Chapter 66

Nursing professionals in the context of the COVID-19 pandemic: experience report





Scrossref 10.56238/tfisdwv1-066

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ABSTRACT

The emergence of the Covid-19 pandemic has multiplied fears and uncertainties among pregnant women, especially among nurses who experienced pregnancy and the puerperium during the pandemic, due to the greater vulnerability resulting from the specifics of work. Objective: To report the experience of nurses from the Oncology Unit of the HUPAA, pregnant women in the context of the COVID-19 pandemic. Method: This is a descriptive, exploratory, experience report type study. Results: Technological innovation, through remote work, provided a beneficial experience for pregnant nurses, as it allowed them to protect and protect this group, ensuring greater safety for the mother-child binomial.

Keywords: COVID-19, pregnant women, nursing, teleworking.

1 INTRODUCTION

In December 2019, an outbreak started caused by a new coronavirus in Wuhan, China, which spread rapidly. On January 9, 2020, the new Coronavirus, known scientifically as Severe Acute Respiratory Syndrome - Navirus Coronary Heart or Severe Acute Respiratory Syndrome-Coronavirus (SARS-CoV-2), was identified. It is the microorganism causing human infection called COVID-19 (MASCARENHAS et al., 2020).

The new coronavirus, SARS-COV-2, an etiological agent of COVID-19, caused a pandemic in the world population with numerous health repercussions, especially in the most vulnerable as pregnant women, the elderly and patients with comorbidities. (ALFARAJ, AL-TAWFIQ and MEMISH, 2019). Subsequently, health professionals, pregnant women, puerperal women and newborns were also included in the risk group (RONDELLI *et al.*, 2020).

Pregnancy is a physiological phenomenon that consists of several physical, psychological and socioeconomic changes, but should be seen by pregnant women and health professionals as part of a healthy life experience (BRASIL, 2013). Any event that may interfere with the promotion of health in pregnant women deserves timely and timely attention and assistance to avoid maternal-fetal damage and death (OLIVEIRA *et al.*, 2021).

Some physiological changes during pregnancy, such as reduction of residual volumes, elevation of the diaphragm and change of immunity, characterized by stimulation of the innate immune system and suppression of the adaptive immune system (just in the TH1 pole), generate greater vulnerability of this set of women (ALZAMORA *et al.*, 2020).

Pregnant women may be at risk of severe illness, morbidity, or mortality when compared to the general population. As reported in cases of other infections associated with coronavirus: severe acute respiratory syndrome (SARS- CoV), middle eastern respiratory syndrome coronavirus (MERSCoV) and other viral respiratory infections, including H1N1 influenza during pregnancy (KASANO, DÍAZ and SANTIBÁÑEZ, 2020). During infections caused by sars-cov viruses, influenza H1N1 and MERSCoV, which occurred in 2002, 2009 and 2012, respectively, presented several complications, such as fever, cough and dyspnea (ALFARAJ, AL-TAWFIQ and MEMISH, 2019).

Normative Instruction No. 21/2020 of the Ministry of Economy, which guides widespread conduct in the public service, established on March 16, 2020 the remote work for pregnant and lactating public servants and public servants while the state of public health emergency of international importance resulting from coronavirus (Covid-19) (BRASIL, 2020) persists.

Thus, the Professor Alberto Antunes University Hospital (HUPAA), as a federal, public institution, of health care, following these recommendations, has removed its employees from the so-called risk group, that is, people who have a greater predisposition to fatal outcomes if affected by COVID, such as immunosuppressed workers, with chronic disease, pregnant women and lactating women to perform remote work.

Remote work is an innovation in the nursing work process expanding the perspectives of care and ensuring the safety of professionals from risk groups (SCARCELLA and LAGO, 2020). Carvalho and Fincato (2018) point out that telework can be considered as a current phenomenon in the scenario of great lasting political, economic and social transformations, as they permeate determining factors of change, such as: flexibility, Information and Communication Technology (ICT) and sustainability.

In view of the above, the present study aims to describe the experience of nurses from the Oncology Unit of HUPAA pregnant in the context of the pandemic due to COVID-19.

2 DEVELOPMENT

2.1 METHODOLOGY

This is a descriptive, exploratory study of the experience report type, described by nurses from the chemotherapy sector of the Oncology Unit of HUPAA.

2.2 EXPERIENCE REPORT

Pregnancy is a phase of many expectations and in certainties for most women (FAGUNDES *et al.*, 2020). Some pregnant nurses from HUPAA reported concern about being infected with the coronavirus and developing severe forms of the disease, as well as fear of fetal complications.

Before the onset of the pandemic, when the problem was still circumscribed to mainland China, some publications said there was "no reliable evidence" that the virus could be transmitted (CHEN *et al.*, 2020). An example of this "scientific instability" is reflected in the possibility of vertical transmission, that is, from the woman to the fetus/baby during pregnancy or childbirth (SILVA, RUSSO and NUCCI and, 2021).

The HUPAA following government recommendations, to favor social isolation and avoid exposure of this group in the hospital environment, removed its employees from the so-called risk groups, to perform telework, among them pregnant and lactating women with children up to 1 year of age. In 2021, there was an average monthly leave of 30pregnant/lactating collaborators. This year, the Oncology Unit of HUPAA had a total of 3 pregnant and 2 lactating collaborators away from face-to-face activities. Then comes a new challenge for nursing, remote work.

In this context, pregnant women began work remotely. Among the activities developed, it can be mentioned: Conducting scales of the nursing team chemotherapy of the Oncology Unit, conducting training and updating of teams through video classes, elaboration of scales for distribution of weekly activities, monitoring of EBSERH processes in the Electronic Information System (SEI), preparation of standard operational protocols of the Oncology Unit, among others.

3 FINAL CONSIDERATIONS

The Covid-19 pandemic, because it is a recent disease, multiplied doubts and anxieties among health professionals, especially nurses, nursing technicians and auxiliaries who experienced pregnancy and puerperium during the pandemic, due to the greater vulnerability resulting from the specificities of the work. Pregnant women have particularities, mainly related to their physiological and immunological alterations. In addition, the need to protect the fetus represents a greater responsibility in relation to this group.

However, we emphasize that technological innovation, through the remote work performed by pregnant nurses during the pandemic, provided a beneficial experience, as it allowed protecting and safeguarding this group, ensuring greater safety to the mother-child binomial.

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