



Prenatal care in times of COVID-19 pandemic: an experience report

Atenção ao pré-natal em tempos de pandemia da COVID-19: um relato de experiência

Atención al prenatal en tiempo de COVID-19: un relato de experiencia

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ABSTRACT

Objective: To report the experience with prenatal care delivered in a Family Health Center (Unidade de Saúde da Família – USF) in a municipality in the south of Bahia in times of COVID-19 pandemic. **Data synthesis:** This is an experience report study that took place in a USF located in a municipality in southern Bahia between April and July 2020. With the pandemic, the center's demand changed and the service flow underwent reorganization. Pregnant women began to be welcomed by CHWs, there were several actions taken by the residents, the routine of consultations was changed, the presence of the companion had to be limited, there was provision of oral health education and education on the care of the newborn's mother. **Conclusion:** Prenatal care has undergone important changes and the residents' work with the center's team has enabled greater interprofessional action in addition to being fundamental for the comprehensive care of pregnant women.

Descriptors: Prenatal care; SARS-CoV-2 infections; Family Health Strategy; Health promotion.

RESUMO

Objetivo: Relatar a experiência com a atenção ao pré-natal realizada em uma Unidade de Saúde da Família (USF) de um município no Sul da Bahia em tempos da pandemia da COVID-19. **Síntese dos dados:** Trata-se de um estudo do tipo relato de experiência que ocorreu em uma USF localizada em um município no Sul da Bahia, entre os meses de abril a julho de 2020. Com a pandemia, a demanda da unidade se modificou e o fluxo de atendimento passou por reorganização. As gestantes passaram a ser acolhidas pelos ACS, houve várias ações dos residentes, alterou-se a rotina das consultas, a presença do acompanhante precisou ser limitada, bem como se desenvolveram ações de educação em saúde bucal e para o cuidado da mãe do recém-nascido. **Conclusão:** A atenção ao pré-natal sofreu modificações importantes e a atuação dos residentes junto à equipe da unidade possibilitou maior atuação interprofissional, além de ser fundamental para o cuidado integral às grávidas.

Descritores: Cuidado pré-natal; Infecções por SARS-CoV-2; Estratégia Saúde da Família; Promoção da saúde.

RESUMEN

Objetivo: Relatar la experiencia con la atención al prenatal realizada en una Unidad Básica de Salud de la Familia (USF) de un municipio en el Sur de Bahia en pandemia de COVID-19. **Síntesis de los datos:** Se trata de un estudio de tipo relato de experiencia que ocurrió en una USF ubicada en un municipio en el Sur de Bahia, entre los meses de abril a junio de 2020. Con la pandemia, la demanda de la unidad cambió y el flujo de atendimento pasó por reorganización. Las gestantes pasaron a ser acogidas por los ACS, los residentes realizaron muchas acciones, la rutina de las consultas fue alterada, la presencia del acompañante necesitó ser limitada, y también se desarrollaron acciones de educación en salud bucal y para el cuidado de la madre del recién nacido. **Conclusión:** La atención al prenatal sufrió cambios importantes y la actuación de los residentes junto al equipo de la unidad permitió mayor actuación interprofesional, además de ser fundamental para el cuidado integral para las embarazadas.

Descriptor: Atención prenatal; Infección por el SARS-CoV-2; Estrategia de medicina de familia; Promoción de la salud.



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INTRODUCTION

Prenatal care is characterized by the embracement and monitoring of pregnant women that is aimed at maternal and fetal well-being. It includes actions for disease prevention, health promotion, diagnosis and treatment of problems and injuries that lead to unfavorable gestational outcomes and postpartum conditions⁽¹⁾. Thus, prenatal care delivered in a quality and timely manner contributes to the reduction of maternal and perinatal mortality rates⁽²⁾.

Maternal mortality is the woman's death during pregnancy or up to 42 days postpartum caused by factors directly or indirectly related to pregnancy⁽³⁾. The reduction of maternal mortality was set as a goal of United Nations' Sustainable Development Goals in 2015, with less than 70 maternal deaths per 100,000 live births expected by 2030 and with Primary Care as the main means of guaranteeing a healthy pregnancy for women and achieving the proposed objective⁽⁴⁾.

Thus, the Family Health Strategy (*Estratégia de Saúde da Família – ESF*), a component of Primary Health Care (PHC) and the gateway to the Unified Health System (*Sistema Único de Saúde – SUS*), is an important strategy for enhancing prenatal care⁽⁵⁾. Early embracement of pregnant women and their families, linkage to the health team in the territory, multidisciplinary follow-up, frequent risk assessment during pregnancy and access to the reference center when necessary can make prenatal care safer and more effective in primary care settings^(1,2).

In ESF, prenatal consultations must be carried out by a nurse and a doctor, with interspersed, monthly, fortnightly, and weekly visits being held according to gestational age. It is also necessary to provide multidisciplinary care, which, through comprehensive care, enhances health care and favors intersectoral articulation. In addition, ESF must ensure access to SUS specialized reference centers so that the demands and singularities of pregnant women are met⁽⁶⁾.

However, due to the pandemic caused by the new coronavirus, care for pregnant women needed some adaptations to preserve the health of this population group and the health professionals involved. Due to physiological alterations in the immune, cardiorespiratory and coagulation systems, pregnant women at any gestational age, postpartum women up to two weeks after childbirth, including those who had miscarriages or feta death, are now considered as part of the COVID-19 risk group, which features a greater probability of aggravation of the infectious condition and therefore require extra care⁽⁷⁾. A 2020 international study showed a higher risk of hospitalization, admission to an intensive care unit (ICU) and need for mechanical ventilation during the pregnancy-postpartum cycle⁽⁸⁾.

Such data are corroborated by The American College of Obstetricians and Gynecologists' (ACOG) publication issued on August 5, 2022, which shows an increased risk of ICU admission, need for mechanical ventilation and ventilatory support (ECMO), and death in pregnant women with COVID-19 compared to those not infected with the virus⁽⁹⁾.

However, an international study has shown that with the initiation of vaccination against COVID-19, fully vaccinated people are less likely to have infection or transmit SARS-CoV-2 to others. And while individuals can still become infected with COVID-19, those who are on up-to-date vaccines, including boosters, may be less likely to experience serious illness and adverse outcomes⁽¹⁰⁾.

The new coronavirus, called SARS-CoV2, responsible for causing the disease that was named COVID-19, caused a pandemic with significant impact on the economy, health systems and society⁽⁶⁾. Its transmission occurs through contaminated secretions, such as droplets of saliva, sneezing, coughing and phlegm in direct contact between people or through contaminated surfaces. It causes mild symptoms – such as dry cough, fever, headache, tiredness, anosmia and ageusia – to more severe symptoms – such as dyspnea, tachycardia, tachypnea, cyanosis, reduced oxygen saturation, respiratory failure and septic shock⁽¹¹⁾.

According to the World Health Organization (WHO) health emergency panel, as of August 26, 2022, there were 601,189,435 confirmed cases of COVID-19 worldwide, including 6,475,346 deaths⁽¹²⁾. In Brazil, according to the 2019 coronavirus disease cases panel of the Health Surveillance Secretariat of the Ministry of Health (MoH), until August 31, 2022, a total of 34,429,853 cases of COVID-19 had been registered, with an incidence of 16,383.7 cases/100,000 inhabitants. Of this total, 683,965 deaths were recorded, with a mortality rate of 325.5 deaths/100,000 inhabitants. However, based on the absolute number of confirmed cases in Brazil, the panel shows that 33,480,980 people have, fortunately, recovered from the infection⁽¹³⁾.

The most recent data from the Brazilian COVID-19 Obstetric Observatory show that 1,966 pregnant and postpartum women have died from COVID-19, with 1,506 maternal deaths in 2021 (227% higher than the 2020 figures)⁽¹⁴⁾. Comorbidities such as diabetes, cardiovascular diseases and obesity were associated with significant mortality conditions in this obstetric population group⁽⁷⁾.

However, a study demonstrates that vaccinated pregnant and postpartum women have high antibody titers that can be found in umbilical cord blood and breast milk and that vaccination is effective in preventing hospitalization

and death⁽¹⁵⁾. With regard to obstetric vaccination data, until August 24, 2022, the Brazilian COVID-19 Obstetric Observatory had registered 932,804 pregnant and postpartum women with a 2nd dose or single dose of the vaccine against COVID-19⁽¹⁶⁾.

COVID-19 infection in pregnant women is also related to unfavorable outcomes for the fetus, such as risk of prematurity, fetal growth restriction, fetal distress, miscarriage and premature rupture of membranes⁽⁷⁾. Considering the complications that the coronavirus infection can bring to the mother-child binomial, it is important to emphasize that prenatal care, through embracement and humanized care, health education, monitoring of heart and fetal heart rate (FHR), testing, assessing and classifying gestational risk, and referral, when necessary, to high-risk prenatal care or obstetric urgency/emergency, is an important factor for the prevention of these outcomes and the maintenance of the health of the pregnant woman and the fetus⁽¹⁶⁾.

Considering the relevance of the theme for Primary Health Care professionals who work directly in the care of pregnant women, the aim of this study was to report the experience with prenatal care delivered in a Family Health Center (*Unidade de Saúde da Família – USF*) of a municipality in the south of Bahia during the COVID-19 pandemic.

DATA SYNTHESIS

This is an experience report study⁽¹⁷⁾ conducted in a USF located in a municipality in the south of Bahia, 436.5 km from the capital Salvador, from April to July 2020. The USF where the study took place has around 7,300 registered users and is served by two Family Health Teams.

Each team has a doctor, a nurse, a nursing technician and seven Community Health Workers (CHWs). The USF has an oral health team composed of a dental surgeon and an oral health assistant. They also count on four endemic disease control agents, a receptionist, a pharmacy assistant, a manager, and a general services assistant. Additionally, through the Multiprofessional Family Health Residency Program, they also have two nurses, a psychologist, a social worker, a physiotherapist and a dentist.

The interest in the subject was due to the work of residents – the study authors – in the Multiprofessional Residency Family Health Program (*Programa de Residência Multiprofissional em Saúde da Família – PRMSF*), established through the partnership between the State Health Secretariat (*Secretaria Estadual de Saúde – SESAB*) and the State University of Santa Cruz (*Universidade Estadual de Santa Cruz – UESC*). As ESF residents and workers, there was a need to discuss care for pregnant women in the context of the COVID-19 pandemic and actions to promote the health of this population group.

There was no need to submit this study to the Research Ethics Committee (REC) due to the methodology used. However, the work respected the essential bioethical principles in research, such as confidentiality of the subjects and institutions involved.

Service reorganization in the context of COVID-19

When the pandemic started and the municipality confirmed the first case of the disease on March 19, 2020, health services needed to adapt to provide care without posing risks to the health of users⁽¹⁸⁾. For this, USF professionals and residents – the authors of this study – were guided by the protocols and technical notes of the Ministry of Health, which released information and guidance on COVID-19 and strategies for coping with the pandemic⁽¹¹⁾.

Thus, to reduce the transmission of the disease, the World Health Organization (WHO) recommended hygiene measures, social distancing, wearing face masks, and the use of personal protective equipment (PPE) by health professionals⁽¹²⁾. In the USF where the study took place, measures were taken to avoid contamination of professionals and users.

The center's demand has changed due to the suspension of services, such as Growth and Development Monitoring (GDM) consultations, consultations for hypertensive and diabetic users, cytopathology of the uterine cervix and postpartum visits, as well as home visits carried out by the Community Health Workers (CHWs) and basic dental care due to the production of aerosols generated by the devices used in procedures⁽¹⁹⁾. Urgent and emergency care, vaccination, reproductive planning, dressings, drug administration and prenatal care remained being provided.

Moreover, the center began to care for users with respiratory symptoms, which led to the need for residents and staff to reorganize the flow of care to reduce the risk of contamination in the environment, as observed in other health centers in Brazil⁽²⁰⁾. The center was divided into two areas: one for assisting people with respiratory symptoms who entered the facility through a door, and another area for asymptomatic users who should enter the facility through the opposite side. A maximum of five users were allowed to enter the center at a time. In addition, a form was prepared

to assist symptomatic users based on the MoH protocol for the clinical management of the coronavirus in PHC⁽¹¹⁾.

Each area had a CHW in the reception who was responsible for welcoming and directing the user to the service they were looking for. Residents held training for all workers about the new service flow and about hygiene measures and the correct use of PPE. At that moment, CHWs participated in hand washing training activities learning how to put on and take off PPE and clarifying doubts.

Prenatal care and health promotion

In this pandemic scenario, care for pregnant women was maintained, but it underwent important adjustments. Upon arriving at the health center, pregnant women began to be welcomed by the CHWs who were working in the USF (due to their temporary removal from the field). This welcoming allowed for a greater bonding with the team, since these actors are part of the community and maintain a relationship of trust with the population⁽²¹⁾.

In order to minimize the risk of contamination, both for the pregnant woman and professionals, the nursing and medical consultations began to be scheduled at longer intervals, with one pregnant woman being seen every hour, thus reducing the number of pregnant women seen and increasing the number during the week, with care being provided on three alternate days according to the professionals' schedule. In addition, residents prepared and printed request forms with all the important prenatal exams and forms for prescription of folic acid and ferrous sulfate, leaving them available in the office to speed up the consultations.

All pregnant women underwent assessment throughout the consultations regarding the signs and symptoms of respiratory infections and received guidance on frequent hygiene measures, social distancing, use of masks and the importance of looking for the center if they had any flu-like symptoms. In that context, the presence of a companion during prenatal care, considered important for strengthening the family bond and generating security for the pregnant woman⁽²²⁾, was not advised; however, the pregnant woman was encouraged to share with her partner the information and guidance received in the USF.

During the pandemic, the partner's prenatal care was weakened despite being deemed important in the process of shared responsibility for pregnancy and opportune for carrying out educational activities as not all partners had been provided with laboratory tests requests, dental consultations, vaccination card checks, nor could they have their doubts clarified at the time of the consultation⁽²³⁾.

Thinking about strategies to guide pregnant women about important aspects of the pregnancy-postpartum period and to promote maternal and newborn (NB) health, the residents prepared a kit for the mother and the NB containing 01 bottle with 70% alcohol, cotton and a leaflet with information on cleaning the umbilical stump, baby's oral hygiene, stages of child growth and development, care for mental and emotional well-being postpartum and the social and health rights of the mother-child binomial. In prenatal care, these educational actions provide pregnant women with knowledge, empowerment and greater confidence in the process of giving birth⁽²⁴⁾.

Furthermore, pregnant women with greater socioeconomic vulnerability were given a kit with a fabric mask and a pamphlet with information on hygiene and conservation. Facial masks for non-professional use act as physical barriers, contributing to the reduction of exposure of people to the risk of contamination and being an important additional public health measure⁽²⁰⁾.

During the pandemic, with the presence of the team of residents, the multidisciplinary care provided by them enabled greater interaction between them and the other professionals of the center where the study took place. The multidisciplinary aspect adds greater value to primary care activities as it encourages teamwork and expands the work object beyond the clinical and individual field⁽⁶⁾.

The resident dentist provided guidance on the oral health of pregnant women, expanding their range of activities and the provision of dental care in prenatal care since before the pandemic, consultations focused on dental procedures. By using a dental manikin, the resident provided guidance on the prevention of dental caries through oral hygiene and diet control and on the prevention of other relevant oral problems during pregnancy. It is known that health education in dental care leads to the acquisition and maintenance of positive oral health habits⁽²⁴⁾.

The Ministry of Health suggests that pregnant women have at least one dental appointment in each trimester of pregnancy⁽²⁵⁾. Thus, all pregnant women, when going through a medical and nursing consultation, received guidance on the importance of dental assessment and appointment scheduling. When necessary, a dentist and a nurse or doctor provided shared care. Thus, there was a discussion about the health status of the users, thereby promoting comprehensive care⁽²⁴⁾.

The resident physiotherapist guided the women regarding exercises for breathing and strengthening the pelvic floor, activities of daily living, correct posture and relief of low back pain developed during pregnancy. Medical professionals

and nurses listened to users' complaints during routine consultations and identified the need for physiotherapy care and referred the pregnant women or requested a shared consultation with the resident physiotherapist.

Before the pandemic, those women who needed a physiotherapy appointment were placed in a queue to wait for an appointment as the service was not available in the USF where the study took place. Thus, the work of the resident physiotherapist proved to be relevant as it facilitated access to physiotherapy care during prenatal care. Moreover, the physiotherapist is a professional with knowledge of musculoskeletal physiology and resources that generate well-being during pregnancy and that will help women prepare for labor in addition to identifying situations that might require referral to specialized care⁽²⁶⁾.

The resident psychologist carried out consultations with the pregnant women in order to inform them about the emotional changes that occur during the pregnancy-postpartum period with the aim of providing a suitable environment for a positive experience in addition to clinical care. Such consultations occurred during the pandemic according to the identification of users through nursing, medical or dental consultations.

The psychologist accompanied the users in the center weekly, biweekly or monthly, taking into account the severity of the case and, when necessary, referring them to a Psychosocial Care Center (*Centro de Atendimento Psicossocial – CAPS*) or an outpatient psychosocial clinic. Considering that pregnancy brings social, family, marital, professional and personal changes for the pregnant woman, the psychologist has important tools to help her in this process⁽²⁷⁾. Different from the pandemic context, when collective activities were part of the psychologist's field of action in primary care, there was no possibility of carrying out group activities, with consultations being restricted to the offices, which allowed the resident to reflect on their practices.

The resident social worker guided the pregnant women regarding social benefits and programs, social, labor and health rights, as well as the rights of the baby at birth. They also carried out intersectoral referrals and provided remote assistance via WhatsApp for demands that required follow-up and were limited at that time. Compared to the non-pandemic period, there was an increase in demand for guidance regarding income transfer programs such as *Auxílio Brasil* and application for other social programs of the Federal Government, such as *Cadastro Único (CadÚnico)*.

With this experience, the social worker was able to recognize the importance of interprofessional and intersectoral work, since there was articulation between the SUS and the Unified Social Care System (*Sistema Único de Assistência Social – SUAS*)⁽²⁸⁾. The resident's role also allowed women to gain more knowledge about the role of the social worker in primary care, which was previously little known by the users⁽²⁹⁾.

With regard to the assessment and classification of gestational risk advocated by the Stork Network (*Rede Cegonha*) through Ordinance No. 1,459, of June 24, 2011, pregnant women were evaluated at each consultation and, if necessary, the doctor or nurses referred the user to high-risk prenatal care⁽³⁰⁾. Despite being referred to the specialized service, the pregnant women continued to be monitored in the USF, thus guaranteeing comprehensive care, which is a doctrinal principle of SUS⁽²⁵⁾.

The linkage of pregnant women to maternity hospitals, which is also advocated by the Stork Network, occurred in the last trimester of pregnancy. The nurses completed the linking worksheet according to the gestational risk classification and the users considered to be at high risk were linked to a maternity hospital different from those for women with usual risk. Visits to maternity wards, however, did not happen even before the pandemic, thus highlighting a weakness in prenatal care⁽³⁰⁾.

The work of the residents, authors of the study, and the health team in prenatal care in the context of COVID-19 was an excellent opportunity for learning, contact and exchange of knowledge and experiences among professionals, thus enabling comprehensive care for pregnant women despite the limitations imposed by the pandemic and strengthening primary health care.

CONCLUSION

The pandemic has generated changes in the way Primary Health Care demands are met, with the suspension of activities and the reorganization of others in order to guarantee the safety of professionals and service users.

Within this context, pregnant women continued to be welcomed and followed up in prenatal consultations through precautionary and safety measures. The performance of the multidisciplinary family health residency was fundamental for prenatal care, as, together with the researched USF team, it reorganized the center's service flow and created strategies to support and enhance the care provided to pregnant women in the context of the pandemic and ensure comprehensive care was delivered to this population group.

CONFLICTS OF INTEREST

The authors declare there were no conflicts of interest during the study.

CONTRIBUTIONS

Cassandra Santos da Cunha and **Michelle Araújo Moreira** contributed to the study conception and design; the acquisition, analysis and interpretation of data; and the writing and/or revision of the manuscript. **Carolina Marinho Souza Jovita** and **Dandara Silva Oliveira** contributed to the writing and/or revision of the manuscript. All the authors approved the final version of the manuscript to be published and are responsible for its content and integrity.

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