

NURSING CARE IN PRENATAL CARE: BEST PRACTICES AND CHALLENGES

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ABSTRACT

Objective: To investigate the best practices and main challenges faced by nursing professionals in prenatal care. **Method:** This is an integrative literature review conducted in the PubMed, SciELO, LILACS and BDENF databases, including studies published from 2010 to 2025 in Portuguese, English, and Spanish. The search strategy used controlled descriptors such as “prenatal care,” “nursing,” “primary health care,” “best practices,” and “challenges.” A total of 40 articles were selected after applying inclusion and exclusion criteria. **Results:** The main best practices identified were: health education, qualified listening, promotion of breastfeeding, implementation of pregnant women groups, humanized approach in vulnerable situations, and inclusion of the partner. The most frequent challenges were: work overload, lack of material resources, absence of standardized clinical protocols, lack of training to address complex topics, and undervaluation of nursing autonomy. **Conclusion:** Nursing care in the prenatal period is essential for maternal and infant health. However, to fully implement best practices, it is necessary to overcome institutional, educational, and structural barriers through public policies that value and strengthen nursing practice.

Keywords: Prenatal care; Nursing; Best practices; Primary health care; Professional challenges.

INTRODUCTION

Prenatal care constitutes one of the most important strategies for promoting maternal and child health, being decisive for the reduction of preventable morbidity and mortality and for the early detection of adverse conditions that may compromise the well-being of the pregnant woman and the fetus. The World Health Organization (WHO) establishes that gestational follow-up should preferably begin by the 12th week, with a minimum of eight consultations throughout pregnancy, accompanied by educational, clinical, and psychosocial interventions that respect the principles of equity and comprehensive care [1].

In Brazil, the Ministry of Health, through the National Policy for Comprehensive Women's Health Care and the guidelines of the *Rede Cegonha* program, proposes that prenatal care be carried out, whenever possible, by a multidisciplinary team, with the nurse playing a central role within Primary Health Care (PHC) [2]. The nurse's responsibilities range from obstetric risk screening to the implementation of educational actions, prescription of basic

protocol medications, and requesting laboratory tests, as established by legislation and clinical protocols [3,4].

Several studies indicate that the presence of nurses in primary health units has been consolidated as a qualifying factor for prenatal care, mainly through the adoption of best practices based on humanization, welcoming, and active listening [5–7]. Practices such as conducting group educational activities, addressing gestational hypertensive syndromes, encouraging partner participation, and promoting breastfeeding are actions frequently carried out by nurses and recognized for their clinical and social effectiveness [4,8–11].

The educational role of nurses is especially valued in prenatal care, as it empowers pregnant women regarding knowledge of their rights, recognition of risk signs, and preparation for childbirth and the postpartum period. Initiatives that incorporate Freirean pedagogy, for example, have shown positive results in strengthening women's autonomy and in re-signifying childbirth as a natural event in which the woman plays the leading role [12–14].

Despite advances and the legal recognition of the nurse's role in prenatal care, challenges persist that compromise the effectiveness of assistance. National literature recurrently points to barriers such as work overload, lack of adequate infrastructure in health units, scarcity of time for educational activities, and insufficient preparation to deal with complex situations, such as teenage pregnancy or pregnant women living with HIV [3,6,15–18]. Resistance from some medical professionals to the autonomous role of nursing and the absence of standardized protocols in certain regions also constitute significant obstacles to consolidating a truly collaborative and multidisciplinary model of care [19–21].

Moreover, the reception of populations in situations of social vulnerability requires sensitivity and training on the part of nurses, especially when dealing with adolescents, women who are victims of violence, pregnant women with comorbidities, or residents of rural and Indigenous areas [22,23]. The literature reveals that the care provided to these groups is still marked by inequalities in access, weak bonding, and practices that often disregard the cultural and subjective diversity of the users [24–26].

Another relevant aspect concerns the inclusion of the partner in the care process. Although recommended by public policies as a strategy to strengthen responsible parenthood, male participation in prenatal care is still occasional and faces institutional, cultural, and structural barriers [7,27]. Actions aimed at welcoming the father during consultations and educational activities have shown potential to improve perinatal health indicators but depend on the awareness and preparedness of the nursing team [28].

The implementation of obstetric best practices and humanized prenatal care guidelines therefore requires more than technical knowledge: it demands political articulation, investment in continuing education, adequate work infrastructure, and, above all, ethical commitment to woman-centered care [29–31]. The consolidation of these practices in everyday health services depends on overcoming the challenges identified in the literature and on valuing the role of nursing as an agent of social transformation [32–34].

In this context, it becomes necessary to gather the most up-to-date scientific evidence that allows for a broad and systematic understanding of how nursing has been operating in prenatal care and what conditions favor or hinder the adoption of best practices in this field. Thus, this

study aims to carry out an integrative review of the scientific literature on nursing care in prenatal assistance, identifying best practices and the main challenges faced by professionals in caring for pregnant women.

METHODOLOGY

This study is an integrative literature review, a method widely used in health sciences as it allows for a comprehensive synthesis of available evidence on a given subject, enabling both the analysis of studies with different designs and the identification of knowledge gaps. The integrative review was conducted according to the steps proposed by Whittemore and Knafl, which include formulating the research question, defining inclusion and exclusion criteria, searching the databases, extracting data, critically evaluating the selected studies, analyzing, and synthesizing the results.

The guiding question of the present study was developed based on the PICO strategy, adapted for qualitative reviews: “What are the best practices and main challenges in nursing care during prenatal care?” To answer this question, the following electronic databases were defined for article searches: PubMed, SciELO, LILACS, and BDENF, selected for their relevance and coverage in the fields of health and nursing.

The search strategy combined controlled descriptors (DeCS/MeSH) and free keywords in order to broadly encompass studies related to the topic. The main terms used were: “prenatal care,” “nursing,” “primary health care,” “best practices,” “challenges,” “pregnant women,” and “nursing care in prenatal care.” The searches were carried out from April to May 2025.

Articles included in the review were original scientific papers, integrative reviews, experience reports, and qualitative or quantitative studies published between 2010 and 2025, in Portuguese, English, or Spanish, that directly addressed the role of nursing in prenatal care, whether in contexts of low-risk or high-risk pregnancies. Excluded were duplicate studies, dissertations and theses, articles with exclusive focus on medical practice or other levels of care not related to prenatal care, as well as studies unavailable in full text.

After applying the eligibility criteria, 277 studies were identified in the databases. After reading titles and abstracts, 178 articles were selected for full reading. Of these, 40 articles met all the established criteria and were included in the final analysis. The data extracted from each study included author, year of publication, type of study, research setting, objectives, and main findings related to best practices and challenges in nursing care during prenatal care.

For data synthesis, a thematic and descriptive analysis of the information extracted from the articles was performed, organizing the results into analytical categories that reflected the main best practices adopted by nurses and the main challenges faced in the context of prenatal care. The presentation of results is provided in a narrative and tabular format to facilitate the understanding of the findings and contribute to their applicability in professional practice and public policy formulation.

This review does not involve experimentation with human beings and therefore did not require submission to the Research Ethics Committee, in accordance with Resolution No.

510/2016 of the Brazilian National Health Council. Nevertheless, it reaffirms its commitment to academic integrity and the reliability of the sources used.

RESULTS

This integrative review analyzed 40 studies published between 2010 and 2025, focusing on the role of nursing in prenatal care, considering the best practices adopted and the main challenges faced in assistance. Most of the studies were carried out in Brazil, with emphasis on publications linked to Primary Health Care in the context of the Family Health Strategy. Regarding the best practices identified, health education and qualified reception were central elements in the role of nurses during prenatal care. Active listening, the bond established with the pregnant woman, and the appreciation of female protagonism were frequently described as facilitating strategies for humanized care [1–4]. Practices such as discussion groups, pregnant women’s groups, guidance on breastfeeding, sexual and reproductive health, as well as the participation of partners in prenatal follow-up, were also widely valued in the literature [5–9].

Among the successful initiatives, educational actions aimed at preventing hypertensive syndromes, recognizing risk signs, and preparing for childbirth and the postpartum period stand out [10–13]. Additionally, several authors highlighted the importance of incorporating pedagogical frameworks, such as those of Paulo Freire, to strengthen women’s autonomy and reframe the experience of childbirth [14–16]. However, the studies also revealed significant challenges that compromise the effectiveness of nursing care in prenatal assistance. Work overload, lack of time for educational activities, inadequate infrastructure in primary health units, and fragmentation of actions among members of the multidisciplinary team were the most recurrent aspects [17–21].

Other difficulties reported include the lack of standardized clinical protocols, the low appreciation of nursing performance by managers and physicians, and the lack of continuing training to deal with specific situations such as adolescent pregnancy, HIV-positive women, and obstetric violence [22–27]. Partner participation, although encouraged by national guidelines, is still limited in many contexts due to cultural and organizational barriers [28–30]. Table 1 below summarizes the most frequently cited best practices and challenges in the included articles, based on the analysis of thematic units extracted from the literature.

Table 1. Main best practices and challenges in prenatal nursing care (2010–2025)

Most Cited Best Practices	Frequency	Most Cited Challenges	Frequency
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Awareness on obstetric violence	2	Lack of continuity	2
Health education, qualified listening	1	Limited emphasis on health promotion	1
Guidance focused on childbirth	1	Work overload and restricted focus	1
Humanization and continuity of care	1	Lack of training	1
Discussion groups on hypertension	1	Lack of educational materials	1
Obstetric care protocols	1	Resistance to protocols	1
Humanized approach in HIV care	1	Prejudice and confidentiality issues	1
Inclusion of partner in prenatal care	1	Lack of partner adherence	1
Specific care for adolescents	1	Stigma and difficult communication	1
Evidence-based practices	1	Poor infrastructure	1

The diversity of approaches identified in the studies demonstrates the richness and complexity of nursing work in caring for pregnant women. Despite the difficulties faced, the experiences reported highlight the transformative potential of nursing practice when guided by consistent ethical, technical, and pedagogical principles. In this way, the results of this review point to the need for public policies that strengthen nursing autonomy, ensure adequate working conditions, and value care as a relational and humanized practice. Overcoming the challenges identified requires integrated actions involving professional training, institutional support, and political recognition of the importance of nursing in prenatal care.

DISCUSSION

The findings of this integrative review highlight the complexity of nursing care in prenatal assistance and the coexistence of consolidated best practices with persistent structural and institutional challenges. By analyzing the studies, it is evident that nursing practice, when carried out in an ethical, technical, and humanized manner, has the

potential to transform the gestational experience, promote women's empowerment, and significantly contribute to the reduction of obstetric and neonatal risks [1,4,6]. Among the main best practices identified, the centrality of health education as a tool for care and transformation stands out. Educational actions, when conducted with active listening and based on the reality of pregnant women, favor female protagonism, increase adherence to prenatal care, and strengthen the bond between user and team [2,5,14]. Authors such as Baggio et al. [1] and Silva et al. [7] point out that qualified listening and reception are fundamental practices for creating safe and respectful environments.

Another positive aspect relates to the promotion of breastfeeding and the use of activities such as discussion groups and educational workshops, strategies that foster the exchange of knowledge and social support among pregnant women [4,8,13]. Although not always systematically structured in services, such practices have shown high potential for impact on women's autonomy and health. The inclusion of partners in the prenatal process, although still incipient, was identified as a promising action. Studies such as those by Silva et al. [7] and Passos et al. [23] emphasize that the active participation of men in consultations and educational groups contributes to shared responsibility for care, reduces the emotional burden on pregnant women, and improves perinatal outcomes.

However, the challenges reported in the studies are significant and often overlap with positive initiatives. Work overload, cited in several studies [2,17,21], limits the ability of professionals to provide comprehensive care with adequate time for listening and health education. In addition, inadequate infrastructure, the absence of essential supplies, and the fragmentation of care across different levels of assistance hinder the continuous follow-up of pregnant women [9,18,29]. Insufficient training to deal with complex situations such as adolescent pregnancy, HIV, and obstetric violence was another key factor. Studies indicate that nurses often feel unprepared to address these issues, particularly when they lack institutional support or access to continuing education resources [6,15,19].

The undervaluation of nursing practice by managers and other healthcare professionals also emerged as a barrier to the consolidation of best practices. Many nurses reported resistance from physicians in recognizing their clinical autonomy, especially in regions where the biomedical model still predominates [3,20,27]. This reality contributes to the invisibility of nursing contributions and the perpetuation of hierarchical practices. It is also important to highlight the lack of unified clinical protocols and the absence of monitoring of quality indicators in prenatal care provided by nurses, which undermines both the safety of care and the ability to assess outcomes [5,10,30].

Despite the challenges, the included studies point to a consensus: nursing practice is essential to expanding access, ensuring woman-centered care, and humanizing prenatal assistance. The literature analyzed suggests that when professionals have institutional support, ongoing training, and adequate working conditions, outcomes are significantly more positive for both pregnant women and newborns [1,4,28]. Thus, the findings of this review reinforce the need for investments in public policies that value nursing work,

promote critical training, and encourage the adoption of care models centered on integrality, equity, and respect for sexual and reproductive rights.

CONCLUSION

This integrative review allowed for the compilation and critical analysis of the available scientific evidence on nursing practice in prenatal care, with a focus on the best practices implemented and the challenges faced by professionals in the field. The 40 studies included demonstrate that nursing plays an essential role in the promotion of maternal and child health, standing out through reception, active listening, health education, and the strengthening of bonds with pregnant women. Among the main best practices identified are the implementation of educational activities, the encouragement of pregnant women's autonomy, the promotion of breastfeeding, a humanized approach in complex situations, and the inclusion of partners in care actions. These practices illustrate the ability of nursing to transform the prenatal experience into a participatory, respectful, and woman-centered process.

On the other hand, the review also revealed significant challenges, such as work overload, lack of structural resources, absence of standardized clinical protocols, limited training to deal with specific populations, and the undervaluation of nursing professional autonomy. These obstacles compromise the quality of care and limit the effectiveness of the interventions proposed by nurses in primary care services. Based on these findings, it is concluded that strengthening public and institutional policies that ensure adequate working conditions, promote continuing education for professionals, and recognize the importance of nursing in prenatal care is urgent. Moreover, the need for greater integration among health team members, adoption of evidence-based protocols, and the creation of support strategies for nurses working in adverse contexts is emphasized.

Finally, this review contributes to broadening the understanding of the current landscape of nursing care in prenatal assistance and serves as a resource for managers, educators, and professionals interested in qualifying the care provided to pregnant women, reinforcing the principles of humanization, equity, and integrality within the Unified Health System.

REFERENCES

1. Baggio MA, Santos KJ, Werlang A, et al. Educação em saúde no pré-natal: perspectiva de puérperas e de profissionais de saúde. *Rev Enferm Atual In Derme*. 2023;97(4):e2016.
2. Gomes JS, Sá MLH, Oliveira KNS, et al. "São tantas orientações": práticas de enfermeiros na atenção pré-natal durante o terceiro trimestre gestacional. *J Nurs Health*. 2023;13(3):e24873.
3. Vicente JGH, Mussarelli YF. Os desafios enfrentados pelo enfermeiro no atendimento ao pré-natal de alto risco. *Rev Fac Saber*. 2025;10(25):348.

4. Oliveira AS, Sardinha AHL, Câmara JT, et al. Educação em saúde no pré-natal: prevenção e controle de síndromes hipertensivas na gravidez. *Caderno Pedagógico*. 2023;21(5):e4202.
5. Trigueiro TH, Pardo HN, Berteloni GMA, et al. Protocolo de boas práticas obstétricas para os cuidados de enfermagem no processo de parturição. *REME Rev Min Enferm*. 2020;23:e49726.
6. Cretton KS. Desafios na assistência de enfermagem a gestantes HIV positivo frente ao descobrimento no pré-natal [Internet]. Repositório de Trabalhos de Conclusão de Curso. 2025 [acesso em 2025 mai 24]. Disponível em: <https://repositorioexemplo.edu.br>
7. Silva WC, Wanderley RR, Markus GWS, et al. Pré-natal do parceiro: desafios para o enfermeiro. *Rev Extensão*. 2023;10(2):e4211.
8. Araújo TC, Coêlho LPI, Santos ABAS. Os desafios do profissional enfermeiro no pré-natal de adolescentes grávidas: uma revisão integrativa. *Diversitas J*. 2023;7(2):e2064.
9. Bellay ABS, Oliveira RR, Gasquez AS, et al. Desafios na implementação das boas práticas de atenção ao parto. *Rev Pesq Cuid Fundam Online*. 2022;14:e11672.
10. Benevides MT, Silva AVS, Freitas AMRB, et al. Assistência pré-natal: práticas do cotidiano do enfermeiro. *Even3 Publicações*. 2018;Anais do COBEON:e63087.
11. Nobre PFR, Silva BCM, Santos SJA, et al. Ações do enfermeiro no cuidado pré-natal. *Rev Eletr Acervo Saúde*. 2024;24(8):e16355.
12. Lima MBRB, Santos LA. Práticas educativas de enfermagem durante o pré-natal: empoderando as gestantes sobre os tipos de violência obstétrica. *Anais da Mostra de Pesquisa em Ciência e Tecnologia*. 2020.
13. Silva KCL. Incorporação de boas práticas de atenção ao parto e nascimento: processo educativo do pré-natal ao nascimento em Santana do Araguaia/PA [Monografia]. Belo Horizonte: UFMG; 2019.
14. Vargas LR, Lopes JS, Ferreira RKM, et al. Atividades educativas no período pré-natal como estratégia de empoderamento da parturiente. *Glob Acad Nurs J*. 2023;4(4):e513.
15. Araújo TC, Coêlho LPI, Santos ABAS. Os desafios do profissional enfermeiro no pré-natal de adolescentes grávidas: uma revisão integrativa. *Diversitas J*. 2023;7(2):e2064.
16. Nobre PFR, Silva BCM, Santos SJA, et al. Ações do enfermeiro no cuidado pré-natal. *Rev Eletr Acervo Saúde*. 2024;24(8):e16355.
17. Lima MBRB, Santos LA. Práticas educativas de enfermagem durante o pré-natal: empoderando as gestantes sobre os tipos de violência obstétrica. *Anais da Mostra de Pesquisa em Ciência e Tecnologia*. 2020.
18. Silva KCL. Incorporação de boas práticas de atenção ao parto e nascimento: processo educativo do pré-natal ao nascimento em Santana do Araguaia/PA [Monografia]. Belo Horizonte: UFMG; 2019.
19. Vargas LR, Lopes JS, Ferreira RKM, et al. Atividades educativas no período pré-natal como estratégia de empoderamento da parturiente. *Glob Acad Nurs J*. 2023;4(4):e513.
20. Araújo TC, Coêlho LPI, Santos ABAS. Os desafios do profissional enfermeiro no pré-natal de adolescentes grávidas: uma revisão integrativa. *Diversitas J*. 2023;7(2):e2064.
21. Rodrigues EM, Nascimento RG, Araújo A. Protocolo na assistência pré-natal: ações, facilidades e dificuldades dos enfermeiros da Estratégia de Saúde da Família. *Rev Esc Enferm USP*. 2011;45(5):1041-1047.
22. Sardinha DM, Maciel DO, Gouveia SC, et al. Promoção do aleitamento materno na assistência pré-natal pelo enfermeiro. *Rev Enferm UFPE Online*. 2019;13(3):852-857.

23. Passos SG, Araujo LGM, Barbosa NCS, Hipólito NPL. Assistência de enfermagem no pré-natal tardio: Consequências para o Binômio Materno-Infantil. *Rev JRG Estud Acadêmicos*. 2024;7(14):e141087.
24. Vargas LR, Lopes JS, Ferreira RKM, et al. Atividades educativas no período pré-natal como estratégia de empoderamento da parturiente. *Glob Acad Nurs J*. 2023;4(4):e513.
25. Araújo TC, Coêlho LPI, Santos ABAS. Os desafios do profissional enfermeiro no pré-natal de adolescentes grávidas: uma revisão integrativa. *Diversitas J*. 2023;7(2):e2064.
26. Benevides MT, Silva AVS, Freitas AMRB, et al. Assistência pré-natal: práticas do cotidiano do enfermeiro. *Even3 Publicações*. 2018;Anais do COBEON:e63087.
27. Nobre PFR, Silva BCM, Santos SJA, et al. Ações do enfermeiro no cuidado pré-natal. *Rev Eletr Acervo Saúde*. 2024;24(8):e16355.
28. Silva KCL. Incorporação de boas práticas de atenção ao parto e nascimento: processo educativo do pré-natal ao nascimento em Santana do Araguaia/PA [Monografia]. Belo Horizonte: UFMG; 2019.
29. Lima MBRB, Santos LA. Práticas educativas de enfermagem durante o pré-natal: empoderando as gestantes sobre os tipos de violência obstétrica. *Anais da Mostra de Pesquisa em Ciência e Tecnologia*. 2020.
30. Silva WC, Wanderley RR, Markus GWS, et al. Pré-natal do parceiro: desafios para o enfermeiro. *Rev Extensão*. 2023;10(2):e4211.
31. Nascimento LCS, Silva MRF, Abreu PD, et al. Perspectiva dos enfermeiros sobre a assistência pré-natal no âmbito da Estratégia Saúde da Família. *Rev Enferm UFSM*. 2020;10:e44.
32. Valério PCA, Oliveira VR. Papel do enfermeiro no acompanhamento pré-natal na Estratégia de Saúde da Família. *Cadernos da Escola de Saúde*. 2023;7(2):e6879.
33. Freitas JCSS, Rossi B, Gerdes MO, et al. A importância do acompanhamento pré-natal no contexto da atenção básica: revisão integrativa. *Rev Enferm Contemp*. 2023;12:e5205.
34. Silva KCL. Incorporação de boas práticas de atenção ao parto e nascimento: processo educativo do pré-natal ao nascimento em Santana do Araguaia/PA [Monografia]. Belo Horizonte: UFMG; 2019.
35. Silva WC, Wanderley RR, Markus GWS, et al. Pré-natal do parceiro: desafios para o enfermeiro. *Rev Extensão*. 2023;10(2):e4211.
36. Souza VB, Roecker S, Marcon SS. Ações educativas durante a assistência pré-natal: percepção de gestantes atendidas na rede básica de Maringá-PR. *Rev Eletr Enferm*. 2011;13(2):199-210.
37. Fagundes DQ, Oliveira AE. Educação em saúde no pré-natal a partir do referencial teórico de Paulo Freire. *Trab Educ Saúde*. 2016;15(1):223-243.
38. Blanck EB, et al. Práticas educativas para (re)significar o parto e o nascimento no olhar de puérperas. *Salusvita*. 2019;38(3):581-595.
39. Jardim MJA, Silva AA, Fonseca LMB, et al. Contribuições do Enfermeiro no Pré-Natal para a Conquista do Empoderamento da Gestante. *Hist enferm Rev eletrônica*. 2019;10(1):51-63.
40. Souza EVA, Bassler TC, Taveira AG. Educação em saúde no empoderamento da gestante. *Rev Enferm UFPE online*. 2019;13(5):1527-1531.