Original Article

# Newborn access and care in a health attention program

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## ABSTRACT

A cross-sectional study aimed to describe the access and integrality of attention to children before one year old, born between January of 2010 and December of 2012 in a Brazilian city, in a newborn attention program. From the 24.560 children, 55.0% were users of the Unified Health System (SUS); 10.1% children presented low weight at birth; 6,332 (46.9%) children received BCG vaccine at the nursing consultation day; 13,590 (79.5%) children had neonatal screening being less than seven days old; 17,035 (69.4%) children were vaccinated for Hepatitis B at birth. Within SUS users, 68% of children went to nursing consultation at their first week of life and, 37.8% went to a medical consultation being 10 days old. The study presents information of care after birth at the primary healthcare as potential instrument to coordinate assistance to this clientele.

**Descriptors:** Infant, Newborn; Postnatal Care; Health Evaluation; Pediatric Nursing.

## INTRODUCTION

Infant mortality, as well as access and quality of healthcare provided to children, configures a globally discussed issue[1-2]. Brazil signed the Millennium Development Goals (MDG) foreseen to be reached until 2015, the country reached the goal of infant mortality reduction and, tries to attend perinatal assistance needs through implementation of public policies aimed at health promotion and wellbeing of children, reduction of infant mortality and qualification of assistance in many organization levels from the Unified Health System (SUS) [3-7].

The Brazilian Health Ministry designs action strategies for health birth promotion; growth accompaniment and development (G&D); immunization; breastfeeding and health eating promotion, with priority focus on health vigilance of children at higher risk and to prevalent diseases during neonatal period[4,6]. These measures of health promotion, protection and recovery during the first years of life are considered fundamental for infant growth to adequately occur[2,4,7].

The G&D accompaniment propitiates the necessary assessments during the first years of life, with interventions and referrals conducted when there is identification of changes in expected patterns[7-8]. The intention is to guarantee integral assistance as well as to refer the child to high complexity health services whenever necessary, offering resolution to cases[4,7-9], allowing the child to have access to care actions within an organization that allows integrality[2,4,9].

The *"Agenda de Compromissos"* (Compromise Agenda) is a document released by the Brazilian Health Ministry, it preconized the first week of integral health through a strategy to bring the child earlier to the health unit, on the first week of life[4]. At this moment, the health team welcomes the newborn (NB), mother and, family, and it is an attention opportunity that makes the stimulus viable and help those families in situations that will probably be faced in this phase of life, for example, difficulties to breastfeed and baby care[7]. It is also a space to conduct and guide the child's immunization, neonatal screening (heel pick), as well as to identify and strengthen the family support network. In this encounter, it is also important to verify the Child Health Record, to identify risks and vulnerabilities, and to assess maternal health[4,7].

Sight to health actions for children is complete when they are assessed, having support and incentive from the *"Agenda de Compromissos"*[4], an evidence of assessments for such actions as a potential subside provider to improve management of health services and programs, and to allow changes in strategies of attention provided to the child[4,10-11].

Considering the importance of health services access[2,4] and the G&D accompaniment as strategy to reduce Infant Mortality Coefficient (IMC) and its components[1,7], and also to propitiate better quality of life to this clientele, this study is relevant because it aims to investigate actions that can potentiate childcare in primary care. Thus, the objective was to describe care access and integrality after birth, the first attention in the primary health care to children residing in a city of São Paulo state.

## METHODS

This is a cross-sectional study developed in Ribeirão Preto, a medium size city in the State of São Paulo - Brazil, with 604,682 inhabitants in 2010[12]. The SUS health assistance is organized in five Health Districts, characterized by regions with defined populations and areas, to facilitate access to provided services. Each District has a Basic Health Unit (UBS) and a District Health Unit (UBDS), and they have basic attention in medical, dental, and nursing areas for the population in its coverage area. Besides, the UBDS have urgency attention and they attend specialties as pediatrics, gynecology and, obstetrics.

The program *"Floresce uma Vida"* (Flowers a life) was created in 1995 and inserted in the Integral

Attention to Child and Adolescent Health (PAISCA) from the Health Municipal Secretary. It is focused on the articulation between maternity and primary care, aimed to reduce IMC and to guarantee NB access in public health services[13-14]. Therefore, it has a team of nursing assistants in each of the four public maternities that attend SUS users in the city. This team schedules consultations in the public health network for nursing, neonatal screening and BCG vaccination, all on the NB first week of life; and the medical appointment, on the second week. It also identifies children at development risk and schedules specialized attention. Thus, the Program targets the attention continuity initiated during maternity, articulating with other sectors, favoring integrality and coordination of services for this population[13-14].

As a way to coordinate childcare, to monitor and follow the Program's actions, the nurse who is the technical responsible for the Program, send spreadsheets of born children monthly to health units, with information to be completed by nurses about those appointments. After completing it, such spreadsheets returns to the Program; under supervision and orientation of nurses, and trainees feed a database with such information. The data results in an annual report sent to the Program coordination and to the Health Secretary, as part of the Program management assessment.

The data in the report regards to: the number of the Declaration of the Live Born (DLB); mother's name; birth hospital; data and weight at birth; home visitations; neonatal screening; vaccination against Hepatitis B (first dose) and BCG; NB presence at the nursing and medical consultation[14].

The Program does not follow the child after the first appointment and, although they schedule consultations of SUS users, they received information from the spreadsheet of children users who had consultations, BCG vaccination, and neonatal screening in these places. Because it is inserted in the PAISCA-SMS-RP, it has access to information of children born in the city.

All children born and residing in the city between January 1st of 2010 and December 31st of 2012, participated in the study. The data was obtained from those spreadsheets, extracting secondary data about their birth and the NB consultations at the primary healthcare.

Investigated variables were: type of user; maternal age; type of delivery; weight at birth; BCG and Hepatitis B vaccines; neonatal screening; scheduling for attention in the Early Stimulation Service (a specialized municipal service, with a multi professional team that accompanies the child at development risk, including the premature NB, post-mature, with low weight at birth, and Apgar lower than seven at the fifth minute of life)[15]; nursing and medical consultations and, their presence at those consultations. When the NB was present at scheduled consultations, we considered the subdivisions done by the program: "before", "at the day", "after", or "absent".

Once the Program database was entered in spreadsheets at Excel software, we analyzed the data. It is important to note that we found inconsistent data, characterized by the absence of data entered in spreadsheets or mistakes when entering those. To present the variables, we used the term "ignored" for such data.

During analysis, we consider the fact that all children born in the city has the basic health unit as

attention place for neonatal screening and BCG vaccine, and only SUS users are scheduled by the Program for medical and nursing consultations on this attention level[4,13-14]. Thus, the analysis for BCG vaccine and neonatal screening includes all study participants (SUS and private) and, medical and nursing consultations include only SUS users.

We tried to identify access to health services and care integrality, considering the information organization describing the first attention after birth and the service availability in health attention, as medical and nursing consultations, immunization, neonatal screening and specialized service, whenever indicated[4,7]. In this case, we used the Chi-Squared test.

Regarding first attention in the basic health unit, we tried to verify the time when the child comes to the unit to conduct actions cited above. Thus, we did not establish an age limit for this analysis.

The research project was approved by the Ethics in Research Committee (CAAE nº 14639013.0.0000.5393). The obtained information comes from Program databases, and the management occurred with total secrecy and respect to anonymity of individuals, following the guidelines regulating research with human beings.

## RESULTS

During the studied period, 24,560 children were born, most of them were SUS users; from the 9,859 vaginal births, 88.2% were SUS users. Within the ones born from cesarean birth (14,686 children), 67% had private care. To analyze variables on Table 1, where we verified associations, we did not include values considered "ignored" for types of delivery, in this case, totalizing 15 (0.01%).

**Table 1.** Births according to type of delivery and funding. Ribeirão Preto, SP, Brazil, 2014.

| Variables | Private | | SUS | | Ignored | | Total | | p* |
|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | |
| **Type of delivery** | | | | | | | | | <0.001 |
| Normal | 1127 | 10.3 | 8694 | 64.4 | 38 | 44.2 | 9859 | 40.2 | |
| Cesarean | 9839 | 89.7 | 4799 | 35.6 | 48 | 55.8 | 14686 | 59.8 | |
| **Total** | **10966** | **100.0** | **13493** | **100.0** | **86** | **100.0** | **24545** | **100.0** | |

* Chi-Squared test.

During the first week of life, 68.0% SUS users went to nursing consultations, 24.2% to medical consultation and 32.3% had their BCG vaccine. Regarding the vaccine against Hepatitis B, from all children (SUS and private), 17,035 (69.4%) children were vaccinated at birth. Besides, during the years 2010 to 2012, 2,491 (10.1%) children had low weight at birth.

During the studied period, 18,802 (76.6%) vaccinations against Hepatitis B were registered; 19,099 (77.8%) BCG vaccines and, 17,101 (69.6%) neonatal screening (Table 2). From the total of neonatal screening, 13,590 (79.5%) children were submitted to the test being less than seven days old.

The study identified that, for SUS users, neonatal screening occurred on the same day of the consultation for 2,282 (50.9%) children in 2010, 2,368 (53.1%) in 2011 and, 2,852 (62.4%) children in 2012.

Regarding BCG vaccination, during the years 2010, 2011 and 2012, 1,897 (42.3%), 1,961 (44.0%) and 2,474 (54.2%) vaccines were applied at the same day of the nursing consultation, respectively.

Regarding the presence on the medical consultation, it was possible to identify that 6,099 (45.2%) children went on the scheduled day, there were 477 (3.5%) absences, 718 (5.3%) children were consulted before and 1,650 (12.2%) children after the scheduled day; 33.8% registers did not have a medical consultation record. Yet, regarding SUS users present at nursing consultation, 5,041 (37.3%) children were consulted on the scheduled day, 757 (5.6%) were absent, 422 (3.1%) went anticipated and, 1,078 (8.0%) went after the scheduled date; 46.0% of children had their nursing consultation date ignored in the Program database.

The period between birth and attention on the basic network can be observed on Table 2. From SUS users data, it is seen a higher nursing attention to NB at the first week of life, totalizing 9,185 (68%) children; and the physicians attended more children (37.8%) after 10 days of life.

**Table 2.** Age at medical and nursing consultation and age at heel pick test, BCG, and Hepatitis B vaccinations, according to type of user. Ribeirão Preto, SP, Brazil, 2014.

| Age (days) | Private | | SUS | | Ignored | | Total | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| **Nursing consultation** | | | | | | | | |
| 1 to 7 | 1221 | 5.0 | 9185 | 37.4 | 30 | 0.1 | 10436 | 42.5 |
| 8 to 10 | 290 | 1.2 | 998 | 4.1 | 4 | 0.0 | 1292 | 5.3 |
| >10 | 403 | 1.6 | 1137 | 4.6 | 7 | 0.0 | 1547 | 6.3 |
| Ignored | 9055 | 36.9 | 2185 | 8.9 | 45 | 0.2 | 11285 | 45.9 |
| **Medical consultation** | | | | | | | | |
| 1 to 7 | 303 | 1.2 | 3271 | 13.3 | 15 | 0.1 | 3589 | 14.6 |
| 8 to 10 | 237 | 1.0 | 3993 | 16.3 | 6 | 0.0 | 4236 | 17.2 |
| >10 | 899 | 3.7 | 5101 | 20.8 | 17 | 0.1 | 6017 | 24.5 |
| Ignored | 9530 | 38.8 | 1140 | 4.6 | 48 | 0.2 | 10718 | 43.6 |
| **Hepatitis B vaccine** | | | | | | | | |
| At birth | 6916 | 28.2 | 10077 | 41.0 | 42 | 0.2 | 17035 | 69.4 |
| 1 to 30 | 353 | 1.4 | 753 | 3.1 | 2 | 0.0 | 1108 | 4.5 |
| >30 | 244 | 1.0 | 411 | 1.7 | 4 | 0.0 | 659 | 2.7 |
| Ignored | 3456 | 14.1 | 2264 | 9.2 | 38 | 0.2 | 5758 | 23.4 |
| **BCG vaccine** | | | | | | | | |
| ≤ 7 | 3989 | 16.2 | 7926 | 32.3 | 34 | 0.1 | 11949 | 48.7 |
| 8 to 15 | 2166 | 8.8 | 2350 | 9.6 | 8 | 0.0 | 4524 | 18.4 |
| 16 to 30 | 1090 | 4.4 | 681 | 2.8 | 5 | 0.0 | 1776 | 7.2 |
| 31 to 60 | 324 | 1.3 | 383 | 1.6 | 2 | 0.0 | 709 | 2.9 |
| > 60 | 37 | 0.2 | 104 | 0.4 | - | 0.0 | 141 | 0.6 |
| Ignored | 3363 | 13.7 | 2061 | 8.4 | 37 | 0.2 | 5461 | 22.2 |
| **Heel pick test** | | | | | | | | |
| At birth | 48 | 0.2 | 90 | 0.4 | 1 | 0.0 | 139 | 0.6 |
| 1 to 2 | 80 | 0.3 | 107 | 0.4 | - | 0.0 | 187 | 0.8 |
| 3 to 7 | 3845 | 15.7 | 9381 | 38.2 | 38 | 0.2 | 13264 | 54.0 |
| 8 to 30 | 1187 | 4.9 | 1860 | 7.6 | 12 | 0.0 | 3059 | 12.5 |
| >30 | 127 | 0.5 | 323 | 1.3 | 2 | 0.0 | 452 | 1.8 |
| Ignored | 5682 | 23.1 | 1744 | 7.1 | 33 | 0.1 | 7459 | 30.4 |
| **Total** | **10969** | **44.7** | **13505** | **55.0** | **86** | **0.4** | **24560** | **100.0** |

Regarding maternal age, 3,030 (12.3%) mothers were younger than 20 years, 18,197 (74.1%) mothers were between 20 and 34 years and 3,327 (13.5%) women were 35 years or more.

From 1,498 (6.1%) children at risk for development who were scheduled for attention in the Early Stimulation Service, reference to all Health Districts in the city, 177 (11.8%) were premature, the reason for scheduling them.

## DISCUSSION

The study identified 24,560 children born during the studied period and, within the births in the coverage area of health units, there are children born in the SUS (55.0%), and in private services (44.7%). Even with this adversity, each health unit is responsible for offering attention spots, aiming to respect needs and particularities of their clientele[16] and guaranteeing access to available services[4,7,16].

There were more surgical interventions than vaginal births; and vaginal births were conducted by the SUS in its majority. About factors influencing the model of delivery assistance, a study highlights professionals' financial compensation, the system funding, beyond cultural aspects, place of delivery and how the hospital assistance is structured[17].

The neonatal period is considered a moment of great vulnerability[7,13], and the first week of life is characterized by great part of infant death in the country. Thus, access[1-2,4-5,14] to services and basic health attention is of extreme importance, and these units are responsible for children's health, and for their articulation with specialized hospital attention[4].

Foreseeing to guarantee access to health services and reduction of IMC in the city, the Program "*Floresce uma Vida"* promotes articulation of maternities that attend SUS patients and basic heath units, so there is early and integral assistance continuity to mothers and babies in their reference health unit. A program with actions involving nursing and medical attention, immunization, neonatal screening, breastfeeding incentive and support and puerperal consultation[4,13,18].

The data analysis referring to the Program focused in guaranteeing access, favorably points to the entrance of children that are SUS users in majority, in health services on their first week of life, that is, on the first seven days of life, 58.7% received BCG vaccination, 68.0% went to a nursing consultation and 70.9% were screened[4,7,13-14].

Regarding consultations, the data demonstrated on their first week of life, children were majorly attended by nurses than by doctors; the medical attention was concentrated after the second week of life. Aiming integral and quality care promotion, the health team needs to articulate knowledge and actions in a way to attend children in all their needs[4,19].

The attention scheduling aims to optimize the NB presence in health services and with that, the performance of many actions for health promotion and prevention of diseases[4,7]. The study revealed that almost half of BCG vaccines and more than half of neonatal screening were conducted on the same day of the nursing consultation for SUS users. In this sense, it is indispensable to organize the attention agenda of

health professionals, especially nurses, at the same time of neonatal screening and operation of the vaccine room, once it allows access and attendance to NB and mothers[4], giving them the right of care integrality[19].

The presence of risk factors is a problem before, during and after birth, with potential to harm the child's development[7]. The Early Stimulation Service articulated with the "*Floresce uma Vida"* program, aims to follow the NB at development risk. This service is characterized by a group of procedures and techniques to prevent or accentuate delays that can occur during infant development[7,10,15]. Within the criteria used by Early Stimulation Service to assess and detect a baby at risk, there is the low weight at birth (<2.500g) and prematurity[7,20]; the last one present in the study, is the larger motive for scheduling NB attention.

According with statistics from the Early Stimulation Service, each month, approximately 10% of children born in the city have risk factors that can affect their neuropsychomotor development[15]. In a sense to coordinate attention, the "*Floresce uma Vida"* program schedules attention for NB still at maternity, before hospital discharge. Thus, specialized attention is available for children, so they can have their needs met in diverse services and sectors[9], configuring the occurrence of integrality[4,7,19].

From the data analysis, it was identified that a small parcel of children (10.1%) presented low weight at birth (LWB). It is a consequence of prematurity and/or intrauterine growth deficit, and it is one of the main risk factors related to the increase of neonatal and infant morbidity and mortality. Children with LWB present higher chances of death, and for this reason, they should be assessed early[2,5,7,13,15].

Still, within the actions developed in health units for childcare during first week of life, the BCG vaccine was registered for most children; more than half of those were conducted on this period. In Brazil, the vaccine against Hepatitis B should be taken right after birth, especially on the first 12 hours after delivery or at the first visit at the health service[7]. Results pointed 76.6% of children with Hepatitis B vaccine registration; from those, 90.6% at their birthday. More than half of children had the neonatal screening during the preconized period[7] and 79.5% within the first week of life, following the recommendations of the Brazilian health ministry, incorporating actions from the First Integral Health Week[4,7].

Regarding maternal age, early or late pregnancy constitute an important factor related to infant morbidity and mortality and the occurrence of prematurity and low weight[5,12,21-22]. It was possible to identify, during the studied period adolescent and late pregnancies, which leads to the importance of prenatal accompaniment for an adequate outcome at birth and also, to guarantee access for these children in health services after birth[4,6,15,21-23].

## CONCLUSIONS

The results related to NB attention after birth allowed identification of articulation actions and scheduling the child on the basic health network by the Program *"Floresce uma Vida"*, it facilitates early attention of those in health units, trying to guarantee access and integral care to this parcel of the population.

Neonatal screening as well as vaccines for Hepatitis and BCG presented coverage inferior to the expected; but this result could be affected by the presence of fragilities when completing the Program's

spreadsheets, what could lead to a wrong analysis of the attention related to these vaccines.

The presence of children at the scheduled consultation was higher for nursing consultations than medical ones. However, nursing consultations are below medical in absolute numbers, demonstrating the need to revise the nursing agenda in the city to attend children. The scheduling of children for the Early Stimulation Service falls into what is expected for this clientele, and prematurity is the main reason. Actions as scheduling, reinforce the occurrence of care integrality because it refers the child when specialized service is needed.

Some factors are fragilities that made the analysis difficult, and they can result in the presentation of information not matching with the reality in the city. In this case, there is the great quantity of inconsistent data representing typing errors or absence of entered data in spreadsheets used by the Program.

At last, it was possible to identify that most children that are SUS users had access to the basic health network for actions as medical and nursing consultations, the heel pick test and BCG vaccine. In this case, it is important to consider that the referred program for NB attention have worked to guarantee access, and as consequence, it offers integral attention in opportune time for infant population, meeting the public policies for national and international attention.

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