

PRENATAL NURSING CONSULTATION: USE OF ULTRASOUND BY OBSTETRIC NURSES IN PRIMARY CARE

CONSULTA DE ENFERMAGEM NO PRÉ-NATAL: USO DA ULTRASSONOGRAFIA POR ENFERMEIRO OBSTÉTRICO NA ATENÇÃO BÁSICA

CONSULTA DE ENFERMERÍA PRENATAL: USO DE LA ULTRASONIDO POR ENFERMERAS OBSTÉTRICAS EN ATENCIÓN PRIMARIA

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ABSTRACT

Introduction: Ultrasound is a significant technology that promotes high-quality care for pregnant women, enhances nursing practice, and ensures the safety of the mother-baby dyad. Its use during obstetric nursing consultations allows for the early identification of abnormalities in fetal development and provides for more appropriate guidance for pregnant women and timely clinical action. **Objective:** To understand the use of ultrasound as a tool in prenatal obstetric nursing consultations based on the insights of obstetric nurses. **Method:** A descriptive-exploratory study with a qualitative approach, conducted at two Basic Health Units in Boa Vista, Roraima. Two obstetric nurses trained in ultrasound use participated and were interviewed using a semi-structured guide. Data were analyzed using Atlas.ti® software and categorized according to Bardin's content analysis method. The study was approved by an Ethics Committee. **Results:** Ultrasound use was understood as a complementary resource for comprehensive, high-quality care, strengthening patient reception and active listening during prenatal consultations. This practice facilitates the early identification of obstetric risks and broadens the understanding of the pregnant woman's and fetus's needs, supporting clinical reasoning and shared assessment when necessary. The analyzed categories highlighted the importance of expanding access to the exam and investing in professional training to improve the quality of women's healthcare. **Conclusion:** Integrating ultrasound into nursing consultations strengthens the role of obstetric nurses in primary care, potentially facilitating the early identification of high-risk situations and guiding timely actions during prenatal care.

Keywords: Prenatal Care; Obstetric Nursing; Maternal Mortality; Prenatal Ultrasound.

RESUMO

Introdução: a ultrassonografia é uma tecnologia relevante, promovendo cuidado qualificado à gestante, aprimorando a prática de enfermagem e garantindo a segurança do binômio mãe-bebê. Sua utilização na consulta de enfermagem obstétrica permite a identificação precoce de alterações no desenvolvimento fetal e proporciona orientação mais adequada às gestantes e conduta oportuna. **Objetivo:** compreender o uso da ferramenta de ultrassonografia na consulta de enfermagem obstétrica no pré-natal por meio dos saberes de enfermeiros obstétricos. **Método:** estudo descritivo-exploratório, de abordagem qualitativa, realizado em duas Unidades Básicas de Saúde em Boa Vista, Roraima. Participaram dois enfermeiros obstétricos capacitados no uso da ultrassonografia, entrevistados por meio de roteiro semiestruturado. Os dados foram analisados com o software Atlas.ti® e categorizados segundo a análise de conteúdo de Bardin. O estudo foi aprovado por Comitê de Ética. **Resultados:** o uso da ultrassonografia foi compreendido como recurso complementar ao cuidado ampliado e qualificado, fortalecendo o acolhimento e a escuta ativa durante a consulta de pré-natal. A prática favorece a identificação precoce de riscos obstétricos e amplia a compreensão sobre as necessidades da gestante e do feto, apoiando o raciocínio clínico e a avaliação compartilhada quando necessário. As categorias analisadas apontaram para a importância de ampliar o acesso ao exame e investir na formação profissional, a fim de qualificar a atenção à saúde da mulher. **Considerações finais:** a integração da ultrassonografia à consulta de enfermagem fortalece a atuação do enfermeiro obstétrico na atenção primária, podendo favorecer a identificação precoce de situações de risco e orientar condutas oportunas no acompanhamento pré-natal.

Palavras-chave: Cuidado Pré-Natal; Enfermagem Obstétrica; Mortalidade Materna; Ultrassonografia Pré-Natal.

RESUMEN

Introducción: La ecografía es una tecnología relevante que promueve la atención cualificada de las mujeres embarazadas, mejora la práctica de enfermería y garantiza la seguridad de la diada madre-bebé. Su uso en las consultas de enfermería obstétrica permite la identificación temprana de alteraciones en el desarrollo fetal y proporciona una orientación más adecuada a las mujeres embarazadas y una conducta oportuna. **Objetivo:** Comprender el uso de la ecografía en las consultas de enfermería obstétrica prenatal a través del conocimiento de las enfermeras obstétricas. **Método:** Estudio descriptivo-exploratorio con enfoque cualitativo, realizado en dos Unidades Básicas de Salud en Boa Vista, Roraima. Participaron dos enfermeras obstétricas capacitadas en el uso de la ecografía, entrevistadas mediante un guion semiestructurado. Los datos se analizaron utilizando el software Atlas.ti® y se categorizaron según el análisis de contenido de Bardin. El estudio fue aprobado por un Comité de Ética. **Resultados:** El uso de la ecografía se entendió como un recurso complementario para una atención ampliada y cualificada, fortaleciendo la acogida y la escucha activa durante las consultas prenatales. Esta práctica favorece la identificación precoz de riesgos obstétricos y amplía la comprensión de las necesidades de la mujer embarazada y el feto, apoyando el razonamiento clínico y la valoración compartida cuando sea necesario. Las categorías analizadas subrayaron la importancia de ampliar el acceso a la ecografía e invertir en formación profesional para mejorar la atención a la salud de la mujer. **Conclusión:** La integración de la ecografía en las consultas de enfermería fortalece el rol de la enfermera obstétrica en la atención primaria, favoreciendo potencialmente la identificación precoz de situaciones de riesgo y orientando las acciones oportunas en la atención prenatal.

Palabras clave: Atención Prenatal; Enfermería Obstétrica; Mortalidad Materna; Ultrasonido Prenatal.

INTRODUCTION

Ultrasound (USG) is a highly significant technological tool that promotes quality care for pregnant women, enhances nursing practice, and ensures the safety of the mother-baby dyad¹. It is a widely accepted method in healthcare because it is non-invasive and free from ionizing radiation, making it safe for both the woman and the fetus. Its use during obstetric nursing consultations allows for the early identification of fetal developmental abnormalities and enables the provision of more appropriate guidance to pregnant women².

This procedure can be performed in primary health care units, in accordance with Cofen Resolution No. 627/2020³, provided there are trained obstetric nurses and the necessary equipment is available. This fosters health promotion and improves access to quality care focused on the safety of the pregnant woman and the fetus. Furthermore, it facilitates timely decision-making and effective problem resolution, aligning with Law No. 14.598⁴, which stipulates in Article 1: “[...] II - At least 2 (two) transvaginal ultrasound examinations during the first four months of pregnancy.”

Obstetric ultrasound is widely used by nurses in various countries as a safe and high-quality practice. In 2019, the International Confederation of Midwives reinforced its importance for assessing maternal and fetal well-being, enabling the monitoring of fetal growth, amniotic fluid volume, position, movements, activity, and fetal heart rate, as well as

identifying the need for further assessments and referrals⁵.

Within this global context, the 2030 Agenda, through the Sustainable Development Goals⁶ (SDGs), sets a target to reduce the maternal mortality ratio to fewer than 70 deaths per 100,000 live births by 2030, with Brazil having agreed to a target of 30. However, the maternal mortality ratio (MMR) in Brazil remained far from this goal, with rates ranging from 58 to 75 deaths per 100,000 live births in 2019 and 2020, and reaching 107.4 in 2021 due to the COVID-19^{7,8} pandemic. In Boa Vista, Roraima, the MMR increased significantly during this same period, reaching 345.3 deaths per 100,000 live births, making it the Brazilian capital with the highest rate, although a reduction was observed in 2022 and 2023⁹.

These epidemiological data highlight the challenges within the prenatal care process, which is vital for the prevention and early detection of maternal and fetal pathologies. A lack of prenatal care can significantly increase risks for both the pregnant woman and the newborn¹⁰. To mitigate these adverse outcomes, technology has played a fundamental role in improving the quality of care, grounding professional practice in scientific knowledge. In this context, the use of ultrasound as a complement to physical examination during nursing consultations has proven to be a valuable strategy, facilitating pregnant women's access to recommended exams and aiding in the stratification of pregnancy risk^{11,12}.

Given the potential of ultrasonography to enhance the quality of obstetric nursing

consultations during prenatal care, this study aimed to understand the use of ultrasound tools in these consultations through the insights and knowledge of obstetric nurses.

METHODS

This is a qualitative, descriptive, and exploratory study, prepared in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines¹³.

The study was conducted at two Basic Health Units (UBS) in the municipality of Boa Vista, Roraima, Brazil: UBS Asa Branca and UBS Aygara Motta Pereira. These units were selected because they were the only ones in the municipality with consultation rooms equipped with portable ultrasound devices where obstetric nurses conducted prenatal consultations.

Two obstetric nurses working at these units participated in the research, representing all professionals qualified to use ultrasound in these facilities, in compliance with Cofen Resolution No. 627/2020³. The inclusion criterion was being an obstetric nurse practicing at the units and qualified to perform prenatal consultations using ultrasound.

Data collection took place in May 2024 via face-to-face, semi-structured interviews conducted by the principal researcher. The interview guide included open- and closed-ended questions regarding the professionals' profiles and their clinical practice involving ultrasound. The interviews were digitally recorded and transcribed verbatim, then subsequently validated by the participants. Recordings and

transcripts were stored with password protection, and participants were identified as EO1 and EO2 to ensure anonymity.

The interviews, lasting an average of 30 minutes, took place in private rooms within the health units during working hours. Images and videos of ultrasound use were captured—following an invitation and the participants' voluntary consent, for use in documentaries, articles, and the dissertation presentation.

Data analysis followed Bardin's¹⁴ content analysis method, comprising three stages: pre-analysis, material exploration, and treatment of results (inference and interpretation). ATLAS.ti software (version 8.0) was used to assist in organizing and coding the data, although all inferences and categorizations were performed by the researchers.

All ethical aspects of the research were respected, in accordance with Resolution No. 466/2012¹⁵ of the National Health Council. The study was approved by the Research Ethics Committee of the Federal Fluminense University (Opinion No. 6.738.301).

RESULTS

Based on the units of meaning that emerged from the participants' statements, it was possible to consolidate two analytical categories that guided the presentation of the results. The first category, "Quality prenatal care reception: obstetric nurses' knowledge," was constructed from 26 units of meaning, organized into three thematic axes: the importance of prenatal care for the fetus and the woman; expanding access to prenatal care; and welcoming care. The second

category, “The obstetric nurse's prenatal consultation and the use of ultrasound as a tool for obstetric risk classification,” brought together 27 units of meaning related to the following thematic axes: knowledge of the pregnant woman and fetus for care purposes; the use of ultrasound in risk classification; and network-based care.

This organization revealed that, from the participants' perspective, ultrasound is not limited to image production; rather, it is integrated with reception, active listening, clinical reasoning, and shared decision-making during prenatal care.

Quality prenatal care reception: obstetric nurses' knowledge

The following accounts highlight elements regarding the importance of prenatal care for both the fetus and the woman, emphasizing the relevance of assessing not only test results and the woman's clinical health but also listening to her personal and family history. In this context, ultrasound appears integrated into the nursing consultation as a tool that does not replace clinical listening but rather expands the possibilities for interaction among the nurse, the pregnant woman, and the family. Visualizing the fetus, when combined with patient history and attentive listening, fosters a consultation based on dialogue, allowing the professional to acknowledge the biological, emotional, familial, and social aspects of the pregnancy and to identify the needs of the mother-fetus dyad.

We review the test results and conduct a clinical assessment of the woman, listening to her history. We investigate past pregnancy history, whether she is a first-time mother or not, as well as family history and socioeconomic status. We consider her perception of the pregnancy, her interests, whether the pregnancy was planned, and how she is experiencing the process. (EO1)

For the family, the appointment is about finding out the baby's sex and confirming that the baby is alive. But for us, obstetric nurses, it represents so much more; it is a whole world in itself. Assessing the head, abdomen, and femur is just the basics. When we start interpreting the findings clinically, understanding what each one means, why it needs to be observed, and its significance, that is when everything changes. That is why I believe this practice should be increasingly promoted. (EO2)

The statements indicate that ultrasound consultations hold different meanings for pregnant women, their families, and healthcare professionals. While the family may initially associate the image with confirming fetal viability or identifying the baby's sex, for obstetric nurses, it also serves as a clinical and educational tool. This difference in perspective allows the professional to transform the curiosity of the pregnant woman and her family into an opportunity for guidance, supportive care, and bond-strengthening during prenatal care.

Regarding the expansion of access to prenatal care, participants highlight challenges linked to social vulnerability, particularly among Indigenous and migrant populations.

We run a shelter for Venezuelan nationals and serve many pregnant Venezuelan women. They are the ones with the least access to care. They often feel too embarrassed to seek services, which

highlights the importance of offering ultrasound examinations here. (EO1)

We need to provide training and have a tool that can be used anywhere, whether in primary care, hospital settings, or indigenous health services, given the vastness of our state and its significant indigenous population. [...] This way, we prevent pregnant women from having to leave their territories and travel solely for this exam, a simple procedure that nonetheless helps save lives during prenatal care. (EO2)

Ultrasound is presented as a resource that can reduce access barriers when integrated into primary care services, particularly in areas characterized by mobility issues, social vulnerability, and cultural diversity. The ability to perform the assessment during a nursing consultation brings this technology closer to the daily lives of pregnant women and can enhance the resolution of health issues at the primary care level, without overlooking the need for referrals when abnormalities or high-risk situations are identified.

I always provide guidance to the pregnant woman and try to make her as comfortable as possible. [...] For example, when the linea nigra starts to appear, I tell her: 'this will go away. It's normal, it's part of pregnancy; there will be changes to the breasts, too.' (EO1)

The first priority is ensuring the pregnant woman feels at ease. Not all partners are able to participate in prenatal care, but we encourage it. When they do attend appointments, we try to include them in the prenatal care program for men. [...] We offer rapid tests and all the screenings included in the prenatal care protocol for men. (EO2)

The testimonies demonstrate that the care provided, encompassing reception and support,

is not limited to performing the exam itself; it also involves explaining the procedure, addressing questions, and including the partner when present. In this context, ultrasound can serve as a mediator of the therapeutic relationship, as it fosters the family's connection to the pregnancy and creates opportunities for the obstetric nurse to provide guidance during the consultation. Thus, technology is integrated into care as a tool for communication, bonding, and health education, rather than merely as an instrument for fetal visualization.

The obstetric nurse consultation and the use of ultrasound to support risk classification

In addition to aspects related to the care experience, participants highlighted the technical and clinical role of ultrasound as a tool supporting obstetric risk classification. Their accounts show that the exam is integrated into the nursing consultation to complement the medical history, physical examination, and assessment of obstetric data, thereby contributing to the obstetric nurse's clinical reasoning. Throughout this process, participants emphasized the importance of explaining the purpose of the assessment to the pregnant woman beforehand, as well as clarifying the limits of professional practice—specifically regarding the fact that a formal diagnostic report is not issued.

First, I begin with the standard consultation and offer the pregnant woman an ultrasound assessment. I explain that, since I am a nurse, I do not issue a formal diagnostic report; instead, I provide a

description of the identified images, which serves an important purpose. (EO1)

I take measurements of the fetal head, abdomen, and femur; the femur measurement allows us to estimate gestational age. Many patients were unable to provide the date of their last menstrual period, [...] so we make the estimate using ultrasonography. (EO2)

Reports indicate that ultrasound contributes to clinical assessment by enabling the observation of fetal biometric measurements, relating them to estimated gestational age and aspects of fetal growth. Such information does not constitute the entirety of the obstetric assessment but supports the nurse's clinical judgment, particularly when data reported by the pregnant woman, such as the date of the last menstrual period, are missing or uncertain. Thus, the tool helps enhance the quality of the consultation, guide clinical decisions, and identify the need for shared assessment with other professionals.

For example, when I identify a large fetus, I need to consider various nursing and healthcare needs. If I observe reduced or absent amniotic fluid, I must suspect various associated conditions, which may indicate compromised fetal supply. (EO1)

We then classified the pregnancy as potentially high-risk. However, since the pregnant woman was unaware of this—living in a remote area and within an Indigenous Community, [...] an alteration in fetal well-being was subsequently confirmed. (EO2)

These statements support the risk classification category by demonstrating that certain ultrasound findings, such as suspected abnormal fetal growth, reduced amniotic fluid,

and signs suggestive of fetal compromise, prompt the obstetric nurse to reassess the pregnancy status and activate care pathways. Thus, the participants do not present ultrasound merely as an isolated diagnostic tool, but rather as a means to identify warning signs, stratify pregnancy risk, and facilitate timely referral for assessment at a specialized center or by a multidisciplinary team.

Furthermore, the participants highlighted the coordination among health professionals during prenatal care, emphasizing shared care as a strategy to foster continuity of care and improve the effectiveness of interventions.

Appointments alternate between the nurse and the doctor. [...] If any abnormality is detected during the ultrasound, we can fit the patient in to see the doctor that same afternoon. (EO1)

I always tell the pregnant woman that if she has any questions after her appointment with the doctor, she can come to me. [...] This way, I can share the care of these patients within the previously established criteria. (EO2)

Coordination with the physician proved to be an essential component in ensuring the continuity of care for pregnant women. In this regard, the use of ultrasound by the obstetric nurse does not eliminate the need for shared assessment; on the contrary, it can contribute to the early identification of abnormalities, support referrals, and facilitate more timely decision-making within Primary Health Care. The reported experiences highlight a practice in which technology, collaborative work, and the

care relationship integrate to enhance the quality of prenatal care.

DISCUSSION

Prenatal care plays an essential role in the care of both the fetus and the woman, involving qualified healthcare professionals in activities such as risk identification, the prevention and treatment of pregnancy-related conditions, and health education and promotion¹⁶. Such care aims to achieve positive health outcomes for the pregnant woman, the fetus, and the newborn, while also benefiting their families and the community at large^{17,18}. In this context, the study's findings allow for a discussion of ultrasound as a resource complementing the nursing consultation, one capable of integrating clinical assessment, a welcoming approach, and guidance during prenatal monitoring.

The Ministry of Health's technical manual, "Prenatal and Postpartum Care: Qualified and Humanized Assistance," notes that prenatal activities primarily include the pregnant woman's clinical history, physical examination, and complementary tests. The anamnesis is based on the clinical history and enables the identification of socioeconomic data and past personal and family medical history (comorbidities), among other factors¹⁹. Thus, incorporating ultrasound into the consultation should not be viewed as a substitute for the anamnesis or physical examination, but rather as a supportive tool that enhances the assessment performed by the obstetric nurse.

In this regard, it is pertinent to highlight Cofen Resolution No. 736/2024²⁰, which guides nursing consultations based on the five stages of the nursing process: assessment, diagnosis, planning, implementation, and evaluation. This regulation aims to ensure that each phase of the nursing process is carried out systematically and structurally, promoting organized, high-quality, patient-centered care. Within the context of prenatal care, this approach is particularly relevant, as it is essential for ensuring comprehensive care for both the woman and the fetus, facilitating organized clinical reasoning and the determination of courses of action aligned with identified nursing and health care needs.

Leal and colleagues²¹ emphasize that pregnant women should receive quality care encompassing disease prevention, health promotion, and the treatment of complications both during pregnancy and after childbirth. Accordingly, the Ministry of Health (MS) states that pregnant women are entitled to a minimum of six prenatal visits for a full-term pregnancy, with monitoring beginning in the first trimester. The availability of ultrasound services within primary care can enhance this monitoring by bringing the diagnostic test closer to the consultation setting, especially when used in an integrated manner alongside patient listening, guidance, and clinical assessment.

Reflecting on access to prenatal care, Silva²² states that Brazil faces significant inequalities that influence access to health services and, consequently, impact maternal and neonatal mortality rates. This situation highlights

the urgent need to expand access to prenatal care, given that reproductive health is closely linked to the quality of care services provided.

Brazil's Northern region exhibits the lowest rates of health service utilization, a result of institutional fragility, a lack of continuity in initiatives, and a failure to address regional specificities. These challenges are compounded by factors such as low income, population dispersion, and the vast geographical distances characteristic of the Amazon region. Regarding the health system in Roraima, the situation is further complicated by the state's location in the country's extreme north and its proximity to the borders with Guyana and Venezuela; this proximity facilitates the influx of immigrants seeking free medical care, thereby impacting the availability of services for the local population^{23,24}.

It is worth noting that the nurse is the professional who maintains the most frequent contact with the woman during pregnancy, making the established bond fundamental to encouraging her participation in prenatal consultations. This trusting relationship allows the pregnant woman to feel comfortable expressing her concerns and seeking clarification regarding her health. The inclusion of ultrasound contributes to the comprehensive and high-quality gathering of information, enabling the identification of abnormalities and complications. With the images, the nurse can engage in dialogue and make decisions jointly with the woman, her family, and other health professionals regarding appropriate treatments and referrals^{25,26}.

From this perspective, ultrasound can act as a mediator of the therapeutic relationship, as visualizing the fetus transforms the exam into a moment of interaction among the obstetric nurse, the pregnant woman, and her family. By explaining findings in accessible language and relating them to the clinical conditions of the pregnancy, the nurse fosters a welcoming environment, clarifies doubts, strengthens communication, and alleviates insecurities. When integrated with attentive listening, patient history taking, and physical examination, ultrasound encourages the participation of the pregnant woman and her partner in care decisions, reinforcing the comprehensive nature of the nursing consultation and enhancing the therapeutic bond.

An expanded nursing approach, grounded in systematic practice and scientific evidence, contributes to women's empowerment while respecting the natural rhythm of their bodies. In this context, the nursing consultation must offer a welcoming atmosphere within a safe and comfortable environment. Incorporating ultrasound can enhance this welcoming approach by fostering dialogue, linking guidance to the images obtained, and expanding opportunities to clarify questions; this strengthens the trust and therapeutic bond between nurse and pregnant woman, elements essential for comprehensive, participatory care^{27,28}.

This holistic approach is particularly relevant in regions with limited access, where geographical, cultural, and social barriers may hinder the pursuit of care. In these contexts, it is crucial that healthcare professionals be prepared

to welcome and address the specific needs of each pregnant woman, fostering an environment of trust that encourages access to and adherence to prenatal care.

Prenatal care is essential for the early detection of risk factors that can turn a low-risk pregnancy into a high-risk one, thereby enabling timely interventions. In this context, the nursing process supports the obstetric nurse's role in identifying the needs and specific characteristics of each pregnant woman²⁹. Risk stratification, however, relies on integrating patient history, physical examination, obstetric data, social conditions, and ultrasound findings; it is not determined solely by technology. Information such as gestational age, fetal biometry, and amniotic fluid volume, when integrated with clinical assessment, supports clinical reasoning, facilitating decision-making, the determination of management plans, and necessary referrals¹.

Sehnem et al.³⁰ point out that the role of nurses in prenatal consultations, including prescribing medications and ordering tests in accordance with established protocols, contributes to improving the quality of care and addressing maternal and neonatal risks through evidence-based practices.

Understanding the specific needs of the pregnant woman makes the professional an essential link in the care provided to both the woman and the fetus, requiring the integration of scientific knowledge with psychosocial and clinical needs. This integration fosters more humanized care and helps break away from the traditional model focused exclusively on disease³¹.

Understanding the sociocultural conditions that influence care decisions is crucial for overcoming barriers to accessing health services. Consequently, incorporating ultrasound into obstetric nursing consultations, combined with clinical assessment and skilled listening, can facilitate the identification of individual needs and guide care strategies that align with the woman's reality. Thus, adopting a care model that considers not only individual characteristics but also the social determinants to which women are exposed contributes to more accessible, comprehensive, and high-quality care¹⁷. These social determinants can impact adherence to prenatal care and the continuity of care³².

Risk stratification should be implemented in health facilities and carried out continuously throughout the entire gestational cycle, given that many adverse outcomes, including maternal mortality, are linked to risks identified during pregnancy. It is essential that professionals base their actions on theoretical and practical knowledge and that women have access to information regarding their own health and that of the fetus, thereby ensuring their rights³³. Accordingly, the use of ultrasound is recommended as a supportive tool for prenatal assessment. The WHO emphasizes the performance of at least one ultrasound scan before 24 weeks of gestation, while the International Federation of Gynecology and Obstetrics recommends two ultrasound scans during pregnancy. In Brazil, the Ministry of Health recommends that low-risk pregnant women undergo at least two transvaginal

ultrasound examinations during the first trimester^{1,4}.

The importance of this monitoring is even more evident in remote communities, where access to care may be limited. In the present study, the risk classification was supported by reports linking ultrasound to the assessment of fetal biometric measurements, gestational age estimation, fetal growth abnormalities, reduced amniotic fluid, and signs of fetal compromise. While these elements do not allow for inferences regarding a direct impact on maternal or neonatal outcomes, they indicate that the tool can facilitate clinical suspicion and timely referral when integrated into the obstetric nurse's clinical reasoning.

Medeiros et al.³⁴ identified that ultrasound enables the early detection of maternal and fetal abnormalities, facilitating timely interventions during prenatal care. These findings align with the present study, in which participants acknowledged that information obtained during the exam—when combined with data from the nursing consultation, strengthens clinical assessment and increases the obstetric nurse's confidence in determining courses of action and referrals. Thus, ultrasound moves beyond being merely a technological resource for diagnostic confirmation to become an integral part of clinical reasoning, enhancing care planning.

However, access to this technology is unequal, and its use by nurses remains limited. Nevertheless, its incorporation has expanded the possibilities for nursing care for pregnant women. This innovation can facilitate rapid and

effective access for women in vulnerable areas and allow care strategies to be tailored to the specific needs identified during the nursing consultation¹.

Maternal and child care must be organized through coordinated efforts among health professionals to reduce fragmentation, improve the quality of prenatal monitoring, and ensure more comprehensive care. In this regard, the coordination between nurses and physicians during prenatal care—particularly in cases classified as high-risk, requires organized care delivery and proper documentation of actions taken and referrals made, thereby fostering continuity of care and an approach better tailored to the needs of both mother and baby. This model of practice contributes to more cohesive and targeted care, preventing fragmentation of monitoring throughout the pregnancy^{35, 36}.

Pereira et al.³⁷ highlight that the lack of coordination among health professionals and services during prenatal care is directly linked to cases of infant mortality. Pregnant women classified as high-risk, in particular, face greater difficulties in continuing their care at referral centers. Consequently, many pregnant women end up relying on their own resources to seek out various services in search of effective care, a process that can compromise the quality of care and increase maternal and neonatal risks.

In this regard, the importance of collaboration among professionals from different fields within the context of prenatal and obstetric care is emphasized. Such collaboration aims to enhance the quality of care and foster a more humanized practice, while also encouraging the

pregnant woman's participation in decision-making and respecting her preferences and needs in a comprehensive and effective manner³⁸. Within this context, ultrasound examinations performed by obstetric nurses can strengthen this collaborative practice by supporting clinical reasoning, improving the quality of referrals, and facilitating communication among the professionals involved in care, all while maintaining a focus on the woman's active role and the centrality of the nursing consultation.

Therefore, integrating clinical assessment, ultrasound findings, and shared practice between nurses and physicians contributes to the early identification of situations requiring specialized follow-up, thereby fostering care that is more effective, safe, and centered on the needs of the pregnant woman and her family.

FINAL CONSIDERATIONS

The study highlights that prenatal care is a crucial time not only for clinical monitoring but also for providing a supportive environment for pregnant women, encompassing emotional care and the strengthening of the trust-based relationship between healthcare professionals and expectant mothers. Listening to women's personal and family histories, involving partners in consultations, and utilizing technologies such as ultrasound can facilitate the identification of care needs, warning signs, and situations requiring joint assessment by nurses and physicians.

Obstetric nurses demonstrated knowledge regarding the use of ultrasound, not merely as a tool for monitoring pregnancy but also as an aid in risk stratification, thereby contributing to the identification of findings suggestive of fetal abnormalities, growth issues, amniotic fluid irregularities, and signs of compromised fetal well-being. Although they do not issue formal diagnostic reports, nurses play a pivotal role by providing detailed descriptions of the images obtained, which supports pregnancy monitoring, decision-making, and timely referrals.

The expertise of nurses, combined with the use of ultrasound, enhances the early identification of risks and informs care strategies for both the pregnant woman and the fetus. In this regard, expanding access to technology and ensuring the continuous training of professionals are key strategies for improving the quality of care, particularly in contexts characterized by greater social and geographic vulnerability.

A limitation of this study is the small number of participating obstetric nurses, as only two professionals were qualified to perform obstetric ultrasound within the research setting. Nevertheless, it was possible to gain insight into the use of this tool during prenatal obstetric nursing consultations based on the professionals' expertise, while taking into account the specific characteristics of the context under study. Thus, this study contributes to professional practice by reinforcing the importance of investing in the continuous training of nurse-midwives and expanding access to technology, while also prompting reflection on integrating ultrasound into nursing consultations for maternal and child

care within primary health care. These aspects can contribute to higher-quality, equitable, and effective prenatal care, particularly in contexts of greater social and geographic vulnerability.

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