

# Multiprofessional assistance to pregnant women in the context of pandemic by COVID-19

**RESUMO** | Objetivo: analisar a assistência multiprofissional à gestante no contexto da pandemia pela COVID-19. Método: trata-se de um estudo exploratório, descritivo com abordagem qualitativa, aprovado pelo Comitê de Ética em Pesquisa sob número de parecer 4.911.690. Foi realizado em duas Unidades de Saúde da Família em Itabuna-Bahia, em outubro de 2021. Participaram do estudo os profissionais das equipes, conforme critérios de inclusão pré-definidos. Os dados foram coletados através de entrevista semiestruturada e analisados por meio da técnica de conteúdo temática de Bardin. Resultados: a pandemia por Covid permitiu a reorganização do fluxo de atendimento as gestantes, utilização das Tecnologias de Informação e Comunicação, realização de busca ativa e a educação em saúde no consultório. Porém, houve desafios no contexto do pré-natal como a efetivação da Educação Permanente em Saúde e o compartilhamento de consultas. Conclusão: a assistência gestacional foi readequada durante a pandemia e a atuação multiprofissional garantiu qualidade no pré-natal.

**Descritores:** Assistência à Saúde; Gestantes; Infecções por Coronavírus.

**ABSTRACT** | Objective: to analyze multiprofessional care to pregnant women in the context of the pandemic by COVID-19. Method: this is an exploratory, descriptive study with a qualitative approach, approved by the Research Ethics Committee under opinion number 4,911,690. It was held in two Family Health Units in Itabuna-Bahia, in October 2021. The professionals of the teams participated in the study, according to predefined inclusion criteria. Data were collected through semi-structured interviews and analyzed using Bardin's thematic content technique. Results: the pandemic by Covid allowed the reorganization of the flow of care to pregnant women, use of Information and Communication Technologies, active search and health education in the office. However, there were challenges in the context of prenatal care, such as the implementation of Permanent Health Education and the sharing of consultations. Conclusion: gestational care was reappropriated during the pandemic and multiprofessional performance guaranteed quality in prenatal care.

**Keywords:** Health Care; Pregnant Women; Coronavirus Infections.

**RESUMEN** | Objetivo: analizar la atención multiprofesional a mujeres embarazadas en el contexto de la pandemia por COVID-19. Método: se trata de un estudio exploratorio, descriptivo y de enfoque cualitativo, aprobado por el Comité de Ética en Investigación con el número de dictamen 4.911.690. Se llevó a cabo en dos Unidades de Salud de la Familia en Itabuna-Bahía, en octubre de 2021. Los profesionales de los equipos participaron en el estudio, según criterios de inclusión predefinidos. Los datos fueron recolectados a través de entrevistas semiestructuradas y analizados utilizando la técnica de contenido temático de Bardin. Resultados: la pandemia por Covid permitió la reorganización del flujo de atención a las mujeres embarazadas, el uso de las Tecnologías de la Información y la Comunicación, la búsqueda activa y la educación para la salud en la oficina. Sin embargo, existen problemas en el contexto de la atención prenatal, como la aplicación de la educación permanente en materia de salud y el intercambio de consultas. Conclusión: la atención gestacional fue reapropiada durante la pandemia y el desempeño multiprofesional garantizó la calidad en la atención prenatal.

**Palabras claves:** Atención de Salud; Mujeres Embarazadas; Infecciones por Coronavírus.

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## INTRODUCTION

The gestational period comprises a set of anatomic physiological changes in the woman's body. In addition to the physical changes that pregnancy promotes, this period brings with it psychological, social and cultural implications. Thus, prenatal care is an important strategy for detection, prevention and treatment of conditions that may affect maternal and fetal health. <sup>(1)</sup>

In this sense, the professionals who make up the multidisciplinary teams in Primary Health Care have theoretical-scientific knowledge and legal support to offer qualified and resolute assistance during pregnancy, through educational activities with groups of pregnant women, shared care, case discussions, individual consultations and home visits, thus ensuring that prenatal care is continuous, longitudinal and comprehensive. <sup>(2)</sup>

However, due to the pandemic scenario caused by COVID-19, an acute respiratory disease caused by the SARS-CoV-2 coronavirus, which mainly affects the respiratory tract and causes mild, moderate to severe symptoms, some activities performed by professionals in the prenatal context have suffered restrictions and/or changes. Health services have adopted new care flows according to the guidelines of health agencies, in order to preserve the health of professionals and the served public, especially pregnant women. <sup>(3-4)</sup>

The Ministry of Health declared, in April 2020, that all pregnant and postpartum women up to the 14th postpartum day constitute a risk group for COVID-19, due to the high risk of maternal complications, especially in the last trimester, and because between January and June 2020, Brazil had 124 maternal deaths, making it the country in the world with the highest maternal mortality rate from COVID-19. <sup>(5-6)</sup>

Through Informative Note nº 13/2020 - SE/GAB/SE/MS, the MS established a Manual of Recommendations

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With the beginning of the pandemic caused by Covid-19, prenatal care went through a process of readaptation. It is noticeable that, right from the start, there was a concern to reorganize the flow of the USF to maintain prenatal care and ensure the safety of pregnant women, service professionals and the general public.

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for Assistance to Pregnant and Postpartum Women in the face of the Covid-19 Pandemic, containing guidelines such as: telecare for pregnant women at usual risk when possible, face-to-face consultations with longer intervals and screening of pregnant women. <sup>(7)</sup> In this context, the performance of the multidisciplinary team continues to be of paramount importance, since the holistic view of professionals contributes to the identification of situations of vulnerability and the appropriate referrals. <sup>(8)</sup>

Therefore, this study is justified by the lack of research related to the Covid-19 pandemic, as it is something new and that still lacks more scientific evidence, especially when multidisciplinary care is correlated to the risk group of pregnant women. Therefore, this research has as a guiding question: How does multiprofessional care for pregnant women occur in the context of the COVID-19 pandemic? And it aims to: analyze multidisciplinary care for pregnant women in the context of the COVID-19 pandemic.

## METHOD

This is an exploratory and descriptive study with a qualitative approach approved by the Ethics Committee of the State University of Santa Cruz (CEP/UESC), under protocol number 4,911,690 and CAAE 48251021.0.0000.5526. The study scenario consisted of two Family Health Units (USF), belonging to the municipality of Itabuna-Bahia. The units were selected for allocating the Multiprofessional Residency Program in Family Health (PRMSF), from the UESC.

The research participants were health professionals and residents of the PRMSF working in the two USFs selected according to the following inclusion criteria: having at least one year of experience in the research units and exclusion criteria: being on leave, sick leave or vacation during the data col-

lection period.

The instrument used for data collection was a semi-structured interview script with open questions about the object. The interviews were carried out, in October 2021, in person and duly recorded with a digital device, being later transcribed for analysis.

Prior to the interview, clarifications about the research were made, at which time the participants read and signed the Free and Informed Consent Term (ICF), guaranteeing volunteer work. A list with random name options was also offered and the participants were able to choose their codename, preserving anonymity. Data analysis was performed using the thematic content technique proposed by Bardin.

## RESULTS

From the collection and analysis of data, an analytical category was coded and defined, described below:

### Strategies used by health professionals in assisting pregnant women in the context of the covid-19 pandemic

With the beginning of the pandemic caused by Covid-19, prenatal care went through a process of readaptation. It is noticeable that, right from the start, there was a concern to reorganize the flow of the USF to maintain prenatal care and ensure the safety of pregnant women, service professionals and the general public.

Regarding the use of hygiene and prophylaxis measures and social distancing, the speeches clearly show the use of methods by professionals and service users:

We are taking security measures, wearing a mask during consultations. I use alcohol gel too. (MARCELA-NURSE)

More care was taken during con-

sultations, more distancing, use of asepsis and local antiseptic measures to avoid a greater risk of contamination of pregnant women. (PEDRO - PHYSICIAN)

Of course, she was in a separate place so that she could be attended to with due social distancing. (JOÃO - PHYSICAL EDUCATION PROFESSIONAL)

In view of the pandemic context, there was a reduction in the number of pregnant women attended and in the days of prenatal care. In addition, consultations started to be held by schedule, in order to prevent users from staying in the unit for a long time and having contact with possibly contaminated patients, in addition to avoiding agglomerations. Such facts are demonstrated in the following testimonies:

We had to adapt to the schedule, leave the pregnant women with an appointment, everything organized so that when she arrives, she doesn't take a long time at the unit. The pregnant woman had a time to arrive and it was scheduled by the receptionists and we, as CHA, would tell her what time she would be at the unit. (MARIANA - CHA)

I believe that the number of queries decreased, instead of her coming X times, she came less often. (DÉBORA - PHYSIOTHERAPIST)

Her period at the unit had to be a little shorter, we had an internal flow of working hours that did not allow for her attendance. Last year, for example, at nine months we didn't ask her to come weekly because of the risk of covid. (ALAUDE - NURSE)

With the decrease in the frequen-

cy of pregnant women in the unit and the need to continue prenatal care, the use of Information and Communication Technologies (ICTs) emerged as a possibility for teleorientation of this public. Tools used daily in society, such as WhatsApp, have become excellent means of contact between health professionals and users, in addition to telephone calls, as can be seen below:

We work virtually with them. So it happens, because all the information we need in a timely manner, for example, I made the appointment with the pregnant woman today, but there was a change, so we can talk via WhatsApp. (CATARINA - CHA)

The nurses and I, as a social worker, offer this type of care, mainly via WhatsApp. So we don't have a specific teleservice platform, but we use WhatsApp, the main means of communication. (DIANA-SOCIAL ASSISTANT)

In addition to teleorientation, ICTs served as an instrument for monitoring pregnant women with suspected or confirmed flu syndrome. Below, some statements demonstrate the relevance of the evaluation and monitoring of pregnant women:

there are the phone calls they call to see how the patient is doing. But that, most of it is the CHA who goes to the house and comes back to bring the patient's answer. When there is a pregnant woman who has COVID, we monitor her so that we can always report back to the unit on how the patient is doing. (MARIANA - CHA)

During the consultations, we sought to identify pregnant women with flu syndromes so that they

could be tested, isolated and, if necessary, referred to the reference service. (PEDRO - PHYSICIAN)

Another aspect that changed prenatal care during the pandemic was the presence of a companion during consultations. Due to the risk of contamination by the coronavirus, the partners of the pregnant women were advised against participating in face-to-face consultations, causing some harm to the partner's prenatal care. It is evident how this absence was highlighted in the speeches of the participants:

At the beginning of the pandemic, we were avoiding the presence of companions in the room, because it was a new disease, we did not understand well. (MARCELA - NURSE)

You can't perform prenatal care with the father too, right? Because it couldn't be crowded, there couldn't be many people in the room. (LURDES - SOCIAL ASSISTANT)

It should also be noted that collective health education activities were suspended at the beginning of the pandemic due to the risk of agglomeration and contamination by the coronavirus, which brought concern to professionals involved in prenatal care, since such actions were of paramount importance for the care of the pregnant woman and the fetus, as the following participants point out:

Collective activities did not exist, which makes it difficult to assist pregnant women, because there is no sharing that is important during pregnancy. (LINDA - NURSE)

The orientation was really not to do health education activities to avoid crowding in the physical

structure, in the environment of the health unit. (LIVIA - PHYSICIAN)

Therefore, it was necessary for health professionals to seek alternatives to offer guidance to pregnant women, ensuring their safety. In this way, health education in the pandemic context started to occur mainly in the office, during consultations, with the provision of information regarding care during pregnancy and the newborn, mother and baby rights:

Throughout the pandemic, there were guidelines, a waiting room for the team of residents, the health education itself that is carried out in the office by the professional, in the individual consultation. (PEDRO - PHYSICIAN)

The nurses provided kits for pregnant women with informative material for both nursing and dentistry, with oral health care for the newborn and guidance on the rights of pregnant women and children. (DIANA - ASSISTENTE SOCIAL)

face-to-face only during consultations, health education in consultations. (ALAUDE - NURSE)

The participants' statements point to changes brought about by the pandemic, which range from changing care flows, hygiene and prophylaxis measures, to the use of information technology and individualized health education actions to ensure continuity of prenatal care.

## DISCUSSION

Regarding the process of readaptation of the service during the pandemic, the strategies used by the professionals of the service corroborate the

literature as they follow the guidelines of the MS and the Pan American Health Organization (PAHO) for prenatal care<sup>(5)</sup> such as providing a reserved place to assist pregnant women with suspected or confirmed cases of COVID-19, use of a surgical mask for users and use of PPE by health professionals.<sup>(8)</sup>

Clinical screening of all pregnant women is also recommended, 48 hours before the appointment scheduled by telephone and in person on the day of care.<sup>(9)</sup> As for the frequency of consultations, the MS guides that before eleven weeks, between the 16th and 18th week, in the 32nd and 38th week, the service is carried out virtually. Between the 11th and 14th, 20th to 22nd, 26th to 28th, in the 35th and 39th weeks, consultations must take place in person, for maternal-fetal health assessment, examinations and especially on the 37th, Reverse Transcriptase - Polymerase Chain Reaction (RT-PCR) should be performed for all users.<sup>(10)</sup>

As for the use of ICTs, it is evident that professionals used this tool to ensure continuity of care for users, since it has the important role of disseminating information and promoting communication between users of these technologies, especially in the health area, ensuring that users have access to relevant information in a timely manner.<sup>(11)</sup>

In addition, ICTs allowed the monitoring and follow-up of pregnant women. Within the scope of PHC, the monitoring of suspected and confirmed cases of COVID-19 is essential to guarantee the health of the user, through the identification of risk factors and complications, guidance both for the individual in isolation and for household contacts.<sup>(12)</sup> Another relevant aspect highlighted by the interviewees was the non-participation of the partner during the consultations, causing some harm to prenatal care.

The partner's prenatal care is an important strategy to strengthen the

bond between the pregnant woman, child and partner, in addition to being a space for guidance regarding the care of the mother-child binomial, rights of women and companions during labor/delivery.<sup>(13)</sup>

In view of not carrying out health education activities collectively, but understanding its relevance to the quality of prenatal care, professionals continued to provide guidance in the office, during the consultations, since health education actions are essential to establish a link between users and professionals, transmit essential information for the health-disease process and encourage the practice of prevention and health promotion.<sup>(14)</sup>

It is noticeable that the professionals followed protocols established by health agencies and by specific entities to support the health of pregnant women, but also created strategies based on the reality of the service and the population served.

#### CONCLUSION

The pandemic caused by Covid-19 brought changes to the services offered to pregnant women in PHC. Despite the uncertainties about the infection caused by the coronavirus, health professionals followed health protocols and created strategies to continue prenatal care. An example of this was the

reorganization of the flow of care, the use of ICTs to monitor pregnant women and health education in the office.

However, the lack of Permanent Health Education actions to improve the care provided to pregnant women and the non-sharing of routine prenatal consultations were cited as obstacles present in the daily work of health professionals. These obstacles limit professional performance, but the management of services can help to overcome them, by offering PEH (Permanent Education in Health) actions such as the Singular Therapeutic Project, online courses, among others.

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