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NEONATE RISK: ASSESSING FAMILIES ON THE DAILY ATTENDANCE IN SITUATIONS AND CHANGE IN HEALTH

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ABSTRACT
The study aimed to evaluate, in the opinion of the mothers of newborns at risk, health services accessed and care received in everyday situations and changes in the health of the newborn. A descriptive study, quantitative, whose population was composed of risk newborns born in Cuiabá, selected from the Statement of Live Birth, according to the classification criteria defined by the Ministry of Health for newborn risk, who carried out a household survey after six months of birth. For data analysis we used the EpiInfo. Of 113 children studied, 73.8% made up of Growth and Development in the Basic Health Unit - UBS, 38.9% needed care for complications in the first six months of life. The families classify as regular attendance at UBS (33.6%), as well as appointment scheduling, referrals and marking examinations. Most (50.4%) have difficulty in access to UBS, especially overcrowding, limited hours of service of UBS, long stay in the unit to complete the service, delay in being serviced and lack of medical attention. Discussions on monitoring of newborns at risk in the basic health are required in order to support strategies and policies that can reverse the difficulties highlighted by this research.

Keywords: Infant. Health resources. Quality. Access and evaluation of health care.

INTRODUCTION

In recent years, against the maternal and perinatal mortality rates, the public health policies in Brazil turned to the attention to the period of pregnancy and neonatal, whereas mortality in the early days of life is not only of biological factors, but also of socioeconomic and cultural conditions, directly related with attention to pregnant woman and the newborn[1].

The attention focused on the mother and child Group occurred from the Decade of 70, with the implementation of the maternal and child health programme (MISP), whose actions were primarily focused on prenatal monitoring, control of domiciliary births and post-natal care, as well as actions to promote the health of the child. Until the mid-1980, the MISP, subsequently dismembered the programme of Integral attention to women's health (WOMAN INTEGRAL HEALTH ASSISTANCE PROGRAM) and in the program of attention to child health (PAISC), directed mainly to improved prenatal care and child care actions in the basic attention that contributed to the reduction of child mortality (promotion of breastfeeding, monitoring of growth and development, control of diarrheal diseases, respiratory diseases and immunization control)[2].

In 1991, the Ministry of health has drafted and released the Perinatal Health care program (PROASP). Through this program, care to mother-fetus and the newborn were defined, for the first time, how governmental guidelines programmatic area of attention to health in Brazil. The review of this program shows its full compliance with the principles of the SUS and the guidelines that guided the trajectory of the countries that have achieved better results neonatal diseases[2].

From this perspective, attention to newborns at risk came gaining prominence as a result of the contribution of this group on infant mortality and specialized care that demand[3], being created the schedule of commitments to the Integral health of children and reducing child

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mortality, which calls for the first week of full health, having priority care like the monitoring of the newborn at risk, with actions on primary health care, Health surveillance, early capture and maintenance of attention from active search[4].

Among the newborns at risk include the premature and underweight. In our country, among all births, 9.2% are pre-terms[5]. Only in 2010, preterm births totaled 279,300 and, of these, 42.9% died from complications of prematurity. Brazil occupies currently the 107th place in terms of proportion of premature births, among the 10thplace when it comes to births before 37weeks of gestation, and 16thposition of country with the largest number of neonatal deaths[5].

In this way, with the goal of accelerating the reduction of child mortality in the country, in 2004, the federal Government proposed the Pact for reducing child mortality. The proposal is to reduce by at least 5% per year the infant deaths, especially in its neonatal component (0 to 27 days). Numerous targets are proposed by the Covenant, among them it is worth mentioning: expansion of the number of family health teams and qualification of its professionals, as well as the expansion of Neonatal Intensive Care Units[3].

In this scenario, many authors suggest that the monitoring of the newborn in primary health care contributes to the early detection and prevention of diseases, with reduction of morbidity and mortality in the pediatric population, making possible the multidisciplinary joint health-disease process[6].

To this end, the development of technological resources and welfare becomes essential in order to increase the chances of survival of newborns at risk, mainly the premature and low weight[7]. For the Ministry of health are considered risk newborns the responding to at least one of the following criteria: housing in hazardous area; the RN with less than 37 weeks gestational age, birth weight less than 2,500 grams; severe asphyxia (Apgar less than seven in the fifth minute of life); hospitalization or complication in the maternity ward or in the assistance unit RN; special guidance needs to high of motherhood or in assistance to the RN; son of teenage mother (less than 18 years); be RN of mother with low education (less than eight years of study) and a history of child deaths under five years in the family[4].

Taking into consideration the importance of technological resources and assistance, urgent for the Group of newborns at risk, you have to think about the issues related to access and use health services, mainly in the basic attention, the main gateway to the identification of health problems. When it comes specifically to newborns at risk, some authors point out that health services accessible and good quality are essential in order to avoid the illness or death, provided for the possibility of reaching access to health service and find the necessary structure, capable of providing quality attention, allowing you to achieve better results in health[8].

So, knowing how the families of newborns at risk access health services, understand the difficulties experienced by them and the needs of the same regarding the health of newborns, can contribute to direct specific attendance policies and strategies.

With this look and considering the lack of studies in the municipality of interest, the present study sought to assess, in the opinion of the mothers of newborns at risk, the health services terminated and the assistance received, both in search of assistance in everyday situations and in the neonate health changes.

METHODOLOGY

This is a descriptive study, quantitative analysis, which investigates the health resources used by families of high-risk neonates.

The study population was composed of mothers of newborns at risk born in Cuiabá, in January 2011, with mother's interview, after six months of birth.

The first data source accessed was the Declaration of Born Alive (DN), through which newborns were identified and included in the search, according to the classification criteria defined by the Ministry of health for newborn at risk. For this study, it has not been possible to consider housing in area of risk; hospitalization or complication in the maternity ward or in the assistance unit RN; be no story of death of children under five in the family; and need

special guidance to high of motherhood or in the assistance unit RN, since such information is not available in DN.

After six months the birth home visit was held, at which time the mother was clarified and invited to participate in the survey, signing an informed consent (TFCC). For the data collection instrument was used, prepared by researchers closed and previously tested with live births of the month prior to the present study.

The data collection instrument addressed the following issues: If the neonate is monitoring the growth and development; if required any other assistance in basic health unit (Health Center) or the family health strategy (FHS) during the first six months of life, which often seek care in health facility; generally is serviced by which professional; if he observed the lack of any professional to the child's attendance; how would you rate the service received at UBS/ESF (great, good, regular, bad, bad); How would you rate the following services at UBS/FSE: scheduling appointments/referrals needed/marking of examinations; How would you rate the staff in UBS/FSE: Doctor/Nurse/nursing Auxiliary and technical/community Agent/social worker/reception/reception; If you have difficulties in using the basic health network; If yes, what are the difficulties (and relating to personal service); If those six months there was need for referrals by UBS; If yes, where the child was referred; met difficulties in meeting this and what routing; If required consultation with an expert; How would you rate the specialized care; If needed urgent and emergency care; If Yes, or not difficulties; If there was, what were the difficulties.

Data analysis was performed by the program EpiInfo, version 3.5.2 by using descriptive statistics.

The study is part of research evaluation of child care in basic health Network of Cuiabá-MT, with emphasis in your organization and assistance and nursing practices, adopted by the Committee of ethics in research at the Federal University of Mato Grosso, 882 Protocol/CEP-HUJM/2010, in September 8, 2010.

RESULTS AND DISCUSSION

113 children were studied, whose mothers were interviewed. All children were monitoring the growth and development (CD) in UBS/ESF (73.8%) and the remainder in private clinics, hospitals contracted to SUS (national health system) or other services.

Required attendance at UBS/ESF, besides the monitoring of CD and vaccine, 44 children (38.9 percent). The rest said not having enjoyed the attention UBS/ESF in the first six months of the child's life (56.6%-64) and 4.4% (5) have not responded to the question.

Including scheduled actions (CD and vaccine), 38 moms (33.6 percent) reported needing assistance in UBS/ESF sporadically during six months, followed by those who reported receiving monthly attendance (31.9%-36) (Table 1), and the doctor and the nurse professionals who use more attendances (Table 2).

Table 1 – Distribution of newborns of risk born in Cuiabá in January 2011, according to the frequency with which required unscheduled care in the UBS/ESF. Cuiabá-MT, 2011.

Often needed assistance in UBS/ESF	Nº	%
Weekly	1	0.9
Biweekly	4	3.5
Monthly	36	31.9
Sporadic	38	33.6
No	26	23.0
Ignored	8	7.1
TOTAL	113	100.0

Most mothers (58.4%-66) said not having observed the lack of professionals in the UBS/ESF for the care of the child. Those who reported such lack correspond to 32.7% (37), followed by those who have not responded (7.1%-8) and by not using the UBS/ESF (1.8%-2).

Generally speaking, the mothers rated the care from UBS as regular (33.6%-38) and good (32.7%-37), followed by those that rated as inadequate (15%-17), excellent (2.7%-3), who have not responded (8%-9) and did not use the service (% 8-9).

The analysis of the data showed that, even performing accompaniment CD, most newborns needed still unscheduled care in the UBS/ESF. Maybe this is due to the fact that the newborns at

risk, especially those considered premature and low weight, are more susceptible to health problems, due to the immaturity of the immune and central nervous systems, cardiovascular devices, respiratory, digestive and renal[9]. You have to highlight, in this scenario, the birth of a child at risk, often needing hospitalization for a long period, can generate in parents the feeling of not being prepared to carry out their roles[9].

Table 2 – Distribution of newborns at risk born in Cuiabá in January 2011, according to the professional who provided the service. Cuiabá-MT, 2011.

Professional who has provided assistance	Yes		No		Ignored		Does not apply *		TOTAL	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Doctor	58	51.3	43	38.1	10	8.8	2	1.8	113	100.0
Nurse	42	37.2	60	53.1	9	8.0	2	1.8	113	100.0
Nursing technician	14	12.4	88	77.9	9	8.0	2	1.8	113	100.0
Community Agent	2	1.8	100	88.5	9	8.0	2	1.8	113	100.0
Social Worker	-	-	96	85.0	9	8.0	8	7.1	113	100.0
Administrative technician	-	-	95	84.1	9	8.0	9	8.0	113	100.0
Another	-	-	95	84.1	9	8.0	9	8.0	113	100.0

*Children who do not receive assistance in UBS/ESF.

Before this, we highlight the importance of more frequent follow-up of these children and service affordable health, of good quality, which can meet this demand with a focus on prevention and health promotion, considering the profile of morbidity and mortality of these children and programming specific measures that reduce the leading causes of illness and death, these often avoidable if proper care in the basic attention[10].

It is noteworthy that in the health care network in the city of Cuiabá there is a referral service to track newborns at risk, the only existing clinics are linked to two university hospitals, which make the follow-up of newborns who were interned in their Neonatal ICU.

Thus, it becomes worrying that demand for care in the UBS/FSE by families of high-risk neonates come frequently occurring less than ideal to the group, since this monitoring would be more effective when carried out in shorter intervals. It is also, question whether the health units are prepared to do the follow-up of these children at risk, because the ideal would be an accompaniment by UBS in partnership with a specialist outpatient clinic of reference with multidisciplinary team able to perform this type of service.

In this context, it is worth mentioning that the Ministry of health, through the Agenda of the child (Initiative first Week of full health) advocates the health surveillance as team assign primary health care, in order to promote, monitor and detect harms to health of who has recently given birth and of RN, with home visits and frequent returns to the health service since in this period are more frequent complications with risk of maternal and neonatal death[4].

Stresses that the quality of the monitoring of children at risk is not based solely on the frequency with which these calls occur, but also relate directly with the effectiveness of care. In this context, we must stand out that professionals responsible for providing these services have great responsibility, because in addition to the service routine in the units themselves, they need to ensure that these children and families do not forget to attend to consultations and that the follow-up of these newborns in the health fully is carried out[11].

In this respect, the survey revealed that most of the calls provided in the UBS/ESF is held by the doctor and nurse, which transfers responsibility to these professionals, who need to know the risk factors related to the health of children, as well as the social context in which they are inserted, habits and family values, in order to implement the care to neonate and family[12]. This knowledge is relevant to establishing joints between the hospital outpatient health services and basic network, contribute to the reduction of child mortality and trigger actions of health education, aiming at a suitable children's growth and development. Given this, it becomes worrying lack of cross-reference between UBS and the maternity wards of the borough highlighted in this study.

Table 3 details the assessment of mothers according to the professional and the type of service provided. As for services, scheduling appointments has been classified as good (31.9%-36) and Regular (30.1%-34), as well as referrals (20.4%-17.7%-20 and 23) and the marking of exams (27.4%-16.8% and 31-19) (table 3). As for the professionals who serve on UBS/FSE, the mothers rated most as well, with the exception of the Social worker in that a large portion (71.4%-80) was never satisfied by this professional (table 3).

The assessment of professional doctor, nurse and community health agent (ACS) by the mothers of newborns diverges from the study [13] held in a PSF of Teresópolis (RJ), where families of children under five years met evaluated the service provided, in which the majority of respondents (more than 80.0 percent) assessed the attendance by a doctor and ACS as very good, set in his method of analysis for grades 9 or 0-10 scale 10:0 pm. In this context, the evaluations of these professionals who have received regular and good concepts and, in this investigation, are a little short of the expected, after all, the ideal would be that all obtain great in their assessments. This evaluation is considered by scholars as essential[14], because it constitutes a subsidy for the teams and health services to target their interventions and practices, in search of better health care[15].

Table 3 - Distribution of newborns at risk born in Cuiabá in January 2011, according to the assessment of families and professional services of UBS/ESF. Cuiabá-MT, 2011.

How to classify the services	Excellent		Good		Regular		Insufficient		Does not apply*		Ignored		TOTAL	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Scheduling appointments	3	2.7	36	31.9	34	30.1	16	14.2	15	13.3	9	8.0	113	100.0
Referrals	1	0.9	23	20.4	20	17.7	8	7.1	50	44.2	11	9.7	113	100.0
Exam marking	3	2.7	31	27.4	19	16.8	11	9.7	40	35.4	9	8.0	113	100.0
How to classify the professional	**Excellent**		**Good**		**Regular**		**Insufficient**		**Does not apply***		**Ignored**		**TOTAL**	
	Nº	%	**Nº**	%	**Nº**	%	**Nº**	%	**Nº**	%	**Nº**	%	**Nº**	%
Doctor	9	8.0	52	46.0	20	17.7	8	7.1	15	13.3	9	8.0	113	100.0
Nurse	9	8.0	60	53.1	11	9.7	5	4.4	19	16.8	9	8.0	113	100.0
Auxiliary/nursing technician	3	2.7	57	50.4	15	13.3	3	2.7	26	23.0	9	8.0	113	100.0
Community agent	6	5.3	47	41.6	7	6.2	8	7.1	37	32.7	8	7.1	113	100.0
Social worker	3	2.7	11	9.8	2	1.8	6	5.4	80	71.4	10	8.9	113	100.0
Receptionist	1	0.9	51	45.1	26	23.0	9	8.0	18	15.9	8	7.1	113	100.0

*Children who do not receive assistance in UBS/ESF.

The data showed that 50.4% (57) of the mothers interviewed feel difficulty in using the basic health network, while 40.7% (46) reported having no difficulties, 6.2% (7) have not responded and 2.7% (3) do not use these services. The difficulties referred to by the mothers in accessing the UBS/ESF were categorized into personal difficulties relating to the service. With regard to personal difficulties, lack of time seemed to be stumbling block for most mothers (table 4). As to the difficulties relating to the service, it was observed that almost half (41.6%-47) mentioned be setback: the overcrowding and restricted hours of attendance in the UBS/ESF, followed by long permanence in the unit to complete compliance (38.9%-44) and the lack of physician (34.5%-39) (table 4).

Draws attention to the fact that more than half of mothers claimed to have difficulties in using the basic health network for problems such as overcrowding, restricted hours of attendance, long permanence in the drive to complete the service, lack of doctor, among others. Whereas these factors culminate in user dissatisfaction[16], authors highlight that the health sector, as a service organization, you need to have a good performance, measured by means of the

following factors: immediate attention in helping clients and implementation of services, scheduling and Ease of contact when problems arise, services performed correctly the first time, and appropriate Schedules and without complications, Attendance on time awake, speed troubleshooting, client Recognition as an individual, ability to identify specific needs of each client and flexibility to meet clients ' interests first, among others[16].

Table 4 - Distribution of newborn in Cuiabá in January 2011, according to the difficulties in accessing basic health network (personal and service-related). Cuiabá-MT, 2011.

Personal difficulties	Yes		No		Does not apply*		Ignored		TOTAL	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Transport	12	10.6	45	39.8	49	43.4	7	6.2	113	100.0
Location	17	15.0	41	36.3	48	42.5	7	6.2	113	100.0
Lack of time	20	17.7	38	33.6	48	42.5	7	6.2	113	100.0
Difficulties related to the service	**Yes**		**No**		**Does not apply ***		**Ignored**		**TOTAL**	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Overcrowding	47	41.6	11	9.7	48	42.5	7	6.2	113	100.0
Restricted hours of attendance	47	41.6	11	9.7	48	42.5	7	6.2	113	100.0
Long stay to complete customer service	44	38.9	14	12.4	48	42.5	7	6.2	113	100.0
Lack of physician	39	34.5	19	16.8	48	42.5	7	6.2	113	100.0
Long time waiting to be answered	38	33.6	20	17.7	48	42.5	7	6.2	113	100.0
Lack of solution to health problems	37	32.7	21	18.6	48	42.5	7	6.2	113	100.0
Delay in screening	35	31.0	23	20.4	48	42.5	7	6.2	113	100.0
Delay to the day of consultation	34	30.1	24	21.2	48	42.5	7	6.2	113	100.0
Schedule queries	32	28.3	21	18.6	53	46.9	7	6.2	113	100.0
Schedule scans	31	27.4	18	15.9	56	49.6	8	7.1	113	100.0
Lack of program for RN risk	28	24.8	30	26.5	47	41.6	8	7.1	113	100.0
Poor quality of care	23	20.4	35	31.0	48	42.5	7	6.2	113	100.0
Precarious structure	22	19.5	36	31.9	48	42.5	7	6.2	113	100.0

*Children who do not receive assistance in UBS/ESF.

According to the Ministry of health[17], the UBS/ESF comprise the basic physical structure of SUS users and care must be a priority in the management of the system, as are the major responsible for the resolution of most community health problems when they work properly. Thus, we highlight that the Primary health care Level of risk neonates is as important as its secondary and tertiary during the first six months of life and arising, mainly due to the high contribution from this group on infant mortality in Brazil. Attention to risk neonate should be structured and organized in order to meet the health needs of this vulnerable group. For this purpose, material and human resources must be authorized and able to ensure adequate attention to health of newborns at risk, as the follow-up by family health teams, once these professionals act directly on the environment and the child's family, allowing you to recognize and reduce risky situations that compromise the health of newborns at risk[18]. Thus, it can be

assumed that investments in human resources and physical structure are essential and urgent.

Regarding the need for referrals by UBS, it was found that the majority of newborns included in this study didn't need any referrals (75.2%-85), followed by them needed (20.4%-23) and 4.4% (5) have not responded.

Only 16 newborns (14.2 percent) require consultation with experts. It might be noted that 64.7% (11) of mothers who needed specialized care rated this service as well, 17.3% (3) as Insufficient and 11.7% (2) as Excellent.

Highlights that 38 newborns (33.6 percent) needed urgent and emergency care in the first six months of life. Among these, 50.0% (19) of the mothers reported difficulty in this service, followed by who reported not having found any difficulty (44.7%-17) and those which have not responded (5.3%-2). Among the difficulties referred to in relation to urgent and emergency care (table 5), include the long permanence in the emergency/emergency service to complete the attendance (47.4%), and the long timeout to be serviced (47.4%) and overcrowding (44.7 percent).

Among the urgent and emergency services used, the Polyclinic (50.0%-19), followed by the Ready-Relief (15.7%-6), Mobile emergency Attendance service-SAMU (7.8%-3) and other services (Santa Casa, Er and ICU University General Hospital Neonatal) that corresponded to 26.3% (10).

Table 5 - Distribution of high-risk infants born in Cuiabá in January 2011, which require urgent and emergency care, according to difficulties encountered in urgent and emergency care. Cuiabá-MT, 2011.

Difficulties in urgent and emergency care	Yes		No		Does not apply*		Ignored		TOTAL	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Long time waiting to be answered	18	47.4	4	10.5	14	36.8	2	5.3	38	100.0
Long permanence in the drive to conclude attendance	18	47.4	4	10.5	14	36.8	2	5.3	38	100.0
Overcrowding	17	44.7	4	10.5	15	39.5	2	5.3	38	100.0
Precarious structure	12	31.6	9	23.7	15	39.5	2	5.3	38	100.0
Quality of care	11	28.9	10	26.3	15	39.5	2	5.3	38	100.0
Lack of professionals	10	26.3	11	28.9	15	39.5	2	5.3	38	100.0
Lack of solution to health problems	8	21.1	14	36.8	14	36.8	2	5.3	38	100.0
Lack of vacancies	7	18.4	14	36.8	15	39.5	2	5.3	38	100.0

*Children who do not receive assistance in UBS/ESF.

The difficulties pointed out by the mothers, in the present investigation, about the urgent and emergency care, are confirmed by authors who indicate in their study the accessibility and the waiting time to be seen as the greatest dissatisfaction of the interviewed patients[19]. As to overcrowding, reported by most of the families of newborns, scholars[20] highlight that overcrowding in hospital emergency services is a worldwide phenomenon and induces low quality care. In this scenario, another highlight the importance of all levels of health care of the newborn be integrated with reference and reference to the process of articulation between the hospital and basic unit as well as the completeness and effectiveness of assistance to the neonate.

CONCLUSION

The results allow you to reflect about the attendance in basic health units to newborns at risk, pointing to problems managerial and structural health units with glaring problems, such as overcrowding and restricted hours of attendance in the UBS/ESF, followed by long permanence in the drive to complete the service.

We highlight the importance of discussions on the follow-up of newborns at risk, both in the basic attention and in hospitals, in order to subsidize strategies and policies that could reverse the difficulties pointed out by this

research. It should be noted that the ideal for those kids would be a better articulation of UBS/ESF with reference services.

New studies are suggested that can fill gaps of knowledge on the subject and offer subsidies to promote improvements in the service provided by health units, contributing, directly or indirectly, for the best quality of life for at-risk newborns.

You have to consider the importance of assistance with research and subsidies to public policies at the local and regional levels.

NEONATOS DE RISCO: AVALIAÇÃO DAS FAMÍLIAS SOBRE OS ATENDIMENTOS EM SITUAÇÕES COTIDIANAS E DE ALTERAÇÃO NA SAÚDE

RESUMO

O estudo objetivou avaliar, na opinião das mães de recém-nascidos de risco, os serviços de saúde acessados e o atendimento recebido nas situações cotidianas e nas alterações de saúde do neonato. Estudo descritivo, cuja população foi composta por neonatos de risco nascidos em Cuiabá, selecionados a partir da Declaração de Nascido Vivo, de acordo com os critérios de classificação definidos pelo Ministério da Saúde para recém-nascido de risco, com realização de inquérito domiciliar após seis meses do nascimento. Para análise dos dados utilizou-se o EpiInfo. Das 113 crianças estudadas: 73,8% faziam acompanhamento do Crescimento e Desenvolvimento em Unidade Básica de Saúde; 38,9% necessitaram de atendimento de intercorrências nos seis primeiros meses de vida. As famílias classificaram o atendimento na UBS como regular (33,6%), assim como o agendamento de consultas, encaminhamentos e marcação de exames. Grande parte (50,4%) tem dificuldade no acesso à UBS, destacando-se a superlotação, horário restrito de atendimento, longo tempo de espera na unidade para concluir o atendimento, demora em ser atendido e falta de médico. Discussões sobre o acompanhamento dos recém-nascidos de risco nas unidades básicas de saúde são necessárias a fim de subsidiar estratégias e políticas que possam reverter as dificuldades apontadas pela presente pesquisa.

Palavras-chave: Recém-nascido. Recursos em saúde. Qualidade. Acesso e avaliação da assistência à saúde.

RECIEN NACIDO DE RIESGO: LA EVALUACIÓN DE LAS FAMILIAS SOBRE LA ASISTENCIA EN SITUACIONES DE TODOS LOS DIAS Y EL CAMBIO EN LA SALUD

RESUMEN

El estudio tuvo como objetivo evaluar, en opinión de las madres de los recién nacidos em riesgo, los servicios de salud accesibles y la atención recibida em las situaciones cotidianas y los cambios sinla salud del recién nacido. Estudio descriptivo, de análisis cuantitativo, cuya población se compone de los recién nacidos de riesgo nacidos en Cuiabá, seleccionados de la declaración de nacimiento vivo, de acuerdo com los criterios de clasificación definidos por el Ministerio de Salud para el riesgo de recién nacido, que llevó a cabo una encuesta de hogares después de los seis meses de nacimiento. Para análisis de losdatos se utilizóel programa EpiInfo. De los 113 niños estudiados, el 73,8% formado por el crecimiento y el desarrollo en la Unidad Básica de Salud, el 38,9% con la atención necesaria para las complicaciones en los primeros seis meses de vida. Lasfamiliasclasifican como laasistencia regular a UBS (33,6%), así como laprogramación de citas, referencias y exámenes de marcado. La mayoría (50,4%) tienen dificultades en el acceso a UBS, en especial el hacinamiento, las horas limitadas de servicio, larga estancia en la unidad para completar el servicio, la demora en ser atendidos y la falta de atención médica. Los debates sobre elseguimiento de losreciénnacidos em riesgo em lasalud básica se requieren com elfin de apoyarlasestrategias y políticas que puedanrevertirlasdificultadesseñaladas por esta investigación.

Palabras clave: Bebés. Recursos de salud. Calidad. Acceso y evaluación de la atención de la salud.

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