

CHARACTERIZATION OF THE STRUCTURE AND WORK PROCESS IN PRENATAL CARE*

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ABSTRACT: Descriptive, exploratory study with a quantitative approach conducted between November 2014 and March 2015, involving 25 Basic Health Units (UBS) that implement the Family Health Strategy, 35 professionals who provide prenatal care and 305 users of basic care services of one city of Rio Grande do Norte, aimed to characterize the structure and work process in low-risk prenatal care services. In general, structure was considered adequate. Regarding the variable work process, 24 (68.6%) units with a multidisciplinary approach that perform all clinical-obstetric procedures were detected (100%). Regarding daily care activities, 186 (61%) pregnant women reported the existence of health education activities, and 22 (62.9%) health professionals described postnatal visits as adequate. Further studies on the topic and implementation of actions aimed to improve prenatal care are recommended.

DESCRIPTORS: Prenatal care; Health care; Health assessment; Health structure; Family Health Strategy.

CARACTERIZAÇÃO DA INFRAESTRUTURA E DO PROCESSO DE TRABALHO NA ASSISTÊNCIA AO PRÉ-NATAL

RESUMO: Pesquisa descritiva exploratória com enfoque quantitativo, realizada entre os meses de novembro de 2014 e março de 2015, envolvendo 25 Unidades Básicas de Saúde com Estratégia Saúde da Família, 35 profissionais que assistem ao pré-natal e 305 usuárias da atenção básica de um município do Rio Grande do Norte, para caracterizar a infraestrutura e o processo de trabalho nos serviços de atenção ao pré-natal de baixo risco. Evidenciou-se que, no geral, a infraestrutura foi considerada adequada. Na variável processo de trabalho, foram detectadas 24 (68,6%) unidades com abordagem multiprofissional, com realização de todos os procedimentos clínico-obstétricos (100%). No cotidiano assistencial, 186 (61%) gestantes relataram que há atividades de educação em saúde, e, para 22 (62,9%) profissionais, a visita puerperal foi considerada adequada. Estudos como estes podem ser elaborados e ações implementadas, no intuito de propiciar o melhoramento da assistência realizada durante o pré-natal.

DESCRIPTORIOS: Cuidado pré-natal; Assistência à saúde; Avaliação em saúde; Infraestrutura sanitária; Estratégia Saúde da Família.

CARACTERIZACIÓN DE LA INFRAESTRUTURA Y DEL PROCESO DE TRABAJO EN LA ATENCIÓN DEL PRENATAL

RESUMEN: Investigación descriptiva, exploratoria, con enfoque cuantitativo, realizada entre noviembre de 2014 y marzo de 2015, involucrando 25 Unidades Básicas de Salud con Estrategia Salud de la Familia, 35 profesionales que atienden el prenatal y 305 usuarias de atención básica en municipio de Rio Grande do Norte, para caracterizar la infraestructura y el proceso de trabajo en servicios de atención del prenatal de bajo riesgo. Se evidenció en general que la infraestructura fue considerada adecuada. En la variable proceso de trabajo, fueron detectadas 24 (68,6%) unidades con abordaje multiprofesional, con realización de todos los procedimientos clínico-obstétricos (100%). En la atención del día a día, 186 (61%) embarazadas informaron existencia de actividades de educación en salud y, para 22 (62,9%) profesionales, la visita puerperal fue considerada adecuada. Estudios como este pueden llevarse a cabo, e implementarse acciones con la intención de favorecer la mejora de la atención brindada durante el prenatal.

DESCRIPTORIOS: Atención Prenatal; Prestación de Atención de Salud; Evaluación en Salud; Infraestructura Sanitaria; Estrategia de Salud Familiar.

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● INTRODUCTION

Pregnancy is a process during which the woman undergoes many physical, biological and emotional changes, which requires physical and emotional adaptation⁽¹⁾. Most pregnancies and births are uneventful, but sometimes women are affected by health problems that increase the risk for complications that may affect their babies and /or themselves⁽²⁾.

The most important pregnancy complications are monitored in prenatal care to avoid complications and high maternal and neonatal mortality rates⁽³⁾. However, in 2013, there were more than 300,000 maternal deaths worldwide, most of them in developing countries⁽⁴⁾.

In Brazil, maternal death is a serious public health problem, especially in the Northeast region⁽⁵⁾. Even more worrying is realizing that these deaths could be avoided and generally occur among populations with lower income and untimely access to qualified health services⁽⁶⁾.

In fact, prenatal care is essential for the early detection of complications and to promote appropriate treatment, with optimization of health outcomes for mothers and children⁽⁷⁾. In order to maximize these results, parameters for assessing the quality of care during pregnancy are needed, as they could provide a better understanding of the aspects involved in this dynamics.

Therefore, many instruments have been proposed, since the 1970s, some of them focused on the classification of adequacy of prenatal care. Quantitative parameters such as number of appointments and gestational age at the first prenatal visit are currently used in the assessment of prenatal care quality⁽⁸⁾.

However, it was also necessary to assess the subjective aspects of prenatal care. Thus, the index *Infraestrutura, Processo de trabalho e Resultados no Pré-natal - IPR/PN* (Prenatal Structure, Work process and Outcome) was proposed, based on the guidelines of the *Programa de Humanização do Pré-natal e do Nascimento – PHPN* (Prenatal and Birth Humanization Program)⁽⁹⁻¹⁰⁾ and which includes quantitative and qualitative elements, distributed in the triad (structure, work process and outcome). This triad is based on the Donabedian model used to assess the quality of care⁽¹¹⁾.

The available structure is essential for adequate prenatal care, since health professionals need material resources and inputs to effectively implement health care actions. Another dimension, the work process, assesses the direct relationship between health professionals and pregnant women. Based on this interaction, possible clinical interferences are detected, and the anxiety and needs associated with pregnancy are identified.

Given the importance of these indicators in the improvement of prenatal care, the present study aimed to characterize the available structure and the work process in low-risk prenatal care services.

● METHOD

Exploratory descriptive research, with a quantitative approach and based on a research for the masters dissertation titled "Assessment of routine prenatal care in the city of Mossoró-RN".

The participants were health professionals and users who attended prenatal care visits in the city of Mossoró-RN, in Basic Health Units (UBS) that implement the Family Health Strategy (FHS), in Mossoró, Rio Grande do Norte, and Units that count on FHS teams. After this delimitation, 25 (twenty five) units with ESF were included.

The sample included professionals who provided prenatal care in the referred units. Professionals on vacation, leave or who had a medical certification were excluded. In the sample of users of Basic Health Units with FHS, women over 18 years attending prenatal care or who were mothers of children up to six months of age were included. Pregnant women who had some type of mental disorder were excluded.

Forty-six (46) professionals worked in the family health teams in the 25 (twenty-five) units comprised by the study, and after applying the inclusion and exclusion criteria, the final sample consisted of 35

(thirty-five) professionals, physicians or nurses who worked in prenatal care able to address the work process component.

On the other hand, since only one professional was required to complete the questionnaire on data related to the available structure of the UBS, the professional who had been working the longest time in the sector was selected. This step involved the participation of 25 (twenty five) health professionals. In order to calculate the sample of users, the formula for finite populations was used, and the average number of pregnant women in prenatal care, in 2013, in the investigated units was considered. The final sample consisted of 305 users contacted by the researchers at the UBS, who met the inclusion and exclusion criteria, and invited to participate in the study after signing the Free Informed Consent form.

Data was collected between November 2014 and March 2015, using the IPR / PRENATAL instrument based on the Prenatal and Birth Humanization Program of the Ministry of Health, during a research for a master's dissertation in nutrition sciences at the Federal University of Paraíba (UFPB) ⁽¹⁰⁾.

Variables related to the actions performed during prenatal care were considered adequate when the actions involved more than 90% of the users undergoing prenatal care and inadequate when less than 90% of the users were involved.

The data obtained was arranged in tables and analysis was based on pertinent studies. Statistical analysis was performed using IBM SPSS statistical software for Windows, version 22.0. Chi-square test for homogeneity of proportions was used. P- values less than 0.05 were considered significant.

The research was submitted to the Research Ethics Committee of Universidade Estadual do Rio Grande do Norte and approved on October 27, 2014, under no 854.846.

● RESULTS

Regarding the survey of the socioeconomic profile of the users who attended prenatal care, the family income of 202 (66.2%) pregnant women ranged between 1 and 2 minimum wages; 190 (62.3%) pregnant women were aged 18-28 years. Regarding education, most of the pregnant women had completed secondary education: 172 (56.4%), and regarding the number of pregnancies, most women had two or three pregnancies, corresponding to 150 (49.2%) of the total number of pregnancies. All values are equally significant ($p < 0.001$), as shown in Table 1.

Table 1 - Socioeconomic profile of the users who attended their first prenatal visit. Mossoró, RN, Brazil, 2015 (continues)

Variables	Freq (%)	P - value
Income		
Less than 1 wage	66 (21.6)	<0.001 *
1 to 2	202 (66.2)	
3 to 5	37 (12.1)	
Age		
18 to 28	190 (62.3)	<0.001 *
29 to 39	105 (34.4)	
Above 39	10 (3.3)	
Mean ± standard deviation	26.44 ± 6.33	
Minimum - maximum	18 - 41	
Schooling		
Primary	109 (35.7)	<0.001 *
Secondary	172 (56.4)	
Higher education	24 (7.9)	

Number of pregnancies		
Up to 1	124 (40.7)	<0.001 *
2 to 3	150 (49.2)	
Above 3	31 (10.2)	
Mean ± standard deviation	2.0 ± 1.22	
Minimum - maximum	1-Nov	
User of governmental care programs		
Yes	101 (33.1)	<0.001 *
No	204 (66.9)	

* Statistical significance (p <0.05) - Chi-square test for homogeneity of proportions

Regarding the infrastructure, 25 professionals reported that 19 (76%) buildings were purposely designed for the basic health units (UBS). In 14 (66%) UBS, information on the days (and times) prenatal care was provided, as well as on the staff responsible for such care, was not clearly available.

Regarding the supplies needed for prenatal consultations, the following essential materials/equipment were available: (clinical stethoscope, sphygmomanometer, inelastic measuring tape, lamp, gynecological examination table, Doppler sonar, among others). Hygiene-sanitary materials/information management (examination request forms, prescription of medicines, prenatal anamnesis, referral system, among others; disposable gloves, disposable paper bed sheet to cover gynecological tables, visit cards, daily recordcharts, registration of pregnant women (100%), 18 (72%) units with medication supplies/ supplements, and 24 (96%) units with laboratories for basic exams. This last item had a significant value (p<0.001), as shown in Table 2.

Table 2 - Infrastructure of primary care services for prenatal care. Mossoró, RN, Brazil, 2015

Variables	Freq. (%)	P-value
Health unit in facility owned by the government		
Adequate	19 (76)	0.009 *
Inadequate	06 (24)	
Basic information on prenatal care not clearly available		
Adequate	11 (44)	0.549
Inadequate		
Equipment Supply		
Adequate	25 (100)	-
Inadequate	0	
Supply of materials		
Adequate	25 (100)	-
Inadequate	0	
Medications / supplements available		
Adequate	18 (72)	0.0028 *
Inadequate	07 (28)	
Laboratory resources available		
Adequate	24 (96)	<0.001 *
Inadequate	01 (4)	

* Statistical significance (p <0.05) - Chi-square test for homogeneity of proportions.

The above data show that all units provide the necessary supplies for prenatal visits and care regarding the essential equipment and hygiene-sanitary materials / information management, and 18 (eighteen)

units had adequate number of medicines / supplements necessary for high quality care to pregnant women.

Concerning the actions performed in prenatal care, Table 3 shows the perception of the 25 professionals and 305 users.

Table 3 - Working process of primary care for prenatal care. Mossoró, RN, Brazil, 2015

Variables	Perception of health professionals (n = 26)	Perception of pregnant women (n = 305)	p-value ¥	p-value €
	Freq. (%)	Freq. (%)		
Postpartum consultation				
Adequate	13 (37.1)	149 (48.9)	0.128	0,689
Inadequate	22 (62.9)	156 (51.1)		
Laboratory Tests				
Adequate	26 (74.3)	304 (99.7)	0.004 *	<0.001 *
Inadequate	09 (25.7)	01 (0.3)		
HIV Testing				
Adequate	26 (74.3)	304 (99.7)	0.004 *	<0.001 *
Inadequate	09 (25.7)	01 (0.3)		
Tetanus vaccination				
Adequate	33 (94.3)	303 (99.3)	<0.001 *	<0.001 *
Inadequate	02 (5.7)	02 (0.7)		
6 or more visits during prenatal care				
Adequate	10 (28.6)	195 (63.9)	0.011 *	<0.001 *
Inadequate	25 (71.4)	110 (36.1)		
First prenatal visit/ consultation in the first trimester of pregnancy				
Adequate	11 (31.4)	240 (78.7)	0.028 *	<0.001 *
Inadequate	24 (68.6)	65 (21.3)		
Multidisciplinary approach				
Adequate	24 (68.6)	143 (46.9)	0.028 *	<0.001 *
Inadequate	11 (31.4)	162 (53.1)		
Clinical procedures				
Adequate	35 (100)	305 (100)	-	-
Inadequate	0	0		
Health Education Strategies				
Adequate	31 (88.6)	186 (61)	<0.001 *	<0.001 *
Inadequate	04 (11.4)	119 (39)		

* Significance ($p < 0.05$) - Chi-square test for homogeneity of proportions; p-values ¥ related to the perceptions of professionals; € p-values for the perceptions of pregnant women.

Twenty-two 22 (62.9%) health professionals said they failed to provide adequate postpartum care to users and 156 (51.1%) users confirmed that they did not attend postpartum consultations. Regarding laboratory tests, 26 (74.3%) professionals said they were adequately performed, which was confirmed by 304 (99.7%) users ($p < 0.001$). Regarding HIV tests, 26 (74.3%) professionals said the test was performed adequately, which was confirmed by 304 (99.7%) users ($p < 0.001$). Regarding tetanus vaccination, it was adequate for 33 (94.3%) professionals, which was corroborated by the almost complete immunization of 303 (99.3%) users. The values obtained are respectively significant ($p < 0.001$).

However, there was disagreement regarding the number of prenatal visits. Based on recommendations of the Ministry of Health, 25 (71.4%) professionals reported disagreement. On the other hand, 195 (63.9%) users reported that the number of visits attended during prenatal care was adequate. The same disagreement was observed for the first prenatal care visit (during the first trimester of pregnancy) when care was considered insufficient by 24 (68.6%) professionals. On the other hand, such care was adequate for 240 (78.7%) users.

Regarding the multidisciplinary approach, 162 (53.1%) users reported that they have seen only one professional during the prenatal visit, in contrast with the statements of 24 (68.6%) professionals who said the care provided was adequate. All the health professionals performed the minimum necessary prenatal clinical and obstetrical procedures, and 31 (88.6%) professionals conducted at least one health education activity (not included in the consultation), which is corroborated by 186 (61%) users who reported participating in these activities.

● DISCUSSION

The socioeconomic profile of prenatal care attendees was similar to the findings of other studies, with a predominance of young adult pregnant women, with low family income and schooling ranging between primary and secondary education, which may explain why these women usually have low-wage jobs⁽¹²⁻¹³⁾.

As for the sites of the UBS, some studies present similar data on the physical structure of these spaces. Many health units are established in makeshift buildings that lack facilities specifically designed to meet the needs of all users and even of the health professionals⁽¹⁴⁾.

According to UBS manuals, the physical structure should provide adequate ventilation and privacy for consultations, as well as sanitation, first prenatal consultations and safe transport in cases of urgency⁽²⁾.

Lack of an adequate structure and facilities designed for care activities significantly impacts the health of pregnant women and users in general, failing to ensure humanized care and exposing the precariousness of working conditions regarding physical facilities and availability and maintenance of equipment⁽¹⁰⁾.

An environment with adequate structure is essential to ensure high quality and effective prenatal care⁽¹⁵⁾.

Supply of consumables, equipment and medications were positively assessed by health professionals. Unavailability of these important material resources compromises the quality of care⁽¹⁶⁾.

Laboratory support was described as positive in most health units, with most exams requested for each pregnancy stage adequately performed. These tests contribute to the diagnosis and/or prevention of diseases/disorders such as anemia, congenital syphilis, AIDS, urinary tract infection, among others, and can reduce the risk for morbidities, as well as perinatal and neonatal mortality⁽¹⁷⁾.

In addition to the structure dimension, the dynamics of interaction, and especially the care provided by the health team, i.e. the daily work process, are key to ensure better care. The work process concerns the actions undertaken by professionals in health services, primarily focused on the binomial health/disease of the population. Criteria usually delimited by the resoluteness of the actions are required in the assessment of the work process⁽¹⁸⁾.

Regarding the number of prenatal visits, the data obtained can be used in the development of care protocols and the planning of health resources⁽⁸⁾. In theory, more consultations may represent more opportunities for preventive care and health promotion, especially in higher risk pregnancies, which are more likely to interfere with perinatal outcomes⁽¹⁹⁾.

According to the IPR-PRÉNATAL index, the adequate number of consultations is ≥ 6 consultations/visits. However, this is not observed in most basic health units of the city of Mossoró/RN. The Ministry of Health (MOH) stresses that women who attend less than the recommended number of prenatal

visits may prevent complications in perinatal outcomes if the care provided is adequate and well performed⁽¹⁹⁾.

Care in the first trimester of pregnancy is the main indicator of the quality of maternal care. Therefore, besides starting in this period, it should be regular to ensure that all proposed actions are implemented⁽¹⁹⁾.

Studies on prenatal care showed positive results reporting that more than 50% of the pregnant women attended their first prenatal visits in the first trimester of pregnancy⁽²⁰⁾, These findings contrast with data obtained in the present study indicating disagreement.

Still on the dynamics of consultations, according to the IPR/ PN index⁽⁹⁾ an adequate multidisciplinary approach should involve more than one professional with higher education. A significant percentage of the respondents had access to multidisciplinary assistance in prenatal care. The multidisciplinary team is responsible for providing comprehensive care, considering socioeconomic, cultural and religious aspects of the patient, contributing to the development of citizenship⁽²¹⁾.

It is essential to understand that high quality care is not achieved by only one health professional. The involvement of a multidisciplinary health team to ensure comprehensive care to individuals is necessary⁽²²⁾.

During prenatal visit, some aspects are key to the minimization of risks and harm to the health of the mother and fetus, such as testing and vaccines. These tests and vaccines should be performed during the pregnancy to ensure the protection of both the pregnant women and the fetus.

Administration of vaccine doses according to the schedules of national routine immunization programmes (which was positively assessed by the participants regarding tetanus vaccination) is expected to prevent possible complications and health problems during pregnancy. Some studies indicate that the appropriate administration of medical tests (HIV tests were adequately administered according to the professionals) is a prenatal component, and when these tests are not conducted a valuable opportunity for diagnosis and treatment of controllable diseases is missed^(18, 23).

Another dimension that deserves special consideration is the postpartum consultation, which must be attended by the mother in the first week after hospital discharge. This visit provides an opportunity for assessment of the health status of the woman and the baby, interaction mother/newborn, identification of situations of risk or complications and actions to be implemented, as well as guidance on basic care to the newborn, family planning and family support regarding breastfeeding⁽¹⁸⁾.

It was found that many health professionals cannot provide adequate assistance during the postpartum visit, which has impact on the quality of care. Other studies support this finding reporting that, among the actions developed during the prenatal program, postpartum consultation is deficient⁽²⁴⁾. Thus, because of its important role in the identification of risks for mother and infant, careful consideration should be given to this primary care practice⁽¹⁹⁾.

It has been shown that most professionals perform some type of health education action during care to pregnant women, and the users corroborate this data. Official data from the Ministry of Health on women's care suggest, standardize, and establish prenatal health education based on scientific studies that have proven its effectiveness in promoting health during pregnancy and support the implementation of continuing educational activities within the Brazilian Unified Health System (SUS)⁽¹⁹⁾.

The dimensions of this care, such as structure available and work process must be considered for the development of satisfactory and humanized prenatal care. They are essential to ensure comprehensive care, because the structure available in the health unit is a tool that facilitates the work process, favoring the optimization of resources and delivering warm, affectionate and effective care. A work process based on humanization of care values the bond with pregnant women, as well as the implementation of health education actions, a multidisciplinary approach that ensures a broader view of the user's needs.

● CONCLUSION

The findings of this study, although they describe a specific reality, present important data on the status of prenatal care in primary care in a city of Rio Grande do Norte.

It was observed that 82% of the basic units had an adequate structure component, favoring the delivery of high quality humanized services.

In the assessment of the work process, we highlighted the findings related to postpartum consultation. This activity is not performed by most professionals, which may pose risks to mother and newborn health. The number of consultations provided during prenatal care was also considered insufficient, according to the professionals interviewed. However, from the users' viewpoint, the number of consultations was considered adequate, which stimulates the reflection on the practices and needs perceived by the different actors involved in this process.

Many obstacles result from factors that reduce compliance with the standards established by the Ministry of Health, for health care facilities. These factors range from lack of knowledge and training of primary health care professionals to political, economic and social context related issues.

Despite all the statements and solutions reported in similar studies, not all problems can be solved. Therefore, the importance of conducting further studies on the evaluation of low risk prenatal care is emphasized, to support the development and implementation of actions aimed to provide better prenatal care.

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