

# The nursing team's perception of safe maternity

The nursing team's perception about safe maternity

The perception of the nursing team about safe motherhood

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## Abstract

**Objective:** To verify the perception of the nursing team about safe motherhood in a maternal hospitalization unit in a maternal and child hospital.

**Methods:** Qualitative descriptive study of an exploratory nature. Fifty participants were interviewed with three guiding questions. The analysis was Bardin's content analysis.

**Results:** Three categories were developed: 1. Understanding safe maternity; 2. The function of Nursing in safe maternity; 3. Proposals to improve care in the current context.

**Conclusion:** It was noticed that the nursing team has some deficit about safe motherhood, because it was expected that they would contemplate in their speeches the eight steps for a safe motherhood, which did not occur.

## Resumo

**Objetivo:** Verificar o conhecimento da equipe de enfermagem acerca do conceito de maternidade segura em uma unidade de internação de um hospital materno infantil.

**Métodos:** Estudo qualitativo, descritivo e exploratório, com 50 profissionais de enfermagem, os quais responderam ao instrumento Google Forms com três questões norteadoras. A análise foi de conteúdo de Bardin.

**Resultados:** Emergiram três categorias analíticas: 1. Maternidade Segura significa qualidade e segurança ; 2. A Função da Enfermagem na Maternidade Segura; 3. Propostas para Melhoria da Assistência no Cenário Atual

**Conclusão:** A percepção da equipe de enfermagem em relação ao conceito de Maternidade Segura apresenta déficit de conhecimento acerca da maternidade segura, pois esperava-se que contemplassem em suas falas os oito passos para uma maternidade segura, o que não ocorreu.

## Resumen

**Objetivo:** Verificar la percepción del equipo de enfermería acerca de la maternidad segura en una unidad de internación materna en un hospital materno infantil.

**Metodos:** Estudio cualitativo descriptivo de carácter exploratorio. Fueron entrevistadas 50 participantes con tres preguntas orientadoras. El análisis fue el análisis de contenido de Bardin.

**Resultados:** Se desarrollaron tres categorías: 1. Comprensión de la maternidad segura; 2. Función de la Enfermería en la maternidad segura; 3. Propuestas para mejorar los cuidados en el contexto actual.

**Conclusion:** Se constató que el equipo de enfermería tiene algún déficit de conocimiento sobre maternidad segura, pues se esperaba que contemplaran en sus discursos los ocho pasos para una maternidad segura, lo que no ocurrió.

## Keywords

Pediatric nursing; Maternal and child health; Nursing; Safe motherhood; Health care

## Descritores

Enfermagem pediátrica; Saúde materna infantil; Enfermagem; Maternidade segura; Assistência à saúde

## Descriptores

Enfermería pediátrica; Salud materno-infantil; Enfermería; Maternidad segura; Cuidados de salud

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## Introduction

Motherhood is a unique process, related to multiple biopsychosocial factors and various changes for the pregnant woman. Among them are bodily changes, in the way of being seen, in relationships, among others.<sup>(1)</sup>

When it comes to the health of pregnant women, there is one situation that stands out: severe maternal morbidity (SMM) or Near Miss Maternal (NM). MN is considered by the World Health Organization (WHO) as a near-death event, in which the woman survives some complication during pregnancy, childbirth, or up to 42 days postpartum.<sup>(2-4)</sup> Most studies on SMM focuses particularly on indicators and factors that are associated with complications.<sup>(4)</sup>

Currently, dealing with biomedical aspects, the main causes of maternal death are related to blood pressure disorders (eclampsia, pre-eclampsia), postpartum haemorrhage, infections and unsafe abortion.<sup>(5)</sup> According to the Ministry of Health (MH), what draws the most attention is that 92% of these deaths could be avoided through prenatal care and access to quality health care.<sup>(6)</sup>

The World Health Organization (WHO) launched the Safe Maternity Project in 1995, which consists of improving the quality of hospital care through the mobilization of obstetric and pediatric services. To achieve the objectives, eight steps were proposed that cover the actions to be developed: 1. To guarantee women information about reproductive health and their rights; 2. To guarantee care during pregnancy, childbirth, postpartum and family planning; 3. To encourage natural and humanized childbirth; 4. To have written routines to standardize care; 5. To train the entire healthcare team to implement the routines; 6. To adequately provide structure for gynecological and obstetric care; 7. To have a file and information system; and 8. To periodically evaluate perinatal maternal health indicators.<sup>(7,8)</sup>

In 2000, the Brazilian Ministry of Health established the Prenatal and Birth Humanization Program, which aims to improve the precarious situation in obstetric care, doing so by guaranteeing access, improving coverage and quality of care in prenatal, childbirth and postpartum care, in addition to assistance in the neonatal period. In this program there are minimum criteria that ensure quality, which are the deadline

for carrying out the first consultation until the third month of pregnancy, at least six prenatal consultations, one consultation up to 42 days in the puerperium (after birth), there are also a minimum of laboratory tests, anti-HIV testing, administration of tetanus vaccine, among other actions<sup>(9)</sup>. During the process, the pregnant woman must be monitored by the following health professionals: community health agent, nursing assistant, nurse and doctor.<sup>(10)</sup>

The professional performance of nurses, regulated by Decree No. 94406/87, which deals with the Law of Professional Nursing Practice - Law 7,498, of July 1986, offers support for this professional to offer comprehensive prenatal care to pregnant women of low risk, as it establishes that consultations and medication prescriptions are exclusive to nurses, when established in Public Health Programs. In this way, it is clear that nurses have legal support to act actively and comprehensively, whether or not they are inserted in the hospital environment.<sup>(5)</sup>

Given the above, the question arises: How does the nursing team perceive the concept of safe motherhood? The present study is justified due to the importance of the nursing team, which plays a fundamental role in providing care, present in all eight steps proposed by the Safe Maternity Project.

Therefore, to contribute to discussions about the importance of the nursing team in safe maternity, the study aims to understand the nursing team's perception of the Safe Maternity concept.

## Methods

Qualitative study. The concept of Safe Motherhood according to the WHO was adopted as a conceptual and methodological model to guide data collection and analysis, considering the importance of this knowledge for members of the nursing team.

The research location was a Maternal and Child Hospital in the State of São Paulo that mostly deals with our Federal Health System, well known by its acronym, SUS. Obstetric hospitalization occupies an integral unit and a unit dedicated to pre-delivery, childbirth and immediate postpartum, on different floors that together total 28 beds. The floor is simultaneously grouped with assistance aimed at pregnant women

and newborns, with a structure to provide care to low, intermediate and high complexity pregnant women, postpartum women and newborns. The nursing team is made up of 41 nursing assistants and 9 nurses, all of whom are female.

Participants were members of the nursing team who met the following inclusion criteria: being a member of the nursing team: nurse, nursing technician or nursing assistant working in the sector; and have fully answered the questions on the form.

Data collection: the main author established contact with the supervising nurse, responsible for the rooming-in sectors, explaining the research and obtaining consent to carry it out. After approval by the CEP, with the consent of the institution, the participants were approached in person by one of the researchers to explain the research and objectives. Due to the COVID-19 pandemic, it was decided that data collection would be carried out using a form prepared by the authors and made available on the Google Forms® platform. Each professional who accepted the invitation received via WhatsApp or email address the link to the form consisting of a Free and Informed Consent Form - ICF, sociodemographic questions and three semi-structured questions with space to record knowledge about safe motherhood, the perception of the role of professionals nursing staff in this approach and their perception of what could be improved to achieve the concept of safe motherhood. Thus, the guiding questions were "What do you know about safe motherhood?"; "In your perception, what is the role of nursing in safe maternity?" and what do you propose to improve the quality of care in your work environment in relation to the concept of Safe Motherhood?

The deadline for returning the completed form was one month. Therefore, data collection took place from November to December 2021.

The responses were recorded and stored in an online folder on the platform used.

The qualitative analysis of the data was carried out by the main author using Content Analysis according to Bardin, with the phases of organization of analysis, coding, categorization, treatment, inference and interpretation of results.<sup>(11)</sup> The nurse participants were identified with the letter E followed by an Arabic number (E1, E2..), nursing assistants were identified

with the letter A, followed by an Arabic number (A1, A2..) to preserve their identification.

All ethical precepts in research with human beings, according to Resolutions 466/12 and 510/16 of the CNS (Certificate of Presentation of Ethical Appreciation: 46653921.4.0000.5415) were followed. The project was approved by the Human Research Ethics Committee with favorable results, under the number 4768159.

## Results

Fifty participants from the nursing team took part in the study, made up of 9 nurses and 41 nursing assistants, which correspond to 100% of the nursing team working in the sector in which the research was carried out, all of whom were female (100%); 27 (54%) married; 37 (74%) with children; 25 (50%) aged between 31 and 40 years (Mean = 39; SD = 8.72); 42 (84%) with experience of more than 5 years and with family income between 1 and 2 minimum wages (28%), 2 and 3 minimum wages (26%) and 3 and 4 minimum wages (22%) .

The analytical categories that emerged were Safe Maternity related to patient safety; Nursing to increase the quality of care; training and updating the team in promoting safe motherhood, which are presented in chart 1.

## Discussion

The nursing team professionals revealed their conceptions about safe motherhood, the role of nursing in this context and what they believe is necessary to implement this concept in practice.

When approaching the concept of Safe Maternity in the conception of the nursing team professionals participating in this study, it is observed that their knowledge is still limited compared to what is recommended, since they consider patient safety as the main element, addressing a safe checklist among other measures. However, the concept of Safe Maternity goes beyond patient safety, although this is one of the eight steps. It is about promoting reproductive health for women, that is, giving women good conditions to

**Chart 1.** Analysis Categories and testimonials that illustrate them.

Categories	
<p>Safe Maternity related to patient safety</p>	<p>Participants perceive safe motherhood by relating it to patient safety, focusing on the need to be aware of the symptoms of pregnant and postpartum women, with dedication and speed in providing care. They also focus on welcoming women who are victims of unwanted pregnancies, in an interprofessional team, following laws and protocols.</p> <p><i>"Patient safety" E2, E3, A6, A15</i></p> <p><i>"We need to be aware of all the symptoms of pregnant women/postpartum women. Dedicating himself to the maximum to provide attention and quick and necessary service" E4</i></p> <p><i>"Welcome pregnant and postpartum women and victims of unwanted pregnancies due to some reason of violence (abuse or rape). Together with a multidisciplinary team of psychology and social and legal workers using compliance with laws and standardized protocols." A8</i></p> <p>The understanding of motherhood is perceived as increasing the quality of care, contributing to reducing morbidity and mortality through accredited institutions that provide comprehensive care to women and children. In this way, they list actions to achieve safety, such as the checklist before the procedure, checking the identification of the newborn and its mother, breastfeeding while still in the delivery room, immediately after birth, signs and symptoms, protocols, reduction of maternal and newborn morbidity and mortality, identification of the binomial, the rights and duties of postpartum and pregnant women, humanization of care.</p> <p><i>"Increase the quality of maternal and child health care, reducing morbidity and mortality, through the accreditation of institutions that promote comprehensive health care for women and children." A1, A5, A10, A12, A14</i></p> <p><i>"Carry out a safe birth checklist before the procedure, check the mother's and the newborn's bracelet, offer breastfeeding in the first hour of life, ensure the right to a companion throughout the birth process, guide the parturient about the benefits and risks of the type of birth. " E5</i></p> <p><i>"It is a project that aims to improve the quality of maternal and child health care by reducing morbidity and mortality in comprehensive health care for women and children" E1</i></p>
<p>Nursing to increase the quality of care</p>	<p>The nursing team professionals assign them the role of providing care to the mother-child binomial with quality and safety, covering reception, safety and technical procedures, requiring them to make an effort through study and updating to achieve the quality of care to be provided.</p> <p><i>"Assisting pregnant women, women in labor, postpartum women and their newborns with quality and safety" E1, A3, A20, A14, A34</i></p> <p><i>"All safety, trust and empathy are taken care of for pregnant and postpartum clients who come to our institution, always studying and updating for better quality of clinical care." A8, A16</i></p> <p>Health education is a current topic and is considered essential. Thus, they seek to guide postpartum women on newborn care, focusing on hygiene, nutrition, offering technical knowledge and their rights, which can generate more effective care actions in the mothering process. Teaching and care for newborn breastfeeding are considered relevant. They recognize that it is necessary to help them carry out technical procedures with the newborn, clarifying doubts with empathy, calm and patience.</p> <p><i>"Nursing has the role of guiding and ensuring the rights of patients, whether they are aware of it or not, it is our duty to offer quality care to our patients without any discrimination so that the couple and their companion can have positive experiences in the maternity process. " E5, A14, A38</i></p> <p><i>"Correct execution of procedures, efficient explanations to customers, common sense and humanized treatment from the team." A23</i></p> <p><i>"Ensure pregnant and postpartum women get the care they deserve, guide them regarding newborn care and answer any questions they may have" E7, A27</i></p> <p><i>"The role of nursing is to provide care for the clinical status of the postpartum woman and her newborn, assess vital signs and carry out rounds every hour. Provide security and guidance on breastfeeding for your newborn." A36, A40</i></p>
<p>Training and updating the team when promoting safe motherhood</p>	<p>Professionals believe that to achieve safe motherhood it is necessary to invest in team training, through courses and ongoing education, updating their knowledge with a willingness to modify their practice, in a way that results in improved care. Furthermore, they realize that there needs to be an adequate number of professionals to meet the demands of the mother-child binomial in the units.</p> <p><i>"Team training" E3, E2, A10, A16, A28, E8, A41.</i></p> <p><i>"Improve nursing knowledge and carry out procedures safely and carefully." A3</i></p> <p><i>"More training on emergencies with newborns and postpartum women and the medications used" A9</i></p> <p><i>"An adequate number of employees, periodic training." A19, E6, E8</i></p> <p><i>"Continuous training, so that teams can always be updated and willing to improve their assistance." A21</i></p> <p>The professionals realize that there needs to be an adequate number of professionals to meet the demands of the mother-child binomial in the units. The staffing and working hours of professionals must be guaranteed, allowing greater proximity to women, giving them the attention they deserve. They attribute bureaucracy as a factor that keeps them away from parturient women.</p> <p><i>"Hiring more qualified staff for the job. We have a very large demand from patients and few professionals with experience to deal with this type of care." E4, E5, A12, A14, A18, A19, A20, A22, A26</i></p> <p><i>"Having more time to spend with the patient, and less paperwork, we are unable to give them the attention they deserve due to the number of patients and a lot of bureaucracy with paperwork" A33</i></p> <p><i>"Planning the team's routine, guaranteeing advantages for the company's workflow, and thus avoiding exhaustion of its employees, reducing work overload in which they are delegated in excess at short notice, and thus ensuring good customer service client." A35</i></p>

reproduce, which requires at least eight perinatal consultations, a good structure for care and a well-prepared team.<sup>(12)</sup>

Welcoming pregnant and postpartum women is part of the assistance provided by the nursing team, including in cases of pregnancy resulting from violence, which requires greater caution and preparation from professionals to provide sensitive and compassionate care, considering the woman's status as a victim. finds. In these cases, support for the woman and her family is extremely important to reduce harm.<sup>(13)</sup>

In Brazil, *Rede Cegonha* program, a strategy of the Ministry of Health, guarantees women reproductive planning and humanized and comprehensive care during pregnancy, childbirth and the postpartum period.<sup>(14)</sup> Furthermore, the use of the checklist is emphasized in the literature as a Great tool to ensure safe birth, avoiding incidents and adverse events.<sup>(15,16)</sup>

It is clear that there is insufficient understanding of how to achieve safe motherhood, as not all of the eight steps implemented by the WHO for the success of Safe Motherhood are included in the interviews, thus, in the absence of this understanding, recognizing where they are inserted in this process becomes even more difficult.<sup>(17)</sup>

In addition to technical procedures, it is important not to forget to establish bonds between professionals and the pregnant/postpartum woman, which facilitates the care process<sup>(18)</sup>. It is worth mentioning patient safety, as health indicators are directly linked quality of care, therefore, they must be periodically evaluated to help reduce maternal and perinatal morbidity and mortality rates, as set out in the eight steps established by the WHO.<sup>(18)</sup>

Health education is fundamental as it permeates all phases of motherhood and is one of the strategies for caring for the binomial.<sup>(12)</sup> Among this strategy, there are several options for promoting health through education, such as approach the pregnant woman, guiding her on the best practices in disease prevention and health promotion.<sup>(19)</sup>

It is understood that the participants have very clear knowledge about the importance of providing guidance on breastfeeding. However, they do not refer to the importance of offering support and management for motherhood and motherhood. It is important for the nursing team to help this woman recognize her support

network so that she knows who to turn to in the future when she needs it, for both physical and psychological issues.<sup>(20)</sup> Another factor is that they need a broader view of other guidelines as important as breastfeeding. The ideal guidelines for pregnant and postpartum women are: showing the importance of prenatal care, hygiene care, nutrition, guidance on body and emotional changes, postpartum care for the postpartum woman and the newborn and the importance of maintaining appointments at the puerperium.<sup>(21)</sup>

One can infer the need for team training to transform care. Continuing education serves as a very important tool, as it keeps the team up to date, and helps in the process of changing the traditional conception (mechanics, biologist) to a constructivist one, providing greater interaction between professionals and the work process.<sup>(22,23)</sup>

The work overload reported by professionals is often due to the lack of adequate staffing. This subject is very important, since there is a direct relationship between work overload and incidents and adverse events, which can put the health of pregnant women, postpartum women and newborns at risk.<sup>(24)</sup> Work overload directly influences the quality of assistance from the nursing team, so if the team feels overloaded, the quality of the service provided tends to be lower.<sup>(25)</sup> Therefore, adequate staffing contributes to ensuring that the workload remains in line with recommendations, avoiding fatigue among these professionals. professionals.<sup>(26)</sup>

Another factor to be considered is the time spent by professionals recording and planning care, as health institutions have implemented information systems that do not facilitate the work process, directly affecting the time available to the nursing team professionals along with to patients.<sup>(27)</sup>

As a limitation of the study, it is highlighted that due to the COVID-19 pandemic, data were collected online, via form, with objective and semi-structured questions, which may have made it difficult for the interviewee to understand the topic, as well as obtaining information. in-depth answers.

It is recommended that permanent education be carried out on the topic, in order to contribute to the knowledge and potential of the concept of Safe Motherhood and its application in the daily practice of nursing team professionals.

## Conclusion

The nursing team reveals a concept of safe maternity focused on patient safety in general, physical care for pregnant and postpartum women, reception and care for newborns, without covering the other steps of this concept, highlighting the need to invest in ongoing education to broaden your understanding of the concept and apply them in practice. Professionals recognize themselves as important in assisting pregnant women, women in labor and newborns as providers of reception, safety, care and education about breastfeeding. There is a lack of support and management of motherhood and mothering, as well as expanding the scope of guidance beyond breastfeeding. It is concluded that professionals leave some gaps when taking a broader and less focused look at the postpartum period.

## Contributions

Romão MB, Vieira MMR, Mainarte MAC declare that they contributed to the design of the study, collection, analysis and interpretation of data, writing of the article, relevant critical review of the intellectual content and approval of the final version to be published.

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