

# Health care network for pregnant and puerperal women: perceptions of health workers

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Red de salud para mujeres embarazadas y puerperales: percepciones de los trabajadores de salud

## RESUMO

Objetivo: compreender a percepção que os trabalhadores da saúde da família possuem acerca da rede de atenção à saúde no pré-natal e puerpério. Método: pesquisa qualitativa desenvolvida de março a abril de 2019, com oito trabalhadores da saúde que atuam em uma Estratégia Saúde da Família. Para a coleta dos dados, utilizou-se a entrevista semiestruturada. Os dados foram analisados segundo a análise temática de conteúdo. Resultados: emergiram duas categorias: percepção dos trabalhadores acerca da organização da Rede de Atenção à Saúde no pré-natal e puerpério e Serviços que integram a rede de atenção à saúde das gestantes e puérperas. Conclusão: há muitas fragilidades na rede de atenção à saúde, que englobam a comunicação entre os diferentes serviços, a existência de uma comunicação informal e a dificuldade de acesso dessa população à serviços de saúde essenciais, o que interfere na integralidade do cuidado.

**DESCRIPTORIOS:** Enfermagem; Atenção primária à saúde; Serviços de saúde; Gravidez; Período pós-parto.

## ABSTRACT

Objective: to understand the perception that family health workers have about the health care network in prenatal and postpartum periods. Method: qualitative research developed from March to April 2019, with eight health workers who work in a Family Health Strategy. For data collection, a semi-structured interview was used. Data were analyzed according to thematic content analysis. Results: two categories emerged: workers' perception about the organization of the Health Care Network in prenatal and puerperium and Services that are part of the health care network of pregnant and postpartum women. Final considerations: there are many weaknesses in the health care network, which include communication between different services, the existence of informal communication and the difficulty of this population's access to essential health services, which interferes with the integrity of care.

**DESCRIPTORS:** Nursing; Primary health care; Health services; Pregnancy; Postpartum period

## RESUMEN

Objetivo: comprender la percepción que tienen los trabajadores de salud de la familia sobre la red asistencial en el período prenatal y posparto. Método: investigación cualitativa realizada de marzo a abril de 2019, con ocho trabajadores de la salud que laboran en una Estrategia de Salud de la Familia. Para la recolección de datos se utilizó una entrevista semiestructurada. Los datos se analizaron de acuerdo con el análisis de contenido temático. Resultados: surgieron dos categorías: percepción de los trabajadores sobre la organización de la Red de Atención de Salud en el prenatal y puerperio y los Servicios que forman parte de la red de atención de la salud de la mujer gestante y posparto. Consideraciones finales: existen muchas debilidades en la red asistencial, que incluyen la comunicación entre diferentes servicios, la existencia de comunicación informal y la dificultad de acceso de esta población a los servicios esenciales de salud, lo que interfiere con la atención integral.

**DESCRIPTORIOS:** Enfermería; Atención primaria de salud; Servicios de salud; embarazo; Periodo posparto.

RECEIVED: 08/06/21 APPROVED: 14/06/21

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## INTRODUCTION

In recent years there has been progress in public policies oriented towards comprehensive care for women's health. These policies are premised on guaranteeing sexual and reproductive rights, reducing the indicators of cesarean deliveries, encouraging good practices in the care of pregnant and postpartum women, as well as reducing maternal mortality. (1)

In this sense, in 1983 the Ministry of Health and Health created the Program for Integral Assistance to Women's Health (PAISM - Programa de Assistência Integral à Saúde da Mulher). Later, in 2003, this Program was reformulated and, thus approved as the National Policy for Integral Attention to Women's Health (PNAISM - Política Nacional de Atenção Integral à Saúde da Mulher), whose principles are integrality and health promotion, recommends the consolidation of sexual and reproductive rights and the advancement of obstetric care and advocates family planning. (2)

The creation of some programs such as the Stork Network, the Childbirth and Birth Humanization Program (PHPN - Programa de Humanização do Parto e Nascimento) and the Surveillance of Deaths of Women of Childbearing Age were instituted to implement the National Policy for Integral Attention to Women's Health (PNAISM - Política Nacional de Atenção Integral à Saúde da Mulher) (2) and strengthen the organization of the Health Care Network (RAS - Rede de Atenção à Saúde), in the Unified Health System (SUS), in which Primary Health Care (PHC) is the protagonist in the management of care. (3)

The PHC should be primarily the point of care and gateway to the system, being also responsible for ordering the flows and counter-flows of the population at the different points of care. (4) In the case of

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services that are configured as a gateway to PHC, the Family Health Strategy (FHS) assumes a model of assistance aimed at the development of individual and collective actions on a territorial basis, that assists and promotes humanized prenatal care in the HCN. (5)

The organization of the HCN enables comprehensive care that meets the health needs of the population. Therefore, knowing the care trajectory of people in the HCN allows us to broaden the view on the difficulties, from PHC to hospital care, and on the path taken in the search for care. (6) Access to health services collaborate to reduce maternal mortality as well as to guarantee comprehensive care for women's health. (7)

Knowing the HCN services and the way in which their dynamics occur allows us to identify the weaknesses that may exist in prenatal care, and to point out possible strategies for the effectiveness of the care that is offered in prenatal care (8) and in the puerperium. It will also point out strategies for change in the work process and management of PHC services.

Given the above, this study had the following research question: how do family health workers perceive HCN in prenatal and postpartum periods? The objective is to understand the perception that family health workers have about HCN in prenatal and postpartum periods.

## METHODS

This is a research with a qualitative approach, which was developed with eight health workers who work in a Family Health Strategy (FHS), located in a city in Rio Grande do Sul, Brazil.

All health workers from the team who provided care to pregnant and postpartum women were invited to participate in the research. However, those who were on sick leave at the time of data collection were ex-

cluded.

For the collection of information, a semi-structured interview was used, which was carried out individually in March and April 2019. The interviews were carried out in a reserved room at the ESF according to the availability of each worker, so they were recorded by an audio recorder and later transcribed and analyzed according to the Thematic Analysis, which comprised the following steps: pre-analysis, exploration of the material and treatment of the results obtained and interpretation. (9) The interviews lasted between twenty-six and thirty-four minutes.

The following guiding questions were used for the interview: How do you perceive the Health Care Network for pregnant and postpartum women? What services do you activate or refer to in the Health Care Network? And how do you perceive communication with these services?

To ensure the anonymity of health professionals, the initial letters of "HLW" (higher-level worker) and "MLW" (middle-level worker) were adopted, followed by a number that corresponds to the order in which the interviews were conducted.

The research followed the ethical principles of Resolution No. 466/12 of the National Health Council, which regulates the rules for conducting research involving human beings. All participants signed the Free and Informed Consent Term that contained information regarding the development of the research. The research was approved by the Research Ethics Committee of the Franciscan University, under opinion No. 3,019,307, CAAE 02373018.4.0000.5306, which was issued on November 13th, 2018.

## RESULTS

From the thematic analysis of the data, two categories emerged: Workers' perception about the organization of HCN in prenatal and postpartum periods and Services that integrate the Health Care Network for pregnant and postpartum women.

Workers' perception about the organization of HCN in prenatal and postpartum

Health workers realize that there are weaknesses in communication between the various points of the HCN, which are expressed due to the lack of a shared information system in services of different complexities:

*The computerized system is not related to the University Hospital. So we go for what they (pregnant women/puerperal women) say or for what we can capture. This connection between the network is missing and this conversation is more impersonal. (HLW 3)*

*The network is very precarious, very difficult. I come from another reality that was very different from this, but we at least used the same System and managed to have a follow-up. (HLW 4)*

Workers report that there is little resolution and agility when there is a need to schedule an exam:

*We ask for an ultrasound at the beginning of the pregnancy, only if they think she is less than 12 weeks old and does not pass the regulation. It lacks a little more agility and resolution of situations, of not waiting so much or not being so much referral. (HLW 2)*

*We cannot detect any syndrome during pregnancy due to the quality of the ultrasound. And this is different compared to the ultrasound performed in the private network. (HLW 3)*

The perception that workers have about HCN to pregnant and postpartum women is that health needs are not met. Still, there is a lack of communication due to the insufficiency of an information system that integrates all services.

**Services that integrate the Healthcare Network for pregnant and postpartum**

**women**

This category expresses the services that workers provide to pregnant and postpartum women in the HCN. With regard to prenatal care, it is evident that pregnant women have difficulty in accessing the

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HCN, as they need to seek assistance outside their territory.

*We don't have a dentist here at the Unit and this is a lack, but there is*

*a reference that is in the Municipal Emergency Department. They are referenced there. It's more difficult because they have to go there. (HLW 2)*

**I have referred several times to the Emergency Department. They have psychological care for pregnant and postpartum women. So what is most needed here is this. (HLW 1)**

*I didn't have many good experiences with the psychologist, because sometimes when I tried to make an appointment, I couldn't. From what I heard, there is no psychologist in the municipality. (HLW 3)*

*I have referred several times to the Emergency Department. They have psychological care for pregnant and postpartum women. So what is most needed here is this. (HLW 1)*

When workers identify a mental disorder, they refer pregnant and postpartum women to the Psychosocial Care Center (CAPS - Centro de Atenção Psicossocial):

*When you need to make a referral to a CAPS, it is done by the doctor. They go with a letter and do the service there. (HLW 3)*

Another HCN service that workers refer pregnant and postpartum women in a situation or suspected of being socially vulnerable is the Social Assistance Reference Center (CRAS - Centro de Referência de Assistência Social):

*When we see that there is a need for a family allowance, then we refer them to CRAS. (MLW 2)*

*I end up depending on CRAS because I often find them vulnerable. I do it, because they often need other support and even because this child may be at risk. (HLW 4)*

To ensure assistance to pregnant women who have disorders related to drug use or other pathologies that may compromise fetal health and integrity, workers request assistance from the Guardianship Council:

*Pregnant women who have drug problems, have problems with syphilis and STIs (sexually transmitted infections) in the area, and we always have to be very well arti-*

*culated with the nursing team and health agents. And call the absentees to trigger the child protection council, CRAS or CAPS. (HLW 2)*

*With teenage pregnant women, if she doesn't come to the clinic for prenatal care, the first thing I do is threaten her with the Guardianship Council. (MLW 3)*

The workers express that the Guardianship Council is not effective in the HCN and that the complaints do not occur anonymously:

*The Guardianship Council does not work as it could. Because you make a complaint, but the users know it was you, because they (Professionals from the Guardianship Council) talk. (MLW 3)*

*The Council arrives there and says: "So-and-so denounced you". I personally think that the Council doesn't work in this city. (MLW 4)*

In cases of urgency or emergencies, pregnant and postpartum women are referred to the Municipal Emergency Department or to the Emergency Care Unit, which sometimes occurs with the help of the Mobile Emergency Care Service:

*Contact the Emergency Room or Emergency Care Unit. And when the person arrives in bad health, he calls for transport (SAMU), and it's very calm. (MLW 1)*

Pregnant and postpartum women travel to various points in the HCN. However, these services are insufficient to meet their health needs.

## DISCUSSION

The use of the health service by pregnant women as mentioned by the workers, and the delay in carrying out and obtaining the results of the necessary tests, can cause

Regarding the psychological needs of pregnant and postpartum women, they are mainly attended in municipal urgency and emergency services or when this professional is available in the HCN:

gaps in the monitoring of pregnancy and in the development of the child. Failure to perform tests makes early diagnosis and treatment of complications in pregnancy difficult. (10) This data confirms the failure in the implementation of support networks, generating the need to restructure the services available in the network, in order to fully welcome the population of pregnant women, postpartum women and children. (11)

The actions carried out in the care network by the health team, in the stages of the pregnancy-puerperal cycle, must take into account the forms of social insertion of women in the community ascribed to the health unit, in order to achieve comprehensive care. (12)

Access to consultations, exams and medication was pointed out as another indicator of quality in care, as it also favors the early start of prenatal care in primary care. (8) Regarding the access and use of dental services by pregnant women, research (13) demonstrates low adherence to dental prenatal care as the main complicating factors were the access and use of these services, which are related to cultural, educational and socioeconomic aspects. The low coverage of dental prenatal care is a reality present in the primary health care of many services in Brazil, and has several causes involved. (14)

In relation to psychosocial care, the literature points out that it is important to discuss women's mental health, seeking to fully address women's mental health. (15) In this sense, the HCN needs to meet the demands of mental health in a resolute way and at different points without the need for

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these women to seek assistance in places far from their territory.

Care for women's health must occur longitudinally, thus, there is a need to qualify such actions in order to accompany women in all stages of pregnancy and postpartum. There is evidence that the care of pregnant and postpartum women requires qualification of management and assistance in health services, overcoming the technicist biomedical model, thus contributing to the improvement of women's health. (16)

Qualified prenatal and postpartum care occurs through the incorporation of welcoming behaviors and easy access to quality health services, with actions that integrate all levels of care: promotion, prevention and health care for pregnant women and the newborn. (17)

### CONCLUSION

This study showed that there are several weaknesses in the HCN of pregnant and postpartum women, ranging from communication between the different services, difficult access or lack of availability in the HCN, which compromises the integrality of care and makes the work process difficult. Thus, investments are needed in terms of the implementation of information systems and a watchful eye on the part of management regarding the health needs that are not being met.

It is suggested the development of studies that involve the managers of primary care services so that improvements can be pointed out in favor of effective communication and for the development of strategies to guarantee quality care for pregnant and postpartum women.

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