Cogitare Enfermagem

ORIGINAL ARTICLE

Assessment of the completeness of the pregnant woman's booklet

HIGHLIGHTS

1. No booklet was classified with a good or excellent record.
2. Significant fragility in the use of the booklet during prenatal care.
3. 100% of the booklets were considered to have legible records.
4. The Routine Complementary Exams section showed the best results.

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ABSTRACT

Objective: To evaluate the quality of the Records in the Pregnant Woman's Booklet in Boa Vista- Roraima, with an emphasis on the legibility and completeness of prenatal information. **Method:** Cross-sectional descriptive study, with a quantitative and evaluative approach, conducted in a maternal and child hospital in the municipality of Boa Vista, Roraima, between November and December 2024. 71 Pregnant Woman's Booklets were evaluated based on legibility and completeness parameters. The data were entered and analyzed in Microsoft Excel, with double-checking for correction of inconsistencies, and the overall completeness of each booklet was obtained by the simple arithmetic mean of the filling proportions of the sections, applying proportional weighting to the number of variables when necessary. **Results:** All booklets had legible records. Regarding completeness, 7.04% were classified as very poor filling, 81.06% as poor, and 11.26% as fair, with none considered good or excellent. The Routine Complementary Exams section achieved the best results, while Complementary Activities showed the worst rates. **Conclusion:** Most records were found to be unsatisfactory, revealing low appreciation for the Pregnant Woman's Booklet and suggesting non-compliance with filling guidelines.

DESCRIPTORS: Immunization Programs; Health Records, Personal; Pregnancy; Prenatal Care; Health Evaluation.

HOW TO REFERENCE THIS ARTICLE:
Gomes CSB, Bueno AC, Alves VH, Neves GASS, dos Santos ACF. Assessment of the completeness of the pregnant woman's booklet. Cogitare Enferm [Internet]. 2026 [cited "insert year, month and day"];31:e100664en. Available from: https://doi.org/10.1590/ce.v31i0.100664en

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INTRODUCTION

Prenatal care comprises a set of actions directed at the care of women during pregnancy and the postpartum period, as well as the protection of fetal health. Its purpose is to early identify risk factors, prevent complications, and contribute to the reduction of maternal and infant morbidity and mortality[1]. To ensure continuous and integrated monitoring among different levels of care, the Pregnant Woman's Booklet is a fundamental tool[1].

Created in Brazil in 1988, initially under the name of Pregnancy Card, this tool was designed to ensure the flow of information between prenatal professionals and those responsible for childbirth assistance[2]. Since then, it has consolidated as a strategic resource in the public network, strengthening communication between primary care and hospital services, especially in obstetric emergency situations[3].

In addition to favoring the integration of care, the notebook provides the pregnant woman access to information about her health and the procedures performed[4]. When properly filled out, it allows for the monitoring of clinical parameters - such as weight, blood pressure, uterine height, and laboratory tests - helps in monitoring the evolution of pregnancy, guides the definition of conduct for childbirth and postpartum, and feeds information systems, such as the Live Birth Information System (SINASC), essential for epidemiological research and the formulation of public policies[4].

The quality of the record in this instrument depends on both legibility and completeness, as recommended by the Ministry of Health[3]. Incomplete or gap-filled records can compromise the continuity of care and indicate failures in valuing the notebook or in complying with official guidelines[3,5]. Although its distribution is widespread, studies show that, even with high coverage, the filling out still presents deficiencies, often being incomplete or difficult to interpret [3,5].

The literature indicates that the scarcity of information in this document negatively impacts gestational outcomes and the quality-of-care provided[6]. It is therefore essential that health professionals make proper use of the notebook, recording consistent data that allow for reliable monitoring of maternal condition and providing effective care[3]. Thus, all professionals involved in the care process have access to the necessary information, which facilitates communication and coordination of care[5].

Despite the widespread distribution, challenges related to the quality and completeness of filling out still persist [3,6]. Even with over 90% coverage among pregnant women in Brazil, the records remain, for the most part, incomplete or illegible[3].

Thus, quality prenatal care depends not only on the performance of consultations but also on the proper documentation of the conducts and requested exams[6]. The notebook, together with the clinical record, constitutes an essential tool for planning care, ensuring continuity of care at all stages of pregnancy [2,5,7].

Located in the northern region of Brazil, the state of Roraima borders Guyana and Venezuela, configuring itself as an important migratory route. The increase in demand for services in the SUS, especially in maternal and child health, has generated challenges for management and the quality of care. In this context, the Pregnant Woman's Booklet stands out as an essential tool to ensure continuity of care and the effectiveness of prenatal monitoring.

The latest census from the Brazilian Institute of Geography and Statistics (IBGE) indicated that Boa Vista recorded a population increase of over 14% in recent years. In

this context, Primary Care has been consolidating as the main access point to health in the municipality. The municipal network is organized into eight health macro-areas, covering the entire urban territory, and has 149 Family Health Strategy (ESF) teams distributed across 38 Basic Health Units (UBS), responsible for resolving about 80% of cases directly within primary care.

Given this scenario, the present study aims to evaluate the quality of records in the Pregnant Woman's Booklet in the municipality of Boa Vista-RR, with an emphasis on the legibility and completeness of information regarding prenatal monitoring.

METHOD

This is a descriptive, cross-sectional study with a quantitative and evaluative approach, conducted at the Maternal and Child Hospital Nossa Senhora de Nazaré (HMINSN), located in Boa Vista, Roraima, between November and December 2024.

HMINSN is a state reference in maternal and child care, providing obstetric and neonatal assistance. According to the Health Department of Roraima (SESAU/RR), the unit performs an average of between 9,000 and 10,000 births per year. Due to its location in a border region with Venezuela and Guyana, marked by the presence of indigenous peoples and a high migratory flow, the hospital serves a diverse population of pregnant women, establishing itself as the main obstetric reference center in the state.

The sample was non-probabilistic, by convenience, composed of 71 women who met the following inclusion criteria: pregnant women from the 30th week or postpartum women, over 18 years old, not belonging to vulnerable groups, with communication capacity, who had attended at least three prenatal consultations in Boa Vista-RR and presented the Pregnant Woman's Booklet at the time of data collection.

Eligible participants were informed about the objectives and procedures of the study and invited to participate. Those who agreed to participate in the study signed the Informed Consent Form and handed over the notebook for evaluation. Each participant was approached only once, and the name was recorded in a checklist to avoid duplications. The collection team was composed of two undergraduate students from the Dentistry course, previously trained through theoretical-practical training conducted by the responsible researcher.

The collection used a structured instrument in the form of checklist, based on the current model of the Pregnant Woman's Booklet standardized by the Ministry of Health[8]. Each field was classified as "yes" (fully filled), "no" (absent) or "partial" (incomplete). The record was considered complete when all mandatory fields were filled in legibly, without erasures or abbreviations; partial when it had incomplete, illegible, or ambiguous fields; and unfilled when the information was absent.

The analysis was based on the framework of information quality in health, as described in the literature[9-10], which defines completeness as the proportion of fields properly filled, without null or ignored values. Seven sections of the notebook were evaluated: Identification; Risk Classification of Pregnancy; Monitoring Charts and Vitamin Supplementation; Gyneco-Obstetric Procedures; Complementary Exams; Immunization and Complementary Activities.

The data was entered and analyzed in Microsoft Excel, with double-checking to correct inconsistencies. The overall completeness of each booklet was obtained by the

simple arithmetic mean of the filling proportions of the sections, applying proportional weighting to the number of variables when necessary. The degree of completeness was classified according to literature[10] as: excellent (<5% incompleteness), good (5–10%), fair (10–20%), poor (20–50%), and very poor (>50%).

The results were expressed in absolute and relative frequencies, organized by section and quality category, which allowed for the identification of general completeness patterns. Only a general description of the filling percentages was made. In the table, the "Yes" column indicates the items properly recorded, while the "No" column corresponds to the missing or unfilled fields.

The study adhered to the ethical principles of Resolutions No. 466/2012, No. 510/2016, and No. 580/2018 of the National Health Council, being approved by the Ethics Committee in Research with Human Beings of Cathedral College, opinion No. 7.064.588.

RESULTS

It was found that 100% of the analyzed booklets had legible records. In the Identification section, completeness varied from 2.81% (very poor), regarding the number of the Monitoring System of the Humanization Program in Prenatal and Birth of Pregnant Women (Sisprenatal), to 98.59% (excellent), corresponding to the field "name". A predominance of items with records classified as poor or very poor was observed (Table 1).

Table 1. Completeness of identification records in the Pregnant Women's Booklets. Boa Vista, RR, Brazil, 2024

Variables	Yes n(%)	No n(%)	Classification
Is there a record regarding:			
Prenatal health unit	18 (25.35)	53 (74.64)	Very poor
Service indicated for childbirth	5 (7.04)	66 (92.96)	Very poor
Unique health system card number	51 (71.83%)	20 (28.17)	Poor
Sisprenatal number	2 (2.81)	69 (97.18)	Very poor
Social identification number	18 (25.35)	53 (74.64)	Poor
Name	70 (98.59)	1 (1.40)	Excellent
What do you like to be called	28 (39.43)	43 (60.56)	Very poor
Partner's name (optional)	20 (28.16)	51 (71.83)	Very poor
Date of birth	55 (77.46)	16 (22.53)	Poor
Age	61 (85.91)	10 (14.08)	Fair
Race	45 (63.38)	26 (36.61)	Poor
Work outside the home	31 (43.66)	40 (56.33)	Poor
Occupation	23 (32.39)	48 (67.60)	Very poor
Address	49 (69.01)	22 (30.98)	Poor
Phone	48 (67.60)	23 (32.39)	Poor
E-mail	7 (9.85)	64 (90.14)	Very poor
Emergency contact	33 (46.47)	38 (53.52)	Very poor

Legend: (N=71).

Source: The authors (2024).

In the Gestational Risk Classification section, the section intended for recording variables associated with gestational risk classification, significant proportions of incompleteness were observed, with instruction (50.70%), type of pregnancy (66.19%), and planned pregnancy (54.92%) classified as poor performance. The field related to risk classification showed the lowest completion (45.07%), being classified as very poor, while biometric and historical information - such as previous weight (88.73%) and number of pregnancies (87.32%) - achieved better performance (Table 2).

Table 2. Completeness of gestational risk classification records in the pregnant women's notebooks. Boa Vista, RR, Brazil, 2024

Variables	Yes n(%)	No n(%)	Classification
Is there a record regarding:			
Instruction	36 (50.70)	35 (49.29)	Poor
Marital status	43 (60.56)	28 (39.43)	Poor
Previous weight	63 (88.73)	8 (11.26)	Fair
Height	61 (85.91)	10 (14.08)	Fair
Type of pregnancy	47 (66.19)	24 (33.80)	Poor
Risk classification	32 (45.07)	39 (54.92)	Very poor
Planned pregnancy	39 (54.92)	32 (45.07)	Poor
Family history	51(71.83)	20 (28.16)	Poor
Pregnancies	62 (87.32)	9 (12.67)	Good
Clinical history	60 (84.50)	11 (15.49)	Fair
Current pregnancy	60 (84.50)	11 (15.49)	Fair

Legend: (N=71).

Source: The authors (2024).

The records from the Gyneco-Obstetric Procedures section mostly showed completeness classified between good and excellent, with a variation from 83.09% to 95.77%. The field "weight" showed the best performance (95.77%), followed by gestational age, blood pressure, fetal heartbeats, and movements (92.95%), all classified as good. The fields related to the complaint, body mass index, and edema showed the lowest completion percentages (83.09%), being classified as fair (Table 3).

In the Routine Complementary Exams section, a predominance of records classified as good and excellent was observed, indicating a high level of completeness. The best results were observed in the HIV/anti-HIV and hepatitis B tests (95.77%), followed by fasting blood glucose and syphilis/VDRL (94.36%), all with excellent classification. Blood typing, toxoplasmosis, hemoglobin/hematocrit, urinalysis type I, and ultrasound tests showed good completeness, ranging from 90.14% to 92.95%. The urine culture test showed the lowest percentage (77.46%) and was classified as fair (Table 4).

On the other hand, the section on Complementary Activities showed the opposite performance: all items were classified as very poor, representing the worst evaluation among the sections (Table 5).

Table 3. Completeness of records of gynecological-obstetric procedures in the pregnant women's notebooks. Boa Vista, RR, Brazil, 2024

Variables	Yes n(%)	No n(%)	Classification
There is a record regarding:			
Date of the last menstruation	64 (90.14)	7 (9.85)	Good
Estimated date of delivery	64 (90.14)	7 (9.85)	Good
Complaint	59 (83.09)	12 (16.90)	Fair
Gestational age	66 (92.95)	5 (7.04)	Good
Weight	68 (95.77)	3 (4.22)	Excellent
Body mass index	59 (83.09)	12 (16.90)	Fair
Edema	59 (83.09)	12 (16.90)	Fair
Blood pressure	66 (92.95)	5 (7.04)	Good
Uterine height	63 (88.73)	8 (11.26)	Good
Fetal presentation	64 (90.14)	7 (9.85)	Good
Heartbeats	66 (92.95)	5 (7.04)	Good
Fetal movement	66 (92.95)	5 (7.04)	Good

Legend: (N=71).

Source: The authors (2024).

Table 4. Completeness of records of routine complementary exams in the pregnant women's notebooks. Boa Vista, RR, Brazil, 2024

Variables	Yes n(%)	No n(%)	Classification
There is a record regarding:			
Blood Typing and Rh Factor	66 (92.95)	5 (7.04)	Good
Fasting Blood Sugar	67 (94.36)	4 (5.63)	Excellent
Syphilis (rapid test) and/or VDRL†	67 (94.36)	4 (5.63)	Excellent
HIV‡/Anti-HIV	68 (95.77)	3 (4.22)	Excellent
Hepatitis B - HbsAg§	68 (95.77)	3 (4.22)	Excellent
Toxoplasmosis	66 (92.95)	5 (7.04)	Good
Hemoglobin/Hematocrit	65 (91.54)	6 (8.04)	Good
Urine Type I	64 (90.14)	7 (9.85)	Good
Urine Culture	55 (77.46)	16 (22.53)	Fair
Ultrasound (optional)	64 (90.14)	7 (9.85)	Good

Legend: (N=71). † VDRL: Venereal Disease Research Laboratory. ‡ HIV: Human Immunodeficiency Virus. § HbsAg: Hepatitis B Surface Antigen.

Source: The authors (2024).

Table 5. Completeness of records of complementary activities in the pregnant women's notebooks. Boa Vista, RR, Brazil, 2024

Variables	Yes n(%)	No n(%)	Classification
There is a record regarding:			
Educational activities	4 (5.63)	67 (94.36)	Very poor
Visit to the maternity ward	4 (5.63)	67 (94.36)	Very poor
Dental consultation	21 (29.77)	50 (70.42)	Very poor
Partner's prenatal care	6 (8.45)	65 (91.54)	Very poor

Legend: (N=71).

Source: The authors (2024).

In the analysis of the overall completeness of the notebooks, it was found that 7.04% were classified as very poor, 81.06% as poor, and 11.26% as fair. It is noteworthy that no notebook achieved all records classified as good or excellent.

DISCUSSION

In this study, it was found that all analyzed notebooks had legible but incomplete records. The incompleteness was also observed in other studies. A study conducted in the municipality of São Luís (MA)[3] with 105 notebooks of pregnant women identified that 72.4% of the records had low completeness. In another investigation, conducted with 72 cards and notebooks of pregnant women, only nine documents showed adequate filling in at least half of the variables, reinforcing the insufficient use of this monitoring tool[11].

In a national analysis of the quality of filling out the standardized pregnancy card by the Ministry of Health, using qualitative and quantitative criteria, it was found that, in general, Brazil and its macro-regions showed completeness considered "poor", except for the South region[12]. National results indicated better filling in obstetric history, fair in personal history, and poor in fields related to the current pregnancy. In the present study, the findings showed a similar pattern, with only partial regularity in the history and records of the ongoing pregnancy.

The field with the best performance was the record of the pregnant woman's name, classified as excellent. However, the item "how she likes to be called" showed very low filling, also identified by other authors in the literature [3]. It is emphasized that this aspect is essential for building the bond between the health team and the pregnant woman, favoring adherence and effectiveness of prenatal care[13].

In the section on Gestational Risk Classification, a low level of filling in information about risk was observed. This data is extremely important as it allows for the early identification of pregnancies with a higher likelihood of complications, ensuring adequate assistance to the woman and the fetus[14-15]. The low adherence to registration may be related to the recommendation of the Ministry of Health, according to which the definitive classification of risk should be made only after childbirth and the puerperium, as it may change throughout the pregnancy[1].

It is estimated that about 10% of pregnancies present high-risk criteria, with a higher likelihood of severe outcomes, including maternal and fetal deaths[1]. In this context, the correct filling of the field related to risk is fundamental to guide care, improve the direction of assistance, and favor communication between different levels of care[16].

The section dedicated to Routine Complementary Exams was the one that obtained the best results. Such exams are recommended from the first consultation and should be repeated at specific times during pregnancy[1]. In another study, however, it was found that the recording of laboratory tests varied from "fair", such as blood glucose, syphilis serology, and urinalysis, to "poor", such as HIV serology[3]. These tests are essential for screening and preventing common complications during pregnancy, such as anemias, sexually transmitted infections, and metabolic changes, which have a direct impact on maternal and fetal health[1].

The section on Complementary Activities showed the worst results, with incompleteness exceeding 50%. The field related to educational actions was the least filled out. A similar result was identified in São Luís (MA), where all records in this section were classified as "very poor"[3]. Educational activities are fundamental guidelines for

prenatal care, promoting the autonomy and leadership of the pregnant woman and favoring informed decisions[16]. The absence of records may reflect anything from the non-use of the booklet for this purpose to the non-performance of activities, as well as the low value placed by pregnant women or insufficient encouragement from the health team[3].

The field designated for dental consultation was classified as "very poor", with only 29.77% of records filled out. A similar situation was observed by other authors in the literature[7,17] who pointed out recurring failures in this item, revealing a gap between what is recommended and practice. The Ministry of Health recommends at least one dental consultation during pregnancy, in addition to group educational actions on oral health, nutrition, breastfeeding, and prevention of transmissible oral diseases[15]. The absence of these records compromises the monitoring of relevant oral health issues, such as gingivitis and periodontitis, which may be related to complications such as premature birth, pre-eclampsia, and low birth weight[18-19].

Authors also highlight the uncertainty about whether the failure lies in the absence of effective assistance or merely in incomplete recording, since some procedures may be performed but not documented[3]. The correct filling out of the Pregnant Woman's Booklet is an essential condition to ensure the quality of prenatal care[12].

The low completeness observed in the records of the Pregnant Woman's Booklet may be related to structural and organizational factors that influence the work process of health teams. Among them, the absence of clear protocols stands out[20], poor leadership and management[20] lack of ongoing training for the team regarding the use of the instrument as a tool for monitoring and clinical communication[21], inadequate infrastructure[21], and systemic barriers[21].

These gaps negatively impact the continuity of care and the effectiveness of health surveillance, as incomplete records hinder the longitudinal monitoring of the pregnant woman, early identification of risks, and planning of preventive actions. Improvement strategies should include ongoing education for teams, systematic monitoring of record quality, integration between information systems, and strengthening care coordination within Primary Health Care.

In general, it was found that 7.04% of the analyzed booklets were classified as having very poor records, 81.06% poor, and 11.26% fair. None were considered good or excellent, a finding that resembles what has been reported by other authors in the literature [3.]The findings indicate weaknesses in the completeness of the records of the Pregnant Woman's Booklet, reflecting the need to strengthen the recording and monitoring process of prenatal care.

For professional practice, the importance of adequately filling out the Pregnant Woman's Booklet as a communication tool and for continuity of care is evident[1]. In the context of management, it is recommended to invest in ongoing training[21], standardization of records, and monitoring of the quality of information[20], in order to improve health surveillance and coordination of care for pregnant women in the municipality of Boa Vista. The strengthening of the qualified use of the booklet represents, therefore, a strategic path to consolidate more comprehensive, safe, and effective practices in maternal and child care.

Public health in Roraima faces challenges arising from its sociocultural diversity and its geographical position as a border state, marked by the presence of indigenous peoples and migratory flows from Venezuela and Guyana. This reality imposes specific demands on health services, reinforcing the need for research focused on indigenous

populations, considering their cultural particularities and care needs. Such studies are essential to support strategies for comprehensive, equitable, and culturally sensitive care for pregnant women and their communities.

In this context, the results also point to relevant implications for health education and research, reinforcing the need to align professional training with the demands of care practice. It is recommended to include content on the proper completion of the Pregnant Woman's Booklet, the use of health information, and multiprofessional communication in curricula and ongoing education programs. In addition, conducting multicenter and qualitative studies that explore the factors associated with low completeness and evaluate the impact of educational and technological interventions on improving the quality of records and the effectiveness of maternal and child care.

CONCLUSION

A high number of incomplete fields was observed, especially in the sections of personal history, current pregnancy, gestational risk classification, and complementary activities, with a negative highlight for the fields "how you like to be called" and "dental consultation."

Although some sections, such as complementary exams, showed better performance, no booklet achieved a classification of "good" or "excellent." The scenario of underutilization of the Pregnant Woman's Booklet compromises the surveillance of health issues and the continuity of care at different levels of the SUS. In light of this, the importance of implementing audit strategies and periodic training of health teams is emphasized, aimed at raising awareness and improving records, which are essential to ensure more humanized, effective, and comprehensive prenatal care.

In addition, the results of this study can support management actions and public policies aimed at improving prenatal care in the municipality of Boa Vista-RR, by highlighting the need to strengthen the continuous training of teams, adopt routines for monitoring the quality of records, and standardize the protocols for completing the Pregnant Woman's Booklet. Such measures can support managerial decision-making, optimize care flows, and consolidate the role of Primary Health Care as the coordinator of care, contributing to the improvement of the quality of information and the effectiveness of maternal and child care.

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Received: 29/07/2025
Approved: 06/11/2025
Associate editor: Dr. Gilberto Tadeu Reis da Silva

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Gomes CSB, Neves GASS, dos Santos ACF.** Drafting the work or revising it critically for important intellectual content - **Bueno AC, Alves VH.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Gomes CSB.** All authors approved the final version of the text.

Conflicts of interest:
The authors have no conflicts of interest to declare.

Data availability:
The authors declare that all data are fully available within the article.

ISSN 2176-9133

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