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TECHNOLOGICAL INNOVATION

Quality of follow-up of preterm infants in the Primary Health Care network: "Qualipreterm" guide

Qualidade do seguimento do bebê prematuro na rede de Atenção Primária à Saúde: guia "Qualiprematuro"

Calidad del seguimiento de los prematuros en la red de Atención Primaria de Salud: guía "Qualipremature"

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ABSTRACT

Objectives: to develop the first version of an assessment guide for the quality of follow-up of preterm infants in Primary Health Care. **Methods:** a descriptive methodological study, which developed a guide to assess follow-up quality of preterm infants in Primary Care. Steps of conceptual establishment, construction of items and answers, organization of domains and structuring of the guide were carried out. **Results:** the guide was organized in five domains that included: Hospital discharge planning and care plan organization; Home follow-up during visits and teleservice; Infant health monitoring to promote health and prevent injuries; Integration between health services, education and specialized monitoring; Family support and support for care. It is proposed to assess the domains in inadequate, regular, good and excellent. **Final Considerations:** the first version of the guide suggests assessment elements aimed at the recommendations of good practices for preterm infants' health in the Primary Health Care network.

Descriptors: Quality of Health Care; Continuity of Patient Care; Primary Health Care; Child Care; Infant, Premature.

RESUMO

Objetivos: desenvolver a primeira versão de um guia avaliativo da qualidade do seguimento do bebê prematuro na Atenção Primária à Saúde. **Métodos**: estudo descritivo metodológico, que desenvolveu um guia para avaliar a qualidade do seguimento do bebê prematuro na Atenção Primária. Realizadas etapas de estabelecimento conceitual, construção dos itens e respostas, organização de domínios e estruturação do guia. **Resultados:** o guia foi organizado em cinco domínios que contemplou: Planejamento da alta hospitalar e organização do plano de cuidados; Seguimento domiciliar em visita e teleatendimento; Seguimento da saúde infantil para promover saúde e prevenir agravos; Integração entre serviços de saúde, educação e acompanhamento especializado; Apoio e suporte familiar para o cuidado. Propõe-se avaliar os domínios em inadequado, regular, bom e excelente. **Considerações Finais:** a primeira versão do guia sugere elementos de avaliação direcionados às recomendações de boas práticas para a saúde do prematuro na rede de Atenção Primária à Saúde.

Descritores: Qualidade da Assistência à Saúde; Continuidade da Assistência ao Paciente; Atenção Primária à Saúde; Cuidado da Criança; Recém-Nascido Prematuro.

RESUMEN

Objetivos: desarrollar la primera versión de una guía de evaluación de la calidad del seguimiento de los prematuros en la Atención Primaria de Salud. **Métodos:** estudio metodológico descriptivo, que elaboró una guía para evaluar la calidad del seguimiento de los prematuros en Atención Primaria. Se realizaron etapas de establecimiento conceptual, construcción de ítems y respuestas, organización de dominios y estructuración de la guía. **Resultados:** la guía fue organizada en cinco dominios que incluyeron: Planificación del alta hospitalaria y organización del plan de cuidados; Seguimiento domiciliario durante las visitas y teleservicio; Vigilancia de la salud infantil para promover la salud y prevenir lesiones; Integración entre servicios de salud, educación y vigilancia especializada; Apoyo familiar y apoyo para el cuidado. Se propone evaluar los dominios en inadecuado, regular, bueno y excelente. **Consideraciones Finales:** la primera versión de la guía sugiere elementos de evaluación dirigidos a las recomendaciones de buenas prácticas para la salud del prematuro en la red de Atención Primaria de Salud.

Descriptores: Calidad de la Atención de Salud; Continuidad de la Atención al Paciente; Atención Primaria de Salud; Cuidado del Niño; Recién Nacido Prematuro.

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INTRODUCTION

Prematurity, when birth occurs before thirty-seven gestational weeks, has caused infant deaths, due to care gaps in the gestational, birth and health follow-up periods[1]. Worldwide, an estimated 1.6 million infants born preterm are likely to die from preventable causes, and many will face chronic diseases and developmental problems[1]. In Brazil, 12% of all births occur preterm, and its complications represent the main cause of neonatal death[2].

Research shows numerous challenges for monitoring preterm infants' health in Primary Health Care (PHC) network care. These challenges involve the incipience in transition and continuity of care and in planning care flows for follow-up, the fragility in public health managers' commitment[3], the lack of strategies with families and gaps in health professionals' involvement, in an effective relational dimension[4]. In the home environment, particularly, it is essential to involve family members and responsible caregivers for the early recognition and management of complications, with health professionals' support, with a view to reducing vulnerable situations[3,5].

It is necessary to consider that the mother-infant-family bond and interaction may be weakened by hospitalization, making the arrival at home a vulnerable moment, since preterm infants may present care and health demands beyond what is expected for infants of the same age[3,5].

When monitoring infant growth and development after discharge, the Brazilian reality shows gaps in access to health services and adequate follow-up of infants who were born preterm[3]. As for the instruments for assessing PHC's performance and guidance in different health services, such as the Primary Care Assessment Toll[4], infant version, there is no approach to the peculiarities of the quality of network health care for preterm infants.

OBJECTIVES

To develop the first version of an assessment guide for the quality of follow-up of preterm infants in PHC.

METHODS

Ethical aspects

The research, because it is a methodological study and does not involve human beings, was not submitted to a Research Ethics Committee, according to Resolution 466/2012.

Study steps

An assessment guide was developed in its first version, based on the dimensions of care, management and resources, articulated to PHC attributes[6], and anchored in the results of scientific evidence and in aspects of protocols on the follow-up of preterm infants' health[3,5,7-10].

The guide preparation is based on the SQUIRE guidelines, intended for descriptive reports on studies to improve quality of health. Steps referring to the conceptual basis and purpose were established; construction of items; domain selection and organization; and structuring, with criteria of objectivity, simplicity, clarity and relevance. The organization of domains and the structuring of this version, in the format of questions and answers, was articulated to the theoretical framework's precepts.

The guide, in its first version, entitled "Qualipreterm", is organized into five domains, with the purpose of covering elements that qualify the follow-up of preterm infants' health, totaling 65 questions. Thus, they involve: Hospital discharge planning and care plan organization (11 questions); Home follow-up during visits and teleservice (11 questions); Infant health monitoring to promote health and prevent injuries (12 questions); Integration between health services, education and specialized monitoring (19 questions); and Family support and support for care (12 questions)[3,5,7-10].

In each question, four answers were assigned, with values from 01 (inadequate) to 04 (excellent), and a single answer was chosen. At the end of each domain, the summed values can identify what the health service has provided. It is planned to assess each domain separately, considering that the service may prove to be inadequate in one domain and excellent in another. At end, each domain will be assessed as inadequate, fair, adequate and excellent. This assessment was defined, a priori, by the researchers, based on the recommendations of good practices consulted[3,5,7-10]. The validity of said guide, which involves the assessment/analysis step, will be appropriate in future research.

Justification for the study

The guide's proposal emerged from research on outpatient follow-up of preterm infants in the city of Foz do Iguaçu, Brazil, which identified the incipience of network care, failures of integration between health services, difficulties of families due to low resolution at the points of care and little knowledge of professionals about infants' health-disease history[3,5].

RESULTS

Charts 1, 2, 3, 4 and 5 present the domains with questions and answers of the proposed guide.

The answers allow the following interpretations: inadequate (score 11 to 21), assuming that the process of hospital discharge of preterm infants needs to be restructured, considering the existence of gaps in the hospital service and in the basic network in PHC; regular (score 22 to 32), in which hospital discharge planning is carried out in a medium way, and hospital and basic network teams can improve the process organization to enhance infant health and development; good (score 33 to 43), when hospital discharge planning is carried out and can be advanced; and excellent (score 44), when hospital discharge planning is fully carried out with excellence.

The answers allow the following interpretations: inadequate (scores 11 to 21), in which home follow-up needs to be restructured, due to the existence of gaps in the PHC network, weakening the exercise of infant care at home, family health follow-up and factors that harm infant development remain unknown; regular (scores 22 to 32), in which home follow-up is carried out in an average manner and can improve the process organization; good (score 33 to 43), in which home follow-up is performed; excellent (score 44), indicating that home follow-up is fully performed with excellence.

The answers allow the following interpretations: Inadequate (score 12 to 23), in which the follow-up of preterm infants' health needs to be restructured. (Lack of) assistance in PHC may weaken health promotion and disease prevention, which compromise infant health and development; regular (scores 24 to 35), in which health follow-up is carried out in an average way and the teams in the PHC network can improve the process organization; good (score 36 to 47), in which health follow-up is performed; excellent (score 48), in which the follow-up of preterm infant health is carried out fully with excellence.

The answers allow the following interpretations: inadequate (scores 19 to 37), in which the integration between health services, education and specialized monitoring of preterm infants needs to be built, considering the fragility of the various spheres; regular (scores 38 to 56), in which the integration between services takes place partially, preventable problems will not be diagnosed in a timely manner and treatment and/or follow-up will not be adequate; good (score 57 to 75), where there is an integration that can move forward; excellent (score 76), in which integration is carried out fully with excellence.

The answers will allow the following interpretations: inadequate (score 12 to 23), the preterm infant's family does not have family, community and professional support and support, impacting the infant's basic and health care; regular (score 24 to 35), parental caregivers partially receive family, community and professional support for the exercise of care at home; good (score 36 to 47), parental caregivers receive support and care can advance further; excellent (score 48), there is full and excellent support and support.

Chart 1 - Questions and answers regarding hospital discharge planning and care plan organization of preterm infants (questions 01-11), Foz do Iguaçu, Paraná, Brazil, 2022

1) Are the health professionals of this unit informed about the hospital discharge of preterm infants? (1) Not communicated; (2) Only communicated after discharge happens; (3) Sometimes communicated before discharge happens; (4) Always communicated before discharge happens
2) What is the form of communication about the hospital discharge of preterm infants? (1) No communication; (2) Informal, by friends, family, neighbors and others; (3) Communication by text message or by phone; (4) There is the hospital discharge planning protocol, in which communication is provided
3) Do the health professionals of this unit participate in discharge planning of preterm infants? (1) Do not participate; (2) Do not participate, but are communicated; (3) Sometimes participate; (4) Always participate
4) Do professionals participate in the care plan preparation for preterm infants at home? (1) Do not know if it is performed; (2) The care plan is elaborated, without their participation; (3) Sometimes they participate; (4) Always actively participate in the care plan
5) In preparing the home care plan, is the environment in which the infants live in family and community taken into account? (1) It is not elaborated; (2) Care plan elaborated only by the hospital team; (3) It does not consider the family and community environment; (4) All aspects are considered
6) Do the professionals of this unit participate in the home care plan elaboration for preterm infants? (1) Do not have a care plan; (2) Have a care plan, but do not participate in its elaboration; (3) Provide information but do not participate; (4) Participate and exchange information with hospital team
7) Is the history of hospitalization of preterm infants used? (1) There is no information on hospitalization history; (2) There is a referral to the service without details; (3) Referral in writing with history; (4) There is electronic medical record shared between the services
8) Before hospital discharge, are caregivers advised about the needs of preterm infants at home? (1) Do not know how to respond; (2) Are not oriented and do not practice care; (3) Receive training shortly before discharge; (4) Caregivers were inserted into care during hospitalization
9) Before discharge, are caregivers advised about outpatient care for preterm infants? (1) Do not know how to answer; (2) Caregivers have questions about care after discharge; (3) Caregivers have questions, guidance provided only on the day of discharge; (4) Caregivers show safety by timely guidance in the hospital
10) Before hospital discharge, were primary caregivers' emotional conditions observed and assessed? (1) Do not know how to answer; (2) They are observed by the hospital team and not shared; (3) They are observed/assessed by the hospital or primary network; (4) They are observed, assessed and shared between hospital and basic network teams
11) Are preterm infants discharged with the appointment scheduled at the health unit near their home? (1) There is no appointment and caregivers need to seek the unit; (2) Caregivers receive referral to schedule; (3) Discharge with scheduled nursing consultation; (4) Discharge with scheduled medical and nursing consultation

Chart 2 - Questions and answers regarding home follow-up of preterm infants (questions 12-22), Foz do Iguaçu, Paraná, Brazil, 2022

12) Are home visits made to preterm infants? (1) Not performed; (2) For some preterm infants with long periods of hospitalization; (3) For preterm infants with special health care needs; (4) For all preterm infants
13) Which professionals carry out home visits for preterm infants? (1) Not performed; (2) Only the community health workers; (3) Community health workers and nurses; (4) Multidisciplinary team

To be continued

Chart 2 (concluded)

14) When preterm infants come home, how many days does it take for the first home visit? (1) Not performed; (2) First month; (3) Approximately 15 days; (4) In the first week after discharge
15) What is the interval established between home visits to preterm infants? (1) Not performed; (2) Performed when there is a shortage in infant care and vaccination; (3) One-month interval; (4) Biweekly visits until 40 weeks and monthly visits until one year of age
16) Are home visits based on previously established protocols? (1) Not performed; (2) There is no definition of actions and/or based on protocols; (3) Actions only defined on the day of their performance; (4) There are protocols for the home visit
17) Is there team training and/or qualification for home visits? (1) Not performed; (2) There has never been professional training; (3) Punctual guidance is passed on; (4) There is training for a multidisciplinary team
18) Is teleservice available to the family of preterm infants? (1) Not available; (2) With the reception to schedule consultations; (3) Available at times determined by the health service; (4) Available when the family needs and/or the team analyzes its necessary situation
19) Regarding teleservice, which professionals are available to serve the family of preterm infants? (1) Not available; (2) Only receptionists; (3) Only nurses; (4) Multidisciplinary team
20) Is there professional training and/or qualification for teleservice? (1) Not performed; (2) There has never been professional training; (3) Punctual guidance is passed on; (4) There is training for a multidisciplinary team
21) In home visits or televisions, what is the focus of the contemplated actions? (1) Not performed; (2) Preterm infant care; (3) Preterm infant and family care; (4) Preterm infant, family and their environment care
22) After a home visit and/or call, how are health actions defined? (1) Not performed; (2) Individual actions between family and professional; (3) There is little sharing of actions; (4) Actions are shared/discussed with the multidisciplinary team to direct care

Chart 3 - Questions and answers regarding the follow-up of preterm infants' health (questions 23-34), Foz do Iguaçu, Paraná, Brazil, 2022

23) When is the first care service for preterm infants? (1) Infant care only in specialized service; (2) One month after discharge and/or birth - if not hospitalized; (3) In 15 days after arriving home; (4) In the first week after arriving home
24) How is preterm infant care scheduled? (1) Infant care only at the specialized service; (2) There is the need to call or go to the health unit; (3) Need to call or go to the health unit, considered a priority; (4) Infants already leave the hospital with the scheduled infant care appointment
25) Which professionals will preterm infant care consultation be with? (1) Infant care only in specialized service; (2) With nurses; (3) With pediatricians/general practitioners; (4) Consultations are interspersed with the multidisciplinary team
26) What is the recommended interval of infant care consultations? (1) Infant care only in the specialized service; (2) Monthly and fortnightly in vulnerable conditions; (3) Weekly until completing 40 weeks, then monthly for the first year; (4) Weekly until completing 40 weeks, monthly in the first year, and in vulnerable situations, the interval is reduced
27) How long is preterm infant care carried out? (1) Until completing one year of life in the specialized service; (2) Until completing two years of life; (3) Until completing six years of life; (4) Until the beginning of puberty/adolescence
28) What is done to monitor the growth (weight, height and head circumference) of preterm infants? (1) Not verified: weight, height and head circumference; (2) Control performed, without using growth graphs (3) Control performed with general graphs; (4) Control was performed and graphics for preterm infants were used
29) What is preterm infant care based on? **(**1) Infant care only in specialized service; (2) In professional experience, there are no protocols; (3) There are general protocols available; (4) There are specific protocols for preterm infants available and adapted, according to each reality
30) Is there professional training and/or qualification for preterm infant care? (1) Not performed; (2) Conducted training for infant care in general; (3) General guidelines were given on the specifics of preterm infants; (4) Trainings were carried out for preterm infant care
31) Is risk stratification of preterm infants performed? (1) It is never done; (2) All preterm infants are high-risk stratified; (3) Among preterm infants, infants at individual risk are stratified; (4) Among preterm infants, infants at individual, family and social risk are stratified
32) What is done in infant care to follow the growth and development of preterm infants? (1) Infant care only in specialized service; (2) Growth and development assessment based on clinical examination and immunization, according to the Brazilian National Immunization Program; (3) Growth and development assessment based on clinical examination and differential vaccination scheme; (4) Growth and development assessment based on clinical examination, screening tools to identify risk and differential vaccination scheme for preterm

To be continued

Chart 3 (concluded)

33) What does the interdisciplinary team include in the health monitoring of preterm infants? (1) Specialized follow-ups are not performed, only when there is a health problem; (2) Follow-ups are made available with professionals from the health unit and other professionals, when infants have a health problem; (3) Assessments are available from specialized professionals (inserted in the waiting list) in the areas of speech therapy, ophthalmology, neurology and cardiology; (4) Assessments are available in the first year by specialized professionals in the areas of speech therapy, ophthalmology, neurology and cardiology
34) Does the family recognize the warning signs of harm to preterm infants' health? (1) I cannot inform; (2) They do not recognize warning signs; (3) They partially recognize warning signs; (4) Families oriented to recognize warning signs

Chart 4 - Questions and answers regarding the integration between health services, education and specialized monitoring of preterm infants (questions 35-53), Foz do Iguaçu, Paraná, Brazil, 2022

35) How is the referral system for preterm infant care? (1) There is no referral; (2) Slow referral system, with long lines; (3) Referral system prioritizes the care of preterm infants; (4) Agile referral system and information exchange between health care spheres
36) How is the counter-referral to preterm infant care? (1) Does not exist; (2) Exists, but it is incipient and dependent on the attitude of each professional; (3) Exists, but bureaucratized, with little feedback for the basic network; (4) Is integrated and with exchanges of information between the spheres of care
37) Is preterm infants' health and illness history used? (1) Caregivers need to tell the history to each new professional; (2) There is a description of the problem and demands in the referral; (3) A detailed written report prepared; (4) There is electronic medical record integrated in the network
38) Is there integration between health unit and educational institution that preterm infants attend? **(**1) There is not; (2) Only when there is a problem with the infant at school; (3) They know the school of infants with physical and behavioral changes; (4) There is integration with the school with updated information in the medical record
39) Are there strategies for monitoring preterm infants among health and education services? (1) There is not; (2) For infants diagnosed with developmental delay; (3) When developmental delay is detected; (4) There is integration and joint strategies are developed to stimulate the development of preterm infants
40) Are there meetings to discuss cases and instrumentalize education professionals about preterm infants? (1) There is not; (2) There is exchange of information in urgent situations; (3) There is exchange of information on physical and behavioral changes; (4) Information is shared and training is carried out for education professionals
41) In an acute situation, does the family know which service to look for? (1) I cannot inform; (2) I do not know which service to seek; (3) They seek the Emergency Care Unit; (4) Families know which health services are available for preterm infant care
42) If the family needs psychological care, is the service available and do the families know about it? (1) I cannot inform; (2) There is no psychology service available; (3) He has the psychology service, but families do not seek it; (4) Psychology service is available and families know it
43) Are preterm infants at risk for late complications stratified? (1) Not performed; (2) Treatment and follow-up is directed only at the diagnosis of complications; (3) Risk stratification is performed and there are long queues for specialized care; (4) Risk stratification is carried out and there are adequate referrals for the necessary care, in a timely manner
44) Are there protocols for ophthalmologic assessment of preterm infants? (1) Not performed; (2) All preterm infants are placed in the waiting list for ophthalmologic assessment; (3) Referral at first infant care visit (weight ≤2,000 g and/or gestational age <32 weeks); (4) At hospital discharge, ophthalmologic assessment is scheduled (birth weight ≤2,000 g and/or gestational age <32 weeks)
45) How is the progress of ophthalmologic assessment of infants with birth weight ≤2,000 g and/or gestational age <32 weeks? (1) Only with diagnosis of visual alterations; (2) Waiting queue, minimum one year waiting period; (3) Queuing, usually in the infant's first months; (4) About 15 days after discharge, assessment takes place (screening - strabismus, nystagmus and refractive errors)
46) Are there protocols for neurological and/or cardiological assessment of preterm infants? (1) Not performed; (2) Referral if there is a diagnosis of neurological and/or cardiological alterations; (3) All preterm babies are on the waiting list; (4) Transfontanellar echo and/or echocardiogram were performed during infant hospitalization and, if there are any changes, they are discharged with referral to specialties
47) How is the neurological and/or cardiological assessment of preterm infants progressing? (1) Only with diagnosis of alterations; (2) Queue, usually with more than a year of waiting; (3) Waiting queue, usually up to one year of waiting; (4) It is performed approximately three months after hospital discharge
48) Are there protocols for behavioral assessment of preterm infants? (1) Not performed; (2) Assessment carried out only based on professional perception in attendance; (3) Assessment performed based on the multidisciplinary team's perception; (4) Assessment carried out based on family's, health and education professionals' perception
49) Is there an assessment of infant psychology for preterm infants? (1) Does not know if this service exists; (2) There is no such service; (3) For infants with alterations, these are placed on the waiting list; (4) All infants receive a first-year assessment to screen for problems

To be continued

Chart 4 (concluded)

50) Are there protocols for psychomotor assessment of preterm infants? (1) Only with diagnosis of alterations; (2) There is a waiting list to be assessed by a physical therapist; (3) Physiotherapy assessment in the first year and, if changes, enter the waiting list to start care; (4) Physiotherapy assessment in the first year of life and, if changes, care is initiated
51) How is the progress to attend to preterm infants in case they need orthosis or prosthesis? (1) Not provided; (2) Forwarded to specialized service and process is slow; (3) Forwarded to specialized service and takes less than three months; (4) Forwarded to specialized service and takes less than 30 days
52) How is the progress for the speech-language pathology assessment of hearing screening of preterm infants? (1) Does not know if such assessment exists; (2) There is no such assessment in the health care network; (3) There is a queue and service is slow; (4) There is preventive assessment in the first year of life
53) Is there integration between health unit and educational and research institution? (1) There is no integration; (2) They only receive undergraduate students for internships in infant health; (3) They receive undergraduate/graduate students for internships and their research in infant health; (4) They receive undergraduate/graduate students/researchers for internships, research and integration of knowledge

Chart 5 - Questions and answers regarding family support for preterm infant care (questions 54-65), Foz do Iguaçu, Paraná, Brazil, 2022

54) Does the health service offer support to the family for preterm infant care? (1) I cannot inform; (2) There is no family support and the service cannot support care; (3) There is no family support and the service can offer support; (4) There is a source of family support and service support for care
55) In the home neighborhood, is there community support and family support for preterm infant care? (1) I cannot inform; (2) There is no community support and the service cannot support care; (3) There is no community support and the service can offer support; (4) There is a source of community support and service support for care
56) Are there health professionals who can support the family in preterm infant care? (1) I cannot inform; (2) There is not; (3) (3) There are health professionals who collaborate in the care from time to time; (4) There is a source of professional support for care
57) Is the health service aware of whether the structure of the household offers safety (healthy environment) and adequate accommodation for preterm infants? (1) I cannot inform; (2) Only the community health agent knows the home; (3) The health service knows the home structure, but cannot collaborate with improvements or adaptations; (4) Health service knows the home structure and collaborates with the adaptation of the safe environment
58) Is there a welcoming context in the community capable of stimulating the development of premature children? (1)) I cannot inform; (2) Unwelcoming community and service cannot collaborate with this; (3) Little community host and health service tries to seek community partnerships; (4) Community is welcoming and develops strategies that contribute to child development
59) Does the health service and/or community offer social assistance to the families of preterm infants? (1) I cannot inform; (2) Does not offer; (3) Offers but difficult to have service; (4) Offers and families are able to access the service in a timely manner
60) When families need help to maintain basic conditions, is there social assistance support? (1) I cannot inform; (2) There is no support and social assistance support; (3) There is no conditions to offer support and support, but the community helps families; (4) There is support and social assistance support to families of preterm infants
61) Are families stratified as vulnerable accompanied by their community's social services? (1) I cannot inform; (2) They are not accompanied; (3) They are monitored, but partially; (4) They are monitored efficiently
62) Is guidance on infant and family rights offered in the community? (1) I cannot inform; (2) They are not offered; (3) Little guidance is offered and families need help in claiming their rights; (4) Timely guidance on the rights of infants and the family is provided
63) Is there a popular and/or free pharmacy service to support families? (1) I cannot inform; (2) There is not, the family needs to buy; (3) There is not in this health region, families are sent to other neighborhoods; (4) Yes, there is the service to support families
64) Is there a health transport service for monitoring preterm infants' health? (1) I cannot inform; (2) There is not, the family needs to arrange private transport; (3) There is none in this region, families need to use the service in other areas and it takes time; (4) Yes, there is a service to support families
65) If nutritional supplementation is needed, is there a free service to support families? (1) I cannot inform; (2) There is not, the family needs to buy it; (3) There is none in this region, families are referred to purchase the nutritional supplement; (4) Yes, there is a service to support families

DISCUSSION

The guide entitled "Qualipreterm", structured in five domains, focuses on the scope of assessing the quality of follow-up of preterm infants' health. Such domains are articulated to PHC attributes[6], based on elements of access, longitudinality, comprehensiveness and coordination of health care. Through the guide, we propose a guide that contains evaluative elements so that services can identify gaps in the structural field and visualize aspects and variables that can weaken health promotion and disease prevention, with indications of health surveillance and the potential to be achieved.

In the domain related to hospital discharge planning and care plan organization, it is highlighted that the practical success of follow-up of preterm infants involves outlining and scheduling the discharge, including protocols, good communication and integration between professionals from the points of care of the PHC network for an effective home care plan and fruitful monitoring of infants' health[7-8]. The integration between professionals in a network, built and adapted in the care plan, is relevant to meet preterm infants' needs in the short and long term and family and community support, for parent caregivers to receive when arriving home with a baby who requires special health care[9].

The use of electronic medical records, which can facilitate the sharing of information, is part of the organization between the spheres of health care, as it provides access to data on the evolution of pregnancy, birth, hospitalization and complications, procedures and tests performed, avoiding repetition and/or lack of relevant interventions[6,10].

The domain on home follow-up in visits and telecare considers these two practices as essential to know the environment that the family will welcome infants and identify factors that can weaken and/or enhance infant health and development. In adverse situations, health teams can support families and contribute to the organization and support of the family environment and preterm infants[3,8]. The peculiarities of home, under the interdisciplinary team's eyes, outlined in the items in the guide, allow determining the interval between visits and the professionals who will visit or perform teleservice. Satisfactory outcomes require increased financial and human resources to advance home care[8].

In the field of infant health follow-up, we seek to emphasize health promotion and disease prevention. The use of protocols, screening tools and weight charts specific to preterm infants are fundamental, given that conventional graphics can misinterpret interpretations and generate inappropriate interventions or delay timely actions[3,8-9].

The domain of integration between health services, education and specialized monitoring brings the importance of a PHC network referral system, so that the follow-up of preterm infants' health is agile, resolute and enables the sharing of information between the different spheres of care[7]. The possible complications inherent to prematurity and prolonged hospitalization require timely assessment by specialists in physical therapy, speech therapy, ophthalmology, neurology, cardiology and psychology[8-9]. The articulation between health and education services narrows paths for the comprehensive care of infants and their families, with the advancement of knowledge and actions to early detect physical and socio-emotional impairments[5,10].

The domain related to family support and support involves the sources of support for care, and the performance of trained, welcoming professionals who are knowledgeable about the family's reality and its adaptation needs is extremely important to make the environment healthy for infants and their families, given the vulnerabilities inherent to prematurity[9].

Study limitations

In the development of this assessment guide, content validity and pre-test steps were not carried out, which will be appropriate for future research.

Contributions to nursing

Developing this guide contributed to listing care gaps that make longitudinal health surveillance unfeasible and weaken the care of infants at home in a situation of prematurity. Simultaneously, the sum of the scores allows health services, from small and large municipalities, to review their practices and potential to strengthen and qualify care and integration between the points of care in PHC.

FINAL CONSIDERATIONS

The first version of the assessment guide was developed with a focus on the quality of care for preterm infants. The guide format enables professional practice instrumentalization, focused on recommendations of good practices about hospital discharge planning and care plan organization; home follow-up in visits and telecare; infant health monitoring; integration between health services, education and specialized monitoring; family support.

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