



Qualification of prenatal care in Caicó/RN: An approximation between university, hospital and primary care

Maria Diane Braga Dantas Monteiro

Rosicleide Rubia Pereira Medeiros

ABSTRACT

Prenatal care is an important component of women's health care during pregnancy-puerperal conditions. Practices routinely performed during this care are associated with better perinatal outcomes (2,3). Prenatal care consists of monitoring the future mother, serving as a moment of experiences for the woman and family; It allows the early detection of alterations with the mother and child. In this context, nurses emerge as professionals qualified to care for low-risk pregnancies, since in recent decades there has been an increase in the performance of nurses in their various areas(4). In 2000, the Ministry of Health created the Program for the Humanization of Prenatal Care and Birth (PHPN), aiming to reduce the high rates of maternal and perinatal illness and deaths, expand the offer of prenatal care, define parameters to optimize care for pregnant women and provide the link between outpatient care and childbirth. It also deals with establishing the elementary activities to be performed during prenatal and puerperal consultations (5).

Keywords: Prenatal care, Pregnancy and childbirth.

1 INTRODUCTION

Prenatal care is an important component of women's health care during pregnancy-puerperal conditions. Practices routinely performed during this care are associated with better perinatal outcomes (2,3).

Prenatal care consists of monitoring the future mother, serving as a moment of experiences for the woman and family; It allows the early detection of alterations with the mother and child. In this context, nurses emerge as professionals qualified to care for low-risk pregnancies, since in recent decades there has been an increase in the performance of nurses in their various areas(4).

In 2000, the Ministry of Health created the Program for the Humanization of Prenatal Care and Birth (PHPN), aiming to reduce the high rates of maternal and perinatal illness and deaths, expand the offer of prenatal care, define parameters to optimize care for pregnant women and provide the link between outpatient care and childbirth. It also deals with establishing the elementary activities to be performed during prenatal and puerperal consultations (5).

When conducting prenatal consultations, the ideal is that it is not performed only by the doctor, but that it is performed by qualified professionals and, preferably, in an interprofessional manner.

Despite intense efforts to expand the coverage of care for pregnant women in primary health care (PHC), at the national and international levels, maternal and child health continues to be an important object



of investigation, due to the need to overcome fragmented and dichotomous models of education and intervention. The reduction of maternal and child mortality remains slow and remains at the top of global political agendas, which is why it has once again been included among the Sustainable Development Goals (6.7).

Prenatal care encompasses a set of prospective measures that aim to contribute to favorable outcomes in labor, birth, and postpartum. These multidimensional and interprofessional measures include interventions ranging from promotion, education, and detection to early treatment of diseases (8,9).

2 METHODOLOGY

This project focuses on prenatal qualification to provide improvements in maternal and child health in the municipality of Caicó/RN. The project will have obstetric nurses from the Seridó Hospital, accompanied by the residents of the multiprofessional residency in maternal and child health (psychologists, physiotherapists, nurses, social workers, pharmacists and nutritionists) working directly in the health units through weekly visits to pre-defined units, taking into account indicators and vulnerabilities of the chosen units.

Initially, the Family Health Units visited will be: UBS do Centro, UBS Walfredo Gurgel, UBS Frei Damião, UBS Paraíba, UBS João XIII, UBS Paulo VI, UBS Alto da Boa Vista, UBS Castelo Branco and UBS Samanaú.

The actions carried out in the UBS's are planned in advance and defined according to the need exposed by the health team, thus taking place shared prenatal consultations, health education activities with groups of pregnant women, continuing education activities with the theme of choosing the team and bonding visits to the maternity hospital.

3 GENERAL OBJECTIVES

- Qualify prenatal care in the municipality of Caicó/RN;
- Carry out continuing education actions with the family health teams linked to the project;
- Strengthen groups of pregnant women;
- Promote bonding visits to the maternity ward.

4 RESULTS AND DISCUSSION

The project has been able to provide prenatal care with welcoming behaviors, developing educational and preventive actions and establishing a greater link between prenatal care and the place of delivery, in addition to facilitating access to health services of greater complexity, from basic outpatient care to high-risk hospital care.



In the dialogues established with the health teams, special attention is given to overcoming barriers such as difficulties in access, late start, inadequate number of consultations and incomplete performance of the recommended procedures, affecting their quality and effectiveness of prenatal consultations. Overcoming the lack of link between the services that provide prenatal care and childbirth is another problem identified and that is in the priority activities grid, thus reducing the pilgrimage of pregnant women in labor in search of a place for hospitalization.

The team that conducts the project encounters difficulties in relation to, many times, the non-recognition of the importance of these actions by primary care professionals who recognize the actions as an additional obligation or users who overvalue curative health actions to the detriment of prevention.

To overcome these obstacles, the conducting team seeks various strategies, such as shaping the actions according to the characteristics of each UBS, such as consultations for certain groups and educational actions for others.

5 CONCLUSION

Thus, it becomes evident the need to qualify prenatal care with actions that will go beyond the number of consultations, but will facilitate the return of groups of pregnant women, the inclusion of the companion or close person from prenatal care to labor and birth, the practice of continuing education activities for professionals.

Thus, the importance of this project is justified, with practices that transform the knowledge and knowledge of an interprofessional team into problem-solving and effective actions for pregnant women, as well as the strengthening of primary care so that it actually acts as an organizer of care in health care networks and an urgent need to sensitize family health teams to resume their prevention actions in health promotion with regard to the prenatal.



REFERENCES

Ministério da Saúde. Portaria consolidada Rede Cegonha. http://portal.saude.gov.br/portal/arquivos/pdf/portaria_consolidada_cegonha.pdf (acesada em 24/Jun/2013).

Caroli G, Rooney C, Villar J. How effective is antenatal care in preventing maternal mortality and serious morbidity? An overview of the evidence. *Paediatr Perinat Epidemiol.* 2001; 15 Suppl 1:1-42.

Barros FC, Bhutta ZA, Batra M, Hansen TN, Victora CG, Rubens CE. Global report on preterm and stillbirth (3 of 7): evidence for effectiveness of interventions. *BMC Pregnancy Childbirth* 2010.

Ministério da Saúde. Pré-natal e puerpério: atenção qualificada e humanizada. Manual Técnico. Brasília: Ministério da Saúde; 2006. (Série A. Normas e Manuais Técnicos; Série Direitos Sexuais e Direitos Reprodutivos – Caderno 5).

Secretaria de Políticas de Saúde Ministério da Saúde. Programa de Humanização no Pré-Natal e Nascimento. Brasília: Ministério da Saúde; 2002.

Kuhnt J, Vollmer S. Antenatal care services and its implications for vital and health outcomes of children: evidence from 193 surveys in 69 low-income and middleincome countries. *BMJ Open* 2017; 7(11):e017122.

Claire R, McNellan, ED, Marielle CG, Wallace DV, Colombara EB, Palmisano EB, Johanns CK, Schaefer A, Ríos-Zertuche D, Zúñigo-Brenes P, Hernandez B, Iriarte E, Mokdad AH. Antenatal care as a means to increase participation in the continuum of maternal and child healthcare: an analysis of the poorest regions of four Mesoamerican countries. *BMC Pregnancy Childbirth* 2019; 19(1):66.

Hodgson ZG, Saxell L, Christians JK. An evaluation of Interprofessional group antenatal care: a prospective comparative study. *BMC Pregnancy Childbirth* 2017; 17(1):297.

Svefors P, Sysoev O, Ekstrom E, Persson LA, Arifeen SE, Naved RT, Rahman A, Khan AI, Selling K. Relative importance of prenatal and postnatal determinants of stunting: data mining approaches to the MINIMat.