

Instruments for prenatal nursing consultations: a scoping review

Instrumentos para consulta de enfermagem no pré-natal: revisão de escopo

Instrumentos para la consulta de enfermería prenatal: una revisión exploratoria

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Abstract

Objective: To map the evidence available in the scientific literature regarding instruments used by nurses during prenatal consultations in Primary Health Care based on the Nursing Process.

Method: A scoping review was conducted in accordance with the JBI methodology and reported following the PRISMA-ScR guidelines. The review was carried out between September 2024 and July 2025, with a protocol registered in the Open Science Framework (OSF). Searches were performed in PubMed, CINAHL, Scopus, Web of Science, Embase, LILACS, gray literature, and through manual searching, following the stages of identification, selection, eligibility, and inclusion. Original studies addressing instruments used in nursing consultations for low-risk prenatal care were included. **Results:** Five Brazilian studies were identified, proposing guides, clinical records, scripts, and nursing histories based on the Theory of Basic Human Needs and CIPESC®. **Conclusion:** The identified instruments contribute to the organization of nursing care; however, they do not comprehensively address all stages of the Nursing Process.

Descriptors: Nursing Process; Prenatal Care; Primary Health Care; Office Nursing; Scoping Review

Resumo

Objetivo: mapear as evidências disponíveis na literatura científica sobre instrumentos utilizados por enfermeiros na consulta de pré-natal na Atenção Primária à Saúde, fundamentados no Processo de Enfermagem. **Método:** revisão de escopo conduzida conforme metodologia do JBI e reportada segundo o PRISMA-ScR. Desenvolveu-se entre setembro de 2024 e julho de 2025, com protocolo registrado no *Open Science Framework* (OSF). A busca ocorreu nas fontes de informação: PubMed, CINAHL, Scopus, *Web of Science*, Embase, LILACS, literatura cinzenta e rastreamento manual, seguindo as etapas de identificação, seleção, elegibilidade e inclusão. Foram incluídas publicações originais sobre instrumentos para consulta de enfermagem no pré-natal de risco habitual. **Resultados:** identificaram-se cinco estudos nacionais que propuseram guias, fichas clínicas, roteiros e históricos de enfermagem, ancorados na Teoria das Necessidades Humanas Básicas e CIPESC®. **Conclusão:** os instrumentos contribuem para a organização da

assistência, porém não contemplam integralmente as etapas do Processo de Enfermagem.

Descritores: Processo de Enfermagem; Cuidado Pré-Natal; Atenção Primária à Saúde; Enfermagem Ambulatorial; Revisão de Escopo

Resumen

Objetivo: Mapear la evidencia disponible en la literatura científica sobre los instrumentos utilizados por enfermeros durante la consulta prenatal en la Atención Primaria de Salud, fundamentados en el Proceso de Enfermería. **Método:** Revisión de alcance realizada conforme a la metodología del JBI y reportada de acuerdo con la guía PRISMA-ScR. El estudio se desarrolló entre septiembre de 2024 y julio de 2025, con un protocolo registrado en el Open Science Framework (OSF). La búsqueda se llevó a cabo en las siguientes fuentes de información: PubMed, CINAHL, Scopus, Web of Science, Embase, LILACS, literatura gris y búsqueda manual, siguiendo las etapas de identificación, selección, elegibilidad e inclusión. Se incluyeron publicaciones originales sobre instrumentos para la consulta de enfermería en la atención prenatal de bajo riesgo. **Resultados:** Se identificaron cinco estudios brasileños que propusieron guías, fichas clínicas, protocolos e historias de enfermería, fundamentados en la Teoría de las Necesidades Humanas Básicas y en la CIPESC®. **Conclusión:** Los instrumentos contribuyen a la organización de la atención de enfermería; sin embargo, no contemplan de manera integral todas las etapas del Proceso de Enfermería.

Descritores: Proceso de Enfermería; Atención Prenatal; Atención Primaria de Salud; Enfermería de Consulta; Revisión de Alcance

Introduction

Prenatal care, predominantly provided within Primary Health Care (PHC), is an essential public health intervention offered free of charge, with a direct impact on maternal and perinatal outcomes. In Brazil, approximately 90% of pregnant women receive prenatal care through the Unified Health System (SUS), and nurses play a central role in the care of women with low-risk pregnancies.¹

Nursing practice in prenatal care requires technical, scientific, and interpersonal competencies, including comprehensive knowledge of pregnancy, childbirth, and the postpartum period, as well as the ability to provide attentive and sensitive listening to women's needs.² Nursing consultations can promote women's empowerment, foster autonomy, enhance the quality of care, and encourage the involvement of the support network throughout pregnancy and the postpartum period.³ In this context, nursing consultations should be structured according to the stages of the Nursing Process (NP) to ensure the systematization, continuity, and comprehensiveness of care.⁴

However, despite the regulatory advances and scientific evidence supporting the role of nurses in prenatal care, the effective implementation of the NP continues to face significant challenges. These include excessive workload, the accumulation of responsibilities, limited resources, and the persistence of an organizational culture that undermines the autonomy of nursing practice.⁵

The NP is essential for systematizing nursing care; however, its effective implementation depends on nurses grounding their practice in the best available scientific evidence while establishing welcoming and supportive relationships with pregnant women and their families.⁶ Beyond serving as a theoretical and methodological framework to guide and qualify nursing care, the NP functions as a technology that fosters professional reflection and critical self-assessment. This process contributes to the development of new knowledge and practices in both nursing management and clinical care.⁷

However, the operationalization of the Nursing Process in prenatal care remains fragmented, primarily due to the lack of specific instruments to support nurses in conducting prenatal consultations.⁸ These instruments are understood as structured technologies, including scripts, forms, checklists, and guides, designed to support data collection, clinical reasoning, documentation, and decision-making in accordance with the stages of the Nursing Process.⁹

An exploratory search of the PROSPERO, Open Science Framework (OSF), and Epistemonikos databases did not identify any reviews or studies addressing instruments designed for prenatal nursing consultations based on the Nursing Process. This finding highlights a gap in the scientific literature on the topic.

In light of this scenario, this study aims to map the evidence available in the scientific literature regarding the instruments used by nurses during prenatal consultations in Primary Health Care (PHC) based on the Nursing Process.

Method

This is a scoping review conducted according to the JBI methodology and reported following the recommendations for quality and transparency of reporting provided by the PRISMA-ScR guidelines.¹⁰⁻¹¹

The review protocol was developed in September 2024 and registered on the Open Science Framework (OSF) platform: DOI: <https://doi.org/10.17605/OSF.IO/NB8MP>. The search strategy was subsequently updated in July 2025.

The review question was structured according to the PCC framework (Population, Concept, and Context), which is recommended for scoping reviews.¹²

The following elements were considered: P (Population): nurses; C (Concept): structured instruments (such as scripts, forms, checklists, guides, or nursing histories) that support nursing consultations based on the Nursing Process; and C (Context): usual-risk prenatal care provided in Primary Health Care (PHC) settings in Brazil.

The inclusion of international studies could imply the risk of considering instruments developed based on legislation, guidelines, and professional practices that differ from the Brazilian context. Such heterogeneity could hinder the synthesis of findings and compromise the practical applicability of the results, particularly within the context of health care provided by the Brazilian Unified Health System (SUS).

Therefore, the following review question was formulated: Which instruments, questionnaires, or scripts available in the scientific literature have been developed to support nursing consultations in usual-risk prenatal care in Primary Health Care (PHC), based on the Nursing Process?

Original studies that presented specific instruments for nursing consultations in usual-risk prenatal care were considered eligible. For the purposes of this review, instruments were considered eligible when they had an explicit relationship with at least one stage of the Nursing Process and were characterized as structured technologies, such as scripts, forms, checklists, guides, or nursing histories. These instruments were expected to support data collection, clinical reasoning, care planning, implementation, and/or evaluation of nursing care.

Regarding the eligibility criteria according to the PCC framework: P (Population): studies involving nurses performing nursing consultations; C (Concept): studies that presented instruments related to the Nursing Process; and C (Context): studies conducted within the scope of Primary Health Care (PHC) in Brazil, in the context of usual-risk prenatal care.

Studies published up to July 2025 were included, with no restrictions regarding language or publication period. For studies that were not available in full text, attempts were made to access them through the Federated Academic Community (CAFe). When full access was not possible, additional strategies, such as contacting the authors, were used; however, it was not possible to obtain all full texts.

Studies published as editorials, letters to the editor, opinion articles, or scientific articles that did not meet the predefined inclusion criteria were excluded. Studies focused on specific chronic conditions during pregnancy, high-risk pregnancies, studies conducted outside the Brazilian context, and complete prenatal care protocols were also excluded. Duplicate records were identified and removed, with only one version of each study retained.

In the initial stage, a non-systematic search was conducted in the electronic information sources National Library of Medicine–National Center for Biotechnology Information (PubMed) and the Virtual Health Library (VHL), aiming to explore the topic and identify the descriptors most frequently used in the literature.

Subsequently, Health Sciences Descriptors (DeCS) and their corresponding Medical Subject Headings (MeSH) terms, as well as CINAHL Subject Headings and uncontrolled descriptors, derived from synonyms of the controlled descriptors, were identified and combined in an articulated manner, as presented in Chart 1.

The bibliographic search was conducted in the following information sources: CINAHL; PubMed; Web of Science Core Collection (Clarivate Analytics); Embase (Elsevier); Scopus (Elsevier), accessed through the Journal Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), via remote access through the Federated Academic Community (CAFe); and the Latin American and Caribbean Literature in Health Sciences (LILACS), consulted through the VHL.

The study selection process was conducted independently and simultaneously by two researchers (P1 and P2), both with expertise in data retrieval and maternal and child health research.

Initially, the search results were exported to the Rayyan software, which assisted in the identification and removal of duplicate records. Subsequently, the researchers independently screened the titles and abstracts of the retrieved studies, followed by full-text assessment of potentially eligible articles.

Any disagreements regarding study inclusion or exclusion were resolved through consensus between the reviewers or, when necessary, through the assessment of a third reviewer (P3), a researcher with experience in evidence syntheses and maternal and child health.

Additionally, grey literature was searched through Google Scholar, and the reference lists of the included studies were screened to identify additional potentially eligible publications. After title and abstract screening, studies that met the inclusion criteria were assessed in full text.

To facilitate data synthesis and ensure the quality of the extracted information, a data extraction form adapted from an instrument recommended by the JBI was used.¹¹

The descriptors were combined using the Boolean operator OR within each set of terms and subsequently combined using the Boolean operator AND between the different sets, as presented in Chart 1.

Chart 1 - Search strategy. Maringá, PR, Brazil, 2025

Bases	Search Strategy	Number of Items Recovered
Pubmed	("Nursing Process"[Mesh] OR "Nursing Assessment"[Mesh] OR "Nursing Diagnosis"[Mesh]) AND ("Prenatal Care"[Mesh] OR "Antenatal Care" OR "Pregnant Women") AND (instrument* OR questionnaire* OR checklist* OR tool* OR protocol* OR "nursing consultation")	334
LILACS	("nursing process" OR "nursing diagnosis" OR "nursing evaluation" OR "nursing care") AND ("prenatal care" OR "prenatal care" OR "care for pregnant women" OR "pregnant women") AND (instrument OR questionnaire OR checklist OR script OR protocol OR "nursing consultation")	56
SCOPUS	("nursing process" OR "nursing care" OR "nursing assessment") AND ("prenatal care" OR "antenatal care" OR "maternal health services" OR "pregnancy") AND ("tools" OR "questionnaires" OR "assessment tools" OR "checklists" OR "guidelines") AND ("nursing consultation" OR "nursing intervention" OR "nursing practice")	59
CINAHL	("nursing process" OR "nursing assessment" OR "nursing diagnosis") AND ("prenatal care" OR "antenatal care" OR "pregnant women") AND (instrument OR questionnaire OR checklist OR tool OR protocol OR "nursing consultation")	77
EMBASE	('nursing process'/exp OR 'nursing assessment'/exp OR 'nursing diagnosis'/exp) AND ('prenatal care'/exp OR 'antenatal care'/exp OR 'pregnant women'/exp) AND (instrument* OR questionnaire* OR checklist* OR tool* OR protocol* OR 'nursing consultation')	60
Web of Science	("nursing process" OR "nursing assessment" OR "nursing diagnosis") AND ("prenatal care" OR "antenatal care" OR "pregnant women") AND (instrument OR questionnaire OR checklist OR tool OR protocol OR "nursing consultation")	7
Google Scholar	("instruments" OR "questionnaires" OR "scripts" OR "tools" OR "protocols") AND ("nursing consultation" OR "nursing evaluation" OR "nursing care") AND ("prenatal care" OR "pregnancy" OR "pregnancy" OR "prenatal care") AND "nursing process" OR "SAE" OR "systematization of nursing care") AND "prenatal consultation" AND "Nursing Process"	289

Data from the included articles were extracted using a Microsoft Excel® spreadsheet containing specific information on the following variables: title, year of publication, study design, study objective, methodology used, population/sample, context of application, type of instrument, study results/main findings, theoretical framework, stage of the Nursing Process (NP) addressed, validation process, practical applicability, and limitations.

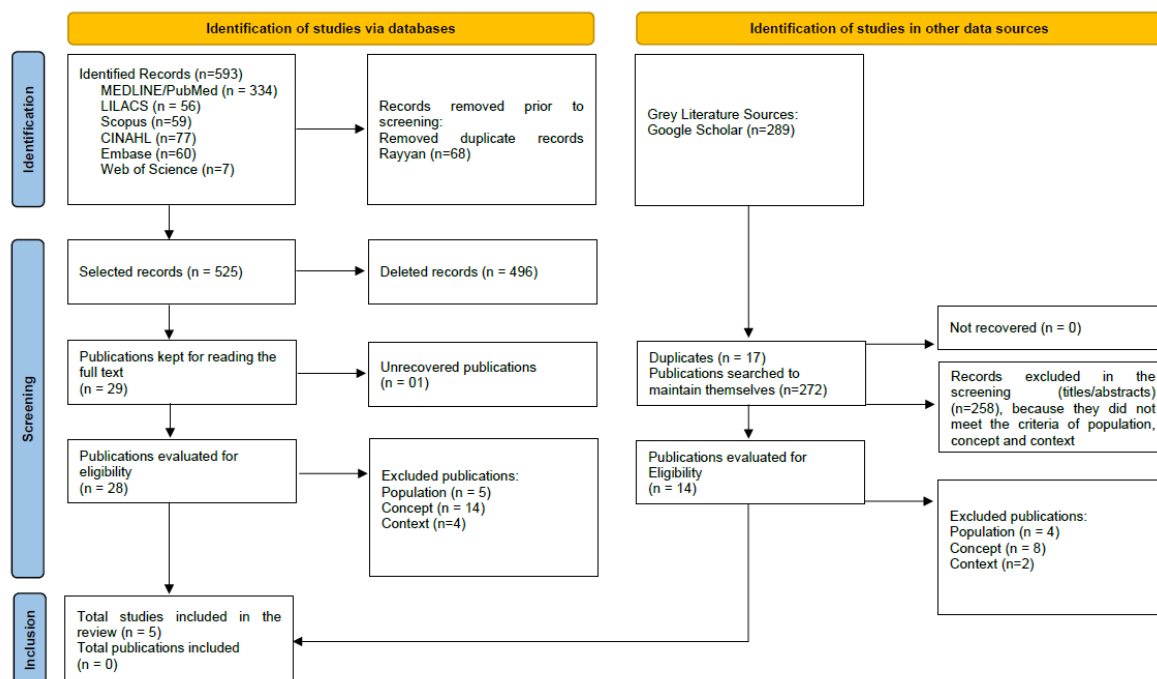
Although the extraction spreadsheet was initially developed based on these variables, during the data extraction process it became necessary to refine the information through reorganization and synthesis to improve the presentation of the findings. Therefore, the variables considered most relevant for answering the review question were grouped and presented in tables, while maintaining the completeness of the analysis through the textual description of the results.

No critical appraisal of methodological quality was performed, in accordance with recommendations for scoping reviews. However, the extracted data were synthesized into qualitative and quantitative information and analyzed to provide a clear and objective presentation of the findings. The information was organized into tables and figures, enabling a detailed analysis of the patterns and trends identified in the included studies, as well as supporting the mapping of evidence and consolidation of the conclusions of this review.

Results

Regarding the selection and inclusion of studies, the PRISMA extension for scoping reviews (PRISMA-ScR) was used to ensure transparent reporting of the study selection process and to detail the decision-making steps adopted throughout the review, according to the methodology employed.

Figure 1 - Flowchart of the article selection process for the scoping review.
Maringá, Paraná, Brazil, 2025



The present scoping review identified five relevant studies.^{9,13-16} Two studies were excluded because they did not meet the predefined context criterion (Brazilian primary health care), although they described instruments developed for prenatal nursing consultations. These studies were conducted in international settings, specifically in Spain¹⁷ and Hong Kong.¹⁸

The populations included in the studies varied, comprising specialists (with doctoral degrees and expertise in healthcare delivery and/or education) and nurses working in primary health care, as detailed in Table 1.

Table 1 - Characteristics of the studies that were part of the scoping review. Maringá, PR, Brazil, 2025

ID/Year	Population and Sample Size	Concept/Type of Instrument Used	Theoretical Basis Used
E1 ⁹ / 2023	48 nurses for prenatal care at usual risk; semantic validation with 14 experts in Public Health/Obstetrics	Technical guide for prenatal consultation, prepared with integrative and narrative review, and consultations with professionals	Documents from the Ministry of Health, COFEN, official health websites
E2 ¹³ / 2020	15 nurses, professors from Brazilian public universities, with doctorates and postdoctoral degrees in women's health	Clinical record for prenatal care at usual risk, based on the manuals of the Ministry of Health and WHO	Recommendations from the Ministry of Health and the WHO
E3 ¹⁴ / 2019	12 nurses with knowledge in maternal-infant, obstetric and women's health areas	Nursing history for prenatal care, prepared by integrative review and ministerial manuals	TNHB
E4 ¹⁵ / 2017	8 specialists in maternal and child health, with a master's or doctorate, and experience in primary health care or teaching	Script for the first nursing consultation for pregnant women at usual risk, based on the CIPESC®	CIPESC®
E5 ¹⁶ / 2015	63 nurses for content validation; 6 nurses in the focus group evaluated empirical indicators	Data collection instrument for pregnant couples, based on Empirical Indicators of the human needs of pregnant women	Empirical Indicators of Human Needs

Note: MS: Ministry of Health; WHO: World Health Organization; COFEN: Federal Council of Nursing; TNHB: Theory of Basic Human Needs; CIPESC®: International Classification of Nursing Practices in Collective Health.

Regarding the type of instrument developed, methodological diversity was observed, including technical guides, clinical records, nursing histories, consultation scripts, and data collection tools. Most studies were based on integrative or narrative reviews and/or on national and international guidelines for instrument development. Notably, two instruments^{9,13} were developed using documents and manuals from the Ministry of Health (MoH), the World Health Organization (WHO), and the Federal Nursing Council (COFEN).

Regarding the theoretical framework, three studies used nursing theories to support instrument development. Horta's Theory of Basic Human Needs (TNHB) was adopted in E3,¹⁴ while E5¹⁶ was based on empirical indicators derived from the same theory. E4¹⁵ was grounded in the International Classification of Nursing Practice in Collective Health (CIPESC®).

Regarding validation, the studies primarily focused on content validation with expert judges, particularly those with experience in maternal and child health, women's health, and primary care. E5¹⁶ additionally incorporated focus groups with nurses to complement the evaluation process.

Table 2 - Objectives, main findings, applicability, and limitations of the identified studies. Maringá, PR, Brazil, 2025

ID/Year	Objective	Key Findings Related to the Scoping Review Issue	Applicability and Limitations
E1 ⁹ / 2023	To develop an educational technical guide for nurses who attend habitual risk prenatal care.	The guide qualifies nurses for prenatal consultations, subsidizes care decisions and promotes continuous training and continuing education in health.	It organizes care in stages, including recommendations and protocols, strengthening nursing practices. Developed based on the reality and perception of nurses from specific macro-regions of Santa Catarina, which may limit its generalization to other contexts of

E2 ¹³ / 2020	Build and validate a clinical record for prenatal care at usual risk.	The medical record as a light-hard technology ensures safe care and complete records, suitable for audits and legal reviews, reflecting quality and safety in care.	Primary Health Care with different care organizations
			Fact sheet facilitates audits and support for clinical practice, teaching and research. As a limitation, its practical use was not evaluated in health services.
E3 ¹⁴ / 2019	Build and validate a Nursing History model for prenatal consultation.	The model contributes to the implementation of the Nursing Process, offering a basis to improve care and increase the visibility of nurses' work in prenatal care.	It identifies the needs of the pregnant woman and promotes complete records. There is a lack of practical application in health services.
E4 ¹⁵ / 2017	Reformulate and validate a script for the first nursing consultation with the habitual risk pregnant woman.	The script promotes nurse autonomy and optimizes the workflow, with more complete and standardized records, facilitating the monitoring of pregnant women throughout pregnancy.	It increases the nurse's autonomy and standardizes records, helping continuous follow-up. There is a lack of practical application and efficacy testing.
E5 ¹⁶ / 2015	To construct and validate an instrument for data collection of pregnant couples.	The instrument includes the needs of the pregnant woman and the sociodemographic data of the partner, expanding prenatal care for the couple and encouraging the participation of the partner in the care.	It promotes psychobiological and psychospiritual assessment of the pregnant woman and her partner. Only validated by experts, with no practical application in the field.

E1⁹ is an educational technical guide divided into three chapters, covering everything from the fundamentals of care to protocols and assessment scales, constituting a theoretical-practical support tool for nurses. E2¹³ presents a structured clinical form based on national and international guidelines, containing detailed information about the pregnant woman and her partner, including charts and designated spaces for documentation, with a focus on standardization and patient safety.

E3¹⁴ consists of a Nursing History instrument with 57 items addressing the three dimensions of basic human needs, including a specific section for physical examination. Similarly, E4¹⁵ proposes a script for the first nursing consultation based on the ICN-SP®, structured around nursing history, diagnoses, and interventions, aiming to move beyond a strictly pathophysiological model and incorporate sociocultural aspects.

Finally, study E5¹⁶ proposes a data collection instrument for pregnant couples, also based on Horta's Basic Human Needs (BNH) framework, comprising 162 indicators that predominantly address psychobiological and psychosocial needs.

In terms of similarities, all instruments aim to enhance the quality of prenatal nursing care by promoting standardization, safety, and comprehensiveness. Most rely on structured forms for documentation, with variations in the number of items and thematic focus. Regarding differences, notable distinctions include the educational orientation of the guide,⁹ the practical and operational focus of the clinical record,¹³ the incorporation of spiritual dimensions,^{14,16} the use of standardized CIPESC® classifications,¹⁵ and the extension of care to include the couple.¹⁶

Discussion

This scoping review enabled the mapping of five Brazilian instruments designed to support nursing consultations for low-risk prenatal care in Primary Health Care (PHC), all of which have the potential to contribute to the enhancement of clinical practice. Although these instruments represent relevant efforts toward improving care quality, most are not fully aligned with the stages of the Nursing Process (NP), which limits their effectiveness as methodological tools fully integrated into routine practice.^{9,13-16}

Primary Health Care should ideally serve as the pregnant woman's first point of contact within the public health system. As the entry point to the health care network, PHC

enables coordinated action across different levels of care, facilitating the integration of users and professionals. In this context, it supports longitudinal and continuous follow-up, contributing to problem-solving and to the comprehensive reception of the pregnant woman's needs.¹⁹

In this context, the Alyne Network stands out as a policy aimed at strengthening maternal and child care within the Brazilian Unified Health System (SUS), with an emphasis on improving care throughout the pregnancy-puerperal cycle. The initiative promotes the reorganization of care pathways, the expansion of access, and the integration of services across the network, while also encouraging the training of obstetric nurses and strengthening their autonomy in Primary Health Care (PHC). Within this framework, the use of structured instruments aligned with the Nursing Process (NP) becomes strategic for operationalizing policy guidelines, improving clinical documentation, and contributing to comprehensive care for pregnant women.²⁰

In this sense, prenatal care should be systematically organized and grounded in technical and scientific knowledge.¹⁹ The availability of protocols and structured instruments can support service delivery by improving care flow and ensuring more comprehensive, coordinated, and high-quality care.

The studies indicate that most of the instruments used by the researchers were developed based on guidelines from the Brazilian Ministry of Health,^{9,13} the Theory of Basic Human Needs (TNHB),^{14,16} and the International Classification of Nursing Practices in Collective Health (CIPESC®),¹⁵ suggesting a certain degree of alignment across the productions.

It is noteworthy that the Nursing Process (NP) is a methodological framework that must be implemented in a deliberate and systematic manner in both public and private health services. This practice is organized into five interrelated, interdependent, and recurrent stages that guide professional nursing care and the documentation of care processes, thereby making the provided care visible and enhancing the recognition and professional identity of nurses.⁴

Findings from an integrative review highlight fragmentation in the implementation of the NP and incomplete documentation as recurrent challenges in Primary Health Care (PHC). Contributing factors include inadequate staffing levels, work overload, interruptions during nursing consultations, lack of institutional support, and gaps in professionals' technical and

scientific knowledge, all of which emerge as structural and operational barriers to the full implementation of the NP.²¹

In addition, only a subset of the studies¹⁴⁻¹⁶ analyzed adopted nursing-specific theoretical frameworks in their development, which represents a significant methodological limitation. The use of theories such as the Basic Human Needs framework and standardized classifications of professional practice, such as CIPESC®, is essential to guide coherent clinical decision-making, promote critical reasoning, and ensure quality of care. The absence of a robust theoretical foundation may compromise the comprehensiveness of care and limit the ability to respond to the complex needs of pregnant women.²²

Another critical aspect identified is that none of the mapped instruments was developed with the specific objective of structuring nursing documentation in a systematic and continuous manner. This gap represents a relevant challenge in the context of the increasing digitalization of health services and the implementation of electronic health records. The absence of models that support standardized documentation aligned with the Nursing Process (NP) compromises continuity of care, weakens communication among professionals, and hinders clinical accountability.²³⁻²⁴

Although the implementation of the Nursing Process (NP) is established in the regulations governing professional nursing practice, it still faces historical and cultural barriers. Many nurses continue to perceive the NP as a tool primarily intended for hospital settings, experiencing difficulties in applying it within the context of Primary Health Care (PHC). This challenge is not necessarily due to the absence of models, but rather to the incompleteness of existing instruments in addressing the five stages of the NP in an integrated manner.²⁵

In addition, work overload, the performance of administrative tasks, and limited time for the qualified documentation of nursing actions²⁶ contribute to these challenges, reinforcing the need for instruments that balance agility, comprehensiveness, and clinical reasoning.

Furthermore, most of the studies included in this review were limited to the stages of content development and expert validation,¹³⁻¹⁵ without progressing to field testing or psychometric evaluation of the instruments. This limitation reduces the applicability of the findings, as the effectiveness, usability, and adaptability of these instruments across different PHC settings remain unknown. This issue is particularly relevant in contexts characterized by

resource scarcity, high staff turnover, and limited access to continuing education.²⁷

Despite these limitations, the instruments analyzed address relevant dimensions of care for pregnant women, including psychobiological, psychosocial, and, in some cases, spiritual aspects. Nevertheless, they lack articulation with the complexity of longitudinal care, a core dimension of Primary Health Care (PHC). This reinforces the need to develop tools that support continuous and individualized monitoring throughout the pregnancy-puerperal cycle, including strategies for constructing individualized care plans and strengthening the professional-user bond.²⁸

Prenatal care delivered by qualified nurses contributes not only to the improvement of maternal and child health indicators but also to the empowerment of pregnant women by promoting autonomy in the care process. To this end, it is essential that the instruments used in practice are aligned with the principles of the Nursing Process (NP), support clinical reasoning, foster shared decision-making, and enable consistent documentation compatible with health information systems.¹⁻²

As limitations of this review, the inclusion of studies restricted to the Brazilian context stands out. Although justified by the need to align with SUS guidelines, this may limit the generalizability of the findings to other international settings. In addition, the review was limited to studies focusing on low-risk prenatal care, excluding instruments designed for high-risk pregnancies, which narrows the scope of the findings, particularly in contexts requiring greater care complexity.

Regarding the limitations of the included studies, there is a predominance of investigations focused on the development and theoretical validation of instruments, with a lack of practical testing in health service settings. This limitation compromises the assessment of their applicability, usability, and effectiveness in real-world contexts. In addition, gaps are identified in relation to the absence of instruments designed for integration with electronic health records and the insufficient incorporation of nursing documentation as an essential stage of the Nursing Process (NP).

Therefore, future studies are encouraged to move beyond theoretical development, incorporating field testing in real-world settings, as well as analyses of acceptability and usability among frontline professionals. The development of tools compatible with electronic health record systems is also recommended. Strengthening the NP in Primary Health Care

(PHC) requires more than prescriptive guidelines; it requires clinical tools that enable continuous documentation, support person-centered care, and enhance the visibility and recognition of nursing practice in prenatal care.²

Conclusion

This review contributes to nursing by systematizing and critically analyzing the instruments used in prenatal consultations in PHC, evidencing potentialities and gaps related to the NP. The findings support the development of care technologies that are more applicable to the SUS and guide clinical practice, teaching and health management, by reinforcing the importance of structured instruments to qualify care and strengthen nurses' autonomy.

Although the instruments contribute to the organization of practice and support for decision-making, it was evident that most of them still do not fully contemplate the stages of the EP.

Thus, the need to develop new instruments based on nursing theories, aligned with the NP guidelines and that favor their application in a complete and integrated way, is reinforced. Such initiatives are essential to strengthen nursing practice in prenatal care, qualify care for pregnant women and increase the visibility of nurses' work in PHC.

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