


## **IMPROVEMENT OF PRENATAL CARE IN PRIMARY HEALTH CARE IN SALGADO DE SÃO FÉLIX, PB**

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**Géssica Medeiros<sup>1</sup>, Natália Cristina da Silva<sup>2</sup>, Valéria da Silva Baracho<sup>3</sup>, Carina Barbosa Borges<sup>4</sup>, Lourdes Fernanda Godinho<sup>5</sup>, Mariana da Cunha Brant Ferreira<sup>6</sup>, Lorrane Ferreira Custódio<sup>7</sup> and Lilianny Mara Silva Carvalho<sup>8</sup>**

### **Abstract**

The objective of this study is to develop an intervention plan aimed at reducing the difficulties encountered in initiating early and effective prenatal care for pregnant women in the district of Feira Nova, in the municipality of Salgado de São Félix, in the state of Paraíba. To achieve this, the methodological approaches used included a situational diagnosis, active observation of the health unit's routine, and a narrative literature review in databases such as SciELO, Google Scholar, PubMed, government public domain websites (<https://www.ibge.gov.br/>), and the Virtual Health Library (BVS). Based on this, educational actions, active search for pregnant women, schedule flexibility, and agreements with municipal management were proposed to improve prenatal care in Primary Health Care

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<sup>1</sup> Physician, Specialist in Family and Community Medicine  
Universidade do Estado de Minas Gerais – UEMG  
E-mail: gessicaamedeiross@gmail.com

<sup>2</sup> Nurse, Master's degree in Health Sciences  
Universidade Federal dos Vales do Jequitinhonha e Mucuri – UFVJM  
E-mail: Silva.natalia@ufvjm.edu.br

<sup>3</sup> Nurse, PhD in Health Sciences  
Universidade Federal dos Vales do Jequitinhonha e Mucuri - UFVJM  
E-mail: valeria.baracho@ufvjm.edu.br

<sup>4</sup> Nurse, Master's student in the Graduate Program in Rehabilitation and Functional Performance  
Universidade Federal dos Vales do Jequitinhonha e Mucuri - UFVJM  
E-mail: carina.borges@ufvjm.edu.br

<sup>5</sup> Master's degree from the Graduate Program in Health Sciences  
Universidade Federal dos Vales do Jequitinhonha e Mucuri - UFVJM  
E-mail: lourdes.godinho@ufvjm.edu.br

<sup>6</sup> Undergraduate Nursing student  
Universidade Federal dos Vales do Jequitinhonha e Mucuri - UFVJM  
E-mail: mariana.cunha@ufvjm.edu.br

<sup>7</sup> Bachelor's degree in Nursing  
Universidade Federal dos Vales do Jequitinhonha e Mucuri - UFVJM  
E-mail: lorrane.ferreira@ufvjm.edu.br

<sup>8</sup> Psychologist, PhD in Collective Health  
Fundação Oswaldo Cruz (Minas Gerais)  
E-mail: dra.carvalholilianny@gmail.com

(PHC). These measures are expected to reduce absenteeism and facilitate access to health services by pregnant women through the flexibilization of professional schedules. Furthermore, these actions will help decrease the waiting time for appointments, ensuring quality prenatal care and minimizing the adverse effects associated with delayed detection of possible gestational complications.

Thus, the project emphasizes a holistic and continuous approach to prenatal care within PHC, promoting better connections between users and health professionals, improving the quality of prenatal care, and reducing the likelihood of gestational complications that contribute to increased maternal and fetal mortality.

**Keywords:** Primary Health Care, Prenatal Care, Pregnant Women.

## INTRODUCTION

Prenatal care encompasses holistic patient care, emphasizing compassionate and warm attention. It aims to establish strong connections between the pregnant woman and health services throughout the entire pregnancy (Sampaio, 2024; Carneiro et al., 2022).

Within this context, there are factors that influence adherence to prenatal follow-up, whether inherent to the pregnant woman or external limitations that disturb her autonomy (Rodrigues et al., 2024). This undermines broad adherence and compromises the effects of reducing maternal and neonatal morbidity and mortality offered by prenatal procedures (Rodrigues et al., 2024).

The general objective of this work is to develop an intervention plan aimed at reducing the difficulties encountered in initiating early and effective prenatal care among pregnant women in the district of Feira Nova, in the municipality of Salgado de São Félix, in the state of Paraíba. Among the specific objectives are: the promotion of health-promotion actions and prevention of complications during pregnancy; active outreach to pregnant women before the 12th week of gestation in order to begin prenatal consultations; and prioritizing the performance of complementary tests and specialized consultations for pregnant women.

The role of PHC in rural areas is a constant challenge due to the numerous difficulties encountered in this setting. Population dispersion and the vast territorial area have been aggravating factors for coverage of the strategy, which is insufficient for a problem-solving PHC in rural areas; likewise, scarcity of resources and public transportation, lack of health services, and, in many regions, lack of infrastructure such as electricity and means of communication (Shimizu et al., 2018). Thus, it is necessary to evaluate the gaps that hinder the quality of care provided by the Family Health Strategy (FHS) in rural areas, in order to improve the health system.

Pregnancy occurs when the egg is fertilized by the sperm, followed by a period of approximately 40 weeks or 280 days during which the maternal body undergoes various changes to promote fetal adaptation and development. During pregnancy, the pregnant woman experiences physical, emotional, and psychological changes (Orvalho; Figueredo; Frias, 2024).

Physiological changes in a woman's body are due to hormonal and mechanical factors and allow adaptation to the gravid period. Any complication resulting from these changes may compromise the life of the pregnant woman and/or the fetus, thus constituting a high-risk pregnancy. Conversely, a low-risk pregnancy is one in which there are no intercurrent events (Orvalho; Figueredo; Frias, 2024).

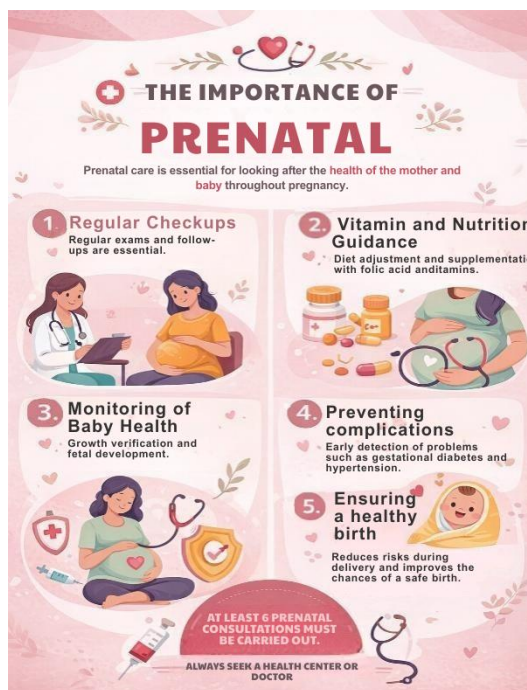
In view of this reality, it is necessary to address maternal mortality, defined as the death of a woman during pregnancy, childbirth, or the puerperium. It is a condition associated with any factor related to or aggravated by pregnancy and measures directed to it, and its reduction remains one of the primary concerns for health services (Leite et al., 2022).

Between the last decades of the twentieth century and the first decades of the 2000s, Brazil achieved advances in reducing maternal deaths; however, 60 deaths per 100,000 live births in the maternal mortality ratio in 2015 were insufficient for Brazil to reach the target of reducing the value to 35 deaths per 100,000 live births, as stipulated in the Millennium Development Goals. As a result, different levels of government and civil society have mobilized to design and implement actions through policies and programs aimed at improving women's health care in the country (Marques et al., 2020).

Prenatal care is one of the pillars of care for pregnant women, whose relevance for reducing maternal and child morbidity and mortality is already established. It includes disease prevention, health promotion, and treatment of problems that may occur during the gestational period and after childbirth (Sehnem et al., 2020; Veiga et al., 2023).

Thus, prenatal care is essential for achieving good pregnancy outcomes, and its quality is related to the availability of resources at the managerial and care-delivery levels, as well as to the routine development of actions, following technical-scientific standards of quality. For prenatal care to be effective, it is recommended that it begin early in pregnancy and consist of a set of actions established by care protocols that guide the necessary conditions and procedures for the care of pregnant women (Luz; Aquino; Medina, 2018).

### *The importance of Prenatal Care*



Source: The author, 2026

## **METHODOLOGY**

### **STUDY LOCATION**

The municipality of Salgado de São Félix is located in the agreste region of Paraíba and has a territorial area of 204.079 km<sup>2</sup>, ranking 107th among the 223 municipalities in the state of Paraíba and 4,186th among the 5,570 Brazilian municipalities. According to data from the Brazilian Institute of Geography and Statistics (IBGE, 2022), the municipality had, in 2022, an estimated population of 11,505 inhabitants, with a demographic density of 56.38 inhabitants per square kilometer.

With regard to socioeconomic and infrastructure indicators, it is observed that only 3.4% of households have adequate sanitary sewage, while 92.7% of urban households are located on public roads with tree cover and only 6.1% on roads with adequate urbanization. The Gross Domestic Product (GDP) per capita is R\$ 10,610.87, and the Municipal Human Development Index (MHDI) is 0.568, characterizing a context of social vulnerability.

The municipality's health care network consists of six Basic Health Units (UBS) and a municipal polyclinic that operates 24 hours a day, offering urgent care, emergency services, and outpatient care in various specialties. The regulation system for specialized consultations and tests is centralized at the Municipal Health Secretariat, with referral mainly to the regional hubs of João Pessoa and Campina Grande. The municipality also has a basic pharmacy, located at the municipal polyclinic, and a laboratory test collection post located next to the Health Secretariat.

Of the six existing UBS, four are located in the urban area and two in the rural area, including the Naum Barbosa Basic Health Unit, located in the district of Feira Nova, a region of difficult access due to its mountainous characteristics. The district of Feira Nova has an estimated population of 2,605 inhabitants, whose main source of income is the cultivation of fruits and vegetables and livestock farming, with cattle and goats. Most residents live in masonry houses, with access to electricity, use of septic tanks, and water supply through artesian wells. The district also has an educational network that serves from early childhood education to high school.

Considering the district's territorial and population extent, the Naum Barbosa UBS is supported by two anchor units and one main (headquarters) unit. The Family Health team consists of one physician, one nurse, one dentist, one oral health technician, one nursing technician, and eight community health workers, in addition to support from a multidisciplinary team composed of a psychologist, a nutritionist, and a physiotherapist. The unit operates Monday through Friday, from 7:00 a.m. to 3:30 p.m.

The physical structure of the headquarters unit includes an immunization room, nursing room, dressing room, basic pharmacy, reception area, medical and dental offices, and a room for lectures and educational actions, all equipped with computers, printers, wireless internet access, and use of the Citizen's Electronic Health Record (PEC) for service documentation. Daily care is provided to the population through scheduled consultations, walk-in demands, prenatal follow-up, cytopathological examinations, rapid tests for syphilis, HIV, and hepatitis B and C, prescription renewals, and dental procedures. On Wednesdays and Thursdays, the team travels to the anchor units to provide care to the assigned communities.

### TYPE AND STUDY DESIGN

This is an intervention project with a qualitative approach, developed within the scope of Primary Health Care, focusing on improving access and the quality of prenatal care for pregnant women followed by the Naum Barbosa Family Health Unit, in the district of Feira Nova, municipality of Salgado de São Félix, Paraíba.

The study design was based on observation of the local context, analysis of health service routines, and active participation of the multiprofessional team, aiming to identify priority problems and propose problem-solving actions.

## DATA SOURCE AND SITUATIONAL DIAGNOSIS

The project was developed based on a situational diagnosis, through active observation of the health unit's operation, dialogue with working professionals, and analysis of the health conditions of the assigned population. For problem identification and prioritization, the Situational Strategic Planning (PES) method was used, as addressed in the Planning module of the specialization course in Family and Community Medicine at the Federal University of Minas Gerais (UFMG).

PES allowed a rapid assessment of the main health problems in the region, identification of critical nodes, and definition of the priority problem, considering the degree of relevance, feasibility of intervention, and the team's capacity to address it. According to Campos, Faria, and Santos (2018), this methodology enables optimization of human and financial resources, which are generally limited in the context of Primary Health Care. From this process, the deficit in early and adequate initiation of prenatal care among pregnant women in the district of Feira Nova was identified as the priority problem.

## LITERATURE REVIEW AND THEORETICAL FOUNDATION

To provide a theoretical basis for the project, a narrative literature review was conducted, with searches in the SciELO, Google Scholar, PubMed, Virtual Health Library (BVS) databases, and in public-domain governmental websites, such as IBGE. The following descriptors were used: Primary Health Care, Prenatal Care, and Pregnant Women. Articles published from 2014 to 2024 and considered relevant to the theme were selected. The writing of the work followed the standards of the Brazilian Association of Technical Standards (ABNT).

## SAMPLE AND PARTICIPANTS

The project participants are 14 pregnant women currently followed by the Naum Barbosa Family Health Unit, classified as low- and high-risk pregnancies. The selection of this group is justified by the

need to qualify prenatal care and reduce maternal and fetal risks, especially in a territory with difficult access to specialized services.

### INTERVENTION PLAN AND INSTRUMENTS USED

A schedule of actions was developed involving the basic health team—physician, nurse, nursing technician, community health workers, dentist, and oral health assistant—together with the multiprofessional team composed of a nutritionist, physiotherapist, and psychologist.

Each professional was assigned specific targets. Community health workers will conduct active outreach to pregnant women who miss prenatal appointments. The physician, nurse, and dentist will make their schedules more flexible to ensure regular follow-up of pregnant women. The multiprofessional team will develop health education actions addressing topics such as breastfeeding, mental health during pregnancy, osteomuscular changes resulting from fetal growth, among other relevant aspects.

In addition, an agreement was established with municipal management to prioritize the scheduling of complementary tests and specialized consultations necessary for prenatal follow-up.

### EVALUATION AND MONITORING OF ACTIONS

Project evaluation will occur through monthly team meetings, in which compliance with established targets, pregnant women's adherence to prenatal care, and the level of satisfaction of participants and involved professionals will be analyzed. This process will enable continuous monitoring of actions and necessary adjustments to ensure the effectiveness of the intervention.

### RESULTS AND DISCUSSION

The implementation of the intervention project at the Naum Barbosa Family Health Unit, in the district of Feira Nova, made it possible to identify advances in access and organization of prenatal care. It was observed that the adopted strategies contributed to reducing barriers to early initiation of gestational



follow-up and to improving the quality of maternal and child care within the scope of Primary Health Care.

Active outreach to pregnant women carried out by community health workers favored attendance at prenatal consultations, reducing absenteeism and expanding continuous follow-up of pregnant women registered at the unit. In addition, flexibilization of health professionals' schedules allowed greater alignment of hours with users' needs, facilitating access to services.

The educational actions developed by the multiprofessional team constituted another relevant outcome, as they promoted spaces for dialogue, exchange of experiences, and clarification of doubts related to the gestational period. These activities contributed to strengthening the bond between pregnant women and the Family Health Unit, as well as to increasing knowledge about the care required during pregnancy.

Another observed result refers to the agreement with municipal management to prioritize the scheduling of complementary tests and specialized consultations for pregnant women. This strategy made it possible to reduce waiting time for procedures, favoring timely follow-up and early identification of potential gestational intercurrents.

The results obtained show that interventions aimed at reorganizing the work process in Primary Health Care have a positive impact on adherence to prenatal care and on the quality of care provided to pregnant women. Active outreach and flexibilization of professional schedules are fundamental strategies to expand access and promote longitudinal care, as recommended by the guidelines of the Unified Health System (Brasil, 2012).

The strengthening of the bond observed from the educational actions confirms findings in the literature, which indicate health education as an essential tool for promoting self-care, empowering pregnant women, and building more humanized practices. A dialogical and participatory approach favors the exchange of knowledge and contributes to greater understanding of the physical and emotional changes experienced during pregnancy (Silva et al., 2019).

Articulation with municipal management to prioritize tests and specialized consultations highlights the importance of integration among different levels of health care. Studies indicate that fragmentation of the network and delays in access to medium-complexity services represent significant barriers to the effectiveness of prenatal care, especially in rural and hard-to-reach areas (Campos; Faria; Santos, 2018).

Thus, the findings of the present study reinforce the need for intersectoral and multiprofessional strategies that consider pregnancy as a systemic and multidimensional process, encompassing biological, psychological, and social aspects. Qualifying prenatal care through welcoming, problem-solving, and integrated practices proves essential for promoting maternal and child health and for reducing inequities in access to health services.

## CONCLUSION

This intervention project aimed to analyze and qualify prenatal care offered by the Naum Barbosa Family Health Unit, in the district of Feira Nova, seeking to reduce barriers to early initiation and continuous follow-up of pregnant women, as well as to promote safer and more effective maternal and child health care.

The main results show that the implementation of strategies such as active outreach to pregnant women, flexibilization of health professionals' schedules, and educational actions conducted by the multiprofessional team contributed to strengthening the bond between users and professionals, improving adherence to prenatal care, and reducing the risk of complications during pregnancy. It was also observed that the agreement with municipal management to prioritize tests and specialized consultations optimizes access to medium-complexity services, favoring early detection of gestational intercurrents.

The study demonstrated that prenatal care delivered in a holistic, continuous, and Primary Health Care–integrated manner has positive effects on the quality of care provided, contributing to reduced maternal–fetal mortality and increased safety for pregnant women. Thus, the importance of

organizational, educational, and multiprofessional strategies in maternal and child health care is evident, strengthening comprehensiveness and humanization of care.

It is suggested that future research explore longitudinal evaluation of maternal and neonatal outcomes, as well as analysis of the impact of similar interventions in other rural contexts, expanding understanding of effective prenatal care practices in territories with access difficulties.

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