

## NURSES' KNOWLEDGE AND PERCEPTION IN THE MATERNAL AND CHILD HEALTH NETWORK OF PARANÁ

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### ABSTRACT

The objective of the study was to reflect on the knowledge and perspectives of nurses from the Mother Network of Paraná. Qualitative research, based on social phenomenology of Alfred Schütz's, through interviews in the first half of 2015 with seven nurses from a health region of the state of Paraná, Brazil. Three concrete categories of experience emerged: Knowledge about the Mother Network of Paraná; Assistance in the Network; and Expectations about the Network. Nurses have knowledge about the Network, training, but have difficulties in the stratification of intermediate risk. They carry out monitoring of the child, but unaware of reference services for the child at risk, recognize the importance of early identification of pregnant women and children to reducing morbidity and mortality. Although nurses demonstrate knowledge about Network, the identified weaknesses can hinder their performance in attention to maternal and child health care.

**Keywords:** Nursing. Maternal and Child Health. Primary Health Care.

### INTRODUCTION

Child mortality and morbidity is one of the indicators of health and social development, since relates to socioeconomic and health conditions of the population, the parents' educational level and, many times, to maternal health. In 2015, the Brazilian Child Mortality Rate was 16/1,000 live births, which has been decreasing, but remains high if compared to developing countries<sup>(1)</sup>.

The main causes of child deaths involve perinatal diseases, congenital malformations and respiratory problems<sup>(2)</sup>. The causes of morbidity include respiratory diseases, followed by infectious and parasitic diseases, all preventable by actions undertaken in primary care services<sup>(3)</sup>.

Brazilian maternal mortality, according to the World Health Organization, reduced 40%<sup>(4)</sup>. Despite the apparent reduction, these values remain high, especially when some deaths could have been avoided by improvements in health services and in the process of work of various areas of health care<sup>(5)</sup>.

Data relating to morbidity refers to the situation experienced by the Brazilian society and the need for improvements in the health system. In this sense,

health actions are systematically focusing on those segments in the Unified Health System as part of efforts to reduce the unfavorable indicators of child and maternal health<sup>(6)</sup>.

The state of Paraná, the setting of this study, developed in 2012 the Mother Network of Paraná in order to minimize the rates of maternal and child morbidity and mortality and to strengthen the work process in primary health care, seeking to provide quality care to pregnant women, mothers and children aged under one year<sup>(7)</sup>.

The access to health services and the commitment of professionals of the interdisciplinary team, in particular the nurses involved in the care of women and children, become essential for reducing infant and maternal morbidity and mortality. In this way, knowing nurses' reality allows apprehending health situations and their needs for improvement. Therefore, the following question arises: What are nurses' knowledge and perspectives in relation to the Mother Network of Paraná? How do nurses realize maternal and infant care from the Mother Network of Paraná? The positive and negative aspects resulting from these issues allow glimpsing subsidies to sustain public health policies for these segments of the population.

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Given this scenario, the objective of this study is to reflect on nurses' knowledge and perspectives in the Mother Network of Paraná.

## METHODS

Qualitative study, with the approach of Social Phenomenology of Alfred Schütz<sup>(8)</sup>, developed in six of the nine municipalities that compose the ninth Regional of Health of Paraná, Brazil: Foz do Iguaçu, Medianeira, Matelândia, Serranópolis do Iguaçu, Santa Terezinha de Itaipu and Ramilândia. The selection of the municipalities occurred randomly.

The participants were seven nurses, with more than six months of practice in primary care and that attended pregnant women and children. One nurse from each municipality and two from Foz do Iguaçu, municipality headquarters of the ninth regional health district, were selected.

Interviews were performed, previously scheduled, individually, in the first half of 2015, lasting approximately 30 minutes, in the primary care services where participants work, in a room with the presence only of the interviewer and the interviewee. The interviews were recorded on audio, heard by both for validation and then fully transcribed.

A structured guide with sixteen structured questions based on objectives and indicators of the Program was used. These question covered the difficulties or facilities for deploying and developing the Program; human resources and structural funds; offered capacitations; prenatal protocol (risk stratification, early follow-up of pregnant women and the binomial - puerperal women and newborn, consultations, laboratory and imaging exams); bond between pregnant women and children at risk; puerperal monitoring; future prospects in relation to children and pregnant women.

The path for organizing and analyzing data happened according to the assumptions of Social Phenomenology<sup>(8)</sup>, i.e., careful reading of the interviews, grouping of significant aspects for the formation of concrete categories and the horizontal map. Then, the analysis aiming at understanding the "motives to" and "motives why" began; and, at the end, the nurses' social group was elaborated.

This framework is used in Brazil in researches in the nursing area since the 1990's, and allowed the nurses participants to rescue their experiences and their existential path. This rescue is called biographic situation, and allows subjects to interpret the world and their relations from their experiences and knowledge,

making them able to reflect and understand their own actions<sup>(8)</sup>.

To maintain the participants' anonymity, the nurses were identified by the letter I and, with the interview's sequential number, such as I1, I2, consecutively.

The study complied with the national and international regulatory requirements for researches involving human beings, having been approved by the Research Ethics Committee, Opinion 544,107, which met the prerogatives of Resolution 466/2012 of the National Health Council.

## RESULTS

The statements relating to knowledge and practice of nurses in the Mother Network of Paraná were presented in concrete categories of the experience. The following categories congregate the "reasons why", which involve the baggage of knowledge acquired by this professional, and the "reasons for", their expectations regarding care for pregnant women and children in the Mother Network of Paraná: Knowledge and Perspectives on this Network.

### Knowledge about the Mother Network of Paraná

The first category relates to the deployment, commitments and objectives, i.e., the nurse's knowledge about aspects related to the Network and the training received for his/her performance in this Network.

The program has helped greatly to direct the service... they did it by area, called the hospital staff, from basic care[...] they showed how the flow works, the main complications and when the patient has to leave, where to go, according to the pact (I1).

The goals are to have contact with the pregnant women, reduce risks in pregnancy and follow up with the child [...] (I3).

In the workshops of the Primary Healthcare Qualification Program, the Program Mother Network of Paraná was fairly discussed [...] but it was not a training [...] (I6).

According to the reports, in addition to specific qualifications about the Mother Network of Paraná, some nurses knew it through actions of the Primary Healthcare Qualification Program.

### Work in the Mother Network of Paraná

The nurse, in this category, reported the way he/she provides care to pregnant women and children under

one year old in primary care services. Regarding access to health services:

The pregnant woman is attended by the nurse, by the physician, according to the risk, we refer her to the obstetrician, or, to the high-risk hospital. Even so, the basic attention makes the monthly follow-up. There is the visit of the health agent, consultation with the psychologist, nutritionist, social worker, as necessary (17).

In relation to the follow-up of pregnant women reported:

The pregnant woman is called during the host. If the exam is positive, we guide her to admit to the prenatal as soon as possible. Our focus is to open the prenatal in the first quarter [...] (11).

It is done through health agents, also {nursing} assistants [...] (14).

The nurses emphasized the role of community health agents for the early acquisition of pregnant women. However, for the effective follow-up of the mother and the child, stratifying the risk is also necessary. In the sequence, the way stratification occurs is described from the Network in nurses' view:

The referral to high risk improved a lot [...] what is not working very well is the intermediate risk [...] because it is a risk that we send to consultation, goes to just one consultation and returns to us [...] it is something I think unnecessary. With children, they do not {perform the stratification} (15).

The nurses perform or work near the recommended risk stratification; however, some feel difficulties working with the intermediate risk. Risk stratification is necessary for classifying people according to their health needs, in order to offer specific and quality assistance.

Regarding prenatal examinations, the nurses described:

We currently do not have problems with exams [...] we have a bit of difficulty in three ultrasound scans that are pregnant women's right, one in each stage of pregnancy (11).

We do it through the municipal consortium [...] but sometimes, we receive many pregnant women, mainly from Paraguay. They arrive here in the fourth, fifth, seventh month [...] they come here trying to get these exams [...] Then, when the child is born, they no longer appears [...] (16).

Regarding the request of exams, most professionals follow the Network recommendation. Nevertheless, they indicate difficulties due to the delay in performing imaging exams (scans), while others highlighted the

lack of follow-up of the pregnant women, one they only seek the service for the exams, such as the Paraguayan pregnant. It should be emphasized that the studied regional health is located in a region of triple border: Brazil, Paraguay and Argentina; thus, there is a demand for exams by foreign people, mainly by Braziguaias (Brazilian living in Paraguay), who come to Brazil for the exams at the end of gestation and do not return to service.

In addition to the prenatal examinations, there is also the pregnant woman's bond to a specialized outpatient clinic and to the high-risk hospital as a strategy essential to the satisfactory outcome of pregnancy. In this issue, the nurses reported:

The hospital that we have, it is our referral hospital for low and high risk. We refer and counter refer, describing the clinical history, what characterizes her as high risk. We schedule the consultation [...] they leave with all the exams requested, also with the return consultation scheduled in the unit [...] (11).

A pregnant woman with normal or high risk, we forward for our reference {high-risk hospital} [...] we do not have counter reference no (16).

For the municipalities of the ninth regional of health of Paraná, the bond of high-risk pregnant women happens at only a health service (hospital), located in the regional headquarters municipality. This same institution is also a reference to the usual risk pregnant women for two municipalities.

In addition to the pregnant women's bond, there is the child's bond in the high-risk service. In this issue, the nurses replied:

The child is assisted by the childcare program, any clinical complication, this child will be attended by the family doctor [...] (11).

At the moment we do not have any reference to intermediate and high risk, we have only the pediatric care for children of usual risk, it is a deficiency of the municipality in relation to the program [...] (13).

The Mother Network of Paraná informs that, in the first consultation, the pregnant woman should be linked and receive all the guidance related to outpatient clinics and referral hospitals for urgency and emergency, according to risk stratification, as well as for the child classified as intermediate or high risk.

Regarding the early follow-up of the binomial soon after the birth, the nurses reported:

We try to make it within ten days, as early as possible [...] the mother comes in a week for the Guthrie test and we seize the opportunity to make the consultation of the

puerperium. If the mother does not have conditions or if we have availability, we go to the house [...] (I1).

Through the health agents [...] they accompany that pregnant woman every month, they already know more or less the probable date of birth, then they pay attention to it [...] for already bringing the pregnant woman to consultation of the puerperium (I6).

The postpartum and newborn consultation aims to assess both health condition, clarify doubts and identify situations of risks or potential problems in order to take preventive measures.

### Perspectives on Mother Network of Paraná

This category shows the nurses' "motives for" regarding their perspectives for pregnant women and children treated in the Network.

Children must be accompanied, we must have a reference in relation to the children of intermediate risk [...] (I3).

For their proper care, good care [...] with quality and responsibility and do not have major complications during pregnancy [...] for children's care, we should be able to avoid that these children become ill by sensitive causes in primary care, that they receive the care of the whole network [...] (I7).

With the implementation of this Care Network, nurses want this population to receive quality care, solving their health needs and guaranteeing their rights, to reduce the rates of maternal and child morbidity and mortality.

## DISCUSSION

For the Mother Network of Paraná to improve its guiding objective of reducing indicators of maternal and child morbidity and mortality, it must be put together with Health Care Networks.

The Networks are sets of health services linked among themselves, with the purpose of offering continued and integral care for the population, in this case, pregnant women, mothers and children. It is characterized by being a system that deepens and defines stable patterns of inter-relationships<sup>(9)</sup>.

Nurses play an important role in these networks, because their actions contribute to the quality of life of the population. However, the professional experience from their training is not sufficient to work in certain areas, and the training becomes essential as a way of aggregating knowledge baggage necessary for developing care actions<sup>(8,10)</sup>.

The Primary Healthcare Qualification Program, mentioned by nurses as a form of training for the Mother Network of Paraná, was established by the Government of Paraná, with the aim of organizing the primary care services, uniting states and municipalities, strengthening the aspects of assistance and management, aiming at the establishment of care networks in the implementation of the Unified Health System<sup>(11)</sup>. This program constitutes a means of information gathering that contributes to the acquisition of new knowledge for health professionals.

The Social phenomenology points out that the biographical situation concerns the importance of when the nurse uses his/her knowledge baggage to plan and execute his/her care actions<sup>(8,10)</sup>. In this sense, for nurses to identify priority actions in the work process, it is necessary to use the knowledge acquired during their professional life, because these actions are part of a sociocultural and historical context that should be valued. Permanent education is also fundamental, in order to value the professional, his/her prior knowledge and experience along the career<sup>(10,12)</sup>.

In the care to women during the gravid-puerperal cycle and in the care for the child, the nurse's role is fundamental in the prevention, care and health promotion. If all women and children receive adequate attention at health services, at an opportune time, as advocated by the Mother Network of Paraná, the indices of morbidity and mortality will certainly modify.

Along with the professional team, the community health agent has assumed an important role in maternal and child care, especially in the early acquisition, for his/her greater contact with the community, being able to identify aspects, symptoms and complaints related to pregnancy during the visits. This interaction between health professionals and pregnant women is similar to what Alfred Schütz denominates face-to-face relationship. For this relationship to occur, reciprocity of intentions is necessary, in which there is possibility of planning care actions<sup>(8,10,12)</sup>. Nevertheless, this does not reduce the responsibility of other professionals in the identification and assistance to pregnant women, during the nursing, medical consultation or even in the host.

As established by the Network, the pregnant woman should be called up to the 12th week for better monitoring the fetal growth and development, as well as identifying early risk pregnancies to perform the necessary operations<sup>(7,13)</sup>.

Stratifying pregnant women and children means to sort these women, find what is typical or characteristic in this social group<sup>(8,10,12)</sup>. In the healthcare experience,

pregnant women and nurses acquire experiences that allow the typification<sup>(8,10,13)</sup>. In this direction, individuals are recognized by culturally standardized behaviors and the typification does not individualize these subjects, but insert them into a social group with typical characteristics of this behavior<sup>(11-12)</sup>.

The intermediate risk imposed by the network, which determined obstacles for the health team, classifies or typifies pregnant women that present factors related to the individual characteristics, being race, color or age; sociodemographic characteristics; maternal level of education; and reproductive history - women with at least one child who died in previous pregnancies or who have at least three children alive in previous pregnancies. In relation to children, the intermediate risk refers to the children of women with the aforementioned characteristics<sup>(7,8,13)</sup>.

With the objective of developing care actions in the gestational period with resolubility, health professionals use a protocol, also called guideline, drawn up by a technical team to organize the work process. The protocols have the purpose of systematizing the care, supporting legally, technically and scientifically the professional focusing on the quality of care<sup>(14)</sup>. Nonetheless, the form of utilization of health services by foreign pregnant women in the border area, as stated above, leads to the onset of prenatal consultations and the non-completion of all necessary examinations, resulting in failures in the monitoring of the pregnancy and the child's development.

Performing the recommended examinations is crucial to ensure quality assistance, prevent injuries and provide timely treatment, resulting in the reduction of the rates of maternal and infant morbidity and mortality<sup>(15)</sup>.

The Mother Network of Paraná also stipulates that the primary care performs prenatal care actions and monitoring of pregnant women and children at risk, as well as the usual link given the intermediate and high risk for referral clinics and hospitals. At the same time, they must continue monitoring the actions relating to them<sup>(7)</sup>.

Primary care services need to be considered as input ports to the Network, having as main aspect sorting attention at other levels, making early detection of maternal and child risk, the bond to specific services and the maintenance of care continuity<sup>(7,16)</sup>.

The specialized care, with ambulatory character, is represented by the integral and multiprofessional care. Hospital care, in turn, occurs in the health regions and macroregions and rely on Intensive Care Units - adult,

pediatric and neonatal, outpatient clinics for the prenatal risk, ensure the care to pregnant women, at two levels of specialized and hospital care, with availability of professionals from different areas. This care network involves a multidisciplinary team with knowledge baggage about maternal and child health, which has reciprocal intentions regarding the care and resolubility of health problems in this population<sup>(7-8)</sup>.

Following the child's development should begin in the assessment of intrauterine growth, during the prenatal period. In hospital discharge of the dyad - mother and newborn - the hospital staff delivers the booklet of child health with data relating to the birth. Furthermore, the hospital must communicate the health unit about the discharge, and about their health conditions. From there, the team of primary care services can program the visits in the first week after delivery<sup>(17)</sup>.

Children's growth and development are the main indicators of their health conditions, thereby emphasising the importance of monitoring them through the childcare consultation, which is performed by the nurse and aims at early identifying changes in growth and development, in order to intervene in a timely manner, preventing complications<sup>(17-18)</sup>.

The monitoring of the woman in the puerperium should be initiated as early as possible, because it is a phase that creates uncertainty, regardless of whether or not being a mother for the first time, because every pregnancy is unique. Thus, the nurse in this action and face-to-face care relationship<sup>(8)</sup> needs to be sensitive to identify important signs related to mother and child. It is necessary to pay attention to the objective aspects that cover signs and symptoms, often from complications in the puerperium, but especially to the woman's subjectivity, providing intersubjectivity<sup>(8,10,12)</sup> with the puerperal woman.

This mixture between learning and act only becomes possible because the nurse is motivated to do so. This can be named motivation<sup>(8,12)</sup>, which involves the "reasons why" from the knowledge baggage acquired and the "reasons for", designing for the future, i.e., the expectations of these professionals in the maternal and child health.

With the intention to strengthen this process and motivating the nurse to do so, it is important to have physical structure, appropriate technology and materials needed to implement his/her care actions, which may affect the quality and efficiency of the provided care, as well as managerial planning in long term<sup>(14,19)</sup>.

## CONCLUSION

The social group represented by nurses in this study has knowledge of the objectives, indicators and appointments recommended by the Mother Network of Paraná, received capacitations; performs the usual, intermediate and high-risk stratification, but reported difficulties in the intermediate risk. They carry out the child's monitoring, but are unaware of the referral service to the child at risk, representing a weakness that hinders their performance. They describe the importance of early maternal and child acquisition as necessary to reduce maternal and infant morbidity and

mortality. They expect pregnant women to have better living conditions and greater satisfaction in care, and, in the same way, children to receive adequate attention to grow and develop in a healthy way.

A limitation of the study is the impossibility of generalizing the results, once the specificity of the network is not adopted throughout the Brazilian territory. However, it is not limited to the possibilities of reflection on the theme, because it arises as an introduction to new debates to understand the professional activities aiming to improve the care actions to maternal and child health.

## CONHECIMENTO E PERSPECTIVA DE ENFERMEIROS NA REDE DE ATENÇÃO MATERNA E INFANTIL DO PARANÁ

### RESUMO

O objetivo deste estudo foi refletir sobre o conhecimento e as perspectivas de enfermeiros na Rede Mãe Paranaense. Realizou-se uma pesquisa qualitativa, por meio de entrevistas com sete enfermeiros de uma regional de saúde do estado Paraná, Brasil, com base na Fenomenologia Social de Alfred Schütz no primeiro semestre de 2015. Nesse sentido, foi possível identificar três categorias concretas do vivido: Conhecimento sobre a Rede Mãe Paranaense; Assistência na Rede; e Expectativas sobre a Rede. Compreende-se que os enfermeiros possuem conhecimento sobre a Rede, foram capacitados, porém apresentam dificuldades na estratificação do risco intermediário. Realizam o acompanhamento da criança pela puericultura, mas desconhecem os serviços de referência para a criança de risco; reconhecem a importância da captação precoce de gestantes e crianças para reduzir a morbimortalidade. Aponta-se que, embora os enfermeiros demonstrem conhecimento sobre a Rede, as fragilidades identificadas podem dificultar sua atuação na atenção à saúde materna e infantil.

**Palavras-chave:** Enfermagem. Saúde Materno-Infantil. Atenção Primária à Saúde.

## CONOCIMIENTO Y PERSPECTIVA DE ENFERMEROS EN LA RED DE ATENCIÓN MATERNA Y INFANTIL DE PARANÁ

### RESUMEN

El objetivo de este estudio fue reflexionar sobre el conocimiento y las perspectivas de enfermeros en la Red Madre Paranaense. Fue realizada una investigación cualitativa, por medio de entrevistas con siete enfermeros de una regional de salud del estado de Paraná, Brasil, con base en la Fenomenología Social de Alfred Schütz en el primer semestre de 2015. En este sentido, fue posible identificar tres categorías concretas de lo vivido: Conocimiento sobre la Red Madre Paranaense; Asistencia en la Red; y Expectativas sobre la Red. Se comprende que los enfermeros poseen conocimiento sobre la Red, fueron capacitados, pero presentan dificultades en la estratificación del riesgo intermediario. Realizan el acompañamiento del niño por la puericultura, pero desconocen los servicios de referencia para el niño de riesgo; reconocen la importancia de la captación precoz de gestantes y niños para reducir la morbimortalidad. Se señala que, si bien los enfermeros demuestran conocimiento sobre la Red, las fragilidades identificadas pueden dificultar su actuación en la atención a la salud materna e infantil.

**Palabras clave:** Salud Enfermería. Salud Materno-Infantil. Atención Primaria a la Salud.

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