

IMPACT OF THE SARS-COV PANDEMIC ON THE QUALITY OF PRENATAL CARE IN PRIMARY HEALTH CARE IN THE MUNICIPALITY OF VILA VELHA, ESPÍRITO SANTO

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Abstract: Prenatal care plays a fundamental role in the prevention and early detection of maternal and fetal diseases. With the onset of the COVID-19 pandemic, pregnant women were classified as a risk group, since if contaminated, they have a greater chance of complications. Thus, the present study evaluates the direct impact of the SARS-CoV-2 pandemic on the quality of prenatal care in health units in the municipality of Vila Velha, Espírito Santo. A cross-sectional analytical observational epidemiological investigation was carried out, through the analysis of the medical records of 62 pregnant women, 33 residents in health region 5 and 29 in region 2, in the period from 2020 to 2022. The study revealed that even with an early onset of prenatal care and number of adequate consultations during the COVID-19 pandemic, Prenatal and Birth Humanization Program (PHPN) it is a reality that impairs the quality of prenatal care, requiring better organization of health services.

Keywords: SARS-Cov2; Pregnant; Puerpera; Prenatal Assistance; Primary Health Care.

INTRODUCTION

Performing prenatal care plays a fundamental role in the prevention and/or early detection of both maternal and fetal diseases, allowing a healthy development of the baby and reducing the risks of the pregnant woman. (MINISTRY OF HEALTH, 2016).

From this perspective, the Prenatal and Birth Humanization Program (PHPN) was created and later the Rede Cegonha Program as a primary strategy for reducing morbidity and mortality in women in the pregnancy-puerperal cycle due to preventable causes, which, among other approaches, established the qualification of the expansion and mainly of the quality of prenatal care in Brazil. These public health programs and policies aimed at women's health allowed an expansion of

prenatal care coverage, which today reaches a coverage percentage of more than 90% in all regions of the country, contributing to the reduction of maternal mortality in the last years. (BRAZIL, 2002. BRAZIL, 2011).

The existence of flaws in prenatal care, such as access difficulties, late initiation, inadequate number of consultations and incomplete performance of the recommended minimum procedures, affect its quality and effectiveness, associating these inadequacies in prenatal care with high rates of fetal mortality, neonatal and infant, to the highest rates of prematurity, low birth weight and maternal death (RUSCHI, 2018).

Based on this, the Ministry of Health, through the PHPN, established a minimum package of procedures and tests to be offered to all pregnant women during prenatal care: (a) start of care up to the fourth month of pregnancy (16th week); (b) minimum of six consultations, preferably one in the first trimester of pregnancy, two in the second and three in the third; (c) routine laboratory tests and vaccination, (d) educational activities and (e) puerperal consultation. (MENDES, 2020).

In this sense, prenatal care is an essential factor in the protection and prevention of adverse events on obstetric health, enabling the identification and clinical handling of timely interventions on potential risk factors for complications to the health of mothers and their newborns. born. (SAAVEDRA, 2015).

On January 30, 2020, the World Health Organization (WHO) declared the outbreak of the new coronavirus to constitute a Public Health Emergency of International Concern and then, on March 11, 2020, declared the COVID-19 pandemic., described by the Ministry of Health as an acute respiratory infection caused by the SARS-CoV-2 virus, potentially serious, highly transmissible and globally distributed. Lethality risks vary according to the country, but it is evident in

the elderly, people with chronic comorbidities and pregnant women. (GILBERT, 2021).

In this context, Brazil recorded 135 deaths among 2256 pregnant women who had COVID-19 up to September 2020 and, therefore, the Pan American Health Organization (PAHO) requested the intensification of efforts to guarantee access to prenatal care. Christmas for pregnant women. (GILBERT, 2021).

When infected with the SARS-CoV-2 virus, pregnant women are more likely to have preeclampsia, serious infections, admission to the Intensive Care Unit, maternal mortality, premature birth, higher rate of severe neonatal morbidity and higher rate of severe perinatal morbidity and perinatal mortality. Asymptomatic women are at increased risk of maternal morbidity and pre-eclampsia. (BRAZIL, 2021).

Bearing this in mind, this study aims to evaluate the direct impact of the SARS-CoV-2 pandemic on the quality of prenatal care in health units in the municipality of Vila Velha, Espírito Santo, in addition to providing the municipal health service with the identification of possible losses in the quality of prenatal care inherent to the pandemic, enabling the implementation of measures that reduce the negative impact on the assistance provided to pregnant and postpartum women.

METHODS MATERIAL

The present study consists of a cross-sectional analytical observational epidemiological investigation.

The study population consisted of all pregnant women between 18 and 50 years of age, residing in the municipality of Vila Velha and registered and monitored at the Araçás Family Health Units (Health Region 2) and Ulisses Guimarães (Health Region 5), in the period from March 1, 2020 to January 1, 2022. Pregnant women who started prenatal care in

another Unit, city or state were excluded.

The construction of the database was carried out by typing information from the prenatal clinical record into the Statistical Package for the Social Sciences (SPSS) software, version 20.0 (SPSSInc. Chicago, United States) and Google Forms, in which Information was collected from 33 patients in the neighborhood of Ulisses Guimarães and 29 in the neighborhood of Araçás.

The following data were filled in on the form: patient age, number of prenatal consultations, month of initiation of prenatal care, date of first consultation, gestational age at first consultation, date of subsequent consultations, basic prenatal exams during the three trimesters of pregnancy, vaccination of the pregnant woman, supplementation, educational activities, attendance at the puerperal consultation and whether there was prematurity and mother/child mortality.

Descriptive analysis techniques used to characterize the studied sample were applied to the collected data (frequency tables, graphs and measures).

The research was approved by the Ethics and Research Committee, registered under nº. 4,916,263.

RESULTS

The study included 62 women assisted, from March 1, 2020 to January 1, 2022, in the Prenatal Assistance Program in the municipality of Vila Velha, metropolitan region of Vitória, Espírito Santo, with 33 patients being residents in the coverage area of the Family Health Unit of Ulisses Guimarães (Health Region 5) and 29 of the territory of the Family Health Unit of Araçás (Health Region 2).

When we analyzed the sample of pregnant women treated at the Araçás Unit (Health Region 2), the average age of the participants was 30 years old; Minimum age 22 years and

maximum age 44 years. They performed an average of 6 prenatal consultations, with a minimum of 2 consultations and a maximum of 10 consultations. The first prenatal visit occurred on average at the 13th week of pregnancy, with the earliest prenatal care taking place at 4.6 weeks of pregnancy, and the latest in the 3rd trimester at 38.1 weeks. When we classified according to the PHPN criteria for early start of prenatal care, we observed that 17 pregnant women (58.62%) started prenatal care up to 12.6 weeks and 11 (37.93%) started with 13 or more weeks of gestation.

In Ulisses Guimarães (Health Region 5), the average age of participants was 26.7 years; Minimum age of 20 years and maximum age of 39 years. They performed an average of 6 prenatal consultations, with a minimum of 1 consultation and a maximum of 12 consultations. The first prenatal visit occurred on average at the 16th week of pregnancy, with the earliest prenatal care taking place at 2 weeks of pregnancy, and the latest at the 3rd trimester at 33 weeks. When classifying according to the PHPN criteria for early initiation of prenatal care, it was observed that 10 pregnant women (30.30%) started prenatal care up to 12.6 weeks and 23 (69.69%) started with 13 or more weeks of gestation.

When we analyzed the carrying out of basic complementary exams for prenatal care proposed by the Ministry of Health, we found a high degree of incompleteness in the records of prenatal exams performed, in both health units and in all three trimesters of pregnancy. However, we observed a greater number of exams in the 1st quarter in Araçás, with a slight decrease over the 2nd and 3rd quarters, when compared to Ulisses Guimarães. In Ulisses Guimarães, there is a slight increase in the number of tests carried out during pregnancy (Table 1)

When we consider the vaccination schedule

recommended for pregnant women, we observe a high percentage of misinformation or failure to carry out the recommended vaccines for the gestational period according to the national immunization schedule in both health units. The Araçás unit had greater vaccination coverage than Ulisses Guimarães, in all immunizations (Table 2)

The iron and folic acid supplementation program was complied with in 58.62% and 72.72% of the pregnant women monitored in Araçás and Ulisses Guimarães, respectively. However, folic acid supplementation reached a reduced percentage in both health units (Table 3).

In table 4, we observe that the educational activities and general guidelines provided by the health teams to registered pregnant women reach less than 50% of the studied sample, and the completion of assistance to women in the puerperal pregnancy period is insufficient.

DISCUSSION

The present study identified that the mean gestational age at the first consultation was 13 and 16.5 weeks at the Araçás and Ulisses Guimarães Health Units, respectively, with only 17 (58.62%) of the pregnant women starting prenatal care up to 12.6 weeks in Araçás, and 10 (30.30%) in Ulisses. According to the Ministry of Health's Basic Prenatal Care Notebook, the consultation schedule must be started early, still in the first trimester (MINISTRY OF HEALTH, 2019). Thus, both Units disagree with the recommendations, and, among them, Araçás has the best proportions. Such findings can be better understood from an epidemiological perspective based on the literacy rate of 98.6% in Araçás and 91.3% in Ulisses, emphasizing that health education and knowledge would make a difference in these findings (SEMPLA, 2013).

The average number of consultations

Trimestre	US Araças (n=29)			US Ulisses Guimarães (n=33)			
	1º	Not informed	Performed	Not performed	Not informed	Performed	Not
GS RH	5 (17,24%)	17 (58,62%)	7 (24,13%)	19 (57,57%)	14 (42,42%)	0	
Blood count	5 (17,24%)	17(58,62%)	7(24,13%)	17 (51,51%)	16(48,48%)	0	
GLUCOSE	5 (17,24%)	15 (51,72%)	9(31,03%)	16 (48,48%)	17(51,51%)	0	
EAS/UROC	5 (17,24%)	15(51,72%)	9(31,03%)	17(51,51%)	16(48,48%)	0	
VDRL	5 (17,24%)	17 (58,62%)	7(24,13%)	17(51,51%)	13(39,39%)	3(9,09%)	
HBSAG	5 (17,24%)	17(58,62%)	7(24,13%)	17(51,51%)	14(42,42%)	2 (6,06%)	
HIV	5 (17,24%)	17(58,62%)	7(24,13%)	17(51,51%)	15(45,45%)	1(3,03%)	
TOXO	5 (17,24%)	17(58,62%)	7(24,13%)	17(51,51%)	14(42,42%)	2(6,06%)	
USG	5 (17,24%)	20 (68,96%)	4 (13,79%)	15 (45,45%)	16(48,48%)	2(6,06%)	
2º							
Blood count	6 (20,68%)	11(37,93%)	12(41,37%)	8 (24,24%)	20 (60,60%)	5(15,15%)	
GLUCOSE	6 (20,68%)	9(31,03%)	14(48,27%)	8 (24,24%)	19 (57,57%)	6 (18,18%)	
EAS/UROC	6 (20,68%)	13(44,87%)	10(34,48)	8(24,24%)	19 (57,57%)	6 (18,18%)	
VDRL	6 (20,68%)	10(34,48)	13(44,87%)	8(24,24%)	15(45,45%)	10 (30,30%)	
HBSAG	6 (20,68%)	6(20,68%)	17(58,62%)	8(24,24%)	11(33,33%)	14(42,42%)	
HIV	6 (20,68%)	7(24,13%)	16(55,17%)	8(24,24%)	11(33,33%)	14(42,42%)	
TOXO	6 (20,68%)	8(27,58%)	15(51,72%)	8(24,24%)	13(39,39%)	12 (36,36%)	
USG	6 (20,68%)	13(44,87%)	10(34,48)	8(24,24%)	17(51,51%)	8(24,24%)	
TOTG	6 (20,68%)	12(41,37%)	11 (37,93%)	8(24,24%)	3(9,09%)	22 (66,66%)	
3º							
Blood count	7(24,13%)	11(37,93%)	11(37,93%)	5 (15,15%)	23(69,69%)	5(15,15%)	
GLUCOSE	7(24,13%)	11(37,93%)	11(37,93%)	5(15,15%)	15(45,45%)	13 (39,39%)	
EAS/UROC	7(24,13%)	15(51,72%)	7(24,13%)	5(15,15%)	23 (69,69%)	5(15,15%)	
VDRL	7(24,13%)	13(44,87%)	9 (31,03%)	5(15,15%)	18 (54,54%)	10 (30,30%)	
HBSAG	7(24,13%)	9 (31,03%)	13(44,87%)	5(15,15%)	14 (42,42%)	13 (39,39%)	
HIV	7(24,13%)	10(34,48)	12(41,37%)	5(15,15%)	22 (66,66%)	6 (18,18%)	
TOXO	7(24,13%)	11(37,93%)	11(37,93%)	5(15,15%)	1339,39%	15(45,45%)	
USG	7(24,13%)	19(65,51%)	3(10,34%)	5(15,15%)	25 (75,75%)	3 (9,09%)	

Table 1: List of basic exams in the prenatal routine according to the quarter at the Araças and Ulisses Guimarães Health Units, Vila Velha, Espírito Santo.

Immunization	US Araças (n=29)			US Ulisses Guimarães (n=33)		
	Not informed	Not performed	Not performed	Not informed	Performed	Not performed
Influenza	3(10,34%)	9 (31,03%)	17(58,62%)	9 (27,27%)	5(15,15%)	19 (57,57%)
COVID	3(10,34%)	9 (31,03%)	17(58,62%)	9(27,27%)	4 (12,12%)	20 (60,60%)
DT	3(10,34%)	10(34,48%)	16(55,17%)	9(27,27%)	15(45,45%)	9(27,27%)
DTPA	3(10,34%)	24(82,75%)	2(6,89%)	9(27,27%)	21 (63,63%)	3 (9,09%)
hepatitis B	3(10,34%)	14(48,27%)	12(41,37%)	11(33,33%)	17 (51,51%)	5(15,15%)

Table 2: Immunization of pregnant women in the territories of the Araças and Ulisses Guimarães Units during the period of the Covid-19 pandemic, in the municipality of Vila Velha, Espírito Santo.

Supplementation	US Araças (n=29)			US Ulisses Guimarães (n=33)		
	Not informed	Not performed	Not performed	Not informed	Performed	Not performed
Iron Sulfate	11(37,93%)	17(58,62%)	1(3,44%)	6(18,18%)	24 (72,72%)	3 (9,09%)
Folic acid	11(37,93%)	13(44,87%)	5(17,24%)	6 (18,18%)	13 (39,39%)	14(42,42%)

Table 3: Iron and Folic Acid Supplementation Program in prenatal care at the Araças and Ulisses Guimarães units, in Vila Velha, ES, during the Covid-19 pandemic.

	US Araças (n=29)			US Ulisses Guimarães (n=33)		
	Not informed	Performed	Not performed	not informed	Performed	not performed
Labor and Delivery	5(17,24%)	12(41,37%)	12(41,37%)	12(36,36%)	18 (54,54%)	3 (9,09%)
Maternity	5(17,24%)	6(20,68%)	18(62,06%)	12 (36,36%)	10(30,30%)	11(33,33%)
Feeding	11(37,93%)	12(41,37%)	6(20,68%)	12 (36,36%)	3 (9,09)	18 (54,54%)
Reassurance	11(37,93%)	1(3,44%)	17(58,62%)	12 (36,36%)	6 (18,18%)	15(45,45%)
Consultation	11(37,93%)	9 (31,03%)	9 (31,03%)	0	15(45,45%)	18 (54,54%)
Premature puerperal	14(48,27%)	11(37,93%)	4 (13,79%)	15(45,45%)	0	18(54,54%)
_Mortality	9 (31,03%)	11(37,93%)	9 (31,03%)	17(51,51%)	1 (3,03%)	15(45,45%)

Table 4: Educational activities, guidance for pregnant women and postpartum return at the Araças and Ulisses Guimarães units, Vila Velha, Espírito Santo.

observed in both Family Health Units, that is, six consultations - Araçás with 62% and Ulisses Guimarães 60.7% of pregnant women - follows the recommendation of the Ministry of Health, which recommends carrying out at least six consultations prenatal care (BRAIL, 2012). Regarding this aspect, the study showed good coverage of women who had the recommended number of consultations, even during the pandemic period. However, in a study carried out in Palmas-TO, 73.3% of pregnant women had six consultations or more (SILVA, 2010) and in Santa Catarina, 77.5% (NEUMANN, 2003).

In terms of attendance at the first consultation after childbirth, the results found point to a low rate of adherence - Araçás with 31.03% return and Ulisses Guimarães with 45.45% postpartum women - when compared to other surveys such as the one in the State of Paraná with 51.1% (OLIVEIRA, 2020). Bearing in mind that the neighborhood of Araçás has an average per capita salary of 1,095.30 and Ulisses Guimarães of 367.88, one can justify the low adherence of the municipality in region 2 compared to the municipality in region 5 due to the higher income, that is, puerperal women residing in the municipality with greater purchasing power can opt for follow-up in the private network, as shown by a study carried out in São João da Mata-MG, in which 53.3% of puerperal women opt for the private service (ALVES, 2017)

On the other hand, Ulisses Guimarães also reflects a low adherence to puerperal return. This study did not investigate the causes of this evasion, however, according to the literature, some of the main reasons for the lack of adherence cited would be forgetfulness of the puerperal woman, difficulty with transportation, complications with the newborn (SOUSA, 2019).

Low adherence may reflect the vulnerability

of the mother-baby binomial, since the problems and complications that may arise will require prompt care, contributing to the overload of the health system and greater risks of unfavorable outcomes (SOUSA, 2019). Thus, it is essential that the health system tries to seek ways to encourage the return of pregnant women to routine puerperal consultations, such as scheduling the puerperal consultation on the same day as the heel prick test (PEREIRA, 2014).

In the context of routine exams, recommended in the three trimesters of pregnancy, it is observed that in the neighborhood of Araçás, the most performed exams were ultrasound (68.96%), ultrasound and EAS (44.87%) and ultrasound (65.51%), respectively. This result does not corroborate a study carried out nationally that found more than 90% of coverage in the country when performing ultrasound scans, which was below expectations (NUNES, 2017). On the other hand, the most neglected in this unit were glucose and EAS (31.03%), HbsAg (58.62%) and HbsAg (44.87%), respectively. These results are similar to those found in a survey carried out in the city of Pelotas (RS) whose findings did not exceed 47.47% (QUADROS, 2011).

In the neighborhood of Ulisses Guimarães, the most requested tests were glucose (51.51%), blood count (60.60%) and ultrasound (75.75%), however, coverage is still lower than recommended. In contrast, the least requested were VDRL (9.09%), TOTG (66.66%) and HbsAg (39.39%). When exposing these results, attention is drawn to the great absence of glucose tolerance tests (OGTT), which must be performed between the 24th and 28th week, exceptionally, in order to track Gestational Diabetes Mellitus (BRAZIL, 2019).

As for educational activities, it is clear that at the USF in Araçás, labor (41.37%) and

adequate nutrition (41.37%) were the main guidelines given. In this sense, it is essential that health professionals direct greater attention to counseling, since the values found are below expectations compared to the literature, as in the study carried out in Maranhão, in which 84.2% of pregnant women were instructed about food adequate (LEAL, 2019). During pregnancy, physiological changes can reflect on food choices and generate repercussions on the health of the mother and the baby that is being generated. Therefore, nutritional monitoring is essential in preventing morbidity and mortality in pregnant women, with improved outcomes in maternal and child health and in the postpartum period (GOMES, 2019). Regarding guidance about labor, both Araçás (41.37%) and Ulisses Guimarães (54.54%) stood out as the main advice, with no significant difference between the two, even when compared to the survey conducted in Santa Catarina, in which 64% of pregnant women were guided at some point during prenatal care (MARQUES, 2020).

Regarding vaccination, it is clear that COVID (58.62%) and (60.60%), respectively, in the neighborhoods of Araçás and Ulisses Guimarães, were the most neglected. Experts believe that this low adherence may be due to doubts about the vaccine and the spread of false news (BRAZIL, 2022). Regarding the other vaccines recommended in the National Immunization Program (PNI), DTPA in Araçás with 82.75% and Ulisses Guimarães with 63.63%. In this sense, because Ulisses Guimarães is among the neighborhoods in Vila Velha with the most social and economic vulnerability, the lower vaccination rate can be explained. This data is justified by the Brazilian Society of Pediatrics (SBP), in which there are low rates of adherence to prenatal vaccination, especially among pregnant women with low socioeconomic status, low education, some racial and ethnic groups, and

alternative behaviors (KFOURI, 2020). As a result, greater involvement of the Municipal Secretariat of Vila Velha is required in training professionals and directing materials so that there is a significant increase in this vaccination rate.

With regard to the Iron and Folic Acid Supplementation Program, the analysis carried out in this study showed that there was a higher prescription of iron sulfate in the units of Araçás, 17 (58.62%), and Ulisses, 24 (72.72%)., compared to Folic acid, 13 (44.87% and 39.39% respectively).

The World Health Organization and the Brazilian Ministry of Health recommend universal folic acid supplementation for women of childbearing age who wish to become pregnant and all pregnant women until the end of pregnancy. A study carried out in Rio Grande do Sul on Folic acid supplementation among pregnant women found prevalence of its use of only 54.2%. Furthermore, there was a lower prevalence among mothers of black skin color, those with less education and the poorest, therefore with the greatest potential for complications during pregnancy (LINHARES, 2017). This data agrees with the findings of lower supplementation in Ulisses and the analysis of its epidemiological data, considering that it has a lower literacy rate compared to Araçás, 91.3% and 98.6%, respectively, and likewise lower average salary per capita 367.88 and 1,095.30 in the same order (SANTOS, 2018).

The prevalence of ferrous sulfate supplementation among UBS users in Brazil was 96.5%, according to the National Program for the Improvement of Access and Quality of Primary Care (PMAQ-AB), being more frequent among black women and brown, with lower income and education and residing in municipalities with a lower human development index (HDI) and greater coverage of the Family Health Strategy (ESF)

(LINHARES, 2022). This data is in agreement with the epidemiological data found in the Ulisses units, cited above.

Thus, the collected data agree with the general statistics of the country in terms of higher supplementation of Ferrous Sulfate. In general, it is noted that this study found coverage of folic acid and ferrous sulfate supplementation during pregnancy far from recommended. This fact may imply defects in neural tube closure, anemia among pregnant women and newborns and even mortality (LINHARES, 2017), so that it may also be one of the factors associated with the increase in this rate indicated in the present study. It must be taken into consideration, that this study evaluated the use of supplements at some point during pregnancy.

It was identified that in relation to fetal mortality, in Araçás Unit, 11 (37.95%) fetal deaths were registered, while in Ulisses only 1 (3.03%). When it comes to the variable “mean age” and “maximum age” of pregnancy, the Araçás Unit demonstrates agreement in relation to the highest mortality rate, so that among the N=29, 9 pregnant women were over 35 years old, compared to Ulisses of N=33 the number was only 2 pregnant women, which is supported by the fact that the older the woman, the higher the fetal mortality rate (BARROS, 2019). As for the variables “mean gestational age” and “beginning of prenatal care”, there is disagreement in the sense of having started care consultations earlier, which would indicate a better prognosis for pregnant women in Araçás. When considering the “average of appointments”, both units are within the recommended standard, which disagrees when considering mortality rates, since the higher the frequency, the better the evaluation of perinatal risk and the most common clinical-obstetric complications, such as premature labor, pre-eclampsia and eclampsia, premature rupture of membranes

and fetal death (MS, 2019). As for limitations, for a better analysis of this rate, there is the variable “type of delivery”, which was not covered in this study.

Health information is an important element for evaluating health care, such as access, quality and humanization of services, and for strengthening social control of the Unified Health System (SUS). In this sense, the Electronic Medical Record was adopted in the municipality of Vila Velha as a facilitator of the qualification of care. Based on this, this study observed a high rate of medical records lacking information, and it is known that the lack of standardization and the incompleteness of records in Primary Care medical records demonstrate their weaknesses. In addition, the consultation records reveal access to care, understood as the entry of users into health services and the continuity of care offered (RUSCHI, 2018). With this, the failure to feed data into the system is evident, direct reflections of the work process of both health units, the appropriation and mastery of the instrument by medical professionals and nurses responsible for prenatal care in the municipality. Although this is a sign of quality failure, this study restricted itself to knowing whether the data was recorded, regardless of whether it was well filled out.

CONCLUSIONS

With the objective of analyzing the impact of the Covid-19 pandemic on prenatal care in the municipality of Vila Velha, Espírito Santo, this study observed that there was no impediment to the early initiation of prenatal care in the studied population, nor to the provision of consultations. throughout the gestational period, who followed the PHPN recommendations. However, the quality of care, which is not restricted to the early start and number of consultations carried out, was hampered in his analysis

by the incompleteness of the medical records and/or by the non-performance of recommended complementary tests, as well as immunization, educational activities aimed at pregnant women (individual and collective). This fact may explain the low return on puerperal consultations, without taking into consideration, the impediment to active searches during the covid-19 pandemic.

The study serves as a warning for health

services to organize themselves in order to maintain priority ministerial health programs even in the face of adverse pandemic situations.

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