

Cegonha Carioca Program: Perception Of Puerperos On Nurses' Pre-Hospital Care

Programa Cegonha Carioca: Percepção Das Puérperas A Respeito Da Assistência Pré-Hospitalar Do Enfermeiro

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ABSTRACT

The objective of this study was to analyze the perceptions of women about the nurses' care in the pre-hospital care of the Cegonha Carioca Program. A descriptive, exploratory study with fourteen mothers of the Municipal Maternity Mariska Ribeiro, who had contact with the nurses about the Safe Transport module in the Cegonha Carioca Program. They were submitted to the individual semi structured interview, later transcribed and submitted to content analysis in the thematic modality. The categories formed were: Nursing care in the home care of the pregnant woman: the construction of the bond for a safe care; Safe transportation: women expressions for positive feeling; Ambulance quality and safe transportation; Nurses in the pre-hospital care of the Cegonha Carioca Program: satisfaction, agility and safety. It is concluded that women recognize and value nurses as part of the care process throughout care and delivery.

Keywords: Maternal-child health services; Emergency medical services; Obstetrics; Women's health.

RESUMO

Objetiva-se analisar as percepções das mulheres acerca da assistência do enfermeiro no atendimento pré-hospitalar do Programa Cegonha Carioca. Estudo descritivo, exploratório, com quatorze puérperas da Maternidade Municipal Mariska Ribeiro, que tiveram contato com o enfermeiro quanto ao módulo Transporte Seguro no Programa Cegonha Carioca. Todas foram submetidas à entrevista semiestruturada individual, transcritas posteriormente e submetidas à análise de conteúdo na modalidade temática. As categorias formadas foram: Acolhimento da enfermagem no cuidado domiciliar à gestante: a construção do vínculo para uma assistência segura; Transporte seguro: expressões das mulheres para o sentimento positivo; A qualidade da ambulância e o transporte seguro; Enfermeiros na assistência pré-hospitalar do Programa Cegonha Carioca: satisfação, agilidade e segurança. Conclui-se que as mulheres reconhecem e valorizam o enfermeiro como integrante do processo do cuidado durante todo o atendimento e assistência ao parto e nascimento.

Palavras-chave: Serviços de saúde materno-infantil; Serviços médicos de emergência; Obstetrícia; Saúde da Mulher.

INTRODUCTION

The prehospital care service involves all actions that occur before the arrival of any patient in the hospital environment, and can positively influence the morbidity and mortality rates due to trauma, violence and health interferences. In this sense, skilled care during transportation and early arrival at the hospital becomes essential for the survival rate to increase. (1) In the daily practice of prehospital care, the service is structured using technological devices and establishing a relationship between the actors, especially patient care. The activities developed are characterized as collective work, the result of which depends very much on the competence and qualification of each member of the team. (2) In the service of women in situation of parturitive process, there should be an integrated system for qualified professional assistance for perinatal safety and well-being.

Nurses stand out as key pieces in the various contexts of health work, including prehospital care. These professionals have technical responsibility for the work of the nursing team and their work requires technical-scientific competence in constant updating. Healthcare institutions have also sought out "multiqualified and multifunctional" nurses who master the language of high-tech computing and machines, have quick reasoning, have initiative, are creative, competitive, communicative, fluent

in other languages, and have leadership skills to form qualified teams.⁽³⁾

From this perspective, in March 2011, the Cegonha Carioca Program, a pioneer in Brazil, was implemented in the city of Rio de Janeiro, with the objective of eradicating the pilgrimage of pregnant women to access to maternity wards, reducing maternal and infant mortality rates and preventable complications, in addition to encouraging prenatal care through a humanized and qualified care, such as the safe transportation of pregnant women. It was considered an innovative proposal in the search for the expansion and qualification of care for pregnant women, with beneficial consequences for both the mother and the newborn in the puerperium and childbirth.⁽⁴⁾

Thus, nurses are the health professionals who develop direct actions with the women at the moment of the care by the safe transport of the Cegonha Carioca Program. With the application of nursing care systematization, objective and subjective information is collected; obstetric physical examination with touch, in relation to bleeding, mucosal tampon, dilation and erection of the uterine cervix; obstetrical palpation, verifying positioning and uterine contractions; auscultation, and evaluating fetal viability, for any suffering, and possibly directed the transportation to the reference unit, for the specialized care.⁽⁵⁾ Obstetric nursing directs its care in the parturition as a physiological event, involving emotions and feelings,⁽⁶⁾ and the

woman needs to be accompanied by professionals who are qualified to exercise their attribution with technical and intellectual capacity, and intervene when necessary.

In this sense, the Risk Classification and Structured Reception, which designates to provide the service dimension, encompasses a continuous process that, in order to be efficient, must occur between 10 and 15 minutes from the user's arrival to the maternity ward. It must be carried out quickly, based on a previously prepared classification instrument. The risk classification evolves the flow of the users attended in the emergency, providing greater results and quick responses. Training and ongoing reflection should be sought in order to improve and maintain the standardization of nurses' behaviors and the planning of actions that aim to increase the satisfaction of health workers and patients.⁽⁷⁾

The World Health Organization (WHO) highlighted the fragmentation of the health system in Latin America,⁽⁸⁾ highlighting the low level of performance and the difficulty of users accessing them. Thus, aiming to overcome this fragmentation, the Entity proposed a model of organization for health systems through Health Care Networks, understanding that they would enable a wide range of preventive and curative interventions for the population, namely: spaces integration of various services; continuous healthcare over time; vertical integration of different levels of care; linkage between health

policy formulation and management; as well as intersectoral work.⁽⁹⁾

In this sense, it is of paramount importance the networks of attention in favor of pre-hospital care to pregnant women, which culminate in patient safety and concept through resources for safe transportation, as well as the care and assistance of the health care for women already in labor, contributing to the non-occurrence of antepartum pilgrimage, which favors access to the health service and the reduction of perinatal mortality.

In the context of the Cegonha Carioca Program, there is a reconfiguration of the pregnant woman's care in the spaces of obstetric emergencies, and (re) knowing the Influences of the Program on the health care of pregnant women and the autonomy of nurses in their obstetric practice, with their attendance transport. In this way, the nurse is a key figure in this model of care, where they direct their activities to safety for the woman and her concept. However, there is a need for studies that direct prehospital care in obstetric care, since in sum the studies are directed only at the attendance of clinical emergencies.⁽⁵⁾

Thus, the study aimed to analyze the perceptions of women about the nurse's assistance in the pre-hospital care of the Cegonha Carioca Program.

METHOD

A qualitative, descriptive, exploratory study carried out at the Mariska Ribeiro Municipal Maternity located in the city of Rio de Janeiro, linked to the Cegonha Carioca Program and a member of the Programmatic Area 5.1 (AP 5-1), which covers the following neighborhoods: Bangu, Campo dos Afonsos, Deodoro, Jardim Sulacap, Magalhães Bastos, Padre Miguel, Realengo, Senator Camará and Vila Militar.

The participants of the study were 14 women attended by nurses in the safe transport module of the mentioned maternity, who met the inclusion criteria: to be over 18 years of age; have had their childbirth in the Maternity; be postpartum at the moment of the interview; being in the joint accommodation; and have had at least one contact with the pre-hospital care of the Cegonha Carioca Program. The women who remained in the delivery room; in the surgical center; who did not perform prenatal care in the Primary Care network of the municipality; and those who arrived in the maternity ward by their own means were excluded. The anonymity and secrecy of the information was ensured by using an alphanumeric code (P1 ... P14) for each interviewee.

The study was approved by the Research Ethics Committee of the Faculty of Medicine of the Fluminense Federal University, as determined by Resolution 466/2012 of the National Health Council, which provides for research involving human beings (11), under protocol 1,247,916, and by the Ethics Committee of the Municipal

Health Secretariat of Rio de Janeiro, under protocol No. 1,474,604 / 2016.

As an instrument of data collection, an individual semi-structured interview script was used. The interviews were carried out from June to December 2016, and submitted to the transcription in full by the researcher, in view of the content analysis in the thematic modality.⁽¹²⁾

Based on the research, the question raised: How do women understand the assistance of the nurses who work in the pre-hospital care of the Cegonha Carioca Program? The analysis of content was based on three stages: In the first, the organization and reading of the material was carried out, seeking to know the structure and the impressions of the messages of the collected data, and thus registering the unit of distinct context, significant stretches and categories. In the second stage, the material exploration, where several (re) readings of the material were applied to enable the organization of the content, aiming at the codification, decomposition and enumeration of the material. And, in the last step, in the coding, the registration units were chosen and, from these, the choice of the categories, all grouped in thematic nuclei.⁽¹²⁾ In this way, the assembly of a registration board, with the application of colometry, with colors, for the purpose of assisting the organization and groupings of the units.

The registry units that emerged in the analysis process were: home care with the pregnant woman; confidence in the care process;

nursing home care; nursing care as a safety process; the positive feeling in the care given by the nurse; recognition of the quality of the ambulance and its supplies; satisfaction in the process of attendance at admission; agility in the transportation and service process; safety in the service provided, allowing the construction of the following thematic nuclei: home nursing care with pregnant women; nursing care in the transport of pregnant women; admission to maternity / women's expressions; all contributing to the construction of the following categories: 1) The reception of nursing in home care to the pregnant woman: the construction of the bond for a safe care; 2) Safe transportation: women's expressions for positive feeling about ambulance quality and safe transportation; 3) Nurses in the pre-hospital care of the Cegonha Carioca Program: satisfaction; agility and safety.

RESULTS

The reception of nursing in home care to the pregnant woman: the construction of the bond for a safe care

The participants pointed to a direct relationship between the home host as a fundamental part to establish the bond with the professional nurse, according to the following statements:

They arrived at my house, entered my room and examined me. Wow, that was

a really cool thing. We'll call and they'll come and see you at home if you're feeling pain or anything like that (P1).

Perfect! The nurse asked for my prenatal card, asked the first ultrasound, asked questions, checked my pressure, baby's heart, explained why I was going to the maternity ward, I was already in labor. Very calm, it calmed me down. I felt welcomed, well cared for (P3).

The Cegonha's nurse arrived, the service was good. Because she kept talking to me, examined me, explained everything to me, we laughed and joked and even forgot the pain a bit (P13).

The women point out in their statements the importance of establishing the bond with the nurses as a factor to guarantee the quality of care, according to the following testimonies:

He asked all the questions, did everything a nurse does with an agent at the health post, examined my son's heartbeat, I have nothing to complain about the assistance. I felt very safe (P6).

It was good. The nurse was nice. She calmed me down, said that everything I was feeling was normal, taught me how to breathe. She said: breathe like this: Smell a flower, blow a candle, my breath was nervous. I was feeling a lot of contractions, she taught me really well. She counted the contractions. I felt

*a little better, but the pain was very strong (P8).
He arrived, was very attentive.
I felt super well cared for (P9).*

It's a very different environment, but it was very quiet and the girl did not leave my side. How did I feel? I felt special! (P6).

One positive thing, I think it is in the ambulance itself, to have a vehicle that can bring us in the maternity is already something very good. But a plus point still, it is the professionals, the professionals who are in there who are very, they are very attentive (P14).

Safe transportation: women's expressions for positive feeling about ambulance quality and safe transportation

The participants of the study indicated the satisfaction of being assisted in the ambulance, in addition to being surprised by the internal structure of the vehicle, as follows:

I had never been in an ambulance, there is everything inside, the nurse told me that I could even have my baby there, I was impressed to know and happy too, [laughs] (P5).

It was good and fast, every time I asked myself, is everything okay with you? I found the ambulance very full of things, I even asked if any babies were born there and the nurse told me yes, I thought it was cool! I felt even better, safer (P8).

It was easy. It was okay. I asked what was in it for what was inside, he explained everything to me. I felt much calmer (P10).

It was also identified the positive feeling to be attended by the nurse in the safe transportation:

Nurses in the pre-hospital care of the Cegonha Carioca Program: satisfaction; agility and safety.

The Cegonha Network (Stork Network) was a pioneer in respecting having a companion as not only a woman's right, but also as an initiative to implement the good practices of childbirth and birth. He praised the presence of the companion in the whole parturition process, aiming at the tranquility and safety of the woman, according to the following statements:

They put me on the stretcher and put me inside the ambulance, so the Cegonha nurse sat in the chair and went on talking to me and my husband all the way there. It was quiet too (P7).

I got here, my husband signed the forms and I waited for the doctor to call me, the nurse stayed with me, then the doctor called me and she left. Very friendly, she was. I felt

good, my husband also liked it a lot (P11).

I was calm. I laid down, he tied me to the bed. He and my mother were seated and we came. I was calm (P13).

Strategy such as the welcoming and classification of risk has been highlighted for offering women greater security caused by an efficient and safe care, as reported below:

Oh, they brought me here, I came to talk to the people here and I was attended to soon. I felt good. Because I thought it was going to be bad and I would not be able to get there, but soon we got here (P1).

Then when my water broke and it was that circus, I was rushed to the delivery room and my mother went fill out my forms. The nurse stayed by my side the whole time, then my mother arrived, and the baby was born, and everything went well. I was happy, in the end everything worked out (P3).

It's great here. In less than fifteen minutes I was attended to. I went upstairs. I like it a lot, it's beautiful, people are polite, they see someone every time and they ask: Is everything ok? I felt very good (P11).

It was good too. Very fast service. I already knew the maternity, because I came on the visit, I told my husband-Love, go fill out the forms, and I'll wait for you in the

reception. I liked everything. (P12).

DISCUSSION

In order to improve the organization, operation and solubility of the care network in the maternal and child field, both the Stork Network, in the Federal area, and the Cegonha Carioca Program were launched simultaneously in the municipality of Rio de Janeiro on March 28, 2011. The said program, in turn, seeks to expand and qualify the assistance provided to pregnant women in the city of Rio de Janeiro. It is composed of three modules: prenatal, transportation and reception. The transport module is characterized by the provision of a mobile attendance service for parturients who need to be taken from their homes to the maternity.⁽¹³⁾ Thus, during transportation, the welcoming of the women must be carried out.

The work process, in line with the proposal of the care practice, transform the care environment in such a way that the health professional and the patient, in this case the pregnant woman, feel benefited. Together, they seek solutions to the problems presented, considering the complaints and the organization of the service.⁽¹⁴⁾

Thus, the act of welcoming in the health field is, at the same time, an ethical / political guideline in the model of health production and an advanced technological tool in the development of listening, access guarantee and

bond formation. The reception is a device that enables the meeting and, in this way, reinforces the bond. It also allows the analysis of the health process focusing on the relationships established by it, which leads to the recognition of the user as an agent of participation in the process of health construction and development.⁽¹⁵⁾

Nursing has characteristics that approximate the principles of care. In its formation, the nurse understands care as a basic human need, and from this come important characteristics such as sensitive listening, open to dialogue, to create a link between this professional and the user of the service, without prejudice, always seeking the best problem solving, sensitivity to understand the other, good communication and arguing.⁽¹⁶⁾

It is not excessive to remember that the bond established through the reception is linked to the act of caring. Thus, the health professional, when approaching the reality of the population under his responsibility, must take into account the subjectivity of each family, since each one deals with health and with the illness in a different way. This being said, the way the team works will depend on the cultural aspects and behaviors of each person and the community, respecting all its aspects. When this occurs, the acceptance of health care proposals occurs through trust in professionals and, thus, is becoming the link in the daily practice of health care.⁽¹⁷⁾

Listening is also a strategy used by health professionals and is part of the welcoming process, since it makes the patients feel like they're important and unique, increasing trust in the professional, facilitating the creation of bond.⁽¹⁸⁾ In this sense, the recommendations of the Program for the Humanization of Childbirth and Childbirth establish that women have the right to a dignified and quality care that requires a sensitive, essential and essential listening to establish the care to be offered in safe transportation. The host shows how the process of listening to the woman, involving the subjectivity of the subject, expressing in satisfaction process before the care taken, by means of enjoying this space of openness, placing their fears, anguishes and doubts.⁽¹⁹⁾ Thus, home nursing with safe transportation allows this process of bonding, favoring the trust of the woman and her family. satisfaction of the care taken, perpetuating a safe care.

Therefore, care should be organized in health care networks, which are polyarchic organizations of sets of services in which all points of healthcare are equally important and relate horizontally. They represent a continuum of attention at the primary, secondary and tertiary levels, being linked to each other by a unique mission, common objectives and cooperative and independent action, aspects that allow to offer a continuous and integral attention to a certain population. an integrated system, allows effective and resolute care for perinatal

health, and the women in the study had an excellent perspective of the care taken by safe transportation.

Prehospital care needs to evolve regarding the transportation used, as well as satisfaction, since in a study it was pointed out that satisfaction is related to the speed and quality of the service offered, which has a satisfactory infrastructure for quality care, where 52% affirmed they received good service, which has a satisfactory infrastructure for quality service, and as 90% with adequate time of arrival at the place to attend an emergency.⁽²¹⁾ Thus, infrastructure is one of the factors considered most relevant to the satisfaction of the patient, rather than their cure. The environment should include cleanliness, equipment, appropriate furnishings and enough ventilation, so that proper care can provide attention with dignified, warm and comfortable access.⁽²²⁾

Thus, we could perceive through the testimonies of the participants, the feeling of safety in relation to the safe transportation offered by the Cegonha Carioca Program, promoting their satisfaction and positive feelings about the care offered. In Brazil, the Ministry of Health launched the National Patient Safety Program⁽²³⁾, which contributed greatly to the quality of care. In this sense, it is necessary to observe its guidelines for the parturition process, with measures in favor of women, because their safety favors the occurrence of positive outcomes for the process of childbirth and birth.⁽²³⁾ And

with this perspective, nursing care with women becomes more positive.

Respect for the right to a companion contributes to the process of trust and satisfaction of the patient, making her feel valued and safe in this unique moment of her life. The impediment of the presence of an accompanying person during labor violates the right of the woman as a citizen and also the capacity of autonomy, the right to choose whether or not to have the person she wants by her side⁽²⁴⁾ Since the absence of the companion, which favors negative feelings and the perspective of women's rights, culminates in their dissatisfaction and insecurity of women and the concept.

In the testimonies of the women, it was evidenced the attendance based on the active listening and the good professional performance, that propitiated the bond of the binomial user-health service. This link improves the assistance process and provides professionals with the opportunity to know the needs of pregnant women, while allowing health service users to increase their autonomy and satisfaction, especially regarding the right to a companion.

Thus, nurses are the professional qualified to do the risk classification. "Humanized care" reflects the concept of quality, and the caregiver is perceived as dynamic, capable of receiving, reflecting, recognizing and performing care with competence and sensitivity.⁽²⁶⁾

CONCLUSION

In this study, it was possible to identify that women recognize and value the work of the nurses working in the Safe Transport module of the Cegonha Carioca Program. Home care begins with giving value. The nurse values the demand and emphasizes the singularity of the woman, beginning at that moment the construction of the user-professional bond, which generates positive feelings and satisfaction in the women.

It was verified a direct relationship in the home with the women, as a fundamental part to establish the bond with the professional nurse, generating feelings of security, protection and tranquility, propitiating a positive outcome to experience this moment.

Thus, the Cegonha Carioca Program is in line with the political and philosophical foundations of the Unified Health System (SUS), especially regarding universality, completeness and equity, since humanized care is directed to all women in the pregnancy and puerperal period. In addition, and considering that care begins in primary care from the discovery of gestation, this finding favors prenatal care, meaning the beginning of the patient's attachment to the Cegonha Carioca Program, which will later have access to safe transportation, and especially the referral to the reference maternity to give birth.

The reception is highlighted in the testimonies of pregnant women in the home care service performed by nurses of the safe transport

of the Cegonha Carioca Program, the fact that it carried out in an effective way, which clearly obtained the satisfaction of the users of the service. Thus, the reception is seen as responsible for the alliance of the health professional with the pregnant woman, which favors an integral care on the part of the nurse, and participatory on the part of the pregnant woman.

Regarding the nurses of the safe transportation, it was perceived that these professionals have the necessary conditions to classify and systematize their assistance, thus enabling a quality care and positive outcome for the pregnant woman and her baby. Therefore, it is imperative that the nursing professionals get close to the clinical practice, valuing the reception and the bond with the user of the service, producing resolute care.

It is necessary that further studies be conducted on the issue, with emphasis on women's satisfaction, enabling the creation of subsidies to improve nurses' actions, making them more effective for the safety of the birth process throughout the Brazilian territory.

There is a need to evaluate the transportation module, especially in the municipalities that are aligned with the Cegonha Network, so that it can be an ongoing process for the women's safety, promoting research on the effectiveness of said module and the managers and professionals involved.

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