CHARACTERIZATION OF OBSTETRICAL SERVICE ATTENDED BY OCCURRENCES OF MOBILE SERVICE OF URGENCY/SAMU

ABSTRACT

Objectives: to characterize obstetric events attended by SAMU/Natal/RN; to know the reason to call to SAMU/Natal/RN; to identify the main complaints of users and behavior taken by health professionals. Methodology: documentary research, retrospective, transversal quantitative, using secondary data of Vehicle Bulletins and Modular Management System of Medical Regulation of SAMU/Natal/RN from November 2010 to April 2011. Results: there were 257 obstetrical attendance and the main complaints were: pain in lower abdomen (25%), vaginal bleeding (21%), uterine contractions (20%) and loss of amniotic fluid (13%). 34% of women were in labor, from them 45% presented broken amniotic sac. Most of the phone calls (60%) were from residence, 34% came from other healthcare institutions and the rest of public space. Conclusion: it becomes indispensable greater precaution in the organization of obstetric attention area, awareness of the population when the purpose of the SAMU avoiding congestion of lines and service fleets in situations considered non-critical. Descriptors: Obstetric Nursing; Nursing in Emergency; Pre-Hospital Assistance.

RESUMO

Objetivos: caracterizar ocorrências obstétricas atendidas pelo SAMU/Natal/RN; conhecer o motivo de acionamento SAMU/Natal/RN; identificar as principais queixas das usuárias e condutas tomadas pelos profissionais da saúde. Metodologia: pesquisa documental, retrospectiva, transversal quantitativa, usando dados secundários dos Boletins de Viatura e do Sistema de Gerenciamento Modular de Regulação Médica do SAMU/Natal/RN entre novembro de 2010 a abril de 2011. Resultados: ocorreram 257 atendimentos obstétricos e as principais queixas foram: dor em baixo ventre (25%), sangramento vaginal (21%), contrações uterinas (20%) e perda de líquido amniótico (13%); 34% das mulheres estavam em trabalho de parto, dessas 45% apresentaram bolsa rota. A maioria dos chamados (60%) surgiu das residências, 34% de outras instituições de saúde e os demais de vias públicas. Conclusão: torna-se indispensável maior precaução na organização da rede de atenção obstétrica, conscientizações da população quando à finalidade do SAMU evitando congestionamento das linhas e frotas do serviço em situações consideradas como não críticas. Descritores: Enfermagem Obstétrica; Enfermagem em Emergência; Assistência Pré-Hospitalar.

RESUMEN

Objetivos: caracterizar ocurrencias obstétricas atendidas por SAMU/Natal/RN; conocer el motivo de accionamiento SAMU/Natal/RN; identificar las principales quejas de las usuarias y conductas tomadas por los profesionales de la salud. Metodología: investigación documental, retrospectiva, transversal cuantitativa, usando datos secundarios de los Boletines de Vehículos y del Sistema de Gerencia Modular de Regulación Médica del SAMU/Natal/RN entre noviembre de 2010 a abril de 2011. Resultados: ocurrieron 257 atendimientos obstétricos y las principales quejas fueron: dolor abajo del vientre (25%), sangrado vaginal (21%), contracciones uterinas (20%) y pérdida de líquido amniótico (13%); 34% de las mujeres estaban en trabajo de parto, de esas 45% presentaron la bolsa rota. La mayoría de los llamados (60%) surgio de las residencias, 34% de otras instituciones de salud y los demas de vías publicas. Conclusión: se torna indispensável mayor precaução na organização da red de atenção obstétrica, conscientização da população quando à finalidade do SAMU evitando congestionamento das linhas e frotas do serviço em situações consideradas como no criticas. Descritores: Enfermería Obstétrica; Enfermería en Emergencia; Asistencia Pre-Hospitalaria.
INTRODUCTION

In 2000, the United Nations (UN) established eight Millennium goals-ODM, which in Brazil are called “Eight ways to change the world”. Among them, the 5th step refers to the improvement of the health of pregnant women, because in Brazil the index of maternal mortality corresponds to 2.6 per 1,000 cases. Among the main causes of such a framework is the lack of preparation of the mothers for self-care during pregnancy, malnutrition and inadequate medical assistance, especially with regard to complications of pregnancy, which can lead to the need for urgent or emergency care.  

According to the Ministry of Health (MS)2, the States and municipalities shall have a health area organized towards qualified attention to pregnant women, whereas ensuring linkage between units providing prenatal care and maternity/hospitals, as well as transfer of pregnant until a unit that has vague ensured, through the Emergency Mobile Service (SAMU), salvage and rescue service associated, under medical control. This consists of pre-hospital assistance mobile, i.e. held in homes, workplaces and public space, having as its main focus the attendance in urgent/emergency situations.  

The SAMU was implanted in Brazil from September 2003, expanding rapidly and providing coverage to 47% of the Brazilian population in an average of 84 million individuals in 784 cities until the year 2006.4  

According to MS, the SAMU answers by the telephone192 in 24 hours a day, traumatic nature emergency, clinic, surgical, gestational and obstetric, Pediatric, neonatal and mental health, engaging specially trained teams. In the field of regulation of the municipality, doctors, having as a base, protocols, assess each case clarifying the user, when possible, the best action to be taken, send basic or advanced support units, fire firefighters and civil defense or emergency referral hospital.  

The attendances within pre-hospital, in cases of urgency, aimed at reducing the number of deaths due to therapeutic delay; reduction in the number of users with sequels caused by late, partial attendance and/or inappropriate; increased availability of resources for the individual; guidelines for use of other means than those hospital emergencies; optimization of the use of ambulatory and hospital ambulances (Basic); availability of qualified staff and Intensive Care Unit (ICU) furniture for the correct serious users transport between hospitals.  

In pre-hospital attendance there are two types of assistance: Basic Life Support (BLS) in which are carried out by invasive procedures and Advanced Life Support (ALS) which takes place by invasive practices of maintaining circulatory and ventilatory support in cases of greater severity and complexity, functioning as mobile ICU.  

National Policy Attention to the Urgency (NPAU), in its Ordinance GM nº 1,863 of September 29, 2003, focuses on, besides the pre-hospital emergency mobile component, the pre-hospital component fixed, which must be by Basic Health Attention (BHA).  

One of the justifications and considerations for the institution of NPAU, the Ordinance GM nº 1,863 of September 29, 2003 mentions that it is the responsibility of the MS stimulate integral attention to the urgency through the deployment and implementation of primary health care services and family health, non-hospital units to emergency care, hospital doors mobile emergency medical attention to the emergency room, home care services and integral rehabilitation in the country.2,16  

SAMU organization happens for central system of regulation, given that the Central Regulating medical (CRM) is responsible for the calls and occurrences. This power Central has as basis knowledge of available resources on screening and sorting of priorities, decision-making for streamlining existing resources and in a differentiated manner and individualized to each call, according to the need, while respecting the principle of equality of the Unique Health System (SUS).  

It is known that the implementation process of the SAMU is the planning of the needs of the population, with the valued resources to facilitate these needs. The critical assessment of policies of job, sickness and practitioner skills on them entered, includes, among other activities, continuing education programs and the preparation of this beneficial service.  

In order to reduce the number of deaths or sequel arising to the therapeutic delay Pre-Hospital Mobile Attendance (PHMA) emerged as an important advance in the area of health. When triggered via toll-free number 192, the CRM enables tiering and regionalization of services, reduce slowdowns in attendance and capacity of hospitals, being among its instances obstetric cases. It is known that the calls by external causes are currently public health problem with universal dimension to the confrontation and development of public policies.3,7  

In Brazil, the MS has a data of Mortality Information System (MIS) Hospital
Information System of SUS (SIH/SUS) for monitoring of the external causes and, from 2006, with data from the Surveillance System of Violence and Accidents (SSVA) made up of two components - continuous SSVA and Inquiry SSVA. In the surveillance system, SSVA aims to characterize victims of violence and accidents attended in urgent and emergency services with a view to data collection that takes place every two years. Thus, the epidemiological information coming from this survey will subsidize coping actions of the determinants and conditions of external causes.

The MIS reveals that, in 2010, there were 1422 maternal deaths declared, with 121 in the Midwest, 157 in the southern region, 178 in the northern region, 476 in the southeastern region and 490 in the Northeast. In the Northeast, the Rio Grande do Norte State where appears less maternal mortality index with 14 deaths, followed by Sergipe with 20. States with highest percentage were Maranhão with 110 and Bahia with 126 maternal deaths.

In a survey of qualitative type developed in the municipality of Sobral/EC between the months of April to June 2007, had as a collected data place the SAMU/Sobral/EC, which after long period of idealization and adequate was opened in August 2005, four working based on models of London/UK and Paris/FR, holders of vast experience in emergency care. After the Organization of the work process in the SAMU/Sobral/EC, the team requested multi-professionalism with several categories, among them, the nurse in the new field of praxis.

Another exploratory qualitative descriptive study based on documentary analysis, developed in the Vale de Assu in Rio Grande do Norte, aimed to analyze the regionalization of SAMU in Vale de Assu/RN, from the creation of NPAU. The survey was developed with managers, doctors, nurses, technicians nursing and first aid drivers in the year 2012. As a result, identified the main aspects of management and assistance order by SAMU 192 in the Vale de Assu/RN, in order to encourage improvement and ensure quality care for the population dependent on the emergency services with ministerial determinations.

In front of all these occurrences, it is still scarce production of articles in the literature with regard to its epidemiological characterization, limiting the information within the health sector as subsidy for the formulation and management of specific health policies to deal with this problem, revealing challenges to be faced. Among these, include detailed information on the charts when the service evolves into hospitalization, production of records relevant to the cases with immediate release after-service channel as well as other relevant information, so that the behavior is effective policy related.

On these considerations and with the successful model of the SAMU/Sobral/EC who worked with the nurses, along with the scarcity of articles in the literature on the topic in question, considering that the participation of the nurse in pre-hospital care is a service still considered recent, prompted the researchers to develop the present study has as objectives:

- To characterize obstetrical occurrences attended by SAMU/Natal/RN.
- To meet the motive to call SAMU/Natal/RN.
- To identify the main complaints of users and behavior taken by health professionals.

**METHODOLOGY**

Documentary descriptive study, retrospective, transversal quantitative approach, which used secondary data Vehicles Bulletins (BDV) and Modular Management System of Medical Regulation (GemRem) of the SAMU/Natal/RN, between the months of November 2010 to April 2011. The GemRem System is used for the CRM to perform statistics relating to the requested calls, which are recorded according to various criteria, such as month, kind of occurrence, car sent to the attendance, place of the occurrence, sex of victim and destination.

In this study were considered obstetrical occurrences serviced by SAMU/Natal/RN between the months of November 2010 to April 2011, whose data collected were average ages, main complaint of users and behavior taken by health professionals according to obstetric information detected in BVD and GemRem of SAMU/Natal/RN. These data were grouped for the present study and analyzed in the light of the literature available in the manuals of the MS, books and virtual libraries. In General, the SAMU team consists of a doctors, intensive care nurse, stretcher bearer and driver.

Why not involve human beings, this research did not require the opinion of the Committee of Ethics in Research. Prior to data collection, authorization and approval was obtained from the Core Coordination of Permanent Education (CPE) of SAMU/Natal/RN through signing a term of consent for the BVD and GemRem.
RESULTS AND DISCUSSION

The SAMU/Natal/RN performs an average of 7500 adjustments per month between relevant occurrences, not relevant and guidelines. As regards cases of obstetric nature, between the months of November 2010 to April 2011, were 257 attendances, of which the largest part (20%) corresponded to the month of March 2011, being in last place in the month of December 2010, with 12% of occurrences.

In a research of exploratory and descriptive nature, documentary, retrospective, transversal quantitative approach, developed in 2005 and 2006, used computerized data from the database of the Fire Department of the Military Police (FDMP) of Araxá/MG deployed in March 2004. The FDMP of Araxá/MG attends 11 distant cities up to 120 miles and showed that, during the search, in the year 2005 there were 3,780 called and of these, 727 by external causes; in 2006, with 5,180 825 by external causes.

What is demonstrated through these two researches is that there is a similarity in numbers, even being of different subjects and different cars, not disregarding that, at the time of an emergency/urgency, can be called both the SAMU as the Fire Department.

Characterizing the population of the research, it was observed that the age group presented a percentage of 26% between 21 and 25 years; 24% between 16 and 20 years; 8% were under 15 years and 4% over 40 years, with the latter two groups considered as high-risk pregnant women.

As for the place of origin of the calls, 34% was from a health institution like maternity or basic unit, requesting transfer of user resulting in the majority of cases, lack of material resources or beds. Due to complications more serious regarded pregnant women were transferred to a maternity of greater complexity, however, more than half of the requests and from residences, corresponding to a percentage of 60% of the callings.

Of 257 women attended in these six months by SAMU/Natal/RN, 26% were in the third trimester of pregnancy, 16% in the second, 9% in the first and 31% of BDV did not have records about the gestational age of the users. The number of first time pregnant women corresponded to 27%, while 26% were already above the third pregnancy. More than fifty percent (51%) of pregnant women had not yet undergone abortion; 4% suffered two abortions and less than 2% suffered more than two episodes of abortion in previous pregnancies.

The results obtained through this study show that not always the SAMU occurs by virtue of a real emergency. Due to the precarious situation in which they live, many pregnant women trigger the 192 only with the purpose of being transported to a maternity/hospital, causing overcrowding of lines of the service fleet, in Natal, has nine ambulances of Basic Life Support (BLS), three Advanced Life Support (ALS) and six motorbikes.

As obstetric emergencies, it should be considered the cases of hypertensive syndromes and hemorrhagic. Among the cases of hypertensive, 16% of attendances corresponded to eclampsia and pre-eclampsia cases; however, of the total number of attendances, 21% of women have high blood pressure. The hemorrhagic syndromes encompass abortion situations, premature separation of placenta (PSP), ectopic pregnancy and hydatidiform mole (benign gestational Trophoblastic neoplasia). Of these syndromes, the abortion cases corresponded to 5% of pregnant women seen by SAMU/Natal/RN, which were most obvious signs and symptoms the transvaginal bleeding and pain in lower abdomen, which are considered to be the main indicators of abortion, which is characterized by the expulsion of the fetus before 22 weeks of gestation.

Among the main complaints registered in the BDV were: pain in lower abdomen (25%), vaginal bleeding (21%), uterine contractions (20%) and loss of amniotic fluid (13%). More than thirty percent (31%) of users were in labor, of which 47% with broken amniotic sac.

In a transversal study carried out in public services in the city of Teresina/PI, aiming to describe the characteristics of emergency calls by external causes of the Inquiry SSVA 2009, with the data obtained during the period of 30 days in the month of October 2009, it was identified significant differences in the pattern of occurrence between the types of accidents. For the authors, the magnitude of these accidents suggests a need for programs to reduce the vulnerability of these accidents, with articulation of prevention and health promotion.

According to MS, emergency procedures refer to the care provided to people with critical needs and can be classified into three units: urgency of low and medium complexity (when there is no risk of death), urgency of high complexity (there is no risk of death, but
the user is in critical situation or acute) and emergency (when there is a risk of death). 1

Among the main behaviors carried out by teams of BLS and ALS were: maternal positioning in left lateral decubitus, installation of peripheral venous cited allowing 0.9% Physiological Solution, Ringer Simple or Glucose Solution to 0.5%; supply of oxygen by nasal catheter holder or venturi mask to 50%. Magnesium sulfate, Hydralazine and hyoscine were among the medications prescribed by the doctor.

**CONCLUSION**

Faced with such results, it is realized the need to improve customer service in terms of basic attention to health, as well as awareness of the population regarding the purpose of the pre-hospital care mobile. Due to the precarious situation in which they live, many women call the service in situations that are not characterized as urgent/emergency to transport them to maternity. It is worth pointing out that the lack of beds in health institutions also induces the congestion of the fleets of the PHMA for transfer of user, causing discomfort and apprehension of this in a moment so important to her life.

It becomes, then, essential, greater attention to the organization of maternity, hospitals and maternity homes for the care of pregnant women and parturient being offered with higher quality and units of SAMU/Natal/RN not being occupied in non-critical situations. In this way, it is relevant to identify occurrences served by the SAMU, enabling the assessment of the health system and the establishment of mechanisms for imposing specific strategies, since the best management in pre-hospital care to mother/child dyad can prevent severe aggravations that result in maternal death and also reduce the chance of complications and neonatal deaths.

**REFERENCES**

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Characterization of obstetrical service attended...
