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# NURSING CARE FOR PREGNANT WOMEN WITH HELLP SYNDROME

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**Abstract** In this study, we sought to understand, based on the scientific literature, how nursing acts in the care of pregnant women with HELLP syndrome, a serious complication of preeclampsia and part of the Specific Hypertensive Syndromes of Pregnancy (SHEG), which increases maternal and perinatal risk and can progress rapidly. An integrative review was conducted in the VHL, using descriptors on HELLP, nursing care, and SHEG, resulting in eight articles (2015–2025). The studies indicate that the syndrome may present nonspecific signs, making early identification difficult. In this scenario, the role of nurses in monitoring blood pressure, clinical records, attention to symptoms such as epigastric pain and visual changes, observation of laboratory findings such as thrombocytopenia, and rapid referral to higher complexity when necessary is highlighted. The systematic use of the Nursing Process favors timely diagnosis and care planning, contributing to the prevention of complications and improving maternal and fetal outcomes.

**Keywords:** HELLP syndrome; Preeclampsia; Nursing Care; Nursing Process; High-Risk Pregnancy; SHEG.

## **INTRO**

HELLP syndrome is a serious complication of preeclampsia, related to increased blood pressure during pregnancy, which can cause organ damage and significantly increase maternal and perinatal morbidity and mortality (MS, 2022). The term HELLP was initially described to characterize patients with severe preeclampsia, with the letter H referring to hemolysis, EL to increased liver enzymes, and LP to reduced platelet count (MS, 2022).

It is worth remembering that Dr. Louis Weinstein observed the first clinical cases of the syndrome in 1982 (Arduini et al). According to the World Health Organization (WHO), hypertensive syndromes in pregnancy account for about 10% of maternal deaths (WHO, 2022). In Brazil, DATASUS data reveal that between 1996 and 2021, more than 48,000 maternal deaths were recorded, of which 62% were due to obstetric complications. In this group, hypertensive syndromes accounted for 34.4% of cases, with eclampsia as the main cause (Datusus, 2023).

In this regard, we can say that the initial signs of HELLP syndrome include nausea, vomiting, malaise, high blood pressure, epigastric pain, subclinical jaundice, and headache resistant to painkillers. In more advanced stages, manifestations such as visual disturbances, hypoglycemia, vitreous hemorrhage, and severe abdominal pain in the upper right quadrant, considered the characteristic symptom, appear (Sesab, 2006). The diagnosis is based on clinical evaluation and specific laboratory tests, such as total bilirubin, lactate dehydrogenase, hemoglobin, thrombocytopenia, and transaminases (Li et al., 2023).

In this context, prenatal nursing care plays a fundamental role, as it allows for early identification of signs of complications and referral of the pregnant woman for appropriate follow-up (Abrenc, 2021). Although HELLP syndrome cannot be prevented, early diagnosis is essential to reduce damage to maternal and fetal health (Peraçoli et al., 2019). Nurses working in primary care contribute to the detection of clinical changes and ensure comprehensive and individualized care for pregnant women at risk.

The choice of this topic is justified by the severity of HELLP syndrome, which is difficult to diagnose and often confused with other gestational hypertensive syndromes. This complexity reinforces the need for individualized nursing care, focused on the specific demands of each pregnant woman. Considering that this is a Specific Hypertensive Disorder of Pregnancy (SHP), isolated or superimposed on chronic hypertension (Brazil, 2022), it is essential that hypertension in pregnant women be monitored early, especially in high-risk cases (Couto et al., 2020).

The nurse's knowledge of HELLP syndrome is crucial for early diagnosis and the implementation of appropriate care, avoiding serious complications. However, failures in prenatal care, associated with difficulty in accessing specialized services and a lack of coordination between levels of care, can compromise the health of the pregnant woman and the fetus (Brazil, 2023). Thus, it is necessary to strengthen the role of nurses in prenatal care, ensuring timely referral to high-risk care when necessary and continuous monitoring to prevent complications.

In view of the above, the following guiding question arises: What nursing care is provided to pregnant women with HELLP syndrome?

## OBJECTIVES

### General Objective

To analyze, based on the scientific literature, the nursing care provided to pregnant women with HELLP syndrome.

## Specific Objectives

To identify, in the scientific literature, the main signs and symptoms associated with complications of HELLP syndrome.

Describe, based on published studies, nursing care for pregnant women with HELLP syndrome.

## THEORETICAL REFERENCE

### HELLP syndrome

Historically, HELLP syndrome was described by Pritchard in 1954 and later elaborated on by Louis Weinstein in 1982, who named it HELLP and observed its onset from 20 weeks of gestation, although it can also occur in the postpartum period (Weinstein, 1982). The term HELLP is an acronym for hemolysis (H), elevated liver enzymes (EL), and thrombocytopenia (LP) (Brazil, 2022), and is considered a serious complication associated with preeclampsia, traditionally related to hypertension, edema, and proteinuria (Nery et al., 2014).

Among the most frequent signs and symptoms are sudden malaise, nausea, and vomiting (which may or may not be present) and severe abdominal pain in the upper right quadrant and/or epigastrium, in addition to manifestations such as hematuria/gastrointestinal bleeding, edema/weight gain, headache, visual disturbances, jaundice, and ascites (Ebserh, 2022). The pathophysiology involves hepato-hematological impairment associated with preeclampsia, affecting about 10% to 20% of pregnant women with severe preeclampsia/eclampsia, in relation to microangiopathic hemolytic anemia and maternal hepatic vasospasm (Brazil, 2022). As for hypertension in preg-

nancy, the classification includes preeclampsia, chronic hypertension, chronic hypertension with superimposed preeclampsia, and gestational hypertension (Filho, 2024).

The etiology remains under investigation, with hypotheses involving maternal and fetal genetic mutations and a possible inflammatory origin, associated with placental vascular disorders, ischemia, and endothelial injury, culminating in hepatic complications; therefore, early diagnosis and effective management are essential (Petca et al., 2022). Preeclampsia with signs of severity can progress to HELLP, with criteria such as SBP  $\geq$  160 mmHg or DBP  $\geq$  110 mmHg in two measurements (minimum interval of 4 hours and at rest), in addition to thrombocytopenia and findings such as elevated liver enzymes, epigastric pain, pulmonary edema, serum creatinine  $>$  1.1 mg/dl, severe headache, and visual disturbances (Malmstrom; Morken, 2018).

Risk factors for preeclampsia include BMI  $>$  30 before pregnancy, previous pregnancies, chronic hypertension, and gestational diabetes mellitus (Rana et al., 2019). For HELLP, family history, previous occurrence of the syndrome, antiphospholipid antibody syndrome, and early maternal age are noteworthy, increasing the risk in future pregnancies (Malmstrom; Morken, 2018). The diagnosis is confirmed by laboratory tests, with thrombocytopenia being the most common alteration, and differential diagnoses such as acute hepatitis, cholecystitis, pancreatitis, lupus, fatty liver of pregnancy, thrombocytopenic purpura, hemolytic-uremic syndrome, septic/hemorrhagic shock should be considered, requiring a detailed medical history and accurate tests (Brazil, 2022).

Treatment is based on the prevention of hemorrhagic complications and eclampsia, control of severe hypertension, and, in some cases, termination of pregnancy regardless of gestational age, always on an individualized basis and with a multidisciplinary approach to reduce risks and mortality (Brazil, 2022; Turbeville; Sasser, 2020).

## Nursing Process

Effectively, the Nursing Process (NP) is an essential methodological tool for guiding the care provided by nursing professionals and documenting their practices (Cofen, 2009). It is a structured tool that, when associated with the Systematization of Nursing Care (SAE), allows for an organized approach to work through methods, personnel, and instruments, enabling the effective operationalization of the NP (Cofen, 2009). Resolution No. 358/2009 defined SAE as a scientific methodology that provided nurses with the possibility of planning and systematizing their actions, consisting of five stages: data collection, diagnosis, planning, implementation, and evaluation. This resolution was replaced by Resolution No. 736/2024, which introduces new conceptual differences between the SAE and the NP (Cofen, 2024).

With the new COFEN Resolution No. 736/2024, the stages of the Nursing Process were updated to include the following phases: assessment, diagnosis, planning, implementation, and evolution. The stages are detailed below.

**1st Nursing Assessment:** in this stage, the nurse collects subjective data (information provided by the patient) and objective data (data obtained through physical examination). The integration of this information

allows for an understanding of each patient's care needs.

**2nd Nursing Diagnosis:** the nurse identifies health problems, analyzes vulnerabilities and conditions for improving health status, using clinical judgment based on the information collected.

**3rd Nursing Planning:** At this stage, a personalized care plan is developed for the patient, prioritizing diagnoses and defining expected outcomes (quantitative and qualitative). Therapeutic interventions, prescriptions, and care protocols are determined.

**4th Nursing Implementation:** This consists of carrying out the actions and activities outlined in the care plan. The nursing team is involved in this process, including verifying that prescriptions are carried out. There are different standards of care:

- I. Nursing care standards: these are those that can be performed by nurses independently and others that can be performed by nursing technicians and nursing assistants, provided that the technical skills of each professional and the legal precepts of the profession are observed.
- II. Interprofessional care standards: care provided in collaboration with other health professionals.
- III. Care standards: these refer to cases in which the nurse, through protocols, prescribes medications listed in the public health system and may request routine tests and, if necessary, additional tests.

**5th Nursing Evolution:** this stage corresponds to the evaluation of results and allows for a review of the entire nursing process.

## Importance of nursing in the diagnosis of HELLP syndrome

When providing nursing care to pregnant women with HELLP syndrome, nurses must develop individualized care for each patient, with diagnoses appropriate to their specific needs and a targeted intervention plan, which requires continuous evaluation to ensure its effectiveness (Brito et al., 2015). Nurses are responsible for conducting the Nursing Process (NP) correctly and applying their knowledge to diagnose the symptoms of the syndrome, from the prenatal nursing consultation to the admission of the parturient to the hospital unit (Lastra, 2020).

The conduct of the obstetric nurse is provided for in COFEN Resolution No. 524/2016 in relation to patients with HELLP syndrome, which must be carried out in obstetric intensive care units, under the care of a specialized team, due to the complexity of the syndrome (Brazil, 2010). Thus, patients with HELLP syndrome who are not close to going into labor should be treated in specialized centers to minimize risks (Brazil, 2010).

Monitoring the signs and symptoms of HELLP syndrome includes continuous assessment of blood pressure, liver function, platelet concentration, and hemoglobin. Blood pressure control is the main intervention and can be achieved with anti hypertensive drugs, such as magnesium sulfate and calcium channel blockers. Stabilizing the patient aims to reduce the burden on the liver and minimize the risk of complications such as hemorrhage, liver failure, and coagulopathy (Brown, 2018; Jena et al., 2020).

## METHODOLOGICAL APPROACH

This study consists of an integrative literature review, which is a health research method that allows the results of different studies on a given topic to be gathered and synthesized in a systematic and organized manner (Mendes; Silveira; Galvão, 2008).

It is a comprehensive approach that includes both experimental and non-experimental research, promoting a deeper understanding of the object under investigation. In the field of nursing knowledge, integrative review is a relevant strategy, as it broadens access to qualified evidence and contributes to the development of consistent research with greater practical applicability (Mendes; Silveira and Galvão, 2008).

The guiding question established was: What nursing care is provided to pregnant women with HELLP syndrome?

The proposed integrative review was selected through a bibliographic search on the Virtual Health Library (VHL) platform, which can be accessed at <https://bvsm.sau.de.gov.br/>. The VHL/Bireme is a platform for researching and searching journals that contains other national and international databases, namely: LILACS, IBECs, BDE-NF, and MEDLINE. For this reason, this platform was chosen for this integrative review.

The study consisted of eight scientific articles published on the aforementioned platform, based on the following descriptors: “HELLP syndrome,” “nursing diagnosis,” “nursing care,” “preeclampsia,” and “pregnancy-induced hypertension.” These descriptors were defined by the search tool

“Descriptors in Health Sciences” (DCEs), available at BVS.

The sample consisted of full texts in Portuguese, published between 2015 and 2025, which answered the guiding question. Theses and dissertations, duplicate or incomplete texts, abstracts, and literature reviews were excluded from the sample.

## Data collection

Data collection was carried out between August and September 2025, through the Virtual Health Library (VHL), using pairs of combinations of the descriptors: ‘HELLP syndrome’ and ‘nursing care’; ‘preeclampsia’ and ‘nursing care’; ‘pregnancy-induced hypertension’ and ‘nursing care’; and ‘HELLP syndrome’ and ‘nursing diagnosis’. The inclusion criteria were defined as follows: articles available in full text, published in Portuguese, between 2015 and 2025.

The initial search resulted in 28 articles for the combination ‘HELLP syndrome’ AND ‘nursing care’, of which 23 were excluded. In the search for ‘pregnancy-induced hypertension’ AND ‘nursing care’, 57 articles were identified, of which 44 were excluded. For ‘preeclampsia’ AND ‘nursing care’, 242 articles were obtained, of which 217 were excluded. The combination ‘HELLP syndrome’ AND ‘nursing diagnoses’ returned 18 articles, 15 of which were excluded after refinement.

A total of 46 articles were selected for reading of titles and abstracts. At this stage, 33 were discarded due to duplication, because they were literature reviews, or because they did not answer the guiding question. Thus, 13 articles were eligible for full reading. After detailed analysis, another 5 were

excluded because they did not meet the research objectives, resulting in a final sample of 8 articles that comprise this study, as shown in the flowchart in Figure 1.

## Data analysis

The articles selected for the sample were analyzed descriptively according to the assumptions of Ludke and André (1986). The selected articles were read thoroughly in order to divide the material into its component elements. After reading the publications, a database was created, highlighting the main ideas. The articles were analyzed in order to characterize them, followed by a critical analysis and discussion of the results found in each text, allowing for the elaboration of considerations on the theme.

The articles chosen to be part of the sample were identified with codes represented by the letter “K,” followed by the number corresponding to the articles, for example, K1, K2, K3, and so on, as shown in Table 1.

For the critical analysis of the level of evidence of the selected articles, the proposal by Stetler *et al.* (1998) was used, in which the quality of evidence is classified into six levels:

The texts selected to compose the sample for this study are the result of descriptive studies and/or qualitative approaches, that is, they qualify as level 4 evidence and level 5 evidence resulting from experience reports or case reports, as shown in Table 2.

## RESULTS AND DISCUSSION

Based on the database search, eight articles that met the inclusion criteria were selected. After analyzing the bibliographic

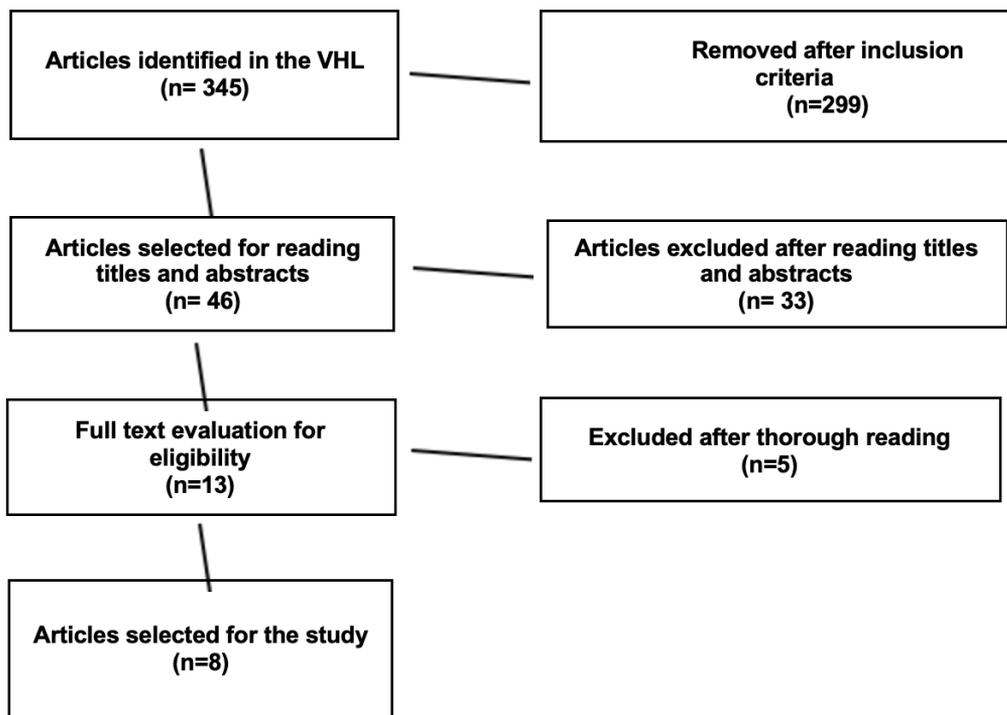


Figure 1- Flowchart of article selection for the study sample.

Source: Prisma flowchart - adapted (PAGE *et al.*, 2021).

Code	Title	Author (Year)	Journal	Objective	Methodology
K1	Management of gestational hypertension in prenatal care: validation of scenario for clinical simulation	Fernandes <i>et al</i> (2023)	Advances in Nursing Journal	Developing and validating a scenario and evaluation checklist for clinical simulation in nursing education	Methodological study of evaluation checklist.
K2	Preeclampsia in pregnancy from the perspective of women in the northwest region of the state of Rio Grande do Sul, Brazil	Machao <i>et al.</i> (2020).	Revista o Mundo da Saúde	Identifying women's knowledge about preeclampsia in pregnancy	Qualitative, exploratory, and descriptive study.
K3	Hypertensive syndromes in pregnancy Maternal clinical profile and neonatal condition at birth	Moraes <i>et al.</i> (2019).	Bahian Journal of Public Health	Identify the clinical profile of women with SHG and their newborns	Descriptive, cross-sectional study with a quantitative approach.

K4	Convergence of VOGT-KOYANAGI-HADARA Syndrome and Preeclampsia	Belarmino, Holanda, and Ferreira Junior (2018).	UFPE Nursing Journal	Discuss clinical case in pregnant woman with SVKH, associated with severe preeclampsia	Qualitative case study with data from medical records.
K5	Women with Hypertensive Syndromes	Mariano <i>et al.</i> (2018)	UFPE Nursing Journal	Describe the obstetric profile of women with hypertensive syndrome	Quantitative, exploratory, descriptive, retrospective, and documentary study.
K6	Nursing Care for Women in Labor Affected by Preeclampsia	Oliveira <i>et al.</i> (2016)	UFPE Nursing Journal	To evaluate the nursing care provided to women affected by preeclampsia and to investigate, together with nurses, the complaints, conflicts, and fears of women during pregnancy	Exploratory study with a qualitative approach.
K7	Hypertensive disorders specific to pregnancy: Nurses' perceptions	Silva <i>et al.</i> (2022).	Cuidarte Magazine	To identify the perception of nurses at a maternity hospital in the interior of São Paulo regarding their knowledge and approach to DHEG from its detection to the postpartum period.	Descriptive study with a qualitative approach.
K8	Nursing care for gestational hypertensive syndrome in a low-risk obstetric hospital	Oliveira <i>et al.</i> (2017)	Cuidarte Magazine	To analyze nursing care for pregnant women with SH in a low-risk obstetric hospital.	Descriptive, exploratory field research with a qualitative approach.

**Table 1:** List of articles detailing nursing care for pregnant women with HELLP syndrome.

**Source:** Landim and Borges, 2025.

Level 1: Evidence resulting from meta-analysis of randomized studies;
Level 2: Evidence resulting from individual studies with experimental design;
Level 3: Evidence resulting from quasi-experimental studies;
Level 4: Evidence resulting from descriptive studies and/or qualitative approaches;
Level 5: Evidence resulting from experience reports or case reports;
Level 6: Experiences based on expert opinion.

**Table 1** - Level of evidence

**Source:** STETLER, C.B. *et al.*, (1998) - adapted.

Article Code	Level of Evidence
K1, K2, K3, K4, K5, K6, and K7	4
K8	5

**Table 2** - Level of evidence of the articles selected for the study

**Source:** Landim and Borges, 2025.

material, two thematic categories related to nursing care for pregnant women with HELLP syndrome were identified: 1. Lack of knowledge among nurses and pregnant women with Specific Hypertensive Syndromes of Pregnancy (SHEG); and 2. Nursing care: identification, risk factors, diagnosis, and care.

### Lack of knowledge among nurses and pregnant women with Pregnancy-Specific Hypertensive Syndromes (SHEG)

The first thematic category brought together the findings of articles K2, K5, K7, and K8, highlighting the lack of knowledge among pregnant women and nursing professionals about Specific Hypertensive Syndromes of Pregnancy (SHEG), including HELLP syndrome, which compromises the quality of care and the maternal-fetal prognosis (Machado et al., 2020; Mariano et al., 2018; Silva et al., 2020; Oliveira et al., 2017). In the K2 study, many pregnant women demonstrated insufficient knowledge, recognizing the syndromes mainly by

elevated blood pressure, without understanding the severity and possible complications (Machado et al., 2020). This limitation is related to factors such as low educational attainment, brown or black skin color, fewer than six prenatal consultations, difficulty accessing information, and the fragility of educational actions (Opas, 2018).

The literature highlights that pre-eclampsia remains an important cause of maternal mortality worldwide, reinforcing the need for health education and systematic prenatal monitoring for early recognition and diagnosis of SHEG, favoring better maternal and fetal outcomes (Santos et al., 2023). Thus, SHEG should be treated as a public health priority, requiring qualified clinical attention and policies that reduce inequalities and increase equity in care, with technical knowledge being essential for safe nursing practice (Machado et al., 2020).

Regarding HELLP syndrome, nursing plays a central role in maternal-fetal surveillance, monitoring clinical signs and laboratory tests, in addition to guiding pregnant women and their families about risks

and care (Santos et al., 2020). Studies also point to the need for continuous training of nurses: when there is quality care for pregnant women with hypertensive syndromes, the risk of maternal mortality can be significantly reduced (Machado et al., 2020; Mariano et al., 2018; Silva et al., 2020; Oliveira et al., 2016). Article K5 highlights the importance of a professional profile with obstetric training for early identification of predisposing signs; K7 indicates that knowledge, although existing, is often fragmented and physician-dependent, reflecting a medical-centric approach that limits nursing autonomy (Mariano et al., 2018; Silva et al., 2020). The autonomy of nurses depends on the application of knowledge and ethical and safe decision-making (Silva et al., 2020) and should be strengthened by institutional guidelines and continuing education, in accordance with COFEN guidelines (COFEN, 2022).

Article K8 also highlights a knowledge gap among nurses with many years of training, associated with failures in continuing education, which hinders the early detection of SHEG and the effectiveness of care (Oliveira et al., 2017). In general, the studies reinforce the urgency of expanding educational actions for pregnant women and structuring continuing education programs for nursing, in line with Ministry of Health policies, such as PNAISM, RAMI, Rede Alyne (formerly Rede Cegonha), and PNEPS (Brazil, 2010, 2022, 2023). In summary, investing in health education, continuing education, and valuing nursing autonomy is essential to improve care and promote better maternal and fetal outcomes (Oliveira et al., 2017).

## Nursing Care: identification, risk factors, diagnoses, and care

The second thematic category brought together the findings of articles K1 to K8, which discuss nursing care in Specific Hypertensive Syndromes of Pregnancy (SHEG), including identification, risk factors, diagnoses, and care. SHEG remains among the leading causes of maternal morbidity and mortality worldwide, reinforcing the need for qualified prenatal care, with early detection and measures to prevent the progression of complications, highlighting the central role of nurses in clinical reasoning, decision-making, and the safety of the mother-child dyad (Pereira et al., 2022).

Studies also systematize the forms of hypertension in pregnancy: chronic hypertension, pregnancy-induced hypertension/gestational hypertension, preeclampsia, superimposed preeclampsia, eclampsia, and HELLP syndrome as the most severe form (Fernandes et al., 2023; Machado et al., 2020; Silva et al., 2022; Oliveira et al., 2017). Clinically, nurses should remain vigilant, especially after the 20th week, for symptoms such as headache, visual changes, epigastric pain, nausea/vomiting, dizziness/vertigo, and edema, considering the multisystemic potential of these syndromes (Oliveira et al., 2017).

Articles K5 and K7 reinforce prenatal care as an essential strategy for prevention and promotion of maternal-fetal health, with regular consultations, continuous monitoring, and appropriate referral of risk cases (Mariano et al., 2018; Silva et al., 2022). In Brazil, Primary Health Care (PHC) is the main gateway and pillar for the prevention of morbidity and mortality, with emphasis on networking and the Alyne Network, which seeks to strengthen continuous and

humanized care and address racial and territorial inequalities (Brazil, 2022; Brazil, 2024). In this context, nursing consultations and nurse autonomy favor the early identification of DHEG/SHEG, bonding, and comprehensive care (Silva et al., 2022).

Regarding risk factors, studies point to nulliparity, multiple pregnancies, obesity, history of preeclampsia, extreme age, diabetes, chronic hypertension, black race, specific gestational changes, and unfavorable socioeconomic conditions, emphasizing the importance of individualized assessment (Belarmino et al., 2018; Mariano et al., 2018; Silva et al., 2022; Oliveira et al., 2017). The relationship between a poor social support network, structural inequalities, and a higher risk of complications, especially among brown and black women, is also noteworthy (Dantas Silva et al., 2024).

Regarding the Systematization of Nursing Care (SAE), COFEN Resolution No. 736/2024 establishes its mandatory nature and role in the organization, qualification, and evaluation of care. Articles K4, K6, and K7 point to SAE as a tool for structuring individualized plans, strengthening autonomy, and supporting evidence-based interventions, despite limitations such as overload and structural and training weaknesses (Cofen, 2024; Belarmino et al., 2018; Oliveira et al., 2017; Silva et al., 2022; Oliveira, 2016).

Finally, article K2 emphasizes prevention as the most effective strategy, with qualified prenatal care, active listening, and education so that pregnant women recognize signs and participate in care (Machado et al., 2020). Inserted in a longitudinal and interprofessional model, nurses act by articulating levels of care, and their autonomy, when institutionally supported, increases re-

solution, safety, and humanization, contributing to reducing inequalities (Pereira and Souza, 2022; Müller et al., 2022; Silva et al., 2023; Pereira & Souza, 2022).

## FINAL CONSIDERATIONS

The analysis of the studies highlights the complexity involved in nursing care for pregnant women with Specific Hypertensive Syndromes of Pregnancy (SHEG), especially in cases of HELLP Syndrome, whose severity reinforces the urgency of improving care practices based on up-to-date scientific knowledge. One of the main challenges identified is the scarcity of recent and specific publications on HELLP, which limits the expansion of professional knowledge and the development of evidence-based interventions.

In addition to scientific limitations, the literature points to weaknesses in the continuing education of nurses, which is a factor that compromises the quality of prenatal care and the timely management of hypertensive complications. Many professionals still have fragmented knowledge, often dependent on medical conduct, which reduces their autonomy, compromises clinical reasoning, and delays the recognition of serious conditions.

The findings reinforce that early diagnosis is an important strategy for maternal-fetal safety, since most complications resulting from SHEG are preventable when there are qualified professionals and comprehensive prenatal care coverage. From this perspective, nursing care based on technical competence, clinical decision-making, and empathy is one of the essential pillars for reducing maternal morbidity and morta-

lity and promoting the health of pregnant women.

It should also be noted that nurses must adopt a holistic and sensitive approach that goes beyond the technical dimension of care and values welcoming listening, understanding the physical, emotional, and social needs of pregnant women, and establishing a therapeutic bond. This approach increases the effectiveness of interventions and contributes to more humane, comprehensive, and woman-centered care.

Given this, it is essential to expand research sources, develop and update care protocols, strengthen continuing education programs, and promote collaborative work environments that value the technical and scientific knowledge of nurses. Only through reflective practice, based on evidence and supported by effective public policies, will it be possible to offer safe, humanized, and equitable care to pregnant women, contributing to the continuous improvement of maternal health indicators in Brazil.

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