

Obstetric emergencies and user embracement in risk classification*Emergencias obstétricas y aceptación de los usuarios en la clasificación de riesgos**Emergências obstétricas e acolhimento das usuárias na classificação de risco***Renata Silva de Amorim¹**

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Submission: 03-18-2021**Approval:** 04-08-2021**Abstract**

The present study aims to reflect on the importance of welcoming to carry out humanized and responsible care. This is an integrative review carried out in three databases: Virtual Health Library, Scientific Electronic Library Online and PubMed. The search was carried out by pre-established descriptors and full texts from the last five years were used, in Portuguese, English and Spanish. Through an exhaustive reading of these it was possible to realize that the risk classification in the Urgency and Emergency care is of great importance, often avoiding the death of the mother and fetus. Also considering the theme of reception during the Sars-CoV-2 virus pandemic, it was possible to realize that the use of care protocols informed by the World Health Organization is essential to avoid contagion and identify users who are infected with the virus of COVID-19.

Descriptors: Obstetric Emergencies; Reception to Users; Risk Rating; Pregnant; Pregnancy.

Resumén

Este estudio tiene como objetivo reflexionar sobre la importancia de la acogida para brindar una atención humanizada y responsable. Se trata de una revisión integradora realizada en tres bases de datos: Virtual Health Library, Scientific Electronic Library Online y PubMed. La búsqueda se realizó mediante descriptores preestablecidos y se utilizaron textos completos de los últimos cinco años, en portugués, inglés y español. A través de una lectura exhaustiva de estos se pudo percibir que la clasificación de riesgo en Urgencias y Emergencias es de gran importancia, evitando muchas veces la muerte de la madre y del feto. También considerando el tema de la recepción durante la pandemia del virus Sars-CoV-2, se pudo constatar que el uso de protocolos de atención informados por la Organización Mundial de la Salud es fundamental para evitar el contagio e identificar a los usuarios que están infectados con el virus de COVID-19.

Descriptoros: Emergencias Obstetricas; Acogida de las Usuarias; Clasificación de Riesgo; Embarazada; Embarazo.

Resumo

O presente estudo tem como objetivo refletir sobre a importância do acolhimento para realizar um atendimento humanizado e responsável. Trata-se de uma revisão integrativa realizada em três bases de dados: Biblioteca Virtual em Saúde, Scientific Electronic Library Online e PubMed. A busca ocorreu por descritores preestabelecidos e foram utilizados textos completos dos últimos cinco anos, nas línguas portuguesa, inglesa e espanhola. Através da leitura exhaustiva destes foi possível perceber que a classificação de risco nos atendimentos de Urgência e Emergência é de grande importância, evitando muitas vezes a morte da mãe e feto. Considerando também a temática do acolhimento durante a pandemia do vírus Sars-CoV-2, foi possível perceber que é imprescindível o uso de protocolos de atendimentos informados pela Organização Mundial da Saúde para evitar o contágio e identificar as usuárias que estejam infectadas com o vírus da COVID-19.

Descritores: Emergências Obstétricas; Acolhimento às Usuárias; Classificação de Risco. Gestantes; Gravidez.

Introduction

Pregnancy is a process that generates several physiological changes in the female body, rarely causing high-risk situations for the mother and fetus. Regardless of the degree of risk estimated for each pregnancy, prenatal support is of great importance, through humanized and efficient care, reducing the risk of mortality and suffering of the mother-fetus binomial^{1,2}.

The authors²⁻⁵ argue that maternal urgencies and emergencies allow us to identify critical cases and intervene, often preventing maternal and baby death. Given the above, the purpose of the Emergency services is to provide immediate and quality care, through screening and risk classification, analyzing and evaluating patients, considering the most serious cases, which are life-threatening.

Reception, according to the National Humanization Policy (PNH), implies providing care with resoluteness and efficiency, providing an adequate service for each patient according to their complaints. In Obstetrics, reception is necessary in hospitals and maternity hospitals, as it assumes the importance of meeting all the needs related to the pregnancy process^{2,6}.

In the current pandemic situation, we are experiencing with the Sars-CoV-2 Covid-19 virus, professionals who screen patients in hospital networks use care protocols to avoid contagion. Universal testing of obstetric patients is necessary as part of the strategy to protect pregnant or postpartum women and their babies¹.

Coronavirus is a large viral family that causes respiratory infections, pregnant women diagnosed with the disease appear to be at greater risk of fetal distress or preterm birth. Pregnant women and their fetuses are among the high-risk group related to the COVID-19 virus. With physiological changes in the female body, the possibility of infections increases, thus becoming more susceptible to complications, including sepsis, which is a response of the body during an infection, and is one of the main causes of maternal death³⁻⁹.

This complication is related to infections of obstetric or non-obstetric origin and can be avoided through the reception service. It is important to highlight possible complications of fetal infection; hypoxia and acidosis, as well as fetal mortality¹.

Given the above, this study aims to carry out an integrative review of the last five years about the reception of pregnant women in Obstetric Urgency and Emergencies, as well as to elucidate the concept of Obstetric Risk Classification and identify the methods used during care; identify the importance of responsible and professional care, in order to avoid the mortality of the user and her fetus; evaluate the effectiveness of urgent and emergency care from the literature; to identify the protocols used to assist the user in the pandemic scenario of COVID-19, the considerations and recommendations in infected patients, as well as to avoid viral contamination.

Methodology

This is an integrative literature review on the subject, analyzing the content through eligible databases. Texts from

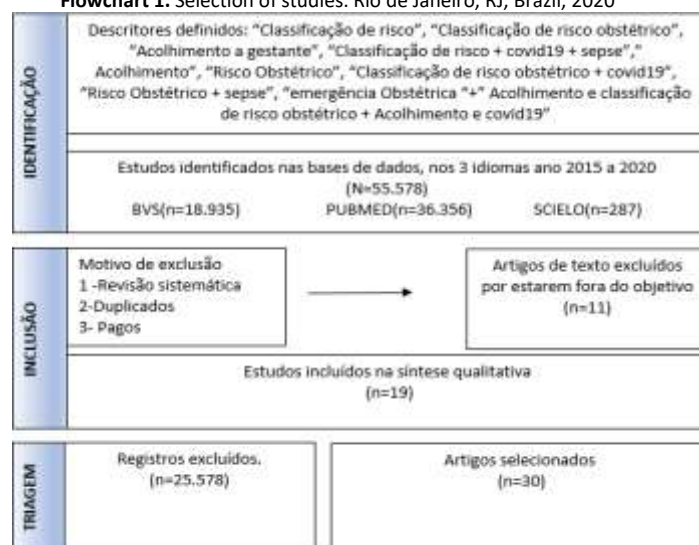
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the Scientific Electronic Library Online (SciELO), PubMed and Virtual Health Library (VHL) were accessed in the research using the descriptors "Classification of obstetric risk"; "Welcome to pregnant women" "Obstetric risk classification + sepsis"; "Welcome" "Obstetric risk"; "Classification of obstetric risk + covid19"; "Obstetric risk + sepsis"; "Obstetric emergency"; "Reception + classification of obstetric risk"; "Reception + covid19", "Obstetric risk classification + covid19 + sepsis".

Only articles with a specific focus on the reception of users in obstetric emergencies and emergencies were included, using the restriction of publication dates from 2015 to 2020, being included in the languages, English, Portuguese and Spanish. After the screening, the studies found were read, thus being able to exclude those that did not meet the proposal of the review.

Flowchart 1. Selection of studies. Rio de Janeiro, RJ, Brazil, 2020



Results and Discussion

Pregnancy causes the female body to change in a physiological way. All over the world, every year, millions of women lose their lives due to a problem during the pregnancy period, thus occurring Urgencies and Obstetric Emergencies^{10,11}. The authors⁹ justify that the great demand in the Emergency is due to the lack of adequate health policies and the low resolution of services and lack of information.

In obstetrics, reception presents needs and demands related to the gestational period, investigating common complaints that can camouflage clinical situations that need quick action. Welcoming facilitates the identification of priorities that users need at the moment¹²⁻¹⁴.

In a study carried out in a private hospital affiliated with SUS, initiated in a meeting with the nursing team, it was noticed that its participants considered that welcoming is the first place where the user is received, welcomed, and heard about her condition. The professionals, in turn, try to reassure her and take the necessary care according to her needs. During the meeting, the team's opinion was visible,



making it necessary to use quality care to perceive signs and symptoms, thus identifying the degree of urgency and priority, the need for assistance, thus achieving great improvements in the interpersonal relationship between professionals and users, as well as the use of bracelets, according to colors, to identify each service need. The study tries to highlight the everyday reality and highlight the lack of publications on this topic, thus trying to contribute to its greater understanding^{11,12}.

Within this understanding, there is the Reception with Risk Classification (ACCR), also known as screening. The screening process ends up creating an "intuition" in clinical practice, in the multidisciplinary team that works in Urgent and Emergency services. Imposing a degree of risk to the patient is a decision-making process. In screening, the decision is influenced by clinical judgment, intuitive and reflective judgment, being evaluated by the person in charge of the service to make the decisions^{9,11}.

The Welcoming with Risk Classification in Obstetrics has important objectives, including evaluating the patient upon arrival at the service, decongesting the emergency, reducing the time for medical care, and enabling the patient to be treated early, according to her severity. Through this, we were able to assess risks of the degree of both physical and psychological suffering, as sometimes the user is apparently without worrisome clinical signs, but shows signs of anguish and vulnerability, thus needing immediate care¹¹⁻¹⁶.

Urgency and Emergency services use the risk classification to filter people's access, generating a more organized service, separating priorities. The client's clinical priority level is identified by the Manchester Triage System (MTS) Model^{1,9}. The use of scales or screening systems guide the assessment of the complaint presented by the patient. The nurse is the professional qualified to assess the patient's risk classification, as it requires the professional to have technical skill, clinical reasoning, qualified listening, and knowledge.

At the time of the Sars-CoV-2 virus pandemic, it was observed in the study that pregnant and postpartum women fit into the risk group for the virus. According to this fact, the reception of users in Urgency and Emergency has followed the care protocols to avoid contagion, according to the World Health Organization (WHO). Screening should contain questions related to flu-like symptoms or related to previous contact with patients positive for COVID-19; after the questions, the temperature must be checked. What is known is that the disease is transmitted through respiratory droplets, from a person who is infected with the COVID-19 virus, so the reception must be done with precautionary measures to avoid contact and exchange of droplets of users with health professionals¹⁰.

Afterwards, the patient is referred for medical care that diagnoses the condition. In case of obstetric hospitalization or follow-up for delivery, an exam for testing

COVID-19 should be performed. What is known so far is that pregnant women infected with this virus can progress to abortion, premature rupture of membranes, premature birth, and maternal death¹⁶⁻¹⁹.

Pregnant women are more likely to acquire viral illnesses and infections such as Sars-2, in addition to other types. Infections are the third leading cause of pregnancy-related death, thus being one of the main causes of morbidity and if not treated early and effectively, they can end up causing sepsis¹⁷. Sepsis occurs when the body's response to infection damages its own organs and tissues. If not recognized and treated early, it can progress, leading to shock and death. In view of this, during the screening carried out in the reception of users, in the classification of risk in Urgent and Emergencies, humanized and effective care is necessary, so that all signs and symptoms of the pregnant woman can be identified, and to identify which case, to that is directed to specific care, thus preventing the death of the user and her fetus. Decision-making by health professionals is based on active listening to patients' complaints, associated with clinical evaluation based on evidence based on protocols^{16,18}.

Conclusion

After reviewing the 18 articles found, in 3 months of analysis, we can conclude how important the reception of users in risk classification in obstetric emergencies is, and how essential the humanized reception in prenatal care is, as it raises great efficacy in reduction in the risk of mortality and maternal-fetal suffering. It became evident that the theme is not much explored, since a small number of studies on the theme were found. It was possible to understand the functionality of user embracement in Urgency and Emergency services. The need for this type of service was highlighted for agility in care, thus avoiding queues and even the death of pregnant or postpartum women.

In this context, the subject is especially important due to the physiological peculiarities of pregnancy and because it is a mother-fetus binomial, considering the prevention of infections such as sepsis, which can be avoided through risk classification, among others. This study brings contributions and clarifications on the subject, and how protocols and scales are used at the time of care, thus being able to provide quality care, carrying out all interventions according to the needs found during the reception of the user.

Also considering the world scenario in which we live, the pandemic of the Sars-CoV-2 virus, in which pregnant women and puerperal women fall into the group at risk for the virus, protocols and care manuals are used to prevent contagion in welcoming users in Urgency and Obstetric Emergency. Finally, it was verified the need and the importance of reception in the classification of obstetric risk to users to identify the signs and symptoms presented, according to their complaints and observations, to promote an agile service and respecting the needs and demands.



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