

ENFERMEIROS NO FORTALECIMENTO DA REDE DE SAÚDE NUMA CIDADE DO TRIÂNGULO SUL/MINAS GERAIS

NURSES IN THE STRENGTHENING OF THE HEALTH NETWORK IN A CITY IN THE SOUTH TRIANGLE/MINAS GERAIS

ENFERMEROS EN EL FORTALECIMIENTO DE LA RED DE SALUD EN UNA CIUDAD DE TRIANGULO SUL/MINAS GERAIS

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RESUMO

Objetivo: investigar as ações desenvolvidas por Enfermeiros para fortalecer da Rede de Atenção à Saúde em uma cidade do Triângulo Sul de Minas Gerais. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizado com 12 enfermeiros das Estratégias de Saúde da Família de uma cidade do Triângulo Mineiro. Os dados foram obtidos por meio de entrevista individual semiestruturada e foram submetidos à Análise Temática. **Resultados:** as temáticas identificadas foram: descontinuidade da comunicação entre os níveis de atenção à saúde; parceria com alguns serviços especializados; promoção da saúde da população; atendimento às gestantes. **Conclusão:** dentre as ações desenvolvidas para o fortalecimento da Rede, destacam-se: promoção e proteção da saúde, ações educativas sobre o fluxo e a operacionalização da Rede, e parcerias com alguns serviços especializados e setor social. Contudo, ainda se faz necessário o estabelecimento de parcerias com outros serviços de saúde que trabalhem com a saúde do trabalhador, saúde do idoso, saúde da criança e outros setores do desenvolvimento e educação.

Descritores: Enfermagem; Rede de cuidados continuados de saúde; Sistema único de saúde.

ABSTRACT

Objective: To investigate the actions developed by Nurses to strengthen the Health Care Network in a city in the South Triangle of Minas Gerais. **Method:** a descriptive, exploratory, qualitative study carried out with 12 nurses from the Family Health Strategies of a city of the Triângulo Mineiro. The data were obtained through a semi-structured individual interview and were submitted to the Thematic Analysis. **Results:** the themes identified were: discontinuity of communication between levels of health care; partnership with some specialized services; health promotion of the population; care for pregnant women. **Conclusion:** Among the actions developed to strengthen the Network, the following stand out: promotion and protection of health, educational actions on the flow and operation of the Network, and partnerships with some specialized services and social sector. However, it is still necessary to establish partnerships with other health services that work with worker health, elderly health, child health and other development and education sectors.

Keywords: Nursing; Network of continued health care; Health Unic System.

RESUMEN

Objetivo: investigar las acciones desarrolladas por enfermeros para el fortalecimiento de la Red de Atención a Salud en una ciudad de Triangulo Sul de Minas Gerais. **Método:** estudio descriptivo, exploratorio, de abordaje cualitativo, realizado con 12 enfermeros de Estrategias de Salud Familiar de una ciudad de Triângulo Minero. Los datos fueron recogidos por medio de entrevista individual semiestructurada y fueron sometidos a Análisis Temático. **Resultados:** fueron identificados los temas: discontinuidad de la comunicación entre los niveles de atención a la salud; asociación con algunos servicios especializados; promoción de la salud de la población; cuidado a mujeres embarazadas. **Conclusión:** Entre las acciones desarrolladas para el fortalecimiento de la Red, son destacadas: promoción y protección de la salud; acciones educativas sobre el flujo y la operacionalización de la Red y asociación con algunos servicios especializados y sector social. Sin embargo, aún es necesario el establecimiento de asociaciones con otros servicios de salud que trabajen con la salud del trabajador, salud del anciano, salud de los niños y otros sectores de desarrollo y educación.

Descritores: Enfermería; Red de cuidados continuados de salud; Sistema único de salud.

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INTRODUCTION

The Health Care Networks (HCN) comprise services and actions that intervene in the health-disease processes with the aid of technological, logistical and management resources, to ensure the integrality of care and to improve the access, equity and effectiveness proposed by the Unified Health System (UHS)⁽¹⁾. In this sense, HCN is constituted by three elements: population, operational structure and health care model⁽²⁾.

However, the articulation between these elements is still fragile and, therefore, priority actions are proposed for the consolidation of HCN, of which the following stand out: communication between the existing health services in the different levels of health care, valorization of primary health care services health services as a "gateway" to the other services of the Network, meeting the individual and collective health needs of the community and universalizing health in all dimensions of care (health promotion, disease prevention, treatment, rehabilitation)⁽²⁾.

When addressing the correlation between the consolidation of HCN and the implementation of the principles of UHS, it is noticed that, among the HCN goals, integrality and resolubility are emphasized, since they cover all the dimensions of the proposed care, and UHS, to offer interventions for the promotion, protection, rehabilitation and maintenance of health.

From this perspective, it is important to note that the organization of networked services aims to provide integral, humanized and continuous care to the population. Therefore, Primary Health Care (PHC) occupies a strategic position in the center of the health network, and should be interconnected to other health care points in a horizontal and interdependent manner, which enables it to coordinate the flow and counterflow of care of the population ascribed⁽²⁾.

In this context of care, the nurse is contributing to the operationalization of the Family Health Strategy, being recognized by the community and the professionals as a reliable professional, who listens and seeks to facilitate and/or expedite care, performs home interventions when necessary. The insertion of this professional, in this context, is favored by its availability, general education, ease of communication and experience in the planning,

execution and evaluation of healthcare, administrative and educational health actions⁽³⁻⁴⁾.

In general, the role of nurses in HCN is to provide care guided by the principles of UHS (equality, completeness and universality) to users, aiming at promoting and protecting health, prevention of diseases, treatment, rehabilitation and maintenance of health. The nurse performs three important functions: educational, care and management. Among the educational functions are emphasized: to provide continuing education to nursing technicians and community health agents, as well as to promote education for community health. The care functions focus on the provision of individual and/or collective care to individuals and families. Also, the management of units, health programs, governmental and nongovernmental projects and/or community action, as well as the organization of health services and planning focused on the elaboration, coordination and execution of intervention and impact projects in the health sector comprise managerial functions⁽⁵⁾.

Thus, in the national scenario, nurses are responsible for the continuity of integral care to users, seeking to establish horizontal relationships and offer prevention, cure and rehabilitation services to maximize health and well-being, based on the centralization of the health needs of the population⁽⁶⁾. In England, which is one of the countries that prioritize the universalization of health, since the 1990s, the nurses' performance in primary health care has increased to ensure a better operationalization of HCN⁽⁷⁾. When considering the need to know the actions of nurses working in the PHC in strengthening HCN in a Brazilian reality, the following question was established: what actions are developed by nurses working in the Family Health Strategy to strengthen HCN?

From this perspective, this study aimed to investigate the actions developed by nurses to strengthen HCN in a city in the South Triangle of Minas Gerais.

METHOD

This is a descriptive, exploratory study with a qualitative approach, carried out in the health units of District 2 of a city in the interior of Minas Gerais, where there are three distinct sanitary districts. The estimated population for the year 2017 in that city is 328,272 people⁽⁸⁾ and the HCN is composed of the Basic Health Units that act as

gateway to the health system, Family Health Units with a responsible multiprofessional team for basic care and for the Health Matrix Units, which serve basic specialties⁽⁹⁾. Specifically, in District 2, there are more people in socially vulnerable situations and there are a large number of family health teams (fifteen) with 12 nurses working, which were sufficient to answer the guiding question of this study.

To obtain the data, an open interview was used at the health unit with the 12 nurses who were included in the following inclusion criteria: they had been in the Family Health Strategy for at least two years; were crowded into District 2 family health teams and agreed to participate in the study by signing the Informed Consent Form. The inclusion criterion was the period of two years of performance for the participants, since the intention was to reach nurses who were already adapted to the reality of the service developed in the health unit and in the municipal health network. Exclusion criteria were established: nurses who were on medical leave or away from work for other reasons, as well as those who did not agree to participate.

The professionals were contacted by telephone to schedule schedules, which occurred after authorization of the immediate heads of each of the health units, the headquarters of the respective health team of the family in which they worked. In this contact, they were also presented the risks, benefits and purpose of the study, also ensuring the confidentiality of the information offered.

For the elaboration of this instrument, the results of recent investigations⁽³⁻⁴⁾ that addressed the work of nurses in PHC in the managerial, educational and care contexts were valued. Based on this reality, the instrument focused on the following question: "What management, assistance and educational actions are you developing to strengthen HCN?"

The data collection took place in August and September 2016 and began after the authorization of the Research Ethics Committee (REC), through opinion 1,068,802, REC of the University of Uberaba, which was succeeded by the signing of the Informed Consent Form by the participants. To ensure confidentiality, excerpts of participants' speeches are presented by letter "E" followed by increasing numbers, according to the order of interviews.

The interviews were recorded and transcribed by the researchers and later

submitted to the Thematic Analysis, which is based on the discovery of the sense nuclei, which constitute a communication about the frequency or presence of some meaning for the object under analysis⁽¹⁰⁾. When considering this reference, the systematic reading of the previously organized material was carried out and the fragments that were repeated or had semantic similarity in the different registries were grouped. Subsequently, the constitutive elements of the theme were categorized, completing the three stages of analysis: pre-analysis; material exploration and treatment; and interpretation of the results obtained. In the final analysis, the data constructed during the collection were articulated to the theoretical framework, aiming to respond to the research objective⁽¹⁰⁾.

RESULTS AND DISCUSSION

Of the 12 nurses who participated in this study, all were female (100%), active for more than three years (80%), with a mean age of 36.3 years, married (60%), not working elsewhere (80%), and all had "lato-sensu" post-graduation in family health (100%).

From the systematization of the data, it was evidenced that the participants consider that their daily actions of the work contribute to the strengthening of HCN, but do not believe that they consolidate said Network, since the nurse is only one component of the health team that integrates the Family Health Strategy group. Thus, the following categories emerged from the data: communication between levels of health care; partnership with some specialized services; health promotion of the population and care for high-risk pregnant women.

Communication between levels of health care

As is the case with health systems in several countries around the world, the UHS is a fragmented system whose access is difficult and care tends to have its continuity compromised, which hinders the integrality of care offered. In general, the Brazilian health system does not fully meet the health needs of the population⁽¹¹⁾.

In seeking to structure health care and minimize this fragmentation, HCN was incorporated in Brazil, which seeks to provide continuous and integral care with resolubility, low cost, better quality and in a humanized way⁽²⁾.

The reference and counter referral system is the formal communication strategy between the levels of health care (primary, secondary and

tertiary) and is considered one of the interventions for the consolidation of said network. Thus, it is essential to evaluate the effectiveness of this formal communication system, which presents gaps in the daily routine of primary care, leading to discontinuation of care, as the participants expressed:

"The lack of reference and counter-reference hinder the work". (E4)

"We make the reference in print so that the user does not get lost in the Network, but almost always, never, we receive the return". (E9)

"We completed the reference guide to refer to another level of attention, but it is very difficult to receive the counter-reference." (E8)

In this context, even if the Family Health Strategy nurse has used the formally established communication system, there is an interruption in the "chain" of care, which can cause users to feel that their needs are not being met. This reality was addressed in the following statements:

"When we pick up and the patient walks in a queue that is not walking, we go to the UPAS and then this patient goes back to primary care and we never know what they do with him, but he believes the EHS has solved everything." (E1)

"Through the demands that come to the team, mainly by the community health agents, the team discusses and references to try to solve the" problem/case "and this makes the population do not believe in people. (E10)

From this reality, it is evident that the interdependence between services is a principle not recognized by the population nor by many health professionals. The difficulties of integrating the actions of the Basic Unit with the other levels of care have a negative affective connotation among professionals, which is expressed by revolts/indignation, dismay/disrepute and impotence in the face of constraints on the solvency of demands⁽¹²⁾.

It is emphasized that the association of interdependence with the articulation between services is important for the strengthening of the network. In this sense, it is important for nurses working at all levels of health care to establish interventions that are conducive to a continuous flow of care, as strategies that enable the improvement of communication between HCN services⁽¹³⁾.

In general, the lack of counter-referral, coupled with the discrediting of the population, makes it possible to solve daily work problems, and also makes it difficult to provide care, as well

as generate losses in the entirety proposed by the Unified Health System⁽¹⁴⁾.

From the above, it was evidenced that the interruption in the communication between the levels of attention to health hinders the continuous monitoring instituted as a priority intervention of primary care. In this sense, a recent study⁽¹⁵⁾ points out that when a Health Care Network is fragmented, basic care can not play its role as a communication center, coordinating care. However, the nurses who participated in this study are establishing partnerships with some specialized services in order to alleviate this reality, as explained in the following category.

Partnership with some specialized services

In dealing with the discontinuity of the previously addressed care and ensuring the attendance of the people assisted in the respective practice scenarios of the participants of this research, partnerships were developed with some specialized services existing in the health network of the municipality. Among the services that best established the partnerships are the Center for Comprehensive Care for Women's Health (CAISM), Center for Child Psychosocial Care (CAPSi), Adult Psychosocial Care Center (CAPS) and Emergency Care Unit (UPA):

"Reference to specialized services when necessary". (E12)

"Partnership with other departments and / or sectors, mainly CAPS and CAPSi". (E10)

"Routing of spontaneous and scheduled demand for services: CAPSi, CAPS, CAISM, among others". (E7)

In general, these partnerships help nurses ensure people's access to other levels of health care, which offer technologies appropriate to the complexity of identified health needs. In this context, it should be noted that in the health sector, coordination of care can be defined as the articulation between the various services and actions so that, regardless of where they are provided, these services are synchronized and aimed at achieving a goal⁽¹⁶⁾, which corresponds to the principle of network consolidation, which establishes the need to establish primary health care as the "gateway" to other network services and the universalization of health in other levels of care to health⁽²⁾.

The act of referencing requires of the nurse more than the simple referral, since it is

necessary that this professional has a holistic view of the people followed, which implies the survey not only of health problems, but also of social problems that require interventions articulated with some of the services whose partnerships were established, as set out in the following statements:

"Drive in the NASF for specific cases that require a social worker." (E7)

"Partnerships with CRAS in matters of service and social demands". (E3)

"Ambulance scheduling service, in the attendance by social risk and not only for general care". (E2)

When considering this reality, it can be stated that PHC nurses who participated in this study use not only partnerships with health services to care for people who live in the area of their work, but also value the intersectoriality to attend to all situations that interfere directly or indirectly in the health of these people, which indicates their commitment to the coordination of the caring process.

In this sense, in 2011, it was reinforced that PHC, through the Family Health Strategy and the Community Health Agents Program, coordinates the integrality of care, articulation of health promotion actions, prevention of illness, treatment and rehabilitation from the presuppositions of interdisciplinarity and intersectoriality⁽¹⁷⁾.

The intersectoral action is a condition for PHC not to act in isolation and to maintain the community's care for access to biological, psychological and social reality, which enables it to act on collective problems and determinants of the health-disease process, aiming at, thus promoting health⁽¹⁸⁾.

It is imperative that these partnerships strengthen and expand to ensure the resiliability of the population's needs, providing the integrality of care⁽¹⁹⁾. Thus, operationalizing actions to promote health that correspond to the health needs of the population is one of the interventions for the consolidation of the health network and is among the functions of nurses working in primary care, valued by the participants of this study.

Promotion of population health

Health promotion consists in the process of individual and collective empowerment to soften social determinants, aiming at quality of life. This

proposal is used by the participants of this study to strengthen the Network:

"Development of actions to promote health and prevent diseases so that basic care is satisfactory and avoid unnecessary or preventable referrals to other services." (E12)

"Actions for the promotion, prevention and rehabilitation of health with the population". (E7)

"Actions to promote health with the local population". (E7)

Health promotion starts from a broad conception of the health-disease process and its determinants, being associated to a set of values that include: quality of life, health, solidarity, equity, democracy, citizenship, development, participation, among others. The articulation of technical and popular knowledge and the mobilization of institutional and community resources to confront and solve health problems are its essential elements⁽²⁰⁾.

Health promotion actions carried out by nurses include home care, health education and school environment, group and individual care, as quoted in the following statements:

"Customer service, groups, home visits, health program in the school, lectures in the waiting room". (E3)

"Use of all spaces (individual care, groups, home visit)". (E8)

"Partnership between primary care and the school network, in which health promotion actions in schools are developed". (E6)

"Hiperdia, host". (E11)

"Meetings-groups and collective actions with the community, continuing education". (E4)

Portaria 648, of the Ministry of Health, grants to the nurse of the ESF, the integral assistance, aiming at the promotion and protection of health, prevention of injuries, diagnosis, treatment, rehabilitation and maintenance of health to individuals and families in the territory and, when indicated or necessary, at home and / or in other Community spaces (schools, associations), at all stages of human development: childhood, adolescence, adulthood and the elderly⁽²¹⁾.

It is noticeable that the actions developed by the nurses of this study promote health and are compatible with the legislation of the Ministry of Health and make it possible to reach the resolution. When considering these actions of health promotion, the strengthening of the Network is based on an articulated work, in order to strengthen the continuity of care. Among health promotion strategies, participants mention

health information and education in their speeches:

"Information for the community and unit members on the flow and operation of network care for service optimization, and better operation." (E9)

"Guidance on the functioning of the care network, guidance on services offered at each level of care, use of all spaces (individual care, groups, home visit) to guide SUS, rights and duties, care network, what and when to look for (services / services)". (E8)

"Information to the population of the available services, respect the flow of the network of attention and the need for each service, informing and guiding the patient so that qualified and efficient care occurs." (E5)

The strengthening of PHC is notable, with one of the main objectives being the promotion of health as an instrument for empowering individuals to increase control over health determinants. In order to implement health promotion of communities and individuals, tools should be used that aim at empowerment for autonomy, such as health education⁽²²⁾.

The educational actions are carried out with the aim of building, together with the population, a bond and commitment, seeking to benefit it, more effectively, with improvements in living and health conditions, through an involvement based on co-responsibility. Educational practice is capable of providing individuals with new habits and health behaviors, including improvements in self-care⁽²²⁾.

Health education, therefore, must be associated with care actions and culminate in the production of knowledge, providing the individual with the autonomy and capacity to take care of himself and his family and those around him. With this, the team needs to be attentive to cases in which health education can not meet all the needs, requesting redoubled attention, as in the monitoring of pregnant women, which corresponds to the valorization of the attendance of the individual health needs, important for the consolidation of the health network.

Attention to high risk pregnant women

Among the activities developed by the nurses in PHC, there is a prominence for the follow-up of high-risk pregnant women. In this sense, this professional carry out, together with the community health agents, from the registration in the Pre-Natal Information System

until the follow-up, with emphasis on the strict and continuous attention with these women. Also, if necessary, the active search must also be done, as expressed in the following statements:

"Accompanying and active search of pregnant women without risk and pregnant women at high risk". (E3)

"Reception of pregnant women at risk". (E11)

During this follow-up, it is necessary to evaluate the situations that signal gestational risks, which can be identified through pathologies, alterations and unfavorable evolutions, and may be situations that deviate from a predictable pattern of pregnancy, seen as opposed to normal.

In general, the categorization of pregnancy as "usual risk" or "high risk" is attributed by the health team working in primary care and this makes the nurse articulate interventions to provide specialized follow-up for these women:

"Reference for specialized services when pregnant women need". (E12)

The high-risk prenatal care is designed to attend pregnant women with increased gestational risk and serves to maintain a specialized service for pregnant women who fall into the following situation (s): twin pregnancy, infections (repeat abortion, stillbirth, fetal loss), hypertension, heart disease, and diabetes⁽²³⁻²⁴⁾.

In face of these cases, it is necessary that the primary care professionals maintain partnerships with the other levels of care for referrals and follow-ups, with a view to promoting more complex care:

"High risk pregnant women are referred to the University Hospital and, depending on the district, are referred to the UFTM School Hospital." (E2)

"Partnership with other departments for the referral of high-risk pregnant women". (E10)

Undoubtedly, one of the actions of the nurses who participated in this study, for the effectiveness of the network service, is the attendance to high-risk pregnant women. In this sense, it is emphasized⁽²³⁾ that there are cases that can be followed and solved at the primary level. However, others will require more complex care at the secondary or tertiary level, where there are multidisciplinary teams made up of specialists from different areas: Nurses, Psychologists, Social Workers and Physicians. In this context, in order to strengthen the HCN, it is necessary to implement services that meet the

individual and collective health needs of the community⁽²⁾. In a recent investigation⁽²⁵⁾, carried out in Chile, it was evidenced that the functioning of the health network drives the provision of health services.

FINAL CONSIDERATIONS

In general, the nurses develop some actions that contribute to the strengthening of HCN, which are related to the purposes of the PHC and to the priority actions for the consolidation of HCN. The promotion of health was highlighted through health education as an action in which nurses seek to work with the community to strengthen health care, as it also addresses important information so that people know the flow and operationalization of the health network, which, according to the participants, contributes to the operationalization of the network, since the lack of knowledge about the Network makes it impossible to strengthen it.

By ensuring the resolution of social demands and specialties, nurses also establish partnerships with other health services belonging to other levels of care for people to be referred. Among the actions developed for the strengthening of the network, attention was given to the care of pregnant women who require different behaviors that go through continuous and rigorous attention to these women, the classification of family risk and their reference to other health services with higher density (in cases of risk gestation) and/or targeting other sectors when other needs are detected.

Therefore, primary care nurses seek to carry out, with excellence, the specific interventions of primary care, especially the promotion and protection of health, which makes it possible to strengthen this level of attention in the context of the Network. However, the established partnerships are restricted to only a few specialties (mental health, women's health, emergency and emergency) and the social sector, which indicates the need to expand partnerships to other sectors (development, education, among others) and other services specialized services that meet other health demands, such as: worker health, elderly health, child health, among others.

REFERENCES

1. Ministério da Saúde (BR). Portaria nº 4.279, de 30 de dezembro de 2010. Estabelece diretrizes para a organização da Rede de Atenção à Saúde no âmbito do Sistema Único de Saúde (SUS).

Brasília, DF: Ministério da Saúde; 2010[citado em 12 maio 2016]. Available in: http://www.bvsmis.saude.gov.br/bvs/saudelegis/gm/2010/prt4279_30_12_2010.html

2. Mendes EV. As redes de atenção à saúde. 2nd ed. Brasília, DF: OPAS; 2011[citado em 12 maio 2016]. Available in:

http://www.paho.org/bra/index.php?option=com_docman&view=download&category_slug=servicos-saude-095&alias=1402-as-redes-atencao-a-saude-2a-edicao-2&Itemid=965

3. Galavote HS, Zandonade E, Garcia ACP, Freitas PSS, Seidl H, Contarato PC, et al. The nurse's work in primary health care. Esc Anna Nery Rev Enferm. 2016;20(1):90-8. <https://doi.org/10.5935/1414-8145.20160013>

4. Almeida JHH, Feitosa ANA, Araújo WA, Silva JB, Lourenço LC, Sousa MNA. Primary health care: focusing on the health for the attention of networks. Rev Enferm UFPE on line. 2015;9(11):9811-6.

<https://doi.org/10.5205/reuol.8008-72925-1-ED.0911201522>

5. Oliveira JLC, Papa MAF, Wisniewski D, Inoue KC, Costa MAR, Matsuda LM. Qualidade do cuidado: concepções de graduandos de enfermagem. REME Rev Min Enferm. 2015;19(1):30-42.

<http://www.dx.doi.org/10.5935/1415-2762.20150003>

6. Costa VA, Ramires JCL. A Importância das redes de atenção de saúde para o desenvolvimento da atenção primária em Pirapora. Hygeia (Uberlândia). 2014[citado em 12 maio 2016];10(18):234-49. Available in:

<http://www.seer.ufu.br/index.php/hygeia/article/viewFile/26234/14867>

7. Toso BRGO, Filippin J, Giovanella L. Atuação do enfermeiro na atenção primária no Serviço Nacional de Saúde da Inglaterra. Rev Bras Enferm. 2016;69(1):182-91.

<https://doi.org/10.1590/0034-7167.2016690124i>

8. Instituto Brasileiro de Geografia e Estatística. Cidades. Uberaba. Rio de Janeiro: IBGE; 2010[citado em 19 maio 2016]. Available in: <https://cidades.ibge.gov.br/brasil/mg/uberaba/p/anorama>

9. Uberaba. Secretaria Municipal de Saúde. Atendimento em Saúde. Unidades de Saúde. Uberaba: Prefeitura Municipal de Uberaba; 2014[citado em 16 maio 2016]. Available in: http://www.uberaba.mg.gov.br/porta/acervo/saude/arquivos/unidade_atencao_basica.pdf

10. Minayo MCS. Pesquisa social: teoria, método e criatividade. 29th ed. Petrópolis: Vozes; 2010.
11. Lavras C. Atenção primária à saúde e a organização de redes regionais de atenção à saúde no Brasil. *Saúde Soc* . 2011;20(4):867-74. <https://doi.org/10.1590/S0104-12902011000400005>
12. Ministério da Saúde (BR), Conselho Nacional de Secretários de Saúde. A atenção primária e as Redes de Atenção à Saúde. Brasília, DF: Conselho Nacional de Secretários de Saúde, 2015[citado em 12 maio 2016]. Available in: <http://www.conass.org.br/biblioteca/pdf/A-Atencao-Primaria-e-as-Redes-de-Atencao-a-Saude.pdf>
13. Macedo LMD, Martin STF. Interdependência entre os níveis de atenção do Sistema Único de Saúde (SUS): significado de integralidade apresentado por trabalhadores da Atenção Primária. *Interface (Botucatu)*. 2014;18(51):647-59 <https://doi.org/10.1590/1807-57622013.0597>
14. Moll MF, Goulart MB, Caprio AP, Ventura CAA, Ogoshi AACM. O conhecimento dos enfermeiros acerca as redes de atenção à saúde. *Rev Enferm UFPE on line*. 2017;11(1):86-93. <https://doi.org/10.5205/reuol.9978-88449-6-1101201711>
15. Nora CRD, Junges JR. Política de humanização na atenção básica: revisão sistemática. *Rev Saúde Pública* . 2013;47(6):1186-200. <https://doi.org/10.1590/S0034-8910.2013047004581>
16. Almeida PF, Giovanella L, Nunan BA. Coordenação dos cuidados em saúde pela atenção primária à saúde e suas implicações para a satisfação dos usuários. *Saúde Debate*. 2012;36(94):375-91. <https://doi.org/10.1590/S0103-11042012000300010>
17. Ferro LF, Emelin CS, Zimmermann AB, Castanharo RCT, Oliveira FRL. Interdisciplinaridade e intersetorialidade na Estratégia Saúde da Família e no Núcleo de Apoio à Saúde da Família: potencialidades e desafios. *Mundo Saúde* . 2014[citado 12 maio 2016];38(2):129-38. Available in: https://www.saocamillo-sp.br/pdf/mundo_saude/155562/A01.pdf
18. Pereira KYL, Teixeira SM. Redes e intersetorialidade nas políticas sociais: reflexões sobre sua concepção na política de assistência social. *Textos Contextos (Porto Alegre)*. 2013 [citado em 12 maio 2016];12(1):114-27. Available in: <http://www.redalyc.org/articulo.oa?id=321527373009>
19. Costa JP, Jorge MSB, Vasconcelos MGF, Paula ML, Bezerra IC. Resolubilidade do cuidado na atenção primária: articulação multiprofissional e rede de serviços. *Saúde Debate*. 2014;38(103):733-43. <https://doi.org/10.5935/0103-1104.20140067>
20. Azevedo E, Pelicioni MCF, Westphal MF. Práticas intersetoriais nas políticas públicas de promoção de saúde. *Physis (Rio J.)*. 2012;22(4):1333-56. <https://doi.org/10.1590/S0103-73312012000400005>
21. Ministério da Saúde (BR). Portaria Nº 648, de 28 de março de 2006. Aprova a política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica para o Programa Saúde da Família (PSF) e o Programa Agentes Comunitários de Saúde (PACS). Brasília, DF: Ministério da Saúde; 2006[citado em 12 maio 2016]. Available in: http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2006/prt0648_28_03_2006_comp.html
22. Mallmann DG, Galindo Neto NM, Sousa JC, Vasconcelos EMR. Educação em saúde como principal alternativa para promover a saúde do idoso. *Ciênc Saúde Coletiva*. 2015;20(6):1763-72. <https://doi.org/10.1590/1413-81232015206.02382014>
23. Demitto MO, Gravena AAF, Agnolo CMD, Antunes MB, Pelloso SM. Gestaç o de alto risco e fatores associados ao  bito neonatal. *Rev Esc Enferm USP*. 2017;51:e03208. <https://doi.org/10.1590/s1980-220x2016127103208>
24. Lenz MLM, Flores R, organizadores. Atenç o   sa de da gestante em APS . Porto Alegre: Hospital Nossa Senhora da Conceiç o; 2011[citado em 12 maio 2016]. Available in: <http://www2.ghc.com.br/GepNet/publicacoes/atensaosaudedagestante.pdf>
25. Ferrada AO, M endez CA. Implementation de las redes asistenciales de salud en Chile: percepciones de los profesionales de la salud. *Rev Gerenc Polit Salud* . 2013 [citado 20 dez 2017];12(24):100-13. Available in: <http://www.scielo.org.co/pdf/rgps/v12n24/v12n24a07.pdf>

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