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Introductory Note



The production of care in risky prenatal situations: a descriptive study

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ABSTRACT

Aims: To describe the health services offered with regard to high risk pregnancies by the care network; to map the route of the path of pregnant women care. **Method:** This is a descriptive, qualitative research which has as a scenario, the Malu Sampaio Woman Specialties Polyclinic and, as subjects, pregnant women at potential pregnancy risk who are not hospitalized. In order to collect data we will use semi-structured interviews, participant observation and bibliographic and documentary material. The collection period is from August to September 2013. The processing of data will be performed using Bardin analysis, which will allow the construction of the therapeutic path.

Descriptors: Prenatal Care, Pregnancy, High-Risk; Women's Health; Nursing.

PROBLEM SITUATION AND ITS SIGNIFICANCE

This study addresses issues related to Prenatal Risk Assistance during the care process as part of the therapeutic itinerary in the services of the Unified Health System of Niterói/RJ. This is the municipality of the second Metropolitan region of the state of Rio de Janeiro, Brazil. The aim is to offer pregnant women at high risk who are not hospitalized, forms of care during this important stage of pregnancy. It is known that consultations with regard to regular/low risk prenatal situations are restricted to basic procedures related to the pregnancy itself, relegating to the background the holistic approach to women, without taking into account the intellectual, emotional, social and cultural needs of such women, their children and families⁽¹⁾. The network of services to pregnant women at risk in Niterói comprises the treatment of pregnancy problems and childbirth assistance through specialized polyclinics for high risk and the University Hospital Antonio Pedro, used in the second metropolitan region for the hospitalization of the mother. This mode of health care is flawed⁽²⁾ and this directly affects the pregnant woman, whether in terms of a lack of skilled human resources, or in a lack of physical and material resources, such as test ordering, lack of vacancies, lack of ultrasound facilities and the distribution of drugs.

The care for women in a puerperal pregnancy cycle remains a management challenge, both in terms of quality assurance, and to the permanency of the organization under consideration in that it is still based on a medicalized, hospital-centered and technocratic model⁽³⁾.

Thus, we observe a failure in the reference system within the service network that goes unnoticed among managers and professionals, and makes the offer of prenatal care limited at a

time when there is a greater demand for specialized services for pregnant women. It is observed that between cases of low and medium complexity within the city of Niterói, there is a gap for which there is still no defined cause. Thus, the problematization of the relationship network in terms of health services in the UHS with regard to high-risk pregnancies and the production of care of pregnant women, places the subjective nature of caregiving at the center of the analysis.

GUIDING QUESTION

How does the care production network work with regard to high risk pregnant women in Niterói?

AIMS

To describe the health services offered by the care network with regard to high risk pregnancies; to map the trajectory of the itinerary of care of pregnant women at high risk in health units.

METHOD

This is a qualitative and descriptive study, whose research scenario will be the Malu Sampaio Woman Specialities Polyclinic, Niterói, RJ. This is a reference service for high-risk pregnancies. The data collection techniques are semi-structured interviews and participant observation of high-risk pregnant women up to the point of achieving data saturation. Such data will be collected from subjects who comply with the following inclusion criteria: pregnant women aged over 18 years who are not hospitalized; pregnant women registered in the System

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Monitoring of the Humanization Program of the Prenatal Care Information System. The exclusion criterion is: pregnant women residing outside the county in which the service is provided. Data collection took place from August to September 2013. Data analysis will include the therapeutic path of care within the network of health services in the city of Niterói, in order to map the care opportunities available to pregnant women. To determine this path, the core meaning emerging from Bardin analysis will be taken as a reference.

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