

Challenges for prenatal care management during the COVID-19 pandemic: an experience report*Desafíos para la gestión de la atención prenatal durante la pandemia de COVID-19: un informe de experiencia**Desafios para gestão do cuidado no pré-natal durante a pandemia da COVID-19: um relato de experiência***Halene Cristina Dias de Armada e Silva¹**

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Abstract

The aim was to describe the managerial challenges for the management of prenatal care during the COVID-19 pandemic. This is an experience report on the challenges and managerial strategies in prenatal care during the COVID-19 pandemic in an area in the West Zone, RJ. In the context of PHC, aiming at the adequate management of prenatal care, actions were implemented, and strategies were developed to maintain the monitoring of pregnant women, and barriers were found that hindered shared management. Arising the need for adjustments in the care flows to care for cases of influenza syndrome, suspected of COVID-19, which generated the emerging demand for reorganization of workflows and processes due to the high contagion of the disease. Due to the need to maintain social distance, clinical practices were partially attended to with the appropriate adaptations for the safety of pregnant women, and their care was preserved, since the suspension could culminate in the loss of therapeutic opportunities for the woman, the baby. Therefore, the practices practiced and described in the experience demonstrated the approximation of the proposals for quality management and comprehensive care, allowing, even with adapted access, to achieve the goals of guaranteeing the maintenance and qualification of prenatal care.

Descriptors: Coronavirus; Prenatal; Care Management; Pandemic; Coronavirus Infections.**Resumen**

El objetivo fue describir los desafíos gerenciales para el manejo de la atención prenatal durante la pandemia de COVID-19. Este es un informe de experiencia sobre los desafíos y las estrategias de gestión en la atención prenatal durante la pandemia de COVID-19 en un área de la Zona Oeste, RJ. En el contexto de la APS, con el objetivo de una adecuada gestión de la atención prenatal, se implementaron acciones y se desarrollaron estrategias para mantener el seguimiento de las gestantes y se encontraron barreras que dificultaban el manejo compartido. Surge la necesidad de ajustes en los flujos de atención para atender casos de síndrome gripal, sospechoso de COVID-19, lo que generó la emergente demanda de reorganización de flujos y procesos laborales debido al alto contagio de la enfermedad. Debido a la necesidad de mantener la distancia social, las prácticas clínicas fueron atendidas parcialmente con las adaptaciones adecuadas para la seguridad de la gestante y se preservó su cuidado, ya que la suspensión podría resultar en la pérdida de oportunidades terapéuticas para las mujeres, los bebés. Por tanto, las prácticas practicadas y descritas en la experiencia demostraron la aproximación de las propuestas de gestión de la calidad y atención integral, permitiendo, incluso con un acceso adaptado, lograr las metas de garantizar el mantenimiento y calificación de la atención prenatal.

Descriptores: Coronavirus; Prenatal; Administración de Cuidados; Pandemias; Infecciones por Coronavirus.**Resumo**

Objetivou-se descrever os desafios gerenciais para gestão do cuidado no pré-natal durante a pandemia da COVID-19. Trata-se de um relato de experiência sobre os desafios e estratégias gerenciais no cuidado pré-natal durante a pandemia da COVID-19 em uma área na Zona Oeste, RJ. No contexto da APS, visando a adequada gestão do cuidado ao pré-natal, ações foram implantadas e estratégias desenvolvidas para manutenção dos acompanhamentos das gestantes, sendo encontradas barreiras que dificultavam a gestão compartilhada. Surgindo a necessidade de adequações nos fluxos assistenciais para atendimentos de casos de síndrome gripal, suspeitos de COVID-19, a qual gerou a emergente demanda de reorganização dos fluxos e processos de trabalho pelo alto contágio da doença. Devido à necessidade de manter distanciamento social, as práticas clínicas foram parcialmente atendidas com as devidas adaptações para a segurança das gestantes, e foi preservado seu atendimento, uma vez que a suspensão poderia culminar em perda de oportunidades terapêuticas à mulher, ao bebê. Portanto, as condutas praticadas e descritas na experiência demonstraram a aproximação das propostas da gestão da qualidade e da integralidade do cuidado, permitindo, mesmo com um acesso de forma adaptada, atingir as metas de garantia da manutenção e qualificação da assistência pré-natal.

Descriptores: Coronavírus; Pré-Natal; Gestão do Cuidado; Pandemias; Infecções por Coronavírus.

Introduction

Pregnancy provides women with unique experiences resulting from physiological and psychosocial changes, a fact that leads to the need for special care. The health team must welcome and develop care to prevent risks and promote a healthy pregnancy. Women's health policies provide the guarantee of comprehensive care, which are grounded and implemented by health care networks¹.

The management of health programs is a relevant theme in the administration of health organizations and the nurse as a manager and leader, responsible for part of the assistance within these organizations, can develop strategies within the unit to strengthen the implementation of these programs².

During prenatal care, the pregnant woman receives guidance from a multidisciplinary team on the development of pregnancy, allowing the delivery of a healthy newborn, with no impact on maternal health, including addressing psychosocial aspects and educational and preventive activities³.

In the scope of prenatal care, care management is important to ensure the quality of care during pregnancy and facilitate the approach of the pregnant woman, her family and the community to the health system, enabling comprehensive care through promotional activities, preventive, diagnostic and therapeutic⁴.

In the face of recent social events, since the outbreak of the coronavirus (SARS-CoV-2), which caused COVID-19, there was great concern in the face of a disease that spread rapidly in various regions of the world, with different impacts. According to the World Health Organization (WHO), in March 2020, the confirmed cases of COVID-19 had already exceeded 1.5 million worldwide and there is evidence that COVID-19 is highly lethal inducing governments to choose the path of social isolation⁵.

As a result, the Ministry of Health began to include pregnant women and mothers, and mothers of newborns, in the list of the risk group for the new coronavirus from April 2020. The decision was based on studies and knowledge already consolidated on the activity of other coronaviruses and the influenza virus, highlighting that they are more susceptible to infections in general⁶.

Thus, there is a concern in primary care understood as a challenge to maintain prenatal care with assessment of the usual risk, and to guarantee the quality of maternal fetal care in times of pandemic.

In addition to the usual risks, it becomes necessary to articulate new ways of accompanying and monitoring pregnant women, understanding that the flows of social distance need to be guaranteed and, still, to think about the current scenario in the risk of infection by COVID-19.

Several researches are underway in several countries around the world to understand the impacts of the COVID-19 infection on pregnancy. The data are still limited, preliminary and sometimes controversial, with little evidence that pregnant women are at greater risk of developing a disease with a more severe condition than the general population, however, WHO will continue to review

and update its information and advice as well. that new evidence is available.

The study is justified, because the advance of studies on the behavior of the new coronavirus has brought an important novelty in relation to pregnant women. The first reports on cases in China indicated that there was a possibility that mothers could infect babies during pregnancy. An article published by the academic journal *Journal of the American Medical Association (Jama)* revealed that three children born in China had severe pneumonia and tested positive for COVID-19⁷.

Subsequently, on April 23, 2020, in the *American Journal of Obstetrics and Gynecology*, researchers evaluated the evolution of 116 pregnant women confirmed with COVID-19 pneumonia in Hubei, between January and March / 2020, of these, 99 gave birth during hospitalization, there was no death of women. The study concluded that there is no increased risk of miscarriage or premature labor due to the virus, all babies tested were negative for COVID-19, as well as amniotic fluid and umbilical cord blood⁸. As it is a new disease, conceptual and epidemiological changes are taking place in a short period.

Thus, it is worth highlighting the need for all health professionals to know the need for adaptation in the monitoring of pregnant women in the face of the interference of the pandemic. Studies on this theme are not only relevant, but urgent, to respond to the demands for prevention and risk minimization, because the greater the professional knowledge about the history of the disease, the greater the number of health education instruments to be managed.

Given this context, the objective of the study was to describe the managerial challenges for the management of prenatal care during the COVID-19 pandemic.

Methodology

It is an experience report on the challenges and managerial strategies in prenatal care during the pandemic from March to May 2020, in a programmatic area of the Municipality of Rio de Janeiro (MRJ) in the West Zone.

The Planning Area Coordination, where the experience took place, is the health agency responsible for thirty-six (36) primary care units, encompassing eight neighborhoods in the city of Rio de Janeiro, reaching an average of 700,000 inhabitants.

The managerial organization of prenatal care began with the rise of cases in Rio de Janeiro, in March 2020, with the need for adjustments in the care flows of primary care units to deal with suspected flu-like cases. COVID-19, which generated the emerging demand for reorganization of workflows and processes due to the high contagion of the disease, its complexity and magnitude.

The scenario of calamity decreed by national, state, and municipal authorities has made it even more challenging for management to maintain the assistance organization of priority lines of care, such as prenatal care, by the units in the territory. The developed action plan was divided into some strategies to systematize and guarantee its objectives.



Experience Report

The first strategy was to hold meetings with the Coordination's managers, namely, the nursing technicians in charge, doctor, the director of the health programs division, the health coordinator and her deputy, as well as the care line team of prenatal care so that the planning with its respective goals was drawn up with the entire management team, aiming at maintaining the care and quality of prenatal care with a view to reducing maternal and child morbidity and mortality.

In view of the great fear of the managers and professionals of the units, the second strategy outlined was to raise the awareness of managers to maintain care, since the team considered only the priority to deal with suspected cases of COVID-19.

The third strategy was the creation of a virtual spreadsheet shared between the Coordination and the health units so that high-risk pregnant women were monitored for H1N1 vaccination, understanding that although the vaccine is not specific for COVID-19, it guarantees the protection of respiratory infections by Influenza virus, preventing its complications.

The fourth strategy was the reuse of the virtual spreadsheet for prenatal care so that the management team could follow up in real time the consultations that were carried out and, through stratification of habitual risk, could assist in the conduct and / or verification of the priority behaviors in the impediment of complications and or correct follow-up in cases of worsening or need for evaluation by other levels of care.

The fifth strategy was related to the monitoring of vulnerable pregnant women with priority in monitoring and complying with the conditionalities of the Bolsa Família Program, understanding that this vulnerable population needed closer assistance since they have increased socio-economic and cultural risks compared to other pregnant women and or groups of women. health units.

It should be added that, since it is an experience report, there was no application of the Free and Informed Consent Term. In addition, no information will be released to reveal the subjects, as the study does not provide for the identification of the participants, their privacy being preserved, and data confidentiality being maintained.

Discussion

Adequate prenatal care with the detection and early intervention of risk situations, an agile hospital referral system, in addition to the qualification of childbirth care, are the major determinants of health indicators related to the mother and baby, which have the potential to decrease the main causes of maternal and neonatal mortality⁹.

Thus, in the context of PHC, aiming at the adequate management of prenatal care, with a view to reducing maternal and neonatal mortality, actions were implemented and strategies developed to maintain the monitoring of pregnant women, finding barriers that hinder shared management, because, although it is ideal, it is challenging in the sense of the need to count on the collaboration and

commitment of other actors who, many times, do not have the same views on the object to be taken care of.

The (re) construction of a new direction for the line of care for pregnant women in times of pandemic made it possible to cross different territories, as the resources were not necessarily inserted in the health territory. While they participated in prenatal care and were monitored for their risks and particularities, there was a need to expand the offer of health care and articulate with knowledge about the pandemic, ways of prevention and management, in order to sustain the disease. life dynamics of users.

Faced with the understanding that the concept of vulnerability denotes the multi-determination of its genesis, not strictly conditioned to the absence or precariousness of access to income, but also linked to the weaknesses of affective-relational bonds and unequal access to public goods and services¹⁰, it was necessary to manage the clinical practice, with the organization of a team of care for the people, families and communities of the territory, contemplating the management of the consultation periods; accessibility to the unit's actions and services, including the welcoming process; care for groups with special needs; the organization of preventive care and health promotion; the coordination, articulation and integration of individual and collective care actions with the other units and services of the regional health network, as well as in some situations with resources and equipment of the community; the evaluation of processes and results with a view to effectiveness and improving the quality of care, including the promotion of best practices and the permanent education of professionals, the management of organizational and clinical risks and the contextualized use of clinical evidence and protocols¹¹.

Due to the need to maintain social distance, clinical practices were partially attended to with the necessary adaptations to guarantee the safety of pregnant women, according to a technical note from the Ministry of Health, which states that all pregnant women, asymptomatic or without flu syndrome, must have preserved your care, since the unreasonable suspension or postponement can lead to loss of therapeutic opportunities to care for women, babies and family, including for serious events, such as sexually transmitted infections⁷.

Concerning the difficulties encountered, it is worth mentioning that online meetings were used by virtual applications, reducing the perception of the management team about doubts and or evaluation of impossibilities with the assistance teams, which generated a relative impact or temporary disorganization in the prenatal.

Thus, even with the discussion of specific cases in which care weaknesses occurred, some face-to-face territory supervision was necessary, as there were communication noises and the understanding of the proposals by some unit managers.

Understanding that PHC services are the most appropriate to coordinate the user's therapeutic path, in most episodes of illness, it is considered that the coordination of care is a necessary condition to achieve a comprehensive response, in order to meet the needs health



needs of users, which involves integration between levels of the health system¹², which made it necessary to communicate with the levels of medium and high complexity in the care of pregnant women, because even though strengthened, PHC does not guarantee integrality in management care in isolation, but it needs a grounded and interactive network.

Thus, the Health Services Network articulated with each other ensured that the needs presented by pregnant women were met in a comprehensive manner, with a view to the most complete approach possible¹³.

The conduct practiced and described in the experience demonstrated the objective of approximating the proposals for quality management and comprehensive care, allowing, even with adapted access, to achieve the goals of guaranteeing the maintenance of the organization and qualification of prenatal care. , an important protective factor in the prevention of maternal and perinatal death and,

also, guaranteeing the reception and appropriate care for pregnant women in the face of the reality of the COVID-19 pandemic.

Conclusion

In summary, the successful experience is considered, since there was no increase in the maternal mortality ratio compared to other years in which pandemics were not experienced, which demonstrates that coordinated care and the guarantee of longitudinally promote quality of care and they reduce the risks to the health of the population and, in this case, to maternal and child health.

Future studies that describe the epidemiological surveillance of pregnant women should be considered to have more quantitative results on the topic addressed, aiming at continuous qualification for prenatal care.

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