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# The performance of the nurse in the risk classification in obstetrics: an integrative review

**ABSTRACT** | Objective: to present the scientific evidence on the role of the nurse in the classification of risk in obstetrics. Method: this is a qualitative study, integrative review type, carried out in the SciELO and PubMed databases, in the time series from 2011 to 2021, in Portuguese, with Boolean descriptors and operators. Results: A set of 105 publications on the subject in SciELO and 86 in PubMed were identified. Of the 191 publications identified, according to the combination of descriptors and additions of Booleans, 4 were considered for analysis, which showed the nurse as the main professional in the risk classification of pregnant women due to their effective, agile and resolution, reducing the health risks of the binomial and impacting on maternal and child mortality. Conclusion: it is noticed that the use of the Risk Classification for pregnant women and its performance by Nursing, provides improvements in the service, promoting effectiveness in attending obstetric urgencies and emergencies.

**Keywords:** Risk; Obstetrics; Women's Health; Nursing.

**RESUMEN** | Objetivo: presentar la evidencia científica sobre el rol de la enfermera en la clasificación de riesgo en obstetricia. Método: se trata de un estudio cualitativo, de tipo revisión integradora, realizado en las bases de datos SciELO y PubMed, en la serie temporal de 2011 a 2021, en portugués, con descriptores y operadores booleanos. Resultados: Se identificó un conjunto de 105 publicaciones sobre el tema en SciELO y 86 en PubMed. De las 191 publicaciones identificadas, de acuerdo a la combinación de descriptores y adiciones de booleanos, se consideraron para análisis 4, que mostraron al enfermero como el principal profesional en la clasificación de riesgo de la gestante por su eficacia, agilidad y resolución, reduciendo la salud. riesgos del binomio y que impactan en la mortalidad materna e infantil. Conclusión: se advierte que el uso de la Clasificación de Riesgo para gestantes y su desempeño por parte de Enfermería, brinda mejoras en el servicio, promoviendo la efectividad en la atención de urgencias y emergencias obstétricas.

**Palabras claves:** Riesgo; Obstetricia; La salud de la mujer; Enfermería.

**RESUMO** | Objetivo: apresentar as evidências científicas sobre a atuação da(o) enfermeira(o) na classificação de risco em obstetricia. Método: trata-se de um estudo qualitativo, do tipo revisão integrativa, realizado nas bases de dados SciELO e PubMed, na série temporal de 2011 a 2021, no idioma português, com os descritores e operadores booleanos. Resultados: Identificou-se um conjunto de 105 publicações sobre a temática no SciELO e 86 na PubMed. Do total de 191 publicações identificadas, segundo a combinação dos descritores e acréscimos de booleanos, 4 foram consideradas para análise, que demonstravam a(o) enfermeira(o) como principal profissional na classificação de risco às gestantes devido à sua assistência eficaz, ágil e resolutive, reduzindo os riscos à saúde do binômio e impactando sobre a mortalidade materno-infantil. Conclusão: percebe-se que a utilização da Classificação de Risco às gestantes e à sua realização pela Enfermagem, proporciona melhorias no serviço, promovendo eficácia no atendimento as urgências e emergências obstétricas.

**Palavras-chaves:** Risco; Obstetricia; Saúde da Mulher; Enfermagem.

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## INTRODUCTION

Pregnancy is a physiological process demarcated by physical and emotional changes that occur in the woman's body. Sometimes, the development of this process culminates in changes that disadvantage the health of the pregnant woman and/or fetus, being considered a risky pregnancy. It is known that the absence of prenatal care and risk assessment lead to a greater probability of injuries

and complications that threaten the life of the binomial and increase the rate of maternal and fetal death. <sup>(1)</sup>

In Brazil, maternal death is a serious public health problem. To this end, in 2011, the Ministry of Health established the Rede Cegonha, as a strategy to expand excellence in prenatal care, childbirth and puerperium and child development up to two years of age, through the guarantee of reception and risk classification. <sup>(2)</sup>

In turn, welcoming guarantees comprehensive care to all users who enter health services, and involves the staff of these institutions. However, the problems of overcrowding of services, the high rates of maternal mortality and complications in childbirth and puerperium cannot be remedied only with the reception, for this, the reception needs to be carried out with the risk classification of the binomial. Thus, the Welcoming and Risk Classification becomes a device for organizing flows, based on criteria that aim to prioritize the care of pregnant women who present signs and symptoms of greater severity and organize the entire demand. It starts when the woman arrives, with the identification of the situation/complaint or event presented by her. <sup>(3)</sup>

To ensure that access is comprehensive and of quality, that it occurs quickly and in a humane manner, protocols are used to systematize the service. The Manchester Screening System has good reliability, as it identifies the pregnant woman who needs early intervention or care at an early stage. This system determines the risk classification from colors: red (emergency); orange (very urgent); yellow (urgent); green (not urgent) and blue (not urgent) and the time for each service. <sup>(4)</sup>

It is also noteworthy that, according to the Federal Council of Nursing described in Resolution No. 661/21, within the nursing team, the nurse is privately responsible for carrying out the Risk Classification and prioritizing care. <sup>(5)</sup>



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Given the above, the following questions emerged: What is the scientific evidence found in the literature on the role of nurses in risk classification in obstetrics?

Thus, the general objective was: To present scientific evidence on the role of nurses in risk classification in obstetrics. Therefore, the need for research is justified due to the low amount of scientific production on the subject, something noticed in a previous survey in the SciELO and PubMed databases in the last 5 years.

Finally, the scientific and social relevance of the research makes it possible for health professionals to pay attention to the importance of Risk Classification in Obstetrics as a strategic risk assessment tool, and priority care in health services with a view to reducing maternal and neonatal morbidity and mortality, placing the nurse as a fundamental element in this process.

#### METHOD

This is a descriptive, exploratory research, with a qualitative approach, of the integrative literature review type, which enables the generation of new knowledge on a given topic, as well as the review of emerging topics. <sup>(6)</sup>

For the methodological construction of the integrative review, the scheme divided into five stages was used: elaboration of the research question, construction of the objective, delimitation of the topic of interest for the review, establishment of search strategies, exclusion and inclusion criteria, carrying out the searching the databases, evaluating and analyzing the data, and presenting the results. <sup>(7-8)</sup>

When the first stage is established, the research question is formulated through criteria, with the objective of defining the problem, the descriptors and the search strategies in the data sources, according to the PICo anagram: P- target population; I- Pheno-

menon of interest; Co-Context, <sup>(9)</sup> corresponding to: P - Nurses; I - Nurse's role in risk classification; Co - Obstetric Health Services. At the end, there is the following question: How does the nurse work in risk classification in obstetrics?

Once the research question was raised, for the second stage of the process, the inclusion and exclusion criteria of the studies were established to delimit the searches in the databases. The search strategies were elaborated according to the specificities of each database, descriptors were chosen from the Health Sciences Descriptors (DeCS) plus the Boolean operator "AND". For the selection of studies, the inclusion criteria were: scientific articles, published in Portuguese, free of charge, in the time series from 2011 to 2021 that addressed the role of the nurse in Risk Classification in obstetrics. Exclusion criteria were: theses, dissertations, book chapters, non-scientific texts, editorials, event proceedings and book reviews.

Thus, the search for the collections to be used was based on the following databases: SciELO and PubMed. In SciELO, the following descriptors were used: ("Enfermagem" and "Acolhimento") with 48 articles found and 2 selected; ("Classificação de risco" and "Enfermagem") with 16 articles found and 1 selected; and ("Enfermagem" and "Obstetrícia") with 40 articles found and none selected. At PubMed: ("Enfermagem" and "Acolhimento") with 12 articles found and none selected; ("Classificação de risco" and "Enfermagem") found 7 articles and none selected; and ("Enfermagem" and "Obstetrícia") 67 articles found and 1 selected.

A set of 105 publications on the subject in SciELO and 86 in PubMed were identified. Of the total of 191 publications identified, according to the combination of descriptors and additions of Booleans, 4 were considered for analysis.

The selection of studies was made by applying the flowchart Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), in the following sequence <sup>(10)</sup>: number of records identified in the databases, excluded collections, selection after applying the Boolean operator to descriptors, number of articles exclu-

“ Ethical aspects were respected when referring the authors of the primary studies used in this work together with the year of publication of the work. ”

ded after complete reading of the text, number of eligible articles after complete reading of the texts, articles included in the integrative review.

In the third stage, the definitions of the information to be extracted from the selected studies were carried out, with the creation of an easily accessible and manageable database. <sup>(11)</sup> The fourth and fifth stages comprised data analysis and interpretation of results. <sup>(7)</sup>

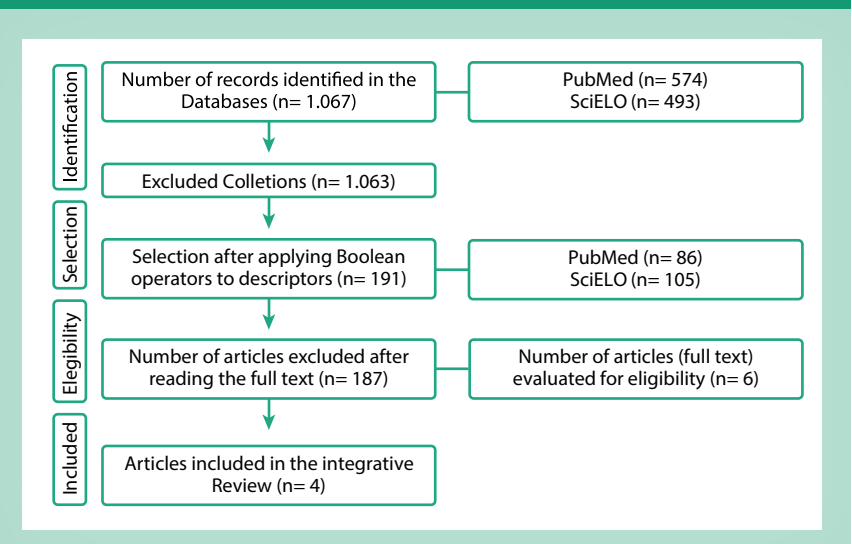
Ethical aspects were respected when referring the authors of the primary studies used in this work together with the year of publication of the work.

## RESULTS AND DISCUSSION

To present the studies included in the integrative review, the PRISMA flowchart was used, as shown in Figure 1:

1.067 articles were identified in the databases, being 574 from PubMed and 493 from SciELO, after using the selection criteria plus the Boolean operator "AND", 191 articles were found, 86 from PubMed and 105 from SciELO. After reading the texts completely, aiming at an approach on the

Figure 1 - Information flowchart of the stages of the integrative review anchored in PRISMA, Itabuna - BA, Brazil 2021



Source: Authors, 2021

role of nurses in risk classification in obstetrics, 4 articles were selected on the subject, 3 from the SciELO database and 1 from Pubmed.

In the distribution of scientific articles that formed the body of the study, the title, journal, year of publication, authors and final considerations about the role of the nurse in the risk classification process in obstetrics, shown in Chart 1 below:

Brazilian studies used different methodologies, but addressed risk classification in obstetrics as a decision support tool for immediate identification of the severity of pregnant women, guided by the application of the Manchester protocol.

It is noteworthy that the nurse acts as a communicator for pregnant women and their children, contributing to adequate care as a fundamental principle of Rede Cegonha <sup>(16)</sup> and the National Policy for the Humanization of Care and Management of the Unified Health System. <sup>(17)</sup> It was evident that the nurse had an active participation in the risk classification, demonstrating the importance of her

role to safeguard the lives of pregnant women and their children due to their efficiency, agility and resolving capacity. In this sense, the nurse contributes to reducing the health risks of the binomial, impacting the indicators of maternal and child morbidity and mortality at the most varied levels of complexity. <sup>(13)</sup>

It is also noteworthy that the work process of classifying the risks to the pregnant woman must involve all health professionals, in addition to the nurse, through horizontal care, with the satisfaction of the user(s). <sup>(14)</sup>

Furthermore, scientific evidence demonstrates that the risk classification, when performed properly, contributes to the reduction of abortion and maternal/infant death rates due to quick decision-making with real chances of providing opportunities for an experience of the pregnancy-puerperal cycle with preserving the health of the binomial. <sup>(15,12)</sup>

Thus, it is understood that the nurse is able to classify the risk in obstetrics with mastery due to the characteristics

inherent to their profession, such as: social, emotional, biological and technical perspective on the problems, especially when we consider their skills and abilities, acting on high-risk obstetric situations. <sup>(18)</sup>

Therefore, the nurse performs this process in two phases: implementation and operationalization. During implementation, the nurse plans physical, material and human resources, trains professionals and users, organizes the work process with demand control, sorting what can be understood as an obstetric emergency and what can be attended to in other services of lesser complexity. In operationalizing the risk classification, she uses current knowledge and appropriate communication from Nursing as well as from several other health professionals for the care of pregnant women, parturients, postpartum women and their families. <sup>(19)</sup>

Finally, it is noted that the risk classification in obstetrics performed by the nurse improves the access of users, increasing the reliability rela-

Chart 1- Distribution of selected articles according to title, database, year, authorship and considerations. Itabuna - BA, Brazil, 2021.

Title	Database	Author(s)	Considerations
Complications of abortion and care in public maternity integrated with the National Program Rede Cegonha	SciELO/ 2015	Adesse L. et al. <sup>(12)</sup>	Health teams can contribute to the needs of the clientele, complying with the Humanization of Care with appropriate time reception and risk classification by the services.
Perceptions of the nursing staff about the implementation of the reception sector with risk classification for pregnant women	SciELO/ 2018	Carvalho S.S. et al. <sup>(13)</sup>	The nursing teams emphasize that the implementation of the ACCR sector (Welcoming with Risk Classification) for pregnant women establishes improvements, ensuring a relationship of trust between users and professionals and effectiveness in the care of urgent and urgent pregnancy and has the nurse as a fundamental tool in the process.
Nurses' perception of the reception and risk classification in Primary Health Care (PHC)	SciELO/ 2018	Costa A.B. et al. <sup>(14)</sup>	This study allowed us to reflect on the nurses' view of their knowledge and practices in the reception and risk classification developed in their daily lives, as well as the factors that interfere with them.
System for reception and risk classification in obstetrics: technical quality assessment	PubMed/ 2020	Serafim R.C. et al. <sup>(15)</sup>	The SACR-O (Reception and Risk Classification System in Obstetrics) complies with the A&CRO of Health, thus showing the potential and safety in the reception for pregnant women. With making and in the flow of care.

Source: Authors, 2021

tionship and allowing humanization to be a sine qua non condition for adequate care. (20) In addition, this process allows the use of hard, light-hard and light technologies during nursing work with a view to ensuring listening, guidance, aggregation of the team and user and the valuation of knowledge. <sup>(18)</sup>

## CONCLUSION

It is noticed that the use of the Risk Classification for pregnant women and its performance by the nurse, provides improvements in health services, aid in decision making and promoting effective care, with pregnant women being classified in a timely manner to receive qualified, humanized and resolute assis-

tance, based on scientific evidence. It is recommended that actions be taken to train professionals in health services, undergraduate and graduate students in the field of nursing, with emphasis on risk classification in obstetrics. It emphasizes the importance of strategies on the part of managers to implement and implement the proposal with continuous evaluation to improve its efficiency. 🐦

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