ANALYSIS OF PRENATAL CARE REGARDING REFERRALS TO HIGH-RISK AND SPECIALIZED CARE IN THE MUNICIPALITY OF ANÁPOLIS

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ABSTRACT

Objective: The present study aimed to analyze whether referrals to high-risk care were satisfactory in the municipality of Anápolis-GO, as well as referrals to other health professionals, in addition to the development of community actions aimed at pregnant women and their families. Methodology: The research analyzed, through an online questionnaire, the care provided by doctors and nurses in the health network of the four macro-regions of Anápolis-GO. Results: Fifty-four responses from 22 units in the municipality were analyzed. Of these, 74% were nurses and only 26% were doctors. It was observed that the largest regions have theoretical flaws in relation to the criteria for referral to high risk. Furthermore, although almost all referrals are made to other professionals, there is a flaw in care due to a lack of professionals in the network. Furthermore, community actions for pregnant women and their families take place on an ongoing basis. Conclusion: It was found that the professionals who responded to the survey need updates on the criteria for high-risk referrals, and it is necessary to hire health professionals to compose the basic team of the units.

Keywords: Prenatal Care; Family Health Strategy; Pregnant Women.

INTRODUCTION:

Prenatal care in primary care is provided through at least six consultations throughout pregnancy, alternating between a doctor and a nurse. During these consultations, the patient undergoes a gestational risk assessment to determine the best form of care.

In pregnancies classified as low risk, care can be provided at the UBS. High-risk pregnancies, on the other hand, require clinical priority and cannot be monitored at the unit, requiring referral to specialized care (BRAZIL, 2012; JUNIOR FERREIRA *et al*., 2017).

Some factors that indicate the need for referral to specialized care are: twin pregnancy, gestational hypertension, morbid obesity/low weight, psychiatric, autoimmune, and hematological diseases, heart disease, severe kidney disease,

endocrine disorders, HIV infection, and syphilis. (BRAZIL, 2012; JUNIOR FERREIRA et *al.,* 2017).

It is worth emphasizing the importance of monitoring pregnant women with other professionals, such as dentists, nutritionists, and psychologists. This is because the physiological changes of pregnancy have repercussions on the fetus. Furthermore, promoting educational events in the community to prepare families for this new stage is extremely important (BRAZIL, 2000; BRAZIL, 2012; LISBOA et *al.,* 2017).

Thus, this study analyzed whether referrals to high-risk care were satisfactory in the municipality of Anápolis-GO, identifying whether there is a correct risk classification of pregnant women in primary care, as well as the appropriate referral to other professionals. In addition, it evaluated the development of community actions aimed at pregnant women.

METHODOLOGY

The authors invited health teams from health units in the municipality of Anápolis-GO from the four regions of the municipality: Northwest, Northeast, Southwest, and Southeast to respond to the questionnaire. It was administered online through the Google Forms platform and included both open-ended and closed-ended questions.

The data collection instrument was based on the Low-Risk Prenatal Care Notebook Number 32. The questionnaire was adapted by the authors from two articles by LIMA *et al.* (2021) and FRISANCO *et al.* (2021), which used the "Knowledge Attitudes or Practices (CAP)" instrument as a validation method, following the recommendations of Kaliyaperumal (2004), founder of the method.

Participants only had access to the answers after signing the Free and Informed Consent Form (FICF). Anonymity was ensured, preventing any kind of embarrassment. In addition, professionals were informed that they could stop answering the questionnaire at any time if they felt uncomfortable.

RESULTS

The questionnaire received 59 responses. Of these, four responses were excluded because they did not meet the proposed objective of the research or were

duplicates. In total, 54 responses from 22 health units in the municipality of Anápolis-GO were analyzed.

Among the responses obtained, 40 were nurses and only 14 were doctors. Of these, 84.2% are female, 45.6% have between 5-10 years of training, and 66.6% of participants are between 30-59 years old.

It was found that, although referrals for high risk occur in all units, 24% of participants stated that care does not occur due to a lack of specialized professionals, in this case, gynecologists.

Furthermore, when asked about the criteria that would lead to high-risk referrals, participants demonstrated theoretical flaws in how to handle the various conditions that lead pregnant women to seek this care.

Table 1 - List of statements marked as true regarding the conditions that lead to referral to high-risk prenatal care by region in the municipality of Anápolis-GO

Statement	Region A	Region B	Region C	Region D
1	8 (66.6%)	17	7 (87.5%)	15 (88.2%)
2	8 (66.6%)	16 (94.1%)	7 (87.5%)	15 (88.2%)
3	10 (83.3%)	15 (88.2%)	7 (87.5%)	15 (88.2%)
4	10 (83.3%)	14 (82.3%)	6 (75%)	15 (88.2%)

Source: Prepared by the authors. The numbers in parentheses represent the percentage. Statement 1: Urinary tract infections can be treated at health centers, without referral to high-risk care. Statement 2: Severe lung disease, heart disease, severe kidney disease, and endocrine disorders prior to pregnancy indicate that the pregnant woman should receive high-risk care. Statement 3: Pregnant women with a previous history of hypertensive disease of pregnancy, with poor obstetric and/or perinatal outcomes (premature termination of pregnancy, intrauterine fetal death, HELLP syndrome, eclampsia, mother's admission to the ICU) should receive specialized care, i.e., be referred to high-risk care. Statement 4: Pregnant women with fetuses with arrhythmic heartbeats should be referred to high-risk prenatal care.

Thus, it is noted that the professionals who responded to the questionnaire have some theoretical flaws when it comes to referring pregnant women to specialized services, especially in Region A, as it obtained the lowest number of correct answers to the statements proposed in the questionnaire.

Furthermore, the study investigated referrals to other professionals during prenatal care, such as dentists, psychologists, nutritionists, and social workers, when necessary. In addition, the effectiveness of care after referral was analyzed.

Table 2. Analysis of the effectiveness of referrals and care provided by other health professionals in the routine prenatal care network by region in the municipality of Anápolis, GO

Family Health Unit	Dentist		Nutritionist		Psychologist		Social Worker	
	Referrals	Attends	Refers	Attends	Refer	Respond	Forward	Respond
A	12	12 (100)	12	10	12	8	11	10
B	17	17	17	12	17	14(82.3)	17	17
C	8	8	8	3	8	5	8	6
D	17	17	16	11(68.7)	16	11	16	13

Source: table created by the authors. The numbers in parentheses represent the data analyzed in their approximate percentage to the first decimal place.

Regarding referrals to other professionals, it was observed that referrals occur in almost 100% of cases in all regions (Table 2); however, care is not always provided. Participants stated that this is due to a lack of professionals in the network, but also to pregnant women not attending appointments.

In addition, it was observed that, on average, 83% of the units have actions aimed at promoting breastfeeding, family planning, alcohol and drug use, immunization, physical exercise, and diet during pregnancy and the postpartum period.

It is worth noting that, as this is a voluntary questionnaire, it is not possible to categorically state data about the work, since more responses were obtained from one region than from others, and it is possible that not all professionals in the regions responded to the questionnaire.

CONCLUSION

It can be concluded that there are discrepancies between the knowledge of primary care health professionals in Anápolis-GO, mainly regarding the factors that require referral to high-risk prenatal care. Furthermore, there is a failure in the care provided by other professionals, given that referrals do occur, but consultations do not always take place, mainly due to the lack of these professionals in the network.

As for community actions, it is understood that they are developed for pregnant women and their families.

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