses expressed by them before the facets of the phenomenon. It was established as an inclusion criterion that women are enrolled in the network of prenatal care at usual risk of the municipality and are experiencing the third trimester of pregnancy. Women under the age of eighteen years, those who were in the first or second trimester of pregnancy, and those with fewer than six prenatal appointments were excluded.

Given this scenario, the professionals who perform the prenatal consultation are the physicians, and the nurses perform the pre-consultation, in which they perform the reception, clarify doubts, gauge the pressure and record the exams on the cards of the pregnant women. Participation in the research was voluntary, and anonymity and confidentiality of information was ensured using an alphanumeric code (G1... G12) for each gravid woman.

In order to collect the information, the technique adopted was the semi-structured interview with open and closed questions, which occurred from January to March 2013, after signing the Free and Informed Consent Term.

In accordance with the Resolution from the National Health Council, No. 466 from December 12th, 2012. The study was approved on October 9th, 2012 by the Research Ethics Committee of the Faculty of Medicine from the *Hospital Universitário Antônio Pedro (HUAP)* at the *Universidade Federal Fluminense (UFF)*, under the Protocol No. 118.436/2012.[10]

The women's statements were recorded in a digital device with the proper authorization, and transcribed in full by the researcher in order to ensure the reliability of the speeches. Transcripts originated the evaluative meanings of the study, which were organized according to the comprehensive analysis technique and finally interpreted based on Max Scheler's Values Theory.[9,11]

The values validated the construction of the following categories: The value of the prenatal welcoming expressed by the viewpoint of the woman/pregnant; and Humanization: an action that implies a change of values.

RESULTS AND DISCUSSION

The value of the prenatal welcoming expressed by the viewpoint of the woman/pregnant

Considering the prenatal care, the women in the present study reported predominantly that the consultations are "short and fast", confirming the welcoming depreciation of the prenatal care service:

> I think it's their rush. The physician does not even look at our face. You ask a question and he gives a quick and ready answer, it seems he wants to answer fast. (G7)

> The doctor treated me very badly during the consultation, and caused me even a depression. (G9)

> The physician is very good, but pity that the consultation period is very short. You cannot answer; you cannot talk as you wish either. (G12)

The welcoming is not restricted to the reception of women/pregnant in the waiting room; it is quite the reverse, this technology of care must be performed throughout the course of the Health Unit, especially during the prenatal visit. The value expressed in the women's speech points to an unethical and almost negligent care, the lack of shared desires experienced, the lack of simple technical procedures such as measuring and weighing that, for the value field of women, it is extremely important, because it is vital to your well-being:

> The physician does not answer you right, I start talking and he does not examine me, he just gives me medicine and that's it. (G4)

> I ask everything. You have to have more examination, to examine, to measure, to weigh. I'm going to do eight months and she (the physician) never measured my belly, despite her knowing by ultrasonography. (G10)

> She does not listen quite completely what we have to talk, if she needs to prescribe medicine, she goes for it, she has not examined me yet, she has not measured belly or anything, I'm going to reach seven months. (G11)

It is necessary that the sensitive listening, the welcoming, that are part of the humanization of care are engaged in assisting women, meeting their needs and their values.

Humanization: an action that implies a change of values

The women/pregnant have reported a lack of listening to their emotional issues. It is noteworthy that they value this action of specific care in the field of feeling, the affective value in care, an aspect that requires a careful evaluation in relation to the assistance offered during the prenatal care:

> Because they (the physicians) do not ask, do not say anything; they do not ask what I feel. (G1)

> Because there is no time, isn't it? There are so many pregnant! That's why they do not get too involved; we do not talk about people. Just like when I got here with the ultrasonography, I was all excited, and there they said that's normal. (G2)

> The consultation with the physician is very fast, you hardly have time to talk, you cannot talk about yourself, and I miss it. (G8)

The women have reported that in the Primary Care Unit where the nurse is present in the prenatal care, the assessment of the pregnant women's feelings was contemplated during the care, according to the following statements:

> The nurse always asks how it is there at home, she gives advices, but the physician not so much. She is more caring, I have confidence, I speak of what I feel, you know. (G3)

> When the consultation is with the nurses, they ask everything, what is happening, even if it is personal, they sit and talk, they give advice, this is the nurse from the unit, they help, then I go out well. (G5)

> The nurses realize if you are sad, quiet, and then they talk to you. (G6)

Hence, the humanization constitutes a strategy aiming to improve the care quality towards the women during the prenatal care.

The practice of the host, which is one of the guidelines of the National Humanization Policy (NHP), which, when allowed to be valued by health professionals, is a positive factor in the caring process, since it allows the creation of a bond of the users with the health service and, consequently, influences the therapeutics in order to improve the life quality. In the specific case of prenatal consultations, a welcoming practice is of vital importance for the pregnant woman to value her feelings, attitudes and desires that, at some point in her gestation, will influence either positively or negatively the gestational period development.[12]

It is known that the welcoming is the first and fundamental condition towards the bond creation (relationship). The impersonality of the comprehension of the reception from the bond, constitutes a no reception of the subject in its totality, as described by the interviewees when they feel not well welcomed in the Health Unit, which confirms the necessity of the foundation of the concept of reception in the primary health care network as ethical care.[12,13]

The previous lines reinforce the technocratic model, the short and succinct approach that values the technical and protocol processes, unrelated to a warm care, generating dissatisfaction in women/pregnant. With this, we realized that health professionals did not recognize active listening as technology or the possibility of using such technology to build a link between the same and the user, since the link is an intrinsic value.[4,9,14]

The host constituted from the link, is dynamic, facing the other as a carrier of a unique and exclusive value. This is your true object. Moreover, it is built from the full awareness of the affective value that must be experienced in the prenatal visit. Thus, the host is a technological tool capable of meeting the demands of women/pregnant, articulating it to the meanings of values, thus enabling women to obtain full interest in the continuity of the prenatal care.[9,13]

The interviewees' statements reiterate the technical, biological, tax and deterministic dimension of care; and in the value context, repudiate and disqualify the assistance they receive, since health value is deeply rooted in the innermost being of the Human Being: it is immanent to him/her, it is in the essence of his/hers existence and he/she has, for this very reason, the highest significance for the well-being of the woman and her child in the world.[9]

Recognizing the physical, emotional and sociocultural contexts of the woman/pregnant in which it is inserted can be a facilitator for the identification of risk factors that permeate the universe of gestation, which is understood as a vital value because it is fundamental for the creation of strategies of health teams with the women/pregnant, her partner and her family.[9,15]

The practice of receiving is permeated by utilitarian, vital, social and religious values. All of them acquire forms in the life context of each woman/pregnant, and in the prenatal consultation process, should be perceived by health professionals as possibilities for active listening to bond and ethical health care.[9,11]

Consequently, in the prenatal space, the value of the host is characterized by the authentic phenomenon of the bond, because one can perceive affectively the feelings of others, without actually living them. This perception of the bond value is the first and fundamental condition for the host. It is in this sense that values are presented in the field of prenatal care, especially the vital values we all desire, as follows: health, well-being and protection, understood as essential for human survival and expressed clearly in the interviewees' speeches.

It is, therefore, possible to understand the importance of welcoming these users to their diverse needs in order to satisfy them, since more satisfied women are more predisposed to continue to use health services, reflecting on the health and well-being of the community.[16]

In order to humanize, it is needed to attribute human character, to become more human, more sociable. In the field of health, the humanization of care is directly linked to the essence of the Living Being, its individuality and the perception of the other in its totality. In the prenatal field, it implies the perception of possible vulnerabilities experienced by the woman/pregnant, opening a field of possibilities to understand the experiences in health care, especially during pregnancy, considered a period of great physical, emotional and Social conditions.[9,11]

Health is among the fundamental human rights guaranteed by the Brazilian Constitution of 1988. In this context, in order

to understand the importance of humanization in care, it is necessary to distinguish the humanistic model from the technocratic one, since the first one is dedicated to caring Integral in a timely manner, while the second reduces care to the simple act of production ("filling roles") and in the high use of technologies, without valuing the whole Human Being.[4,9,10]

It means that the distancing of health professionals caused by the no humanization approach makes it impossible to identify values expressed by women/pregnant. A classic example is the emotional needs experienced during the gestational period, a fact that is a complicating factor for the health of the woman and the baby, since the affective value is an expression of being a woman/pregnant who values her existing at a certain moment in the lived, the pregnant woman.[9]

In this sense, the technocratic model promotes this quick and succinct approach, untying effective care and quality, not valuing long conversations with its patients and giving priority to short consultations, without approach and bond with them. Thus, the lack of understanding of affective value becomes a health risk, making it imperative to understand that humanized practice considers the other as a valuing subject, and not as a passive object of care.[9,17]

To consider the affective value in the field of prenatal care is to guarantee a look at the emotions and feelings of the Being that values their emotional existence, which is expressed by emotional feeling, and not only by reason.[9]

It is clear that the reports reveal the affective value as a lack of the pregnant being, a carrier of value in herself. The reflex is clear in the gap between the health professional and the woman in front of their needs. Therefore, it should be emphasized that health quality can not be understood only by reason, but also understood by emotional feeling, after all, we are not dissociated from the body, mind and spirit.

Pregnancy is a singular event that presents several changes in the existential field, understood here as body, mind and spirit. It can be said that it is an experience full of intense feelings in the face of the proximity of being a woman/mother. Feelings arise at their most diverse levels, they travel between joys, sorrows, fears, anxieties, among others, and can generate conflicts that lead to the imbalance of gestational health. This is why the pregnant woman needs a humanized and qualified care during pregnancy.[9,18]

Corroborating this idea, the general guidelines of the *Humaniza-SUS* (Brazilian Health Program) suggest the expansion of the dialogue between the health professionals themselves, among them and the population, including health management, promoting a participatory action in the strengthening of qualified assistance.[18]

The humanized approach, when valued by health professionals, finds meaning in prenatal care. It is noticed that pregnant women's speeches value this care with emphasis on health quality, as it goes beyond purely technical care, informed by information and advances to a humanized care, comprising the integral care that is in the presence of being a woman/pregnant.[9,17-19]

The health professional, in this case the nurse, when assessing the affective feeling of the pregnant woman, brings in her practice the immanent contemplation of a desired object valued in the field of emotions; It is not a mere contemplation of a given object, but the desired one, that is, that the pregnant woman transcends her longings and health needs to reach the fullness of the exercise of a value: the gestation.[9]

It is very important to listen to pregnant women because with this act the health professional becomes able to perform prenatal care appropriate to the needs and expectations of the mother and therefore more satisfactory, harmonized and inclusive. Following this logic, the importance of effective inclusion of family members in the process of follow-up of these pregnant women is highlighted, thus forming a relationship that goes beyond the moments of the consultations.[6]

It is inferred that humanization in the health care of women in the prenatal field makes it possible to perceive the woman/pregnant in their most diverse forms of addressing value. As for the health professional, it favors to recognize the pregnant woman possessing intrinsic values, then opening space for her protagonism.

CONCLUSION

The reflections about the values expressed by the interviewees during prenatal care allowed us to reveal two important points for the recognition of pregnant women as a intrinsic value.

The first point deals with the prenatal care value, expressed from this women's view point, demonstrating that it is an authentic phenomenon of the relationship, then guaranteeing to the health professional the possibility of seeing women from their real needs, favoring active listening, identification of health problems, opening the way to prenatal care strategies. The second point brings humanization as an action that implies a change of values in the process of recognizing pregnant women not only in the field of reason, but also in the field of feeling in which, in the Human Being, there is no dissociation of body-mind-spirit. In this sense, the value of humanization lies in perceiving the totality of being pregnant/woman as regards to her existence as a human value.

The study pointed to the need to carry out new research in the area of values, as a possibility to understand health based on the demands and experiences of each human being and their articulation with health care, expressed in the daily practice of professionals and in politics public health systems currently in force.

Herein, the limitation of the study refers to the scenario, where it did not obtain a total unit of primary care in the municipality, which may not reflect the real situation of the prenatal care.

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Received from: 02/16/2017
Reviews required: No
Approved on: 03/31/2017
Published on: 10/05/2018

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