

Evaluation of prenatal care in primary care in the perception of pregnant women



Avaliação do cuidado pré-natal na atenção primária a saúde na percepção da gestante

Evaluación del cuidado prenatal en la atención primaria a salud en la percepción de la gestante

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ABSTRACT

Objective: To evaluate prenatal care in primary health care in the perception of pregnant women.

Method: This cross-sectional study analyzes the association and statistical significance of the expectations and satisfaction of pregnant women receiving prenatal care in a municipality of southeast Brazil. We evaluated the association using simple logistic regression and statistical significance between variables and the expectation and satisfaction domains.

Results: A predominance of low expectations, with 279 (74%), and high satisfaction, with 220 (58.8%), was identified among the pregnant women regarding their perceptions of prenatal care. Tests showed an association and a statistical significance between the variable "to have used the same prenatal service" with the satisfaction domain. No differences were found between the two service models for both domains.

Conclusion: The low expectation and high satisfaction of the pregnant women for the two care models can reveal ways of improving the quality of care in both services.

Keywords: Prenatal care. Patient satisfaction. Health services research. Primary health care.

RESUMO

Objetivo: Avaliar o cuidado pré-natal na Atenção Primária a Saúde na percepção da gestante.

Método: Trata-se de um estudo transversal com análise da associação e significância estatística da expectativa e satisfação das gestantes com o cuidado pré-natal em um município da região sudeste do Brasil. A associação foi avaliada pela regressão logística simples e significância estatística entre algumas variáveis e os domínios expectativa e satisfação.

Resultados: Foi identificado predomínio de baixa expectativa 279 (74%) e alta satisfação 220 (58,8%) das gestantes com o cuidado pré-natal. Os testes de associação demonstraram associação e significância estatística entre a variável "ter utilizado o mesmo serviço de pré-natal" com o domínio satisfação. Não houve diferenças entre os dois modelos de atendimento para ambos os domínios.

Conclusão: A baixa expectativa e alta satisfação das gestantes para os dois modelos de atendimento pode ser aperfeiçoada para a melhora da qualidade assistencial de ambos os serviços.

Palavras-chaves: Cuidado pré-natal. Satisfação do paciente. Pesquisa sobre serviços de saúde. Atenção primária à saúde.

ABSTRACT

RESUMEN

Objetivo: Evaluar el cuidado prenatal en la Atención Primaria a la Salud en la percepción de la gestante.

Método: Se trata de un estudio transversal con análisis de la asociación y significancia estadística de la expectativa y satisfacción de las gestantes con el cuidado prenatal en un municipio de la región sudeste de Brasil. La asociación fue evaluada por la regresión logística simple y significancia estadística entre algunas variables y los dominios expectativa y satisfacción.

Resultados: Se identificó predomínio de baja expectativa 279 (74%) y alta satisfacción 220 (58,8%) de las gestantes con el cuidado prenatal. Las pruebas de asociación demostraron asociación y significancia estadística entre la variable "haber utilizado el mismo servicio de prenatal" con el dominio de satisfacción. No hubo diferencias entre los dos modelos de atención para ambos dominios.

Conclusión: La baja expectativa y alta satisfacción de las gestantes para los dos modelos de atención puede ser perfeccionada para la mejora de la calidad asistencial de ambos servicios.

Palabras clave: Atención prenatal. Satisfacción del paciente. Investigación en servicios de Salud. Atención primaria de salud.

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■ INTRODUCTION

According to some researchers⁽¹⁾, studies that evaluate prenatal care in Brazil mostly focus on the parameters of prenatal care protocols established by the Ministry of Health and the World Health Organization (WHO). These studies are related to factors such as evaluating the quality of a prenatal information system⁽²⁾; the number of prenatal consultations, coverage, and assessing the relationship between prenatal care and delivery guidelines⁽³⁾; prenatal care in different models of primary health care⁽⁴⁾; continuity of prenatal care and the referral and counter-referral system⁽¹⁾; among others.

In Brazil, research that assesses the expectations and satisfaction of pregnant women regarding prenatal care is in the early stages⁽⁵⁻⁷⁾. The results of studies conducted in other countries, however, show the importance of assessing the expectations and satisfaction of pregnant women with prenatal care⁽⁸⁻¹⁰⁾. Some research shows that the degree of patient satisfaction with health services is considered a critical factor to improve the quality of such services⁽¹¹⁻¹²⁾.

Moreover, research shows^(4,7) that patient satisfaction is one of the criteria used to measure the level of success of services in health care units. Patient satisfaction was related to the direct and indirect experiences with the health care system, as well as the relationship built between the patient and health care professionals during follow-up⁽¹³⁾. Some researchers mentioned that the work environment had a positive or negative impact on patient satisfaction and patient experiences were not directly related to the quality of care, but rather to their expectations regarding quality⁽¹³⁾.

Furthermore, the satisfaction of pregnant women with prenatal care was identified as a factor that stimulates the search and continuity of prenatal follow-up⁽⁹⁾. Such scientific evidence helps us consider the relevance of studies to assess prenatal care in Brazil and possibly fill the knowledge gap and contribute to the achievement of the third Sustainable Development Goal (SDG) established by the United Nations⁽¹⁴⁾. The third SDG comprises several targets that should be reached by 2030, including ensuring the quality of sexual and reproductive health and reducing the maternal mortality rate to less than 70 deaths per 100,000 live births.

Therefore, our aim was to assess prenatal care and identify the level of expectations and satisfaction of pregnant women monitored in a public primary care unit in the municipality of Bauru, state of São Paulo, Brazil. For this purpose, we applied an instrument to identify the expecta-

tations and satisfaction of pregnant women regarding prenatal care. Such knowledge provides valuable insight into the weaknesses and potentialities of care based on user perception and supports actions and strategies to improve health care.

■ METHODS

This is an exploratory, descriptive, and cross-sectional study extracted from a doctoral thesis⁽¹⁵⁾, with the purpose of assessing the expectations and satisfaction of pregnant women in prenatal care at a primary care unit ("APS") in the municipality of Bauru, state of São Paulo, Brazil.

The sample was calculated using stratified random sampling, that is, the sample calculation was stratified, resulting in 50 pregnant women for the pre-test stage and 377 pregnant women of the final sample. We selected a stratified sample in representative strata by type of prenatal service at the health care unit totaling two family health units ("USF") and six primary health units ("UBS").

The inclusion criteria were pregnant women aged 20 or more, in the third trimester of pregnancy, and who had attended at least two prenatal consultations in the evaluated public health service. Pregnant women who did not meet such criteria were excluded. The criteria for inclusion of at least two prenatal appointments were based on scientific evidence that a small number of qualified consultations can be as effective as a greater number of appointments⁽¹⁶⁾.

The lead researcher collected the data for research. The collection period was Monday through Friday from January 2016 to April 2017, using a questionnaire for personal identification and socio-demographic and obstetrical characterization and the Brazilian version of the instrument Patient Expectations and Satisfaction with Prenatal Care (PESPC)⁽¹⁵⁾, which was considered valid and reliable to identify the expectations and satisfaction of pregnant women in prenatal care in Brazil.

The participants were selected for the interview at random, as they waited for their prenatal appointments from the same workers in the public health service. The lead researcher interviewed the selected participants individually after the prenatal consultation. This moment was chosen because of the definition of the expectations and satisfaction constructs, where expectation is the individual's belief of the nature and quality of prenatal care and positive and negative attitudes in relation to care⁽¹⁷⁾ and satisfaction is the prenatal care received and prenatal care expectations met⁽¹⁷⁾.

The women who accepted to take part in the research were asked to sign an informed consent statement and answer the instrument during an individual interview conducted by the researcher in a private room (doctor's office) made available to guarantee privacy.

Data were analyzed using SAS® (Statistical Analysis System). The statistical analysis involved descriptive statistics (frequency of responses to items for each PESPC subscale, overall score and score for each public health service); descriptive statistics of the sample (frequency, means, standard deviation); simple logistic regression for verifying the association between qualitative variables (Fisher's exact test; gross odds ratio; confidence interval of 95%; P values under 0.05 were considered significant); and reliability check of the Brazilian version of the PESPC instrument.

Brazilian version of Patient Expectations and Satisfaction with Prenatal Care (PESPC)

The Brazilian version of the PESPC contains 41 items divided into two domains, expectations and satisfaction, and eight subscales. The items are graded using a Likert-type scale ranging from one (totally agree) to six (strongly disagree), without a neutral response option. The domain expectations contains four subscales, namely comprehensive care, follow-up care with the same professional, customized care, and other services. The domain satisfaction covers four subscales, namely worker information, professional care, team interest, and system characteristics⁽¹⁵⁾.

The domain expectations is based on individual beliefs about the nature and quality of the prenatal care received, as well as positive and negative attitudes in relation to prenatal care. The domain satisfaction corresponds to the received prenatal care and prenatal care expectations⁽¹⁷⁾. The total scores in each domain are calculated using the average of the weighted items of the respective domains, varying from 12 to 72 for expectations and from 29 to 174 for satisfaction. The lower the score, the greater the expectation and satisfaction and the higher the score, the lower the expectation and satisfaction with prenatal care. The results are interpreted by adding the scores of each subscale and the expectations and the satisfaction with prenatal care are assessed using the partial results⁽¹⁷⁾.

The present study was approved by the Research Ethics Committee (CEP) under the CAAE protocol number: 38776114.8.0000.5393 in accordance with the resolution No. 466 of 12 December 2012 of the National Health Council, which regulates the guidelines and standards for research involving human beings.

■ RESULTS

A total of 377 pregnant women who used the eight public prenatal care services in the city of Bauru (SP) participated in this study. Of these women, 298 (79.0%) attended the UBS and 79 (21.0%) attended the USF. The average age of the pregnant women was 27.69 (SD = 5.6), varying between 20 and 43 years. Moreover, 288 (76.4%) of the women had given birth previously; 264 (70%) had started prenatal care in the first trimester of pregnancy; and 215 (57.0%) had attended six or more prenatal appointments and only 49 (13%) women had attended two to three prenatal appointments, which did not compromise the evaluation.

A general descriptive analysis of the two domains (expectations and satisfaction) of the PESPC instrument revealed a prevalence of low expectations for all subscales, i.e., 279 (74%) of the response options in comparison with 98 (26%) of the response options for high expectations. With regard to satisfaction, high satisfaction was identified for 220 (58.4%) of the response options in comparison with the 157 (41.6%) responses for dissatisfaction.

For the domain expectations, the subscale comprehensive care had the lowest expectation with 297 (78.8%) of the answer options. For satisfaction, the subscale professional care totaled 343 (91%) of the answers. Low satisfaction was observed in the system characteristics subscale, with 200 (53.1%) of responses.

In relation to the evaluated public health services, USF and UBS, the USB totaled 218 (73.2%) for low expectations in comparison with 61 (77.2%) for the USF while a high level of satisfaction in the pregnant women was identified in 170 (57.1%) of the records for UBS and 50 (63.3%) for USF. No significant statistical differences were found between the sum of the expectation scores and the satisfaction scores among the pregnant women after applying the Brazilian version of the PESPC instrument for both types of services (UBS and USF), with a p -value = 0.97 for expectation and a p -value = 0.37 for satisfaction.

No association was identified with the construct expectations among the selected variable in the results of the association tests and simple logistic regression for this domain in the Brazilian version of the PESPC instrument. Some variables, however, revealed a tendency toward association, such as marital status, level of education, and having received prenatal care in the same health service. No association was found between the variables and levels of expectation for the two types of services, USF and UBS. Table 1 presents the evidence.

Table 1 - Results of the association test and simple logistic regression for the domain expectations of the Brazilian version of the instrument Patient Expectations and Satisfaction with Prenatal Care (PESPC) (n = 377). Bauru, São Paulo, Brazil, 2017

Variables	n (%)	n (%)	Total	p-value*	Gross odds ratio	CI (95%)
Age group						
20 - 24	102 (27.06)	35 (9.28)	137 (36.34)	0.8853	1.000	Reference
25 - 29	80 (21.22)	25 (6.63)	105 (27.85)		0.911	(0.50; 1.64)
30 - 35	64 (16.98)	25 (6.63)	89 (23.61)		1.138	(0.62; 2.07)
Older than 35	33 (8.75)	13 (3.45)	46 (12.20)		1.148	(0.54; 2.42)
Marital status						
With partner	244 (64.72)	78 (20.69)	322 (85.41)	0.0675	1.000	Reference
Without partner	35 (9.28)	20 (5.31)	55 (14.59)		1.788	(0.97; 3.27)
Skin color						
White	147 (38.99)	49 (13.00)	196 (51.99)	0.5852	1.000	Reference
Black	22 (5.84)	11 (2.92)	33 (8.75)		1.500	(0.67; 3.31)
Brown	110 (29.18)	38 (10.08)	148 (39.26)		1.036	(0.63; 1.69)
Education						
Primary school	16 (4.34)	4 (1.06)	20 (5.31)	0.3609	1.000	Reference
Secondary school	250 (66.31)	86 (22.81)	336 (89.12)		1.376	(0.44; 4.22)
Higher education	13 (3.45)	8 (2.12)	21 (5.57)		2.462	(0.60; 10.04)
Family income						
Up to 2 minimum wages	184 (48.81)	70 (18.57)	254 (67.37)	0.3808	1.291	(0.78; 2.13)
Greater than or equal to 3 minimum wages	95 (25.20)	28 (7.43)	123 (32.63)		1.000	Reference
Professional status						
Remunerated	106 (28.12)	34 (9.02)	140 (37.14)	0.6273	1.000	Reference
Unremunerated	173 (45.89)	64 (16.98)	237 (62.86)		1.153	(0.71; 1.86)
Religion						
Catholic	78 (20.69)	27 (7.16)	105 (27.85)	0.3492	1.000	Reference
Born-again Christian	130 (34.48)	39 (10.34)	169 (44.83)		0.867	(0.49; 1.52)
Other	71 (18.83)	32 (8.49)	103 (27.32)		1.302	(0.71; 2.38)
Parity						
First pregnancy	69 (18.30)	20 (5.31)	89 (23.61)	0.4106	1.000	Reference
Other pregnancies	210 (55.70)	78 (20.69)	288 (76.39)		1.281	(0.73; 2.24)
Same prenatal service						
Yes	130 (47.62)	42 (15.38)	172 (63.00)	0.1608	1.000	Reference
No	68 (24.91)	33 (12.09)	101 (37.00)		1.502	(0.87; 2.58)
Satisfied with previous prenatal care						
Yes	190 (69.60)	72 (26.37)	262 (95.97)	1.0000	1.011	(0.26; 3.91)
No	8 (2.93)	3 (1.10)	11 (4.03)		1.000	Reference

Number of consultations

2 to 3 consultations	36 (9.55)	13 (3.45)	49 (13.0)	0.9965	1.032	(0.47; 2.22)
4 to 5 consultations	83 (22.02)	30 (7.96)	113 (29.97)		1.033	(0.56; 1.88)
6 to 7 consultations	80 (21.22)	27 (7.43)	107 (28.38)		0.964	(0.52; 1.78)
8 consultations or more	80 (21.22)	28 (7.43)	108 (28.65)		1.000	Reference

Source: Prudêncio⁽¹⁵⁾

Legend: Significance level $\alpha = 0.05$; CI 95% = 95% confidence interval;

Gross OR = Gross odds ratio, *p-value for Fisher's exact test.

The results of the association test and simple logistic regression for the domain satisfaction of the Brazilian version of the PESPC showed that only the variable "to have used the same prenatal service" had an association and statistical significance ($p = 0.0398$). Other variables that showed a trend with the construct satisfaction, although

they did not show a statistical significance, were "to have been pleased with the prenatal care received in a previous pregnancy", parity, and age group. We found no association between the variables and levels of satisfaction for both types of services, USF and UBS. Table 2 shows the respective results.

Table 2 - Results of association test and simple logistic regression for the domain satisfaction of the Brazilian version of the instrument Patient Expectations and Satisfaction with Prenatal Care (PESPC) (n = 377). Bauru, São Paulo, Brazil, 2017

Variables	n (%)	n (%)	Total	p-value*	Gross odds ratio	CI (95%)
Age group						
20 - 24	63 (16.71)	74 (19.63)	137 (36.34)	0.3153	1.000	Reference
25 - 29	46 (12.20)	59 (15.65)	105 (27.85)		1.092	(0.65; 1.82)
30 - 35	33 (8.75)	56 (14.85)	89 (23.61)		1.445	(0.83; 2.49)
Older than 35	15 (3.98)	31 (8.22)	46 (12.20)		1.759	(0.87; 3.55)
Marital status						
With partner	134 (35.54)	188 (49.87)	322 (85.41)	1.0000	1.008	(0.56; 1.80)
Without partner	23 (6.10)	32 (8.49)	55 (14.59)		1.000	Reference
Skin color						
White	82 (21.75)	114 (30.24)	196 (51.99)	0.9873	1.000	Reference
Black	14 (3.71)	19 (5.04)	33 (8.75)		0.976	(0.46; 2.05)
Brown	61 (16.18)	87 (23.08)	148 (39.26)		1.026	(0.66; 1.58)
Education						
Primary school	7 (1.86)	13 (3.45)	20 (5.31)	0.8199	1.143	(0.32; 4.08)
Secondary school	142 (37.67)	194 (51.46)	336 (89.12)		0.841	(0.33; 2.08)
Higher education	8 (2.12)	13 (3.45)	21 (5.57)		1.000	Reference
Family income						
Up to 2 minimum wages	113 (29.97)	141 (37.40)	254 (67.37)	0.1193	1.000	Reference
Equal/greater than 3 minimum wages	44 (11.67)	79 (20.95)	123 (32.63)		1.439	(0.92; 2.24)
Professional status						
Remunerated	63 (16.71)	77 (20.42)	140 (37.14)	0.3315	1.000	Reference
Unremunerated	94 (24.93)	143 (37.93)	237 (62.86)		1.245	(0.81; 1.89)

Religion

Catholic	39 (10.34)	66 (17.51)	105 (27.85)	0.5440	1.262	(0.72; 2.20)
Born-again Christian	74 (19.63)	95 (25.20)	169 (44.83)		0.957	(0.58; 1.57)
Other	44 (11.67)	59 (15.65)	103 (27.32)		1.000	Reference

Parity

First pregnancy	44 (11.67)	45 (11.94)	89 (23.61)	0.1095	1.000	Reference
Other pregnancies	113 (29.97)	175 (46.42)	288 (76.39)		1.514	(0.93; 2.44)

Same prenatal service

Yes	58 (21.25)	114 (41.76)	172 (63.00)	0.0398	1.711	(1.03; 2.82)
No	47 (17.22)	54 (19.78)	101 (37.00)		1.000	Reference

Satisfied with previous prenatal care

Yes	103 (37.73)	159 (58.24)	262 (95.97)	0.2129	1.000	
No	2 (0.73)	9 (3.30)	11 (4.03)		2.915	(0.61 - 13.76)

Number of consultations

2 to 3 consultations	25 (6.63)	24 (6.37)	49 (13.0)	0.2888	1.000	Reference
4 to 5 consultations	51 (13.53)	62 (16.45)	113 (29.97)		1.266	(0.64; 2.47)
6 to 7 consultations	41 (10.88)	66 (17.51)	107 (28.38)		1.677	(0.84; 3.31)
8 consultations or more	40 (10.61)	68 (18.04)	108 (28.65)		1.771	(0.89; 3.50)

Source: Prudêncio⁽¹⁵⁾

Legend: Significance level $\alpha = 0.05$; CI 95% = 95% confidence interval;

Gross OR = Gross odds ratio, *p-value for Fisher exact test.

The reliability of the PESPC Brazilian version for the study sample was verified by calculating Cronbach's alpha for the two instrument domains (expectations and satisfaction) and by comparing the values found with the values identified in the Brazilian version⁽¹⁵⁾ and in the original version of the PESPC⁽¹⁷⁾. The result of Cronbach's alpha for the domain expectation was 0.82, i.e., higher than the value of the adapted version⁽¹⁵⁾, which was of 0.70, and the value of the original version⁽¹⁷⁾, which was 0.72. For satisfaction, the value of Cronbach's alpha was 0.91, i.e., higher than the adapted version of the PESPC⁽¹⁵⁾, which was 0.80, and similar to the value of the original version, which was 0.94.

DISCUSSION

For the domain expectations, most of the pregnant women had low expectations and high levels of satisfaction with the prenatal care. Studies with similar evaluation approaches were also identified in Brazil⁽⁶⁻⁷⁾ and in Belgium⁽⁸⁾. Of the Brazilian studies, one was conducted in Paraíba⁽⁶⁾ with the aim of assessing the satisfaction of pregnant women with prenatal care, in which, despite the

pregnant women's satisfaction with the care, they reported unmet expectations. The other Brazilian study, conducted in Paraná⁽⁷⁾, also identified unmet expectations on the part of the pregnant women. The results of the study carried out in Belgium⁽⁸⁾ were similar to those of the present study, i.e., low expectations and high satisfaction of the pregnant women.

This finding reaffirms the negative correlation between the expectations and satisfaction defended by the authors of the original version of the PESPC instrument⁽¹⁷⁾, namely that satisfaction increases as expectations decrease and vice versa. When the expectations of pregnant women with prenatal care are too high, the care they effectively receive may seem deficient, thus reducing their level of satisfaction⁽¹⁷⁾. Therefore, if the pregnant women have low expectations with prenatal care, their levels of satisfaction can be higher, and vice versa⁽¹⁷⁾.

We compared the results of our study with the results of the study from Belgium. The population profiles of both studies were similar, that is, low income, low socioeconomic status, and low schooling. In addition, the authors used the PESPC to evaluate the expectations and satisfaction

of pregnant women with prenatal care. Although Brazil and Belgium have very different economies, policies, and health care systems and considering one is a developing country and the other is a developed country, the results of both studies were similar regarding the expectations and satisfaction of the pregnant women.

The low expectations and high satisfaction of the pregnant women with prenatal care identified in Brazil and Belgium can support and improve the planning of health managers and, consequently, increase the expectations and levels of satisfaction of pregnant women and ensure a prenatal care of quality and excellence. The findings identified in the studies stress the importance of paying closer attention to pregnant women in vulnerable groups.

In the study carried out in Belgium⁽⁸⁾, although the overall satisfaction with prenatal care was considered high, the pregnant women were dissatisfied with the information received during their prenatal consultations. In the Brazilian study, however, user dissatisfaction was identified in system characteristics subscale. Consequently, these findings reveal the divergent need for investments from health managers in Belgium and Brazil. The weakest factors identified in Belgium, for example, are the need to improve care, while, in Brazil, these factors are related to the infrastructure, functionality, and organization of health services (system characteristics).

Moreover, the results identified in the study in Belgium reflect the need for investments on the part of health managers in the training of prenatal care professionals since good communication between the workers and users increases safety and the trust the women have in relation to the care received. In relation to the dissatisfaction regarding the information health workers provide to the pregnant women, as identified in the studies carried out in Belgium⁽⁸⁾ and Brazil⁽³⁾, one way of minimizing the problem is to ensure health workers become aware of and learn to appreciate the particular needs of each pregnant woman and how their attitudes can affect the women's adherence to prenatal follow-up.

In addition, the workers should transfer knowledge appropriately, according to the literacy level of the pregnant women and their information requirements. Therefore, the workers involved in prenatal care must acknowledge the user profile and adopt the correct strategies to provide guidelines, avoiding jargon and technical terminology that may hinder communication.

The results of the present study in Brazil reveal the need for greater investments of health managers on all system-related characteristics since they can negatively affect the satisfaction of pregnant women, their adherence to

prenatal follow-up and, consequently maternal and neonatal mortality.

System characteristics can involve a range of factors, as identified in some studies, namely those related to the waiting area, such as hygiene, ventilation, adequate lighting, seat availability⁽⁹⁾, number of prenatal consultations, prenatal care coverage⁽³⁾, and others. In this context, improvements to the system characteristics made by health managers and policy makers can enable a more qualified prenatal care that focuses on the well-being of mother and child, thus corroborating with the third SDG⁽¹⁴⁾, which is to provide prenatal care that can reduce maternal mortality by 2030.

According to the results, we did not find differences between the scores for each domain of the PESPC instrument (expectations and satisfaction) for the two prenatal follow-up models used in the public primary care services, UBS and USF. In other words, no evidence was found to suggest one care model was better than the other for the evaluation factors expectations and satisfaction of the pregnant women with prenatal care.

A study conducted in Botucatu (SP) identified differences in the two prenatal care models when the authors evaluated the quality of prenatal care for low-risk pregnant women at a primary care unit in comparison with the traditional model (UBS) and the family health strategy (ESF) model⁽⁴⁾. Moreover, the authors found that the care model of the ESF performed better than the model used in the UBS; however, the authors stress that both care models minimally cover basic actions, thus reflecting the need for health managers and workers involved in this type of care to implement urgent measures.

The association and statistical significance identified between the domain satisfaction and the variable "to have used the same prenatal service" shows that the pregnant women who used the same prenatal service were more likely to feel satisfied with the care than the women who had not used the same prenatal service.

A similar result was identified in a study in Colombia⁽¹⁸⁾ that aimed to determine the factors associated with user satisfaction in prenatal follow-up services at public health institutions. According to the study, 646 (90.7%) of the pregnant women reported they would recommend the service to another person and they would use the service again. The same study also identified the good perception of users in relation to their interaction with the service providers, which was considered a determining factor in the level of user satisfaction and adherence to prenatal follow-up.

The findings of the present study, confirmed in the study carried out in Colombia⁽¹⁸⁾, highlight the importance of the work of health professionals involved in prenatal care

and the quality of care they provide to ensure the women adhere to prenatal follow-up, recommend the service to other pregnant women, and return to the service in future pregnancies. An interesting peculiarity in these findings is that in both Brazil and Colombia, which are developing countries, most of the women were happy to use the same prenatal health service and recommend the service to others.

A greater trend was found for variables such as marital status and education level in the expectations domain. In relation to marital status, a possible explanation is that having a companion may be associated with greater expectations and satisfaction with prenatal care⁽¹⁹⁾. The partners' participation can contribute to the well-being of pregnant women when they adhere to care.

Furthermore, education can influence the level of expectations and satisfaction of pregnant women since women with higher education tend to be more critical regarding prenatal care and, consequently, have higher expectations and lower satisfaction than the women with a lower education level⁽¹⁰⁾.

Therefore, knowing the educational profile of the pregnant women, as well as their perceptions and needs in relation to prenatal care, can be considered an important strategy for planning care. The pursuit of this knowledge on the part of health professionals involved in providing prenatal care can help adapt care to the needs of each user.

Although some variables for the domain satisfaction showed no association or statistical significance, other studies identified the association of some variables with this domain, such as parity⁽¹⁰⁾; return to the prenatal service⁽¹²⁾; age group⁽²⁰⁾; number of prenatal consultations⁽²⁰⁾, and the presence of complications⁽¹¹⁾.

In relation to analyzing the reliability of the Brazilian version of the instrument PESPC⁽¹⁵⁾ for the sample of this study, the internal consistency results showed that the instrument was considered appropriate for the studied sample; similarly, the original version of the PESPC instrument was considered appropriate in a study in Belgium⁽⁸⁾. Although the reliability of the PESPC Brazilian version has already been verified in a study conducted in Brazil⁽¹⁵⁾, we conducted the test to confirm its reliability and encourage its use in new studies conducted by other researchers in other regions of Brazil.

■ CONCLUSION

The low expectations and the high level of satisfaction of pregnant women found in the present study in relation to the prenatal care provided in both public primary care

services in the municipality of Bauru reveal similarities in the provision of prenatal care. Identifying this similarity of prenatal care between the two models (USF and UBS) in the perception of the pregnant women is a factor that should be re-evaluated by health managers and health professionals. The need for re-evaluation is based on the fact that, according to the guidelines of the USF model, the care provided at these units should be different from the UBS model since it should focus on establishing a greater bond between the family, community, and patients, in addition to several other attributes recommended by the Ministry of Health for this type of service.

Although we identified a high level of satisfaction for both models, the pregnant women were dissatisfied with certain aspects related to system characteristics. This finding can greatly contribute to the care practice and support prenatal care planning on the part of health managers and professionals. Such results can help health managers become more aware of how this dissatisfaction could affect adherence of the pregnant women to prenatal care and, consequently, influence maternal-neonatal care in the municipality.

The results of this research can encourage new studies on the perception of pregnant women regarding prenatal care in Brazil. A study limitation is the fact that this study was conducted at a single primary care unit with pregnant women of low obstetric risk. Such a limitation suggests the need to conduct further studies that evaluate prenatal care in high-risk pregnancies and in supplementary care. Further studies can potentially contribute to improving the quality of prenatal care in Brazil and, consequently, to the fulfillment of the third SDG established by the United Nations to ensure sexual and reproductive health and reduce maternal mortality.

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