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Original Article

Nurses' and physicians' knowledge and perceptions regarding pregnant women's referral to maternity care

Conhecimentos e percepções de enfermeiros(as) e médicos(as) acerca da vinculação da gestante à maternidade

Conocimientos y percepciones de enfermeras y médicos sobre el apego de las embarazadas a la maternidad

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Abstract

Objective: To understand the knowledge and perceptions of nurses and physicians working in obstetrics regarding the strategy of referring pregnant women to a designated maternity care facility. **Method:** A qualitative study was conducted with 17 professionals from a hospital in southern Brazil. Data collection took place in 2022 through a questionnaire followed by thematic analysis. **Results**: Participants perceive the referral of pregnant women to a maternity facility as a strategy that helps reduce anxiety and fear related to the childbirth process. They noted challenges in implementing this strategy, particularly due to recent changes in public policy and access barriers to maternity care caused by social vulnerability. **Conclusion**: There are challenges in effectively implementing maternity referrals related to staffing issues. Integrated actions within the Brazilian health care network are essential to ensure proper maternal care.
Descriptors: Obstetrics; Maternal and Child Health; Hospitals, Maternity; Pregnancy; Parturition

Resumo

Objetivo: compreender os conhecimentos e percepções de enfermeiros(as) e médicos(as) que atuam na obstetrícia sobre a estratégia de vinculação da gestante à maternidade referência. **Método:** estudo qualitativo com 17 profissionais de um hospital do Sul do Brasil. Aplicação do questionário ocorreu em 2022 e, após, submetidos à análise temática. **Resultados**: os participantes percebem a vinculação da gestante à maternidade como um meio que promove redução da ansiedade e do medo relacionado ao processo parturitivo. Mencionam dificuldades na sua efetivação, associados às mudanças recentes na política pública e problemas de acesso à maternidade por questões de vulnerabilidade social. **Conclusão**: existem implicações na efetivação da vinculação à maternidade relacionadas ao

dimensionamento de profissionais, sendo fundamental a realização de ações de forma integrada na rede de atenção à saúde.
Descritores: Obstetrícia; Saúde Materno-Infantil; Maternidades; Gravidez; Parto

Resumen

Objetivo: comprender el conocimiento y las percepciones de enfermeros y médicos que trabajan en obstetricia sobre la estrategia de vinculación de gestantes al centro de referencia de maternidad. **Método:** estudio cualitativo con 17 profesionales de un hospital del sur de Brasil. El cuestionario fue administrado en 2022 y después sometido a análisis temático. **Resultados:** los participantes perciben el vínculo entre la gestante y la maternidad como un medio para reducir la ansiedad y el miedo relacionados con el proceso de parto. Mencionaron dificultades para hacerlo realidad, asociadas a los cambios recientes en las políticas públicas y a los problemas de acceso a la maternidad debido a la vulnerabilidad social. **Conclusión:** Existen implicaciones para la implementación de la maternidad relacionadas al número de profesionales, siendo fundamental realizar acciones de forma integrada en la red de atención a la salud.
Descriptores: Obstetricia; Salud Materno-Infantil; Maternidades; Embarazo; Parto

Introduction

Pregnancy brings about physical, psychological, and social transformations. It is a phase in the life cycle marked by ambivalence, often accompanied by doubt, fear, and anxiety, especially for first-time mothers.[1]

Pregnancy marks a shift in the pregnant person's identity, as they begin to embrace the idea of motherhood, along with changes in relationships with family and/or partners. Childbirth represents the culmination of this transitional period, serving as a moment of recognition and realization of new identities.[2]

The institutionalization of labor and childbirth has led to these events being concentrated in hospitals, an often unfamiliar setting for pregnant individuals and their families. This environment is characterized by the predominance of technology and medical interventions, compounded by the presence of unknown health care workers during a deeply personal moment.[2]

In 2023, 98.37% of births in Brazil took place in hospitals. While this shift toward hospital births has positively impacted maternal and neonatal mortality rates over time, it has also introduced new challenges. Families often face organizational hurdles, such as the need to travel long distances to hospitals, the experience of "hospital shopping" or delays in receiving care, and the indiscriminate use of high-tech interventions during labor, performed by health care workers.[3] Every pregnant woman receiving care

through the Brazilian Unified Health System (SUS) has the right to prior knowledge and referral to the maternity hospital where she will give birth or the health care facility where she will receive care in case of prenatal complications. This is intended to prevent the need to search for assistance at multiple locations, reducing maternal and fetal risks associated with childbirth.[4]

Referral across different levels of complexity within the Redes de Atenção à Saúde (RAS) aims to strengthen the coordination between services, facilitating identification of reference health centers and maternity hospitals. RAS seeks to ensure safety and peace of mind during pregnancy, labor, birth, and the postpartum period within the SUS. Additionally, it can help create positive childbirth experiences, supported by health care workers with a humanized approach to birth, providing information and resources that reduce maternal and family insecurity.[2]

The Rede Cegonha, a public policy that transformed obstetric care in Brazil, emphasizes the importance of referral as a mechanism to promote humanization and ensure the safety and quality of maternal and infant health care.[5] However, the issue of pregnant women seeking assistance at multiple maternity hospitals remains a reality in some regions of the country.[5]

A cross-sectional study, nested within the BRISA birth cohort, conducted with pregnant women from São Luís (Maranhão) and Ribeirão Preto (São Paulo), revealed that “hospital shopping” is more common among socially vulnerable pregnant women, and occurs unevenly across different regions of Brazil. This highlights a lack of universal and equitable access, as advocated by the SUS.[6]

Most pregnant women, particularly those considered low risk, will have their first contact with the maternity hospital when they go into labor, often experiencing this process in an unfamiliar setting.[2] Visiting the maternity hospital beforehand can help reduce anxiety and dispel common misconceptions. It also encourages the involvement of birth companions, familiarizes the expectant parents with institutional rules and routines, and informs them of their health care rights.[1]

Comprehensive maternal care must be developed across all levels of health care complexity, with a focus on promoting and maintaining maternal and child health, preventing complications, and recognizing the values, beliefs, needs, and expectations of each family. Care should be individualized.[3-5]

A key barrier to the effective implementation of referral strategies lies in the lack of awareness among both pregnant women and health care workers regarding the referral process to a designated maternity hospital. The research question was defined as: "What do nurses and physicians working in the Obstetrics Center at a teaching hospital specializing in high-risk pregnancies know and perceive about the referral of pregnant women to maternity care?".

This study aims to understand the knowledge and perceptions of nurses and physicians working in obstetrics regarding the strategy of referring pregnant women to a designated maternity hospital.

Method

This is an exploratory, descriptive study with a qualitative approach. The study was conducted following the Consolidated Criteria for Reporting Qualitative Research (COREQ).[7]

The sample group was determined by convenience, and the sample size was finalized through data saturation—when no new elements or information emerged from the data collection process.[8] Participants were recruited via email by the principal researcher, using institutional emails provided by the hospital. Inclusion criteria required participants to be physicians or nurses with at least two years of experience in maternal and child health care at a university hospital in Rio Grande do Sul (RS). Exclusion criteria included health care workers who were on medical leave, maternity leave, or vacation during the study period.

The university hospital is in the metropolitan region of the state capital, within the quaternary health care network, and serves as a referral center for high-risk pregnancies within the SUS. Data collection took place between August and September 2022. A questionnaire, supported by a digital guide, was distributed via Google Forms®. Questionnaire had two parts: the first focused on participant demographics, and the second

consisted of open-ended questions designed to explore participants' knowledge and perceptions regarding the referral of pregnant women to a designated maternity hospital.

All participants signed an informed consent form prior to data collection. To ensure anonymity, questionnaires were coded with the letter "P" followed by the participant number (P1, P2, P3...P17).

Data underwent thematic content analysis, which aimed to identify repeated patterns of meaning. This process followed six steps: familiarization with the data, generating initial codes, grouping similar codes into relevant themes, reviewing the themes, defining the final thematic groups, and constructing an interpretive synthesis.[9-10]

Two key themes emerged from the thematic analysis: 1) potential benefits of referring pregnant women to a designated maternity hospital and 2) challenges in referring pregnant women to a designated maternity hospital.

This study was reviewed and approved by the Research Ethics Committee of Hospital de Clínicas de Porto Alegre (HCPA), under approval number 5.512.740, in accordance with National Health Council Resolutions No. 466/2012 and 510/2016.

Results

A total of 15 physicians and 18 nurses were invited to participate via email, sent by the principal researcher. Out of these, 17 participants (51.5%) agreed to participate, all of whom were female. Sixteen individuals did not respond to the invitation.

The participants self-identified as white, with 15 (88.2%) being obstetric nurses and two (11.8%) obstetric physicians. Four participants were between 29 and 35 years old, seven were between 36 and 45, three were between 46 and 55, and three were 56 years or older.

Potential benefits of referring pregnant women to a designated maternity hospital

Participants noted that referring pregnant women to a designated maternity hospital fosters feelings of security and reduces anxiety for both the mother and her family. It also helps ensure the protection of their rights. Additionally, they demonstrated a nuanced understanding of the referral process, acknowledging the roles and knowledge of the health care workers involved, as well as its connection to public policy and patients' rights. They

highlighted aspects of regionalization and geolocation as key factors in identifying the maternity hospitals serving as points of reference.

> *Each region/district is responsible for its own territory and has a referral hospital. She is instructed to look for a referral, based on the georeferencing of the basic health unit where she does her prenatal care. (P2)*
> *Every patient who has prenatal care at a basic health unit will be linked to their referral hospital. (P5)*
> *Pregnant women should be linked to the maternity hospital of reference at the start of prenatal care, [...], in accordance with the municipal flow established and agreed upon. (P11)*

Both obstetric nurses and obstetric physicians recognized that referring pregnant women to a maternity hospital before labor promotes trust and security in the patient and influences her level of satisfaction. Participants also emphasized the importance of ensuring that every pregnant woman has the right to be referred to a designated maternity hospital, as this process contributes to feelings of safety, reduces anxiety, and promotes the use of best practices during labor and childbirth.

> *Trust in the teams that will be caring for pregnant women during the parturition process. (P4)*
> *It makes a lot of difference, [...] they feel calmer and less anxious, because they know the environment and the routines in advance and "know what to expect" [...]. (P6)*
> *If the patient has visited the maternity ward and knows the service, this makes her feel more secure when she is admitted. (P7)*
> *Every pregnant woman has the right to know the place she has chosen to have her baby, as well as having the autonomy to guide her delivery. (P10)*
> *Pregnant women arrive safer. Verbalizing what they know about the unit. (P14)*

The interrelationship between different levels of health care, ensuring continuity of care across various points within the RAS in a coordinated manner, was mentioned by some participants. Additionally, they identified possible strategies to facilitate this, including: the use of educational materials—such as brochures and videos; the implementation of perinatal education strategies (through group sessions or individualized education during consultations); and maternity hospital visits.

> *Better prenatal care. Dissemination of obstetric nursing care in childbirth folders [...] Visits by pregnant women to the units to get to know them. (P4)*
> *Reopening visits to the maternity ward. Strengthen relations with the basic units that refer their patients to the service, [...] think about training the professionals who carry out the usual risk prenatal care at the basic units and form a robust counter-referral service. (P6)*
> *Groups for pregnant women; Information material in prenatal care services; Guidance at obstetric center appointments. (P7)*

> *Dissemination, qualification of professionals, welcoming environment that meets their needs. Talking during prenatal care and explaining to pregnant women, clarifying doubts. Visits to the maternity ward [...] perhaps a movie showing the route and routines. (P11)*
> *Motivating professionals to qualify and help with this link. Political strategies to facilitate this access. (P15)*

The referral of pregnant women to a designated maternity hospital before childbirth—as a right, a health promotion strategy, and a public policy directive—was well understood by the participants. They recognized its potential to improve outcomes during labor and delivery.

Challenges in referring pregnant women to a designated maternity hospital

Several challenges related to the referral process were highlighted by the participants, including: recent changes in maternal and child health care policy, the tendency to blame pregnant women for not adhering to the designated referral hospital, difficulties in accessing maternity care due to social vulnerability, and the freedom to choose where they want to give birth.

Participants reported that various factors limited the guarantee of referral to a maternity hospital. Among these, the COVID-19 pandemic was particularly impactful:

> *Poor adherence to prenatal care, few appointments, patients afraid, sick, loss of family members, the whole context of COVID. (P5)*
> *Visits to maternity hospitals were discontinued, leaving an important gap in this process. (P6)*
> *It prevented groups of pregnant women from visiting the service. (P7)*
> *Pregnant women don't have a good bond with the maternity hospital and during the pandemic this bond didn't even happen. For various reasons, including restrictions, fear. (P10)*

These testimonies show that obstetric nurses and physicians acknowledge the impact of the health crisis on obstetric care, which disrupted the right to visit the designated maternity hospital and the continuity of care throughout pregnancy. They also recognized the difficulties in implementing public policies aimed at ensuring referral to a maternity hospital.

Another recurring issue was the tendency to blame the pregnant women themselves for not adhering to prenatal care or establishing a continuous relationship

with the designated maternity hospital. Some participants noted the professional responsibility to ensure proper referral:

> *Many pregnant women change their maternity referral at the time of delivery because they don't want to win at their referral. I believe that they are advised during prenatal care. (P4)*
> *The basic health units make referrals to the referral hospital, what happens is that the pregnant woman doesn't follow the instructions. (P5)*
> *Unfortunately, very few pregnant women go there or know that they can make visits and have this bond. (P9)*
> *In practice it doesn't work very well, there are few SUS hospitals to meet the demand of the most vulnerable class, and it only gets worse with the "Rede Cegonha setback" reformulation of public policies. Once again, women, especially pregnant and postpartum women, are more exposed and vulnerable to obstetric violence and other issues. (P10)*

The findings indicate that maternity hospitals struggle to guarantee the right of pregnant women to be referred to a designated facility. At the same time, there is a tendency to blame the women for not adhering to the referral process, without sufficiently addressing the impacts of social vulnerability and the challenges posed by recent public policy changes.

Discussion

Access to quality prenatal care and a well-coordinated health care network were recognized in this study as key factors in ensuring proper referral to a designated maternity hospital for childbirth. Quality care involves coordination across different points of RAS, where multiple stakeholders work together to provide care that is humanized, qualified, and safe. In this way, prenatal care is delivered through consultations and specialized services, as needed.[11-12]

Encouraging maternity hospital referral from the first prenatal consultations within Primary Health Care (PHC) is an important care strategy. Additionally, investing in health education can empower pregnant women with information that will guide their choices and promote their active involvement in the childbirth process.[13]

However, during the period of this study, the maternal and child health care network appeared to be fragile, undergoing recent and poorly coordinated changes, which led to discontinuity in care for the users. A study conducted in Rio Grande do Sul (RS), aimed at describing the quality indicators of prenatal care in Brazil, suggests that

professionals identified several obstacles to achieving quality care. These included: lack of responsibility from governmental bodies, disorganized policies and health care networks, and a lack of commitment from health care workers in primary, secondary, and tertiary care settings.[13]

Health promotion and disease prevention initiatives are primarily the responsibility of APS workers. Educational practices during prenatal care strengthen health promotion, leading to fewer diseases and complications related to women's and children's health. In this context, health care workers should take a proactive role in their work, assuming joint responsibility for both individual and public health.[12]

A study conducted in Santa Catarina on the knowledge of postpartum women about the prenatal guidance they received found that 38.2% of participants reported being informed about maternity hospital visits during their consultations. Moreover, it revealed that pregnant women attended by both physicians and nurses were 41% more likely to receive adequate guidance during prenatal care compared to those attended only by physicians.[14]

During pregnancy, the individual experiences numerous physical, social, and psychological changes, often leading to anxiety and insecurity. These feelings are closely tied to personal experiences. Pregnant individuals who had the opportunity to visit the maternity hospital prior to giving birth reported more positive experiences during labor and delivery, with reduced fear, anxiety, and insecurity. This is linked to the psychosomatic process, where the physical environment plays a significant role. Familiarizing oneself with the birth setting ahead of time can demystify preconceived notions and engage the birthing companion, supporting the active role of the birthing individual.[15]

Providing an opportunity to see the birth location, understand the stages of labor and postpartum, and receive welcoming care for the individual and their family is the responsibility of health care institutions and workers. The importance of visiting the designated maternity hospital during prenatal care is emphasized, as it contributes to humanizing the process, allowing for the resolution of doubts, understanding the logistics of services, and becoming familiar with the environment where both the individual and their companion will spend time.[2,16] A comparative cohort study, Nascer

no Brasil (Born in Brazil), conducted between 2013 and 2017, showed that in 2013, 15.2% of women had visited the maternity hospital before giving birth, and this figure increased to 27% by 2017.[15]

In 2011, the Rede Cegonha was created,[17] which encouraged the establishment of Normal Birth Centers (NBCs), the training and inclusion of obstetric nurses in SUS, and the adoption of evidence-based practices in prenatal, birth, postpartum, and child health care up to 24 months of age. This initiative strengthened maternal and infant health, countering the dominant technocratic obstetric model in Brazil.

A study conducted in a maternity hospital specializing in low- and intermediate-risk births aimed to compare the care provided during labor and delivery across two cohorts of a public maternity hospital. It found that 60% of pregnant women had been informed during prenatal consultations about the designated maternity hospital for childbirth. Of these, 84.5% gave birth at the recommended facility. However, 15% faced difficulties accessing the maternity hospital due to a lack of available care, shortage of professionals, supplies, or equipment, and overcrowding.[18]

The practice of “hospital shopping” in search of care reveals the fragility of RAS and poses risks to both mother and baby. Health care institutions need to work in a coordinated manner, integrating referral and counter-referral systems, ensuring bed availability, and providing adequate hospitalization conditions through a centralized vacancy regulation system. This approach would enable timely care, particularly in high-risk maternal and fetal situations, where the timeliness of care is proportional to the risk of adverse outcomes.[19]

The shared responsibility for continuity of care across different points of RAS is crucial to ensure that referral to a maternity hospital achieves its primary goal: guaranteeing safety, quality, and fostering positive experiences during labor, birth, and postpartum care.

Improving the quality of health care for women and children requires an organized maternal and child RAS. Several initiatives have been developed in collaboration between the Brazilian Ministry of Health and the World Health Organization (WHO), including the National Policy for Comprehensive Women's Health Care, the Humanization Program for Prenatal and Birth Care (2000), the National Pact for the Reduction of Maternal and Neonatal Mortality, the National Policy for Obstetric

and Neonatal Care, the Millennium Development Goals, the Sustainable Development Goals (SDGs), the Stork Network, the National Policy for Comprehensive Child Health Care (PNAISC), and the ApiceOn Project—Enhancing and Innovating Care and Teaching in Obstetrics and Neonatology.[20]

However, several factors have interfered with the effective implementation of these policies and strategies, such as disorganized public health management, the decline of the SUS system, and the reinforcement of the technocratic model that prevails in the country. This creates a conflict between the expectations of pregnant individuals (and their families) and the reality of obstetric care.

A study aimed at understanding how primary health care nurses perceive nursing care management's impact on prenatal care quality revealed difficulties in ensuring continuity of care for both mother and baby and challenges in integrating patients into maternity care. Birth plans created with professional support in primary care were often disregarded at referral hospitals. Additionally, information about labor and delivery was primarily relayed to professionals through the women's accounts, and communication breakdowns between referral points were identified as weaknesses in care. The main reasons for this included workload pressure and the simultaneous management of administrative and care responsibilities.[20-21]

It is essential to strengthen the coordination between the points of care within the RAS for maternal and child health, ensuring universal, individualized, and multidimensional care. Strategies need to be developed to enhance communication among professionals across different levels of care, sharing responsibility for patient care, and facilitating the creation of positive experiences for mothers and their families. This will also contribute to improving the quality of care provided.[19]

The COVID-19 pandemic significantly impacted maternal and childcare, with consequences linked to the discontinuation of prenatal monitoring, the rollback of previously secured rights, the increased "hospital shopping" for labor and birth services, the rise in maternal mortality rates, and barriers to establishing a solid connection between pregnant women and their designated maternity hospitals.[22]

A study identified that during the pandemic, there was a reduction in prenatal consultations and exams, potentially increasing risks to both mother and baby.

Additionally, restrictive measures and the reduction of social interaction during pregnancy exacerbated feelings of anxiety and fear among pregnant individuals.[22]

Even though the public health situation has improved in recent months, the lingering effects of the pandemic continue to impact obstetric care. Currently, public health is in the process of reclaiming rights and reimplementing political strategies aimed at improving care for the population. This presents a window of opportunity to strengthen successful initiatives, particularly the Rede Cegonha, and to move away from practices that contribute to poor maternal and infant health outcomes. These include the dominant technocratic obstetric model, the centralization of childbirth care around physicians, and the lack of investment in perinatal education, reproductive planning, and the training and inclusion of obstetric nurses in the SUS.

Due to the remote nature of data collection, the principal investigator was unable to observe nonverbal cues in the questionnaires that might have provided further insight into the topic. In addition, the low participation of physicians limited a deeper understanding of the perceptions and knowledge of this professional category.

Despite these limitations, the study highlights the importance of maternal and child health, particularly in the area where the scientific investigation took place. It underscores the importance of referral of pregnant women to a designated maternity hospital as a key component of health care. The challenges identified by the professionals point to the need for local and federal policymakers to broaden their understanding of this scenario and the population it affects.

Conclusion

This study provided an understanding that obstetric nurses and physicians possess knowledge about the referral of pregnant individuals to a designated maternity hospital and recognize its potential in promoting maternal and child health as well as enhancing feelings of safety for service users, thus fostering positive childbirth experiences.

In addition, participants acknowledged the challenges of implementing the referral process, highlighting the need for shared responsibility among different levels of care within the RAS and the importance of investing in continuing education for health care workers and perinatal health. This study also highlighted the need for integrated

health interventions across different professional categories and levels of care complexity to ensure effective referral processes.

In addition, effective communication and well-structured referral and counter-referral systems were identified as keyways to ensure the right to early maternity care. Another critical aspect is the need for renewed investment in public policies that support the referral of pregnant women to antenatal care.

The development of further studies on this topic is recommended, particularly those that explore the perspectives of service users in relation to maternity referral as well as studies that consider the cultural associations of other regions and the insights of other health professionals involved in obstetric care.

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