Profile of morbidities of high-risk pregnant women in the area covered by a family health strategy

Perfil das morbidades das gestantes de alto risco na área de abrangência de uma estratégia de saúde da família

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ABSTRACT
Pregnancy is considered high risk when certain clinical, obstetric and social conditions arise that can threaten maternal-fetal health (RODRIGUES et al., 2017). In Brazil, according to the Ministry of Health's High Risk Pregnancy Manual (2022), pregnant women who have some gestational risk should be followed, together, in primary care and in an intermediate-risk prenatal unit with the presence of an obstetrician and

multidisciplinary team, aiming to provide the woman with a positive experience of pregnancy, thus preventing possible harm to their health and that of the newborn (BRASIL, 2022).

Keywords: Health, Pregnant, Women.

RESUMO
A gestação é considerada de alto risco quando surgem determinadas condições clínicas, obstétricas e sociais que podem ameaçar a saúde materno-fetal (RODRIGUES et al., 2017). No Brasil, de acordo com o Manual de Gestação de Alto Risco do Ministério da Saúde (2022), as gestantes que possuem algum risco gestacional devem ser acompanhadas, em conjunto, na atenção primária e em uma unidade de pré-natal de risco intermediário com a presença de um médico obstetra e equipe multidisciplinar, objetivando proporcionar à mulher uma experiência positiva da gestação, prevenindo, assim, possíveis agravos à sua saúde e a do recém-nascido (BRASIL, 2022).

Palavras-chave: Saúde, Gestante, Mulher.

1 INTRODUCTION

Pregnancy is considered high risk when certain clinical, obstetric and social conditions arise that can threaten maternal-fetal health (RODRIGUES et al., 2017). In Brazil, according to the Ministry of Health's High Risk Pregnancy Manual (2022), pregnant women who have some gestational risk should be followed, together, in primary care and in an intermediate-risk prenatal unit with the presence of an obstetrician and multidisciplinary team, aiming to provide the woman with a positive experience of pregnancy, thus preventing possible harm to their health and that of the newborn (BRASIL, 2022).

Some studies point to hypertensive syndromes (HSs) as the main cause of follow-up in the PNAR (RODRIGUES et al., 2017; ANGELS; PEAR TREE; FERREIRA, 2014; ANTUNES et al., 2017), affecting about 20 to 30% of pregnant women (RODRIGUES et al., 2017). HSs can be classified into chronic hypertension (SAH), preeclampsia and gestational hypertension, the occurrence of these increases the risk of maternal and perinatal morbidity and mortality (ANTUNES et al., 2017). HSs only lag behind hemorrhages when it comes to maternal death worldwide (ANTUNES et al., 2017). However, findings indicate the absence of the follow-up recommended by the Ministry of Health after the diagnosis of HSs (RODRIGUES et al., 2017).

Contrary to the studies mentioned, other findings point to urinary tract infections (UTI) as the main cause associated with high-risk pregnancy (REIS, 2014; COAST; HEALING; PERONDI et al., 2016). UTI is one of the most common infections in pregnant women, considered an alarm signal because it is associated with increased prematurity, chorioamnionitis and fetal death, increasing maternal and perinatal morbidity and mortality (DA MATA et al., 2014; HUH; BORTOLI; MASSAFERA, 2016).

Another comorbidity that appears among the main causes of high-risk pregnancy is obesity, a chronic and multifactorial disease, assessed by the body mass index (BMI), which indicates the degree of overweight

(from 25.0 to 29.9 kg/m2), grade I or mild obesity (from 30.0 to 34.9 kg/m2), grade II or moderate (from 34.0 to 39.9 kg/m2) and obesity of grade III or severe (greater than 40.0 kg/m2) (VALLE; DURCE; FERREIRA, 2008). Overweight can contribute to an unfavorable obstetric outcome and increase the risk of other chronic diseases in adulthood (SILVA et al., 2014). In addition, obese women are at higher risk for other gestational diseases, such as HSs, macrosomia, fetal distress, prolonged labor, cesarean section, intrauterine growth restriction (IUGR), prematurity and gestational diabetes mellitus (GDM) (SEABRA et al., 2011).

GDM is a multifactorial disease feared by pregnant women, which occurs due to the increase in insulin counterregulatory hormones, with placental lactogen hormone being the main one, added to the physiological stress imposed by pregnancy and genetic or environmental predeterminant factors (NETA et al., 2014). GDM is associated with greater fetal maternal complications such as fetal macrosomia, fetal hyperinsulinemia, postpartum hypoglycemia, IUGR, prematurity, and a higher risk of preeclampsia for women (VALLE; DURCE; FERREIRA, 2008).

Thus, follow-up during prenatal care is extremely important for the assessment of maternal and fetal well-being and early identification of risks and health problems of both. In addition, it enables the awareness of women for their future pregnancies in order to explain possible risks involved and appropriate conduct to try to minimize future damage (ANTUNES et al., 2017; Medeiros et al., 2019).

In view of this, the survey of characteristics of high-risk pregnant patients corroborates the identification of a typical clinical history, which can be used to identify cases that would be more passive of complications, as well as to bring to evidence the main etiologies of the need for high-risk care.

In this context, knowing the profile of pregnant women within the high-risk group would be of singular importance to better understand what are the main comorbidities present in these women, as well as to have a scope of how to act directly on this problem. Thus, this study aimed to determine the epidemiological profile of high-risk pregnant women in the area covered by an FHS in the period from January 2020 to November 2022, and which strategies to follow according to the results to be presented.

2 GOAL

To determine the morbidities profile of high-risk pregnant women in the area covered by an FHS

3 METHODOLOGY

This is a descriptive cross-sectional study with a quantitative approach conducted by medical students in supervised internship that reviewed their own records used for the follow-up of all pregnant women attended from January 2020 to November 2022, in an FHS in the municipality of Blumenau, Santa

Catarina, Brazil. In the review of the records, the following variables were verified: age, gynecological and obstetric antecedents, pathologies prior to pregnancy and current pathologies

4 DEVELOPMENT

The study sample consisted of 71 pregnant women and, through the review of medical records, the following variables were verified: age, gynecological and obstetric antecedents, pathologies prior to pregnancy and current pathologies.

Table 01- classification of gestational risk, according to the number of pregnant women and mean age in the period from January 2020 to October 2022

GSTATIONAL RISK	NUMBER OF PREGNANT WOMEN	AVERAGE AGE
High risk	38	26.31 years
Medium risk	02	21 years
Low risk	31	26.8 years

Source: own authorship.

Of the total of 100% (N = 71) of the pregnant women assisted in the FHS, it is noteworthy that 53.52% (N = 38) of them correspond to high-risk pregnancies, with a mean age corresponding to 26.31 years.

Table 02 - Age groups of high-risk pregnant women, according to total cases, in the period from January 2020 to October 2022.

AGE GROUPS	TOTAL CASES
(15-20)	05
(21-25)	14
(26-30)	08
(31-35)	08
(36-40)	03

Of the totality of 38 pregnancies classified as high risk, it was found that 13.15% (N = 5) correspond to the age group of 15 to 20 years. 36.84% (N = 14) correspond to the age group of 21 to 25 years. 21.05% (N = 08) correspond to the age group of 26 to 30 years. 21.05% (N = 08) correspond to the age group of 31 to 35 years. 7.89% (N = 03) correspond to the age group of 36 to 40 years.

It is noted that age had no determining factor for the development of high-risk pregnancy, since 13.15% were younger than 20 years and 7.89% older than 35 years. In a similar way it was verified in the study by Rodrigues (2017), in which age was only a risk factor for 16.1% of the pregnant women evaluated.

Table 03 - Classification of gestational risk factors, according to total cases, in the period from January 2020 to October 2022.

GESTATIONAL RISK FACTORS	TOTAL CASES
Hypertensive Disease of Pregnancy	09
Gestational Diabetes	08
Gestational syphilis	04
Thyroid Changes	04
Obesidade (IMC >30kg/m2)	03
Intrauterine Growth Restriction	03
Recurrent urinary tract infection (pyelonephritis or infections greater than or equal to 3 episodes)	03
Fetal malformations	03
Hemopatias	03
Psychiatric illnesses	02
Abnormal cervical cytology (cytopathological examination)	02
Isoimunização	02
Changes in amniotic fluid volume	02
Abnormalities of the genitourinary tract	01
Placental changes	01

Source: Own authorship

Of the high-risk pregnant women (N = 38) it was possible to observe the presence of certain gestational risk criteria, which can be observed as follows: 23.68% (N = 9) have Hypertensive Disease of Pregnancy. 21.05% (N = 8) have Gestational Diabetes. 10.52% (N = 4) have gestational syphilis. 10.52% (N = 4) have thyroid alterations. 7.89% (N = 3) are obese (BMI > 30kg/m2). 7.89% (N = 3) have delayed uterine growth. 7.89% (N = 3) were classified as high gestational risk due to recurrent urinary tract infection (pyelonephritis or infections ≥ 3 episodes). 7.89% (N = 3) have fetal malformations. 7.89% (N = 3) had hemopathies.

5.26% (N = 2) have psychiatric diseases. 5.26% (N = 2) had abnormal cervical cytology. 5.26% (N = 2) it was possible to observe the presence of isoimmunization. 5.26% (N = 2) have changes in amniotic

fluid volume. 2.63% (N = 1) have genitourinary tract abnormalities. 2.63% (N = 1) have placental alterations. Thus, it is suggested that pregnant women in the studied area are more affected by gestational hypertensive diseases, followed by gestational diabetes, similar to the study by Anjos, Pereira and Ferreira (2014), in which 40% of pregnant women had DHEG, 7.44% had gestational DM and only 5.31% had UTI.

While in other studies gestational syphilis was not mentioned as the main determinant of high-risk pregnancies, in the present study it appears in third place (10.52%), as well as thyroid alterations, which also do not have epidemiological evidence in other studies. In the studies by Costa, Cura and Perondi (2016) and Gomes et al. (2021), the three main comorbidities that affected pregnant women were Systemic Arterial Hypertension (SAH), obesity and UTI, respectively. Although in the present study SAH is presented as the main aggravating factor, obesity and urinary infections appear as minor risk factors.

Finally, the support groups for high-risk pregnant women would have a significant impact within the area of an FHS, since they could act on the screening and treatment fronts in parallel, offering differential support to the mothers contemplated and providing that the first steps of their children can be smoother when they start their walks next to them.

5 FINAL CONSIDERATIONS

The study observed that high-risk pregnancy affected more women aged 26 years, with hypertensive disease and diabetes as the main comorbidities present in this group of individuals.

In this sense, the FHS would enter as a differential in the life of this population to the extent that support groups were created for high-risk pregnant women, serving both as an environment of awareness and support and tracking of the comorbidities most often seen in the pregnancies of the area covered by each FHS. The practice suggested in this type of activity would include round tables with an adequate number of pregnant women the need of each unit; During these meetings, the services of a multidisciplinary team would be available: nutritionist, physical educator, physiotherapy, psychology, with the objective of making future mothers aware of why they are being classified as "high risk", and how best to address their condition, either by lifestyle changes related to physical activity and food reeducation, as examples.

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