

Multiprofessionality in extended care during pregnancy, childbirth and the puerperium*Multiprofesionalidad en cuidados prolongados durante el embarazo, parto y puerpério**A multiprofissionalidade na atenção ampliada na gestação, parto e puerpério***Cláudia Maria Messias¹**

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First of all, regarding the contextualization of the occurrence of pregnancy. Obstetrics and childbirth assistance have a history that is marked by great controversies and controversies in situations involving childbirth and birth, a ritual event so celebrated in our society¹.

Healthy motherhood includes anxieties, conflicts, experiences of satisfaction and pleasure, like all human experiences². There is a need for a change of identity and a new definition of roles in the family and society. Such transformations are also associated with social, psychological, spiritual, and cultural changes.

From this moment on, the World Health Organization (WHO)³ starts to talk about safe motherhood, in technologies appropriate for childbirth and birth. The qualification of care for prenatal care, childbirth and the puerperium must aim for good health conditions, both for the woman and for the fetus / newborn and enable a rewarding life experience in the period.

For this, it is necessary that health professionals involved in any instance of the care process understand the importance of their performance and the need to combine specific technical knowledge with the commitment to satisfactory results of care, considering the meaning of these results for each woman.

For many women, prenatal consultation is the best opportunity to take care of their health status and, therefore, it should also be thought of as an opportunity for the system to act fully in the promotion and, eventually, in the recovery of this public target.

Although in recent decades the coverage of prenatal care has increased, ensuring the quality of this care remains a challenge to be faced. This requires the awareness of the health professionals involved about their responsibility in the technical and humanistic qualification of care.

No less important is the role played by the organization of services offered from prenatal to puerperium, including childbirth. All these aspects are also impacted by the economic, social, and human development of each region. A holistic view is needed during pregnancy, childbirth, and the puerperium to guarantee the best care and the best results, based on the training and permanent education of the multiprofessional team.

However, maternal mortality in Brazil remains stable and even high. Neonatal mortality, on the other hand, even with a fall record, also has components that could be reduced with the contribution of qualified obstetric care.

The morbidity and mortality factors of the pregnant woman, the fetus and the newborn can be reduced through adequate care during prenatal care, early identifying complications in the secondary network or preventing complications from evolving into serious, life-threatening, or life-threatening situations. death in the tertiary network.

It is necessary to give due attention to the conditions that cause maternal morbidity, to those that are potentially life threatening - maternal near miss that can evolve to death if adequate and timely care is not offered. It is necessary to enhance the management of existing human and material resources in the prevention and confrontation of maternal and perinatal morbidity and mortality.

This means improving network care, with a quality approach to care that values and focuses on the pregnant woman's line of care, efficiently articulating the various levels of care. In addition to assisting low-risk pregnancies, the line of care must cover care for pregnancies and deliveries with a higher risk. The perception and classification of risk in prenatal care, integration between services for low and high risk, efficiency of referral and transport in cases of urgent and obstetric emergencies are essential components for the reduction of morbidity and mortality. These factors provide a pleasant experience of pregnancy and childbirth⁴.

Before directing obstetric care to the previous period, throughout and after childbirth, one must know the legal rights of women, such as: receiving humanized treatment and free from discrimination, quality professional care, access to health with freedom, autonomy, secrecy, and privacy. Presence of a companion during the entire hospitalization at the institution, obtaining information and the Informed Consent Form with the possibility of refusal, guaranteeing respect for their preferences, not being coerced in their choices⁵.

Relevant, the articulation between primary care services and the referral system for maternity hospitals that provide obstetric care of habitual risk and high risk and qualified assistance in childbirth collaborating to obtain satisfactory results.

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