

MANAGEMENT STRATEGIES FOR THE IMPLEMENTATION OF THE STORK NETWORK MODEL AT A PUBLIC MATERNITY IN CURITIBA

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ABSTRACT: The objective was to analyze the strategies adopted for the implementation of the guidelines of the Stork Network from managers' perspective. An exploratory research with a quantitative and qualitative approach was undertaken. The data were collected in 2015 through interviews with three strategic managers from a common-risk maternity hospital in a capital in the South of Brazil. The analysis method of the Collective Subject Discourse was used with the software Qualiquantisoft®. The following categories emerged as results, among others: Strategies for the implementation of the Care Model, and Strategies for the structural reorganization of the management model, which lead to the implementation of the care model recommended by the Stork Network. In the light of this research, it can be concluded that the management's proposal to implement a humanized care model based on scientific evidence is under construction, with valuable advances, the teams' effort and the valuation of the professional who drives the change actions, putting in practice the continuous improvement of care.

DESCRIPTORS: Public health policies; Maternal-infant health; Birthing centers; Health management.

ESTRATÉGIAS DA GESTÃO PARA IMPLANTAÇÃO DO MODELO DA REDE CEGONHA EM UMA MATERNIDADE PÚBLICA DE CURITIBA

RESUMO: Objetivou-se analisar estratégias adotadas para a implantação das diretrizes da Rede Cegonha, sob a perspectiva de gestores. Trata-se de uma pesquisa exploratória, de abordagem quanti-qualitativa, cuja coleta de dados ocorreu em 2015, mediante entrevistas a três gestores do nível estratégico de uma maternidade de risco habitual em uma capital do sul do Brasil. Utilizou-se o método de análise do Discurso do Sujeito Coletivo com apoio do software Qualiquantisoft®. Como resultados, emergiram as categorias, entre outras: Estratégias para implantação do Modelo Assistencial, e Estratégias para reorganização estrutural do modelo gerencial, que foram condizentes à implantação do modelo assistencial preconizado pela Rede Cegonha. Pode-se concluir, sob a luz desta pesquisa, que a proposta da gestão em implantar um modelo humanizado, pautado em evidências científicas, está em processo de construção, com avanços valiosos, empenho das equipes e valorização do profissional impulsionando as ações de mudança, concretizando a efetivação do cuidado em permanente aprimoramento.

DESCRIPTORIOS: Políticas públicas de saúde; Saúde materno-infantil; Centros de assistência à gravidez e ao parto; Gestão em saúde.

ESTRATEGIAS DE LA GESTIÓN PARA IMPLANTACIÓN DEL MODELO DE LA RED CIGÜEÑA EN UNA MATERNIDAD PÚBLICA DE CURITIBA

RESUMEN: La finalidad fue analizar estrategias adoptadas para la implementación de las directivas de la Red Cigüeña, bajo la perspectiva de gestores. Se trata de una investigación exploratoria, con aproximación cuanti-cualitativa. Los datos fueron recolectados en 2015, mediante entrevistas con tres gestores del nivel estratégico de una maternidad de riesgo habitual en una capital del sur de Brasil. Fue utilizado el método de análisis del Discurso del Sujeto Colectivo con apoyo del software Qualiquantisoft®. Como resultados, emergieron las categorías, entre otros: Estrategias para implantación del Modelo Asistencial, y Estrategias para reorganización estructural del modelo gerencial, que llevaron a la implantación del modelo asistencial preconizado por la Red Cigüeña. Se pudo concluir, a la luz de esta investigación, que la propuesta de la gestión en implantar un modelo humanizado, pautado en evidencias científicas, está en proceso de construcción, con avances valiosos, empeño de los equipos y valoración del profesional, impulsando las acciones de cambio, concretizando la práctica del cuidado en permanente perfeccionamiento.

DESCRIPTORIOS: Políticas públicas de salud; Saludmaterno-infantil; Centros de asistencia al embarazo y al parto; Gestión en salud.

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● INTRODUCTION

High-quality prenatal care contributes to the reduction of damage for the pregnant woman and infant. Nevertheless, the improper use of technologies or unnecessary interventions can cause damage to the mother and infant⁽¹⁾.

In spite of advances in childbirth care in Brazil, the reduction of maternal and infant morbidity and mortality remains a challenge, since the quality of care is still not satisfactory. The initiatives still seem to be ineffective though for the necessary change in the model of obstetric care, which has been labeled as extremely interventionist, expressed in the highest cesarean rates in the world⁽¹⁾.

In this scenario, in 2011 the Ministry of Health presented the strategy Stork Network, a network of care with the scope of ensuring women the right to reproductive planning; Humanized care to pregnancy, childbirth, the postpartum and the child; Safe birth; as well as healthy growth and development. This network is classified into four components: I. Pre-Natal; II. Giving birth, III. Postpartum and Comprehensive Care to Children's Health; and IV. Logistics System, including Health Transport and Regulation⁽²⁾.

This research is developed under the recommendations of Component II. Giving Birth, under the responsibility of maternity hospitals, which includes the prioritization of actions related to good practices in birth care, associated with investments for professional growth and qualification, as well as humanized and quality care based on scientific evidence and centered on women.

With the adhesion to the Stork Network, the managers of health institutions are responsible for conducting care in accordance with the guidelines of this strategy. Through the development of planning, organization, direction and control actions, they need to manage human, technological, financial, physical and information resources in order to achieve the goals established in the management contract with the Unified Health System⁽²⁾.

The main practice in the management of health services is the optimization of service functioning in order to achieve efficiency, efficacy and effectiveness, through knowledge and administrative techniques. Consequently, this optimization requires frequent and periodic evaluations, in response to the development of management actions, and which will support decision making⁽³⁾, aiming at the reorganization and improvement of services.

Therefore, in addition to carrying out the strategic planning of the institutions under their responsibility, managers need to put the strategies into action and establish mechanisms to control, monitor and evaluate these strategies.

This research can collaborate with other women's health services that are in the process of implementing the Stork Network. Its objective was to analyze the strategies adopted by the management to implement the guidelines of the Stork Network at a common-risk public maternity, from the perspective of the managers.

● METHOD

This is an exploratory, qualitative-quantitative research, developed at a public maternity hospital in the city of Curitiba, Paraná state. Data collection was performed with semi-structured and individual interviews, carried out in the second half of 2015. The participants included in the survey were three managers responsible for the institution's strategic level. The interviews were audio-recorded, lasting one hour, previously scheduled according to availability and place of preference of the participants, ensuring their privacy, guided by the following question: "Tell us, in your perspective, how the implementation of the guidelines of the Stork Network took place at the maternity".

Based on the managers' answers to the guiding question, we obtained the Discursive substrate that was analyzed according to the Collective Subject Discourse (DSC) proposal, with the support of the Qualiquantisoft[®] software (QQT). By means of significant expressions in the discourse, the categories of analysis emerged: 1) Difficulties found for the implantation of the Care Model of the

Stork Network; 2) Change of paradigm; 3) Management strategies for structural reorganization; 4) Strategies for the implementation of the Care Model of the Stork Network; and 5) Results obtained after the implantation of the Stork Network in the maternity hospital, these being the discourses that were used as methodological resources and the construction of the synthesis discourse⁽⁴⁾.

The ethical aspects were respected and the research project was approved by the Ethics and Research Committee of *Universidade Federal do Paraná*, under Opinion No. 1.126.087. The feasibility of the research was approved by the Ethics Committee of the Municipal Health Department of Curitiba-PR.

● RESULTS

Based on the managers' discursive substrates, organized and analyzed according to the Collective Subject Discourse Method, the following categories emerged, among others: Strategies for the structural reorganization of the Management Model (Figure 1) and Strategies for the implementation of the Stork Network Care Model.

Figure 1 – Management Strategies for the Structural Reorganization of the Management Model. Curitiba, PR, Brazil, 2015

Strategies	Structural reorganization
Hiring of professionals	Admission through public selection process.
Integration and welcoming of new collaborators	Objective of presenting the institution's philosophy.
Physical structure adaptations	Readjustment of spaces for care and the construction of an external garden for women who are delivering to walk.
Creation of Nurse-Midwife function	Exam and hiring of five nurse-midwives.
Creation of management board	Frequent meetings among directors, managers, coordinators and care professionals to organize the service.
Organization of Standing Committee to monitor the maternity hospital	Committee including representatives of the institution, workers, users and municipal representatives as a form of local control
Organization of work at the maternity hospital	Definition of flows, protocols and routines.
Care indicators	Elaboration of indicators, setting of targets and monitoring.

The management of the maternity hospital reorganized its Management Model, in order to adapt it to the guidelines proposed by the Stork Network, starting with the hiring and integration of new professionals. In this model, five nurse-midwives were inserted in the staff to begin attending to childbirth and birth, with a specific salary and position.

"[...] We must value who is coming up with new proposals, with new knowledge, with various qualities, several good things ... what we have always tried to work at the maternity is that each person has his space, limits and autonomy, always with limits and respect."

"I always say that he should do to others what he would like them to do for you, to treat patients with respect, care, and affection as he would wish to be treated without becoming emotionally involved, but we can be affectionate within respect and ethics."

As a management strategy to reorganize the Management Model, there was also a need to adapt the physical structure, including breastfeeding support room, integrative practices room, and employee rest room. According to the managers, the employee is an essential tool in working with the patients:

"[...] I believe that our greatest tool is the collaborator, and we always work on the issue of respect and humanization. When we inaugurated, for example, the practice room, which has a foot bath, the first ones that did it were the employees. [...] We give the opportunity to both women and our employees, also thinking about their well-being."

"[...] We also created a Management Board, which is not only the management, but it is enlarged with the multiprofessional team. If necessary, we call other professionals to present the difficulties to us, the suggestions in order to work better."

In relation to the Standing Committee to Monitor the Maternity Hospital, managers point to several strategies that include community participation, with a view to facilitating the discussion about what has been done, as well as favoring feedback from the user population for the progressive improvement of the service:

"[...] we also created a sort of 'guidance' from the Municipal Health Council, the Maternity Monitoring Committee, similar to a Local Council constituted by managers, workers, and users from the city, enabling us to show our work, discussing the changes, while they bring the results from the community."

The managers also mention the importance of the indicators monitored by the maternity hospital, which are agreed upon annually in the management contract, as well as the goals to be reached and evaluated:

"[...] We perform monthly monitoring through indicators of care and action plans to improve our services. [...] We have all good practice indicators, we monitor infection rates [...], and everything that is done at the hospital. We discuss the data, at least every two months, so that we can evaluate with the Management Board, and also be presented for social control to the Secretariat and head of the unit ... "

Table 2 describes the management Strategies for implementing the Care Model within the Stork Network guidelines.

Figure 2 – Management strategies to implement the Care Model. Curitiba, PR, Brazil, 2015 (continues)

Strategies	Implementation
Elaboration of care protocols	Training of multidisciplinary team based on protocols developed in an integrated manner by the care professionals.
Sensitization of teams about humanization and evidence-based practice	Training and courses.
Activities of nurse-midwives	Direct care to the woman during delivery and birth.
Effective implementation of Good Practices for Delivery and Birth Care/WHO* and Stork Network	Globally recommended evidence-based practices.
Use of non-pharmacological methods for pain relief	Methods offered to women giving birth, such as massage, therapeutic bath and exercises on the Swiss ball, silent environment, shadow and music
Integrative practice room	Space adapted to receive women giving birth for relaxation, with care like massage, aromatherapy and foot bath.
Welcoming with risk classification	Care ranked by priority.
Training and inclusion of voluntary community doulas	Training course offered by maternity hospital for women from the community to include them in the support for women giving birth.
Professional training	Residency program in obstetric nursing with theoretical-practical support from obstetric care in the humanized model.

Health education: right to information	Prenatal consultation with nurse from the maternity (37 weeks of pregnancy). Construction of birth plan. Workshops for pregnant women and relatives. Advisory consultation upon discharge with the nurse.
Actions to promote bonding between professionals and managers	Ecological ultrasound (painting of the baby on the mother's belly); Printing of the placenta Belly molds (made out of plaster)
Humanized care for infants	Care for the infant during the first hour is postponed
	Use of vest and promotion of skin-to-skin contact during first hour Ofuro bath for infant

*WHO – World Health Organization

In relation to the qualification of the team, the managers appoint the following strategies: a technical visit of the managers to a reference service; the participation of nurse-midwives in a 15-day training course at a referral hospital in humanized labor, promoted by the Ministry of Health; doula courses, offered by the Maternity itself for voluntary work, according to the philosophy of the institution; training of the administrative team; support with emphasis on welcoming; and breastfeeding course for the whole team.

"[...] Another strategy of the Ministry of Health was to take the nurse-midwives to an immersion and improvement course, they stayed for 15 days at the Hospital Sofia Feldman, a reference for humanized childbirth. So we brought and implemented these processes in a more peaceful way, because we saw how it worked there and we adapted it here [...]. From this experience I, as a manager, strengthened myself even more, believing that it is possible to develop the autonomy of women."

Teamwork is essential for planning and implementation to occur according to the guidelines of the Ministry of Health and the Municipal Health Department (SMS). According to the managers, however, the participation of the nurses was more intense at first, with the development of protocols and routines, whose product was delivered to the other professionals who did not participate in this construction.

"[...] For the Stork Network, we developed protocols. The first one, on childbirth and birth, has been described based on the Stork Network itself, WHO guidelines and good practices ... The second protocol has already advanced a lot and had a more effective participation not only of the physician, the nurse, the manager, but of the whole multiprofessional team, which permitted changing the process in a calm way."

Managers say that the institution encourages teamwork. The nurse-midwife's performance, considering her legal and technical-scientific competence, implies essential care in guaranteeing the safety of the mother and the infant, besides offering humanized care, based on scientific evidence.

"[...] The professionals take the shift together, they already discuss a plan for that woman. The partogram is a joint, participatory work. But even in childbirth that has intervention, that does not mean that there will be no nursing care [...]."

Health education is a highly valued issue as a management strategy because, when the woman and her companion are oriented, they can contribute significantly to the birth process. In this perspective, the managers recognize that the team collaborates to insert the woman in the actions developed by the professionals, such as the workshop of the pregnant woman, the consultation of 37 weeks, the post-partum discharge consultation, and also the construction of the birth plan and the integrative practices.

"[...] At the end of 2014, we implanted the consultation in the 37th week with the Maternity nurse, considering that the woman needs to participate in her care. Because it is no use to change the Care Model if the population does not believe it. [...] so that she arrives at the maternity hospital on the day

of the most empowered birth ... “

The managers point out that, in order to change the care model and insert good practices in childbirth care, as well as professionals involved in the change, it is necessary to communicate effectively, since it is essential to provide information to the woman since the pregnancy period, so that she becomes participatory, autonomous and empowered in the decisions of her delivery.

“[...] Communication is important because women sometimes do not know their rights. It is up to us professionals to clarify this! We should guide women about the care they can receive as a whole, from the Obstetric Center to the Integrative Practice Room. We explain what we have to offer, we know what her expectations are. We work with ambience and not the environment, we have to give this woman everything she needs [...].

The managers reiterate that it is important to promote the protagonist role of the woman since the pregnancy and during the delivery and birth, together with her companion, with a view to her satisfaction with the service.

“[...] During labor, there are other practices that are done that help the patient and respect her moment: the ball, the music, the shadow, diminished conversations [...], several things that calm the patient down”.

● DISCUSSION

In the managers' discourse synthesis, it was evident that the direction of management actions seeks to implement a new model of obstetric care. And, according to authors, the condition for changing the model is to turn to human relations among professionals, the woman and her family. Therefore, it is essential to understand that humanized attention is relational⁽⁵⁾.

The importance the maternity managers give to the professionals' awareness of a new Care Model, as recommended by the Stork Network, is revealed in the responses, highlighting the emphasis they assigned to the fundamental role of management in this process. The technocratic model is the reality in several services. When the professional is faced with the management demand for change in this reality, there may be questioning and resistance. It is understood that the change of the Care Model in obstetrics requires a cultural change, not just the implementation of actions. In this sense, the process of change needs to be developed over a longer period, based on scientific evidence, positive results, and the satisfaction of the women attended by the service⁽⁶⁾.

It is believed that to carry out these humanized practices, time, care and continuous observation are necessary, and that the nurse-midwife is the professional who has these characteristics, as she develops the essence of this care. And according to publications, obstetrical care practices advocated in Public Policy include respect for women's privacy and their choice of the place and position of childbirth; the stimulus to walk; constant information; the use of non-pharmacological methods for pain relief, among others⁽⁷⁾.

The managers emphasize the importance of the monitoring and monitoring of care indicators, which began to be realized in the implantation of the Stork Network at the maternity investigated. According to researchers, to obtain good results, the professionals' involvement and commitment is necessary. To this end, it is the task of management to form work groups with specific skills, composed of care professionals, continuing education, and service leaders, so that discussions are well founded and problem-solving⁽⁸⁾.

Authors mention that, in democracy, the search for citizenship and the guarantee of users' rights mobilized the creation of new participatory entities in the management of the Unified Health System (SUS). Examples include: participatory management; sectoral chambers; technical committees; work groups; and a management board, among others. These scenarios promote the participation of society, through its representatives, which, together with the active participation of professionals, has provided answers and more immediate results⁽⁸⁾.

The development of goals, action plans and monitoring of indicators have been reported, which

integrate the search for service quality. In the field related to health care, authors defined quality as “obtaining the greatest benefits with the lowest risks to the patient and the lowest cost”, focusing on the triad of structure - process - outcome management. With regard to patient safety, it is argued that the involvement of the patient herself in the care services and in her decisions, as an active actor, constitutes a fundamental element for the quality of care⁽⁹⁾.

The managers highlight the insertion of the nurse-midwife in the delivery and birth context. They point out that these contribute significantly to the change in the Care Model. It is reiterated that their professional practices are the welcoming and offering of non-pharmacological methods for pain relief and humanized care. These practices were highlighted in the discourses as frequently used at the maternity, and their contribution to the implementation of the Good Practices of delivery and birth care was evidenced.

Authors evidence that, in her education, the nurse-midwife has contemplated in its formation the philosophy of humanized care, as recommended by WHO. Thus, she needs to provide specific and qualified professional care, in a cross-sectional and integrated way, to the parturients. Therefore, it should involve knowledge of several disciplines in the construction of care that promotes the comfort and autonomy of the women. And as a strategy, the encouragement of women, based on scientific evidence, for the recognition and development of their own abilities, and the use of techniques favorable to the physiological evolution of labor are appointed⁽¹⁰⁾.

Other actions developed by the nurses and recognized by the managers are the Ecological Ultrasound, through which the position of the baby in the maternal womb is simulated; the preparation of the Mold of the Belly using plaster, providing a reminder of the pregnant abdomen; and also a Placental imprint on paper postpartum, as a real stamp, symbolizing the so-called “Tree of Life”. All these actions meet the principles of humanization and promote the bond among the woman, the companion and the professional, creating a pleasant and harmonious environment.

The humanized model departs from the empowerment of women, the promotion of health and the guarantee of sexual and reproductive rights. Given this concept, one can understand that the protagonist of childbirth is the woman and no longer the professional⁽⁷⁾.

The managers also appointed other essential strategies, understood as Health Education, since they were directed to orientations and information for the woman, such as the workshop of the pregnant woman, associated with lectures; consultation with the maternity nurse during prenatal care (37 weeks), with the individual construction of the birth plan; consultation of the nurse to prepare the patient for discharge.

Studies show that health education in the pregnancy-postpartum cycle is fundamental for the pregnant woman, as it promotes greater safety and minimizes future complications, as well as reduces maternal frustration and anxiety, also providing appreciation of the future experiences, greater knowledge and mastery over her body and, above all, enabling her to participate in decisions about her pregnancy, childbirth and birth⁽¹¹⁾.

Among the care strategies the managers put into action, the construction of the Individualized Birth Plan by the pregnant woman, under the guidance of the institution’s nurses, stands out. The birth plan is a document written by the pregnant woman, after having received the guidelines on the process of labor and birth, and considers her values, desires and particular needs, contemplating options based on Good Practices, to direct their care during childbirth⁽¹²⁾.

The Obstetric Nursing Residency Program is also understood as a strategy from the perspective of managers, since it is considered that the presence of training generates environments for discussion, questioning and research incentives. These contexts promote reflexive criticism and professional growth through sharing and knowledge-integrated search.

The Obstetric Nursing Residency Course is seen as a promise of educational actions with greater potential to qualify nurses with technical skills, who perform care based on humanization and scientific evidence⁽¹³⁾.

Finally, it is acknowledged that institutional protocols should be based on Public Policies and

scientific evidence, since both aim to direct the conducts and actions of health teams.

Nevertheless, the construction of humanization processes and evidence-based work are not always present in institutions. The explanation for this dyssynchrony is based on the fact that such changes require, in addition to the technical competence of each professional, a different human disposition.

In this perspective, professionals need to be present and available and also seek to understand and respect women and their companions, as well as professionals from other areas, opening up to dialogue and sharing of knowledge, in order to take an interdisciplinary attitude and eliminate isolated conducts⁽⁵⁾.

● CONCLUSION

The Maternity management team defined a new Care Model to be built, based on which it chose effective strategies to follow up on this proposal. Initially, it disseminated among the professionals the Decrees and Guidelines, furthered the development of care protocols, set goals and adopted indicators. Linked to these strategies, it created the Management Board and the Standing Monitoring Committee, whose roles were to aggregate discussions to improve the service and to act in the social control, respectively.

As a marked differential of this management, the effective performance of the nurse-midwife in the delivery and birth care stands out. It should be emphasized that the General Management is led by a Nurse and the Manager and Coordinators are nurse-midwives, a scenario that highlights the vision of the specialist in the management process, and firmly establishes the path consistent with the guidelines of the Stork Network, contributing to humanized care.

It is recognized that the commitment of the managers to the proposal to change the Care Model was fundamental, enabling the implementation of the principles and recommendations of the Stork Network model, in which care for childbirth and birth should be based on humanized care and scientific evidence.

Management's concern with the work of health education was clear, including the empowerment of women for delivery and birth, mediated by information based on their rights and evidence of best practice. These actions strengthen the bond between professionals and women, promote greater knowledge of issues related to childbirth and birth, fostering the protagonism and satisfaction of women and their companions during care.

The offering of the Residency Program in Obstetric Nursing at the Maternity was identified as valuable and demonstrates the management's concern to provide the future nurse-midwives with qualified training, based on the SUS precepts and scientific evidence.

Finally, in the light of this research, it is believed that the management's proposal to implant a humanized model, based on scientific evidence, is under construction, with valuable advances, commitment of the teams and valuation of the professional impelling the actions of change, concretizing the effectiveness of continuously improving care.

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