



Systematization of Nursing Care for Pregnant Women in Primary Health Care: An Integrative Literature Review

**Rebecca Máxima de Souza Lopes ^a,
Yasmin Pacheco Ribeiro ^a, Fernanda Araújo Trindade ^a,
Mônica Custódia do Couto Abreu Pamplona ^a,
Paulo Victor Caldas Soares ^a,
Joneson Matheus do Vale Bezerra ^a,
Shirley Helena dos Santos Henriques da Silva ^b,
Camila Cristina Girard Santos ^c, Laysa Balieiro Pinheiro ^b,
Thaís Lopes do Amaral Uchôa ^b,
Elem Gabriela Reis Pinheiro ^b,
Joiley Nazaré Queiroz da Silva ^b,
Carla Daniara Feitosa Coelho ^d, Lis Ferreira Barbosa ^d,
Sandy Costa dos Santos ^d, Raquel Rodrigues de Andrade ^c,
Edileusa Alcântara Gomes da Silva ^c,
Kélia das Graças de Paiva Macias Nakai ^e,
Mayk Kevin Lobo Moraes ^f,
Nice Renata Sanches Campos ^g,
Darlete Godinho da Veiga ^h, Eneida Horta Costa ^a,
Thiago Simplicio Costa ^a
and Ana Caroline Guedes Souza Martins ^{a*}**

^a State University of Pará, Belém, Pará, Brazil.

^b Federal University of Pará, Belém, Pará, Brazil.

^c Fundação Santa Casa de Misericórdia do Pará, Belém, Pará, Brazil.

^d Empresa Brasileira de Serviços Hospitalares – EBSERH, Belém, Pará, Brazil.

*Corresponding author: Email: assistenteacademico09@gmail.com;

Cite as: Lopes, Rebecca Máxima de Souza, Yasmin Pacheco Ribeiro, Fernanda Araújo Trindade, Mônica Custódia do Couto Abreu Pamplona, Paulo Victor Caldas Soares, Joneson Matheus do Vale Bezerra, Shirley Helena dos Santos Henriques da Silva, Camila Cristina Girard Santos, Laysa Balieiro Pinheiro, Thaís Lopes do Amaral Uchôa, Elem Gabriela Reis Pinheiro, Joiley Nazaré Queiroz da Silva, Carla Daniara Feitosa Coelho, Lis Ferreira Barbosa, Sandy Costa dos Santos, Raquel Rodrigues de Andrade, Edileusa Alcântara Gomes da Silva, Kélia das Graças de Paiva Macias Nakai, Mayk Kevin Lobo Moraes, Nice Renata Sanches Campos, Darlete Godinho da Veiga, Eneida Horta Costa, Thiago Simplicio Costa, and Ana Caroline Guedes Souza Martins. 2025. "Systematization of Nursing Care for Pregnant Women in Primary Health Care: An Integrative Literature Review". *Archives of Current Research International* 25 (4):1-10.
<https://doi.org/10.9734/acri/2025/v25i41132>.

^e Instituto Oráculo de Psicanálise/IOP, Belém, Pará, Brazil.

^f Faculdade Paraense de Ensino FAPEN, Belém, Pará, Brazil.

^g Universidade Paulista, Belém, Pará, Brazil.

^h Faculdade Pan da Amazônia (FAPAN), Belém, Pará, Brazil.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: <https://doi.org/10.9734/acri/2025/v25i41132>

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://pr.sdiarticle5.com/review-history/131229>

Systematic Review Article

Received: 03/01/2025

Accepted: 15/02/2025

Published: 20/03/2025

ABSTRACT

This study aimed to identify and analyze scientific productions that discuss the systematization of nursing care (SNC) for pregnant women within the scope of primary health care (PHC). This is an integrative literature review (ILR) carried out through searches in the Virtual Health Library (VHL), SciELO, PubMed and Google Scholar databases. Descriptors validated in DeCS/MeSH in Portuguese and English were used, such as: Systematization of Nursing Care, Pregnant Woman and Primary Health Care. The combination of Boolean operators "AND" and "OR" was used to refine data collection in the mentioned descriptors. For data analysis, "Content Analysis" was used, allowing the categorization of findings. The PRISMA Flow Diagram 2020 was used to guide the organization and selection of texts. The results were organized into five categories: 1. Impact of SNC on the quality of prenatal care; 2. Protagonism and autonomy of nurses in providing care to pregnant women; 3. Challenges in implementing SNC in PHC; 4. Contributions of SNC to promoting maternal health and preventing injuries; 5. SNC and comprehensiveness and equity of care in PHC. It is concluded that the use of SNC in PHC qualifies prenatal care, promoting nurse autonomy and better maternal and child outcomes. Its implementation contributes to the humanization and safety of care.

Keywords: *Systematization of nursing care; pregnant women; primary health care.*

1. INTRODUCTION

Pregnancy is a period of intense physical, emotional, and social transformations for women, requiring adequate monitoring to ensure the well-being of both the pregnant woman and the fetus. In the context of Primary Health Care (PHC), the role of the nurse becomes essential in promoting qualified, humanized, and continuous care (Silva et al., 2021).

To ensure a healthy and safe pregnancy, it is essential that pregnant women have access to a comprehensive range of healthcare services.

These services include regular prenatal care, assistance during childbirth, postpartum care, and support for child development. Prenatal care, especially within Primary Health Care (PHC), plays a crucial role in the early identification of potential complications and the promotion of healthy practices (Silva et al., 2024).

According to the Brazilian Ministry of Health, well-structured prenatal care can reduce preterm births, unnecessary cesarean sections, and the vertical transmission of diseases such as HIV and syphilis. Furthermore, the Rede Cegonha (Stork Network), established in 2011, reinforces

the importance of humanized and comprehensive care, ensuring that pregnant women have the right to quality follow-up from reproductive planning to the child's early years of life.

The Systematization of Nursing Care (SNC) emerges as a methodology that organizes and directs the work of nursing professionals, allowing an individualized and efficient approach for pregnant women. SNC is, therefore, a strategic tool for improving the quality of care provided, as it favors comprehensiveness and continuity of care (Tannure & Pinheiro, 2011).

Health care for pregnant women in PHC is characterized by a preventive approach, aimed at the early identification of risk factors and the promotion of healthy gestational development. PHC offers a unique opportunity for nursing actions to be systematically planned and implemented, enabling interventions that promote maternal and child health. In this scenario, the use of SNC allows nurses to develop an individualized care plan, considering the specific needs of each pregnant woman, which contributes to more effective care (Santos et al., 2021)..

In addition, SNC promotes care based on scientific evidence, which results in better health outcomes for the pregnant woman and the fetus. Recent studies, such as that by Silva et al., (2023), demonstrate that the application of standardized protocols through SNC results in a significant reduction in gestational complications, such as hypertensive diseases, in addition to favoring increased adherence to prenatal care (Nun et al., 2018).

Thus, the systematization of nursing care in PHC is seen as an essential strategy for promoting health and preventing complications during pregnancy. Another relevant point is that the SNC contributes to the valorization of the role of the nurse in the multidisciplinary team, ensuring greater autonomy in the conduct of care. The SNC allows the nurse to act proactively, identifying potential problems early and intervening effectively. This leading role of the nurse in PHC, especially in the care of pregnant women, reinforces the importance of a systematic approach based on well-established clinical protocols (Costa et al., 2020).

The SNC is also aligned with the principles of the Unified Health System (UHS), which advocates

comprehensiveness and equity in health care. The adoption of the SNC in PHC favors the construction of more inclusive and equitable care, which respects the cultural, social and economic particularities of pregnant women. This is especially important in the context of PHC, where close contact with communities allows for a more sensitive and attentive look at the needs of vulnerable populations (Gonçalves et al., 2020).

Despite advances in the implementation of SNC, there are still challenges to be faced, such as the lack of resources and the workload of health professionals, which can compromise the quality of care. Many nurses report difficulties in fully implementing SNC due to lack of time and adequate materials, highlighting the need for ongoing investment and training. This scenario reinforces the importance of public policies that support the effective implementation of SNC in PHC (Marinelli et al., 2015).

Therefore, an integrative review of the literature on SNC for pregnant women in PHC is justified, since, despite the numerous benefits described, there are still gaps in knowledge about best practices and the challenges faced in implementing this process. Identifying such gaps is essential for developing strategies that optimize the care provided to pregnant women, ensuring the safety and quality of care.

In this context, the present study aims to identify and analyze scientific productions that discuss SNC for pregnant women in the context of primary health care. The aim was to understand the strategies adopted, the challenges faced and the results achieved in the care of pregnant women, as well as the factors that influence the implementation of comprehensive and quality care for this specific population.

2. MATERIALS AND METHODS

This study is characterized as an integrative literature review (ILR), which adopts systematic search methods and rigorous sample selection criteria to analyze the results, seeking to correlate previous studies, provide new perspectives and interpretations, identify gaps and flaws in existing studies, and promote an in-depth discussion on the topic (Galvão & Ricarte, 2019).

The review was conducted in six stages, as described by Sousa et al., (2017): (1) definition of

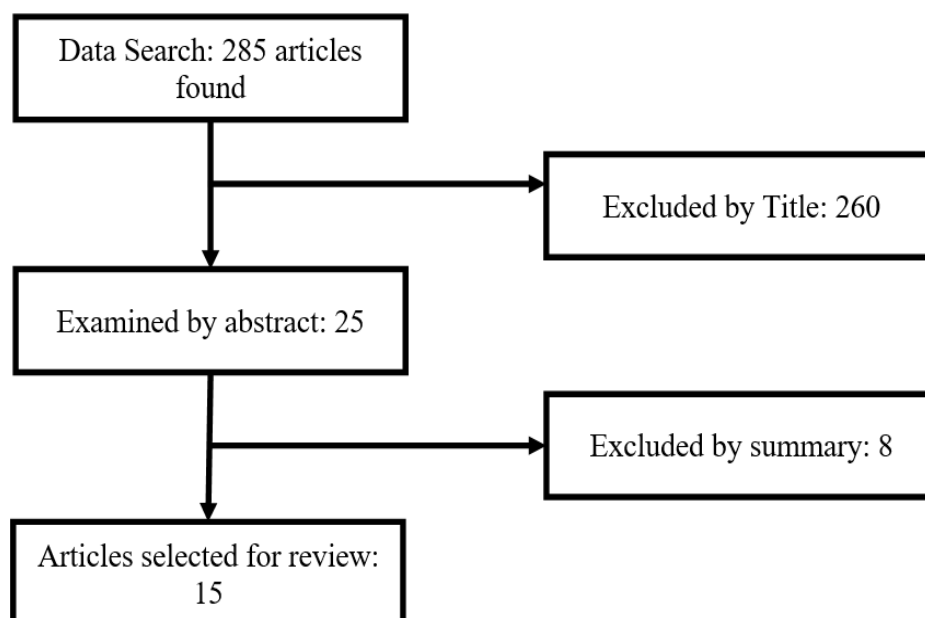


Fig. 1. Strategy for selecting articles on the topic in question

the research question; (2) creation of the data source and establishment of inclusion and exclusion criteria; (3) definition of the information to be extracted from the selected studies (categorization of studies); (4) evaluation and critical analysis of the results, identifying differences and conflicts; (5) interpretation of the results; and, finally, (6) synthesis of the evidence found.

The guiding question of the study was: "What is the current scientific evidence on SNC for pregnant women in primary health care?" To answer this question, searches were conducted in the Virtual Health Library (VHL), SciELO, PubMed and Google Scholar databases. Descriptors validated in DeCS/MeSH in Portuguese and English were used, such as: "Atenção de Enfermagem" or "Nursing Care", "Gestante" or "Pregnant Women", "Atenção Primária à Saúde" or "Primary Health Care", and "Sistematização da Assistência de Enfermagem" or "Nursing Care Systematization".

In addition, the keywords "Atenção Primária à Saúde" and "Gestante" were used to expand the search, considering their relevance to the research context. The combination of Boolean operators "AND" and "OR" was used to refine the data collection in the mentioned descriptors. Inclusion criteria included full articles, theses, and dissertations from institutional repositories, freely available, written in Portuguese, English,

and Spanish, published in the last five years (2019 to 2024).

Duplicate articles, incomplete publications, or other types of documents were excluded, as well as studies that did not directly address the research questions.

For data analysis, Laurence Bardin's "Content Analysis", (2011) was used, allowing the classification and grouping of studies according to their themes and main elements. Additionally, the PRISMA Flow Diagram 2020 was used to guide the organization and selection of texts. The most relevant information from the articles was organized and synthesized into previously defined categories, and a critical and reflective analysis was conducted that allowed the elaboration of conclusions that can contribute to the advancement of knowledge about SNC for pregnant women in PHC.

The search in scientific databases was carried out using search filters, based on the inclusion and exclusion criteria, in addition to reading the full text, abstracts, and titles. Fig. 1 shows the study selection and organization flowchart based on the PRISMA Flow Diagram 2020.

3. RESULTS AND DISCUSSION

3.1 Impact of SNC on the Quality of Prenatal Care

SNC has proven to be a fundamental tool for improving the quality of prenatal care in PHC.

Implementing SNC allows nurses to develop a care plan based on the specific needs of each pregnant woman, promoting more individualized and effective care. SNC organizes the stages of the nursing process, from data collection to outcome assessment, which enables more assertive action aligned with scientific evidence, in addition to promoting greater patient safety (Pereira et al., 2017).

In addition, SNC allows for a more detailed assessment of the health status of the pregnant woman, allowing for the early detection of risk factors such as hypertension and gestational diabetes. The use of SNC in prenatal care contributes to a preventive approach, promoting timely interventions that minimize the occurrence of gestational complications. The systematic application of SNC in prenatal care is associated with improved maternal and perinatal outcomes, as it enables continuous monitoring and the implementation of targeted interventions (Sanine et al., 2019).

Another relevant point is the role of SNC in improving adherence to prenatal care. Studies such as that by Nascimento et al., (2021) show that the use of SNC facilitates communication between nurses and pregnant women, making the care process more transparent and understandable. This promotes greater confidence in health professionals by pregnant women, increasing their adherence to consultations and recommended care. According to the authors, this bond reinforced by the use of SNC contributes significantly to the success of preventive and educational actions in prenatal care.

SNC also allows nurses to perform interventions based on updated clinical protocols, which positively impacts the standardization of care. SNC ensures that the care provided is based on scientific guidelines and recommendations, which ensures greater quality and safety in care. Furthermore, SNC reduces variability in care practices, promoting more homogeneous and better quality care, regardless of the pregnant woman's socioeconomic context (Nascimento et al., 2021).

In a recent review, Silva et al., (2021) highlighted that the use of SNC in prenatal care contributes to the prevention of gestational complications. By systematizing care, nurses are able to identify changes in the pregnant woman's clinical parameters early, which favors the adoption of preventive measures. These authors argue that

SNC not only improves the technical quality of care, but also reinforces humanization, by considering the physical, emotional, and social needs of the pregnant woman in an integrated manner.

By promoting more organized and informed care, SNC also favors the rational use of resources in PHC. According to a study by Menezes et al. (2021), the systematization of care allows for more effective planning of interventions, avoiding unnecessary procedures and optimizing the use of available resources. This is particularly relevant in scenarios of high demand and limited resources, where efficiency of care is essential to ensure adequate coverage of all pregnant women.

Finally, Amorim et al., (2022) point out that the SNC contributes to the continuous assessment of the quality of care provided in prenatal care. Through the systematic recording of nursing actions, it becomes possible to monitor results and identify areas that require improvement. The authors emphasize that the SNC facilitates the implementation of a cycle of continuous improvement in PHC, ensuring that the care offered to pregnant women is increasingly qualified and safe.

3.2 Nurses' Protagonism and Autonomy in the Care of Pregnant Women

The SNC plays a central role in strengthening the protagonism and autonomy of nurses in PHC, especially in the care of pregnant women. By structuring the nursing process, the SNC not only organizes and optimizes care actions, but also expands the nurse's ability to make informed clinical decisions, which results in a significant increase in their professional autonomy. According to Santos & Martins, (2024), the SNC gives nurses greater responsibility in conducting prenatal care, enabling them to act more proactively and independently in identifying risks and implementing appropriate interventions. The nurse's leading role in assisting pregnant women through the SNC is directly related to their ability to develop nursing diagnoses and, based on them, plan and implement specific interventions for each case. The SNC provides nurses with the opportunity to act as care managers, defining priorities and organizing the therapeutic plan autonomously. This ensures that care is more focused on the individual needs of the pregnant woman and less dependent on guidance.

The SNC provides nurses with the opportunity to act as care managers, defining priorities and organizing the therapeutic plan autonomously. This ensures that care is more focused on the individual needs of the pregnant woman and less dependent on external guidance, favoring more dynamic and patient-centered monitoring (Santos & Martins, 2024).

Another important aspect is that the SNC allows nurses to not only act in direct care, but also in strategic planning of care at the population level. The application of the SNC in PHC allows nurses to actively participate in the formulation of maternal health policies, by identifying trends and needs of the pregnant women under their responsibility. This strengthens the role of nurses as leaders and planners within health teams, expanding their influence in the planning of preventive and educational actions aimed at promoting maternal and child health (Paiva; Lemos; Souza, 2017).

In addition, the NCS reinforces the autonomy of nurses with regard to clinical decision-making during prenatal care. Studies such as that by Ribeiro et al. (2021) indicate that systematizing care facilitates quick and informed decision-making, especially in situations of gestational risk. By using SNC, nurses can continually assess the pregnant woman's clinical condition and adjust the care plan as necessary, without relying exclusively on referrals or authorizations from other health professionals. This not only speeds up care but also promotes greater resolution within the PHC.

Strengthening nurses' autonomy through SNC is also linked to the use of technological tools and information systems. According to Costa et al., (2022), integrating SNC with electronic medical records and digital health platforms allows nurses to quickly access critical information, organize clinical data, and monitor the pregnant woman's progress in a systematic manner. This provides greater security and accuracy in decision-making, raising the level of quality of care provided and, consequently, the nurse's protagonism in the context of prenatal care.

In addition to promoting nurses' technical and scientific autonomy, SNC also strengthens their role in the multidisciplinary team. The implementation of the SNC facilitates communication between health professionals, allowing the nurse to act as a care coordinator

and mediator between the pregnant woman and other team members, such as doctors, nutritionists, and psychologists. This integrated and autonomous action contributes to more holistic care focused on the pregnant woman's needs, in addition to increasing the team's confidence in the nurse's work (Marçal, 2021).

Finally, the SNC values the nurse's leading role by promoting the continuous development of their skills and competencies. As pointed out by Rodrigues et al., (2021), the implementation of the SNC in PHC requires nurses to constantly update and train themselves, which increases their level of expertise and strengthens their role as leaders in the care of pregnant women. The systematization of care, by requiring refined clinical reasoning and evidence-based action, places the nurse in a prominent position in the promotion of maternal health, granting them greater recognition both within the team and by the community served.

3.3 Challenges in Implementing SNC in PHC

The implementation of SNC in prenatal care in PHC faces several challenges, which can impact both the quality of care and the performance of nursing professionals. These challenges range from structural issues to difficulties related to the training of nurses and the organization of work in health units. The lack of adequate infrastructure and material resources can limit the effectiveness of SNC, since systematization requires tools such as electronic medical records, appropriate physical space, and access to updated protocols (Santos & Martins, 2024).

One of the biggest obstacles identified in the literature is the workload of nursing professionals in PHC. According to Dias et al., (2023), nurses deal with a high demand for care and multiple responsibilities, which makes it difficult to implement systematized care processes such as SNC. The need to manage a large number of patients and perform administrative activities reduces the time available for a detailed and thorough application of SNC, which compromises the personalization of care and the quality of interventions.

Furthermore, the lack of adequate training and ongoing education is also a significant challenge. According to a study by Nascimento et al., (2021), many nurses report difficulties in

implementing the SNC due to the lack of specific training on the nursing process and systematization of care. The absence of regular training and little familiarity with the SNC steps lead to incomplete or inconsistent application, which directly impacts the quality of care provided to pregnant women. The study suggests that training nurses is essential for the SNC to be applied efficiently and standardized in prenatal care.

Another relevant challenge is the resistance on the part of professionals to adhere to the changes proposed by the SNC. According to Leite et al., (2019), some nurses still demonstrate resistance to adopting the SNC, either due to lack of knowledge of its benefits or difficulties in changing established practices over time. Resistance to change can be attributed to the lack of institutional support or the fear that adopting the SNC will further increase the workload. To overcome this challenge, the authors suggest that an environment that encourages adherence be promoted, with technical and managerial support that encourages the use of SNC as a central tool in prenatal care.

The articulation with the multidisciplinary team also presents difficulties in the implementation of SNC. Costa (2022) emphasizes that the lack of integration between the different health professionals in PHC, such as doctors, nutritionists and social workers, can generate discontinuity in care and compromise the application of SNC. The lack of effective communication between team members prevents nurses from adequately systematizing the care of pregnant women, resulting in failures in monitoring and planning prenatal interventions. Integration and collaborative work are, therefore, fundamental to the success of SNC.

Institutional support is another critical factor for the effective implementation of SNC. According to Marques et al., (2020), the lack of support from local management, such as the absence of incentives for the adoption of SNC or the lack of health policies that prioritize the systematization of care, represents a significant obstacle. Institutions that do not value SNC tend to face greater difficulties in its implementation, since nurses do not receive the necessary support to reorganize their work process. Management support, combined with institutional incentives, contribute to improving the guidelines offered

through SNC, which becomes seen as a priority within PHC units.

Finally, Ribeiro et al. (2021) point out that the inadequate use of information technologies is also a barrier to the implementation of SNC. In many PHC units, the lack of technologies to support the nursing process makes the use of SNC more complex and time-consuming. The use of technologies for care management could facilitate data collection, recording of diagnoses, and monitoring of pregnant women, making the process more agile and efficient. However, the lack of investment in technology and insufficient technological training of nurses make this integration difficult, harming the systematization of care.

The present study highlights key aspects of prenatal care within PHC, emphasizing its fundamental role in promoting maternal and fetal well-being. The results presented focus on essential factors that influence the quality of care provided to pregnant women, including early identification of complications, adherence to recommended prenatal visits, and the impact of comprehensive health services. These elements are crucial for ensuring positive maternal and neonatal outcomes, as recommended by the World Health Organization. Additionally, the study discusses how structured prenatal care in PHC contributes to reducing preventable risks, improving maternal satisfaction, and strengthening the healthcare system's ability to provide equitable and effective services (Tomasi et al., 2022).

Nevertheless, we acknowledge the importance of further exploring results with a more direct influence on pregnancy outcomes at the primary level. Future analyses could delve deeper into specific interventions, such as community-based prenatal education programs, innovative telehealth approaches, and targeted strategies to enhance early risk detection. By expanding this discussion, the study aims to reinforce the relevance of PHC in ensuring safer pregnancies and addressing persistent gaps in maternal health (Nagao, 2024).

4. CONCLUSION

The SNC is an essential tool for improving care for pregnant women in PHC. Throughout this article, it was possible to identify the most recent scientific evidence that reinforces the positive impact of the SNC on the organization of nursing

practices, on the personalization and humanization of care, as well as on the promotion of autonomy and protagonism of nurses in prenatal care. By structuring the stages of the nursing process, the SNC allows for more systematized care, reducing gestational complications and favoring positive outcomes for maternal and child health.

The reviewed literature also demonstrates that the application of the SNC contributes to the continuity of care and the improvement of quality and safety indicators, in addition to promoting equity in access to health services. The nurse, by appropriating the SNC, begins to play a central role in risk prevention, in the education of pregnant women and in comprehensive monitoring during pregnancy. This systematized practice proves to be fundamental not only for the efficiency of care, but also for the appreciation of the nursing profession within the context of PHC.

The benefits of SNC extend to strengthening the relationship between nurses and pregnant women, enabling closer care that focuses on individual needs and is supported by scientific evidence. Furthermore, SNC enhances the role of nurses as health educators, promoting the empowerment of pregnant women and adherence to prenatal care. Thus, SNC becomes an indispensable tool for guaranteeing the quality of prenatal care, ensuring that nurses perform their role with autonomy, responsibility, and commitment.

Therefore, based on the evidence presented, it is concluded that the implementation of SNC in prenatal care in PHC is essential for promoting comprehensive, humanized, and safe care. Strengthening the systematized practice and encouraging its large-scale application should be priorities in public health policies, aiming to improve maternal and child outcomes and valuing the role of nurses as protagonists in promoting the health of pregnant women and babies.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

- Amorim, T. S., et al. (2022). Nursing care management for the quality of prenatal care in Primary Health Care. *Anna Nery School*, 26, e20210300. Available at: <https://doi.org/10.1590/2177-9465-EAN-2021-0300>
- Bardin, L. (2011). *Content analysis* (1st ed.). Editions 70. Available at: <https://madmunifacs.files.wordpress.com/2016/08/anc3a1lise-de-contec3bado-laurence-bardin.pdf>
- Costa, A. C., et al. (2020). Meanings of systematization of nursing care from the perspective of nurses. *Praxis Journal*, 12(23). Available at: <https://doi.org/10.47385/praxis.v12.n23.789>
- Dias, E. G., et al. (2023). Nursing consultation in prenatal care by Family Health teams in a city in Minas Gerais. *Espaço para a Saúde*, 24. Available at: <https://doi.org/10.22421/1517-7130/es.2023v24.e962>
- Galvão, M. C. B., & Ricarte, I. L. M. (2020). Systematic literature review: Conceptualization, production, and publication. *Logeion: Philosophy of Information*, 6(1), 57–73. <https://doi.org/10.21728/logeion.2019v6n1.p57-73>
- Gama, S. G. N. D., Thomaz, E. B. A. F., & Bittencourt, S. D. D. A. (2021). Advances and challenges in childbirth care in the SUS: the role of Rede Cegonha. *Science & Public Health*, 26, 772-772. Available at: <https://doi.org/10.1590/1413-81232021262.41702020>
- Gonçalves, R. C. S., et al. (2020). Comprehensive care in the SUS and systematization of nursing care. *UFPE Nursing Journal Online*, 7(3), 1067–1070. Available at: 10.5205/reuol.3934-31164-1-SM.0703esp201334
- Marçal, J. D. (2021). Nursing care in high-risk prenatal care for pregnant women with pregnancy-specific hypertensive syndrome. *Repository of Course Conclusion Works*. Available at:

- <https://pensaracademico.unifacig.edu.br/index.php/repositorio/article/view/3327>
- Marinelli, N. P., Silva, A. R. A., & Silva, D. N. O. (2015). Systematization of nursing care: Challenges for implementation. *Contemporary Nursing Journal*, 4(2). Available at: <https://doi.org/10.17267/2317-3378rec.v4i2.523>
- Marques, B. L., et al. (2020). Guidance for pregnant women in prenatal care: The importance of shared care in primary health care. *Anna Nery School*, 25(1), e20200098. Available at: <https://doi.org/10.1590/2177-9465-EAN-2020-0098>
- Menezes, E. G., et al. (2021). Systematization of nursing care in prenatal consultations: An integrative review. In *Women's and newborn health: Policies, programs and multidisciplinary care* (pp. 356–370). Digital Scientific Publisher. Available at: <https://doi.org/10.37885/210303502>
- Nagao, H. (2024). Prenatal care in urban china: qualitative study on challenges and coping mechanisms. *SSM-Qualitative Research In Health*, 6, 100502. Available at: <https://doi.org/10.1016/j.ssmqr.2024.100502>
- Nascimento, D. S., et al. (2021). Nursing care in prenatal care in primary care: An integrative review. *Revista Artigos.Com*, 27, e7219. Available at: <https://acervomais.com.br/index.php/artigos/article/view/7219>
- Nun, R., Damilola, E. O. A., & Olawoore, S. A. (2018). Knowledge attitude and practices of pregnant women attending Comprehensive Health Centre, Isolo, Ondo State towards hygienic practice. *International Journal of Tropical Disease & Health*, 30(2), 1–10. <https://doi.org/10.9734/IJTDH/2018/40582>
- Paiva, C. C. N., Lemos, A., & de Souza, M. D. D. (2017). Humanization strategies for prenatal care: Integrative Review. *Journal of Nursing UFPE/Revista De Enfermagem UFPE*, 11(1). Available at: <https://doi.org/10.5205/reuol.9978-88449-6-1101201726>
- Pereira, G. N., et al. (2017). Relationship between systematization of nursing care and patient safety. *Nursing in Focus*, 8(2). Available at: <https://doi.org/10.21675/2357-707X.2017.v8.n2.985>
- Rodrigues, L. G. L., et al. (2021). Pregnant women's health and nursing care during prenatal care. *Saúde Coletiva (Barueri, SP)*, 11(69). Available at: <https://revistasauodecoletiva.com.br/index.php/sauodecoletiva/article/view/1621>
- Sanine, P. R., et al. (2019). Prenatal care for high-risk pregnant women and associated factors in the city of São Paulo, Brazil. *Cadernos de Saúde Pública*, 35, e00103118. Available at: <https://doi.org/10.1590/0102-311X00103118>
- Santos, G. L. A., & Valadares, G. V. (2022). Systematization of Nursing Care: seeking defining and differentiating theoretical contours. *Journal of the USP School of Nursing*, 56, e20210504.. Available at: <https://doi.org/10.1590/1980-220X-REEUSP-2021-0504>
- Santos, G. L. A., Sousa, A. R. D., Félix, N. D. D. C., Cavalcante, L. B., & Valadares, G. V. (2021). Implications of the Systematization of Nursing Care in Brazilian Professional Practice. *Journal of the USP School of Nursing*, 55, e03766. Available at: <https://doi.org/10.1590/S1980-220X2020023003766>
- Santos, M. S., & Martins, L. S. (2024). The humanization of prenatal care: Perspectives and practices of nurses in promoting maternal well-being. *Revista Contemporânea*, 4(6), e4477. Available at: <https://doi.org/10.56083/RCV4N6-142>
- Silva, E. C., et al. (2021). Nurses' role in preventing hypertensive syndromes during pregnancy in primary care. *Revista Eletrônica Acervo Saúde*, 13(2), e6448. Available at: <https://doi.org/10.25248/reas.e6448.2021>
- Silva, M. B., Pereira, F. T., Dantas, A. P., de Souza, A. C., de Quental, O. B., & Moreira, J. A. (2024). The importance of prenatal care for the health of pregnant women and the baby. *Ibero-American Journal of Humanities, Sciences and Education*, 10(11), 7894-7905. Available at: <https://doi.org/10.51891/rease.v10i11.17106>
- Sousa, L. M. M., et al. (2017). The methodology for an integrative review of nursing literature. *Revista Investigação em Enfermagem*, 21(2). Available at: <https://repositorio->

- cientifico.essatla.pt/handle/20.500.12253/1311
- Tannure, M. C., & Pinheiro, A. M. (2011). *SAE: Systematization of Nursing Care: Practical Guide*.
- Tomasi, E., de Assis, T. M., Muller, P. G., da Silveira, D. S., Neves, R. G., Fantinel, E., ... & Facchini, L. A. (2022). Evolution of the quality of prenatal care in the primary network of Brazil from 2012 to 2018: What can (and should) improve?. *PLoS one*, 17(1), e0262217. Available at: <https://doi.org/10.1371/journal.pone.0262217>

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of the publisher and/or the editor(s). This publisher and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.

© Copyright (2025): Author(s). The licensee is the journal publisher. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<https://pr.sdiarticle5.com/review-history/131229>