

Experience report

Maternal and Infant Death Combat Group at the São Paulo State Health Department: A strategy from the State Committee for Maternal, Infant, and Fetal Death Surveillance

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ABSTRACT

The Maternal and Infant Death Combat Group at the São Paulo State Health Department, as a strategy from the Committee for Maternal, Infant, and Fetal Death Surveillance, acts on the expansion and qualification of available healthcare services and provides health care during the gravidic, puerperal, and neonatal cycles. Addressing the matter of maternal, infant and fetal death is a matter within the scope of the São Paulo State Health Department, involving different actors in order to carry out the state policies in effect. The aim of this experience report is to introduce the Technical Note about the guidelines for assembling obstetric emergency boxes in institutions caring for pregnant and postpartum women (hospitals and maternity hospitals) in the state of São Paulo.

RESUMO

O Grupo de Enfrentamento à Morte Materna Infantil da Secretaria de Estado da Saúde de São Paulo, enquanto estratégia do O Comitê Estadual de Vigilância à Morte Materna, Infantil e Fetal, atua na ampliação e qualificação dos serviços ofertados e a produção do cuidado no âmbito do Ciclo gravídico, puerperal e neonatal. Está no escopo da Secretaria da Saúde do estado de São Paulo atuar na problemática da morte materna, infantil e fetal, que envolve diferentes atores que visam garantir que as políticas estaduais vigentes. O objetivo deste relato de experiência é apresentar a Nota Técnica que trata das Orientações para montagem das caixas de emergências obstétricas, nas instituições com atendimento a mulheres gestantes e puérperas (hospitais e maternidades), no âmbito do estado de São Paulo.

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Maternal mortality is still a prominent issue on the São Paulo State Health Department agenda. Actions are directed towards the development and implementation of policies and programs aiming maternal health, and the reduction of death or “near miss” events.

The São Paulo State Maternal and Infant Death Combat Group has been directing its efforts towards the reduction of maternal mortality, which is still a necessity. The high numbers in the maternal mortality ratio still cause concern and show there are many issues linked to the healthcare services network for women in the gravidic-puerperal cycle.

Direct obstetric causes are still prominent, amongst which are hypertensive syndromes, sepsis, and hemorrhagic diseases, worsening the mortality ratio index in the state.

In order to monitor the direct obstetric causes, the Combat Group arranges and strengthens technical meetings leading to the integration of the assistance network; aiming qualified prenatal care and hospital care during childbirth and in emergency situations, with subsequent return to primary care and integration in prevention and health promotion.

We may say maternal death transcends the specific issues of the gravidic-puerperal cycle, exposing the inequalities in the access and structure of the healthcare network, and depicting the dramatic scenario of women’s living conditions and their support network.

All measures, once articulated and integrated, and involving all levels of the service and care-providing system, can contribute to the qualification of health assistance. Therefore, the Combat Group has put a high-level team together in order to produce a guiding document to support both managers and health workers providing opportune-time care to pregnant and postpartum women; and to create impact upon maternal death reduction: the Technical Note about the guidelines for assembling emergency boxes in institutions caring for pregnant and postpartum women (hospitals and maternity hospitals) in the state of São Paulo.

Professors Fabiano Elisei Serra, Elaine Christine Dantas Moises, and Ricardo Cavalli, were responsible for its first version, with support from the Ribeirão Preto Women’s Reference Center (MATER), and revision and approval from the Combat Group.

With the changes made in the healthcare services scenario as of the publication of that document, trainings and technical support were carried out in the territories. Then, we could see the need to update the document with expanded technical information in order to optimize the processes in the implementation of protocols, flows, and the boxes.

In the second version, Deliberation BIC 60, from June 27, 2022, and published on June 27, 2022, the title remains “Guidelines for assembling emergency obstetric boxes in institutions caring for pregnant and postpartum women (hospitals and maternity hospitals) in the State of São Paulo.” It is available at the following website link: https://bit.ly/deliberacaoCIB_60_2022.

For revision and updating, we could count on Doctor Professor Fabiano Elisei Serra, who has been giving support to the Combat Group activities regarding their work processes in the state healthcare network.

We consider as being essential activities like quality information spreading; technical support within the territory; and the possibility of ensuring the meeting of healthcare services needs of women in the gravidic-puerperal cycle.

The document was drawn up having the assured integral care in the gravidic-puerperal cycle in mind. It includes the acknowledgement of needs regarding obstetrical emergencies in sepsis, hemorrhages, and arterial hypertension, along with opportune-time care, with an emphasis on its potential action for healthcare qualification, and enabling more effective communication and prompt professional training.

The Group management is within the Disease Control Coordination, under the responsibility of the State Committee for Maternal, Infant, and Fetal Death Surveillance (SCMIFDS), and it has a bipartite makeup acting on the Municipal Health Secretaries Council in São Paulo. It is a priority for the State of São Paulo, aiming to provide qualified health care for pregnant and postpartum women.

São Paulo State is divided into 63 Health Regions; 17 Healthcare Networks; and 17 Regional Health Departments in 645 municipalities. It has 408 pieces of health equipment with reference hospital beds for obstetric assistance; and 5,267 hospital beds, from which 3,088 belong to the Brazilian Unified Health System (SUS). The release of that document enables a closer healthcare network, raising the possibilities for communication between peers, as well as their exchange of experiences.

Considering the magnitude, causes, and determinants of maternal mortality and its impact on statistics, the qualification strategy for offering healthcare services is essential, as well as for setting up conceptual debates focusing on weaknesses, in order to contribute to the prevention of new occurrences.

It’s worth mentioning that, even with the challenges posed by the covid-19 pandemic, the document made it possible to maintain the platform for collective construction and multi-professional interaction, broadening the debate and providing healthcare within a transversal reach.

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