

PRENATAL CARE IN THE FAMILY HEALTH STRATEGY: ASSESSMENT OF STRUCTURE¹

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ABSTRACT

The goal of this study was to assess the structure available at Family Health Strategy units for the provision of prenatal care in the city of Cuiabá, State of Mato Grosso, Brazil, from the perspective of health services assessment proposed by Donabedian. This research assesses health quality from a quantitative approach. It was carried out using secondary data from the database of the Argos/Gerar Research Group. The results revealed that the units had deficient physical structure, since many of them did not have a pre-consultation room and a conference room. The lack of equipment, including Doppler sonar and Pinard stethoscopes, undermines prenatal care. The dimension 'human resources' was the most deficient, due to the non-permanence of some professionals in the unit, highlighting intense turnover, mainly of nursing technicians and physicians. In the general classification, the most compromised dimension was 'human resources'. In turn, the best classified dimension was 'information system'. Although the aspects regarding the structure of basic health units for prenatal care have been considered partially inadequate in this study, family health units of Cuiabá, MT, are still deficient on several aspects with respect to the general classification.

Keywords: Prenatal care. Assessment of health services. Maternal well-being.

INTRODUCTION

The Unified health System (UHS) must ensure health care provided to women throughout the pregnancy-puerperal cycle through actions that integrate promotion, prevention and monitoring of pregnant women and newborns, in addition to providing basic and high-risk hospital care.⁽¹⁾ Integral care provided to meet women's needs requires organization and the use of means and resources suitable for each situation. It is considered that quality prenatal care can contribute to the reduction of maternal and child mortality coefficients, because maternal and perinatal mortality rates are influenced by the efficiency of prenatal care.⁽²⁾

In order to achieve the qualification of prenatal care, assessment becomes important, because it allows drawing guidelines in order

to optimize the services and improve the technical quality. At the same time, it identifies factors that interfere in the care provided and which are out of their managers reach, thus ensuring quality care.⁽³⁾

The systemic theoretical framework proposed by Avedis Donabedian—the triad structure, process and result—reflects exactly the essence of quality health care and contributes to correct the course of the program or project still in progress.⁽⁴⁾ Specifically, in this study we will focus on the assessment of the structure of the Family Health Strategy (FHS) units of the city of Cuiabá, State of Mato Grosso (MT), that provide health care to women during the prenatal period.

The structure includes the quality of the contexts in which health care takes place, i.e., the necessary resources to provide health care. These resources include: human resources

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(number and qualification); material and physical resources (facilities and equipment); financial resources;⁽⁴⁾ information systems; and regulatory technical-administrative instruments.

The literature review conducted on the assessment of prenatal care structure enabled the identification of studies dealing with this subject through different ways of assessment. These studies are intended to reduce maternal mortality, which still remains high, both nationally and locally.⁽⁵⁻⁸⁾

In the city of Cuiabá, MT, in turn, two studies dealing with health care structure were conducted, one related to puerperal care⁽⁹⁾ and the other concerning the existing infrastructure in health centers. The latter found that adequate physical and material structure of health services promotes good health practices. The quality of these practices is sensitive to structural and environmental conditions, and inadequate infrastructure can influence negatively on the development of health care provided to the users.⁽¹⁰⁾

In view of the foregoing, it is clear that the physical structure influences directly on nurses' activities. Therefore, these activities, influenced by the health system and its limitations, cause difficulties for the quality of these professionals' practices.⁽¹⁰⁾

This way, there is the need to assess the structure of the units that carry out prenatal care, since such studies have not been conducted in the city. Therefore, the goal of the present study was to assess the structure available in FHS units for the provision of prenatal care in the city of Cuiabá, State of Mato Grosso, from the perspective of health services assessment proposed by Donabedian.

METHOD

This is an epidemiological study inserted into the research field of quality health assessment (normative assessment). Considering its scientific character, it can also be classified as evaluative research with a quantitative approach. The study was conducted in the city of Cuiabá, MT, Brazil.

After the consent of the leader of the group, we used secondary data from the research

"Health care for women's health during the pregnancy-puerperal cycle, rethinking the service from management elements" whose data were collected in March 2011 through interviews conducted with doctors, nurses and nursing assistants and/or technicians. We used a structured instrument elaborated and tested beforehand by members of the Argos-Gerar Research Group Project.

This database contains data from 55 HFS units of Cuiabá, MT, and we chose to use this database because it includes relatively recent information. Changes in the structure of health services require time for their fulfillment, since they demand investments of significant volume of financial resources in order to take place in a significant way.

An adapted instrument⁽¹¹⁾ was used for the construction of a database for the assessment of structures with secondary data. It was composed of the dimensions and criteria in accordance with the literature reviewed, ministerial proposals⁽¹⁾ and the possible variables from the original database. Nurses of all units agreed to participate in the study. Thus, it was defined that only the units in which a physician and at least one nursing assistant and/or technician who had participated in the research "Health care for women's health during the pregnancy-puerperal cycle rethinking the service from management elements" would take part answering questions about their qualifications and technical training, totaling 43 units.

The dimensions assessed were: physical/facilities/physical space resources; equipment, materials and essential medicines; human resources; information/recording instruments system; and administrative aspects. In order to determine the values to be attributed to the five dimensions individually, we considered the fulfillment of the minimum resources reported in the ministerial propositions (best standard) and the non-availability of the minimum resources (worst standard) evidenced by the criteria. Thus, the criteria were scored as follows: 0 (zero) – non-existent; 5 (five) – existing, but inadequate (in case of adaptations of physical spaces, unavailability of materials and equipment, and lack of professionals in the staff); and 10 (ten) inadequate.

Considering that each dimension has different numbers of criteria, the possible score for each dimension was: maximum of 110 points for physical/facilities/physical space resources; 180 points for equipment, materials and essential medicines; 130 points for human resources; 30 points for information/recording instruments system; and 70 points for administrative aspects.

For data analysis, the database was built using Excel 14.0 software and, subsequently, transferred to the Epi-Info, version 7.0 software, in order to describe and assess the units by means of simple descriptive statistical analysis, applying frequency measures (absolute and relative) and arithmetic mean.

Considering that there is no consensus in the scientific literature to evaluate the structure available for prenatal care, the attributes were punctuated in each dimension for the assessment of the units. The final score for the service was set between 0 and 10, which resulted in a final classification of the units: adequate (10); partially adequate (7 to 9.9); and inadequate (below 6.9).

The research project was approved by the Research Ethics Committee of the Júlio Muller University Hospital, under No. 206,839 CEP-HUJM/2013.

RESULTS AND DISCUSSION

The results showed that the physical resources of the units were still deficient as noted in Table 1. In 11.6% of the units, the reception desks were inadequate; 9.2% lacked pre-consultation rooms; and, among those which had them, 37.3% were inadequate. It was observed that there were no areas for team meetings in 11.6% of the units, and 30.2% did not have areas for meetings of socio-educational groups. From the existing conference rooms, 58.2% were considered inadequate. The data concerning the areas for socio-educational groups were worrying due to the high percentage of units classified as non-existent or existing, but inadequate. This evidence has been discussed in national studies on the subject.

Even though a study⁽⁵⁾ that assessed health care provided to pregnant women in the FHS

of the city of Teixeira, State of Minas Gerais, did not present objective data, it highlights that the units assessed were not appropriate places for these activities. Another study that assessed prenatal care in the basic health network of the city of Fortaleza, State of Ceará⁽⁶⁾ showed that in 56.7% of the units this space was adapted and 43.3% had a room available for the completion of this activity. These results are better than those obtained in Cuiabá, MT, because all units studied in Fortaleza had an area for educational groups, either adequate or adapted. At the same time, the difference between the percentage of units with adequate areas for socio-educational groups between Fortaleza and Cuiabá is significant, 43.3 and 11.6, respectively. The existence of this spaces is of great importance since the completion of educational activities for pregnant women allows knowing about the gestational process, in addition to decreasing the asymmetry in the relationship between pregnant women and health services and improving the quality of primary health care.⁽¹²⁾

With respect to visual privacy, 30.2% of the medical offices did not have this attribute, whereas in nursing offices this value was 9.2%. Privacy has to be considered as an essential factor in consultations, clinical and/or gynecological exams.⁽¹⁾ The lack of privacy limits the actions of the professionals who would have a propitious moment during the prenatal cycle to embrace, listen and provide care to pregnant women beyond clinical care, i.e., integrally and directly interfering in quality care.

Although 100% of the units are not represented in Table 1, there were exclusive rooms for vaccinations and medical and nursing offices. Medical offices lacked toilets, and rooms for storing and dispensing medications were inadequate in 4.6% of the units.

The unavailability or inadequacy of some physical environments make health care take place in an individualized manner, favoring the predominance of medical activities and interfering in the quality of reproductive health care and nursing care.⁽¹⁰⁾ In order to ensure the quality of the health service, it is necessary to guarantee adequate infrastructure, which includes trained human resources and enough

equipment, materials and supplies. When this structure is not provided to health professionals, they tend to justify the inadequacy of services provided by the limitations found. Therefore,

ensuring quality infrastructure favors access to actions and better results in interventions, as well as the qualification of health care and users⁽⁴⁾ and nursing's satisfaction.

Table 1 - Distribution of units in the dimension 'physical/facilities/physical space resources' according to the assessment standard, Cuiabá, MT, 2011.

Attributes	Inexistent		Existing, but inadequate		Adequate		Total	
	n	%	n	%	n	%	n	%
Reception desk.	-	-	5	11.6	38	88.4	43	100
Pre-consultation room (PCR).	4	9.2	16	37.3	23	53.5	43	100
Area for group meetings.	5	11.6	13	30.2	25	58.2	43	100
Area for socio-educational groups.	13	30.2	25	58.2	5	11.6	43	100
Visual privacy at the nursing office.	4	9.2	-	-	39	90.8	43	100
Visual privacy at the medical office.	13	30.2	-	-	30	69.8	43	100

Source: Secondary data from the research: "Health care for women's health during the pregnancy-puerperal cycle, rethinking the service from management elements", March 2011. Argos Research Group - Gerar Subgroup, UFMT, Cuiabá, MT.

With respect to equipment and materials, health units should have at least: tables and chairs for consultations; gynecological tables; ladders with two rungs; spotlights; anthropometric scales for adults; sphygmomanometers; clinical stethoscopes; Pinard stethoscopes; measuring tapes; specula; Cheron forceps; instruments for collecting material for smear test; gestograms or obstetric calculators; and Doppler sonar (if possible).⁽¹⁾ However, the data related to equipment, materials and essential medicines showed that the Doppler sonars of the units were in inadequate conditions (2.4%), and there were not Pinard stethoscopes (53.5%) and collection materials for oncotic colpocytology (18.6%).

The inadequacy of the Doppler sonar is significant information for the assessment of prenatal care. Fetal heart rate monitoring is a fundamental activity in prenatal monitoring, because it targets the presence, rhythm, frequency, and regularity of fetal heart rates.⁽¹⁾ Thus, in units with this condition, the quality of prenatal care is hampered by the inadequacy of the device. In turn, the most alarming data relate to Pinard stethoscopes, because more than half of the units did not have them. This equipment is of great importance for health care provided to

pregnant women in the absence of the Doppler sonars.

With respect to essential medicines, there were nystatin and metronidazole, but they were inadequate (25.6 and 14%, respectively). There was a lack of diphtheria-tetanus and hepatitis B vaccines in 4.6% of the units. The lack of collection materials for oncotic colpocytology and the unavailability of vaginal creams (nystatin and metronidazole) in some units contradicted the ministerial proposals⁽¹⁾, which recommend the gynecological exam and the collection of material for oncotic colpocytology as essential procedures in prenatal care. When professionals perform these procedures and detect the presence of vulvovaginitis, they are instructed to carry out treatment with vaginal creams, which are considered essential medicines. Thus, the lack of these medicines determines that treatments cannot be performed, which can cause maternal and perinatal complications, including premature rupture of membranes, premature childbirth, chorioamnionitis, puerperal infections, and low birth weight⁽¹³⁾

Taking into consideration that the purpose of the FHS is to reorient the health care model by means of articulation practices between health

prevention and promotion, the reorganization of the way to track cervical cancer is facilitated, since it creates a favorable scenario for such an action,⁽¹⁴⁾ Therefore, the collection of material for oncotologic colpocytology should be priority action in all units.

In addition, other equipment is required to compose the assessment of structure, such as: stethoscopes; adult scales; anthropometric tapes for adults; rulers for measurement of uterine height; auxiliary spotlights for gynecological examination; exam tables in medical offices; gynecological tables; ladders with two rungs; folic acid; and ferrous sulphate solutions, attributes that almost all units had in an adequate manner. In this way, the lack and/or inadequacy of equipment for performing the service hampers health care. As a result, certain actions may be interrupted, which hinders the development of the activities provided for in the ministerial proposals regarding prenatal care.

Table 2 presents the dimension 'human resources' and shows that 81.4% of the units were adequate with respect to the availability of physicians and 41.9% were adequate regarding community health agents (CHA). Regarding the permanence of the professionals, 53.5% of the units were adequate with respect to the number of physicians and 37.3% with respect to the number of nursing technicians. Ministerial proposals suggest that a physician, a nurse and the support staff compose a team capable of meeting the demand, since they are fundamental professionals to provide health care services to the population.⁽¹⁾

Regarding graduate studies, 46.5% of the physicians were specialists in the field of family health, public health or gynecology and obstetrics, compared to 74.4% of the nurses. With regard to technical training, almost all nurses (95.4%) had undergone training courses and just 34.9% of physicians and technicians had undergone them. Taking as reference the fact that basic health care proposes a new model, studies⁽¹⁵⁾ state that the working process should have specific outlines and that the professionals should be qualified with differentiated profiles, since the emphasis of health care is not based on technical procedures, but rather, on the interrelationship team/community/family and team/team.

Therefore, the qualification of professionals who work with prenatal care is of the utmost importance, because prenatal consultation in basic

health care has almost always been configured as a routine, technical and fast event in the Brazilian reality, without opportunities to share knowledge and experience meeting institutional protocols that value measurements.⁽¹⁶⁾

Regarding the dimension 'information system', the data showed that almost all units were adequate with respect to the existence of maternity record sheets (95.4%), SISPRENATAL record sheets (*Software for the Monitoring System of the Prenatal and Childbirth Humanization Program*) (97.6%) and maternity cards (97.6%). The Ministry of Health (MH) states that health units should be organized regarding the completion of the records of health care provided to pregnant women using the maternity cards, perinatal records and the records of procedures and activities necessary for the monitoring of prenatal care performance.⁽¹⁾ With respect to this dimension, although almost all units were adequate, there were still units in Cuiabá, MT, lacking such instruments, which hampers the exchange of information among professionals.

With respect to the distribution of the units in the dimension 'administrative aspects', Table 3 shows that 41.8% of the units lacked the capacity for referring pregnant women. Basic health care is the gateway for pregnant women to start prenatal care;⁽¹⁾ however, when the needs of those women go beyond the basic health care provided by the unit, they have to be referred and the service of origin (in this case the basic unit) must facilitate this procedure. This kind of delays may retard the necessary care for pregnant women. In the present study, the data show that there were difficulties to refer pregnant women to other services in nearly half of the units when needed.

Counter-referral—i.e., monitoring of high-risk pregnant women referred—was the attribute that most called attention in the dimension 'administrative aspects'. The results showed adequacy in 81.4% of the units. However, data obtained in a study on counter-referral to prenatal care in the FHS of the city of Cuiabá, MT,⁽¹⁷⁾ corroborate with those data obtained in the present study. They demonstrate that when pregnant women returned home after the service had been carried out by the health services of greater complexity, they had not received the

referral/counter-referral form that they had taken when they were referred to the services of greater complexity. Such forms should have contained information regarding the interventions carried out in the service to which they had been referred. As these forms were not

returned, women should inform the service of origin about the actions performed by the services of greater complexity without any formal record. In this way, the lack of these forms gives sole responsibility to the pregnant women for exchanging information.

Table 2. Distribution of units in the dimension 'human resources' (availability, permanence, education, and training of professionals), according to the assessment standards, Cuiabá, MT, 2011.

Attributes	Inexistent		Existent, but inadequate		Adequate		TOTAL	
	N	%	n	%	N	%	N	%
Physicians availability*	1	2.4	7	16.2	35	81.4	43	100
Nurses availability	-	-	1	2.4	42	97.6	43	100
Nursing technicians/assistants availability	2	4.6	2	4.6	39	90.8	43	100
CHAs availability	16	37.3	9	20.9	18	41.8	43	100
Nurses permanence	3	7	-	-	40	93	43	100
Physicians permanence	20	46.5	-	-	23	53.5	43	100
Nursing assistants and/or technicians permanence	27	62.7	-	-	16	37.3	43	100
CHAs permanence	4	9.2	-	-	39	90.8	43	100
Nurses with graduate degree	-	-	11	25.6	32	74.4	43	100
Physicians with graduate degree	-	-	23	53.5	20	46.5	43	100
Technical training undergone by nurses**	2	4.6	-	-	41	95.4	43	100
Technical training undergone by nursing assistants and/or technicians	28	65.1	-	-	15	34.9	43	100
Technical training undergone by physicians	28	65.1	-	-	15	34.9	43	100

*Information concerning the professionals of the units refers to availability and permanence in the last year. **Information concerning technical training undergone by the professionals in the field of reproductive health in the last two years with at least 16 hours. **Source:** Secondary data from the research: "Health care for women's health during the pregnancy-puerperal cycle, rethinking the service from management elements", March 2011. Argos Research Group - Gerar Subgroup, UFMT, Cuiabá, MT.

Consequently, the contradiction between the data here analyzed and the discourse of the women participating in the study abovementioned⁽¹⁷⁾ is evident. This fact can lead to question the quality of the monitoring of pregnant women counter-referred, since the professionals are not necessarily aware of the health care provided. It should be noted that the professionals assigned their own role to pregnant women, not assuming responsibility for pregnant women's health.

In the present study, referral and counter-referral assessed as an attribute of the dimension 'administrative aspects'. However, other studies discuss these aspects as a

dimension to be assessed individually⁽⁶⁻⁷⁾ and draw attention to the deficiency in the referral and counter-referral system for pregnant women. An assessment performed in the city of Fortaleza, State of Ceará,⁽⁶⁾ pointed out that 53.3% of the units had a precarious referral system, both for referring pregnant women to other specialties and childbirth. Moreover, counter-referral was even worse. There was not a counter-referral system in 66.7% of the 30 units assessed, and information about the patients was only obtained when they returned, or by means of friendly relationships between the professionals of the unit and the specialists or professionals that had performed childbirth

care. Another assessment conducted in the interior of the State of Goiás⁽⁷⁾ obtained a result even more alarming, because 100% of the units were classified as precarious with respect to this dimension.

It was observed that evaluation and local planning of prenatal care carried out by the team, and the training of the team performed by the nurse was adequate in 88.4 and 69.8% of the units, respectively. Although these items

are not shown in Table 3, it is noteworthy that 100% of the units were adequate regarding the scheduling of subsequent prenatal consultation at the end of the consultation performed, and the existence of goals to be reached with respect to prenatal care provided by the team. With respect to the adoption of clinical protocols of prenatal care, 97.6% of the units were adequate regarding this attribute.

Table 3 - Distribution of the units in the dimension 'administrative aspects', according to the assessment standard, Cuiabá, MT, 2011.

Atributos	Inexistente		Existente, porém inadequado		Adequado		TOTAL	
	N	%	n	%	n	%	N	%
Capacity for referring pregnant women to other services.	18	41.8	-	-	25	58.2	43	100
Counter-referral - monitoring of high-risk pregnant women referred.	2	4.6	6	14	35	81.4	43	100
Evaluation and local planning of prenatal care carried out by the team.*	5	11.6	-	-	38	88.4	43	100
Training of the team performed by the nurse for health care provided to pregnant women,	13	30.2	-	-	30	69.8	43	100

*The information regarding evaluation and local planning of prenatal care carried out by the team refers to the last year.

Source: Secondary data from the research: "Health care for women's health during the pregnancy-puerperal cycle, rethinking the service from management elements", March 2011. Argos Research Group - Gerar Subgroup, UFMT, Cuiabá, MT.

Table 4 presents the classification of family health units (FHU) according to the dimensions assessed and shows that regarding the dimension 'physical resources', most units were classified as partially adequate (90.8%). This result corroborates with those found by authors in Ceará⁽⁶⁾ and Goiás⁽⁷⁾ showing that 56.7 and 66.7% of the units, respectively, were classified as satisfactory/precarious, which corresponds to our classification as partially adequate. However, in an assessment carried out in Teixeira, MG,⁽⁵⁾ the data are divergent, because the facilities had a great deficiency of spaces and they were classified as incipient regarding this item.

With respect to the classification of the dimension 'equipment, materials and essential medicines', the study conducted in Goiás⁽⁷⁾ points out that 100% of the units were classified as excellent for material resources and satisfactory for essential medicines. This

finding does not corroborate with the results of our study, in which most units (86%) were classified as partially adequate regarding this dimension. The results obtained in Teixeira, MG,⁽⁵⁾ corroborate with those found in Cuiabá, MT, where the units had an intermediate score in the dimension 'material resources'.

In turn, the dimension 'human resource' was the most compromised in the assessment of this study, because 48.8% of the units were classified as inadequate and other 48.8% as partially adequate. This occurred as a result of the non-permanence of some professionals in the unit, due to the high turnover of health care professionals, mainly physicians and nursing technicians. This fact undermines the establishment of a link between the professionals and the population assisted. The lack of an effective link could make the population cease to attend proper monitoring; only visiting the unit for eventual

consultations. In view of the prenatal care nature, such fact is harmful to its proper development, because, in order to achieve the goal of this practice, continuous health care and the link between users/pregnant women and professionals is necessary. In addition, other attributes that favored the low classification of this dimension were the presence of general practitioners and nursing technicians, and physicians' lack of technical training in the field of reproductive health (Table 2).

Regarding the classification of the units with respect to the dimension 'information system', it was the best when compared to the others, with 95.4% of the units considered adequate. The findings in Ceará⁽⁶⁾ and Goiás⁽⁷⁾ corroborate with our results, because 43.3% of the units were classified as excellent in the first study and 100% of the units were satisfactory for this item. However, the fact that the instruments for recording health care were present—as recommended by the MH—it does not guarantee their use and correct filling.⁽⁷⁾

Table 4 - Classification of the units according to the dimensions assessed. Cuiabá, MT, 2011.

Classification of the Units	Physical Resources		Equipment		Human Resources		Information System		Administrative Aspects	
	n	%	N	%	n	%	N	%	N	%
Adequate	2	4.6	5	11.6	1	2.4	41	95.4	14	32.6
Partially adequate	39	90.8	37	86.0	21	48.8	-	-	25	58.2
Inadequate	2	4.6	1	2.4	21	4.8	2	4.6	4	9.2
TOTAL	43	100	43	100	43	100	43	100	43	100

Source: Secondary data from the research: "Health care for women's health during the pregnancy-puerperal cycle, rethinking the service from management elements", March 2011. Argos Research Group - Gerar Subgroup, UFMT, Cuiabá, MT.

Regarding the general classification of the units obtained from the general average, it can be observed that 100% of the units were classified as partially adequate, with scores ranging between 7 and 9.9 points. In this regard, the general results of this study were similar to those found in Teixeiras, MG,⁽⁵⁾ where the structures were classified as intermediary. At the same time, our results showed lower classifications than those obtained in Goiás,⁽⁷⁾ with an excellent global structure in 33.3% and satisfactory in 66.7% of the units. On the other hand, 90% of the units in Ceará⁽⁶⁾ were classified as excellent/satisfactory.

CONCLUSION

Although the aspects related to the structure of basic health units (BHU) for prenatal care have been considered partially adequate in the present study, the BHUs of

Cuiabá, MT, remained in deficit with respect to several items according to the general classification. Since these units are committed to health promotion/prevention, they should have the contribution required for the completion of prenatal care. However, the findings showed important aspects, such as the absence of physicians and/or nurses and, in many of the units assessed, the absence of CHAs, who are fundamental professionals to ensure a quality health service.

The difficulty in referring pregnant women is another important aspect, since this procedure enables the prevention of more serious events, such as maternal and neonatal mortality, or even abortions. This fact must be taken into consideration bearing in mind that the FHUs did not have structure, equipment and multiprofessional teams needed for health promotion/prevention.

In view of the above findings, it can be affirmed that there is a need to qualify health

services in order to offer quality health care to the individuals provided by qualified professionals. This way, it will be possible to

promote the reduction of maternal and neonatal mortality.

ASSISTÊNCIA PRÉ-NATAL NA ESTRATÉGIA SAÚDE DA FAMÍLIA: UMA AVALIAÇÃO DE ESTRUTURA

RESUMO

O objetivo desta pesquisa foi avaliar a estrutura disponível nas unidades da Estratégia Saúde da Família para prestação da assistência pré-natal na cidade de Cuiabá, Estado de Mato Grosso, na perspectiva de avaliação de serviços de saúde proposta por Donabedian. Trata-se de uma pesquisa de avaliação de qualidade em saúde de abordagem quantitativa. Foi desenvolvida com a utilização de dados secundários do banco de dados do grupo de pesquisa Argos/Gerar. Os resultados revelaram que as unidades contavam com estrutura física deficitária, uma vez que várias delas não possuíam sala de pré-consulta e sala de reuniões. A falta de equipamentos, dentre eles o sonar Doppler e o estetoscópio Pinard, prejudica a assistência pré-natal. A dimensão de recursos humanos foi a mais deficitária, devido à não permanência de alguns profissionais na unidade, evidenciando grande rotatividade, principalmente dos técnicos de enfermagem e médicos. Na classificação geral, a dimensão mais comprometida foi a de recursos humanos. Por sua vez, a dimensão melhor classificada foi a de sistema de informação. Embora os aspectos relativos à estrutura das unidades básicas de saúde para atendimento pré-natal tenham sido considerados parcialmente adequados neste estudo, em relação à classificação geral, as unidades de saúde da família de Cuiabá, MT, ainda estão deficitárias em vários quesitos.

Palavras-chave: Cuidado pré-natal. Avaliação de serviços de saúde. Bem-estar materno.

EL CUIDADO PRENATAL EN LA ESTRATEGIA DE SALUD DE LA FAMILIA: UNA REVISIÓN DE LA ESTRUCTURA

RESUMEN

El objetivo de esta investigación fue evaluar la estructura disponible en las unidades de la Estrategia Salud de la Familia para prestación de la atención prenatal en la ciudad de Cuiabá, Estado de Mato Grosso, en la perspectiva de la evaluación de servicios de salud propuesta por Donabedian. Se trata de una investigación de evaluación de calidad en salud de enfoque cuantitativo. Fue desarrollada con la utilización de datos secundarios del banco de datos del grupo de investigación Argos/Gerar. Los resultados revelaron que las unidades contaban con una estructura física deficitaria, una vez que varias de ellas no poseían sala de pre-consulta y sala de reuniones. La falta de equipamientos, entre ellos el sonar Doppler y el estetoscopio Pinard, perjudica la atención prenatal. La dimensión de recursos humanos fue la más deficitaria, debido a la no permanencia de algunos profesionales en la unidad, evidenciando gran rotatividad, principalmente de los técnicos de enfermería y médicos. En la clasificación general, la dimensión más comprometida fue la de recursos humanos. Por su vez, la dimensión mejor clasificada fue la de sistema de información. Aunque los aspectos relativos a la estructura de las unidades básicas de salud para atención prenatal hayan sido considerados parcialmente adecuados en este estudio, en relación a la clasificación general, las unidades de salud de la familia de Cuiabá, MT, aún están deficitarias en varios aspectos.

Palabras clave: Cuidado prenatal. Evaluación de servicios de salud. Bienestar materno.

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