# 113 - EVALUATION OF EFFECTIVENESS OF INFANT´S MORTALITY REDUCTION PRACTICES IN AREA COVERED AND NOT COVERED BY THE FAMILY HEALTH' STRATEGY IN GARANHUNS-PE

SANTANA, P. R[1];
AZEVEDO, S.V[2];
PEDROZA, R.M[3];
SILVA, M.J[4].
[1]Doutor em Nutrição pela UFPE/CAV
[2]Residente pela Residência Multiprofissional de Interiorização da Atenção à Saúde UFPE/CAV
[3]Mestrando em Saúde Pública pela UFRN
[4]Graduando em Educação Física UFPE-CAV

**INTRODUCTION**

With the prospect of strengthening primary care, in the 90s the Ministry of Health established the Community Agents Program (PACS) and the Family Health Program (PSE). Among the many contributions the activities developed by these programs have brought advancements to reduce the numbers of infant mortality. Despite the changes brought by the PACS and PSE, some socioeconomic aspects interfere in reducing IMR and access to health care, these are included in the list of the eight millennium goals outlined by the UN. Health professionals working in groups of FHS and PACS facing child health exercise its functions from recommendations documentary aiming to reorganize the care the child population and facilitate the identification of priority lines of care for children's health and reducing child mortality.

Garanhuns county where the research was performed, PACS has teams in areas covered and uncovered by the ESF and is identified as an area that has a high infant mortality rate where IMT was calculated at 19.7 / 1000 live births in 2010. Given this context the question arises: the actions taken by the family health strategy are more affective than the actions taken by the area that is not covered by the FHS?

**METHODOLOGY**

To address the problem the research methodology was conducted by quantitative-qualitative approach based on primary and secondary sources, and MS SIAB and interviews with professionals, respectively. The choice of the area was intentional, due to ease of access, as well as the areas are characterized by similar aspects covered by the teams and the Ministry of Health The sample consisted of professional teams that were part of ESF and PACS with acting in area investigated in the years 2007 to 2011.

For inclusion in the research of professionals was established criteria: being a health professional of the area covered by the ESF and the area not covered by the ESF with operations in the area investigated in the case, reducing child mortality. Those who did not meet this criterion were automatically excluded.

A portion of the collection was made through the records of the SIAB, for the years 2007 to 2011. We conducted a survey of births and deaths that occurred during those years and calculated the IMR. Since the primary collection was conducted through interviews via text semi-extruturado. For analysis of the primary data was itself conducted a qualitative and quantitative nature of methodological procedure that seeks to overcome the obstacles of traditional research of social representation called the Collective Subject Discourse (CSD).

The testimonies of the respondents were transcribed in full and subsequently grouped as a way to express the collective thought is formulating the DSC. Throughout the study was taken into account the ethical, being asked participants a consent form and clarified.

Results and Discussion: The formulation had the DSC for identification of TMI. This formulation was inserted a questionnaire containing questions related to infant mortality, to interview professionals who were divided into two teams. Among the highlights had answers in questions 4 and 5 below:

Question 4: Do you rely on a document from the Ministry of Health? Has some concerns that the lines of care with priority focus on reducing child mortality?

When asked for the community health team 1 and team 2 on the documents of the Ministry that they rely on to carry out the practices in home visits and knew some document focusing on priority lines of care for reducing child mortality, their responses yielded the following DSC, with the central idea of the manuals do not have MS. (...) "We use the manual we received in the course of technical agent or health worker" (...) (...) "is more in the training, we have no manual agent. And when you have a more serious problem, always look on the internet. If you have a high infant mortality rate, the secretary joins us and makes training. Always have mortality diseases, then we always have workshops to upgrade. We have capabilities with general fear. Where is the meeting, they report what is happening. (...) "Our meeting is like a case study, each will experience catching each other and thus learn. We also rely on day to day, the experiences with colleagues, we always try to resolve something. We rely on the exchange of experience "(...)" We draw according to the day-to-day visits, but do not know any specific reducing child mortality "(...)

The speech of the respondents shows that community health workers do not have the manual for the professional category, as well as know the agenda for reducing child mortality. Knowledge is based on the courses that are to be community health worker or health worker technician in training and sharing of experience with the team. The manual includes community health worker actions directed health of women and children, with guidance on visits domiciliares24. And the agenda for reducing infant mortality include the practices of child care for all professionals in primary care within each within its mission, and was created to reorganize assistance in order to achieve ever lower levels of mortality infantil6. In this schedule are priority lines for the care of children with an overview of the size of life. It is an important tool, because most of these deaths could be prevented through services and trained professionals, based on the recommendations of this agenda. According to information from the Municipal Health no protocol for reducing child mortality in the city, but one of the problems identified in the Municipal Plan Garanhuns is infant mortality.

Regarding the professional level technical team 1 and 2, when he was asked the same question, gave the following DSC permeating the central idea that these professionals do not use the manuals of MS. (...) "We have training, and manuals are more with the nurse. It has the manuals, but relies more people by training. When you change something always has a meeting, when a campaign has, even if we already know everything, always have a meeting. I know of no manual that talks about reducing child mortality "(...)

As for top-level professionals team 1 and 2, the central idea was to have the manuals recommended by MS through

DSC below:

(...) "We have the manuals of the ministry of health for the prenatal growth and development of children, vaccines and infant nutrition. And unknown to the agenda for reducing child mortality "(...)

5th Question: What are the practices carried out in primary care to reduce infant mortality? Here's the DSC of the FHT professionals, formulated from the expressions of the key questions above, according to the central ideas of educational practices, care practices and sector practices.

(...) "In visits our work is to identify, mentor and forward. Immediately identified danger, guide to do prenatal care, the advice about childcare "(...) We vaccination during pregnancy and the child and when the baby is born, does postpartum visit. In postpartum visit, the advice came as the importance of doing the childcare, vaccinating, if cesarean, orient as the withdrawal of points "(...) (...)" We advise that you seek the post to make family planning to not pregnant so fast, pregnancy after another "(...) Pregnant women and children we give priority to our visits, we always at home. With the pregnant orient in relation to feeding and the child exclusive breastfeeding until 6 months "(...)

(...) "It's a day for prenatal care, but also got it free on demand every day. Membership is good and we reached 100%. There's a day for childcare, has a good number of childcare, but not close to 100%, has more IMCI, but serve a good number. "It's a day to IMCI, but attaining free demand (...)" I like prenatal low-and high-risk nursery nurse is with some cases of disease are referred to me for spontaneous labor "(...)

(...) "We have group of pregnant women on prenatal care, carried out by NASF, and then that group, we realized that resistance're smaller and they are more informed. (...) "We guided to attend the lectures of the post's Day prenatal held by NASF. The greatest attention is focused on the weight, whether it is decreasing, increasing or remaining parked. Anything we resort to a nutritionist "(...)

With regard to the understanding of the professional team as one practices performed in primary care to reduce child mortality, it was reported that perform prenatal low and high risk, childcare, IMCI, immunization, home visits, postpartum visit, family planning and health education. Thus, the practice of professionals dedicated to the health care of children in ESF involves individual and collective actions, focusing on disease prevention, health promotion, curative and rehabilitative services to support NASF to perform these actions.

The actions taken by the first team mentioned above are contained in the agenda of comprehensive health care of children and reduce infant mortality, which brings the lines of care that should be given priority to children in care, such as promoting healthy birth; monitoring of newly risk infants; monitoring growth and development and immunization, promotion of breastfeeding and healthy eating; attention to nutritional disorders and anemias need; approach to respiratory and infectious diseases. All actions should be to focus on the promotion of health6.

The follow-up care or prenatal was named as one of the main strategies of the team to reduce infant mortality, with the support of NASF in resolving cases of malnutrition or overweight in children and pregnant women, as well as guidance in general. The NASF as matrix support, support for the implementation of the practices, increasing the resolution of the Unit itself. The child's weight at birth is one of the health indicators needed to assess the quality of life of a population therefore reflects the quality of care given to pregnant women, their nutritional status before and during pregnancy and the risk factors to which it is exposed allowing the identification of areas and situations of risk and targeting of specific policies and programs on health and nutrition and this indicator is present in both routine equipes25.

Health education, with the group of pregnant women, is held by NASF, while matrix support in the days of prenatal care in the Unit Family Health. The FHT professionals do not participate in the group, reinforcing the hegemonic practice of biomedicine in disagreement with the recommendations, because these professionals could also contribute greatly to mothers with information.

The insertion of professionals in conducting home visits fosters the creation of linkages and understanding of the social determinants illness, the risk assessment and vulnerability of the individual and family. It is a space that should be strengthened promotion and disease prevention.

Children and pregnant women are a priority in the home visits, especially children considered at risk, even a year old. The home care is the main strategy for monitoring these children, which is held in the weighing, control of the immunization schedule and encouraging breastfeeding.

The health professional has great importance in encouraging breastfeeding, supporting and nurturing the clarifying questions by monitoring pre-and postpartum, forming groups of mothers during child care and promoting campaigns encouraging because the As known reasons contributing early weaning, operates to more effectively prevent the mesmos26. The childcare on both teams, is performed by the nurse and the doctor participates only when the child is ill, strengthening medical practice that is still based on the curative model. In another study it was also found that the doctor attends only enfermas27 children.

The monitoring of growth and development is what structure the care of complete health care possible to identify the child's specific needs and is a practice that deserves to be rescued.

The IMCI strategy is another of the Ministry of Health, which involves actions for health professionals who treat children in primary health care in Brazil. The Ministry of Health IMCI that entails, along with the service organization and a process of continuing education, the family and the community, to gain a significant improvement in health indicators in the country, particularly in reducing child mortality.

In the two teams studied the postpartum visit is not performed for all pregnant women and newborns. Often the time that appears in the child unit. Several studies report that these visits are of great importance in primary care to health because these are early days we can establish the practice of breastfeeding, and this early period of a child's life, breastfeeding can become a success or replaced by artificial feeding (BRAZIL, 2006, BRAZIL, 2009b, Catafesta, 2009). Often the time the child attends the Unit to make the first visit a month is leveraged to make the assessment on the mother and newborn. Visit puerperal must be held within 42 days after delivery, and if the mother has not appeared for the first week of full health in Unity, these actions must be done in the postpartum visit (BRAZIL, 2005).

The follow-up immunization schedule for children is done during routine visits and home visits. As reported in the statements, the active search for children with delayed vaccine is strategic action within the ESF and helps in the prevention of infectious diseases.

The National Immunization Program (NIP) is also created in 1973 representing a gimmick to promote child health and consequent prevention of mortality in this age group. Vaccination coverage has increased rapidly since its inception and is now almost universal (VICTORA, 2011).

Family planning was also cited as a strategy for reducing child mortality by stimulating the interval, a minimum of two years (BRAZIL, 2005).

**CONCLUSION**

To qualify and reorganize the health system with the goal of reducing child mortality, the Ministry of Health created the agenda for the overall health of children and reducing child mortality, which includes the practices of all staff at all levels complexity. Emphasizes the importance of establishing the ESF and PACS as the preferred gateway to the health system and that they are contributing to the reduction of IMR (BRAZIL, 2004). In this study, despite the TMI FHS and PACS are over 10 deaths / thousand live births, the practices performed in their respective areas ascribed decreased the incidence of deaths. Regarding the practice of the teams surveyed, they shall ensure collective education for the population, through groups, as recommended by MS, with a focus on the promotion and disease prevention.

In line with the actions recommended by the agenda of comprehensive care child health and reducing child mortality, family planning was not recognized by the professional team 2 while potential strategy for reducing child mortality. Still on team 2, attention to nutritional disorders is fragile because health workers do not have the balance and strength of mothers attend with their children in childcare, hampering the monitoring of children who are at risk of low birth weight or overweight. Malnutrition is placed as one of the main actions that should be prioritized by health services, according to the schedule of commitments to the health of the child and child mortality reduction (BRAZIL, 2004). Thus, this policy is not being followed according to the protocol of the Ministry of Health

There was controversy about the time and day of visit in puerperal both teams. The first days of life of a newborn is characterized by greater vulnerability and risk of disease and consequently a higher neonatal mortality. This is a critical time to ensure child health (BRAZIL, 2005).

Attention to the needs anemia is impaired by insufficient medication (folic acid and ferrous sulphate) in both teams. Anemia, particularly iron deficiency, is an important risk factor that needs to be avoided during pregnancy, since according to the World Health Organization to severe anemia and malnutrition are the most important factors affecting fetal growth and birth weight, thus contributing for perinatal mortality (Guerra et al, 1990).

Among the difficulties posed by interviewees was unanimous to address the difficulty in pregnant adolescents. As a strategy, the family should be part of this moment, because most do not have family support, lack stable partnership and living with a pregnancy that was not planned. All these variables must be considered to get pregnant this early uptake. And to ensure comprehensive care to children, lifelong learning teams is extremely important for the full inclusion of all professionals, leveraging the potential of the whole multidisciplinary team. Must have as its primary focus the global vision of the mother and child, entered the environment they live in, and identified through risk assessment and vulnerability, placing the family in this process. Thus, the focus on the child or the mother will not be fragmented and these are seen in an integral way. (BRAZIL, 2004).

Infant mortality was higher in the area covered by the PACS (20/1000) compared with the area covered as PSF (15/1000), it was found that the number of registered families (the largest PACS), the territory without boundaries (PACS) the provision of limited services and no use of Agenda for Reducing child mortality will (PACS), better conceptualization and identification of determinants regarding child mortality by the FHP, indicated that this decisive difference between the two rates found. The study also suggests a deeper understanding of these issues, however, the magnitude of the problem (MI), mister indicate it is the replacement of PACS by PSF teams, because they are more complete (services offered, professional, well-defined territories and ascription population) to meet the challenge of successful reduction of child mortality as recommended Reduction Agenda MI.

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**EVALUATION OF EFFECTIVENESS OF INFANT´S MORTALITY REDUCTION PRACTICES IN AREA COVERED AND NOT COVERED BY THE FAMILY HEALTH' STRATEGY IN GARANHUNS-PE**

**ABSTRACT**

The research aimed to analyse the effectiveness of health care practices turned to reduce infant mortality in the area covered and not covered by the Family Health Strategy (FHS), in the city of Garanhuns-PE. It is an evaluative study with quantitative and qualitative approach, which was based on secondary sources from the Health´s Departament, the Information System of Primary Care (SIAB), through the survey of the number of live births and infant deaths during the years 2007 to 2011 and primary sources, through semi-structured interviews with 15 professionals who are directly connected with the child's health and reducing child mortality. For the treatment of secondary data was calculated the infant mortality rate by the direct method, recommended by Health´s Departament. For analysis and interpretation of primary data were used the technique of the Collective Subject Discourse (CSD), with application of the software Qualiquantisoft. It was concluded that the majority of intervieweds are unaware of the concepts of mortality and infant mortality rate (IMR), as well as the agenda of health care of the child and reducing child mortality. The children and pregnant women´s care showed up as weakened in areas of study, especially the actions aimed to combat malnutrition, deficiency anemia, postpartum, breastfeeding and integrality´s care in the health system. In both teams, practices are more focused on the biomedical model in disagreement with the recommendations of the agenda and Health´s Departament, which have focused health promotion. It is necessary to reorganize the practices of primary health care with emphasis on reducing child mortality and follow the recommendations of the child mortality reduction´s agenda, as recommended by Health´s Departament.

**KEYWORDS:** infant mortality, health evaluation; primary health care

**ÉVALUATION DE L'EFFICACITÉ DE LA PRATIQUE DE RÉDUCTION DE LA MORTALITÉ INFANTILE DANS LA ZONE COUVERTE ET NON COUVERTS PAR LA MUNICIPALITÉ DE FHS GARANHUNS-PE**

**RÉSUMÉ**

La recherche visait à analyser l'efficacité des pratiques de soins de santé visant à réduire la mortalité infantile dans la zone couverte et non couverte par la Stratégie de santé familiale (FHS), dans la municipalité de Garanhuns-PE. Il s'agit d'une étude d'évaluation de l'approche quantitative et qualitative, basée sur des sources secondaires du ministère de la Santé (MoH), le système d'information de soins de santé primaires (SIAB), à travers l'enquête sur le nombre de naissances vivantes et de mortalité infantile au cours des années 2007 à 2011 et de sources primaires, par entretiens semi-structurés avec 15 professionnels qui sont directement liés à la santé de l'enfant et réduire la mortalité infantile. Pour l'analyse et l'interprétation des données primaires, nous avons utilisé la technique du discours Sous réserve collective (CDD). Il a été conclu que la majorité des répondants ne connaissent pas les concepts de mortalité et le taux de mortalité infantile (TMI), ainsi que l'ordre du jour des soins de santé de l'enfant et réduire la mortalité infantile. La prise en charge des enfants et des femmes enceintes est affaibli domaines d'étude, en particulier les actions visant à lutter contre la malnutrition, les carences anémie du post-partum, l'allaitement et les soins intégrés dans le système de santé. Il est nécessaire de réorganiser les pratiques de soins de santé primaires en mettant l'accent sur la réduction de la mortalité infantile et de suivre les recommandations de l'ordre du jour permettra de réduire la mortalité infantile, tel que recommandé par la SP.

**MOTS-CLÉS:** la mortalité infantile, l'évaluation de la santé, la santé primaire

**EVALUACIÓN DE LA EFICACIA DE PRÁCTICAS PARA LA REDUCCIÓN DE LA MORTALIDAD INFANTIL EN LA ZONA DE COBERTURA Y CUBIERTO NO POR EL MUNICIPIO DE ESFGARANHUNS-PE**

**RESUMEN**

La investigación tuvo como objetivo analizar la eficacia de las prácticas de atención de salud tendentes a reducir la mortalidad infantil en el área de cubiertos y no cubiertos por la Estrategia Salud de la Familia (ESF), en el municipio de Garanhuns-PE. Se trata de un estudio de evaluación con enfoque cuantitativo y cualitativo, que se basa en fuentes secundarias por parte del Ministerio de Salud (MS), el Sistema de Información de Atención Primaria (SIAB), a través del estudio del número de nacidos vivos y muertes infantiles durante los años 2007 a 2011 y de las fuentes primarias, a través de entrevistas semi-estructuradas con 15 profesionales que están directamente relacionados con la salud del niño y la reducción de la mortalidad infantil. Para el análisis e interpretación de los datos primarios se utilizó la técnica del Discurso del Sujeto Colectivo (DSC). Se concluyó que la mayoría de los encuestados no son conscientes de los conceptos de la mortalidad y la tasa de mortalidad infantil (TMI), así como el orden del día de la atención médica del niño y de la reducción de la mortalidad infantil. El cuidado de los niños y las mujeres embarazadas se debilita áreas de estudio, especialmente las acciones destinadas a combatir la desnutrición, las deficiencias de la anemia, post-parto, la lactancia materna y la atención integral en el sistema de salud. Es necesario reorganizar las prácticas de atención primaria de la salud con énfasis en la reducción de la mortalidad infantil y el seguimiento de las recomendaciones de la agenda será reducir la mortalidad infantil, según lo recomendado por la EM.

**PALABRAS CLAVE:** mortalidad infantil, la evaluación de la salud; Primaria de Salud

**AVALIAÇÃO DA EFETIVIDADE DAS PRÁTICAS PARA REDUÇÃO DA MORTALIDADE INFANTIL EM ÁREA COBERTA E NÃO COBERTA PELA ESF NO MUNICÍPIO DE GARANHUNS-PE**

**RESUMO**

A pesquisa teve como objetivo analisar a efetividade das práticas de atenção à saúde voltadas para redução da mortalidade infantil, em área coberta e não coberta pela Estratégia de Saúde da Família(ESF), no município de Garanhuns-PE. Trata-se de uma pesquisa avaliativa, com abordagem quanti-qualitativa, que teve como base, fontes secundárias do Ministério da Saúde (MS), o Sistema de Informação da Atenção Básica (SIAB), por meio do levantamento do número de nascidos vivos e óbitos infantis durante os anos de 2007 a 2011 e fontes primárias, através de entrevistas semi-estruturadas com 15 profissionais que estão ligados diretamente com a saúde da criança e redução da mortalidade infantil. Para análise e interpretação dos dados primários foi utilizada a técnica do Discurso do Sujeito Coletivo (DSC). Concluiu-se que a maioria dos entrevistados desconhecem os conceitos de mortalidade e taxa de mortalidade infantil (TMI), bem como a agenda de atenção a saúde integral da criança e redução da mortalidade infantil. A atenção à criança e gestante encontra-se fragilizadas nas áreas em estudo, principalmente às ações voltadas para o combate à desnutrição, anemias carências, puerpério, aleitamento materno e a integralidade da atenção na rede de saúde. É necessário reorganizar as práticas da atenção primária à saúde com ênfase na redução da mortalidade infantil e seguir as recomendações da agenda de redução á mortalidade infantil, preconizada pelo MS.

**PALAVRAS-CHAVE:** mortalidade infantil, avaliação em saúde, atenção primária à Saúde.