



BASIC CARE PROTOCOLS: WOMEN'S HEALTH
PROTOCOLOS DA ATENÇÃO BÁSICA: SAÚDE DAS MULHERES
PROTOCOLOS DE LA ATENCIÓN BÁSICA: SALUD DE LAS MUJERES

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The book << Protocols for Basic Care: Women's Health >> was published by the Ministry of Health in 2016 in partnership with the Syrian-Lebanese Institute of Education and Research and the Department of Basic Care, with 230 pages and 48,373 copies in the first edition.

This work is made available electronically and can be accessed in its entirety in the Health Virtual Library of the Ministry of Health: www.saude.gov.br/bvs. The book is organized in seven parts: the first refers to attention to the most common problems/complaints in women's health. The second part describes how attention should be paid to women in low-risk prenatal care, the puerperium and the promotion of breastfeeding. The third part deals with reproductive planning. The fourth part deals with the prevention of cervical cancer. The fifth part refers to the prevention of breast cancer. The sixth part talks about attention to women in the climacteric. The seventh part refers to attention to women in situations of sexual and/or domestic/intra-family violence.

The first part, attention to the most common problems/complaints in women's health, is subdivided into problems related to menstruation; anogenital injury; vaginal discharge and cervicitis; breast problems; pelvic pain; assessment of findings in pelvic ultrasound and urinary complaints. This part presents flowcharts that guide the care of professionals (multiprofessional team and determined professionals) to health that involve abnormal uterine bleeding; menstrual delay; amenorrhea; absence of menstruation, discarded the pregnancy; secondary amenorrhea without obvious cause at initial clinical evaluation; premenstrual symptoms; initial assessment of anogenital injury complaint; papillary discharge; pelvic pain; evaluation of pelvic ultrasound findings; fibroids; urinary loss and urinary complaints, to perform appropriate clinical management, depending on each case.

The second, attention to women in low-risk prenatal care, in the puerperium and in the promotion of breastfeeding, addresses care for women in low-risk prenatal care; attention to women in the puerperium; the promotion

of breastfeeding and healthy complementary feeding. This part provides guidance on the conduct, clinical management and skills of the multiprofessional team and of a certain professional in the basic care to the pregnant woman in low-risk prenatal care; in prenatal care; what to do in the pictures of nausea, vomiting, urinary complaints, abdominal pain, cramps, edema, gestational anemia, syphilis, toxoplasmosis, hemorrhagic syndromes, amniotic fluid alterations, gestational diabetes mellitus (GDM), hypertensive syndromes, preeclampsia, eclampsia and HIV serology. In addition, it presents a list of essential medicines in prenatal care, routine prenatal recommendations on immunization, feeding and preparation for delivery, attending to the provision of care to women in the puerperium.

The third part, reproductive planning, directs care in basic care through reception with qualified listening, interviewing, general and specific physical examination and formulation of care plan for the woman or couple. In order to promote sexual and reproductive health, consideration should be given to contraceptive method selection, voluntary male and female sterilization, women's or couple's approach to pregnancy, combined oral contraceptive (COC) and mini-pill, quarterly and monthly injectable contraception (IC), and the copper IUD, guiding the contraceptive methods offered by the Unified Health System (UHS).

The fourth, prevention of cervical cancer, describes what must be done in clinical management to prevent cervical cancer, as well as avoid possible health problems in confirmed cases. It provides recommendations for the collection of cytopathological examination of the cervix, in view of special situations, such as women with no history of sexual activity, pregnant women, women experiencing climacteric and postmenopausal, hysterectomized and immunosuppressed; in view of the problems most frequently encountered during collection of cytopathological examination, such as vaginal dryness or atrophic colpitis, vaginismus, ectopia, Naboth cyst and cervical polyps; results of normal cytopathological examinations, with the initial recommendations.

In the fifth part, prevention of breast cancer, breast cancer prevention and detection actions contemplate four levels of prevention: primary, secondary, tertiary and quaternary prevention. In order to prevent breast cancer, the multiprofessional team of the service must perform the reception with

qualified listening, directing the woman to the necessary care. The nurse or doctor is responsible for performing the specific physical examination on the woman and provide guidance on screening for post-screening mammography screening. The multiprofessional team must still carry out surveillance and health education activities.

In the sixth part, attention to women in the climacteric, women may present transient or non-transitory manifestations. Transient manifestations include menstrual, neurogenic, psychogenic and attention complaints. Non-transient alterations may be urogenital, lipid metabolism, bone metabolism, weight gain and modification of the pattern of body fat distribution and attention. In the face of confirmed cases of climacteric, it is incumbent on nurses, doctors and other professionals of higher education to carry out the integral and non-pharmacological approach to complaints. The physician must perform the pharmacological approach. The multiprofessional team competes to promote health education activities on the climacteric.

In the seventh and last part, attention to women in situations of sexual and/or domestic/intrafamily violence, violence against women presents itself in several ways. It can be physical, psychological, sexual, patrimonial and moral. Humanized care is fundamental in assisting women in situations of violence, taking into account the specificities of the following populations: female sex workers; lesbian, transgender and transgender women; black women; children, adolescents and the elderly; female population living in the street; female population in deprivation of liberty and other institutionalized women; female population using psychoactive substances; population with disabilities; women from the countryside, the forest, quilombos and traditional communities. Attention to such women should be offered in basic care, in medium and high complexity.

In basic care, services are offered through the Basic Health Units; the Family Health Strategy (FHS), of the Community Health Agents Strategy (CHAS); of the Support Centers for Family Health (SCFH); and the Office on the Street. The attention to women in situations of violence in the medium and high complexity is given through the Specialized Care Services; of hospitals; of urgency and emergency; of Emergency Care Units (ECU-24h); Centers for Testing and Counseling (CTA/HIV/AIDS); and CAPS, CAPSi and CAPS-AD.

In the intersectoral network, in order to improve the quality of care for women in situations of violence, the support center for the Women's Assistance Center (call 180), the Brazilian Women's House, the Social Assistance Referral Center (SARC)), the Specialized Referral Center for Social Assistance (SRCSA), the Provisional Shelters, Shelter Houses, Special Police Offices for Women, the Police Department, the Legal Medical Institute, the Ombudsman Women, the National Denunciation of Domestic and Family Violence, the Specialized Prosecutor's Office of the Public Prosecutor's Office, the Specialized Nucleus of Public Defenders, Non-Governmental Organizations and Reference Centers for Women's Assistance.

In this context, the attention to women's health, mentioned in this book, is an issue that deserves to be highlighted and should be discussed by organs, entities and individuals responsible for promoting health in basic health care, as well as in secondary and tertiary care. in view of the users' right to health and the integrality of UHS assistance, in a humanized and resolute manner, with a guarantee of the users' right to health.

Therefore, this work is recommended for competent bodies, entities and professionals responsible for the promotion of women's health, who constantly deal with the office of providing assistance to them, whether in basic care or in medium and high complexity, basing the conduct and the clinical management of the professional. Moreover, it is recommended for health students, in view of the contributions and knowledge acquired in studying this work, to guide their practices as future health professionals.

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