



ROUTINE ON PRENATAL EXAMINATIONS: SOLUTION OR PROBLEM?

EXAMES DE ROTINA NO PRÉ-NATAL: SOLUÇÃO OU PROBLEMA?

EXÁMENES DE RUTINA EM EL PRENATAL: SOLUCIÓN O PROBLEMA

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ABSTRACT

Objective: to analyze the difficulties found by pregnant women for not carrying out the routine tests during prenatal care. **Method:** a descriptive, cross-sectional study with a quantitative approach, conducted with 108 pregnant women in prenatal care in a Health Basic Unit in Maceió/AL, using a semi-structured form, from December/2013 to March 2014. Data were stored in spreadsheets in Google Docs program and transported to the Windows Excel[®] 2007 program for the construction of descriptive statistics. **Results:** out of the pregnant women interviewed, 74% had difficulties to perform prenatal tests, and appointment of examinations and the acquisition of the results were main difficulties reported (88%). **Conclusion:** it was observed that the non-realization of examination and acquisition of results might hinder early diagnosis of diseases that compromise the maternal and child health. **Descriptors:** Pregnant; Prenatal Care; Required Tests.

RESUMO

Objetivo: analisar as dificuldades encontradas pelas gestantes para a não realização dos exames de rotina no pré-natal. **Método:** estudo descritivo, transversal, com abordagem quantitativa, realizado com 108 gestantes em atendimento pré-natal, em uma Unidade de Saúde Básica, na cidade de Maceió/AL, utilizando-se um formulário semiestruturado, no período de dezembro de 2013 a março de 2014. Os dados foram armazenados em planilhas no programa *Google Docs* e transportados para o programa *Windows Excel*[®] 2007 para construção da estatística descritiva. **Resultados:** das gestantes entrevistadas, 74% apresentaram dificuldades para realização dos exames de pré-natal, sendo a marcação dos exames e a aquisição dos resultados as principais dificuldades relatadas (88%). **Conclusão:** evidenciou-se que a não realização dos exames e aquisição dos resultados podem dificultar o diagnóstico precoce de agravos que comprometem a saúde materno-infantil. **Descritores:** Gestante; Cuidado Pré-Natal; Testes Obrigatórios.

RESUMEN

Objetivo: analizar las dificultades encontradas por las gestantes para no realización de los exámenes de rutina en el prenatal. **Método:** estudio descriptivo, transversal, con enfoque cuantitativo, realizado con 108 gestantes en atendimento prenatal en una Unidad de Salud Básica en la ciudad de Maceió/AL, utilizándose un formulario semi-estructurado, en el período de diciembre/2013 a marzo de 2014. Los datos fueron almacenados en planillas en el programa *Google Docs* y transportados para el programa *Windows Excel*[®] 2007 para construcción de la estadística descriptiva. **Resultados:** de las gestantes entrevistadas, 74% presentaron dificultades para realización de los exámenes de prenatal, siendo la marcación de los exámenes y la adquisición de los resultados las principales dificultades relatadas (88%). **Conclusión:** se evidenció que la no realización de los exámenes y adquisición de los resultados pueden dificultar el diagnóstico precoz de problemas que comprometen la salud materno-infantil. **Palabras clave:** Gestante; Cuidado Prenatal; Tests Obligatorios.

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INTRODUCTION

For many women, the prenatal visit constitutes the only opportunity they have to check their health status. Thus, it should also be considered as a chance for the system to operate fully in the promotion and eventually the recovery of their health. Complementary tests are as support for clinical reasoning, and the reasons for the request must be explained to the mother. It is necessary to carry out pre and post-tests, stating benefits and risks, and assess the knowledge and expectations of women regarding the results.¹

It is important to monitor the prenatal, health professionals remaining aware of all the signs and symptoms reported by the pregnant women, and to the regular application of the tests, interpret them properly and intervene effectively, looking for the quality of care.

If the tests are not carried out when requested, it may result in risks to mother and child, preventing the prevention of injuries and early interventions. What could be a solution to ensure a healthy pregnancy woman it will become a problem since without having the results or not performing them, the pregnant women are exposed to diseases that may result directly or indirectly her death.²

In 2000, the Ministry of Health established the Program for Humanization of Prenatal and Birth (PHPN), which later became the Politics of Humanization in Prenatal and Birth, ensuring improved access, coverage and quality of prenatal monitoring, care delivery and postpartum care for pregnant women and newborns, from the perspective of citizenship rights.³

Until then, there was a model that standardize care for pregnant women in Brazil. This program established not only the number of consultations and the gestational age of starting, but it has also listed, laboratory tests and health education activities, and brought the discussion of health practices and their conceptual basis for the models used in all the world³. One of the salient objectives of this initiative was to ensure access, improve coverage and quality of the offered prenatal care, as well as preparing health facilities to receive pregnant women, their families, and the newborn warmly.⁴

In the evaluation of the first years of PHPN implantation in Brazil, it was found that adding the entire routine tests, the suitability obtained was less than 5%. The absence of results of basic routine screening for 100% of pregnant women is the loss of diagnostic

opportunity and treatment of diseases that can be controlled, such as infection by syphilis and HIV, anemia, urinary tract infection, asymptomatic bacteriuria causes of several outcomes adverse perinatal and for which there are effective interventions. It also adds the waste of resources, since the tests were performed, without the result returned promptly.⁵

Clinical and laboratory tests offered during prenatal consultations allow the identification of risk situations and act early and help in the reduction of morbidity and mortality during that period. To better match the prenatal actions within primary care, it can be said that efforts should be directed to expansion of prenatal coverage in the first quarter, less than six consultations, basic checkups, and vaccinations; besides stimulating educational activities in health and indicators to internally monitor the quality of prenatal care.³

The proportion of pregnant women with test results record is still low. Although the problem may be only the result of records, there is also the possibility of failures in carrying out the inspections, for lack of specific inputs, damaged equipment, delays in the return result, sample loss, among others.⁶

These results directly affect the quality of prenatal care and childbirth since it is essential to reduce maternal and child morbidity and mortality rates. It is estimated that a quarter of infant deaths and nearly all maternal deaths result from the care with little or no quality from the beginning of pregnancy until delivery and the immediate postpartum period. These facts come to show us how important it is that these tests are ordered and that the results can reach the professional so that it can intervene as early as possible so that the outcome is not the maternal and neonatal deaths.⁷

Given the above, this study aims at analyze the difficulties presented by pregnant women not performing the routine tests during prenatal care.

METHOD

Descriptive, cross-sectional study with a quantitative approach, performed in a Basic Health Unit called Hamilton Falcão, located in Maceió/AL, from December 2013 to March 2014.

A convenience sample of 108 patients was calculated using the electronic calculator available at URL: (http://www.lee.dante.br/pesquisa/amostragem/di_1_pro_est.html) in which the data was entered, considering a range of 95% confidence level and based on the number of

services to pregnant women enrolled in prenatal care in 2013 (858). Inclusion criteria were: Pregnant women who were undergoing prenatal care at the Health Unit. The exclusion criteria were: under 18 years old pregnant women.

For data collection, a structured form was elaborated with identification data for characterization of pregnant women and specific data after the project was approved by the Ethics Committee with the CAAE 26911514.9.0000.5013 as the 466/12 Resolution of the National Health Council and the signing of the Informed Consent Form Term (TCLE). The data were stored in

spreadsheets in Google Docs program and then transported to the Windows Excel® 2007 program for the construction of descriptive statistics. Thus, the study was developed aiming at the protection and integrity of the subjects who participated in the survey, and in the end, it was presented in tables and graphs and discussed based on the literature.

RESULTS

There were 108 women interviewed, answering a form with information based on socioeconomic and demographic and obstetric data, as shown in Table 1.

Table 1. Distribution of pregnant women according to socioeconomic variables selected. Maceió/AL, 2014.

Variables	Categories	Value (%)
Age (years old)	Younger than 19 years old	32 (30.47%)
	Between 20 and 29 years old	54 (51.41%)
	Older than 30 years old	19 (18.09%)
Education	Illiterate	3 (2.83%)
	Incomplete Elementary School	32 (30.18%)
	Complete Elementary School	25 (23.58%)
	Incomplete High School	18 (16.98%)
	Complete High School	25 (23.58%)
	Incomplete Higher Education	3 (2.83%)
	Complete Higher Education	None
Profession/occupation	Trader	9 (8.57%)
	Housewife	68 (64.76%)
	Housekeeper	7 (6.66%)
	Student	5 (4.76%)
	Other	16 (15.23%)
Family income (R\$724,00)	Up to 1 minimum wage	76 (73.07%)
	1 to 3 minimum wages	23 (22.11%)
	3 or more minimum wages	5 (4.80%)

Most of the women were in the third trimester of pregnancy (73.74%). Assistance with prenatal care was conducted by nurses (64.26%). Concerning the requests of the exams, 64.61% of the women had this request, which is required to assist in the detection of diseases in pregnancy.

The exams are ordered according to the gestational period in which the pregnant woman and the difficulties also varied according to the period. When checking what

period had greater demands on complete routine tests, the 2nd quarter showed 87.50%, while the 1st quarter got 28.58%.

The pregnant women of this research showed that difficulty in performing prenatal tests were 74%, and 26% did not present any difficulty.

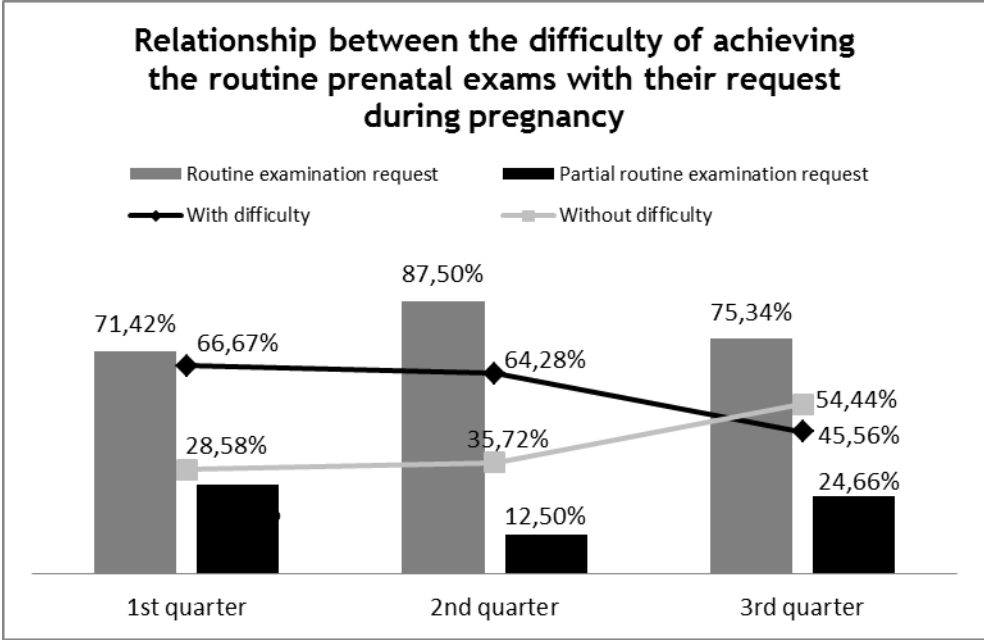


Figure 1. Relationship between the difficulty of achieving the routine prenatal exams with their request during pregnancy. Maceio/AL, 2014.

The difficulties reported by pregnant women for not carrying out the routine tests were getting the appointment of routine examinations (88%), as pregnant women needed to go overnight at health units to get the appointment card delivered, some of them failing to make the appointment of the examinations before labor. There were also cases where in the day of the appointment, the professional did not attend (2%), or there

was a lack of necessary material for the exams (10%), delaying the consultation and impeding a quick return.

With the occurrence of difficulties ranging from the gestational period they were, the pregnant women in the 1st quarter showed a higher degree of difficulty for the examinations (66.67%) than compared with the 2nd and 3rd quarter (Figure 2).

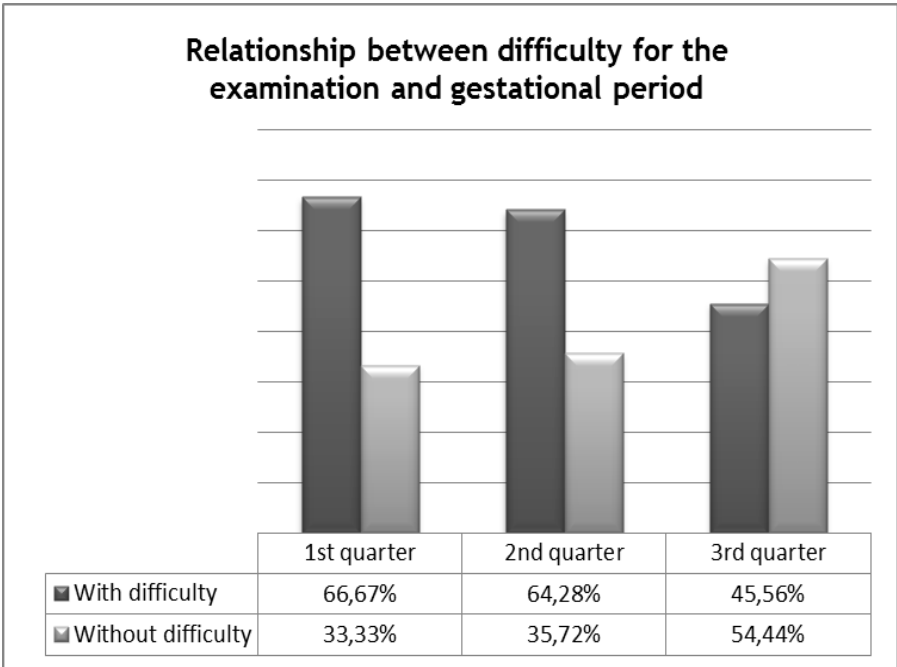


Figure 2. Relationship between difficulty for the examination and gestational period. Maceió/AL, 2014.

For the examinations, the pregnant women exclusively use the public service (46.69%) and 31.41% used both services, private and public.

Out of the pregnant women who underwent the tests exclusively by SUS, 63.64% had difficulty in performing the tests.

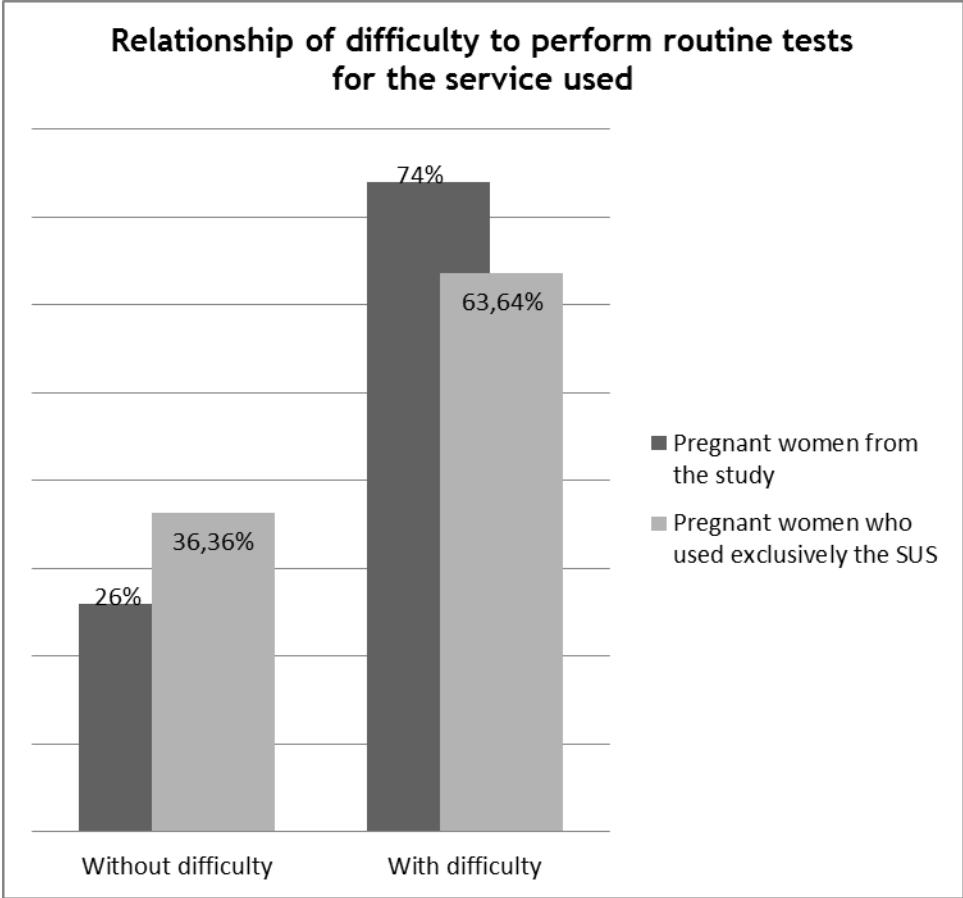


Figure 3. Relationship of difficulty to perform routine tests for the service used. Maceió/ AL, 2014.

The occurrence of difficulty in performing the tests differed depending on the location of the exams. Pregnant women who underwent the tests in the capital and had difficulty were 72.54% and 27.46% had difficulty, but they carried out the tests in the interior of the state. The numbers are reversed when compared to women who did not present difficulties since 54.91% underwent the tests in the interior of the state.

DISCUSSION

The realization of prenatal care is an important role in prevention and/or early detection of diseases, both maternal and fetal, allowing healthy development of mother and child. Thereby they reduce pre-existing risk during pregnancy because the procedures performed at the health center seek pre-natal care of good quality including simple actions as guidelines in groups of pregnant women, test ordering for early diagnosis of diseases, home visits, among others.⁸

Many times, the prenatal care is the first contact of the pregnant woman with a network of health services, which should be organized to meet the real needs of women whose educational activities should be included in the assistance.⁹

Women with low income, age lower than 20 years old, and lack of access to private health insurance are more likely to receive low-

quality prenatal care.¹⁰ Perhaps this can be explained because these women have less power to pressure on services the quality of health care claim, which was confirmed in this study because the vast majority of pregnant women is in working age but they are housewives and have up to a minimum wage.

Evidence indicate that in Brazil, assistance to low-risk prenatal, despite having good coverage, needs to be reviewed, since there is low compliance with the rules of the official program, especially to early funding for first consultation, failure to comply with the stipulated number of consultations and request of additional tests.¹¹

The clinical exams during pregnancy are an opportune time to prevent, identify and correct the abnormalities that may affect the mother and fetus, and institute treatment of existing diseases or that may occur during pregnancy. In the study by Cesar et al.⁴, the tests are collected in health facilities, facilitating the access of patients as our reality, because the basic health unit studied has partnered with external laboratory hired to meet this demand and to collect the laboratory tests three times a week, but pregnant women need to arrive early to provide access to these exams.

Although the tests have been recorded in the pregnant woman's card, the application period or return to professional did not meet the recommended periods. For most cases, this effect was also observed in our study,

because although there is laboratory inside the unit to facilitate compliance, the results formed deadlines missed and assistance was impaired so that the mother did not carry out the appropriate treatment in the appropriate term, in many cases worsening her situation.¹²

Although the frequency of application of examinations in the prenatal phase depend on the attendance of pregnant women to appointments and return to the professional test results requested earlier, it became clear in the study that the vast majority of pregnant women had a confirmed attendance, but the test results have not come in the hands of the professional to intervene in the worsening situation.

When difficulties were analyzed for not carrying out the tests, a high rate of pregnant women had difficulty in making appointments and consequently delaying in the delivery of results. Thus, this was hindering early diagnosis process of diseases. Bastos et al.¹² corroborate this result when he says that assistance in prenatal will be jeopardized if the mother does not get the test results promptly, for diseases like syphilis can be traced early avoiding the high congenital syphilis rates existing in our country.

This study also showed that pregnant women who underwent prenatal exams exclusively by SUS had greater difficulties, such as making the appointment of the exams (numbers were delivered and were not sufficient to meet the demand) and get the results (released after months). As these difficulties are presented, it was noticed that there was interference with care because some pregnant women failed to perform the tests. The difficulties in the monitoring of pregnant women are based on the laboratory resources, and the lack of laboratory materials, repressing demands and the slow delivery of results, which was stated in the study.^{9,12}

These difficulties were resolved partly by pregnant women through the search for another service, the private service. To visualize the difficulty of the examinations in public schools and the need to meet the deadlines for the course of gestation and maternal-fetal health informed in the prenatal care through the professional, pregnant women used the private network to overcome the limitations that had in the public network. The examinations were performed in private clinics, for women who were able to cope with this demand, the other did not perform them or were not able to have the assistance and the quality required.

This fact goes against what advocates the HumanizaSUS as it is a priority of the public service to ensure pregnant women access to the complementary examinations for discovery and early treatment of injuries to the mother and child.¹³

Despite the difficulties encountered, pregnant women sought alternatives and carried out the proposed tests, thus mitigating the losses arising from the non-clinical exams.

The adequacy of prenatal care in all assessed levels was favorable to pregnant women who underwent the tests required in prenatal only in private clinics, compared to those made only by the SUS. This difference can be attributed to the process of implementation, ease and agility for achievement.

It was also observed that there were differences between the town performing the prenatal care, because women who performed it in the state, reported having less difficulty with compliance with the proposed activities, which alerts us to a possible structural problem in our county, doing the service be inadequate, not meeting demand and the population's needs.

This lack of preparedness of health facilities is evidenced by the lack of essential use of materials in the consultation, which shows a certain indifference by the municipal managers, who do not seem to be exercising management and supervision of services, or when they do not assign this type of work due importance. This problem shows that not just a health policy, by itself, be formed and established as necessary for the development of services, but there are needs to be investment in physical and personnel structure of care facilities as a way to enable this policy.¹⁴

Thus, what was supposed to be solution in reducing harm to mother and child health, turns out to be a problem as the difficulty of the pregnant woman to perform routine exams set by ministerial protocols attention to prenatal hinders early detection by professional diseases considered preventable and treatments that could avoid the high morbidity rates and preventable deaths do not end up having an adverse effect on the same facts are not discovered in time.

Just the consultation is not enough; the tests should be performed and returned to the professional for further assistance. It is necessary the reference and counter-reference so that the cycle is shut down and the mother has a better quality of care provided in prenatal care, targeting the low mortality and maternal and child health.

CONCLUSION

Despite the importance of prenatal reveal that it is possible to monitor the progress of pregnancy, maternal-fetal health and detect existing problems through the assistance provided, it was found that the exams to be an important part of this process and bring numerous benefits to pregnant women have not been regarded, becoming a problem for professionals who do not have access to their results in a timely manner.

Difficulties arise from the lack of planning of institutions, managers and often the human error by not giving due weight to this prenatal segment sets.

The routine prenatal tests are requested in the search for an answer or confirmation of diagnoses that perhaps the clinic cannot elaborate. It is extremely important that professionals require and cover the results of tests performed by the pregnant woman, who above all she has the right to do them in the SUS because in many cases they do not have conditions to perform in private institutions.

SUS defends the integrity and equity of care, but studies like this demonstrate that assistance is still far from becoming full and equal. It is necessary to review the assistance provided prenatal care to be prioritized, organized and qualified so that it can meet promptly the pregnant woman's needs in the search for prevention of possible early risks and interventions for a healthy pregnancy and consequent reduction the rates of maternal and neonatal morbidity and mortality.

It is believed that the observed data, contributing also further discussions and adjustments of prenatal services, resulting in tangible improvements in the health care activities.

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Submission: 2015/12/20

Accepted: 2016/01/20

Published: 2016/04/15

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