



ORIGINAL RESEARCH ARTICLE

OPEN ACCESS

CONSTRUCTION OF A CARE TECHNOLOGY FOR APPLICABILITY OF THE SYSTEMATIZATION OF NURSING CARE IN PRIMARY HEALTH CARE IN THE PRENATAL PROGRAM

¹Milena Farah Castanho Ferreira, ²Adriano Gonçalves Furtado, ²Danielly do Vale Pereira, ²Luis Andrey Santos Teixeira, ³Thayse Reis Paiva, ⁴Daniele Melo Sardinha and ⁵Danielle Oliveira Maciel

¹Nurse, Master in Management by Federal University of Rio de Janeiro. Professor of Amazon Metropolitan University Center. Belém, PA, Brazil

²Nurse, Amazon Metropolitan University Center. Belém, PA, Brazil

³Nurse, University of the state of Pará, Belém, PA, Brazil

⁴Academic course in nurse, Amazon Metropolitan University Center. Belém, PA, Brazil

⁵Nurse, Amazon Metropolitan University Center. Belém, PA, Brazil

ARTICLE INFO

Article History:

Received 20th September, 2018

Received in revised form

28th October, 2018

Accepted 04th November, 2018

Published online 31st December, 2018

Key Words:

Nursing Process;
Primary health care;
Women's Health;
Nursing Care.

ABSTRACT

Primary health care is the entry point for users into the single health care system, so it is necessary for nurses in their various functions to use instruments that help their work. The systematization of nursing care is a scientific methodology that bases the nurses' performance in their care practice. This study aims to build an assistive technology for the use of SAE in the prenatal program. It is a methodological research, with quantitative and qualitative approach with the evaluation of expert judges with expertise in the required areas. The study was carried out with the participation of eleven specialist judges. After the evaluation of the technology, the data were tabulated and the statistical method of the arithmetic mean was applied, based on the sum of the notes that were assigned. In that resulted in the discussion of percentages in graphs for each topic and in the creation of four categories based on the speeches of the judges. As a conclusion, the importance of the construction of technologies that help nurses to apply the systematization of care in the prenatal program, as well as to other primary care programs, is important.

Copyright © 2018, Milena Farah Castanho Ferreira et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Milena Farah Castanho Ferreira, Adriano Gonçalves Furtado, Danielly do Vale Pereira et al. 2018. "Construction of a care technology for applicability of the systematization of nursing care in primary health care in the prenatal program", *International Journal of Development Research*, 8, (12), 24947-24952.

INTRODUCTION

The nursing is a professional activity practiced centuries ago, meantime in the beginning of this practice the cares were based on empirical methods and technicians, with the evolution of the knowledge, the team of nursing, which is supervised by the nurse, is practicing more and more the scientific method turned to the art of taking care (MOURA, 2016). With the evolution of nursing as a science, the SAE that is a technical scientific knowledge of a methodology for organizing, planning and execution of systematized actions that must be

carried out by all the nursing staff during the entire period in which the client lies about their care (CAVALCANTE et al., 2011). The resolution 358/2009 of the Federal Council of Nursing (COFEN), say that the nurse must carry out the Process of Nursing (PN) in all the health services public or private and this process must be constituted of five stages that healthy you link: Historical of Nursing, Diagnosis of Nursing, Projection of Nursing; Implementation of Nursing and Evaluation of Nursing (CAVALCANTE, 2011). Given this, one can realize that SAE is a process inherent to the nurse to work that is not limited to the scope and prospect of hospital providing care to form integral is that the primary health care (APS), considered as way to achieve the universality of the actions in the national territory, the goal of the change would be exactly the practices, since in your concept, the model is the way to combine technologies to solving problems and meeting

*Corresponding author: Milena Farah Castanho Ferreira, Nurse, Master in Management by Federal University of Rio de Janeiro. Professor of Amazon Metropolitan University Center. Belém, PA, Brazil

the needs of health (SILVA; CASOTTI; CHAVES, 2013). Before the expansion of the SAE for the hospital extra way, there appears the necessity of implementing it in programs of the APS, as it is the case of the prenatal one, since scientific data demonstrate that a prenatal efficient one prevents complications as high blood pressure in the pregnancy, hemorrhage, puerperal infection, complications in the labor and abortion (RIBEIRO, 2017). Data of the World-wide Organization of the Health (WHO) demonstrate that annually nearly 600 thousand women die as a result of complications in the period gravídico, I leave and puerperium and nearly 99 % of these cases they take place in developing countries, through these data it is possible to realize the improvements necessity in the presence way in the period of the pregnancy. So, before this context there is the changes indispensability in the assistance which shows up the necessity of introducing and of applying the SAE during the prenatal thing, since it is in this moment that in the welcome of the woman takes place from the beginning of the period gestational, what it guarantees the birth of a healthy child, as well as the good to be motherly, besides providing the professional autonomy of the nurse securing the complete and individualized care aiming for continuity of the assistance out of the unity of health (BENTO *et al.*, 2017).

And it is from this idea that the nursing accompanies the development of the technologies, being able to realize them in the work process, just like the education technologies that they help in the process of teaching and learning, what it is of great importance in the education in health, besides it is possible to observe the importance of the technologies assistance what have as objective to mediate it to take care given by the professional to a user in the primary, secondary or tertiary attention (AFIO *et al.*, 2014). And with that the technologies assistance (TA) make possible the construction of a scientific-technical knowledge that results from investigations, applications of theories and of the daily experience, constituting a set of systematized, processual and instrumental actions for installment of a presence qualified a human being in all his dimensions and have as supporting objective, maintaining and promoting the process of the life of the persons in situations of health and disease (NIETSCHE *et al.*, 2005). In this way, the technologies have great importance in the daily life of work of the nurse, since they provide scientific character to the care, making possible to adapt and to plan the presence, developing scientific knowledge that provoke improvements in the service and produce products that they will influence in practice of taking care (RITTER *et al.*, 2015). In this context the objective of the study was of building a technology assistencial for the applicability of the SAE in the APS, in the program of the prenatal one, which subsequently it will be validated for the implementation.

MATERIAL AND METHODS

The inquiry was of the type study methodologic and with quanti-qualitative approach, aiming for the construction of a TA for applicability of the SAE in the APS. The inquiry methodological provides instruments and refers to the investigation of the methods of attainment, organization of data and driving of rigorous inquiries, which treat the development, the validation and the evaluation of tools and methods of inquiry (POLIT; BECK, 2011). In accordance with the study methodological, the investigator takes as an objective the preparation of a trustworthy, precise and usable instrument

that could be used by professionals, this type of inquiry is considered a tool that uses in systematic way the existent knowledge's for preparation of a new intervention or significant improvement of an existent intervention, being able to prepare or to improve an instrument, device or mediation method (CONTANDRIOPOULOS *et al.*, 1997; POLIT; BECK, 2011). The quantitative inquiry has foundation in the logical positivistic thought, emphasizing the deductive reasoning, measurable attributes of the human experience and the rules of the logic, being differentiated of the qualitative inquiry, since his results can be quantified, being centered in the objectivity and thinking that the reality can only be understood on basis of the analysis of brutish data, gathered with help of standardized and neuter instruments (GERHARDT; SILVEIRA, 2009). The qualitative research works with the universe of meanings, motives, aspirations, beliefs, values and attitudes, which corresponds to some deeper space relations, processes and phenomena that cannot be reduced to the operationalization of variables (MINAYO, 2008). Thus, the present research shows to be a study of construction of a TA for the applicability of the SAE in APS, built in order to be validated in future as an instrument for effective application in UBS and ESF. The inquiry took place in a private Faculty located in the avenue Viscount of Souza Franco, district of the Redoubt, in the local authority of Belém-PA, where there are filled the teachers who were invited to compose the judges-specialists picture for evaluation of the technology. The Judges / Specialists were teaching nurses with expertise in SAE, APS and Health of the woman also were invited an Educationalist and a social Communicator, thought in this study judges-specialists of other areas. The production of data with expert judges took place through the sending of a questionnaire. Each judge who agreed to participate in the survey received a letter of invitation to participate in the work, signed the term informed consent, and received in your workplace, one via the instrument for applicability of the SAE in the APS. Could also make notes on the instrument itself. The return of the technology occurred around 21 days from the date of delivery.

RESULTS

The study was carried out with the participation of eleven judge's specialists who were nominated like "JE", with expertise in SAE and / or APS, TA and Health of the Woman, including an educationalist and a social communicator, which they valued as for presentation and structure of the technology, being thought as judges of other areas for this study. Of the total of eleven JE, nine are a teaching nurses, an educationalist and a social communicator, being nine judges of the feminine sex and two masculine, with the age group between twenty-seven years to forty-eight years of age. As for the time of professional acting of the JE in his respective areas on average seven years. The nurse with less acting time told to have three years of service and with bigger acting time it had it sixteen years. When questioned as for the qualification, a JE has doctorate, seven master's degrees and three specializations, all attending the area demanded for the development and better evaluation of the present study. So after the evaluation of technology, data tabulation was carried out and applied the statistical method of arithmetic, performed from the sum of the grades that are assigned in each style (1-Inadequate) (2-Partially appropriate) and (3-appropriate) and later divided by the numbers of participants (9 participants) with the exception of issues that encompass the structure and presentation, where

the sum was divided by 11 participants, because they included the educationalist and social Communicator, which resulted in data satisfactory with minor quantitative percentage in 89% and 100% higher, allowing the realization of only one round with appraisers. As for analysis of the objectives, the JE valued the coherence of the Technology Assistencial (TA) as to the necessities of the nurses at the Basic Attention (AB) like adapted in 66,66 % and 33,34 % in partially appropriate. On the coherence with the use of the SAE 88,88 % was found adapted and 11,12 % partially appropriate. On the adaptation there was uniformity in the result, 100 % adapted as for idea of the TA. 77,77 % promoted the change in the presence in nursing in the AB think that adapted to circulate in the scientific way and 22,23 % they find the TA partially appropriate. How much the instrument 77,77 % attends the objectives of the AB says to be adapted and 22,23 % partially appropriate. As for analysis of the presentation and structure of the TA, it was considered appropriate for the nurses of the AB in 72,72 % appropriated and 27,27 % partially appropriate.

Regarding agreement between the JE being of 100 % how appropriate as for clarity and objectivity of the information's of the TA. As to the truthfulness of the cientificidade of the MT and on the agreement and orthography of the instrument the valuator's say being appropriated in 81,81 % and 18,19 % partially appropriate. Designate on it, 100 % appropriated for the style of the MT and for the level of knowledge of the target audience. The JE say 90, 90 % was appropriated, and partially appropriate 9,10 % on the size of the MT and material respectively. Regarding the number of pages 81, 81 % says % partially appropriate was appropriated e 18,19%. As for relevance with respect to portray the main diagnoses and nursing interventions met 88.88% deemed appropriate and 11.12% partially suitable. About the percentage regarding the optimization that TA will provide nursing care, 100% claim to be suitable in this regard. Already 66.66% be appropriate for use in other programs of the AB and 33.33% speak be partially suitable. Thus completing the analysis of quantifiable results. From the reading of the suggestions referenciadas for the JE in the instrument of collection of data and applying the analysis of content of Bardin it was possible to create categories. The construction of each category happened from the repetition of ideas and suggestions of the J.E and before that it was possible to create six categories.

Category 01: As for inclusion of new items in the data collection

This category was created from the suggestion of the judges JE 2, JE 3, JE 4, JE 7 e JE 9.

JE2 CITES "Include socio economic history, add in personal history and cancer in family history the question of twin pregnancy", the physical exam including Montgomery over tubers, Harller, network type of nipples, Leopold's maneuver, presence of line nigra, itching, discharge and swelling "

JE3 speech is left "to Add in the historical one the probable date of the childbirth (DDP), tipagem blood, existence of degree of relationship between the parents, in the physical examination to add anthropometrics measures and previous episodes of urinary infection"

JE4 it emphasizes the importance of "Including the number of previous childbirth in the historical one, in the physical examination to add Leopold's maneuvers".

JE7 referred to the importance of "Include in sexually transmitted infections, previous surgery, epilepsy, schizophrenia and types of previous births, the physical exam add line nigra, fetal movements, coloring of the genitalia and the presence of warts, swelling in the lower limbs and venous network".

JE9 "Include social and demographic data, housing conditions, marital status, income, level of education, psychosocial aspects, and if the pregnancy was accepted or not, the physical exam add signs of Hunter, presence of grooves, Montgomery over tubers, Halley and Leopold maneuver. "

Category 02: inclusion of new diagnoses and nursing interventions

This category was created from the suggestion of the judges JE1, JE3, JE5 e JE9.

Second JE1 "Is necessary to include diagnoses and interventions of nursing on motherly breast-feeding, immunization, signs of childbirth, childbirth humanized and taken care with the breasts".

JE3 emphasizes that "It is necessary to include the diagnosis on risk of infection and interventions that orientate as to the motherly breast-feeding, vaccinal scheme, taken care with the breasts and neurological aspects".

JE5 suggests "It would be important to add the Nausea diagnosis, I suggest that you describe the diagnoses followed by his possible interventions, since in the hour of reading we waste time trying to connect the diagnosis with the intervention".

JE9 "Suggest include diagnosis of anxiety".

Category 03: Items only of marking in the technology and reduction of the size of the technology

This category was created from the suggestion of the judges JE2, JE5, JE 7 e JE 9.

JE2 "I Suggest what in the data collection is included only items to mark, since it is necessary to gain time in the service due to demand, besides the necessity of reducing the technology, since due to great quantity of attributions that the nurse has in the A.B an instrument of quick filling out is necessary".

JE5 "to Leave items only to mark, since the professionals in the basic attention want agility in the service"

JE6 "to Reduce the size of the technology to gain agility in the service in the A.B".

JE7 "to Include options in all the items of the collection of data, leaving the technology with bigger easiness in the filling out and so to gain time"

JE9 "I Find necessary to maintain only items of marking so that the filling out is easier and so the time is optimized"

Category 04: Information's inclusion as to the vaccinal scheme

This category was created from the suggestion of the judges JE2 and JE3.

JE2 "It is necessary to include in the technology the vaccinal scheme that the pregnant woman must do as well as a space to mark what she already carried out"

JE3 "to Include vaccines that the pregnant woman must carry out during the prenatal thing"

DISCUSSION

From the statistical application there were obtained the percentages of all the items. However, it will be described some more relevant items for this discussion, he has seen that they all were important for the construction of this study. The JE judged how 66,66 % appropriated and 33,34 % as partially appropriated, before that can affirm that most of the JE say to be need for TA to help the nurse to apply the SAE in the APS, which there can be confirmed by the author Salvador *et al* (2012) who says what, for so much the technologies production makes necessary to itself care that direct the quality of the care, since they contribute straightly to effectiveness and security of the care, in other words, used in appropriate way they create conditions that contribute to the appropriate and efficient service, making easy the nursing presence. On the use in the AB the percentage one turned in 88,88 % appropriated and 11,12 % of partially appropriate one. Understand - if so that the Judges demonstrate this necessity through the described data, in the same line of thought Tannure (2011) it explains that the activities of the nurse in the AB need to be structured and developed through the SAE so that the nursing organizes and improves his scientific foundation, I eat for example in the Consultation of nursing systematized in the stages of the process of nursing. About the TA to promote change in nursing care, the JE agreed to 100% appropriate, showing that the inclusion of technologies provides improved practice professional outreach nurse. According to Silva *et al*. (2016) assists technologies focused on nursing provide a care plan, with protocols, standardize procedures and nursing process and these methods are used to solve a situation in a given context at a given time, in order to produce positive changes to people's health in order to meet the individual needs of the client, the family and the community.

On the structure and presentation of the technology, in this topic the evaluation of the Judges educationalist and communicator social they were included like a specialists' contribution in the area. Most of the valuator speak that the technology is appropriated for the nurses of the AB in 72,72 % like appropriated and 27,27 % partially appropriate, so the nurse is a born educator, with that it is done to understand that he should use instruments adapted for the reality of his target audience, attending his customers of integral form, respecting the individuality of each one, according to the beginnings of integrality and equity of the SUS. Corroborating this concept of technologies Nietzsche *et al*. (2005) States that while the assistive technologies constitute the construction of technical and scientific knowledge resulting from research, theories and

applications of everyday experience of professionals and clients, which can be grouped into a set of actions systematized, and procedural instruments for the provision of qualified assistance to the human being in all its dimensions, the assistive technology aims to assist people during the process of health and illness. On the clarity and objectivity, there was agreement in the result in 100 % of appropriated, in this way the Technology is appropriated and of easy understanding for the one who will be going to apply it in his work.

As well as it explains that Koch (2007) the educator must have the capacity of going over again the information for his pupils with clarity and objectivity, with the end of surpassing his difficulties and creating interaction bonds with his target audience. In relation to the size of the instrument and the content, the result was 90.90% as appropriate and 9.10% partially suitable. On construction of the TA, the principle the authors developed describing all the steps of the nursing process, however there are particular topics that would be impractical on your written description on the instrument, not allowing a nurse had freedom and autonomy in your query. So not to reduce the critical thinking of the professional, the authors decided to adapt the technology to the scenario of the nurse Assistant at APS, thus opening space for inclusion of a differentiated in your assessment finding, allowing TA to have smaller size and a material more suitable for such professional practice. However, there was still controversy about the size of the TA in quantitative analysis with qualitative. On the degree of signification of the technology, one lifts the question of the main diagnoses of nursing and Interventions of nursing turned for the APS, the percentage in 88,88 % as appropriated and 11,12 % as partially appropriated. Galvão *et al*. (2002) and Tannure (2011), the Process of Nursing is composed for phases or stages that they are described how: Investigation problems or Historical, Diagnosis of nursing, Implementation of the presence and the Evaluation.

Being each essential stage, since he shows the nursing up while science, checking so bigger credibility in the presence, competence, visibility of the nursing and autonomy for the professional nurse in his projection in health. One of the factors that caused the authors to develop the TA, in the intention of optimizing and improving the service of the nurse, the JE judged this item as 100 % appropriated since they even recognize them that the nurse of the APS is replete with bureaucracies and I accumulate of functions, obviously that that does not justify to give a quality presence, however it compromises his professional practice.

Castro's study *et al*. (2012) shows the difficulties found by the nurses and the reason because he needs instruments that his service optimizes, the study was carried out with nine nurses of the ESF who reported his difficulties as for use of the systematization in the programs of the APS, mainly as for the time, due to the great bureaucratic load, to have to carry out his competences and accumulating attributions of other professionals, being distanced of the main focus of the assistance, happening so in another trouble that is the professionals' lack in the ESF, overloading the nurse, setting so the SAE aside to manage to attend the users' elevated demand, adding up to the great number of set up families, which in great part goes too far established by the Ministry of Health (MS), compromising the quality of the assistance.

Category 01: As for inclusion of new items in the data collection

In this category one found six JE that identify with this idea, which can be illustrated in the words following:

“To include social and demographic data, conditions of dwelling, marital status, decorates with lace degree of education, aspects psychosocial and if the pregnancy was quite accepted or not...” (JE9).

“To add in the historical one the probable date of the childbirth (DDP), tipagem blood, existence of degree of relationship between the parents...” (JE3).

These words can be corroborated by the author Cardoso *et al.* (2016) that suggests that the data collection in the prenatal one allows to obtain a set of information's turned to the health of the woman, in the course of the period gestational, with the intention of identifying risks, to be able to act early before the considered situations, securing a better health condition, avoiding the death and the physical compromising of the mother and of the fetus.

Another theme boarded inside the category, is as to the items inclusion for the physical examination, suggestions that can be illustrated following:

“In the physical examination the inclusion of tubercles of Montgomery, Harley's net, type of nipples, Leopold's maneuver, presence of line nigra, itched, flowing and edemas” (JE2). “... in the physical examination to add Leopold's maneuvers” (JE4).

These suggestions can be confirmed by Brazil (2005) that says, in the first consultation of prenatal one, it must be carried out anamneses, boarding aspects epidemiological, besides the familiar, personal, gynecological and obstetric records and the situation of the current pregnancy. The physical examination will have to be complete, when there is in evaluation of head and neck, thorax, abdomen, members and inspection from skin and mucous membranes, followed by gynecological examination and obstetric.

Category 02: Inclusion of new diagnoses of Nursing

It was possible to think in this category four J.E that they reinforced the necessity of inclusion of more some diagnoses of nursing, which can be exemplified following:

“It is necessary to include diagnoses and interventions of nursing on motherly breast-feeding... and when they took care with the breasts”.

“... interventions that orientate as to the motherly breast-feeding... taken care with the breasts...”

These suggestions that can be confirmed by the authors Amorim and Andrade (2009) who stands out that in the APS the team must stimulate the breast-feeding motherly and taken care with the breasts what they must already be begun during the prenatal thing so to secure that when there is the birth of the child, the mother is already orientated as for importance of the breast-feeding.

Besides, the suggestion appears of adding the diagnosis of nausea, accepted that is a very common symptom between the pregnant women.

“It would be important to add the Nausea diagnosis...” (JE5)

The JE5 can be confirmed by Ab (2012) that cites the importance of the nursing diagnosis of nausea because normally your appearance occurs in the first trimester, usually finishing around the 16th to the 20th week. Its physiological basis remains unknown, but may be related to increasing levels of estrogen in the bloodstream, and chorionic gonadotropin, besides reducing the acidity of the stomach, and tone of the motility of the gastrointestinal tract.

Another quoted nursing diagnosis was:

“I suggest to include anxiety diagnosis” (JE9)

What can be ratified by Patias *et al.* (2011) is of basic importance it DE of anxiety since during prenatal this feeling is made a list, mainly, to the threats realized by the pregnant women to his physical entirety and to that of the fetus.

Category 03: Items only of marking in the technology and reduction of the technology

During the analysis of the obtained data, it was possible to realize that four judges emphasized the importance of maintaining only items to mark in the technology.

“I suggest what in the data collection is included only items to mark, since it is necessary to gain time in the service due to demand” (JE2).

“To leave items only to mark, since the professionals in the basic attention want agility in the service” (JE5)

“To include options in all the items of the collection of data, leaving the technology with bigger easiness in the filling out and so to gain time” (JE7)

“I find necessary to maintain only items of marking so that the filling out is easier and so the time is optimized” (JE9).

The ideas convergence was well-known between the judges above quoted, and in fact during the service in the A.B the nurse needs agility, since besides the great considered demand, there are other attributions developed by him. For Clays and Chiesa (2007) they emphasize that the nurse who develops his activities in the APS has a little available time for the presence, since his time must be divided with the administrative function and it will finish losing the contact with the client, provoking so the lack of patient and professional bond, making impossible that the systematization happens in the efficient form.

Category 04: Information's inclusion as to the vaccinal scheme

Pregnant women during prenatal care must carry out the vaccination schedule for specific protection for her and for your baby. Given that some JE stressed the importance of a specific space for the vaccination schedule in the TA.

“It is necessary to include in the technology the vaccinal scheme that the pregnant woman must do as well as a space to mark what she already carried out” (JE2).

“To include vaccines that the pregnant woman must carry out during the prenatal thing” (JE3).

The vaccination during the gestation aims not only at the protection of the pregnant woman, but also the protection of the fetus, during the prenatal thing it is necessary to carry out the ant tetanic vaccination, which must consist of a complete scheme of three doses, and a possible reinforcement depending on each case being valued, besides the vaccines of the influenza and Hepatitis B and these directions must be reinforced by the nurse in the hour of the prenatal consultation (OLIVEIRA *et al.*, 2016)

Final Considerations

The technologies use care for professional nurses contributes in the application of the process of nursing, mainly in the APS, where it was possible to infer through scientific inquiries the shortage of instruments that help the nurse in this practice that is necessary for the improvement of the assistance. Therefore, the proposed technology in this study was reformulated according to the suggestions of the JE, which propose improvements that fitted the reality of APS. Is valid to note that at the end of the search technology was built with a satisfactory parameter, since most of the reviews were framed as suitable by JE, all the suggestions described were met and appropriate to the instrument, enabling the construction of a technology that facilitates the applicability of SAE in the prenatal program and consequently improve the quality of care. It is important to note that one of the categories, there were some in your heed impossibilities totality, as the example of category three corresponding to change of items just to score, because there is data that require writing by extensive, beyond decrease in technology that becomes infeasible due to the judges' suggestions to include new items in data collection and include new nursing diagnoses. The technology is totally appropriate to the parameters pointed by the judge's specialists and ready to be validated in subsequent scientific works that will be developed by the authors, with the intention of returning valid and available for the health services. Since a study to be a pioneer in the State of the Pará, and also to be a technology that will benefit the Unities of Health and Strategies Health of the Family in the applicability of the SAE in the native Daily pay, the authors suggest the availability of the instrument to the managers, managers and health professionals, as well as the academic and scientific community, like form of technician makes possible the motivation for more inquiries in this extent and scientific spread of the systematization of the presence of nursing.

REFERENCES

- Áfio, ACE, *et al.* 2014. Análise do conceito de tecnologia educacional em enfermagem aplicada ao paciente. *Northeast Network Nursing Journal*, v.15.
- Aguiar, MIF *et al.* 2012. Sistematização da assistência de enfermagem a paciente com síndrome hipertensiva específica da gestação. *Rev. da Rede de Enfermagem do Nordeste*, v. 11, n. 4.
- Amorim, MM., Andrade, ER. 2009. Atuação do enfermeiro no PSF sobre aleitamento materno. *Perspectivas On Line*, v 3(9).
- Barros, DG., Chiesa, AM. 2007. Autonomia e necessidades de saúde na sistematização da assistência de Enfermagem no olhar da saúde coletiva. *Rev Esc Enferm USP*; 41, 793-798.
- Bento, SL *et al.* 2017. Sistematização da assistência de enfermagem no pré-natal de Tanque do Piauí: proposta de roteiro para coleta de dados. *Repositório UFSC*.
- BRASIL, MD 2005. Departamento de Ações Programáticas Estratégicas, Secretaria de Atenção à Saúde. Pré-natal e puerpério: atenção qualificada e humanizada-manual técnico.
- Cardoso, MD *et al.* 2016. Percepção de gestantes sobre a organização do serviço/assistência em um pré-natal de baixo risco de Recife. *Revista de Pesquisa: Cuidado é Fundamental Online*, 8.4: 5017-5024.
- Castro, GV *et al.* 2012. Sistematização da Assistência de Enfermagem na Estratégia Saúde da Família: limites e possibilidades. *Northeast Network Nursing Journal*, v. 13, n. 4.
- Cavalcante, RB *et al.* 2011. Experiências de sistematização da assistência de enfermagem no Brasil: um estudo bibliográfico. *Revista de Enfermagem da UFSM*, v. 1, n. 3, p. 461-471.
- Contradiopoulos, AP *et al.* 1997. Saber preparar uma pesquisa. São Paulo: *hucitec*, 1997.
- Galvão, CM., Sawada, NO., Rossi, LA *et al* 2002. A prática baseada em evidências: considerações teóricas para sua implementação na enfermagem perioperatória. *Rev. Latino-Am. Enfermagem*, vol.10, n.5, pp. 690-695.
- Gerhardt, TE., Silveira, DT. 2009. Métodos de pesquisa. *Plageder*.
- Koch, IGV. 2007. O texto e a construção dos sentidos.9. Ed. São Paulo: *Contexto*.
- Minayo MCS 2008. O desafio do conhecimento. Pesquisa qualitativa em saúde. 9ª edição revista e aprimorada. São Paulo: *Hucitec*, 406 p.
- Moura, CPS 2016. As perspectivas para o aperfeiçoamento das habilidades administrativas do enfermeiro: uma abordagem histórica. *Revista Saúde e Desenvolvimento*; v.7.4: p.122-134.
- Nietsche, EA *et al.* 2005. Tecnologias educacionais, assistenciais e gerenciais: uma reflexão a partir da concepção dos docentes de enfermagem. *Revista Latino-Americana de Enfermagem*, v. 13, n. 3, p. 344-352.
- Oliveira, PSD *et al* 2016. Avaliando a Situação Vacinal das Gestantes nas Estratégias de Saúde da Família de um Município. *Revista Rede de Cuidados em Saúde*. V.9(3).
- Patias, ND *et al.* 2011. Construção Histórico-social da Adolescência: Implicação na Percepção da Gravidez na Adolescência Como um Problema. *Revista Contexto & Saúde*. v. 10, n. 20.
- Polít, DF., Beck, CT. 2011. Fundamentos de Pesquisa em enfermagem: avaliação de evidências para as práticas da enfermagem. 7a ed. Porto Alegre (RS): *Artmed*. 669 p.
- Ribeiro, DC. 2017. Proposta para melhorias no Programa de Pré-Natal e Puerpério da Unidade Básica de Saúde Laurença Abreu da Silva, Baixa Grande, Município de União-Piauí. *UNASUS*.
- Ritter, CB *et al* 2015. Grupo como tecnologia assistencial para o trabalho em enfermagem na saúde coletiva. *Saúde & Transformação Social/Health & Social Change*, v. 5, n. 3, p. 83-90.
- Salvador, PTCO *et al.* 2012. Tecnologia e inovação para o cuidado em enfermagem. *Revista Enfermagem UERJ*, v.20.1, p. 111-117.
- Silva, PC *et al* 2016. Implantação da sistematização da assistência de enfermagem (SAE) em um CAPS: um estudo de caso. *Repositório UFSC*.
- Tannure, MC., Pinheiro, AM 2011. SAE: Sistematização da Assistência de Enfermagem: guia prático. In: SAE: sistematização da assistência de enfermagem: guia prático. *Guanabara Koogan*.