DOI: https://doi.org/10.36489/saudecoletiva.2021v11i65p6218-6227

Relationship between prematurity, prenatal and the understanding of the pregnant woman about hospital reference

Relación entre prematurez, prenatal y la comprensión de la mujer embarazada sobre la referencia hospitalaria
Relação entre prematuridade, pré-natal e o entendimento da puérpera sobre sua referência hospitalar

ABSTRACT
Objective: to analyze the relationship between prenatal guidance on the logistical / pilgrimage system and the admission of newborns to the NICU in a high-risk public maternity hospital. Methods: This is a descriptive, cross-sectional study with a quantitative and qualitative approach, with 4 parturients admitted to the Maternidade Escola Santa Mônica (MESM) whose newborns were in the Neonatal Intensive Care Unit. The study approved by the Ethics and Research Committee with opinion No. 2,145,000. Results: Regarding the profile of the puerperal women, 67% were 24 years old, 80% brown and 33% had incomplete elementary school. Regarding the logistical system, 50% were instructed in prenatal care about the reference maternity and 50% did not receive guidance. Conclusion: Through the analysis of the medical records, it is noticed that many women have doubts that could have been clarified during the prenatal period, the pilgrimage was associated with a lack of knowledge and guidance.
DESCRIPTORS: Newborn, Premature; Labor; Maternal and Child Health Services.

RESUMEN
Objetivo: analizar la relación entre la orientación prenatal sobre el sistema logístico / peregrinaje y el ingreso de recién nacidos a la UCIN en una maternidad pública de alto riesgo. Métodos: Se trata de un estudio descriptivo, transversal con abordaje cuantitativo y cualitativo, con 4 parturientas ingresadas en la Maternidade Escola Santa Mônica (MESM) cuyos recién nacidos se encontraban en la Unidad de Cuidados Intensivos Neonatales. El estudio aprobado por el Comité de Ética e Investigación con dictamen No. 2.145.000. Resultados: En cuanto al perfil de las puérperas, 67% tenían 24 años, 80% morenas y 33% tenían primaria incompleta. En cuanto al sistema logístico, el 50% recibió instrucción en atención prenatal sobre la maternidad de referencia y el 50% no recibió orientación. Conclusión: A través del análisis de las historias clínicas se advierte que muchas mujeres tienen dudas que pudieron haber sido aclaradas durante el período prenatal, la peregrinación se asoció con una falta de conocimiento y orientación.
DESCRIPTORES: Recién Nacido; Prematuro; Trabajo de parto; Servicios de salud maternoinfantil.

RESUMO
Objetivo: analisar a relação entre orientações do pré-natal sobre o Sistema logístico/peregrinação e a internação do RN na UTIN em uma maternidade pública de alto risco. Métodos: Trata-se de um estudo descritivo, transversal de abordagem quanti-qualitativa, com 4 parturientes internadas na Maternidade Escola Santa Mônica (MESM) cujos RN's internos na Unidade de Terapia Intensiva Neonatal. O estudo aprovado pelo Comitê de Ética e Pesquisa com o parecer nº 2.145.000. Resultados: Sobre o perfil das puérperas, 67% tinham 24 anos, 80% cor parda e 33% com ensino fundamental incompleto. Referente ao sistema logístico, 50% foram orientadas no pré-natal sobre a maternidade de referência e 50% não receberam orientação. Conclusão: Através da análise dos prontuários percebe-se que muitas mulheres apresentam dúvidas que poderiam ter sido esclarecias durante o pré-natal, a peregrinação esteve associada a falta do conhecimento e das orientações.
DESCRITORES: Recém-nascido Prematuro; Trabalho de Parto; Serviços de Saúde Materno-Infantil.

RECEIVED ON: 01/30/2021 **APPROVED ON:** 02/16/2021

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INTRODUCTION

Prenatal care has a fundamental role in preventing premature labor, given the importance of early detection of the pregnant woman and the previous start of this monitoring, so that the health professional who performs the monitoring is able to identify the risk factors associated with the occurrence of premature labor, carry out the treatment of complications and, when necessary, referral according to the complexity required for each case. [1]

Prematurity occurs when birth occurs before 37 weeks of gestation. According to the Brazilian Society of Pediatrics, it can be divided into: Extreme preterm, Very preterm, Moderate preterm, Late preterm and Preterm. The rate of prematurity in Brazil is estimated at 11,5% of total births, about 345.000 children out of a total of about 3.000.000 births. [2-3]

As provided in Law No. 11.634 of December 27th, 2007 in accordance with Ordinances No. 1.459 of June 24th, 2011 and No. 569 of June 1, 2000, every woman must have prior knowledge and link to her hospital reference for childbirth and complications, in order to prevent pilgrimage and complications that may arise from this process. [4-5]

Ordinance No. 1.459 of June 24th, 2011 establishes the implantation of the Cegonha Network, which consists of a care network that aims to ensure women the right to reproductive planning and humanized care for pregnancy, prenatal care, childbirth and the puerperium, as well as the child the right to safe birth and healthy growth and development up to the second year of life. [4]

The health care of pregnant women and newborns is of great importance in reducing infant mortality, especially in the neonatal period, and should always put in practice the activities of promotion, protection and recovery for the binomial. [6]

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Failure to guarantee the rights established by law, compromises the quality of prenatal care provided, so that the recklessness on the part of those who should provide quality care based on ethical and legal precepts implies obstetric violence in opposition to what is established Law No. 8.080 of 1990, which provides for conditions for the promotion, protection and recovery of health for any individual. [4]

In a research carried out in Londrina on the characteristics of neonatal mortality, the results were prematurity, low weight and low gestational age and an insufficient number of prenatal consultations, which are preventable situations, if there were early uptake and monitoring of this pregnant woman. [7]

Trying to reverse these situations, the Ministry of Health proposes the minimum number of prenatal consultations, which should be interspersed between the medical professional and the nurse. However, it is possible to note that there are flaws in prenatal care, the quality of the consultations has not been sufficient to reverse the levels of prematurity. [8]

Thus, the objective of this study is: to analyze the relationship between the prenatal guidelines on the logistical/pilgrimage system and the admission of the NB to the NICU in a high-risk public maternity linked to the stork network (RC - Rede Cegonha) and how the prenatal guidelines interfere with the pilgrimage process.

METHODS

These are case studies, of a descriptive, exploratory nature, carried out at Maternidade Escola Santa Mônica (MESM), in the NICU and Infirmary II sector, located in Maceió-Alagoas, originating from the course completion work for the bachelor's degree in nursing.

The specific population of this study refers to 4 puerperal women attended at the MESM with children hospitalized at the NICU in the period from July to November 2018, the period in which the data collections took place. The four postpartum women interviewed were identified in A1, A2, A3 and A4, to guarantee the confidentiality of the information provided.

The present study was approved by the Ethics and Research Committee on June 28th, 2017, under opinion No. 2.145.000, in compliance with the ethical aspects recommended by Resolutions 466/12 and 510/16 of the National Health Council, of the Ministry of Health. The findings of this research were transcribed to word, where later there is a breakdown of the categories in which they were classified.

Parturient women who agreed to participate in the research were included by signing the Free and Informed Consent Form; those who had a gestational age of less than 37 weeks, whose NB's were born premature and were admitted to the NICU due to pregnancy and childbirth complications. Including those who had no prior knowledge of their hospital reference and sought care at MESM. Those who were not admitted to infirmary II, those who were discharged from hospital even if the NB was admitted to the NICU, were excluded.

The variables used in the study related to the parturient and the newborn, are respectively: " Personal Mediators (education, ethnicity and age group) ", " Obstetric History (gestational age, admission diagnosis, type of delivery, number of consultations, knowledge of the reference maternity, carrying out the exams by the SUS)" e "Causa Admissional na UTIN (peso, motivo e complicações)".

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RESULTS AND DISCUSSION

The results of the study will be presented through the following sections: Case reports; Relationship between gestational age and birth weight; Quality of prenatal care and the level of knowledge of puerperal women about hospital referral.

Case reports

Parturient A1, brown, 19 years old, incomplete elementary school I, diagnosis of admission to preterm labor and oligohydramnios, gestational age of 33 weeks and 2 days, moderate prematurity. Cesarean delivery, NB with low birth weight of 2040g. She reports having made 6 prenatal consultations and not being able to perform the tests requested by the Unified Health System (SUS).

Parturient A2, brown, 24 years old, complete elementary school, diagnosis of admission of premature labor and premature amniorrexis, gestational age of 33 weeks, moderate prematurity. Cesarean delivery, NB with low birth weight of 1885g, total of 6 prenatal consultations and did not perform the tests requested by SUS.

Parturient A3, brown, 24 years old, incomplete higher education, diagnosis of admission of premature labor and placenta previa, gestational age of 31 weeks, being classified as very premature. Cesarean delivery, NB with low birth weight of 1500g, interned at the NICU due to prematurity. She reports having made 10 prenatal consultations and having managed to carry out the tests requested by SUS.

Parturient A4, black, 24 years old, elementary school I incomplete, diagnosis of admission of premature labor, gestational age of 32 weeks, moderate premature. Cesarean delivery, NB with low birth weight of 1675g, presenting complications resulting from delivery: hematoma in the right upper limb, edema in the lower and upper limbs and sepsis. He reports having attended 3 prenatal consultations and not being able to perform the tests requested by SUS.

After compiling the data of the variable personal mediators of all the puerperal women, a predominant profile of brown

women, aged 24 years old and incomplete elementary school is drawn.

The low level of education found is considered an obstetric risk factor, as it impairs the understanding of health actions performed during prenatal care, emphasizing that these guidelines are of great value for the care of the mother-baby binomial. [9]

Relationship between Gestational Age and Birth Weight

Through the observation of the variables of the obstetric history and the admission causes of NBs in the NICU, there was a predominance of women with gestational age from 31 weeks to 33 weeks and 2 days, NBs with low birth weight from 1500g to 2040g, data considered as risk factors for neonatal mortality.

The newborn's classification by weight and gestational age indicates the degree of risk at birth. Neonatal morbidity and mortality are inversely proportional to weight and gestational age, so the lower the weight and gestational age, the greater the associated morbidity and mortality. [10]

The analysis of the components of the obstetric history, reports that all women were admitted with a diagnosis of preterm birth (PTB) and had a cesarean delivery. Since gestational age is directly related to the possible causes of NB's hospitalization in the NICU, it allows the team to be prepared for complications during childbirth, as well as during prenatal care, in screening for possible causes that lead to premature labor. [11]

Quality of prenatal care and the level of knowledge of puerperal women about the hospital reference

In our study, it was possible to identify that the mothers A1, A2 and A3, performed the minimum number of 6 consultations recommended by the Ministry of Health. When evaluating the guidelines on the hospital reference, only A3 and A4 had previous understanding of the reference maternity. As for routine examinations, only the puerperal A3 was able to perform them through the SUS. Similarly, it occurred in a similar study, where it was observed that the guidelines during pregnancy were scarce, thus impairing the quality of care, a fact that can contribute to maternal and neonatal morbidity and mortality. [12]

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It is the responsibility of the municipalities to identify the laboratories, ensuring that basic exams and prenatal follow-up

Chart 1. Analysis of variables applied to puerperal women admitted to a high-risk maternity hospital in the public network of Maceió, Alagoas. 2018

PARTURIENT	A1	A2	A3	A4
PERSONAL MEDIATORS				
Schooling	Incomplete Elementary School	Complete Elementary School	Incomplete Higher Education	Incomplete Elementary School
Ethnicity	Brown	Brown	Black	Brown
Age range	19 years old	24 years old	24 years old	24 years old
OBSTETRIC HISTORY				
Gestational age	33w2d	33w	31w	32w
Admission Diagnosis	PTB and Oligohtdramnios	PTB and Premature amniorrexis	PTB and Low insertion placenta	PTB
Type of delivery	Cesarean	Cesarean	Cesarean	Cesarean
No. of prenatal consultations	6	6	10	3
Knowledge of reference maternity	No	No	Yes	Yes
Did she perform the exams requested by SUS?	No	No	Yes	No
ADMISSION CAUSES IN THE NICU				
Birth weight	2040g	1885g	1500g	1675g
Reasons for admission to the NICU	Prematurity	Prematurity	Prematurity	Prematurity
Complications	There are no records	There are no records	There are no records	There are no records

Source: 2018 survey data.

are carried out. In our study, the lack of examinations by SUS may indicate a deficiency in the agreement of reference laboratories for the health unit where this prenatal care was carried out. [13]

When asked about the knowledge of the reference maternity for childbirth, it is noted that this understanding is not the same for all women. Of the four postpartum women interviewed, two said they had prior knowledge of the maternity that they were going to give birth and the other two reported not having this knowledge. According to Costa et. al, 2016, this information is passed during prenatal care, however the precariousness of the information occurred during prenatal care, and this failure can be entrusted to the health professional who performed the same, or to tie the difficulty to access and understanding by women, due to the low level of education.

Every woman has the right to knowledge and the prior link to the reference maternity to give birth and the complications associated with pregnancy, and the health professional should be responsible for ensuring the information, which must be shared early in the prenatal period from from the moment this woman is registered with SISPRENATAL, this directly implies the security of the assistance to be provided in the parturition period. [4]

CONCLUSION

According to the objectives and results of this study, it is concluded that prenatal care has been insufficient in the care provided to the mother - baby binomial. Thus, generating problems that permeate the entire pregnancy and cause negative impacts during labor and the birth of the newborn.

Through the analysis of the medical records, it is noticed that many women have doubts that are common to pregnant women and it is precisely in the prenatal period that these issues should be discussed and clarified. The pilgrimage is associated with the lack of knowledge and guidelines that should have been carried out. After all, walking through different maternity hospitals until giving birth, demonstrates the absence of correct guidance in guiding women. Consequently, this failure leads these women to go through unnecessary paths, causing physical, emotional and aggravation to the newborns.

Thus, it appears that the maternal pilgrimage is linked to inadequate prenatal care, making it necessary for strategies to be carried out with the professionals who provide this assistance, so that the scenario found is changed. ■

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