ABSTRACT

**Objectives:** to investigate if the general and specific physical examination was performed at the first prenatal consultation in the Family Basic Health Units; to identify which stages of the general and specific physical examination were developed by nurses and which instruments are used in the nursing consultations to pregnant women. **Method:** this is an exploratory, descriptive and cross-sectional study, with quantitative approach, conducted in six Family Basic Health Units of the municipality of Campina Grande/PB, with 75 women participating in the prenatal for the first time in the period between 25 March and 25 April 2009. **Results:** the majority (60%) of the pregnant women was aged up to 20 years and 40% were between 30 and 45 years old; 100% of nursing professionals perform the practice of physical examination at the first consultation, but partially. **Conclusion:** it becomes necessary to have a constructive critical assessment on the physical examination at the first consultation of the pregnant woman on the part of the nursing professional. **Descriptors:** Nursing; Prenatal Care; Women’s Health; Physical Examination; Pregnant Women.

RESUMO

**Objetivos:** investigar se foi realizado o exame físico geral e específico na primeira consulta de pré-natal nas Unidades Básicas de Saúde da Família; identificar que etapas do exame físico geral e específico o enfermeiro desenvolveu e que instrumentos são utilizados nas consultas de enfermagem a gestantes. **Método:** estudo exploratório-descriptivo, transversal, de abordagem quantitativa realizado em seis Unidades Básicas de Saúde da Família de Campina Grande/PB, com 75 mulheres participantes do pré-natal pela primeira vez no período de 25 de março a 25 de abril de 2009. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE n° 0687.0.000.405-09. **Resultados:** a maioria (60%) das gestantes estava com idade até 20 anos e 40% entre 30 e 45 anos; 100% dos enfermeiros fazem a prática do exame físico na primeira consulta, porém de forma parcial. **Conclusão:** faz-se necessária avaliação crítica construtiva acerca do exame físico na primeira consulta da gestante pelo enfermeiro. **Descritores:** Enfermagem; Cuidado Pré-Natal; Saúde da Mulher; Exame Físico; Gestantes.

RESUMEN

**Objetivos:** investigar se fue realizado el examen físico general y específico en la primera consulta de atención prenatal en las Unidades Básicas de Salud de la Familia; identificar que pasos del examen fisico general y específico el enfermero desarrolló y que instrumentos fueron utilizados en las consultas de enfermería a las embarazadas. **Método:** este estudio exploratorio-descriptivo, transversal, de enfoque cuantitativo llevado a cabo en seis Unidades Básicas de Salud de la Familia de Campina Grande/PB, con 75 mujeres participantes del prenatal por primera vez en el período de 25 de marzo a 25 abril 2009. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE n° 0687.0.000.405-09. **Resultados:** la mayoría (60%) de las mujeres tenían una edad de hasta 20 años y 40% entre 30 y 45 años; 100% de los enfermeros están practicando un examen fisico en la primera consulta, pero de manera parcial. **Conclusión:** es necesario realizar una evaluación crítica constructiva acerca del examen fisico en la primera consulta a embarazadas por los enfermeros. **Descritores:** Enfermería; Cuidado Prenatal; Salud de la Mujer; Examen Fisico; Embarazadas.

Nurse, University Teacher Specialist in Family Health, Graduation Nursing Course, Mauricio Nassau Faculty. Campina Grande (PB), Brazil. Email: loyanecavalcantil@hotmail.com; 4Intensivist Nurse, Master, Onofre Lopes University Hospital, Federal University of Rio Grande do Norte/HUOL/UFRN, Doctorate Student in Health Sciences, Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. Email: a.elza@uol.com.br; 5Obstetrician Nurse, University Teacher and Doctor (PHD), Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. Email: rejanembarj@hotmail.com.br; 6Nurse, University Teacher and Doctor (PHD), Post-Graduation Program, Master/Doctorate in Nursing. Federal University of Rio Grande do Norte/PPGENF/UFRN. Natal (RN), Brazil. Email: rajenemb@uol.com.br; 7Obstetrician Nurse, Master Student, Post-Graduation Program, Federal University of Rio Grande do Norte/UFRN. Member of the staff of the Federal Institute of Education, Science and Technology of Rio Grande do Norte/IFRN. Natal (RN), Brazil. Email: danyellaaugustost@yahoo.com.br
Pregnancy, childbirth and puerperium are important moments in the life of a woman and constitute a physiological process, given that the pregnant woman needs to be protagonist in all these events. Therefore, it is a task for health professionals and managers to implement public policies in order to ensure a comprehensive and humanized quality, thereby promoting the health of mother and child. In certain women, some psychological and pathological changes might arise, and every pregnant woman will present reactions in different forms, depending upon the early diagnosis and the quality of follow-up.\(^1\)

The humanization policies such as the Program for Humanization of Prenatal and Childbirth Care (PHPN, as per its acronym in Portuguese) has achieved space in the Brazilian scenario, with discussions in the social sectors, with focus on humanized health care, aimed at safety and liability of human rights. This humanized care might provide the woman with feelings of trust, safety during childbirth, self-care to the newborn (NB) and experiences of self-transformations of her new role.\(^2\)

In order to promote the humanization in becoming pregnant, giving birth and conceiving, it is of the utmost importance: the involvement of all stakeholders, from users, families and professionals interconnected in three topics - the humanization of childbirth in Brazil; PHPN and promotion of health education in the context of a humanized labor and childbirth -, with the aim at preventing morbidities during pregnancy.\(^1\)

In Brazil, during the period from 2000 to 2002, the main causes of maternal morbidity and mortality were hypertensive and hemorrhagic syndromes; puerperal infections and complications related to abortion. Nonetheless, these causes are essentially preventive of warranty for prenatal care with quality.\(^1\)

With sights to control maternal morbidity and mortality, the most important actions depend on the quality of care in health services, with a prenatal follow-up directed to reduce this morbidity and identify maternal and neonatal risks. Moreover, these actions are aimed at ensuring the normal course of pregnancy; identify the possible situations of harm as soon as possible; orient the pregnant woman in relation to normal childbirth, puerperium and lactation, thereby enabling prevention and promotion of health of the pregnant woman.\(^4\)

Prenatal consultations have contributed in reducing the morbidity and mortality of mothers and children, mainly when there is greater opportunity to perform follow-up in the Primary Care Network (RBS, as per its acronym in Portuguese) with medical and nursing care with quality, exposure of main complaints, physical examination, diagnoses and behaviors that encompass actions for promoting health and preventing diseases and disorders.\(^3\) Accordingly, prenatal care should be emphasized in maternal and child care, which remains as an intense concern in the scope of the public health. The persistence of high rates in the coefficient of maternal and perinatal mortality has motivated the emergence of public policies in the area of the pregnancy-puerperal cycle. These high rates are the major challenges in the RBS Network, thereby reflecting the quality of care provided during pregnancy.\(^4\)

In the Family Health Strategy (ESF, as per its acronym in Portuguese), prenatal is monitored by physicians and nurses who must provide individual care through clinics and nursing consultations, general and physical examination, besides educational activities and home visits. Due to the fact that the nurse is an essential professional in the ESF and is responsible for a low-risk prenatal, it is up to this practitioner the development of consultations of quality for pregnant women. In order to move nurses to assume this responsibility, it is necessary to use the nursing process in all its stages, such as data survey, diagnoses, prescription, implementation and evolution.\(^7\)

In the first consultation to the pregnant woman conducted by the nursing professional, there will be a period in which the practitioner will win the trust and empathy of this user, by knowing that they will establish the first relationships. In the stages of the nursing process, one should emphasize the importance of the physical examination, which must be carefully and specifically developed by the nurse every consultation, with the purpose of identifying nursing diagnoses and interventions. Therefore, at that time, there are practices such as anamnesis, physical and specific examination.\(^8\)

Anamnesis includes epidemiological aspects, family, personal, gynecological and obstetric history and situation of current pregnancy. The physical examination in pregnant women must be comprehensive, which consists in the assessment of head, neck, chest, abdomen, upper and lower limbs, by using the preliminary clinical procedures of

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**INTRODUCTION**

Pregnancy, childbirth and puerperium are important moments in the life of a woman and constitute a physiological process, given that the pregnant woman needs to be protagonist in all these events. Therefore, it is a task for health professionals and managers to implement public policies in order to ensure a comprehensive and humanized quality, thereby promoting the health of mother and child. In certain women, some psychological and pathological changes might arise, and every pregnant woman will present reactions in different forms, depending upon the early diagnosis and the quality of follow-up.\(^1\)

The humanization policies such as the Program for Humanization of Prenatal and Childbirth Care (PHPN, as per its acronym in Portuguese) has achieved space in the Brazilian scenario, with discussions in the social sectors, with focus on humanized health care, aimed at safety and liability of human rights. This humanized care might provide the woman with feelings of trust, safety during childbirth, self-care to the newborn (NB) and experiences of self-transformations of her new role.\(^2\)

In order to promote the humanization in becoming pregnant, giving birth and conceiving, it is of the utmost importance: the involvement of all stakeholders, from users, families and professionals interconnected in three topics - the humanization of childbirth in Brazil; PHPN and promotion of health education in the context of a humanized labor and childbirth -, with the aim at preventing morbidities during pregnancy.\(^1\)

In Brazil, during the period from 2000 to 2002, the main causes of maternal morbidity and mortality were hypertensive and hemorrhagic syndromes; puerperal infections and complications related to abortion. Nonetheless, these causes are essentially preventive of warranty for prenatal care with quality.\(^1\)

With sights to control maternal morbidity and mortality, the most important actions depend on the quality of care in health services, with a prenatal follow-up directed to reduce this morbidity and identify maternal and neonatal risks. Moreover, these actions are aimed at ensuring the normal course of pregnancy; identify the possible situations of harm as soon as possible; orient the pregnant woman in relation to normal childbirth, puerperium and lactation, thereby enabling prevention and promotion of health of the pregnant woman.\(^4\)
inspection, palpation, percussion, auscultation and verification of vital signs; request for routine exams; assessment of gestational age (GA) and pregnancy risk, fetal maturity and vitality; nutrition guidance and breastfeeding; anti-tetanus prophylaxis; encouragement so that the pregnant women can express their doubts and anguish related to pregnancy.⁶

As prenatal care is considered a preventive and strategic action in the Primary Health Care (ABS, as per its acronym in Portuguese) to follow-up the mother/child binomial, and, as over the years, this care has been implemented in Basic Family Health Units (UBSF, as per its acronym in Portuguese), having competence to reduce the maternal and neonatal morbidity and mortality, this study is justified by the fact that the nursing professional is one of the practitioners responsible for holding this care in low-risk prenatal consultations.

It is worth highlighting the relevance and purpose of the study to know the way in which the physical examination is being conducted in consultations of pregnant women held by the nurses, and that, from this knowledge, the study reveals to academic students and professionals from the Health Department of the Municipality of Campina Grande/PB the constructive and critical reflection about the importance of a qualified and humanized physical examination in the care of pregnant women, including nurses, thereby developing this practice with quality. Therefore, given this observation, this study has the following objectives:

● To investigate if the general and specific physical examination was performed in the first prenatal consultation in the Basic Family Health Units.

● To identify which stages of the general and specific physical examination were developed by nurses and which instruments are used in the nursing consultations to pregnant women.

**METHOD**

This is an exploratory, descriptive and cross-sectional study, with quantitative approach, developed in UBSFs of the municipality of Campina Grande/PB, which were selected by the Coordination of the Family Primary Health Care of Campina Grande/PB. It is worth emphasizing that the selected UBSFs belong to the urban area. As there are six Health Districts (DS, as per its acronym in Portuguese), one UBSF of each DS was selected, totaling six UBSFs.

There is a team composed of approximately 14 professionals working in each UBSF: one nurse, one physician, one dentist, one dental office assistant (CDA, as per its acronym in Portuguese), one nursing technician, an attendant and six community health workers (ACS, as per its acronym in Portuguese). It varies according to its area, and this amount might be increased. In light of this context, the research was conducted in all UBSFs of the above mentioned municipality.

The option for the municipality of Campina Grande/PB took place, mainly, taking into account the place of residence and work of one of the researchers, who is included in the staff of the Health Department of the Municipality (SMS, as per its acronym in Portuguese).

The study population was composed of pregnant women who were in prenatal follow-up in the ESFs in the municipality of Campina Grande/PB during the period fixed for the data collection. In order to select pregnant women, a simple stratified random sampling by means of drawing was constituted, according to scheduling and assignment of pregnant women in the search for consultation in the health unit.

The process of simple random sampling makes use of tables with random numbers; thus, all components of the population received a number. Next, the total of sample components was determined and, through the table of random numbers, the individuals to be researched were selected.

In order to calculate the sample, there was a survey in the Health Department of the above mentioned municipality on the number of pregnant women registered in the SISPRENATAL (system), distributed in the six UBSFs, which achieved a total of 150 (N) registered pregnant women. After this survey, a sample size calculation of 5% (n) was held in line with the population of each health unit, totaling an average of 75 pregnant women.

The instrument for data collection was comprised of a form with three parts: the first served to characterize the sample; the second was related to sociodemographic and obstetric data of the pregnant women and, finally, the third part contained issues with regard to the assessment of prenatal consultations by nurses under the viewpoint of the investigated pregnant women.

The collection period of research took place between the months of March and April 2009. After receiving an authorization from the Health Department of the Municipality of Campina Grande/PB and taking into account the Resolution nº 196/96 of the National Health Council (CNS, as per its acronym in Portuguese), the research was authorized by...
the Research Ethics Committee from the Faculty of Medical Sciences of Campina Grande/PB, with CAAE nº 0687.0.000.405-09, which deals with researches involving human beings and approves the regulatory guidelines and standards, based the basic principles of bioethics: autonomy, beneficence, non-maleficence and justice.

The information about the research, contained in the Free and Informed Consent Form (FICF), was presented to the participants. Subsequently, the term was signed, in order to testify the willingness to participate in the study, ensure complete anonymity and confidentiality of collected information, as well as privacy and right to withdraw, at any time, the participation in the research without harming their health care in the UBSF. After selecting the pregnant women, interviews were scheduled and, subsequently, conducted in a room of the UBSF, which was made available by nurse of the sector.

Similarly, while researchers responsible for the study, it was reaffirmed that they were fully responsibility for research and, before the surveyed results, would maintain respect for the research participants and confidentiality of collected information. The inclusion criteria were: people aged 19 or over, low-risk pregnant women registered in the prenatal care of the selected UBSFs and agreement to participate in the research.

**RESULTS AND DISCUSSION**

The discussion and analysis of results are presented according to the objectives proposed in this study. With data collected from 75 pregnant women, it was observed that the majority (60%) was aged up to 20 years and 40% were in the age group between 30 and 45 years old. Regarding the schooling level, 7% are illiterate; 54% have incomplete Elementary School; 30% have incomplete High School and 9% have incomplete Higher Education. When it comes to gestational age (GA), 53,3% were at the 16th of pregnancy; 30% between 16 and 22 weeks and 16,7% between 22 and 39 weeks.

All indicators presented are relevant to assessment and planning of public health policies. In relation to the percentage of 60% of pregnant women with up to 20 years, one should stay alert, because the Brazilian Ministry of Health (MS, as per its acronym in Portuguese) considers this life cycle as a phase of physical, biological, psychological or social changes, and pregnant women are seen as a risk group. Therefore, this result also reveals that the number of sexual intercourses among these women increases without the use of contraceptive methods, so that they expose themselves to maternal-fetal risks and to an early motherhood before reaching the age of 20.

When it comes to age group, a study developed in the municipality of Rio de Janeiro with women aged up to 20 years corroborates the study in question, given that the majority of women become pregnant in this age group. Authors also point out that, the lower the schooling level of women, the greater the negative consequences that might take place in their families, such as the higher incidence of psychosocial diseases and hazards.

One can perceive that the low maternal schooling is presented aggregated to the occurrence of low birth weight newborns (LBWN). Mothers with less schooling have more than three children when compared with mothers with greater schooling. This fact might be associated with a lower interval between successive births, which might predispose these children to risks. Mothers with less than eight years of schooling have an rate of 1,5 times more likely to have LBWNs. Such fact takes place due to the low socioeconomic standard, which possibly shows less weight gain during pregnancy, late start of prenatal care or quality of consultation.

The number of prenatal consultations proved to be linked to maternal schooling, since mothers with higher schooling levels had twice the opportunity to attend at least six prenatal consultations, as recommended by the MS, when compared with those who have incomplete Elementary School. Thus, these mothers would give greater importance to prenatal and/or would have a easier to the follow-up of their pregnancy.

It is worth emphasizing that the first consultation should take place as early as possible, in order to promote health and prevent injuries to the mother and the fetus. The MS recommends monthly consultations up to 36 weeks, fortnightly between the 7th and the 8th month and weekly between the 8th month until the childbirth.

A study performed in the Health Department of the Municipality of Ribeirão Preto/SP advocates that every prenatal consultation should include the anamnesis and physical examination, which would be part of the investigation of maternal conditions (weight and nutritional status, blood pressure, presence of edemas, etc.) and fetal conditions (measurement of uterine height, auscultation of heartbeats and fetal palpation).
The literature refers that the physical examination is important in primary care due to the inspection of the general status of the pregnant woman, observation of skin and mucous membranes, nutritional conditions, neuromuscular coordination and emotional status, which might reveal the diagnosis of the user and assessments with regard to its general status.7

Actions of relevance to the daily nursing practice during the general physical examination at the first consultation were highlighted in the interviews of pregnant women. In relation to nutritional status and weight, 80% of nurses performed this assessment; 63,3% checked the heart rate; 36,6% measured the blood pressure; 13,3% performed palpation of thyroid; 66,6% examined the abdomen; 80% researched the lower limbs; 40% checked measure and height; 96,6% inspected skin and mucous membranes; 40% performed cardiopulmonary auscultation and 83,3% researched edemas.

The assessment of the nutritional status of the pregnant woman is a key factor during pregnancy, since these women compose a vulnerable group. The nutritional status of the mother has a determining effect on the growth, development and weight of the fetus. In light of the above, there is actual evidence that weight gain during pregnancy is a prognosis for the weight of the newborn (NB) at birth. This is a crucial detail under the viewpoint of public health, since the birth weight is one of the parameters that is most closely related to the survival, growth and mental development of the NB.14

Clinical assessment with detailed and proper investigation of the symptoms presented by the pregnant woman and thorough physical examination are useful elements for determining mild, moderate or severe changes in the maternal organism. The inspection of the skin and mucous membranes is considered significant information, which provides guidance regarding the presence of anemia, deleterious situation both for the mother and for the fetus. In this research, one should observe that this procedure was performed in 96,6% of the consultations conducted by nurses. Thus, the nursing professional is qualified to detect mild cases of malaise, tiredness, and fatigue that might lead to erroneous findings in a normal pregnancy. Nevertheless, tachycardia, paleness and dyspnea related to exertion or even to rest might be indicative signs of moderate or severe anemia. Therefore, in order to assess the profile of iron in pregnancy, such as dosage of serum iron, total iron-binding capacity and saturation of transferrin that undergo fluctuations arising from adaptations of pregnancy, one should consider that the serum ferritin is seen as the best laboratory test to assess the amount of iron available in the bloodstream of the pregnant woman.15-16

According to pregnant women inserted in the Born Project of Health Department of the Municipality of Ribeirão Preto/SP, a significant number of women who reported not having received nutritional guidelines until that moment of pregnancy was identified; as well as record of assessment of nutritional status was not identified.13 This does not meet the study in question, which showed a high (80%) rate of women who received guidelines of nutritional status during the consultation with the nurse.

The verification of blood pressure (BP) in the consultations of pregnant women is essential to assess the risks related to arterial hypertension. This illness is present in 5-10% of pregnant women and is responsible for the high rate of maternal and perinatal morbidity and mortality. It is the leading cause of maternal mortality, by reaching 35% of deaths from eclampsia, cerebral hemorrhage, acute pulmonary edema, acute renal failure and coagulopathies. In pregnancy, the purpose of control of the verification of BP is to protect the mother from cerebral hemorrhage, harmful effects of arterial hypertension, minimize the prematurity and maintain the uterine-placental perfusion, thereby avoiding hypoxia, intrauterine growth restriction (IUGR) and perinatal obituary.17

Regarding the physical examination of abdomen, one can verify pathological and physiological abnormalities through technical inspection, percussion, palpation and auscultation. In reference to the study in question, the rate of abdominal examination was assessed, which confirms the importance of this procedure for pregnant women.7 In this research, one should observe that 50% of nurses examined the breasts of the pregnant women; 60% performed auscultation of fetal heartbeats; 10% checked fetal position and presentation; 56,6% performed the measurement of uterine height and 6,6% performed the speculum examination.

In the knowledge that a woman undergoes long gestational period, until complete the act of breastfeeding, it is relevant that there is a preparation to breastfeeding during pregnancy, with the purpose of raising her awareness about the breasts and the importance of breastfeeding for the child’s life.9
The examination of breasts must be practiced from the first consultation with sights to observe changes and transformations typical of pregnancy (increased pigmentation of the areola and nipple, presence of visible superficial veins; presence of sebaceous glands in the areola, colostrum and abnormalities in nipple hindering lactation, among others). The pregnant woman must be instructed on exercises that aim at shaping the nipple, thereby making it prominent.  

The speculum examination aims at detecting changes in vaginal flora or unusual agents, which might entail problems to the fetus and increase the risk of premature childbirth. Pregnancy for some women is still the only moment in which these users seek preventive care. One should not miss the opportunity of screening for cervical cancer, with the simple accomplishment of cytology examination.  

It was found that, during the first consultation, 40% of nurses used the scale for assessing weight and anthropometry, taking into account that, in most UBSFs, these devices are generally used in the screening room by the nursing technician or the receptionist of the unit, and come to the consultation of the nursing professional with these data already recorded in the chart; 76.6% use the stethoscope; 40% use the tensiometer; 56.6% employ the use of measuring tape for assessment of uterine height and 76.6% use the Doppler sonar to investigate fetal heartbeats.  

It is worth highlighting that the above mentioned instruments and equipment are considered essential to provide a better prenatal care in the physical examination, and that these devices help to detect changes and even identify nursing diagnoses. Accordingly, the main instruments and/or equipment to be used in the prenatal consultation are: stethoscope, scale, tensiometer, measuring tape, Doppler Sonar or Pinard, which are considered basic tools in the primary health care.  

**FINAL REMARKS**  

This study has provided the opportunity to know how nurses are performing the physical examination during the first prenatal consultation, as well as the characteristics of the pregnant women attended in the primary health care. In light of the results, it is necessary to show some considerations that might contribute to family planning and prenatal care in the daily practice of nursing professionals.  

- When assessing the profile of the pregnant women who participated in this study, one could perceive the need for nurses and members of the health care team to develop educational activities on sexual and reproductive health, since the study has found a high percentage of young pregnant women, and the need to investigate if they desired or not pregnancy.  

- The schooling level of the pregnant women of this study is worrying, by knowing that the lower the schooling level of the human being, the greater number of social problems will be detected in a country, state or community.  

- It becomes necessary that the indicators of start of prenatal consultation reach higher percentages in the ABS, given that the sooner it is started, the greater the chance of healthy pregnancy and childbirth.  

- It is necessary to have a better assessment by the nursing professional in the accomplishment of the physical, general and specific examination at the first consultation, given that, by means of it, one can identify changes that might be preventively worked throughout pregnancy, thereby minimizing the injuries the mother/child binomial.  

- All percentages found need to be improved, but one should assess that they are essential in the prevention of data, such as, for example, examination of abdomen and low belly to investigate pain, presence of uterine mass and height.  

- The palpation of thyroid must also be investigated with the purpose of detecting early changes and request specific medical assessment.  

- Cardiopulmonary auscultation is important to investigate changes in heart rate and pulmonary abnormalities in relation to high-risk prenatal, when there is a percentage of women with heart diseases who require follow-up of specialists.  

- In the specific physical examination, this study has identified a low percentage of nurses who assess the breasts, taking into account that this procedure is crucial to detect major changes that might prejudice mother and baby in the breastfeeding process.  

- The auscultation of fetal heartbeats and uterine height are crucial to identify the vitality of the fetus, physical growth and nutritional disorders of the mother that can affect the baby’s growth. In this study, the results show the need for a more reliable assessment.  

- In order to give to the physical examination a greater safety and quality, it is...
essential to have a handbook that shows public management in basic equipment to identify normal and abnormal findings in relation to anthropometric measures and fetal heartbeats.

- It is hoped that this study might contribute so that the future nursing professionals reflect in a constructive manner, as well as helps teaching institutions and health managers with regard to the performance of nurses in a qualified prenatal care and in the primary health care.

**REFERÊNCIAS**


Importance of physical examination of the pregnant...