

COMUNICAÇÃO NA REDE DE ATENÇÃO À SAÚDE DE GESTANTES/PUÉRPERAS NA
PERSPECTIVA DE TRABALHADORES DA SAÚDE

COMMUNICATION IN THE HEALTH CARE NETWORK FOR PREGNANT/PUERPERAL WOMEN
FROM THE PERSPECTIVE OF HEALTH WORKERS

LA COMUNICACIÓN EN LA RED DE ATENCIÓN A LA SALUD DE LA MUJER

EMBARAZADA/PUÉRPERA EN LA PERSPECTIVA DE LOS TRABAJADORES DE LA SALUD

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RESUMO

Objetivo: compreender como ocorre a comunicação na Rede de Atenção à Saúde de gestantes e/ou puérperas na perspectiva de trabalhadores da saúde que atuam na Atenção Primária. **Método:** estudo qualitativo, descritivo e exploratório realizado em 2019 com oito trabalhadores pertencentes à Estratégia Saúde da Família. **Resultados:** na perspectiva dos participantes deste estudo, a comunicação na Rede de Atenção à Saúde apontou diversas fragilidades, entre elas, a ausência de um sistema de informação eletrônico compartilhado com os serviços de diferentes níveis de densidade tecnológica. Houve destaque para a utilização e o preenchimento das informações na caderneta de saúde da gestante para manter a comunicação entre os serviços de saúde acessados por essas mulheres. **Conclusão:** constatou-se a necessidade de desenvolver um sistema de informação capaz de integrar diferentes níveis de atenção à saúde a fim de que os profissionais que atuam na atenção e no cuidado de gestantes e puérperas possam realizar o cuidado em sua integralidade.

Descritores: Atenção Primária à Saúde; Assistência Integral à Saúde; Comunicação em Saúde; Cuidado Pré-Natal; Período Pós-Parto.

ABSTRACT

Objective: to understand how communication occurs in the Health Care Network of pregnant and/or postpartum women from the perspective of health workers who work in Primary Care. **Method:** qualitative, descriptive and exploratory study conducted in 2019 with eight workers belonging to the Family Health Strategy. **Results:** from the perspective of the participants of this study, communication in the Health Care Network pointed out several weaknesses, among them, the absence of an electronic information system shared with services of different levels of technological density. There was emphasis on the use and filling of information in the pregnant woman's health booklet to maintain communication between the health services accessed by these women. **Conclusion:** there is a need to develop an information system capable of integrating different levels of health care so that professionals working in the care of pregnant and postpartum women can provide comprehensive care.

Descriptors: Primary Health Care; Comprehensive Health Care; Health Communication; Prenatal Care; Postpartum Period.

RESUMEN

Objetivo: comprender cómo ocurre la comunicación en la Red de Atención a la Salud de las mujeres embarazadas y/o puérperas en la perspectiva de los trabajadores de la salud que actúan en la Atención Primaria. **Método:** estudio cualitativo, descriptivo y exploratorio realizado en 2019 con ocho

trabajadores pertenecientes a la Estrategia Salud de la Familia. **Resultados:** en la perspectiva de los participantes de este estudio, la comunicación en la Red de Atención a la Salud señaló varias debilidades, entre ellas, la ausencia de un sistema de información electrónico compartido con servicios de diferentes niveles de densidad tecnológica. Se hizo énfasis en el uso y cumplimentación de las informaciones en la cartilla de salud de la gestante para mantener la comunicación entre los servicios de salud a los que acceden estas mujeres. **Conclusión:** existió la necesidad de desarrollar un sistema de información capaz de integrar los diferentes niveles de atención a la salud para que los profesionales que actúan en la atención y cuidado de las mujeres embarazadas y puérperas puedan brindar la atención en su totalidad.

Descriptor: Atención Primaria de Salud; Asistencia Integral en Salud; Comunicación en Salud; Cuidado prenatal; Período posparto.

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INTRODUCTION

Primary Health Care (PHC) is considered the gateway of entry of users to the services provided by the Unified Health System (UHS). The Family Health Strategy (FHS) is one of the services that make up the PHC and operates under the logic of territory through the development of actions that ensure comprehensive care¹. The FHS has been consolidated as the main PHC policy anchored in the essential attributes of the UHS².

For PHC to fulfill the health care of the population, it is necessary to develop a dialogical relationship involving health workers and users. In this context, the important role of communication established between workers from different levels of care is highlighted in order to build knowledge and provide comprehensive health care to users³.

With regard to health care for pregnant and postpartum women, PHC is configured as a strategic space for a low-risk and quality prenatal care, ensuring comprehensive care and resolute potential through monitoring, consultations, guidance and health education⁴. Thus, the quality of the health service is guaranteed by a previous organization of the municipal and administrative management, as well as by the regular offer of prenatal care. Furthermore, it is fundamental to have a network that emphasizes the care process, the guarantee of rights, and the qualified assistance to these women⁵.

Pregnancy and the puerperium are important times for the realization of interventions with actions aimed at health promotion. In turn, this is strengthened from the development of prenatal consultations in which women are monitored monthly. These moments are transformed into opportunities to identify possible problems arising from this period⁶, as well as previous pregnancy history and possible health problems. The shared action by health teams promotes better outcomes in prenatal, delivery, and puerperium follow-up⁴, considering the uniqueness of these periods for women's health.

Furthermore, it is essential to note that the evaluation and satisfaction of prenatal consultations in the PHC are related to the reception of women in the FHS⁷, the quality of prenatal consultations, in addition to the bond that is established between the health professional and the pregnant woman. In this sense, communication and care in its entirety are fundamental to the adherence to prenatal consultations and puerperium care⁸.

Communication is an essential skill for the development of the work of health professionals⁹. Added to the technologies for the development of care, it favors the access to information about the health conditions of users, in different segments, through technological resources that facilitate the dialogue between the spheres of the Health Care Network (HCN), developed specifically for the purpose of recording user assistance and communication between the multi-professional team¹⁰.

Given the importance of communication for the proper working process in the network and for comprehensive and resolute care to pregnant and postpartum women, the research question is: how does communication occur in the HCN to pregnant and postpartum women in the perception of health workers who work in PHC?

Therefore, this study aims to understand how communication occurs in the HCN of pregnant and/or postpartum women from the perspective of health workers who work in the PHC.

METHOD

This qualitative research had as participants health care workers who work in a reference FHS for pregnant and postpartum women, located in a city in the central region of Southern Brazil.

The FHS team consisted of ten workers: one doctor, three nurses, one nursing technician, and five community health workers. The selection criteria for the participants were: being a health worker linked to the FHS in the study setting with higher, medium, and technical education.

The ten health professionals were invited to participate in the study; however, only nine accepted to participate in the research. At the time of data collection, one community health worker was on sick leave and the nursing technician refused to participate.

Thus, the study was composed of eight workers, being: four upper-level and four mid-level. The information was collected through semi-structured interviews, conducted individually, in the period from March to April 2019.

For the interviews, we opted for previously scheduled times, on days when the health team was available. We used a script consisting of questions related to the identification of the participants, such as the position held, professional training and length of service in the FHS. It also contained the following question: How does the communication with pregnant and postpartum women occur in the HCN?

In order to maintain confidentiality about the identity of the participants, the initial letters "HLW" (Higher Level Worker) and "MLW" (Mid-Level Worker) were used, followed by a numeral, which represents the sequence in which the interviews were conducted.

The interviews were audio-recorded in digital media and the duration of the recordings was between 26 and 34 minutes. The end of the interviews occurred as soon as they reached the recurrence of the phenomenon in the workers' statements, which ensured the representativeness of the population studied¹².

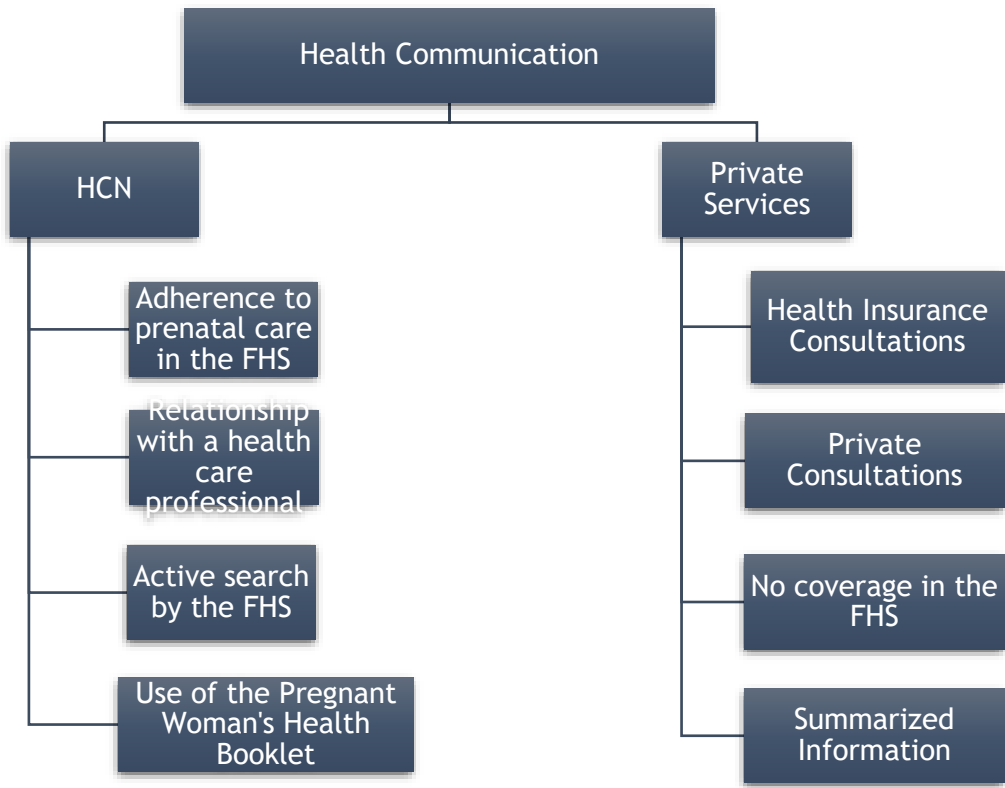
Subsequently, the statements were double transcribed and submitted to a Thematic Content Analysis¹¹ through three steps: pre-analysis, exploration of the material and treatment of results, inferences and interpretation¹¹. SmartArt was also used as a support tool for the creation of concept maps, which represent interconnected graphics that connect two or more concepts to synthesize certain situations¹³⁻¹⁵.

The research followed the ethical principles that establish the standards for conducting research involving human beings, explained in Resolution No. 466/12, and the participants signed the Free and Informed Consent Term in two copies. The study began after approval by the Research Ethics Committee under Opinion no. 3.019.307, CAAE 02373018.4.0000.5306, issued on November 13, 2018.

RESULTS

Of the eight participants in the study, three were nurses, two of them were enrolled in a Multi-professional Residency Program, one was a physician, and the other four were community health workers. As for the length of time that the professionals had been working, it comprised from one to five years among the workers with higher education, and from eight to twenty years among those with a medium level of education.

The following is a synthesis of the enunciations regarding health communication with pregnant and postpartum women in the HCN and in private services from the concept map.



Source: Research Data Concept Map, 2019.

The workers expressed that communication between PHC services occurs through telephone contact between the nurses of the health services and through the use of the municipality's electronic information system.

Sometimes, pregnant women tell us where they are going. Then, we call the clinic, telling them that so-and-so is going to this area, and I ask when I can schedule it. We don't let the pregnant woman get lost like that. (HLW1)

They (nurses) talk by phone. The nurse enters the system and puts which FHS the pregnant woman belongs to. The nurse makes a note that she is from such and such station, and when the pregnant woman returns, she will automatically send her back here. This is being

very good! Because in one of these places you will find her. And the system is good for this, because it is something that has facilitated a lot (MLW3)

We only go after, in an active search, if this woman didn't come to the unit or if the nurse entered her medical records and saw that she didn't go anywhere. Then she contacts us and we do the active search. (MLW4)

The use of the electronic information system shared among the PHC services is signaled as an important communication tool in the care of these women, since they are able to follow the therapeutic itinerary and check whether the pregnant woman is being assisted in any of the services of the HCN.

However, the communication of PHC services with those with higher technological density, such as hospitals, does not occur through electronic information systems. Thus, it is evident that communication occurs through the Pregnant Woman's Card or from the report of pregnant women who seek the FHS, as was evidenced by the workers in the following reports.

The high-risk pregnant women have consultations here and in the hospital, and then they have the pregnant woman's card. They also note it on the card. The information systems of the hospitals are not the same as the one in the municipality. I have no way to access their system. That's why the card is so important, but, any doubt, we have to call. (HLW2)

What guarantees our prenatal and maternity conversation is the pregnant woman's card. So, here in prenatal care, we do all the correct filling out of the card. The collection of data, which are valuable for these pregnant women in the maternity ward, I send through the card, and the woman is always taking this contact from us. (HLW3)

My articulation ends up being very much based on what she (pregnant woman) tells me and what I can go after. When they come, I go after everything she is bringing: "where is your referral? Where is your card? What did they give you? It is from the card that I can follow up, or else I end up calling them. (HLW1)

Regarding the referral of pregnant women from PHC to hospital services, communication is observed through telephone contact or through referral from PHC in which the pregnant woman presents at the hospital.

When we need to refer to the obstetric center in the municipal hospital, we always make a written contact on paper and a telephone contact. (HLW4)

Regarding the puerperal woman, after hospital discharge, it is evident that communication between PHC and hospital workers occurs by telephone contact and e-mail. However, sometimes there is no communication between the professionals of these services.

They (maternity secretaries) have the habit of calling and scheduling the consultation of the puerperal woman, which, for us, is very good, something that the university hospital does not have. The university hospital sends an e-mail to us when the woman wins, but we get the information two or three weeks later. (HLW2)

The return is always there in the hospital. But, if they want to follow up here, they come by spontaneous demand, but this is difficult to happen. There are small failures of us telling them not to return or because they did a high-risk follow-up in the hospital, then, most of the time, the return is there. (HLW3)

However, from the perspective of the health workers participating in this study, for pregnant women who perform prenatal care through private consultations, the information is not as complete. And the notes they present are recorded in electronic medical records that cover only PHC. When the pregnant woman chooses to have prenatal care in the private network, she comes with minimal information about her follow-up and therapeutic conducts.

The private one has no contact with us. We are the ones who follow up pregnant women in the visits. (HLW1)

Some pregnant women go private. Those who have health insurance go to health insurance and that's it! (MLW1)

I follow up on them. I register that they went because they show me the exams and everything. They are not being followed up in the unit, but they are followed up by me and by the health plan, and I put the information in their records. (MLW2)

Pregnant women come with what is not a maternity card, it is a simple card with only one page, which only has the date of the first visit, the gestational age and something that brings some obstetric history and a prescription for some medication, which would be folic acid.

There is no record of anything that was done. So, we start from scratch. (HLW3)

From the enunciations of the workers who work in PHC, it is observed that communication between the different levels of health care is conditioned to the information described in the portfolio of pregnant women. This process of discontinuity in information affects the restarting of care for these women.

DISCUSSION

PHC is responsible for coordinating the care of pregnant and postpartum women, especially those belonging to the enrolled territory. To this end, it needs to incorporate tools and devices that assist in care management, such as electronic medical records in network¹⁶, so that the care for pregnant and postpartum women meets the principles of integrality and equity. Meanwhile, it must act as a communication center between the different health care points and articulate care with other structures of the health care networks, whether intersectoral, public, community, or social. Thus, communication among workers is essential for patients to receive adequate care¹⁷ and not to be left unattended in the HCN.

However, the way communication is established, in face of the need for referral of pregnant women, points to the urgent need for an integrated system between PHC services and those of different levels of technological density. Joint actions in public health are necessary for quality care. Thus, it is essential to have service networks with effective communication between workers involved in the care¹⁸.

The services of the HCN of higher technological density do not use the same electronic information system as the PHC, which makes the services do not have an effective simultaneous communication, a factor that interferes with the work process of health teams. Still, the pregnant woman's notebook ends up being the most used resource in order to access information about the gestational health of these women and still reveals a prenatal care based on the scarcity of information about therapeutic procedures. Sometimes, these booklets have been used unsatisfactorily due to the lack or misunderstanding of information¹⁹, which can have negative repercussions on the therapeutic behaviors due to lack of knowledge of this information.

Pregnancy is a complex period in a woman's life that triggers many biological and psychological changes²⁰, in addition to significant endocrine and metabolic adaptations, which cause systemic and cellular changes in the physiology, leaving the pregnant woman predisposed to adverse events²¹ and gestational complications⁶. In this context, we emphasize the importance of health workers who work in the HCN maintaining adequate and effective communication in order to reduce the risks to the health of these women.

The pregnant woman who chooses to have prenatal care in a private health service is often unassisted by the health workers in her territory, since there is no formal communication between these services. Sometimes, they receive home visits from the CHAs. Thus, the work process in the FHS does not correspond to the division of responsibilities of health workers with the pregnant and postpartum

women enrolled in the territory²². This situation is also aggravated by the lack of communication and information systems that integrate these services.

Despite the wide coverage of prenatal care in the country, inequities and the low quality of care are still visible²³. For the HCN to develop actions based on integrality and grounded by the UHS, it is essential to identify the strategies and difficulties to try to solve them²⁴. In order to provide integral health care, care must encompass the promotion of people's physical, mental, and social well-being⁶.

The weaknesses that permeate the communication in the HCN make puerperal women untended by the FHS. Faced with this condition, it can be said that the FHS cannot meet the guideline of longitudinal care, which presupposes continuity in the clinical relationship to avoid the loss of referrals and reduce the risks of iatrogenic diseases arising from the lack of knowledge of life stories and the coordination of care for these women¹⁶.

Due to communication failures existing in the information system of the HCN and among the workers who perform the communication, sometimes even in an informal way, puerperal women are exposed to health problems. Maternal mortality in the puerperium is as expressive as the one that occurs in pregnancy, because almost half of maternal deaths occur in this period due to complications such as bleeding, disorders related to uterine involution, infection, thromboembolism, endocrine disorders, among others, which occur mainly in the first seven days after birth²⁵. Thus, it is evident the importance of the puerperal review consultation by health workers in order to identify possible complications²⁶.

In addition to effective communication between the different services that comprise the HCN, communication between health workers and puerperae is essential, since puerperae feel different needs during this period. The assistance in the puerperium is still limited, which points to the need for greater attention from health workers so that women have the right to a dignified and humane care²⁶, developed through a bonded relationship that guarantees sexual and reproductive rights²⁷.

The way the care for postpartum women has been developed by health workers does not contribute to the reduction of maternal mortality, since it cannot guarantee the longitudinality and coordination of care for these women. Thus, the performance of workers goes against the recommended by public health policies²². In this sense, it reinforces the need for more investments by managers regarding the implementation of information technologies in order to facilitate the work process of health teams and reduce the risk of iatrogenic events.

Communication in health interferes with interprofessional collaboration for the success of the work process. In this context, communication is essential for interprofessional care, favoring intersectoriality⁹. It is also up to the managers and workers to think of strategies that facilitate and establish the flow of care among the various services that make up the HCN.

The limitations of this study are the fact that it was developed in only one municipality, making it impossible to make generalizations. However, the findings reveal the reality of the current context of the country, highlighting the need for greater investments by managers to improve communication and adequate resolutivity of the HCN. As implications for nursing practice, the need for a careful look at women throughout the gravidic-puerperal period is pointed out, so that communication with them is effective, regardless of whether they are assisted in public or private services.

Finally, it is suggested the development of studies that allow the workers and other points of the HCN to discuss this theme, as well as those that can reflect on the weaknesses in communication from the point of view of pregnant and postpartum women.

CONCLUSION

From the perspective of health workers who work in PHC, communication in the HCN with pregnant and postpartum women reveals the need to develop an integrated information system between PHC

and health services of higher technological density. It also revealed that when there is a shared electronic information system in the HCN, it facilitates the work process of the health teams. The information systems facilitate, for workers, communication between the different points of the HCN and guarantee comprehensive care for pregnant and postpartum women.

However, the study points to the need to strengthen the communication of pregnant and postpartum women who are part of an enrolled territory and that, even when performing prenatal care in private health services, should not be unassisted by PHC. In this sense, it is necessary a better coordination between all services that develop care actions for women.

Although the results refer to a specific FHS, without an in-depth look from the perspective of other actors and scenarios, these results are valid, since they allow the identification and reflection of weaknesses resulting from decision-making that can be adjusted to qualify the communication in the HCN of pregnant and postpartum women.

AUTHOR’S CONTRIBUTIONS

All authors contributed equally in the conception of the research project, data collection, analysis and discussion, as well as in the writing and critical review of the content, with intellectual contribution, and approval of the final version of the study.

CONFLICTS OF INTEREST

“None”.

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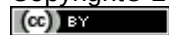
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