

High-Risk Pregnancy Due to Hypertensive Syndromes: Analysis of Prenatal in the SUS

Gravidez de Alto Risco por Síndromes Hipertensivas: Análise do Pré-Natal no SUS

Gravidez de Alto Riesgo por Síndromes Hipertensivos: Análisis del Prenatal no SUS

RESUMO

Objetivo: Analisar a conformidade entre a organização da Rede Alyne e a realidade observada nos serviços de atenção à saúde da gestante com síndromes hipertensivas na cidade de Manaus, Amazonas. **Método:** Estudo qualitativo, descritivo e observacional, com base em visitas técnicas a unidades de saúde que integram os diferentes níveis de atenção do SUS: Unidade de Saúde da Família, Policlínica, Distrito de Saúde, Maternidade e Hospital Universitário. A análise foi orientada por parâmetros normativos do Ministério da Saúde e da Portaria GM/MS nº 5.350/2024. **Resultados:** Identificaram-se fragilidades na articulação entre os níveis de atenção, insuficiência de protocolos operacionais e lacunas na contrarreferência. Apesar de avanços estruturais e normativos, persistem desafios relacionados à comunicação intersectorial e à gestão territorial do cuidado. **Conclusão:** A Rede Alyne representa avanço na normatização do cuidado materno, porém sua efetivação prática ainda demanda investimento em integração, qualificação das equipes e monitoramento contínuo das ações assistenciais.

DESCRIPTORES: Gravidez de alto risco; Pseudo-hipoaldosteronismo; Cuidado pré-natal; Rede de atenção à saúde.

ABSTRACT

Objective: To analyze the alignment between the organization of the Alyne Network and the reality observed in healthcare services for pregnant women in hypertensive syndromes in the city of Manaus, Amazonas. **Method:** A qualitative, descriptive and observational study based on technical visits to healthcare units that integrate the different levels of attention within the Brazilian Unified Health System (SUS): Family Health Unit, Polyclinic, Health District, Maternity Hospital and University Hospital. The analysis was guided by normative parameters established by the Brazilian Ministry of Health and Ministerial Ordinance GM/MS No. 5.350/2024. **Results:** Weaknesses were identified in the coordination between levels of care, insufficient operational protocols, and gaps in counter-referral mechanisms. Despite structural and regulatory advancements, challenges remain related to intersectoral communication and territorial management of care. **Conclusion:** The Alyne Network represents progress in standardizing maternal care, however its practical implementation still requires investment in integration, qualification of teams and continuous monitoring of assistance actions.

DESCRIPTORS: Pregnancy, High-Risk; Pseudohypoaldosteronism; Prenatal care; Delivery of health care.

RESUMEN

Objective: Analizar la conformidad entre la organización de la Red Alyne y la realidad observada en los servicios de atención a la salud de la gestante con síndromes hipertensivos en la ciudad de Manaus, Amazonas. **Método:** Estudio cualitativo, descriptivo y observacional, basado en visitas técnicas a unidades de salud que integran los diferentes niveles de atención del SUS: Unidad de Salud de la Familia, Policlínica, Distrito de Salud, Maternidad y Hospital Universitario. El análisis fue orientado por parámetros normativos del Ministerio de Salud y de la Ordenanza GM/MS nº 5.350/2024. **Resultados:** Se identificaron fragilidades en la articulación entre los niveles de atención, insuficiencia de protocolos operativos y lagunas en la contrarreferencia. A pesar de los avances estructurales y normativos, persisten desafíos relacionados con la comunicación intersectorial y la gestión territorial del cuidado. **Conclusión:** La Red Alyne representa un avance en la normalización del cuidado materno, pero su implementación práctica aún demanda inversión en integración, capacitación de los equipos y monitoreo continuo de las acciones asistenciales.

DESCRIPTORES: Embarazo de alto riesgo; Seudohipoaldosteronismo; Atención prenatal; Atención a la salud.

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INTRODUCTION

Hypertensive disorders of pregnancy (HDP) represent one of the main public health challenges in Brazil and worldwide, accounting for a large proportion of maternal, fetal, and neonatal complications. According to the World Health Organization (WHO), hypertensive syndromes of pregnancy contribute to approximately 14% of global maternal deaths. Preeclampsia is the most prevalent, as it involves multisystem compromise⁽¹⁾.

The WHO emphasizes that access to qualified prenatal care, with early screening for risk factors, is one of the most effective strategies for reducing maternal mortality associated with these conditions. In addition, it is estimated that 26% of maternal deaths in

Latin America and the Caribbean are directly related to these syndromes, a fact that exposes structural flaws in obstetric care systems and reinforces the need for integrated and effective prevention and care actions⁽²⁾.

In Brazil, although there has been a reduction in the maternal mortality ratio in recent decades, rates remain high. It is estimated that hypertensive causes, together with hemorrhages and infections, account for up to 75% of maternal deaths worldwide, and are considered largely preventable with early diagnosis, adequate risk stratification, and timely intervention⁽¹⁾.

Studies show that early identification of pregnant women with risk factors allows for the introduction of effective prophylactic strategies, such as low-dose acetylsalicylic acid and calcium supplementation. When

started before the 16th week of pregnancy, these measures can significantly reduce the severity of preeclampsia and adverse outcomes⁽³⁻⁴⁾. It is worth noting that preeclampsia is defined as the presence of recently onset hypertension, usually after the 20th week of pregnancy, associated with dysfunction of target organs such as the kidneys, liver, brain, or hematological system⁽¹⁾.

Public health in Brazil is structured by the Unified Health System (SUS), created by the Federal Constitution of 1988 and regulated by Laws No. 8,080/1990 and No. 8,142/1990. The SUS organizes its services into regionalized and hierarchical networks, based on the principle of providing universal, comprehensive, and equitable care to the population. In response to the persistence of preventable ma-

ternal deaths and racial inequalities in access to obstetric care, the Alyne Maternal and Child Care Network was established by Ordinance GM/MS No. 5,350/2024, replacing the Stork Network. This new policy reinforces the SUS's commitment to equity, humanization, and comprehensive maternal and neonatal care⁽⁷⁾.

In line with these guidelines, measures such as Technical Note No. 012/2025, published by the Municipal Health Secretariat of Manaus, recommend the regular prescription of acetylsalicylic acid (ASA) and calcium carbonate + cholecalciferol to pregnant women with risk factors for preeclampsia, as part of drug prophylaxis based on clinical evidence and in line with national guidelines.

However, in the capital of the state of Amazonas, despite the existence of specific clinical protocols, pregnant women still face barriers to access, a lack of well-established clinical protocols, and communication failures between levels of care, which favors the occurrence of the so-called "three delays" — to seek care, to arrive at the service, and to receive adequate care⁽¹⁾. Thus, recognizing hypertension in pregnancy not only as a clinical condition but also as a public health problem with social, territorial, and structural repercussions is essential to strengthening care networks.

Given this context, the present study aims to analyze how the SUS healthcare network is structured to care for pregnant women with high-

risk pregnancies due to hypertensive syndromes during prenatal care, with an emphasis on the effectiveness of integration between levels of care and compliance with national and local guidelines.

METHOD

This is a qualitative, descriptive, and analytical experience report⁽⁸⁾, developed by undergraduate medical students. This study was based on field experiences carried out in the municipality of Manaus (AM), between March and June 2025, focusing on the analysis of the health care network of the Unified Health System (SUS) focused on prenatal care for pregnant women with high-risk pregnancies, especially due to hypertensive syndromes.

The observational visits took place in five different fields, namely: a family health unit (USF), a polyclinic, the administrative headquarters of a health district, a municipal maternity hospital, and a university hospital. These institutions were selected to observe the performance of the SUS from the point of entry to care to the most complex services, in accordance with the guidelines of the current Alyne Maternal and Child Care Network, established by Ordinance GM/MS No. 5,350/2024, which revoked and replaced the former Stork Network, broadening the focus to equity and the fight against preventable maternal mortality.

Two main instruments were used to record experiences and collect data: a reflective field diary and a structured script, prepared by the authors of the study themselves. The script was applied in each observational visit scenario by the students, containing questions that sought to understand: the flow of care for pregnant women at risk of hypertension, the application of clinical protocols, the availability of supplies and prophylactic medications, the coordination between the network points, and the main challenges faced by professionals in monitoring these pregnant women. The field diary, in turn, was used to record subjective impressions, observed interactions, available infrastructure, and the consistency between regulations and actual practice.

The material was analyzed by comparing field observations with the theoretical and regulatory frameworks governing obstetric care in the SUS, in particular the High-Risk Pregnancy Manual⁽¹⁾, Technical Note No. 012/2025 from the Manaus Municipal Health Secretariat, and the Alyne Network guidelines. The information collected was interpreted in a descriptive and reflective manner, seeking to highlight the potentialities, weaknesses, and contradictions present in the operationalization of the line of care for pregnant women with hypertensive syndromes. Finally, Table 1 below summarizes what was expected to be found at each location visited.

Table 1 - Description of Health Units and Focus of Observation in the High-Risk Pregnancy Care Network. Manaus, Amazonas, Brazil, 2025.		
Unit visited	Expectations according to guidelines	Focus of observation
Family Health Unit (USF)	The entry point is well aligned with the National Primary Care Policy: enrollment of high-risk pregnant women by the 12th week, with at least seven consultations between a doctor and nurse, routine examinations and screening for hypertension, and reception and risk classification actions. PHC should identify hypertensive syndromes early, provide oral health guidance, vaccinations, and screening for infectious diseases, and ensure that pregnant women are linked to their referral delivery site.	The Family Health Team (ESF) was asked about the implementation of these activities to confirm whether the team knew how and when to refer patients to a specialized clinic or polyclinic in case of complications.

Polyclinic	Provides medium-complexity specialized care. Clinical and multidisciplinary support for high-risk prenatal care was expected to be available, with high-risk pregnancy clinics (AGPAR) and diagnostic support services, such as ultrasound and specific laboratory tests.	The fluidity of the articulation between the polyclinic and the USF was observed, with the presence or absence of clear protocols for return to PHC in case of stability, or if the vulnerabilities generated by resource limitations prevented continuous care.
Health District	Unit responsible for regional planning, defining referral places for high-risk pregnant women and organizing inter-hospital transport in emergencies, as well as monitoring maternal and infant mortality indicators.	Check the activity of these management actions, periodic meetings between managers to maintain the flow of care, and the presence of clear agreements for situations of bed overload or lack of ambulances.
Maternity	This is the central point of obstetric care in the healthcare network. It was expected to have adequate resolution capacity, a safe physical structure, a trained multidisciplinary team, and well-defined protocols for the management of hypertensive syndromes, especially preeclampsia.	Observe the effectiveness of the link between prenatal care and the place of delivery, readiness for obstetric emergencies, fluidity in communication with other points in the network, and the ability to respond to serious complications.
University Hospital	A highly complex referral center, it houses the Telehealth service. We expected to find a structure for the immediate reception of pregnant women with hypertensive complications, obstetric and neonatal ICU beds, as well as reception protocols and emergency interventions.	It was found that technological integration (remote monitoring, case discussions via video) facilitated support for care at other levels of care.

Source: Own elaboration based on the guidelines of the Ministry of Health (Ordinances No. 5,350/2024 and No. 4,279/2010).

In addition, websites with important data, such as epidemiological issues, information on territories, and limitations on individual characteristics, were also incorporated into the research: Brazilian Institute of Geography and Statistics (IBGE), National Household Sample Survey (PNAD), SUS Open University System (UNASUS), and TABNET (DATASUS). The research conducted with the TABNET (DATASUS) database used the ICD code 010-016, related to edema, proteinuria, and hypertensive disorders in pregnancy, childbirth, and the postpartum period.

RESULTS

Primary Health Care (PHC), represented by Family Health Units, plays an essential role as the preferred gateway to the SUS. The FHU visited demonstrated a structured organiza-

tion for routine prenatal care, with medical and nursing consultations, basic examinations, fetal listening, and postpartum follow-up. The unit has four Family Health Teams, which operate on a territorial basis, with direct support from Community Health Agents (ACS). These professionals play a strategic role in conducting home visits, identifying pregnant women, monitoring risk conditions, and updating the Electronic Citizen Record (PEC). The monitoring of high-risk pregnant women is shared with specialized centers through the National Regulation System (SISREG), enabling consultations to be spread across different levels of care.

After delivery, a mother-baby consultation is carried out by the seventh day, in addition to monitoring for at least three months, with reinforced home visits for socially vulnerable women. The identification of pregnant women at risk for hypertensive syndromes is based on clinical and social criteria: personal or family his-

tory of hypertension and diabetes, extreme maternal age, obesity, history of preeclampsia, and belonging to more susceptible ethnic-racial groups, such as black and indigenous women. In case of complications, such as hypertensive crises, patients are stabilized at the USF and urgently referred via SISREG. Despite advances, difficulties related to the interoperability of information systems have been observed—the municipal PEC is not integrated with state platforms such as SALUX—which compromises the continuity of care for pregnant women from other locations. Resistance was also reported on the part of users with private health insurance, as well as inconsistencies in the completion of medical records by some professionals.

The polyclinic visited acts as a specialized support point for PHC, offering complementary exams and outpatient care in some medical specialties. However, it was observed that the unit does not provide gynec-

Experience Report

Farias LFR, Perez JEM, Akutsu RCCA, Maciel LHG, Martins FM, Evaristo JSG, Souza CSM
High-Risk Pregnancy Due to Hypertensive Syndromes: Analysis of Prenatal in the SUS

colological care or direct prenatal monitoring. In addition, the laboratory collection service was suspended due to a bidding process, which negatively impacted the performance of essential tests for monitoring maternal health. The services offered focus on dermatology, otorhinolaryngology, orthopedics, neurology, and endocrinology, in addition to social assistance and psychology. Appointments are made exclusively by appointment, with no walk-ins accepted, and follow production targets with a daily limit on patients. The physical structure is adequate, but the shortage of human resources and the overload of demand compromise the flow between the polyclinic and PHC. Although there is a formal referral and counter-referral flow, requests for tests were returned due to errors in completion, in addition to the absence of consistent clinical justifications. The structural limitations of the unit, aggravated by the lack of its own laboratory, reinforce the need for greater professional qualification and investments to ensure the full functioning of the specialized network.

The visit to the Health District focused on epidemiological surveillance of prenatal data. According to theoretical guidelines, clinical records should feed into the surveillance system to identify risk patterns and support preventive actions. However, the reality observed pointed to difficulties in the effective use of these data. Deficiencies in records and the lack of integration between municipal and state systems result in fragile databases, hindering the epidemiological analysis of hypertensive syndromes. This scenario compromises territorial planning and the formulation of regional strategies aimed at reducing maternal morbidity and mortality.

The maternity ward is classified as a low- and medium-risk delivery care unit, without a maternal ICU. However, it has protocols for receiving

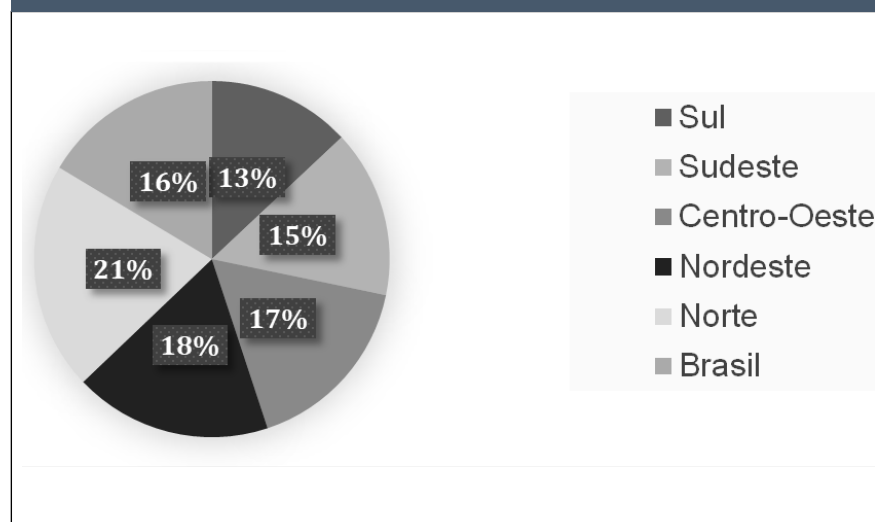
and stabilizing severe cases, such as hypertensive syndromes. The multidisciplinary team is trained in emergency care, using a color-coded risk classification system and immediate initiation of care, such as administration of magnesium sulfate and blood pressure control. In cases of labor, the clinical criterion adopted for hospitalization is cervical dilation ≥ 4 cm. There is a transition sector for initial care and organization of referral flows. The link between the unit and other points in the network, especially PHC and the referral hospital, proved essential to ensure continuity of care in critical situations. Although not a referral center for high risk, the maternity ward plays a strategic role in stabilizing severe cases until transfer to more complex services, demonstrating the importance of integration and readiness in obstetric care.

At the University Hospital, the highlight was the presentation of the High-Risk Prenatal Telemonitoring (TelePNAR) project, developed by UFAM in partnership with the Ministry of Health. The initiative aims to reduce maternal mortality in remote regions of Amazonas by offering tele-

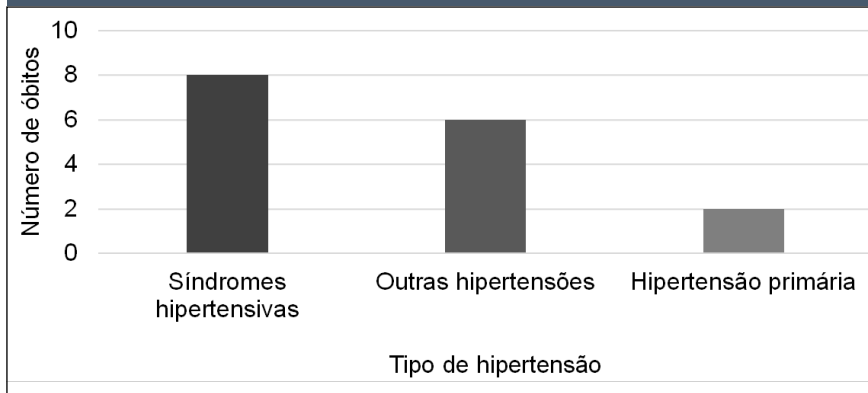
consultations and telemonitoring of high-risk pregnant women through technology applied to care. The project proposes keeping pregnant women in their territory, respecting community ties and avoiding the "pilgrimage" to maternity wards, especially in indigenous contexts or isolated areas. The risk stratification protocol used allows the severity of the case to be classified and referrals to be directed based on well-defined clinical criteria. Recognized as a national strategy, TelePNAR already shows preliminary evidence of a positive impact on reducing maternal morbidity and mortality, although the data has not yet been officially released. Its consolidation reinforces the role of digital technologies as allies in expanding access and improving the quality of obstetric care in hard-to-reach areas.

Finally, after research conducted in the databases of the Live Birth Information System, the Brazilian Institute of Geography and Statistics, the National Household Sample Survey, the SUS Open University System, and TABNET (DATASUS), the following information is shown in Figures 1, 2, 3, and 4.

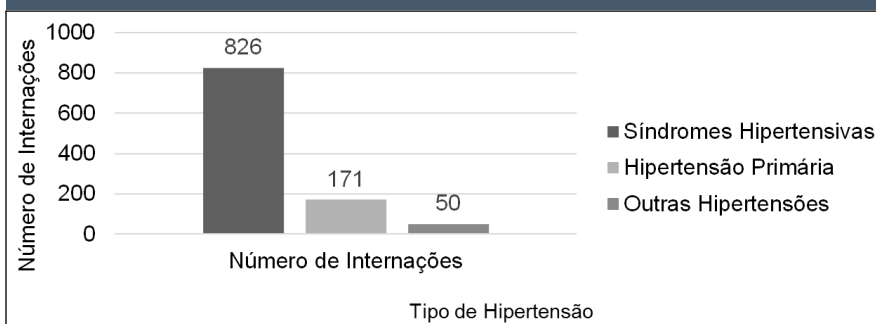
Figure 1. Percentage of neonatal deaths per live births by region – Brazil, 2023



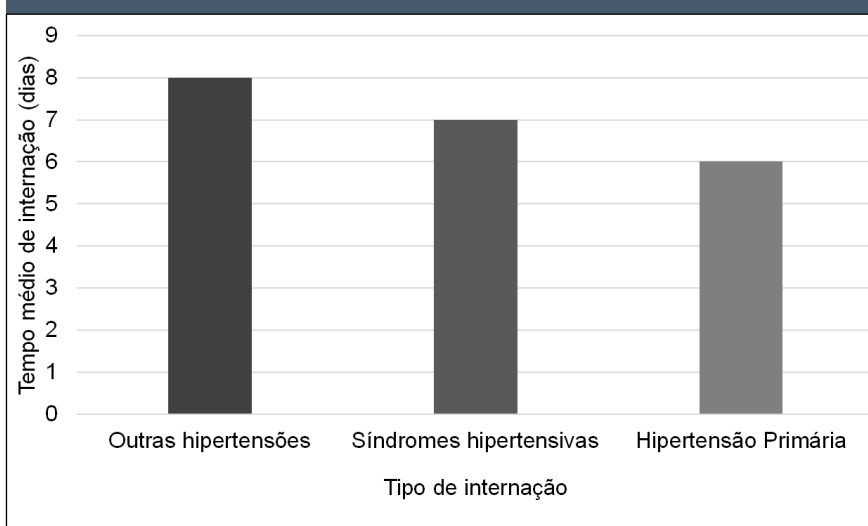
Source: Prepared by the authors (2025).

Figure 2. Deaths among women of reproductive age according to type of hypertension. Manaus, Amazonas, Brazil, 2023

Source: Prepared by the authors (2025).

Figure 3. Hospitalizations among women of reproductive age according to type of hypertension. Manaus, Amazonas, Brazil, 2023

Source: Prepared by the authors (2025).

Figure 4. Average length of hospital stay (in days) by type of hypertension. Manaus, Amazonas, Brazil, 2023

Source: Prepared by the authors (2025).

DISCUSSION

The results of this study reveal a complex and challenging situation for the care of high-risk pregnant women with hypertensive syndromes in the Amazon region, reflecting structural and coordination weaknesses in the Unified Health System (SUS) healthcare network. Although Primary Health Care (PHC), represented by Family Health Units (FHU), plays a fundamental role as a gateway and coordinator of care, there was low integration between levels of care, especially in the return of information from specialized services to the PHC team, which compromises the continuity and comprehensiveness of care.

Even though the referral of pregnant women with high-risk indicators is carried out by the USF team via SISREG, the reports pointed to a lack of structured counter-referral after specialized consultations, preventing the longitudinal follow-up provided for by the Maternal and Child Health Care Network (Rede Alyne). This weakness highlights non-compliance with guidelines that provide for two-way flow between points of care, with sharing of clinical information and joint responsibility among the professionals involved. According to Ordinance GM/MS No. 5,350/2024, health services are required to ensure that information is returned to the service of origin, especially in the follow-up of high-risk pregnant women, with PHC responsible for coordinating care even when specialized care is needed⁽⁷⁾.

The absence of this feedback also contradicts the provisions of the National Primary Care Policy (PNAB)⁽⁹⁾, which establishes the need for coordination between points of care and continuity of care through referral and counter-referral flows. Limitations in professional qualifications and a shortage of technological resources were also observed, which

directly affect the quality of high-risk prenatal care. The dependence on the Electronic Citizen Record (PEC) as a central tool in PHC is important but insufficient, given that there is no integration with state systems (such as SALUX and SISREG), which directly compromises continuity of care, especially in situations that require specialized care.

This gap prevents the full longitudinality of care, one of the essential attributes of Primary Health Care, as established in the National Primary Care Policy (PNAB), Ordinance GM/MS No. 2,436/2017, which defines longitudinality as the provision of continuous and regular care over time. This guideline also specifies that PHC should act in coordination with other points in the network, even when the user needs other services in the health system.

In addition to weaknesses in coordination and care flows, a critical component of health care stands out: the structure of services. According to Ordinance GM/MS No. 4,279/2010, which establishes guidelines for the organization of the RAS, health care points must have adequate physical structure, human resources, supplies, and equipment to meet the needs of the population. However, research conducted in health units in Manaus revealed recurring structural limitations, such as the absence of a functioning laboratory in the Polyclinic, lack of integration between electronic information systems, and unavailability of essential specialties for prenatal care. These failures directly compromise the effectiveness and comprehensiveness of care, contrary to what is recommended by SUS regulations.

Epidemiological surveillance was also found to be weak, negatively impacted by the poor quality of clinical records and the lack of integration between information systems, hindering the formulation of prevention and intervention strategies. This gap

directly compromises the treatment of hypertensive syndromes, one of the leading causes of maternal mortality in Brazil.

Despite the methodological limitations of the study, the findings highlight that, even with regulatory advances, there are still important gaps to be filled in the implementation of comprehensive care. The visits showed that integration between services, valuing territorial ties, and team qualification are fundamental to promoting more effective care for pregnant women at risk of hypertension.

The figures used in the study reinforce and contextualize the empirical findings based on recent epidemiological data. Figure 1 depicts the reality of maternal mortality from hypertensive causes in the North region, showing that although hypertensive syndromes account for a lower absolute number of deaths compared to primary hypertension, their impact on the pregnant population is disproportionately high. Figure 2 shows that, among women of childbearing age in Brazil, gestational hypertensive syndromes were responsible for 2 deaths in 2023, a number that, although apparently small, represents a high risk within the obstetric group.

Figure 3 highlights that hypertensive syndromes were the leading cause of hospital admissions among women of childbearing age, totaling 826 cases, which highlights the high morbidity associated with these conditions. This contrast between frequent hospitalizations and relatively low mortality may indicate advances in hospital care, but it also points to the high demand for resources and continuous surveillance. Finally, Figure 4 reinforces that chronic hypertension, especially primary hypertension, remains a relevant risk factor for female mortality, requiring preventive actions before and during pregnancy.

The demographic and epidemiological analysis of the city of Manaus

also provides insights into the complexity of the scenario. The population is young, with education and average income below the national average, which exacerbates inequalities in access to health care. Endemic diseases, disorderly urbanization, and health vulnerabilities further increase the challenges of obstetric care. Conditions such as malaria, dengue, leishmaniasis, tuberculosis, and hepatitis coexist with high rates of high-risk pregnancies, requiring territorialized public policies that are sensitive to the reality of the Amazon.

Thus, integrated strategies that combine technology (such as TelePNAR), updated clinical protocols, ongoing education of teams, and community participation are essential to reverse unfavorable indicators and ensure qualified care for high-risk pregnant women, especially those affected by hypertensive syndromes.

CONCLUSION

A priori, Primary Health Care, recognized as the gateway to the system, has demonstrated the engagement of teams and the use of tools such as electronic medical records. However, the lack of coordination with other levels of care, the overload of services, and limitations in communication and regulation hinder the effectiveness of care.

Specialized and hospital units, in turn, have uneven structures that are sometimes insufficient to deal with the specific demands of hypertensive syndromes, while epidemiological surveillance still faces challenges in data quality and use. After all, despite specific advances—such as the TelePNAR project, which represents an important innovation in the care of pregnant women in remote areas—there are still persistent gaps in the integration of systems, professional qualification, and the guarantee of equitable access to adequate health

services.

Therefore, the research revealed that, although the network is formally structured, its effective functionality depends crucially on the articulation between management, staff, and territory. It is important to recognize, as

a limitation of the present study, that it covered a limited number of units and did not include quantitative data that could reinforce the qualitative findings. Future research is suggested that expands the sample scope, incorporates mixed methods, and explores

the effectiveness of telemonitoring and early intervention programs, with a view to the continuous improvement of maternal health in the Amazon region.

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