PATIENT SAFETY IN THE PERSPECTIVE OF PREGNANT AND PUEPERAL WOMEN

SEGURANÇA DO PACIENTE NA PERSPECTIVA DE GESTANTES E PUÉRPERAS SEGURIDAD DEL PACIENTE EN LA PERSPECTIVA DE GESTANTES Y PUERPERAS

Roselaine dos Santos Félix¹, Nadiesca Taisa Filippin²

ABSTRACT

Objective: to identify the understanding of pregnant and postpartum women about patient safety and to correlate sociodemographic and clinical variables with international goals. **Method:** this is a cross-sectional quantitative study with 352 patients, using a questionnaire, with data stored in SPSS 22.0 software, submitted to descriptive statistics, presented in a table with absolute and relative frequencies and chi-square test. **Results:** it was recorded that 60% of those surveyed did not know the subject; 82% failed to recognize the risks related to care and 13.5% presented contributions to work processes and structure. **Conclusion:** the low knowledge of pregnant and puerperal women regarding patient safety was verified, and some correlations were significant in relation to international goals. It is considered that the subject needs dissemination, systematization of actions that enable patients to proactivity and engagement, improving understanding and cooperation among those involved. It is concluded that this study can contribute to health organizations and the development of actions that promote improvements to patients in the maternity ward. **Descriptors:** Patient Safety; Patient Satisfaction; Patient Participation; Health Care Quality, Access and Evaluation; Health Services; Maternal-Child Nursing.

RESUMO

Objetivo: identificar a compreensão de gestantes e puérperas sobre a segurança do paciente e correlacionar as variáveis sociodemográficas e clínicas às metas internacionais. **Método:** trata-se de um estudo quantitativo, transversal, com 352 pacientes, por meio de um questionário, com dados armazenados no software SPSS 22.0, submetidos à estatística descritiva, apresentado em tabela com frequências absolutas, relativas e teste qui-quadrado. **Resultados:** registrou-se que 60% das pesquisadas desconhecem o tema; 82% não conseguiram reconhecer os riscos relacionados à assistência e 13,5% apresentaram contribuições aos processos de trabalho e estrutura. **Conclusão:** constatou-se o baixo conhecimento das gestantes e puérperas a respeito da segurança do paciente e algumas correlações mostraram-se significativas em relação às metas internacionais. Considera-se que o assunto carece de divulgação, da sistematização de ações que habilitem as pacientes à proatividade e ao engajamento, melhorando a compreensão e cooperação entre os envolvidos. Conclui-se que este estudo pode contribuir para as organizações de saúde e o desenvolvimento de ações que promovam melhorias aos pacientes na maternidade. **Descritores:** Segurança do Paciente; Satisfação do Paciente; Participação do Paciente; Qualidade, Acesso e Avaliação da Assistência à Saúde; Serviços de Saúde; Enfermagem Materno-infantil.

RESUMEN

Objetivo: identificar la comprensión de gestantes y puérperas sobre la seguridad del paciente y correlacionar las variables sociodemográficas y clínicas a las metas internacionales. **Método:** se trata de un estudio cuantitativo, transversal, con 352 pacientes, por medio de un cuestionario, con datos almacenados en el software SPSS 22.0, sometidos a la estadística descriptiva, presentado en tabla con frecuencias absolutas, relativas y prueba chi-cuadrado. **Resultados:** se registró que el 60% de las encuestadas desconocen el tema; El 82% no pudo reconocer los riesgos relacionados con la asistencia y el 13,5% presentó contribuciones a los procesos de trabajo y estructura. **Conclusión:** se constató el bajo conocimiento de las gestantes y puérperas respecto a la seguridad del paciente y algunas correlaciones se mostraron significativas en relación a las metas internacionales. Se considera que el asunto carece de divulgación, de la sistematización de acciones que habiliten a las pacientes a la proactividad y al compromiso, mejorando la comprensión y cooperación entre los involucrados. Se concluye que este estudio puede contribuir a las organizaciones de salud y el desarrollo de acciones que promuevan mejoras a los pacientes en la maternidad. **Descritores:** Seguridad del Paciente; Satisfacción del Paciente; Participación del Paciente; Calidad; Acceso y Evaluación de la Atención de Salud; Servicios de Salud; Enfermería Materno-infantil.

¹Master, Federal University of Santa Maria / UFSM. Santa Maria (RS), Brazil. E-mail: rsstfx@yahoo.com.br ORCID iD: <https://orcid.org/0000-0003-3130-6929>; ²PhD, Franciscan University / UFN. Santa Maria (RS), Brazil. E-mail: nadafilippin@yahoo.com.br ORCID iD: <https://orcid.org/0000-0003-3140-2486>.

INTRODUCTION

Maternal and child care is relevant and in permanent evidence due to the need to reduce morbidity and mortality rates, improvements in humanization of care and quality of care, as more than 70% of global births were assisted by health professionals.¹ It is known that, in Brazil, millions of babies are born, representing the greatest cause of hospitalizations, which demands human, structural, material and organizational resources.²

Some positive aspects of the institutions that use the joint housing modality in the maternity units, in which the mother and the healthy baby remain in the same environment until hospital discharge.³ It is considered that this moment provides professionals with the prevention of immediate and mediating complications, informational social support, health education and the development of skills that result in an effective interaction.⁴ Patients are offered a period of acquisition or development of skills, autonomy, security and tranquility in the new tasks, with favorable repercussions.⁴⁻⁵

The increasing concerns related to patient safety (PS) due to the identified failures, are evidenced. The incidence of 10.21 maternal near miss occurrences per 1,000 live births, associated with previous cesarean delivery, to gestation risk, the fact that there was no prenatal care, and aged 35 years or more was identified.⁶ A recent survey found 33.8 incidents per thousand hospitalizations, 37 of which involved maternity,⁷ and in another, 1.1% of all hospitalizations represented the maternal area, with 12 cases.⁸ In view of these findings, it is stated that numerous initiatives have arisen to organize, standardize, implement and qualify this assistance.

It is known worldwide that since the year 2000, the millennium¹ challenges and the SP theme, discussed at the World Health Assembly (WHA), have been adopted with the adoption of resolution WHA 55.18, which aims to strengthen practices and cooperate with countries in the formulation of public policies.⁹ Among the initiatives, the International Goals, taxonomy, global challenges, the Safe Child Checklist and the programs involving patients, making them partners in care, so that they know their rights and collaborate through prevention and promotion of care.⁹

In Brazil, the National Agency for Sanitary Surveillance (ANVISA), the Humanization Policy at Childbirth and Birth, in which there is the valuation of the subjects (users,

professionals and managers) responsible for the efficiency of health processes and in the establishment of links and partnerships and the Stork Network, with guidelines emphasizing good practices and safety, as well as the definition of high risk rating criteria.³ It is noteworthy that both precede the PS National Program (PSNP), which provides for the involvement of patients and their families, increasing access to information and fostering cooperation.¹⁰

It is seen, as a possibility for the institutions, to stimulate the participation of patients through strategies that involve them in care, encouraging effective communication, inserting them in discussion spaces, providing educational materials, enabling them to perceive risks, empowering them and developing research on the subject.⁹⁻¹¹ In developed countries, the creation of plans for the development of priority research, according to the orientation of the patients, is found in developed countries, finding suggestions for family members to integrate clinical teams for discussion, more health education, appropriate use of professional experience and questioning of patients at hospital discharge.¹²

The actions carried out are highlighted, which contribute to the definition of others that impact on improvements, general and specific care, as well as their complexities. It is understood that such changes must contemplate the professionals, the patients and the structural and organizational adaptation of the maternities, mediated by a vigilant management and committed to the safe and quality care.^{5,7} It is observed the lack of studies involving the patients' understanding of PS, but, in a research, the importance of this involvement was verified, presenting, as obstacles, the lack of knowledge about the concepts, the concern with the conflict in the professional / patient relationship, among others.¹¹

OBJECTIVE

- To identify the understanding of pregnant and postpartum women about patient safety and correlate sociodemographic and clinical variables with international goals.

METHOD

This is a quantitative cross-sectional and population study undertaken in a large maternity hospital of a teaching hospital in Southern Brazil conducted between May and June 2016. It shows a population of 492 pregnant and puerperal women interned, of which 352 comprised the research. The

following inclusion criteria stand out: patients older than 18 years; hospitalized in the maternity ward; with physical and intellectual conditions to answer the questionnaire and with the signing of the Free and Informed Consent Term (FICT). The following exclusion criteria were listed: underage patients; illiterate women who did not have relatives to assist in filling, exempting the researcher from any interference in the answers; victims of violence; patients post-laparotomy due to ectopic pregnancy, post-abortion or dead fetus, with cognitive deficit and at hospital discharge.

A questionnaire constructed by the researchers was used as a data collection tool, previously validated by five judges in relation to content, layout and adequacy to the number of items, clarity and pertinence. It is observed that the closed questions predominated, with sociodemographic and clinical data (16 questions) and PS (29 questions) related to the six international goals, respectively, in ascending order: the correct identification of the patients; effective communication; drug safety; safe surgeries; reducing the risk of infection and injury from falls.⁹

Goal 1 was considered in the question: "do you know why it is necessary to use the identification bracelet?" With the answer options "yes" or "no"; goal 2, in the question: "when you ask for information, what do professionals do?" with negative or positive answers; goal 3, in the question: "when they offer you the medication, what do they tell you?" with negative or positive options; goal 4, in the question: "Do you have an identification bracelet?"; goal 5, in the question: "have you been told about handwashing?" and goal 6, in the question: "have you ever fallen in the hospital?"; the last three offered the answers "yes" or "no".

The patients were invited to participate voluntarily in the research; after obtaining the affirmative answer, the objectives, benefits and possible risks contained in the FICT were clarified, which should be signed in two ways. The questionnaire was handed in with a clipboard and a pen. The instruments and FICTs were collected, which were protected.

The data was tabulated in an Excel® for Windows® spreadsheet, later exported to the International Business Machines (IBM) program, the Statistical Package for Social Sciences (SPSS), version 22.0. Statistical analyzes were performed by means of absolute and relative frequencies and the chi-square test, considering the level of significance of $\alpha < 0.05$. The questions opened

for the analysis were categorized and codified, being represented in relative frequencies, including that related to the suggestions.

The associations between age categories were analyzed (with three 10-year intervals), schooling (Elementary, Middle and higher), beginning of the prenatal period (first, second and third trimesters); number of pregnancies (one, two and three, more than three), type of delivery (vaginal or cesarean) and the number of consultations (up to six or more than six) and the six international PS goals, each represented by a issue of the instrument.

All the ethical precepts in force were followed, guaranteeing the anonymity, the confidentiality of the information, the possibility of refusal at any moment, without any injuries, according to the FICT. This study was preceded by the authorization of the Teaching and Research Department of the hospital organization involved and the approval of the research project by the Ethics Committee of the Franciscan University, under the number 1,506,961 and CAAE: 55094616.6.0000.5306, on April 19 2016.

RESULTS

A population of 352 patients was treated, with 251 postpartum women (71.3%) and 101 pregnant women (28.7%). An expressive proportion of the self-denominated white patients (70%), of Catholic religion (53%), aged 18 to 27 years (45%) were identified, with incomplete primary education (32%) with no family income (34%), with a family income of up to a minimum wage (54%), who had a partner (27%), used exclusively the Unified Health System (UHS) (76%) and belonged to the reference health region of the institution (99%). In the clinical data, the prevalence of cesarean deliveries (52%), prenatal in the first trimester (70%), with more than six visits (59%), of primigravida patients (28%) and of the most frequent hypertensive diseases (45%), followed by infectious diseases (13%).

It was noted that, in PS questions, the lack of knowledge of the theme (60%), failure to respond (40%), and lack of clear identification of the risks related to care (82%), with only 5% of patients reporting being well cared for, with respect, dedication and quality. It was found that the majority were satisfied with the care (95%) and better evaluated the professionals when they used the verbal presentation, the badge and the apron (46%). However, it was recorded that 34% were called by the bed number, 42% were not oriented on the care and time of the venous access, and 60% washed their hands in the

presented options (before meals/breastfeeding/using the bathroom after the bathroom/change the diaper/touch the dressing and when dirty).

In this study, it was observed that several pregnant women and preterm women previously used drugs (36%), and 0.9% of the near miss (relative that did not reach the patient) were found to be related to medication during hospitalization. The suggestions in work processes (11%) and structure (2%) were categorized, but the majority did not answer the question (51%); three items qualified the service (24%) as the good control of the concierge, policy successfully implemented and great care, followed by no suggestion (12%).

It was found, in the work processes category, a better hygiene of the bathrooms, listening to patients, availability to the call, the organization of medical records in the recovery room of the Obstetric Center (OC),

improved communication due to change of conduct among the shifts, the request of more professionals (physicians and general services of Nursing in the night shift), the agility in the diagnosis and exams, improvements for the hospitalization and discharge, the reduction of the queues of the visits, the easy access to the relatives (spouse and children), do not mix pregnant women with puerperal and do not allow male escorts at night. In the structure category, there were more beds in the OC, better accommodations for the companions, the repair of the elevator and the improvement in the identification of the rooms.

The results of the associations between some socio-demographic and clinical issues and the six PB goals were presented in table 1, below.

Table 1. Association between sociodemographic and clinical data and international patient safety goals. Santa Maria (RS), Brazil, 2016.

Categories	Goal 1 Identification		Goal 2 Comunication		Goal 3 Medication		Goal 4 Surgery		Goal 5 Infections		Goal 6 Falls	
	Y	N	Neg	Pos	Neg	Pos	Y	N	Y	N	Y	N
Age												
18-27	119	37	7	158	25	138	153	10	128	31	3	160
28-37	110	24	5	133	17	120	132	3	109	29	5	132
38-47	32	6	1	35	9	30	35	5	31	7	1	36
	n=328		n=339		n=339		n=338		n=335		n=337	
	p=0.356		p=0.905		p=0.256		p=0.032*		p=0.917		p=0.626	
Education												
Elementary	114	31	9	139	24	128	142	8	123	22	2	144
Highschool	115	29	2	146	20	126	142	8	113	34	5	143
Higher education	31	6	2	38	5	32	34	2	29	10	2	38
	n=326		n=336		n=335		n=336		n=331		n=334	
	p=0.783		p=0.100		p=0.860		p=0.998		p=0.150		p=0.358	
Beginning PN												
First	183	51	9	230	32	209	226	14	184	51	7	231
Second	52	9	3	61	12	49	61	3	54	10	0	63
Third	16	5	1	20	4	18	20	1	17	5	1	21
	n=316		n=324		n=324		n=325		n=321		n=323	
	p=0.447		p=0.930		p=0.409		p=0.927		p=0.547		p=0.332	
Num gestations												
One	67	23	1	97	13	80	91	4	70	27	2	93
Two and three	120	32	5	151	17	140	144	11	129	26	5	153
More than three	70	12	7	74	20	65	81	3	66	14	2	78
	n=324		n=335		n=335		n=334		n=332		n=333	
	p=0.208		p=0.026*		p=0.029*		p=0.430		p=0.082		p=0.874	
Type of childbirth												
Vaginal	69	13	3	89	11	80	85	5	71	16	4	87
Cesearcan	143	33	8	163	30	146	166	10	146	27	3	169
	n=258		n=263		n=267		n=266		n=260		n=263	
	p=0.571		p=0.584		p=0.287		p=0.966		p=0.569		p=0.204	
Num consultations												
Up to six	88	33	5	120	18	107	121	6	95	32	3	124
More than six	161	27	8	189	28	168	181	11	157	32	5	188
	n=309		n=322		n=321		n=319		n=316		n=320	
	p=0.005*		p=0.978		p=0.977		p=0.696		p=0.073		p=0.898	

Key: Y: yes; N: no; Neg: negative; Pos: positive; PN: prenatal; Number: number; * significant in p <0.05.

The association between age and safe surgery (p = 0.032), between the number of pregnancies and communication goals (p = 0.026) and medication (p = 0.029) and between the number of visits and the goal of

the correct identification of the patients ($p = 0.005$).

DISCUSSION

It is verified the lack of knowledge of pregnant women and their mothers about PS, which corroborates the findings of an integrative review,¹¹ which describes that this result is due to the insufficient dissemination of the safety culture and the low involvement of patients in their implementation.¹³ It should be noted that innumerable strategies need to be used, such as clear and effective communication, promotion of autonomy for self-care, knowledge of adverse events, supervision of care by the companions, availability of manuals and booklets, the perception of risks and the understanding of the subject in a systematic way.¹³

The satisfaction of the patients with the offered care (95%) was highlighted, according to another study carried out at the same institution, but with a different clientele, which identified precariousness in basic care, extending to the maternal area.¹⁴ It is suggested, however, that strategies that include cultural, structural and organizational influences should be improved in order to promote changes in the multiprofessional team, reflecting their routines, complying with the protocols, conducting trainings,^{7,10} favoring patient orientations,¹³⁻⁴ sharing decisions and establishing ethical relationships.^{5,15}

The PSNP proposals include the commitment of professionals and daily reflection on attitudes and behaviors, inserting a model of safe, patient-centered care and with the correct identification of those involved in the environment.¹⁰ In this perspective, it is argued that more actions need to be developed so that professionals identify themselves correctly and give the identification bracelets before care. It is also necessary that the institution improve signaling in these spaces, obtaining collaboration in the prevention of incidents. There is evidence that the use of identification wristbands improves care practices and demonstrates the commitment of professionals.¹⁵

In this environment, cases of near miss were found, mainly due to the supply of medicines that the patients did not use, being intercepted in the last barrier. The findings are compared to the surveys performed in other establishments⁷⁻⁸, which identified more errors in the obstetric area and found a higher index related to medications and intravenous fluids,¹⁶ with prevalence in hospitalization

units.^{7-8,16} It is pointed out that, in relation to the previous use of medicines, this research stood out little compared to the one that found 34% of use for pre-existing diseases,¹⁷ and a Belgian study,¹⁸ that registered 1.4% of drug use by pregnant women.

The contributions of the patients were highlighted, which qualified the service (24%). In the work processes category, the need to improve the hygienic conditions of the bathrooms is highlighted due to the oscillation of the professionals. It was identified in a study carried out in maternity hospitals in India, that the training of professionals, the implementation of protocols and the management of information systems are opportunities to improve the service.¹⁹

Other suggestions were considered, such as improving communication among professionals, due to the change of behavior after the change of the medical attendance, listening more attentively to patients, increasing night shift professionals, improving hospitalization and discharge, agility in the diagnosis and testing, reassessment of access to family members and surveillance. It corroborates the perception of pregnant women and puerperae in studies that identified failures in obstetric care, such as lack of communication and shortage of professionals, overloading work.¹⁸⁻²¹

It should be noted that the suggestions regarding the structure category covered the damaged elevator, the identification of the environments, the need to increase the OC beds and the provision of better accommodation to the companions. Among the standards contemplated by the Ministry of Health (MH), the Stork Network component on the planning and programming of maternal and child care, which guarantees the provision of beds, physical adjustment with reforms and the acquisition of furniture and equipments for humanized and qualified care³, however, these measures depend on financial transfers from the Union, the optimization of resources received and the definition of institutional priorities, improving the structural and organizational conditions.²⁰

Among the associations performed, the relationship between the age group and the target on safe surgery was found, which found 93.8% between the ages of 18 and 27 years, 97.8% between 28 and 37 years, and 87.5% in the range of 38 to 47 years, that is, young adult patients answered more "yes" to the right patient for the correct procedure; the number of pregnancies with the target communication and medication, it is noted that patients with more than three

pregnancies responded negatively in 8.6% and 23.5%, respectively, identifying the professionals' failures in the requested guidelines and, mainly, in the supply of medicines, in accordance with other results.^{7-8,20}

It was observed that in the relationship between the number of prenatal consultations and the correct identification of patients, those who performed more than six consultations answered positively in 85.6% of the cases about the need to use the identification bracelet, with a significant reduction to 72.7%, in the group that performed up to six visits.

It is inferred that the pre-natal consultations provided guidance on the indispensability of the correct identification of patients and the use of the bracelets in 85.6% of those surveyed. It is pointed out that the age group of 28 to 37 years remained in 97.8%, valuing it for the right surgical procedures, since almost 52% were cesarean deliveries, however, the correct identification is often discredited, the which interferes with the continuity of care and exposes patients to failures, even at low cost and easy adherence through training.¹⁵

It is observed that, among the primigravidae, 98.9% were satisfied with the clarifications requested; the secondary and tertigestics questioned the professionals previously about the administration of the medicines in 89.2% of the opportunities. It is added that the promotion of communication contributes to the safe care process, reflects the organizational management model and benefits collaboration among those involved.^{10,14,20-1}

The opportunities resulting from prenatal and multiparity consultations, coupled with the young and fearless profile and the search for knowledge, are believed to make the patient / professional relationship promising, favoring both institutions and the promotion of engagement of patients and their families as partners in order to improve quality and safety.²² One of the strategies is described as involving communication between all and strong leadership to support change, according to the Guide to Patient and Family Engagement in Hospital Quality and Safety of the Agency for Healthcare Research and Quality (AHRQ).²²

There are several situations that interfere with maternal care in its various degrees of complexity, such as difficulties in access, collection of examination for another patient, cross-breastfeeding, misidentification, administration of non-prescribed medication,

non-identification management failures, such as blood transfusion and hysterectomies, among others.⁶⁻⁸ Prevention factors include the routine use of checklists for vaginal and cesarean deliveries, the identification and verification of care before they are performed, the implementation of protocols and norms, training and the systematization of partnerships in practice.^{7,9-11}

It was revealed that the majority (82%) of the pregnant women and puerperas do not dimension the risks inherent to health care, playing a passive role in the processes. The factors to be considered are the low educational level of the patients and the lack of a systematized approach that directs them to coparticipation in the safe care process, identifying desirable results and / or failures. These factors can be justified through a national study of patients' perception of safety in emergency care, which found relevant difficulties for patients to read, speak and understand the professionals' orientations.²⁰

In England, it is estimated that there are around 10% of incidents involving damage to hospital admissions, with limitations on how patients can collaborate for the safety of care.²³ In this perspective, a program was developed to reduce incidents, combining four approaches with risk assessment, incident reporting, involvement in damage prevention and training, demonstrating that training produced learning and participation, but did not influence the general change in attitudes.²³ It is understood that this will be possible by strengthening the communication²¹ and keeping the patient informed about their treatment, making it one of the last barriers in the prevention of incidents.²⁰

It is seen that, while health and economic performance are interrelated and inequalities remain, organizations recommend strengthening people-centered, sustainable and high-quality health systems.²¹ The facts are evidenced with investments in the training of personnel, defending the commitment of patients and promoting health based on principles of engagement and empowerment, which, in this relation, means a safer pregnancy.^{9-12,21}

It is recognized that the term empowerment, in its conception, involves the process and its results, in which the transfer of knowledge from the professionals to the patients occurs in a collaborative relationship, obtaining, as a result, a more competent patient in the decision making and in managing your health.²⁴ It is evident that the involvement of patients produces more

successful results, among them, the effective, clear and open communication between professionals and patients, being considered a key mechanism in PS culture.^{10-1,21,23}

The limitations of this study are the lack of previous parameters and the specificity of the scenario, the current organizational culture and the instrument used, which makes it difficult to compare the results obtained. New researches with pregnant women / patients to understand the patient safety theme are suggested.

CONCLUSION

In this study, the lack of understanding about the safety of the patient by the majority of pregnant and puerperal women, as well as the risks related to health care during hospitalization, was highlighted. It is suggested by some associations that young adult patients with adequate prenatal care positively identify actions for the right procedures and correct identification with the use of bracelets. It was observed that the primigravidae expressed more satisfaction in the explanations received, while the secondary ones and thirds presented more initiative regarding the administration of the medicines.

It should be noted that most of the patients did not present suggestions and, from those described, the work and structure processes were approached, noting that they perceive the failures and are able to cooperate proactively to obtain better results in the maternity if directed properly. It was concluded that, in order to align and progress in the understanding of patient safety in line with international organizations, international goals and objectives of the PSNP, the institution needs to implement actions that promote patient engagement and broaden the understanding of the subject through access to information, inserting them in the processes of care and permanent spaces.

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Félix RS, Filippin NT.

Seguridad patient safety in the perspective...

Submission: 2018/05/03
Accepted: 2018/11/30
Publishing: 2019/01/01

Corresponding Address

Roselaine dos Santos Félix
Rua Agrimensor João Alves dos Santos, 165
Bairro Camobi
CEP: 97110-833 – Santa Maria (RS), Brazil