

ASSISTANCE IN URGENCY AND EMERGENCY/OBSTETRIC EMERGENCY CARE: AN INTEGRATIVE LITERATURE REVIEW

Assistência em urgência e emergência/pronto socorro obstétrico:
revisão integrativa

Emergencia y asistencia de emergencia / primeros auxilios obstétricos:
revisión integrativa

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ABSTRACT

Objective: to identify the profile of pregnant women seeking care in emergency room units based on the evidence found in the literature. **Method:** integrative review, with search of articles in databases in the health area, from January 2007 to December 2016, in the databases Index of Spanish Health Sciences, Latin American and Caribbean Literature in Sciences Health and Medical Literature Analysis and Retrieval System Online. **Results:** of the 3,964 articles selected through the databases, 22 surveys were eligible for full reading, of which only 4 articles were in agreement with the guiding question of the study. As for the articles included two were Portuguese and one English and Spanish and all of the last 3 years. **Conclusion:** the clientele seeking obstetric care needs to be more informed in the basic prenatal care about the signs and symptoms that characterize emergency and urgency, since the great majority of pregnant women have sought emergency care services unnecessarily.

Descriptors: Emergency and urgency; Emergency, Obstetric; Pregnant.

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RESUMO

Objetivo: identificar o perfil das gestantes que buscaram atendimento em unidades de pronto socorro a partir das evidências encontradas na literatura.

Método: revisão integrativa, com busca de artigos em bases de dados na área da saúde, no período de janeiro de 2007 a dezembro de 2016, nas bases Índice Bibliográfico Español de Ciencias de la Salud, Literatura Latino-Americana e do Caribe em Ciências da Saúde e Medical Literature Analysis and Retrieval System Online. **Resultados:** dos 3.964 artigos selecionados por meio das bases de dados, 22 pesquisas estavam elegíveis para a leitura na íntegra, destes apenas 4 artigos estavam de acordo com a questão norteadora do estudo. Quanto aos artigos incluídos dois eram de língua portuguesa e um inglesa e espanhola e todos dos últimos 3 anos. **Conclusão:** a clientela que busca atendimento obstétrico precisa ser mais informada na atenção básica por ocasião do pré-natal sobre os sinais e sintomas que caracterizam emergência e urgência, pois a grande maioria das gestantes procuraram os serviços de prontos socorros desnecessariamente.

Descritores: Emergência e urgência; Pronto socorro; Obstétrica; Gestante.

RESUMEN

Objetivo: identificar el perfil de las gestantes que buscan atención en unidades de socorro a partir de las evidencias encontradas en la literatura. **Método:** revisión integrativa, con búsqueda de artículos en bases de datos en el área de la salud, en el período de enero de 2007 a diciembre de 2016, en las bases Índice Bibliográfico Español de Ciencias de la Salud, Literatura Latinoamericana y del Caribe en Ciencias de la Salud y Medicina Literatura Análisis y Recuperación del sistema en línea. **Resultados:** de los 3.964 artículos seleccionados a través de las bases de datos, 22 encuestas eran elegibles para la lectura íntegra, de estos sólo 4 artículos estaban de acuerdo con la cuestión orientadora del estudio. En cuanto a los dos artículos fueron incluidos en portugués y en Inglés y Español y todos los últimos tres años. **Conclusión:** la clientela que busca atención obstétrica necesita ser más informada en la atención básica con ocasión del prenatal sobre los signos y síntomas que caracterizan emergencia y urgencia, pues la gran mayoría de las gestantes buscaban los servicios de prontos auxilios innecesariamente.

Descriptorios: Emergencia y urgencia; Listo socorro; Obstétrico; Embarazada.

INTRODUCTION

With the modification of the epidemiological transition worldwide and, with the increase of diseases associated with external causes, which is the third leading cause of death, it caused a high proportion in the rate of deaths from accidents and attendance to patients for urgency and emergency.¹

The demand for emergency care at the pre-hospital level has increased dramatically worldwide, this increase has been associated with risky behavior in which individuals are exposed and mainly to lifestyle.¹ It was estimated that the increase in urgency and emergency services was from 3% to 6% each year.²

Urgency/emergency services have the function of reducing morbidity and mortality and disabling sequelae, therefore it is necessary to guarantee the fundamental elements for an emergency care system considering human resources, infrastructure, equipment, and materials, to

ensure comprehensive assistance, with adequate and continuous quality.³

Considering the importance of the urgency and emergency area as an element of health care, and the increased demand for services in this sector and the lack of structure in the care network, the Ministry of Health together with the Health Departments of the States, Federal District, and municipalities, in November 2002, issued the Ordinance No. 2048/GM that provides for the technical regulation of state urgency and emergency systems, agreeing on rules and operating criteria for prehospital care, mobile prehospital care, hospital care, inter-hospital transportation, and provides for the emergence of Urgency Education Centers and the proposal of curriculums for human resources training.⁴

These strategies are extremely important, since, according to the World Health Organization (WHO), in 2005, there were approximately 536,000 maternal deaths in the world. In Brazil, data from the Brazilian Ministry of Health, reported that there were 1,623 maternal deaths in 2006. In the Northeast, Center-West, and North regions, the highest maternal mortality rates are found. Nevertheless, the number of cases may be higher due to the possibility of underreporting.⁵

According to the Ministry of Health, maternal death occurs as a result of unsuccessful events, lack of user embracement to pregnant women and/or puerperal women, lack of family or social support, or even due to inadequate attention from health services. It is essential that there is a correct referral of patients, conducted according to their complaints and symptoms to the appropriate place, thus not aggravating the urgency and emergency scenario of obstetric emergencies.⁶

Among the diseases or complications that aggravate the health of pregnant women and women who have recently given birth are infections, previous or current arterial hypertension, hemorrhage, heart disease, severe acute asthma, and thromboembolic disorders, among others. Health professionals, from the primary care network to the most complex level of care, must be qualified to identify risks and help these women as soon as possible.⁷

Access to the health service is of great importance in reducing morbidity and mortality, especially if it is easy, this allows the user who believes that they have a health complaint to seek a professional who can guide them on the problem, identifying whether the problem is serious enough to need additional assistance, or if it is self-limited without needing special attention.⁸

The service is inherent and is related to several factors, whether serious or not, it is necessary to organize services by level of care (primary, secondary, and tertiary) characterizing the gateway. Throughout the history of Brazil, due to difficulties in Primary Care in the provision of services, the society resorts to emergency care to solve problems, making it the main gateway.⁴

The factors that involve the demand for health services, depending on the way they are ordered, will define the user's choice. Therefore, it is influenced by the severity of the need,

the technology available, the resolution, the user embracement, the access conditions, the speed of service, the experiences of the patient or family, the dexterity of the problem, as well as the bond with the professional.⁹

Therefore, people seek assistance in places that have a larger variety of gateways, and the emergency services correspond to the profile in agile and concentrated demand. Even with overcrowding and many complaints, it is still a place that offers technical resources, consultations, medications, procedures, and laboratory tests, while other health care services only offer medical consultations.¹⁰

It is worth noting that worldwide, the demand for emergency services has increased during the last decades, leading to the need to modify the organization of assistance. Thus, screening systems were developed to identify the clinical priority of each patient awaiting care, to facilitate equal access.¹¹

Bearing in mind the aforementioned, this study aims to identify the profile of pregnant women who seek emergency care from the evidence found in the literature. It is believed that this study is relevant because when verifying the reasons that led pregnant women to this search, they show managers of health institutions that together with public policies they can plan actions to guide the population on when to seek an urgency and emergency care.

METHODS

It is an integrative literature review, which adopted the six steps for the elaboration and structuring of the search: 1) elaboration of the guiding question; 2) searching or sampling the literature; 3) data collection; 4) critical analysis of the included studies; 5) discussion of results and 6) presentation of the integrative review.¹²

For the construction of the guiding question, the Patient, Intervention, Comparison, and Outcome (PICO) strategy was used, which represents: Population (women), Intervention (pregnant women), Comparison, and Outcomes (results) (obstetric emergencies). Hence, the following research question was developed: What has been produced regarding the theme of pregnant women who seek obstetric care in an emergency care unit?

Accordingly, to perform the search in the databases, the Descriptors in Health Science (DeCS) were used, namely, urgency; emergency; pregnant woman and obstetric.

After carrying out the selection of descriptors, the databases were established to search for the articles: *Índice Bibliográfico Español de Ciencias de la Salud (IBECS)* [Spanish Bibliographic Index on Health Science], *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature in Health Sciences] and Medical Literature Analysis and Retrieval System Online (MEDLINE).

In the search strategies, the Boolean terms “AND” and “OR” were considered among the descriptors. After searching for the articles using the selected descriptors, the

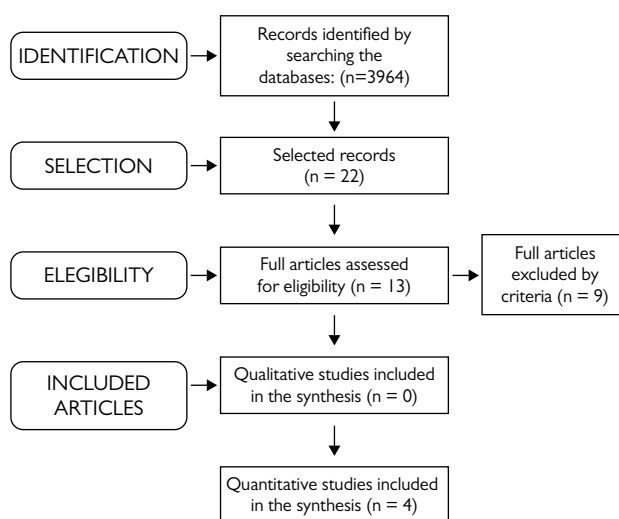
titles and abstracts of all publications were read according to the inclusion criteria.

Table 1 – Results of the search strategies in the databases.

Data base	Search Wor	Results
IBECS	((Urgency) OR Emergency) AND Pregnant	22
	((Urgency) OR Emergency) AND Obstetric	43
	(Urgency) AND Obstetric	34
	(Emergency) AND Obstetrics	28
LILACS	(Urgency) OR (Emergency) AND (Pregnant)	85
	(Urgency) OR (Emergency) AND (Obstetric)	159
	(Urgency) AND (Obstetric)	95
	(Emergency) AND (Obstetrics)	119
MEDLINE	(Urgency) OR (Emergency) AND (Pregnant)	139
	(Urgency) OR (Emergency) AND (Obstetric)	1,106
	(Urgency) AND (Obstetric)	1,093
	(Emergency) AND (Obstetric)	1,041
Total		3,964

To achieve the guiding question of this study, the following inclusion criteria were established: 1) studies developed with pregnant women in urgency or emergency labor; 2) studies that addressed emergency care; 3) studies published in the last 10 years; 4) published in Portuguese, Spanish or English and excluding literature review articles, opinions, consensus, retractions, editorials and experience reports. It is emphasized that the repeated articles were considered only once.

Figure 1 – Flowchart of identification, selection and inclusion of studies.



To summarize the articles, data were extracted based on a protocol containing: research title, authors, type of publication, methodological and sample details, intervention studied, results, and conclusion.

In order to classify the level of evidence of the selected articles, Melnyk and Fineout-Overholt (2011) were used, who describe seven levels according to the study design, namely: Level 1 - strong evidence (systematic review or meta-analysis); Level 2 - strong evidence (randomized controlled and well-defined clinical trials); Level 3 - moderate evidence (non-randomized controlled clinical trials); Level 4 - moderate evidence (case-control studies and cohort studies); Level 5 - weak evidence (systematic review of descriptive and qualitative studies); Level 6 - weak evidence (descriptive or qualitative studies); Level 7 - weak evidence (opinion of authorities and/or reports of expert committees).¹³

RESULTS

After analyzing the articles in full, 4 articles were eligible according to the guiding question of this study, from these, two were in Portuguese and one in English and one in Spanish, regarding the year of publication, it is evident that the publications related this theme is something new that is being researched both nationally and internationally. For a better understanding of the characteristics of the selected studies, they will be presented in **Table 2**.

Table 3 presents the objectives of the studies, type of study and level of evidence, main results and conclusion.

Table 2 – Characterization of studies, author, year, title, country, periodical, year of publication, and journal. 2018.

Studies	Author	Title	Country	Year of publication	Journal
E1	Michilin	Analysis of obstetric care provided by the Mobile Emergency Care Service	Brazil	2016	<i>Revista Brasileira de Enfermagem</i>
E2	Brilhante	Implementation of protocol for user embracement with risk classification in an obstetric emergency unit	Brazil	2016	<i>Revista da Rede de Enfermagem do Nordeste</i>
E3	Torres	Rapid Response obstetrics Team at <i>Instituto Mexicano del Seguro Social</i> , enabling factors	Mexico	2015	Elsevier
E4	McDonald	Obstetric emergencies at the United States–Mexico border crossings in El Paso, Texas	USA	2015	Pan American Journal of Public Health

Source: The authors

Table 3 – Characteristics of the articles included, according to the objective, type of study/level of evidence, results and conclusion. 2018.

Study	Objective	Type of study/ level of evidence	Results	Conclusion
E1	Analyze the pertinence of calls made by obstetric users of the Mobile Emergency Care Service (<i>SAMU 192</i>) of Botucatu City-State of São Paulo.	Retrospective study/	Considering the two outcomes evaluated: referral to the reference hospital and risk criteria of the Ministry of Health, 6.7% and 75.6% of the calls were not pertinent, respectively. There was no agreement between the outcomes, neither variation between primiparas and multiparas as regards the call pertinence.	This study is expected to ratify the need for implementing a risk classification protocol in obstetrics, and support managers in the organization, qualification and effective implementation of the <i>Rede Cegonha</i> .
E2	Assess the implementation of user embracement with risk classification	Evaluative, documentary research/ 5	The authors identified greater search for care by pregnant women in the third trimester, being pain and vaginal bleeding the main complaints. There was also a significant number of patients seeking care out of the period of pregnancy and childbirth. As a risk classification, the was the color green and the waiting time of 51 minutes prevailed.	The clientele that seeks gynecological and obstetric care in primary care needs further information about the signs and symptoms that characterize emergency and urgency care, because there has been great unnecessary demand for the service and the lack of training of professionals in the obstetric emergency unit led to waiting time above that recommended by the Brazilian Ministry of Health.
E3	Identify the factors that facilitate the performance of the Immediate Response Team in hospitals with obstetric care from the IMSS during 2013.	Observational retrospective study/	A total of 164,250 obstetric emergency cases were reported, and there was a mean of 425 messages per day, of which 32.2% were true obstetric emergencies and required the Rapid Response Team. By e-mail, there were 73,452 fatal cases (a mean of 6 cases per day). A monthly simulation was carried out in hospitals (480 in total).	Mobile technology has increased the speed of medical and administrative management in obstetric emergency care. However, comparative studies are needed to determine statistical significance.

(Continue)

(Continuation)

Study	Objective	Type of study/ level of evidence	Results	Conclusion
E4	Describe the frequency, characteristics and patient outcomes for women who accessed Emergency Medical Services (EMS) for obstetric emergencies at Ports of Entry (POE) between El Paso, Texas, United States of America and Ciudad Juárez, Chihuahua, Mexico.	Descriptive study/ 5	During December 2008 to December 2009, 47.6% (68/143) of women receiving EMS assistance at an <i>El Paso</i> POE had an obstetric emergency, nearly 20 times the proportion of Texas overall. During December 2008 to April 2011, 60.1% (66/109) of obstetric patients with emergency records were admitted to the hospital and 52 gave birth before discharge. Preterm birth (23.1%; n=12), low birth weight (9.6%; n=5), transit birth (7.7%; n=4) and postpartum hemorrhage (5.8%; n=3) were common; fewer than half of women (46.2%; n=24) had evidence of prenatal care.	The high proportion of obstetric EMS transports and the high prevalence of complications in this population suggest the need for binational risk reduction efforts.

DISCUSSION

Concerning the prevalence of demand not relevant to the urgency and emergency service obtained by the analyzing the referral to the reference hospital, it was low, since 6.7% of the calls were considered not pertinent, on the contrary, when using the risk classification criterion proposed by the Brazilian Ministry of Health, it was high, 75.6%.⁷ (MICHILIN et al., 2016).

Another study also found an increase in calls not pertinent to urgency and emergency, form a total of 164,259 calls, only 32.2% corresponded to a real obstetric need for urgency and emergency.¹⁴

Aiming at a better understanding of obstetric emergency care, when analyzing a total of 736 care at an emergency room that uses the user embracement protocol with risk classification, it was possible to verify that the highest prevalence of care is for pregnant women classified as green, in other words, without risk (48.3%; n=344), followed by blue (22.3%; n=159), yellow (18.8%; n=134), orange (9.5%; n=68), and that were actually in emergency (1.1%; n=6).¹⁵

Nonetheless, it is important to understand that urgency and emergency care services and emergency care units have a risk classification with the focus on operationalizing the care provided by a formal egalitarian to all *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System] users, thus, the risk classification serves as an instrument that will generate priority in service delivery.¹⁶

In this sense, the user embracement and classification of risk to patients are realized through a screening carried out by a nurse who implements colors related to the type of need and urgency in patient care, which are: red: emergency; yellow: urgency; green: not very urgent; and blue: not urgent, which designates the order of care.¹⁷ Because of this classification, it allows the professional nurse to make decisions regarding the type of care.

Therefore, the user embracement in obstetrics requires a more detailed assessment inherent to their needs and care, aiming to provide better assistance, consequently, during

anamnesis, one should question common complaints related to pregnancy such as headache, nausea, vomiting, and blurred vision, which can camouflage clinical situations demanding quick action and, if not evidenced, can lead to complications.¹⁸

Given the realization of the fundamental importance that the risk classification offers to pregnant women who seek care at the *Posto de Saúde (PS)* [Healthcare Unit] and *Unidade de Pronto Atendimento (UPA)* [Emergency Care Units], it is realized, among them who seek care, primiparity was considered as a factor of greater susceptibility to search care and the appearance of complications. So, it was concluded that the ignorance and myths surrounding pregnancy, childbirth, and birth, together with misinformation in prenatal care, lead women to seek emergency services.¹⁵

Because of this finding, it is estimated that about 15% of all pregnancies have complications in some gestational period and 7% require care at a higher level of care.¹⁹

These data are of extreme concern, since measures should be taken to prevent and promote the health of pregnant women, seeking early detection of possible health problems. However, what is verified when observing the profile of pregnant women seen in an emergency service, more than half of the pregnant women who are attended do not perform prenatal care.²⁰ This fact confirms the need for prenatal care as a security to the risks that can occur during pregnancy, as well as, not to increase the demand for unnecessary assistance in emergency rooms.

To the complaints of women who motivated the demand for urgency and emergency services, it can be seen that the main complaints are uterine contraction and loss of the tampon or vaginal content.⁷ In a study¹⁵, the pain was characterized as the main factor of demand for the service, followed by transvaginal bleeding, in accordance with the investigation.

The main causes that motivated the attendance of the Mobile Emergency Service were cervical dilation between 1 and 4 centimeters and blood pressure equal to or greater than 140x90 mmHg.⁷

When analyzing the records of the emergency services, the three most frequently identified changes were the absence of fetal movement, transvaginal bleeding, and the presence of uterine contractions.¹⁵ The most frequent pathology seen in the services is pre-eclampsia.

The studies analyzed showed similar results regarding the visits, in other words, when the risk classification was analyzed, most women were classified as not very urgent for medical care, receiving identification in green color.

A study carried out in a Brazilian Capital points out that primary care professionals do not recognize their responsibility in responding to urgencies at the primary level of care for different reasons, including the inadequacy of the physical structure to attend emergencies, lack of more specific materials and supplies for emergencies and even unpreparedness to act in the urgency and emergency area.²¹

When analyzing the most prevalent complaints found in this review are uterine contraction, loss of vaginal tampon or content, pain, and transvaginal bleeding. Ministry of Health Ordinance No. 1,600, on July 7th, 2011, establishes that Primary Health Care is responsible for the initial emergency care, as a fixed pre-hospital component.²²

Many of these complaints are common during the gestational period and women, when seen at the health units where they are followed up during prenatal care, could be examined to identify cases with an indication for referral to the reference service and thus optimizing the attention to and reducing the burden on emergency rooms. In this regard, the purpose of prenatal care is to welcome the pregnant woman early, ensuring quality and humanization until the period of delivery and the puerperium, emphasizing maternal and newborn safety.²³

The population, in general, evaluates their health status according to their social beliefs and, in the case of the pregnant woman when showing signs of labor symptoms, and does not attend regularly or simply does not go to prenatal care and is in home, the strong desire for immediate transport to the hospital is experienced whenever they imagine they are in labor, a fact that reflects the medicalization of the processes related to the puerperal pregnancy cycle.²⁴

Conclusively, it is a fact that anxiety, which permeates pregnancy, childbirth, and birth, leads to insecurity and concern for women and their families. This is mainly due to the lack of information during prenatal care, which often becomes one of the factors in the search for emergency services in maternity hospitals. Taking the aforesaid in consideration, welcoming the woman and companion has the function of favoring the role of pregnant women, especially in labor and delivery.²⁵

CONCLUSIONS

Herein, it was concluded that the clientele seeking obstetric care needs to be better informed in primary care services during the prenatal period regarding the signs and

symptoms that characterize emergency and urgency, since the vast majority of pregnant women have sought the emergency services unnecessarily.

Hence, by having a more effective primary care assistance, the demand for urgency and emergency services might decrease.

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