

OBSTETRIC COMPLICATIONS IN HYPERTENSIVE PREGNANT WOMEN AND THE ROLE OF THE NURSE

COMPLICAÇÕES OBSTÉTRICAS EM GESTANTES HIPERTENSAS E A ATUAÇÃO DO ENFERMEIRO

COMPLICACIONES OBSTÉTRICAS EN MUJERES EMBARAZADAS HIPERTENSAS Y EL PAPEL DE LA ENFERMERA



<https://doi.org/10.56238/sevened2026.009-060>

Ana Karoline Silva Castro Oliveira¹, Elizabeth Silva Pereira Sousa², Emile Danielly Amorim Pereira³

ABSTRACT

Gestational hypertension is a clinical condition that manifests after the 20th week of gestation, representing one of the main causes of maternal and perinatal morbidity and mortality. Its most severe forms include pre-eclampsia, eclampsia, HELLP syndrome, and placental abruption, which can progress to acute renal failure, stroke, prematurity, and intrauterine growth restriction. These complications reinforce the need for continuous monitoring and evidence-based care practices. In this context, nurses play an essential role in prenatal care, childbirth, and the postpartum period, acting in the identification of warning signs, blood pressure monitoring, health education, and humanized care, directly contributing to the prevention of complications and the promotion of maternal-fetal health. The objective of this research is to analyze the scientific evidence regarding obstetric complications associated with gestational hypertension and to highlight the role of nurses in the management and prevention of these conditions. To this end, an integrative literature review was conducted, encompassing articles published between 2015 and 2025, selected from national and international databases, that address hypertensive syndromes of pregnancy and nursing care during the pregnancy-puerperium cycle. Thus, it was observed that early identification and appropriate management significantly reduce the incidence of serious complications. Multiprofessional follow-up, combined with health education and clinical monitoring performed by the nurse, proved essential for better maternal and neonatal outcomes. The nurse's role is fundamental to the safety of the pregnant woman and the newborn, reinforcing the importance of updated care protocols and humanized practices.

Keywords: Gestational Hypertension. Pregnancy Complications. Prenatal Care.

¹ Graduated in Nursing. Faculdade Estácio Turu. E-mail: anakarolinecastro910@gmail.com

² Graduated in Nursing. Faculdade Estácio Turu. E-mail: elizabethsps@yahoo.com

³ Dr. in Epidemiology in Public Health. Faculdade Estácio Turu, Centro Universitário Dom Bosco (UNDB).

E-mail: emiledanielly@gmail.com Orcid: <https://orcid.org/0000-0002-5821-5149>

Lattes: <https://lattes.cnpq.br/1092977354203242>

RESUMO

A hipertensão gestacional é uma condição clínica que se manifesta após a 20ª semana de gestação, representando uma das principais causas de morbimortalidade materna e perinatal. Suas formas mais graves incluem pré-eclâmpsia, eclâmpsia, síndrome HELLP e descolamento prematuro de placenta, que podem evoluir para insuficiência renal aguda, acidente vascular cerebral, prematuridade e restrição de crescimento intrauterino. Esses agravos reforçam a necessidade de acompanhamento contínuo e de práticas assistenciais baseadas em evidências. Nesse contexto, o enfermeiro desempenha papel essencial no pré-natal, parto e puerpério, atuando na identificação dos sinais de alerta, na vigilância da pressão arterial, na educação em saúde e no acolhimento humanizado, contribuindo diretamente para a prevenção de complicações e para a promoção da saúde materno-fetal. O objetivo da pesquisa consiste em analisar as evidências científicas referentes às complicações obstétricas associadas à hipertensão gestacional e destacar a atuação do enfermeiro no manejo e na prevenção dessas condições. Para tanto, procede-se à metodologia, revisão integrativa da literatura, abrangendo artigos publicados entre 2015 e 2025, selecionados em bases nacionais e internacionais, que abordam síndromes hipertensivas da gestação e a assistência de enfermagem no ciclo gravídico-puerperal. Desse modo, observa-se que a identificação precoce e o manejo adequado reduzem significativamente a incidência de complicações graves. O acompanhamento multiprofissional, aliado à educação em saúde e ao monitoramento clínico realizado pelo enfermeiro, mostrou-se essencial para melhores desfechos maternos e neonatais. A atuação do enfermeiro é fundamental para a segurança da gestante e do recém-nascido, reforçando a importância de protocolos assistenciais atualizados e de práticas humanizadas.

Palavras-chave: Hipertensão Gestacional. Complicações da Gravidez. Atenção Pré-Natal.

RESUMEN

La hipertensión gestacional es una condición clínica que se manifiesta después de la semana 20 de gestación y representa una de las principales causas de morbilidad y mortalidad materna y perinatal. Sus formas más graves incluyen preeclampsia, eclampsia, síndrome HELLP y desprendimiento de placenta, que pueden progresar a insuficiencia renal aguda, accidente cerebrovascular, prematuridad y restricción del crecimiento intrauterino. Estas complicaciones refuerzan la necesidad de un monitoreo continuo y prácticas de atención basadas en la evidencia. En este contexto, las enfermeras desempeñan un papel esencial en la atención prenatal, el parto y el posparto, actuando en la identificación de signos de alerta, el monitoreo de la presión arterial, la educación para la salud y la atención humanizada, contribuyendo directamente a la prevención de complicaciones y la promoción de la salud materno-fetal. El objetivo de esta investigación es analizar la evidencia científica sobre las complicaciones obstétricas asociadas con la hipertensión gestacional y resaltar el rol de las enfermeras en el manejo y la prevención de estas condiciones. Con este fin, se realizó una revisión bibliográfica integradora que abarcó artículos publicados entre 2015 y 2025, seleccionados de bases de datos nacionales e internacionales, sobre síndromes hipertensivos del embarazo y cuidados de enfermería durante el ciclo embarazo-puerperio. Se observó que la identificación temprana y el manejo adecuado reducen significativamente la incidencia de complicaciones graves. El seguimiento multiprofesional, combinado con educación para la salud y monitorización clínica a cargo del personal de enfermería, resultó esencial para obtener mejores resultados maternos y neonatales. El rol del personal de enfermería es fundamental para la seguridad de la mujer embarazada y del recién nacido, lo que refuerza la importancia de protocolos de atención actualizados y prácticas humanizadas.



Palabras clave: Hipertensión Gestacional. Complicaciones del Embarazo. Atención Prenatal.

1 INTRODUCTION

Gestational hypertension is one of the main clinical complications in the pregnancy period, being characterized by an increase in blood pressure after the 20th week of gestation in previously normotensive women, with levels equal to or greater than 140/90 mmHg in at least two different measurements (Costa et al., 2019; Campos et al., 2024). This is a condition of high relevance in public health, due to its impact on maternal and perinatal morbidity and mortality.

Although it can present asymptotically in mild cases, moderate and severe conditions can course with headache, visual changes and general malaise, compromising the quality of life of the pregnant woman. Scientific evidence points to a significant association between gestational hypertension and complications such as preeclampsia, eclampsia, preterm birth, and fetal growth restriction (Trabulsi et al., 2024).

The puerperium represents a period of great physical and emotional transformations, demanding full attention and continuous vigilance. The puerperal consultation should take place within 42 days after delivery, addressing topics such as healing, return of reproductive function, contraceptive planning, breastfeeding, and prevention of complications (Brasil, 2022).

Among the most serious complications are preeclampsia, characterized by hypertension associated with proteinuria or organ dysfunction (Borém et al., 2019), and eclampsia, defined by the occurrence of seizures in hypertensive pregnant women, in the absence of other neurological causes (Silva et al., 2021). Such conditions can progress to HELLP syndrome and placental abruption, substantially increasing maternal and fetal risks (Fernandes do Prado et al., 2017). In the perinatal setting, there is a higher incidence of prematurity and low birth weight, due to placental insufficiency and reduced uteroplacental perfusion.

In this context, systematic prenatal care and timely clinical management are essential for reducing adverse outcomes (WHO, 2015). In view of the magnitude of the problem, it is essential to analyze the scientific evidence about obstetric complications associated with gestational hypertension and the role of nurses in the prevention and management of these conditions.

1.1 OBJECTIVES

1.1.1 General

To analyze the scientific evidence on the main obstetric complications associated with gestational hypertension and the role of nurses in the prevention and management of these conditions.

1.1.2 Specifics

- a) To identify the main obstetric and perinatal complications associated with gestational hypertension described in the scientific literature;
- b) To describe maternal and neonatal outcomes related to hypertensive syndromes of pregnancy;
- c) To analyze the practices of nurses in the prevention, early detection, monitoring and clinical management of gestational hypertension.

2 THEORETICAL FRAMEWORK

Gestational hypertension is part of the group of hypertensive syndromes of pregnancy and represents an important risk factor for obstetric complications. Its pathophysiology involves systemic endothelial dysfunction and changes in placental perfusion, resulting in maternal and fetal impairment (Borém et al., 2019).

Among the maternal repercussions, acute renal failure, resulting from systemic vasoconstriction, and stroke, especially in situations of uncontrolled hypertensive crisis (Malachias et al., 2016), stand out. In contexts of inadequate care, it can progress to maternal death. From the fetal point of view, the reduction of placental blood flow favors intrauterine growth restriction, hypoxia and prematurity, requiring continuous clinical surveillance.

Gestational hypertension can evolve into a set of serious complications, which compromise both maternal and fetal health. Among them, preeclampsia stands out, characterized by an increase in blood pressure after the 20th week of gestation, associated with proteinuria or signs of maternal organ dysfunction (Araújo, 2025).

It is characterized by hypertension associated with proteinuria or end-organ damage after the 20th week of gestation. It is a condition resulting from endothelial dysfunction and systemic inflammation, and can quickly progress to severe forms. In certain situations, the interruption of pregnancy is the main therapeutic measure to preserve maternal and fetal life (Costa et al., 2019; Borém et al., 2019).

This condition results from endothelial alterations and placental dysfunction, and can cause intrauterine growth restriction, prematurity, and increased perinatal morbidity and

mortality (Borém et al., 2019; Ferreira et al., 2024; Sousa et al., 2019). Early recognition and proper management of these complications are key to reducing maternal and fetal risks.

The progression of gestational hypertension can culminate in eclampsia, a condition characterized by the occurrence of generalized tonic-clonic seizures in pregnant women with preeclampsia, in the absence of other neurological causes. This complication represents an immediate risk of maternal death and is associated with high perinatal mortality, reinforcing the importance of early diagnosis and continuous follow-up to avoid severe outcomes (Silva et al., 2021; Trabulsi et al., 2025).

It is defined by the occurrence of generalized tonic-clonic seizures in pregnant women with preeclampsia, in the absence of other neurological causes. It is an obstetric emergency, with a high risk of maternal and perinatal morbidity and mortality, requiring immediate intervention (Silva et al., 2021).

Eclampsia represents the most severe form of gestational hypertension, characterized by seizures that can occur before, during, or after childbirth, without associations with preexisting neurological conditions (Fernandes do Prado et al., 2017). Its incidence requires emergency interventions, including hypertensive control and labor induction, in order to prevent brain damage and other systemic complications (Rodrigues, 2020).

A serious complication associated with preeclampsia, characterized by hemolysis, elevated liver enzymes, and thrombocytopenia. It is related to hemorrhages, liver failure, and multiple organ failure, requiring intensive monitoring and often early termination of pregnancy (Fernandes do Prado et al., 2017). The management of this syndrome requires strict monitoring, hematological support, and the decision to deliver early, to avoid unfavorable outcomes for mother and baby (Silva Neto, 2019).

It is characterized by partial or total separation of the placenta before fetal expulsion, often associated with severe hypertension. It can cause heavy hemorrhage, acute fetal distress, and perinatal death (Malachias et al., 2016). Its occurrence can be precipitated by severe hypertension, trauma, or placental implantation abnormalities, requiring early diagnosis and rapid intervention to prevent serious complications (Oliveira et al., 2018). Clinical signs include abdominal pain, vaginal bleeding, and signs of shock in severe cases

The scientific literature shows a consistent association between gestational hypertension and prematurity, low birth weight, and the need for hospitalization in a neonatal intensive care unit. Placental insufficiency compromises fetal oxygenation and nutrition, increasing neonatal vulnerability

From a perinatal point of view, Fernandes do Prado et al. (2017) and Souza et al. (2024) demonstrate a significant association between gestational hypertension, prematurity, and low birth weight, resulting in an increase in the need for neonatal intensive care and prolonged hospital stay. IUGR, in turn, is an important risk factor for neonatal metabolic and respiratory morbidity, increasing the probability of mechanical ventilation and early sepsis.

Another critical outcome is neonatal mortality, which is higher among children of mothers with gestational hypertension, especially in the presence of extreme prematurity or IUGR. Meta-analysis data indicate that gestational hypertension and preeclampsia can increase the risk of early neonatal death by up to 2.5 times (Simão, 2024).

This vulnerability is expressed both in low- and middle-income countries – due to insufficient perinatal support – and in more structured health systems, in which induced prematurity and IUGR remain determinants of fetal prognosis. Early identification of these alterations and systematic fetal follow-up contribute to timely interventions and better neonatal outcomes.

The management of gestational hypertension requires a multidisciplinary approach, with strict blood pressure monitoring, judicious use of antihypertensive drugs, and continuous assessment of fetal well-being (Moraes et al., 2021).

In prenatal care, nurses play a fundamental role in the early recruitment of pregnant women, in carrying out nursing consultations, in requesting exams, and in health education, favoring blood pressure control and the prevention of complications (Oliveira et al., 2021).

During childbirth and the puerperium, nursing care should maintain vigilance for signs of clinical worsening, in addition to offering physical and emotional support. Integrated action with the multiprofessional team promotes comprehensive care and contributes to the reduction of maternal and child morbidity and mortality (Costa et al., 2021). The implementation of care protocols based on scientific evidence strengthens clinical practice and increases maternal and neonatal safety.

3 METHODOLOGY

3.1 TYPE OF STUDY

This is an integrative literature review, a method that enables the synthesis of scientific evidence from different studies, identifying gaps in knowledge, integrating results, and generating new interpretations (Fossatti; Mozzato; Moretto, 2019). The integrative review according to Costa (2025) is widely recognized as a robust and comprehensive methodological resource, which allows for the composition of an updated overview of a given phenomenon, supporting both clinical practice and the development of health policies.

The guiding question of this research was formulated based on the PICO strategy: "What are the main obstetric complications in hypertensive pregnant women and how do nurses act in the care of these patients?"

3.2 SOURCES AND LOCATION OF THE RESEARCH

The bibliographic search was conducted in SciELO, LILACS, PubMed and Google Scholar databases, covering national and international productions. Controlled descriptors extracted from DeCS (Health Sciences Descriptors) and MeSH (Medical Subject Headings) were used, ensuring terminological standardization and precision in the retrieval of evidence (Table 1).

Table 1

Descriptors used in the search

Language	Descriptors Used
Portuguese	Gestational hypertension, Obstetric complications, Nurse's work
English	Gestational hypertension, Obstetric complications, Nursing role

Source: Prepared by the authors.

The search strategy was constructed through the use of Boolean operators, AND and OR, in order to refine and expand the relevant results, according to the model: ("gestational hypertension" OR "obstetric complications") AND ("obstetric complications" OR "obstetric complications") AND ("nurse performance" OR "nursing role").

3.3 INCLUSION AND EXCLUSION CRITERIA

Inclusion:

- Publication between 2014 and 2024;
- Availability of the full text in Portuguese, English or Spanish;
- Studies that addressed obstetric complications associated with gestational hypertension and/or the nurse's work;
- Works aligned with the integrative review proposal

Exclusion:

- Duplicate articles in databases;
- Studies with incomplete data;
- Dissertations and theses not available in full;

- Surveys with methodologies that do not dialogue with the guiding question;
- Studies that addressed obstetric complications unrelated to gestational hypertension.

3.4 SELECTION AND ANALYSIS OF STUDIES

The selection process followed a systematic path: initial search in the databases, reading of titles and abstracts, application of inclusion and exclusion criteria, full reading of eligible studies, data extraction, coding, thematic categorization, and final synthesis of the findings.

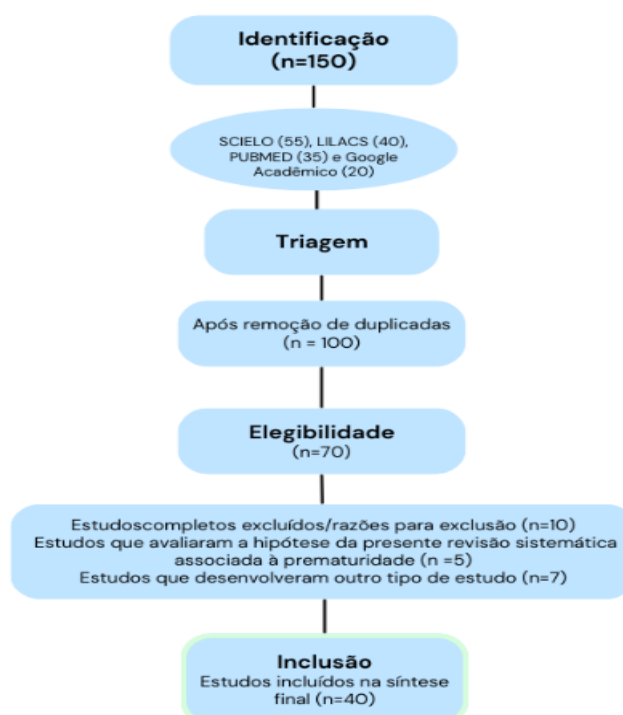
Screening was performed by two independent reviewers, and the included studies were organized in a standardized extraction instrument containing authors, year, objectives, method, and main results.

Data analysis was conducted using thematic categorization, allowing the identification of recurrent patterns and the organization of results into analytical categories. The process included reading each article in its entirety, coding key concepts, thematic grouping, and integrating the results, allowing for a critical synthesis that answers the research question (Sampaio, 2021).

The article selection process was represented by a flowTable adapted from the PRISMA model, comprising four sequential steps (Figure 1):

Figure 1

FlowTable of the integrative literature review



Source: Prepared by the authors.

In the screening process:

- Identification: 150 articles initially found in the databases;
- Screening: resulting in 100 articles after the removal of duplicates;
- Eligibility: with 70 articles evaluated by title and abstract;
- Inclusion: 40 articles were read in full and used in the final synthesis of the review.

For data analysis, the selected studies were organized into three thematic categories, in order to facilitate the interpretation and discussion of the results. The categories established were:

- a) Characterization of the included studies – describes the methodological aspects, year of publication, type of study and main focuses of the studies analyzed.
- b) Main maternal and perinatal complications – includes the most frequent conditions associated with gestational hypertension, such as preeclampsia, eclampsia, HELLP syndrome, prematurity, intrauterine growth restriction, and perinatal mortality.
- c) Nurses' role in the prevention and management of hypertensive syndromes – addresses nursing practices aimed at early detection, prenatal care, clinical management, health education and the use of technologies in the follow-up of pregnant women with hypertension.

This categorization enabled a systematic and comparative analysis between the studies, contributing to a broad understanding of the phenomenon and supporting recommendations for clinical practice and health policies.

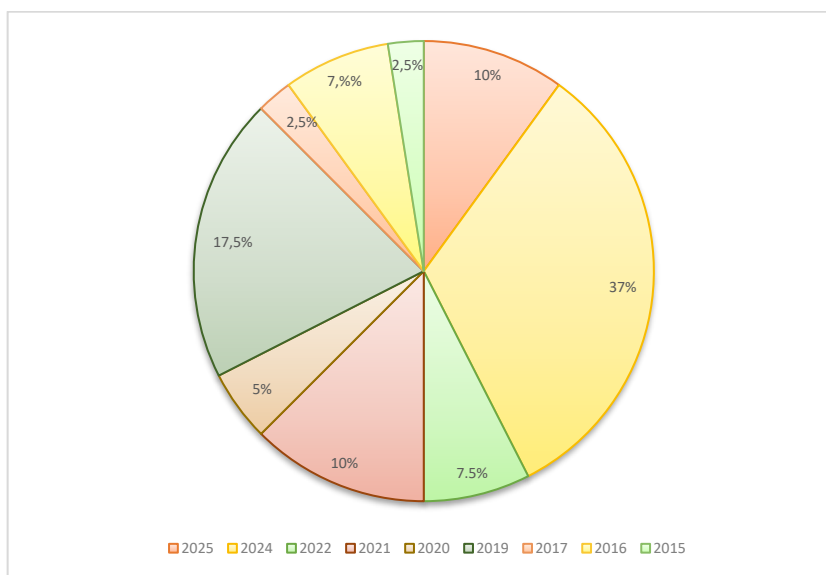
4 RESULTS AND DISCUSSIONS

4.1 CHARACTERIZATION OF THE INCLUDED STUDIES

The present integrative review included 40 articles published between 2015 and 2025, addressing hypertensive syndromes in pregnancy (GHS) and their maternal, perinatal, and neonatal outcomes. There was a significant growth in scientific production in the last five years, with a higher concentration of publications in 2024 (n=15) and 2019 (n=7), followed by 2025 (n=4), 2021 (n=4), 2022 (n=3), 2016 (n=3), 2020 (n=2), 2017 (n=1) and 2015 (n=1). This recent increase reflects greater global concern with maternal morbidity and mortality and the qualification of obstetric care.

Figure 2

Distribution of included articles (2015 – 2025)

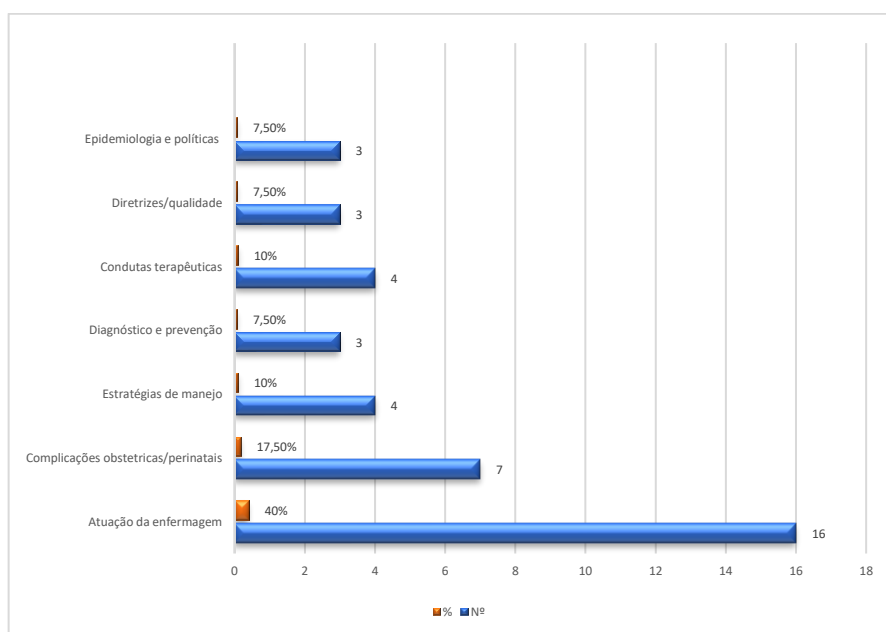


Source: Prepared by the authors.

The most recent publications (2020–2025) prioritized the qualification of nursing care, the implementation of clinical protocols, and the use of remote monitoring technologies, as evidenced by Trabulsi et al. (2025), Campos et al. (2024), and Dickerson et al. (2025). In contrast, the oldest studies (2015–2017) focused on epidemiological analyses and adherence to drug treatment, as described by Morais et al. (2015) and Fernandes do Prado et al. (2017). Among the thematic categories addressed in this study are:

Figure 3

Thematic categories (2015 – 2025)



Source: Prepared by the authors.

Regarding the methodological design, integrative reviews (n=22) and systematic reviews (n=8) predominated, in addition to narrative reviews, clinical guidelines, and compilations of good practices. Only three studies performed primary data collection (Borém, 2019; Sousa et al., 2020; Fernandes do Prado et al., 2017), evidencing an important gap in empirical and longitudinal research that evaluates the effectiveness of clinical and care interventions. This predominance of reviews suggests the theoretical maturity of the theme, but also points to the need for greater production of field evidence.

4.2 MAIN MATERNAL AND PERINATAL COMPLICATIONS

The studies analyzed converge in pointing out that gestational hypertension and preeclampsia remain among the main causes of maternal and perinatal morbidity and mortality. Severe complications, such as eclampsia, HELLP syndrome, acute renal failure, and placental abruption, are often associated with severe forms of the disease (Borém, 2019; Silva et al., 2021; Trabulsi et al., 2025; Ferreira et al., 2024).

Progression to eclampsia poses a significant risk of stroke and maternal death, whereas HELLP syndrome severely compromises hepatic and hematologic function. Placental abruption is an obstetric emergency with a high risk of maternal and fetal death. These findings reinforce the multifactorial nature of the disease and the need for timely multidisciplinary management.

Borém (2019) highlights that, in cases of early preeclampsia, the careful definition of the moment of gestational interruption is decisive to minimize maternal and fetal risks. In a complementary way, Lisboa, Duarte, and Silva (2024) emphasize that the qualification of nursing care is essential for adequate blood pressure monitoring and early recognition of signs of worsening.

In the perinatal setting, Fernandes do Prado et al. (2017) demonstrated a significant association between gestational hypertension, prematurity, and low birth weight. Recent reviews also point to a higher incidence of Intrauterine Growth Restriction (IUGR) in pregnancies complicated by GHS, with a direct impact on neonatal morbidity, including greater need for mechanical ventilation and risk of early sepsis.

International meta-analyses indicate that gestational hypertension can increase the risk of early neonatal death by up to 2.5 times (Duley, 2021). These data show that the impacts of GHS go beyond the gestational period, reflecting a high burden of perinatal morbidity and mortality, even in structured health systems.

Another relevant finding refers to low adherence to drug treatment, with a prevalence of only 18.4% among hypertensive pregnant women (Morais et al., 2015). Non-adherence is

associated with a higher risk of hypertensive crises, progression to preeclampsia and eclampsia, placental abruption, and maternal-neonatal death (Oliveira et al., 2021; Silva et al., 2023). These results reinforce the need for effective educational strategies and continuous monitoring.

In general, despite advances in early diagnosis and clinical protocols, gaps persist in effective prevention and reduction of adverse outcomes, especially in contexts of social inequality and limited access to specialized services.

4.3 NURSES' ROLE IN THE PREVENTION AND MANAGEMENT OF HYPERTENSIVE SYNDROMES

The literature evidences the role of nurses as a central element in the care of pregnant women with hypertensive syndromes. Its practice encompasses prevention, early diagnosis, clinical management, health education and continuous monitoring, directly influencing therapeutic adherence and maternal-fetal safety (Lisbon; Duarte; Silva, 2024; Campos et al., 2024).

Studies highlight that educational interventions favor the early recognition of signs of worsening and expand adherence to prenatal care (Barbosa, 2019; Souza et al., 2024). Among the main actions are: blood pressure control, risk stratification, clinical monitoring, guidance on lifestyle habits and appropriate use of medications, in addition to humanized reception and emotional support.

In Primary Health Care (PHC), nurses play a strategic role through prenatal consultations, home visits, and articulation with the Maternal and Child Care Network (Silveira, 2021). This work close to the community contributes to the early identification of warning signs, reduction of hospital admissions and strengthening of the therapeutic bond.

There is also the incorporation of digital technologies, such as remote monitoring applications, which expand monitoring and favor timely interventions (Souza et al., 2024). However, such resources should complement, not replace, face-to-face clinical assessment, which is essential for individualized therapeutic decisions (Ferreira et al., 2024).

The effectiveness of these strategies depends on the integration between the different levels of care, the implementation of evidence-based protocols, and the strengthening of care networks (Malachias et al., 2016). In addition, the scarcity of field studies and the lack of standardization of protocols limit the consolidation of uniform practices (Fossatti; Mozzato; Moretto, 2019).

In summary, the results indicate that the effective management of hypertensive syndromes in pregnancy requires an integrated multiprofessional approach, continuous

training of teams and public policies that ensure adequate infrastructure. The combination of health education, monitoring technologies, standardized clinical protocols, and humanized care represents a promising strategy to reduce maternal and perinatal morbidity and mortality, consolidating a woman-centered, evidence-based care model.

5 CONCLUSION

Gestational hypertension remains a relevant public health problem, given its high prevalence and the potential to evolve into severe conditions that compromise the health of pregnant women and the fetus. The studies analyzed demonstrate that early detection, systematic follow-up, and adequate control of blood pressure are essential strategies for the prevention of conditions such as preeclampsia, eclampsia, HELLP syndrome, placental abruption, and perinatal complications, including prematurity and intrauterine growth restriction.

The role of nurses is indispensable in the prevention, monitoring and management of gestational hypertension, especially in Primary Health Care, through educational, care and surveillance actions. Nursing care, based on humanization, comprehensiveness and the use of evidence-based clinical protocols, favors treatment adherence, pregnant women's autonomy and reduction of maternal and neonatal morbidity and mortality indicators.

Despite the advances observed in the qualification of care, the literature still shows significant gaps, especially the scarcity of longitudinal and multicenter studies that evaluate the effectiveness of interventions in the long term, as well as research that explores the psychosocial impacts of gestational hypertension and preeclampsia. There is also a need for greater standardization of clinical protocols and the expansion of health education strategies aimed at therapeutic adherence and the promotion of self-care.

Therefore, it is evident that there is a need to strengthen public policies, permanent training of professionals and the implementation of evidence-based practices, in order to qualify the care provided. In addition, it is recommended to stimulate applied scientific production that expands on effective strategies for the prevention and management of gestational hypertension, contributing to the improvement of professional practice and the promotion of maternal and child health.

REFERENCES

Araújo, H. V. S. de. (n.d.). Assistência de enfermagem a mulheres acometidas por pré-eclâmpsia: Revisão integrativa. *Revista Saúde Coletiva*. Recuperado em novembro, 2025, de <https://revistasaucoletiva.com.br/index.php/saucoletiva/article/view/1250>

- Brasil. Ministério da Saúde. (2022). Atenção ao pré-natal de baixo risco. Ministério da Saúde.
- Borém, L. V. B. (2019). Critérios de gravidade e interrupção de gestações complicadas por pré-eclâmpsia precoce (Dissertação de mestrado). Faculdade de Medicina, Universidade Federal de Minas Gerais.
- Costa, C. M., et al. (2025). Gestão nas situações na prática clínica no dia a dia em temas emergentes na área de saúde, em cenários distintos. Editora CRV.
- Costa, A. P., Silveira, M. M., & Lima, R. S. (2021). Apoio contínuo da enfermagem no trabalho de parto e desfechos obstétricos. *Revista Brasileira de Saúde Materno Infantil*, 21(4), 987–995.
- Costa, J. F. C. da. (2019). Cuidados de enfermagem a gestantes de alto risco: Revisão integrativa. *Online Brazilian Journal of Nursing*. Recuperado em novembro, 2025.
- Campos, M. L. (n.d.). Estratégias em saúde para redução da morbimortalidade por pré-eclâmpsia: Revisão sistemática. *Research, Society and Development*. Recuperado em novembro, 2025, de <https://rsdjournal.org/index.php/rsd/article/download/46806/37077/484510>
- Campos, M. L., et al. (2024). Uma revisão sistemática sobre as estratégias em saúde para prevenir a hipertensão gestacional. *Research, Society and Development*, 13(9), e4313946806. <https://doi.org/10.33448/rsd-v13i9.46806>
- Duley, L. (2021). The global impact of pre-eclampsia and eclampsia. *Seminars in Perinatology*, 33(3), 130–137. <https://doi.org/10.1053/j.semperi.2009.02.010>
- Fernandes do Prado, I., et al. (2017). Hipertensão arterial durante a gravidez: Prevalência e associação com prematuridade e baixo peso ao nascer. *Revista Portuguesa de Ciências do Desporto*.
- Ferreira, B. E. S., et al. (2024). Hipertensão arterial na gestação. *Nursing*, 28(318), 10240–10247. <https://doi.org/10.36489/nursing.2024v28i318p10240-10247>
- Fossatti, E. C., Mozzato, A. R., & Moretto, C. F. (2019). O uso da revisão integrativa na administração: Um método possível? *Revista Eletrônica Científica do CRA-PR-RECC*.
- Lisboa, H. R., Duarte, R. F., & Silva, A. C. P. (2024). Qualificação da assistência de enfermagem a gestantes com pré-eclâmpsia. *Revista Multidisciplinar do Nordeste Mineiro*.
- Malachias, M. V. B., et al. (2016). 7ª diretriz brasileira de hipertensão arterial: Apresentação. *Arquivos Brasileiros de Cardiologia*.
- Morais, E. P., et al. (2015). Hipertensão arterial na gestação: Avaliação da adesão ao tratamento. *Revista da Universidade Vale do Rio Verde*.
- Oliveira, P. S., et al. (2021). Consulta de enfermagem no pré-natal: Contribuições para a integralidade do cuidado. *Revista Brasileira de Enfermagem*, 74(3), e20200045.

- Rodrigues, A. L. (2020). Implicações da hipertensão arterial e diabetes mellitus na gestação. Em *Saúde em foco: Temas contemporâneos* (Vol. 3, cap. 27, pp. 334–344). <https://doi.org/10.37885/200901451>
- Sampaio, R. D. L. (2021). *Análise de conteúdo categorial: Manual de aplicação*. Enap.
- Souza, A. G. C. de, et al. (2022/2024). Assistência de enfermagem nas síndromes hipertensivas gestacionais: Revisão integrativa. *Revista Nursing*. Recuperado em novembro, 2025, de <https://submissoesrevistarcmos.com.br/rcmos/article/download/733/1597/2672>
- Silva, R. M., et al. (2021). Síndromes hipertensivas gestacionais e o manejo: Revisão integrativa. *Research, Society and Development*. Recuperado em novembro, 2025.
- Silva, H. A. L. da. (2024). Cuidados da enfermagem em mulheres com hipertensão arterial gestacional: Revisão. *REASE*. Recuperado em novembro, 2025, de <https://periodicorease.pro.br/rease/article/download/15885/8683>
- Silva Neto, B. R. (2019). *Saúde pública e saúde coletiva: Dialogando sobre interfaces temáticas*. Atena Editora.
- Simão, S. S. R. (2025). *Caracterização clínica e socio-demográfica dos recém-nascidos com asfixia perinatal internados no Hospital Central da Beira, no período de junho a novembro de 2024* (Tese de doutorado). Universidade Eduardo Mondlane.
- Sousa, M. G., et al. (2019). *Epidemiologia da hipertensão arterial em gestantes*. Einstein (São Paulo).
- Souza, L. M., et al. (2024). Impacto da prematuridade na saúde do recém-nascido: Papel da enfermagem na assistência hospitalar. *Revista Multidisciplinar do Nordeste Mineiro*, 12(1). <https://doi.org/10.61164/rnm.v12i1.3128>
- Trabulsi, R. L., et al. (2025). Perfil clínico da síndrome hipertensiva na gestação. *Brazilian Journal of Health Review*.
- World Health Organization. (2015). *WHO recommendations on antenatal care for a positive pregnancy experience*. WHO.