OBSTETRIC OCCURRENCES TREATED BY THE MOBILE EMERGENCY CARE SERVICE

OBJECTIVE

Objective: To describe the profile of the obstetric occurrences attended by the Mobile Emergency Care Service.

Method: This is a descriptive, exploratory study with retrospective data. The data were collected through the SAMU service records. The sample consisted of the analysis of 301 service records, and the results presented through statistical data. Results: It is reported that obstetric calls accounted for 0.40% of the SAMU services; the mean age of pregnant women was 25.08 years; the majority were primigravida, were in the third trimester, performed prenatal care and the main complaints were related to labor (91.3%). There was statistical significance between the activation of the SAMU by complaints regarding labor and the third gestational trimester indicating the relevance of the calls. Conclusion: It is concluded that knowing the needs of women seeking care in the pre-hospital service and drawing the profile of care are essential information to subsidize public actions and policies that enable quality care and reduce maternal and child morbidity and mortality, neonatal.

Descriptors: Obstetric Nursing; Prehospital Care; Emergencies; Pregnant Women; Emergency Nursing; Emergency Medical Services.

RESUMO

Objetivo: descrever o perfil das ocorrências obstétricas atendidas pelo Serviço de Atendimento Móvel de Urgência. Método: trata-se de um estudo quantitativo, descritivo, exploratório, com dados retrospectivos. Coletaram-se os dados por meio das fichas de atendimento do SAMU. A amostra foi composta pela análise de 301 fichas de atendimento, e os resultados apresentados por meio de dados estatísticos. Resultados: informa-se que os chamados por causas obstétricas representaram 0,40% dos atendimentos do SAMU; a idade média das gestantes foi de 25,08 anos; a maioria era primígravida, estava no terceiro trimestre gestacional, realizou pré-natal e as principais queixas foram relacionadas ao trabalho de parto (91,3%). Houve significância estatística entre o acionamento do SAMU por queixas referentes ao trabalho de parto e o terceiro trimestre gestacional indicando a pertinência dos chamados. Conclusão: conclui-se, que ao conhecer as necessidades das mulheres que buscam atendimento no serviço pré-hospitalar e traçar o perfil de atendimentos são informações essenciais para subsidiar as ações e as políticas públicas que possibilitem oferecer assistência de qualidade e reduzir a morbimortalidade materna e neonatal.

Descritores: Enfermagem Obstétrica; Assistência Pré-Hospitalar; Emergências; Gestante; Enfermagem em Emergência; Serviços Médicos de Emergência.

RESUMEN

Objetivo: describir el perfil de las ocurrencias obstétricas atendidas por el Servicio de Atención Móvil de Urgencia. Método: se trata de un estudio cuantitativo, descriptivo, exploratorio, con datos retrospectivos. Se recogen los datos por medio de las fichas de atención del SAMU. La muestra fue compuesta por el análisis de 301 fichas de atención, y los resultados presentados por medio de datos estadísticos. Resultados: se informa que los llamados por causas obstétricas representaron el 0,40% de las atenciones del SAMU; la edad media de las gestantes fue de 25,08 años; la mayoría era la primera gestación, estaba en el tercer trimestre gestacional, realizó prenatal y las principales quejas fueron relacionadas al trabajo de parto (91,3%). Hubo significancia estadística entre el accionamiento del SAMU por quejas referentes al trabajo de parto y el tercer trimestre gestacional indicando la pertinencia de los llamados. Conclusión: se concluye que al conocer las necesidades de las mujeres que buscan atención en el servicio pre-hospitalario y trazar el perfil de atención son informaciones esenciales para subsidiar las acciones y las políticas públicas que posibiliten ofrecer asistencia de calidad y reducir la morbimortalidad materna y neonatal.

Descritores: Enfermería Obstétrica; Atención Pre-Hospitalaria; Urgencias Médicas; Mujeres Embarazadas; Enfermería de Urgencia; Servicios Médicos de Urgencia.
INTRODUCTION

It is emphasized that maternal mortality is a public health problem faced worldwide. It was estimated that in 2013, there were approximately 292 thousand deaths.\(^1\) There were 82,790 deaths of women of childbearing age (10-49 years) in the State of Minas Gerais / MG, Brazil, from 2000 to 2011, 1,219 were classified as maternal deaths.\(^2\)

Maternal death is defined by the World Health Organization (WHO) as: “death of a woman during pregnancy or within a period of 42 days after termination of pregnancy due to or related to pregnancy related cause , but not due to accidental or incidental causes”.\(^3\)

Maternal deaths can be classified as direct when they occur due to obstetric complications during pregnancy, delivery or puerperium, and indirect when caused by diseases that existed before pregnancy and were aggravated by the physiological effects of pregnancy.\(^4\)

It is known that most maternal deaths are preventable. Hemorrhages are considered to be the leading causes of maternal mortality in the world followed by complications arising from: infections, increased blood pressure during pregnancy, complications of childbirth, and clandestine abortions.\(^5\)\(^6\)

Eight Millennium Development Goals (MDGs) were established by the United Nations (UN) in 2000, and the fifth objective refers to improving maternal health.\(^7\) The following targets were set for this goal: to reduce by 75% maternal mortality in the period 2000 to 2015; gestation and delivery by qualified personnel; improving access to reproductive health services (including prenatal care and family planning); reduce teenage pregnancy rates and improve the quality of information and records on births and deaths.\(^6\)

According to the report of the millennium goals released by the UN in 2015, the progress was significant, but far short of the goals and targets set, and great inequalities were identified among the different regions of the world.\(^6\) It is noted that the overall rate of reduction in maternal mortality reached was 45%, however, it has been noted that the index has been declining in all countries since 2000. However, improvement in regions with worse indices such as Southeast Asia (64 per cent) and Sub-Saharan Africa (49 per cent), although rates are still 14 times higher in developing regions.\(^6\) The maternal mortality rate declined in only 21%.\(^8\)

In order to improve the quality of health care in general, the Ministry of Health launched in 2003 the National Emergency and Urgency Policy with the purpose of structuring and organizing the emergency and emergency network in the country, interconnecting the pre-hospital fixed, pre-hospital, mobile, hospital and post-hospital components.\(^9\)

It is also added that mobile pre-service was also under the responsibility of the Mobile Emergency Care Service (MECS), regulated by Administrative Rule No. 1864 / GM. It should be emphasized that it has, as a function, the rescue and rescue carried out in homes, workplaces and public roads throughout the national territory through access by the Central de Regulação 192.\(^9\)

It is evidenced that MECS has, as its main focus, emergency and emergency care for users with clinical, pediatric, psychiatric, surgical and gynecological-obstetric demands. It is shown in this last area, which is essential in the rapid care and transportation of pregnant women in labor where there is a risk of death for the mother and / or fetus, that is, it is an important tool to reduce the number of deaths due to delay access and minimize sequelae due to late care.\(^10\)

It is revealed that, as in Brazil, the goal of reducing maternal mortality was not achieved, some initiatives were created to improve the quality of care for pregnant women, such as the “Stork Network” (2011) and “Health Near You” (2013). These initiatives focus on improving the four components: prenatal care; birth; puerperium and integral attention to children’s health, in addition to the logistic system, linked to MECS, which includes the transportation and regulation components.\(^8\)

Thus, it is indicated to reduce maternal mortality and make possible new advances, that it is necessary to first understand the causes of death, to know the main complaints of the users of the health service and to identify the access of these pregnant women to the service, justifying the accomplishment of this study.

OBJECTIVE

- To describe the profile of the obstetric occurrences attended by the Mobile Emergency Care Service.

METHOD

It is a quantitative, descriptive, exploratory study with the use of retrospective data.

It is noticed that the scientific evidences for the practice of Nursing depend on
Obstetric occurrences treated by the...

It is shown, from January 2014 to June 2016, that 102,002 calls were answered by MECS from Uberaba - MG, with an average of 3400.0 ± 1254 calls / monthly, varying from 2,401 calls (November / 2015) to 9,550 called (April / 2015). The number of obstetric causes was 403 in this period, with an average of 13.4 ± 8.6 monthly calls, ranging from one (October / 2014) to 33 (December / 2014). 0.40% of the MECS’s referred to as obstetrical causes were represented. It should be emphasized that the data presented below represent the analysis of the 301 tokens for obstetric reasons found and with complete information on the occurrence.

It is reported that the age of pregnant women ranged from 13 to 42, with an average of 25.1 ± 6.6 years, of which 15.3% were adolescents and 10.6% were older than 35 years. Gestational age ranged from four to 42 weeks, with a mean of 33.8 ± 8.4 gestational weeks, and the majority of the pregnant women were in the third gestational trimester - 243 (80.7%).

It is noteworthy, as far as the previous obstetric history is concerned, that the majority, 193 (64.1%), reported being the first or third gestation; 86 (28.6%) had four to six pregnancies; 21 (7%), seven to ten pregnancies and only one (0.3%) had 11 to 13 previous pregnancies. Regarding previous deliveries, 115 (38.2%) had already had one to three normal deliveries; 35 (11.6%), four to six and four (1.3%), from seven to ten. The cesarean section was the previous outcome of 96 (31.9%) pregnant women with one to three deliveries and seven (2.3%) had four to six operative deliveries. Only 4.3% of pregnant women had a history of previous abortion.

It is reported that almost all pregnant women attended (281 - 93.4%) underwent prenatal care and 20 (6.6%) reported having not had any prenatal visits.

It should be noted that, when analyzed, the main complaints of pregnant women on presentation of the call were: 133 (44.2%) had labor characteristics such as uterine contractions (69 - 22.9%) and lower belly pain 64 - 21.3%); rupture of amniotic membranes was the second most frequent cause (102 - 33.9%) followed by vaginal bleeding (36 - 12%).

The calls were still motivated by: convulsive crisis (five); loss of mucus buffer (four); hypoglycemia and pre-eclampsia (both with three calls); and exogenous intoxication, fainting, vomiting and general malaise (two calls in each category) and complaints automobile trauma, weakness, chest pain, vertigo, falling from the height itself and scorpion sting received a call because of this.

The pregnant women were referred mainly to the two reference maternity hospitals of the municipality that provide care for the Unified Health System (UHS), according to municipal agreement - public teaching hospital, 148 (49.2%), and private teaching hospital, 140 (46.5%). Three (1.0%) were referred to the Emergency Care Unit (ECU).
and ten (3.3%) refused service after the call and remained at home.

It is demonstrated that the pregnant women referred to the Emergency Care Unit had the following profile: two had eight weeks of gestation and one, 34 weeks. The main complaint was pain in the lower belly (67%) and an eight-week pregnant woman had a broken bag complaint. The pregnant women who refused treatment had between 18 and 40 weeks of gestation and the main complaints were: low belly pain (40%); uterine contractions (20%); hypoglycemia (20%); (10%) and vaginal bleeding (10%). Hypoglycaemic complaints were made by pregnant women at 18 and 24 weeks, respectively, and the other complaints were made by pregnant women in the third gestational trimester.

The results of Pearson’s correlation between the relevance of the complaint and the gestational trimester are presented in the table below (Table 1). It can be verified that the pertinence between the gestational trimester and the complaint was significant (p <0.001): pregnant women in the third gestational trimester triggered the MECS more because of complaints about labor (lower belly pain, contractions, ruptured pocket, bleeding vaginal bleeding and loss of mucus).

<table>
<thead>
<tr>
<th>Labor and Delivery</th>
<th>Other complaints</th>
<th>Total</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd trimester</td>
<td>230</td>
<td>13</td>
<td>243</td>
</tr>
<tr>
<td>1st and 2nd trimester</td>
<td>45</td>
<td>13</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>275</td>
<td>26</td>
<td>301</td>
</tr>
</tbody>
</table>

**DISCUSSION**

It is characterized the number of obstetric calls received by the MECS in the analyzed period (30 months) as inferior to data from other Brazilian municipalities. In the city of Botucatu (SP), in one year, 358 calls were made for obstetric causes. It was seen that when analyzing the percentages of calls in relation to total calls, this figure was also lower than in other Brazilian municipalities where the percentage ranged from 2.5 to 8.6% of total visits.

It is reported that the mean age of the pregnant women (25.1 ± 6.6 years) who performed the call was higher than the data found in the literature in which the majority of pregnant women were between the ages of 15 and 24 years. In a Chilean study, the average age of women was equal to or greater than 29 years.

It is also considered, when analyzing the age of pregnant women, in this study, a high percentage of adolescent pregnant women, aged between 13 and 18 years (15.3%). It is characterized the gestation in the adolescence with a public health problem. It was observed that, according to a study conducted in Botucatu / SP with 220 adolescents, 73 had pregnancies at an early age (13 to 16 years) and 147, late (17 to 19 years). It was shown in the study that the profile of adolescents with gestation at early ages, mostly worked, had no partner, was primigravida, had lower income and performed the birth in the UHS.

The Brazilian Institute of Geography and Statistics (IBGE) complements the profile of pregnant women aged 15 to 19 years, with a predominance of residence in the Northeast region (35.8%); 69% are black or brown; have an average year of study of 7.7 years; only 20.1% were still studying at the time of gestation and 59.7% did not study and did not work.

It is warned that this group of pregnant women deserves special attention from health professionals due to the physical, emotional and social lack of preparation that gestation causes in the maternal organism. This group is more likely to present complications such as abortion, hypertensive gestational disease, hemorrhagic syndromes, urinary infections and premature rupture of membranes. It is considered among newborns of adolescent mothers, a higher prevalence of prematurity and low birth weight.

It was pointed out that there was a predominance of calls for pregnant women in the third gestational trimester (80.7%), as well as in a study that analyzed the obstetric calls of the MECS in a municipality of Bahia. However, 69% of the records did not contain information on gestational age, which may compromise the evaluation and quality of care.

It is explained that, contrary to the results of other studies, the majority of the pregnant women attended by the MECS were...
It is understood, in relation to the relevance of the calls, that there was statistical significance between the activation of the MECS by complaints concerning labor and the third gestational trimester. It should be pointed out that the obstetric care of the MECS has, by focus, the rapid care and transportation of pregnant women in labor. It was identified in a study on the pertinence, according to the Risk Classification for Pregnant Women in the Ministry of That 93.3% of the so-called obstetricians were.

This study was limited by the inadequate completion of the records, with incomplete data, making it difficult to trace the profile of all occurrences attended with a high percentage of losses (34%). In this sense, the United Nations has also identified the quality of information as a component that needs attention and intense improvements in the reduction of maternal and neonatal morbidity and mortality. In this process, manual annotations are cited as obstacles, since if this data were computerized, containing a checklist, it would facilitate greater ease and agility at the time of filling.

**CONCLUSION**

Based on data from this study, the following profile can be outlined: obstetric referrals accounted for 0.40% of MECS care; the mean age of pregnant women was 25.08 years; the majority were primigravida, were in the third trimester, performed prenatal and the main complaints were related to labor. There was statistical significance between the activation of the MECS by complaints regarding labor and the third gestational trimester indicating the pertinence of the so-called.

However, it was identified a high percentage of incomplete fulfillment records, demonstrating the need to improve information on care.

It is concluded that the data of this study is fundamental for the Secretary of Health to propose advances and to plan new projects and strategies of public health. It is imperative to know the needs of women who seek care in the pre-hospital service, as well as to draw the profile of care to subsidize actions and public policies that allow to offer quality care and reduce maternal and neonatal morbidity and mortality.

**REFERENCES**


English/Portuguese

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