



www.figo.org

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo



CLINICAL ARTICLE

Postnatal and postabortion care during adolescence in the National Health System in Rio de Janeiro, Brazil

Mariangela N. Blanco^{a,b,c,d,*}, Stella R. Taquette^{b,e}, Denise L.M. Monteiro^{a,f,g}, Fátima R.D. Miranda^{c,f}^a Children's and Women's Health, Fernandes Figueira Institute, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil^b Medical Sciences Graduate Program (PGCM), College of Medical Sciences (FCM), State University of Rio de Janeiro (UERJ), Rio de Janeiro, Brazil^c Perinatal Center, Pedro Ernesto University Hospital (HUPE), State University of Rio de Janeiro (UERJ), Rio de Janeiro, Brazil^d Department of Gynecology and Obstetrics, University of Grande Rio (UNIGRANRIO), Rio de Janeiro, Brazil^e Department of Internal Medicine, College of Medical Sciences (FCM), State University of Rio de Janeiro (UERJ), Rio de Janeiro, Brazil^f Department of Gynecology and Obstetrics, College of Medical Sciences (FCM), State University of Rio de Janeiro (UERJ), Rio de Janeiro, Brazil^g Serra dos Órgãos University Center (UNIFESO), Rio de Janeiro, Brazil

ARTICLE INFO

Article history:

Received 9 September 2013

Received in revised form 15 February 2014

Accepted 8 April 2014

Keywords:

Abortion

Adolescent

Contraception

Postnatal care

ABSTRACT

Objective: To study postnatal and postabortion outpatient care for adolescents in relation to the guidelines of the Brazilian Ministry of Health. **Methods:** The present cross-sectional study was conducted between 2011 and 2012 via interviews with coordinators from 147 of 148 (99.3%) National Health System facilities providing sexual and reproductive healthcare for adolescents in the city of Rio de Janeiro, Brazil. The χ^2 test or Fisher exact test was used to compare ratios, and *t* test to compare means, with a significance level of 5% ($P < 0.05$). **Results:** Postnatal care was provided by 141 (95.9%) facilities; however, only 95 (67.4%) facilities complied with the guidelines of the Ministry of Health by providing two consultations: one in the first week and one between the 30th and 42nd day postpartum. In 32 (22.7%) facilities, a consultation was not scheduled in the first week; and in 25 (17.7%), a consultation between the 30th and 42nd day postpartum was not scheduled. Furthermore, only 11 (7.8%) facilities provided care in the age bracket recommended by WHO and the Brazilian Ministry of Health. **Conclusion:** The provision of puerperal care in the Brazilian National Health System is currently far from the recommendations in government guidelines.

© 2014 Published by Elsevier Ireland Ltd. on behalf of International Federation of Gynecology and Obstetrics.

1. Introduction

Quality prenatal care is a unique opportunity to strengthen the health of the mother–child pair. Moreover, postnatal care and postabortion care constitute important strategies to avoid the recurrence of unintended pregnancy during adolescence. In high-resource countries, it is estimated that 30%–60% of teenage pregnancies end in induced abortion [1].

The Brazilian Ministry of Health recommends a minimum of six prenatal consultations and two puerperal ones. Federal, state, and municipal public networks must ensure that a puerperal consultation is carried out in the first week after birth, and between the 30th and 42nd day postpartum [2].

With the objective of either easing premature entry into the world of motherhood or mitigating the negative effects of spontaneous or induced abortions, postnatal care during adolescence must provide

the following: contraception guidelines; breastfeeding promotion and maintenance; prevention and diagnosis of mammary changes and puerperal infections; guidance on caring for the newborn; promotion of preventive measures, such as vaccination during puerperium; and guidance and follow-up in cases of high-risk pregnancy [3].

International studies corroborate the need to emphasize the importance of postnatal care, highlighting the lack and improper care of assistance during this period of the pregnancy–puerperal cycle [4–7]. For example, a single-center study in Sweden found that only half of puerperal women completed postnatal consultations [4]. Similarly, a study in Bangladesh demonstrated that only one-third of puerperal adolescents received postnatal assistance [5]. Research conducted in Canada showed that lower-income women were more likely to receive inadequate postnatal care [6]. In addition, a transversal study among 15 553 women in 26 Indonesian provinces revealed that a lack of postnatal care was associated with maternal factors such as lack of knowledge regarding gestational complications, low education, low income, and residence distant from postnatal care services [7].

A lack of postpartum or postabortion care leads to negative repercussions for adolescent mothers and their children. The fact that the least economically favored population receives the least postnatal care

* Corresponding author at: Rua Engenheiro Ataulfo Coutinho, n° 80 / 405 bl: 2, Barra da Tijuca, Rio de Janeiro, RJ, CEP: 22793/520, Brazil. Tel.: +55 21 88600334, +55 21 99770730; fax: +55 21 28688451.

E-mail address: mariangelanb@ig.com.br (M.N. Blanco).

[6,7] is likely to establish a vicious cycle because these individuals are most likely to experience recurring unplanned pregnancy and the risks associated with it.

The aim of the present study was to survey postnatal and postabortion outpatient care in adolescence at National Health System (SUS) facilities in the city of Rio de Janeiro, Brazil, in order to identify those facilities that provide postnatal and postabortion care to adolescents in the age bracket recommended by the Ministry of Health (10–19 years) [8] and to determine whether Ministry of Health guidelines are being followed.

2. Materials and methods

The present questionnaire-based cross-sectional study was conducted between January 10, 2011, and January 27, 2012, among coordinators of SUS facilities providing sexual and reproductive health care to the whole population, including adolescents, in the city of Rio de Janeiro, Brazil. The study was approved by the ethics committees of the Municipal Health Department of Rio de Janeiro and the State University of Rio de Janeiro. Informed consent was not needed for the study.

The structured questionnaire was administered to the SUS facility coordinators in a face-to-face interview by 14 selected interviewers who had completed a theoretical and practical training course on “research ethics,” “questionnaire application techniques,” and “adolescent sexual and reproductive health.”

The questionnaire consisted of a set of questions on postnatal and postabortion care for adolescents in the city of Rio de Janeiro. The coordinators of the facilities answered questions on the level of care at healthcare facilities; available postnatal service; medical professionals and/or nurses who perform postnatal consultation; availability of specific postnatal clinics; scheduling of puerperal consultations in the first week postpartum, and between the 30th and 42nd day postpartum; age bracket of the adolescents treated at the facility; use of puerperal care routines and/or protocols; monitoring prenatal and postnatal consultations through the SIS *Pré-natal* Health Information System; verification and application of vaccines in the immunization schedule; and availability of the adolescent’s vaccination booklet. The internal consistency of the questionnaire was evaluated by the Cronbach α coefficient, which was 0.692.

After the interviews, the completed questionnaires were first reviewed by the research coordinator to check that all fields had been completed properly and then sent for data entry and posterior analysis. Any questionnaire deemed inadequate for entry was returned to the interviewer for modification.

The data were stored in a database built by Epi Info (Center for Disease Control and Prevention, Atlanta, GA, USA). Statistical analysis of variables was carried out via χ^2 test or Fisher exact test to compare ratios and the *t* test for means. The level of significance was set at 5% ($P < 0.05$).

3. Results

Among 229 SUS healthcare facilities located in the city of Rio de Janeiro during the study period, 148 (64.6%) provided sexual and reproductive healthcare on an outpatient basis to the whole population including adolescents. Of these facilities, 147 (99.3%) were visited and included in the survey. One facility did not agree to participate in the research and was therefore excluded.

The 147 facilities were under municipal management; 90.5% (133/147) provided primary care, and the rest provided secondary and/or tertiary care. Puerperal care was reported in 95.9% (141/147) of facilities, but only 11.3% (16/141) had a specific postnatal clinic (Table 1).

Primary care facilities reported significantly higher rates of postnatal care ($P = 0.006$) as compared with secondary and/or tertiary care facilities (Table 2). In terms of the location of care provision, among the 125 (88.7%) health units that did not have a specific postnatal clinic, 84.0%

Table 1
Operating characteristics of healthcare facilities in the city of Rio de Janeiro, Brazil.

Characteristic	No. of facilities assessed	No. (%) of facilities with characteristic
Primary care level	147	133 (90.5)
Use adolescent’s booklet	147	131 (89.1)
Puerperal care	147	141 (95.9)
Specific puerperal care consultation room	141	16 (11.3)
Puerperal care protocol	141	38 (27.0)
SIS <i>Pré-natal</i> monitoring	141	112 (78.8)
Scheduling in first week postpartum	141	109 (77.3)
Scheduling between 30th and 42nd day postpartum	141	116 (82.3)
Verification of vaccines	141	138 (98.0)
Administration of vaccines	141	125 (89.0)

(105/125) provided postnatal consultation and/or gynecology in prenatal clinics with gynecologists, general practitioners, and nurses, the rest 16.0% (20/125) provided consultation in general practice consultation rooms with general practitioners or nurses.

With respect to the professionals that provided care for puerperal adolescents among the 141 health facilities providing postnatal care, the consultation was performed exclusively by gynecologist–obstetricians in 24 facilities (17.0%); by nurses only in 17 facilities (12.1%); and by various professionals such as doctors, nurses, and nursing technicians in 100 facilities (70.9%). Of note, in only one facility was the consultation conducted by a nursing technician. In this last group of 100 healthcare facilities, 47.0% (66/141) did not have an obstetrician or gynecologist. In those facilities where postnatal care was not performed by doctors, contraceptive guidance was not given, and only 23.0% (27/117) made referrals for medical consultation for such purposes. In 10.3% (12/117) of the facilities, referrals were not made for any reason, whereas 66.7% (78/117) of facilities made referrals for various reasons except contraception. Condoms, oral and injectable contraceptives, and intrauterine devices were available in the health facilities.

In relation to the adolescent’s vaccination booklet—a source of useful information and location of records on development and immunization—89.1% (131/147) of healthcare facilities stated that they used it. During postnatal consultation—an opportune time to check and apply vaccines—a review of the immunization schedule took place in 98.0% (138/141) of facilities; in addition, in 89.0% (125/141) of the facilities, the necessary vaccines were given (Table 1).

Only 27.0% (38/141) of healthcare facilities reported having a routine or protocol when caring for puerperal women so that postnatal treatment is systematized. For the purposes of monitoring prenatal and puerperal care, the Ministry of Health recommends that healthcare facilities register these consultations via the SIS *Pré-natal* system. In 78.8% (112/141) of facilities, these records were being entered in SIS *Pré-natal* (Table 1).

With respect to the scheduling of the postnatal consultations recommended by the Ministry of Health [2], the consultation in the first week after delivery was not scheduled in 32 (22.7%) facilities, and the consultation between the 30th and 42nd day postpartum was not scheduled in 25 (17.7%) facilities. Overall, 7.8% (11/141) of facilities did not schedule

Table 2
Distribution of postnatal care according to the care level of the facility in the city of Rio de Janeiro, Brazil.

Postnatal care	No. of facilities		
	Care level 1	Care level 2 and/or 3	Total
Yes	130 ^a	11	141
No	3	3	6
Total	133	14	147

^a $P = 0.006$.

Download English Version:

<https://daneshyari.com/en/article/6187646>

Download Persian Version:

<https://daneshyari.com/article/6187646>

[Daneshyari.com](https://daneshyari.com)