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High risk prenatal care implementation in a hospital in Alto Sertão: experience report

Implementación del prenatal de alto riesgo em un hospital de Alto Sertão: informe de experiencia

Implantação do pré-natal de alto risco em um hospital no Alto Sertão: relato de experiência

ABSTRACT

Objective: To report a successful experience of implementing high-risk prenatal care in a referral hospital in Alto Sertão Paraíba. **Method:** This is an exploratory, descriptive study, with a quantitative approach, an experience report type. The service was implemented after discussion and approval by the managers of the Health Region in the Regional Intergovernmental Commission, agreeing on referral flows and establishing responsibilities for the entities and the services. **Result:** There was standardization of the reception to high-risk pregnant women; screening with confirmation of gestational risk with a view to its admission and follow-up in the service or responsible referral to another competency Unit for risk. **Conclusion:** It promoted the bonding of the family and the reception of women, with a significant reduction in premature births and transfers for both pregnant women and newborns, thus promoting a reduction in maternal, perinatal, early neonatal, late and post neonatal mortality in the Health Region.

DESCRIPTORS: Women's health; Pregnancy High-risk; Prenatal care.

RESUMEN

Objetivo: Informar sobre una experiencia exitosa de implementación de atención prenatal de alto riesgo en un hospital de referencia en Alto Sertão Paraíba. **Método:** Se trata de un estudio exploratorio, descriptivo, con enfoque cuantitativo, tipo relato de experiencia. El servicio fue implementado luego de la discusión y aprobación de los gerentes de la Región de Salud en la Comisión Regional Intergubernamental, acordando los flujos de derivación y estableciendo responsabilidades para las entidades y los servicios. **Resultado:** Se estandarizó la recepción a gestantes de alto riesgo; cribado con confirmación de riesgo gestacional con vistas a su ingreso y seguimiento en el servicio o derivación responsable a otra Unidad de competencia por riesgo. **Conclusión:** Promovió el vínculo de la familia y la acogida de la mujer, con una reducción significativa de partos prematuros y traslados tanto para gestantes como para recién nacidos, promoviendo así una reducción de la mortalidad materna, perinatal, neonatal temprana, tardía y posneonatal en la Región de Salud.

DESCRIPTORES: Salud de la mujer; Embarazo de Alto Riesgo; Atención Prenatal.

RESUMO

Objetivo: Relatar experiência exitosa de implantação de assistência ao Pré-Natal de Alto Risco em um hospital de referência no Alto Sertão Paraíba. **Método:** Trata-se de um estudo de caráter exploratório, descritivo, com abordagem quantitativa, do tipo relato de experiência. O serviço foi implantado após discussão e aprovação pelos gestores da Região de Saúde na Comissão Intergestores Regional, pactuando fluxos de encaminhamentos e estabelecendo responsabilidades para os ente e os serviços. **Resultado:** Houve padronização do acolhimento à gestante de alto risco; triagem com confirmação do risco gestacional com vistas à sua admissão e acompanhamento no serviço ou encaminhamento responsável para outra Unidade de competência para risco. **Conclusão:** Promoveu a vinculação da família e acolhimento às mulheres, com significativa redução de partos prematuros e transferências tanto de gestante quanto de recém-nascido e dessa forma promoveu uma redução da mortalidade materna, perinatal, neonatal precoce, tardia e pós neonatal na Região de Saúde.

DESCRIPTORES: Saúde da mulher; Gestação de Alto Risco; Assistência Pré-natal.

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INTRODUCTION

In Brazil, comprehensive women's health care has been established as one of the main public health policies and government actions have been created with the aim of reducing unfavorable results, with emphasis on ensuring access to prenatal care and qualification of care to women of gestational age.¹

In prenatal care, care is structured into five spheres: nutritional interventions; interventions for common physiological symptoms; interventions to improve the use and quality of prenatal care; as well as maternal and fetal assessment, covering health promotion, screening, diagnosis and disease prevention activities.¹

Pregnancy is a physiological event and, for this very reason, its development takes place in most cases without abnormalities. For the pregnancy to develop uneventfully and safely, care is essential for the pregnant woman, the partner, the family, especially health professionals.^{2,3}

Pregnancy is defined as high risk when it is associated with pre-existing conditions or pregnancy complications due to organic, biological, chemical and

occupational factors, as well as due to unfavorable social and demographic conditions.⁴ Prenatal care is the assistance in which pregnant women can and should be informed about their entire gestational period, all changes in their bodies, the difficulties and facilities of pregnancy, childbirth and postpartum, through educational activities carried out not only by nursing professionals at the time of consultation, but by all members of the health team.⁵

The care for the mother-child binomial includes a set of health promotion and prevention actions, in addition to diagnosis and treatment compatible with the problems that may occur during the gestational period. It is an important tool to reduce maternal and neonatal morbidity and mortality and, therefore, must be developed individually to ensure the quality of care for the woman and her fetus.⁶

Therefore, prenatal care aims to diagnose or confirm diseases during pregnancy; perform the treatment; monitor the evolution of pregnancy based on the conditions of the pregnant woman and fetal development; guide in relation to preventive measures for the health of

the pregnant woman/fetus, as well as the mother for the time of delivery and subsequent breastfeeding. In the Unified Health System (SUS - Sistema Único de Saúde), Primary Care is the level of care responsible for providing assistance to pregnant women at usual risk, that is, those who do not have risk factors, whether individual, sociodemographic and/or related to previous obstetric historic, disease or health problem that may negatively interfere with the evolution of the pregnancy, as well as, as an orderer of care, responsible for ordering the flow of pregnant women identified as "high risk" to the reference services.^{7,8}

In high-risk prenatal care (PNAR), the care of pregnant women by a multidisciplinary team is recommended, and the consultation is the time when the uniqueness of the woman is reaffirmed and the process of sharing responsibilities with the agreement of goals.³ In Brazil there is a considerable number of high-risk pregnancies, with approximately 15% of pregnancies characterized as high-risk.⁹

From this perspective, this article aims to report a successful experience in the implementation of high-risk prenatal

care carried out at the Hospital Materno Infantil de Sousa, with pregnant women from the municipalities of the 10th Health Region in Alto Sertão Paraibano.

METHOD

This is an exploratory, descriptive study, with a quantitative approach, of the experience report type. The study will also feature bibliographical, documental and field research. Field research, as Cervo tells us,¹⁰ “it is carried out in the area of social sciences”, and its specific methods “are intended to collect and orderly record data relating to the subject chosen as the object of study”.

The study setting consists of the Hospital Materno Infantil located in the city of Sousa-PB, which is a reference service in maternal and child care for the 10th Health Region of Paraíba. The 10th Region is composed of 09 municipalities, namely: Sousa, Aparecida, Lastro, São Francisco, Santa Cruz, São José da Lagoa Tapada, Marizópolis, Vieirópolis and Nazarezinho.

The study was conducted from November 2019 to November 2020, the sample consisted of 600 pregnant women, referred by the municipalities of the Health Region to the Reference Hospital for screening in the High Risk Prenatal Service. Of these, 162 met the study's inclusion criteria and were monitored in the hospital unit, and the others were counter-referred to Primary Care in the city of origin for not meeting the established criteria.

In the high-risk referral service, pregnant women enrolled in the Primary Care of municipalities belonging to the 10th Health Region are attended to and who meet the criteria established by the Service Protocol, namely: Dependence on legal drugs; Adolescents under 17 or women over 35 with complications; Maternal height less than 1,45m; Previous history of ectopic pregnancy, habitual abortion, infertility, uterine malformations, premature labor, gynecological neoplasm, previous uterine

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surgery; Maternal diseases such as heart disease, lung disease, thyroid disease, psychiatric disease, hematological diseases, tumors, epilepsy and congenital infections; Disease of current pregnancy such as fetal growth restriction or fetal macrosomia, twin pregnancy, hypertension, diabetes, Rh negative mother with Rh positive father, corroborating the criteria established by the Ministry of Health in its Technical Manual for High-Risk Pregnancy.³

The High-Risk Prenatal Care Service (PNAR) was implemented at the Hospital Materno Infantil de Sousa in November 2019, after discussion and approval by the municipal health managers of the 10th Region at an ordinary meeting of the Regional Inter-Management Commission (CIR - Comissão Intergestores Regional), agreeing on the routing flows and establishing responsibilities for each entity and for the services. This agreement was intended to reduce premature births, hospital admissions and transfers to other centers.

Outpatient consultations are scheduled and occur once a week, being performed by the obstetric nurse and obstetrician who are responsible for the High-Risk Prenatal Service. The city of origin of the high-risk pregnant woman is responsible for transferring the patient to the reference service and carrying out the requested tests.

The data used in the study refer to the service's internal reports, prepared on a monthly basis, containing information related to care provided by the High-Risk Prenatal Care reference service. The analysis was carried out using a quantitative/qualitative approach, expressing through the number of consultations and referrals an improvement in care, with a reduction in the number of transfers, maternal, perinatal, early neonatal, late neonatal, post-neonatal and hospital admissions.

DISCUSSION AND RESULTS

In Brazil, ordinance no. 1459 of June

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24th, 2011, institutes the Rede Cegonha within the scope of the SUS, which aims to ensure quality, safe and humane care for all pregnant women, and is structured from four components: prenatal care, delivery and birth, puerperium and comprehensive child health care and the logistical system that refers to sanitary transport and regulation, and has the following guidelines: Welcoming with assessment and classification of risk and vulnerability, expanding access and improving the quality of prenatal care; Linking the pregnant woman to the unit of reference for childbirth, and to safe transport; Good practices and safety in childbirth care; Health care for children aged 0 to 24 months with quality and resoluteness; and Access to reproductive planning actions.

Health in the state of Paraíba has advanced with regard to the expansion of Health Care Networks (RAS - Redes de Atenção à Saúde) to the three health macro-regions, especially the 3rd macro-region located in Alto Sertão. The experience came from the difficulty of access of pregnant women to the PNAR, who used to travel to perform high-risk childbirth in cities farther from their municipality of residence, such as the cities of Patos, Campina Grande or even in the state capital, João Pessoa.

Thus, in a context of improving the health regionalization and decentraliza-

tion process, this service was implemented, which after medical evaluation, these pregnant women are monitored and delivered to the municipality of Sousa, ensuring more qualified care and closer to their city of origin. These pregnant women are referred through the city Health Department for Mother and Child Hospital.

According to the documents prepared by the hospital unit's High-Risk Prenatal team, it is possible to see that there was a standardization of the reception of high-risk pregnant women with screening that guarantees the confirmation of the gestational risk with a view to their admission to the Hospital Materno Infantil or responsible referral to another Unit responsible for risk; clinical-obstetric evaluation with diagnosis of pregnancy and labor conditions; the systematization of the admission routine according to the profile and needs of the pregnant woman/parturient; the implementation of multiprofessional humanized care for pregnant women, childbirth, puerperium and newborn care; guidelines for therapeutic conduct, with scientific bases for attending parturients, high-risk pregnant women and high-risk newborns; assistance in organizing the micro and macro-regional assistance network; verification and monitoring the implementation of evidence-based practices recommended by

the Ministry of Health; better communication between the different levels of health care, a significant reduction in premature births and transfers of both pregnant women and newborns, and consequently a reduction in maternal, perinatal, early, late and post-neonatal mortality in the Region.

CONCLUSION

Given the above, this report can contribute to academic and social discussions about the issues that permeate High-Risk Prenatal Care, offering information and elements to assess the services provided and the access offered to women. Therefore, this experience is considered successful, as it made it possible for prenatal care and delivery to take place in a reference hospital close to the mother's place of origin, avoiding the difficulty of access with regard to moving to another distant city and outside the scope of coverage of the Health Region and, consequently, it was possible to observe that the implementation of this service promoted more family bonding and reception of women, with a significant reduction in premature births and transfers of both pregnant women and newborns, and thus promoted a reduction in mortality maternal, perinatal, early neonatal, late and post neonatal in the Health Region. ■

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