

IMPLEMENTATION OF A TECHNOLOGICAL TOOL FOR SURVEILLANCE OF HOSPITAL DISCHARGES OF PUERPERAL WOMEN AND NEWBORN BY A BASIC HEALTH UNIT DURING THE COVID-19 PANDEMIC

Pâmela Jesus dos Santos

<https://orcid.org/0000-0003-3992-2865>

Thaís Barbosa de Oliveira

<https://orcid.org/0000-0002-8461-4186>

Thais Fonseca Lima

<https://orcid.org/0000-0001-7179-4862>

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Abstract: This study aimed to report the experience of implementing a technological surveillance tool to monitor hospital discharges of postpartum women and newborns by a Basic Health Unit (UBS) in the Federal District (DF), Brazil, in 2020. a descriptive study, of the experience report type, carried out from June to December 2020. The implementation of the technological tool took place through the following steps: creation of a Google Spreadsheet to insert names, telephones and place of residence of newborns and puerperal women provided by hospital epidemiological surveillance centers; meeting with the Family Health teams (eSF) of the UBS with guidelines for the contact and surveillance of users; control point with the eSF to resolve doubts; spreadsheet feed monitoring; return of the cases followed up with details of appointments at the UBS to the hospital epidemiological surveillance centers. It was observed that this systematization facilitated communication between the ESF and the UBS management, as well as between the UBS and the hospital centers, promoting a joint and effective partnership for the surveillance of the target audience.

Keywords: Health surveillance, Maternal and Child Health, Primary health care.

INTRODUCTION

The first cases of COVID-19, a disease transmitted by the new coronavirus (SARS-CoV-2), first occurred in China in December 2019 and spread around the world until reaching Brazil in March 2020, at the same time as the disease was classified as “pandemic” by the World Health Organization (WHO) (CIOTTI et al., 2020). It is an infectious disease that, from person to person, can be transmitted through droplets and/or aerosols from speech, coughing, breathing or sneezing (SILVA et al., 2022). The symptomatology of the disease is variable, as it presents mild and

asymptomatic cases to moderate or severe cases. The most common symptoms are cough, shortness of breath and fever, and vomiting, diarrhea and abdominal pain are also present; the most serious symptoms involve dyspnea, respiratory decompensation, pneumonia and, mainly, low blood oxygen saturation (SOUZA et al., 2021).

With the advancement of cases of people contaminated by SARS-CoV-2, Brazil established changes in the organization of the work process of Primary Health Care (PHC), considered the gateway to the Unified Health System (SUS), since flows were needed for the care of cases of flu-like illness and severe acute respiratory syndromes in Basic Health Units (UBS), with separate care spaces for patients with respiratory symptoms and the relocation of professionals to these spaces (PEREIRA et al., 2021). This influenced the way PHC directs and receives patients from other levels of care, such as outpatient and hospital, for example.

Postpartum women and newborns, as soon as they are discharged from the hospital, are referred to the UBS of the place where they live for continuity of services, in order to reduce maternal and child mortality rates, promote health maintenance and longitudinal monitoring of users and their families (BOUSQUAT et al., 2017). One of the fundamentals of care for this population is the promotion of breastfeeding; healthy complementary and supplementary food; monitoring of binomials (mother and child) in need of active search, home visits, prevention and promotion of women’s health.

According to Robertson et al. (2020), the context of the COVID-19 pandemic runs the risk of reducing maternal and child health care, which may result in an increase in mortality rates due to the interruption of care for this target audience in developing countries, considered to be of low quality. and middle income. In Brazil, despite the

existence of programs and policies aimed at this group, such as the Stork Network and the National Policy for Child Health Care (PNAISC), maternal and child health care may be impacted by the effects of COVID-19 on the SUS, since they involve not only issues of social isolation, but also income, housing, schooling and social vulnerability (PINHEIRO et al., 2022).

One of the ways to prevent these services from being impacted is related to the implementation of new technologies for monitoring this public, so that it integrates all levels of SUS assistance, together with health surveillance actions, especially with regard to the follow-up of postpartum women and newborns within the scope of PHC (MASCARENHAS et al., 2020; OLIVEIRA et al., 2021; MIRANDA; NETO, 2021). Faced with the care challenges established by COVID-19, this study aims to report the experience of implementing a technological surveillance tool for monitoring hospital discharges of puerperal women and newborns by a Basic Health Unit (UBS) in the Federal District (DF), Brazil, in 2020.

METHODOLOGY

This is a descriptive study, of the experience report type, whose information comes from the daily life of professional practice. The study was conducted and prepared by two residents of the Multiprofessional Residency Program in Family and Community Health (PRMSFC) of the Escola Superior de Ciências da Saúde (ESCS), being a speech therapist and a public health specialist, with the support of the management of the UBS where the study took place. the experience.

Residents implemented the tool in the second year of PRMSFC residency, from June to December 2020, in the Federal District. The impressions of the program students were recorded daily during the elaboration

and implementation of the tool, through reports, which included observations such as: activities carried out, evaluation of the tool implementation scenario, reception and adaptation of the UBS health professionals to the technology. Based on this report, the steps that supported the writing of this study were outlined.

As this study only involves the description of steps and establishment of processes, in which the object under analysis is not the human being, but information related to the management of a tool, approval by the Permanent Committee on Ethics in Research with Beings was waived. Humans. However, it is noteworthy that the authors preserved the identity of those involved and institutional data.

The conduction of the elaboration and implementation of the technological surveillance tool for monitoring hospital discharges of puerperal women and neonates, addressed in this article, were organized through five items, presented below.

RESULTS AND DISCUSSION

The implementation of the technological tool for surveillance of hospital discharges of postpartum women and newborns took place through the following steps: (I) creation of a Google Spreadsheet for entering information; (II) meetings with the eSF with guidelines for contact and health surveillance of users; (III) control point with the eSF to resolve doubts; (IV) monitoring of spreadsheet feeding; and (V) return of the cases followed up with details of appointments at the UBS to the hospital epidemiological surveillance centers.

After hospital discharge, the hospital surveillance centers forward the data of puerperal women and newborns to the reference UBS, so that the ESF can monitor these users, with the following information: SUS card number; telephone; whether single

or multiple birth (twins); place of residence; and whether there are morbidities (diabetes, hypertension, among others). The centers established as mandatory the answers of the UBS regarding the receipt of this information, with the date of the first consultation of the binomial by the eSF.

In view of this, the residents created a Google spreadsheet to facilitate communication between the teams and management supervision regarding active search and appointment scheduling, in order to expand the possibility of contacting the binomial. Google's online document editors are referred to as technological tools that assist in the interaction and collective construction of information, which, instead of being passed on by word of mouth, are recorded through the documents (MACHADO et al., 2009). When these tools are used in the health area, they tend to boost communication between units and professionals, as well as between them and the population (CHAVES et al., 2021).

The Google spreadsheet works in a free, interactive, online way, allows multiple accesses and typists, allowing both the eSF and the UBS management to have access. The tool was organized through tabs, each tab being an eSF, to which only the binomial's reference team has access [Step 1]. Here, there is basic information for performing the active search. The information needed to complete the worksheet are: a) first consultation of the newborn (NB) and postpartum woman, b) vaccine, c) if the NB is breastfeeding and/or uses a supplement, d) if he/she presents difficulties in the breastfeeding process, e) how is the mother's general health f) support network (people who help the mother and/or in raising the child). According to Santos et al. (2022), the weaknesses between the health service and the puerperal women involve lack of information, consultations and visits within

the scope of PHC. Thus, the registration and search for these women are essential.

From this, the eSF were able to organize themselves for the active search and filling of information. After this step, a general meeting was held with the eSF to report on the implementation of the worksheet at the UBS and the step-by-step on how to contact users and the proper completion of the worksheet [Step II]. After the general meeting, a control point was established for the eSF to clarify doubts, with meetings on days and times established by the teams themselves, in order to reinforce the instructions regarding the process of active search and longitudinal monitoring of users [Step III]. According to Machado et al. (2021), the reinforcement of guidance regarding actions to increase the access of users, especially those with greater socioeconomic vulnerability, solidify the performance of PHC health professionals. It can be said that, in addition to a means of control, the meetings emphasized priority actions to guarantee maternal and child health.

The monitoring of the spreadsheet feeding was carried out daily in the afternoon, as it was observed the correct filling of data from each eSF, attendances performed and what were the current health and housing conditions of newborns and postpartum women [Step IV].

After monitoring the data and completing the follow-up record of the users, the information was passed on to the hospital epidemiological surveillance centers to aid in the evaluation of the care provided to newborns and postpartum women by the PHC, with the objective of organizing and structuring the epidemiological situation of the hospital. target audience during the covid-19 pandemic [Step V]. According to Oliveira et al. (2021), technological tools have the ability to bring health care networks closer to maternal and child health care.

In accordance with this premise, Fryer et al. (2020), in a study on the impact of the pandemic on the provision of obstetric care, stated that technologies, when proposed for continuous surveillance of mothers and children, become crucial in providing safe and effective care by a health service. Renfrew et al. (2020), when presenting a set of fundamental principles of maternal and child health care before and after the pandemic, highlighted that the responses of health services must be informed, coordinated and collaborative.

These actions can support health planning, through the use of technologies to facilitate responses built collectively between PHC, outpatient clinics and hospitals. Brazil has PHC as the organizer of the network and coordinator of care, so this level of care must take an active stance towards the demands of users and other levels of health care (TOFANI et al., 2021). In view of the above, the actions developed by PHC during the pandemic lack visibility in the country, due to their coordinating nature and the possibility of serving as an example in the execution of user surveillance strategies in the face of COVID-19.

It must also be noted that the elaboration and implementation of the technological tool described in this study promoted a range of knowledge and practices related to strengthening the experience of residents, eSF, UBS management and hospital surveillance nucleus, regarding the adoption of a response active and ethical health care for puerperal women and newborns.

CONCLUSION

It was observed that the systematization and implementation of the tool implementation steps described in this study facilitated communication between health professionals, UBS and the hospital, regarding a joint partnership for the surveillance of

the target audience. Actions such as these, in addition to guaranteeing the continuity of the care service for puerperal women and the integral health of the child in PHC, have the potential to provide support for decision-making at both levels of care, especially in times of pandemics.

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