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Original Article

Conceptual analysis of the term antepartum peregrination in the context of maternal and neonatal health

Análise conceitual do termo peregrinação anteparto no contexto da saúde materna e neonatal

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ABSTRACT

Objective: to analyze conceptually the term antepartum peregrination in the context of maternal and neonatal health. **Methods:** this is a conceptual analysis for the term antepartum peregrination involving selection of the concept, definition of objectives, identification of potential uses, determination of attributes, creation of model cases, construction of additional cases, identification of antecedents, consequent analysis and empirical examination of reference. A scoping review was conducted to elucidate the concept using the Virtual Health Library, MEDLINE/PubMed, SCOPUS, Web of Science, EMBASE, CINAHL and Science Direct databases. **Results:** the concept analysis was performed based on 17 articles which included varied approaches to antepartum peregrination. All studies were conducted in Brazil and defined antepartum peregrination as the search for multiple establishments, search for vacancies, parturient's route/trajectory, disoriented search and antepartum itinerary. **Conclusion:** the concept analysis performed showed that antepartum peregrination is the search for perinatal care in several health services. **Contributions to practice:** this study will enable early identification of risk factors in order to motivate significant changes to reduce maternal and neonatal morbidity and mortality caused by this problem.

Descriptors: Health Services Accessibility; Birth Setting; Barriers to Access of Health Services; Labor Obstetric; Maternal-Child Health Services; Women's Health Services.

RESUMO

Objetivo: analisar conceitualmente o termo peregrinação anteparto no contexto da saúde materna e neonatal. **Métodos:** análise conceitual para o termo peregrinação anteparto, envolvendo a seleção do conceito, definição dos objetivos, identificação de usos potenciais, determinação de atributos, criação de casos modelo, construção de casos adicionais, identificação de antecedentes, análise consequente e exame empírico de referência. Para elucidar o conceito, foi realizada uma revisão de escopo a partir da Biblioteca Virtual em Saúde, MEDLINE/PubMed, SCOPUS, Web of Science, EMBASE, CINAHL e Science Direct. **Resultados:** a análise de conceito foi realizada a partir de 17 artigos incluídos com abordagens variadas sobre a peregrinação anteparto. Todos os estudos foram realizados no Brasil e definiram a peregrinação anteparto como a busca por múltiplos estabelecimentos, busca por vagas, percurso/trajetória da parturiente, procura desnorteada e itinerário anteparto. **Conclusão:** a análise de conceito realizada evidenciou que a peregrinação anteparto é a busca por assistência perinatal em vários serviços de saúde. **Contribuições para a prática:** esse estudo viabilizará para a identificação precoce dos fatores de risco a fim de motivar mudanças significativas para a redução da morbimortalidade materna e neonatal ocasionadas por esse problema.

Descritores: Acessibilidade aos Serviços de Saúde; Entorno do Parto; Barreiras ao Acesso aos Cuidados de Saúde; Serviços de Saúde Materno-Infantil; Serviços de Saúde da Mulher.

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Introduction

Maternal mortality increased by 15% between 2016 and 2020 in Latin America and the Caribbean. Approximately 8,400 women die each year due to complications during pregnancy, childbirth and postpartum, and most deaths occur from preventable causes[1]. A total of 18,662 maternal deaths were recorded in Brazil between 2010 and 2020, with an average maternal mortality rate of 58.6 deaths per 100,000 live births[2]. It is worth noting that all health services have undergone restructuring due to the COVID-19 pandemic, triggering restrictions on comprehensive care provision, reassignment of professionals to the front line and a reduced number of beds in units, including obstetric units[3], thus contributing to worsen these rates.

Despite this, the health determinants which already conditioned negative outcomes on maternal and neonatal health continue to persist, such as the socioeconomic status of women, clinical and obstetric complications during the pregnancy-puerperal cycle, and barriers to access to health services[4]. The latter has a critical influence in cases in which a woman who requires obstetric care seeks several health services in a disoriented manner, which is called antepartum peregrination (or in some cases/studies, antepartum pilgrimage).

The Three Delays Model is a fundamental theoretical reference that analyzes the social factors that contribute to maternal mortality. This model seeks to identify and associate evidence that demonstrates the causes prevent timely access to health services. It is stratified into: type 1) delay in the decision to seek care; type 2) delay in arrival and admission to a health unit; and type 3) delay in providing adequate care[5]. Antepartum peregrination is classified as the second and third types of delay. In these cases, peregrination is completed when the woman in labor is unable to obtain care at the first unit sought; in the same way, procrastination in referring the woman to a qualified institution results in a delay in receiving essential care[6].

Most studies published in the literature on the phenomenon are observational, and each one provides definitions that vary considerably and are often abstract. Therefore, the conceptual analysis of this term highlights the importance of understanding a serious public health problem and provides support for proficiency in the elements that precede, define and proceed to antepartum peregrination, which contributes to conceptual elucidation and may enable prioritizing this setback in strategic planning with a view to minimizing complications caused by this circumstance.

In view of this, the purpose of the study is to broaden the perception of how public services and policies respond to health needs in the context of childbirth in a timely manner, meaning before serious harm to maternal and neonatal health afflicts them. In turn, the objective of this study was to analyze conceptually the term antepartum peregrination in the context of maternal and neonatal health.

Methods

This study followed the eight stages of concept analysis, namely: 1. Concept selection; 2. Determination of the objectives or purposes of the analysis; 3. Identification of uses of the context; 4. Determination of defining attributes; 5. Construction of a model case; 6. Construction of additional cases; 7. Construction of antecedents and consequences; 8. Definition of empirical references[7].

The analysis of a concept consists of examining the elementary aspects and their applicability in specific contexts in detail. To this end, the defining attributes are formalized in linguistic aspects of the term(s), enabling a distinction between concepts, rectification in ambiguous or incorrect applications, and finally, a preconceived synthesis of the concept[7].

The first stage consisted of selecting the con-

cept of antepartum peregrination for analysis. This selection was made because the term is a problem that is frequently experienced in health services, especially in developing countries[8]. Although many studies have been developed using the term as a presupposition of a public health problem, there is ambivalence in consistently and correctly implementing the concept.

The second stage (determining the objectives or purposes of the analysis) was operationalized by elucidating the analysis objective, aiming to explore the conceptual meaning of antepartum peregrination, taking into account definition of the term. The purpose was to clarify the possibilities and uncertainties regarding its applicability.

A scoping review[9] was conducted for the third and fourth stages (identification of uses of the context; determination of defining attributes) based on the guiding question: what are the attributes, antecedents and consequences related to the concept of antepartum peregrination in health services according to the scientific literature? The review was constructed based on the PCC mnemonic (population, concept and context), in which: P: parturient, C: antepartum peregrination, C: health services. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR)[10] was considered for the research report.

The paired search in the databases was performed in June 2024. The strategy was developed based on keywords and controlled descriptors indexed in the Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS), namely: Keywords: pilgrimage; pilgrim; peregrination; "therapeutic itinerary"; itinerant. MeSH: "health services accessibility"; "accessibilities", "health services"; "access to care, health"; "access to health services"; "availability of health services"; "access to care". DeCS: "barriers to access of health services".

Two searches were performed for access to the Virtual Health Library (VHL): first search: ("*peregrinação anteparto*"); second search: (pilgrimage OR pilgrim OR peregrination) AND ("health services accessibility" OR "barriers to access of health services"). And, a third search was performed through the databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed, SCOPUS, Web of Science, EMBASE, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Science Direct, using the strategy: ("therapeutic itinerary" OR itinerant) AND ("health services accessibility" OR "accessibilities, health services" OR "access to care, health" OR "access to health services" OR "availability of health services" OR "access to care").

The screening by title and abstract, as well as the sample selection, were independently performed by three authors (RRS, GFAN, WCM) and there were no conflicts regarding the included studies. The inclusion criteria were: original studies published in any language without a time frame. Duplicate studies and those that did not address the topic of antepartum peregrination in health services were excluded. The content of the included articles was read exhaustively to extract data using a previously prepared instrument containing the identification variables (authorship, title, place and year of publication), objectives (general and specific), methodological design, sample, and main results. After extraction, the prevalent characteristics of the antepartum peregrination concept were summarized and refined[7]. Next, the defining attributes were refined and converted for concept analysis. In the fifth stage, the model case was created in light of the literature and considering real cases based on the experience of a practicing obstetric nurse. The contrary case (the sixth stage) was derived from the model case, however clearly explaining the non-concept[7].

Then, the antecedents and consequences were listed in the seventh stage (Figure 2). All potential drivers for antepartum peregrination were considered for antecedents, from the inaccessibility of health systems to the parturient's own lack of information. The consequences were all events that preceded or had the potential to occur after the occurrence of ante-

partum peregrination, which were confirmed to have negative outcomes for maternal and neonatal health.

The definition of empirical referents (the eighth stage) was conducted through research in the gray literature via access through the Dissertation and Theses Catalog of the Coordination for the Improvement of Higher Education Personnel (CAPES) and Google Scholar in order to investigate whether there are instruments which measure or evaluate the occurrence/effects of antepartum peregrination in health systems. The defining characteristics and/or attributes of the concept can be recognized or measured from this definition, observing its influence in the real world[7].

Results

The search in the databases yielded 522 results. Next, 119 duplicate records were removed, resulting in 403 studies for title and abstract screening. Using the double-checking method, 16 articles were considered for full reading, in addition to 9 more obtained from the reference lists of the 12 articles included. In the end, 17 articles comprised the sample (Figure 1).

After data extraction and characterization of the studies, the quantity of antecedents, attributes and consequences was mapped for each of the articles (Table 1).

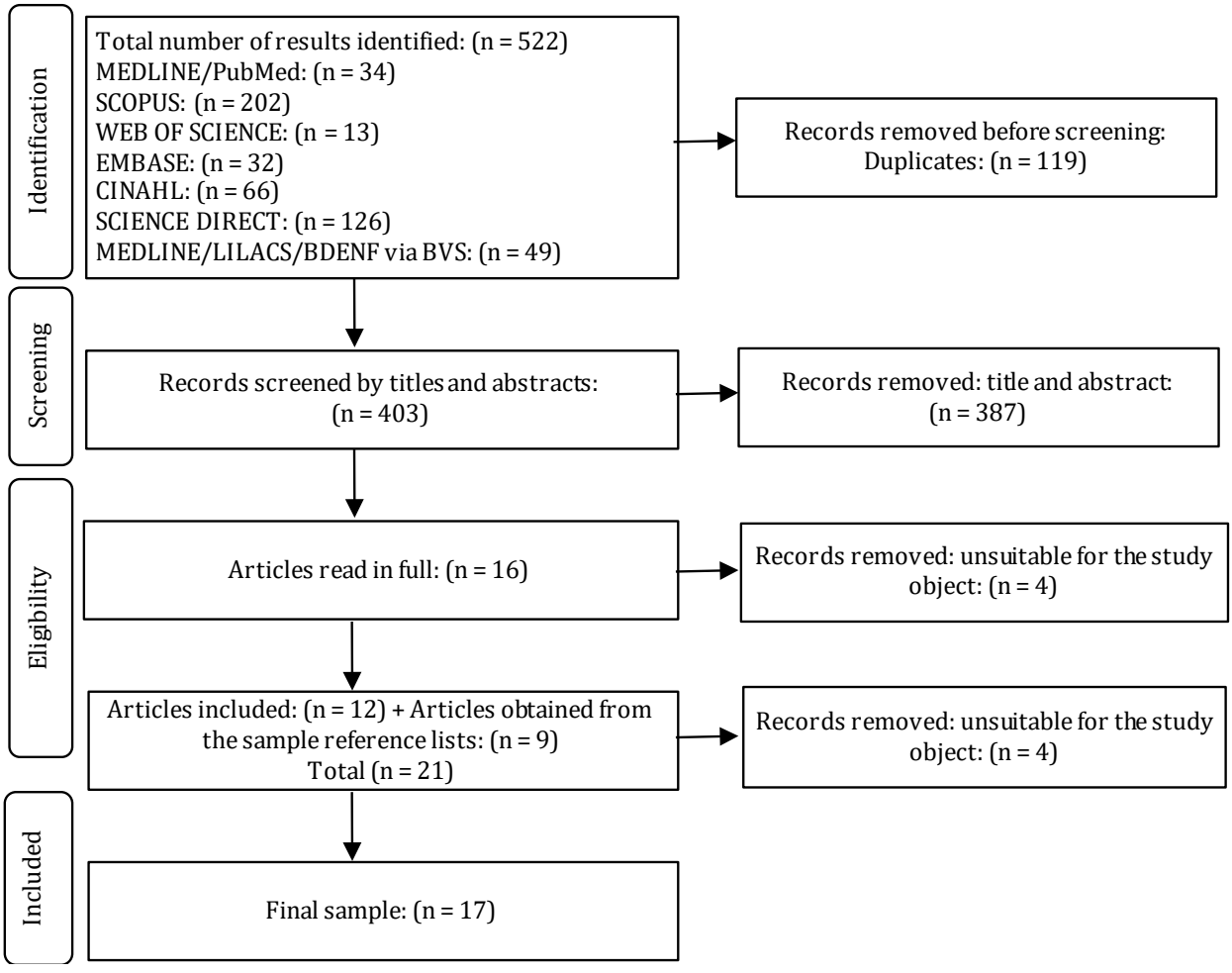

Figure 1 – PRISMA-ScR flowchart of the literature search and selection process. Fortaleza, CE, Brazil, 2024

Table 1 – Characterization of studies and quantity of antecedents, attributes and consequences extracted. Fortaleza, CE, Brazil, 2024

Authors/Year	Design	Sample (n)	Antecedents	Attributes	Consequences
Goldman; Barros 2003[11]	Cross-sectional, descriptive-analytical in nature and quantitative approach	520 women	5	2	2
Menezes et al 2006[12]	Cross-sectional study, descriptive in nature and quantitative in approach	6,652 women admitted to maternity hospitals	6	2	2
Melo et al 2007[13]	Ecological, descriptive in nature and quantitative in approach	99,042 declarations of live births and 1,318 declarations of deaths in children under one year old	5	1	1
Barbastefano et al 2010[14]	Cross-sectional, descriptive in nature and quantitative in approach	328 adolescent postpartum women	5	2	1
Cunha et al 2010[15]	Cross-sectional, descriptive and exploratory in nature and quantitative in approach	357 postpartum women	7	2	3
Albuquerque et al 2011[16]	Systematic literature review	12 articles	3	1	2
Souza et al 2011[17]	Cross-sectional, descriptive in nature and quantitative in approach	262 postpartum women	4	4	3
Monteschio et al 2014[18]	Cross-sectional, descriptive and exploratory in nature and qualitative in approach	310 postpartum women	3	1	–
Rodrigues et al 2015[19]	Cross-sectional, descriptive and exploratory in nature and qualitative in approach	56 women in maternity hospital rooms	3	2	3
Silva; Almeida 2015[20]	Cross-sectional, descriptive and exploratory in nature and qualitative in approach	14 postpartum women	7	2	3
Andrade; Vieira 2018[21]	Cross-sectional, descriptive in nature and quantitative in approach	16 women with serious complications during pregnancy, childbirth or postpartum	2	1	2
Costa 2018[22]	Cross-sectional, descriptive in nature and quantitative in approach	37 women admitted to rooming-in hospitals	7	–	3
Moraes et al 2018[23]	Longitudinal, descriptive-analytical in nature and qualitative in approach	10,475 pregnant women	7	2	2
Mendes et al 2019[24]	Ecological, descriptive in nature and quantitative in approach	768 postpartum women	7	1	2
Belém et al 2021[25]	Cross-sectional, descriptive-analytical in nature and quantitative approach	13 key informants in public maternity hospitals	4	2	3
Leite et al 2023[26]	Cross-sectional study, descriptive in nature and quantitative in approach	12,272 records of hospital births	9	1	2
Mesquita et al 2024[27]	Evaluative, cross-sectional, descriptive in nature and quantitative approach	300 women	8	1	7

The methodological design of the articles was: 11 quantitative (65%), five qualitative (29%) and one review (6%). All articles were conducted in Brazil and published in national journals. Eleven articles explicitly addressed the term antepartum peregrination as the study object, and the other six articles addressed the topic using alternative terms (four articles: impossibility of access to the service; one: trajectory; and one: itinerary between institutions).

A total of 16 of the 17 articles presented some definition for antepartum peregrination. The search for multiple establishments (11 articles) and search for vacancies (10 articles) obtained the highest prevalence for definition of the concept. Other attributes

designated with less prevalence were: path/trajectory of the parturient (four articles), disoriented search (one article) and antepartum itinerary (one article). The term peregrination is a noun that refers to the journey that someone takes to a place. Pilgrimage/peregrination is usually linked to the idea of a journey to sacred/religious places and/or the arduous journey made to various places imposed on a mandatory basis, when there are no other options[28]. The term antepartum is an adjective and a noun which means that it occurs before childbirth; the period of gestation that immediately precedes childbirth[29].

Antepartum peregrination has a particular meaning when the two words are associated, especially in terminology applied to health, characterizing a type of negative experience experienced by parturients in public health services. Thus, considering the attributes identified in the included articles (Figure 2), the concept formulated for antepartum peregrination is the search for perinatal care in various health services.

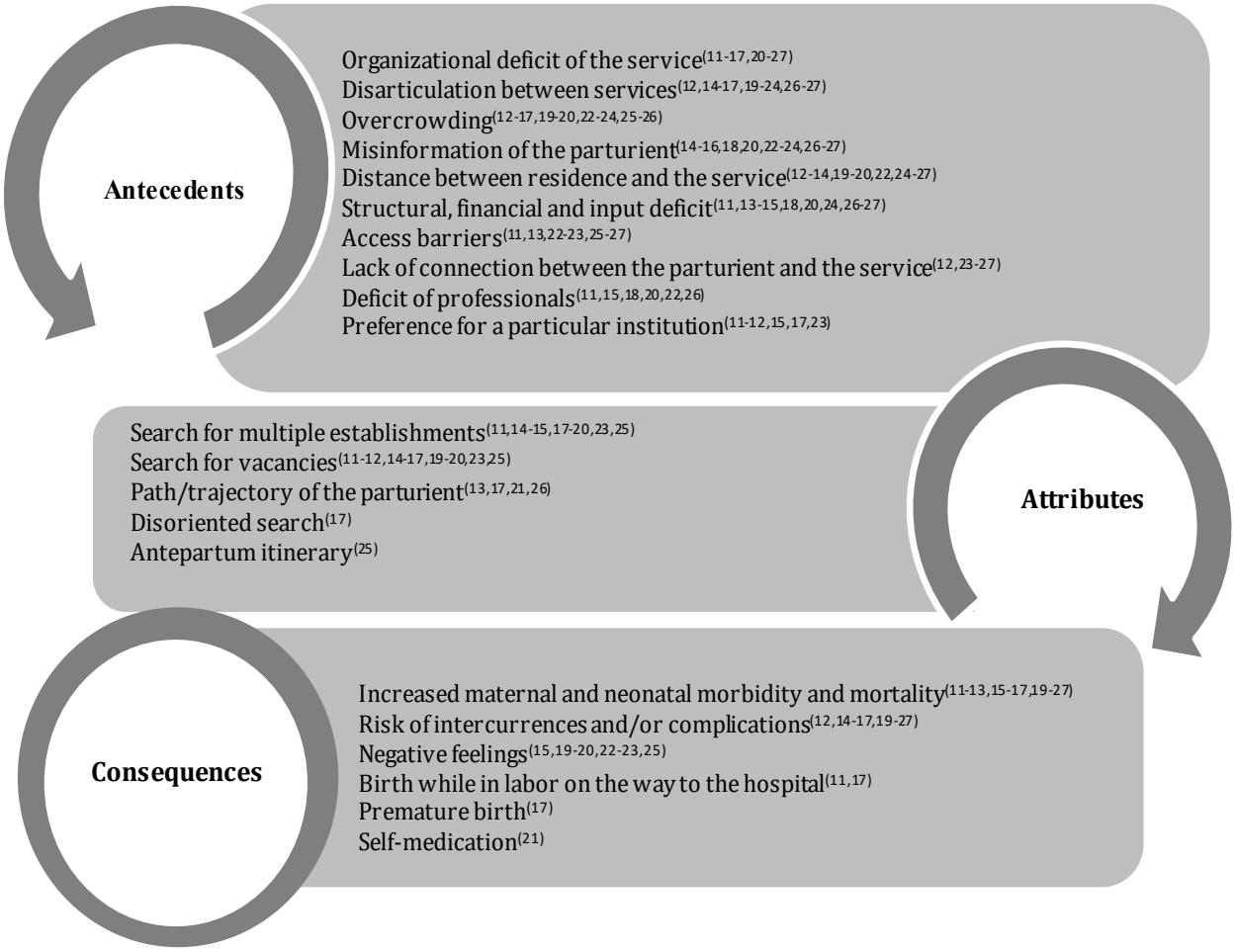

Figure 2 – Diagram of antecedents, attributes and consequences for the concept of antepartum peregrination. Fortaleza, CE, Brazil, 2024

Model case

Pregnant woman, 30 years old, 27 weeks and five days pregnant, living in the countryside of a small city in Ceará, Brazil. She only had two prenatal appointments due to the long distance between the health unit and her home. She was examined and informed about her clinical condition during the prenatal

appointments, but she did not receive guidance regarding the health institutions within the health network or their connection with the referral maternity hospital. She suddenly presented high blood pressure associated with signs and symptoms of imminent eclampsia and sought the hospital unit in her city. The severity of her condition and the need for referral to a specialized service were soon confirmed.

In this context, she requested a bed in high-risk maternity hospitals through the bed regulation system, but all institutions refused, claiming overcrowding of obstetric beds and neonatal intensive care units (ICU), demonstrating a lack of coordination between services. The only ambulance in the city was unavailable, indicating an organizational and financial deficit. These events delayed her transfer, contributing to worsen her health condition. After several unsuccessful attempts, the woman was forced to seek out a bed in highly complex maternity hospitals in the state capital city. After a disoriented search and journey through multiple institutions, she was able to obtain care and admission to a specialized hospital.

The pregnant woman was then evaluated by a multidisciplinary team who determined that her condition was serious due to progressing hemolytic anemia, elevated liver enzymes, and low platelet count (HELLP) syndrome, requiring an emergency cesarean section. After the procedure, the woman was admitted to the maternal ICU and her premature newborn to the neonatal ICU. After both were discharged from the hospital, the woman considered her pre-partum journey a traumatic event, which triggered maternal blues symptoms and difficulty breastfeeding.

The case was analyzed by the maternal and neonatal morbidity and mortality committee, which concluded that the route taken by the parturient, along with barriers to access and transportation, significantly contributed to the worsening of her health condition. This scenario resulted in unfavorable prognoses, reflecting an increase in maternal and neonatal morbidity and mortality and generating potential risks of complications and adverse events.

Contrary case

Pregnant woman, 30 years old, 27 weeks and five days pregnant, living in the countryside of a small city in Ceará, Brazil. She regularly attends prenatal consultations at a health unit near her home. She received clear guidance on her clinical condition, the health institutions available in her coverage network, and was given a guided tour of the maternity hospital to which she was affiliated during her prenatal consultations. She suddenly presented high blood pressure associated with signs and symptoms of imminent eclampsia. She sought out the hospital unit in her city and was promptly determined to need to be transferred to a specialized service. Her bed was made available through the referral and counter-referral system, since the cities are linked through the state's bed regulation system.

In this context, the pregnant woman was transferred by ambulance provided by the city and taken to a high-complexity maternity hospital in the state capital city, where she was admitted. She was then evaluated by a multidisciplinary team who confirmed that her clinical condition was stable and decided to continue the pregnancy, optimizing the medications to maintain her condition. After a week of hospitalization and stabilized health, she was discharged from the hospital and instructions were given for her follow-up at the institution's outpatient clinic. The woman went into spontaneous labor at 37 weeks of gestation, and the delivery was supervised by the nursing team. The mother and her baby were discharged from the hospital after 24 hours, and both were sent home. The woman was satisfied with all the attention and care she received.

Empirical references

Finally, we followed up by checking the gray literature to search for empirical references related to the defining attributes of the concept under analysis in order to find relevant constructs that emphasized

an evaluation of aspects inherent to antepartum peregrination.

However, no publications that aimed to develop instruments to analyze, measure or assess peregrination rates, or ways to minimize the problem, were published. All the studies observed focused on a description of the main factors and characteristics of the women who went on peregrination, spatial analyses and the discourses reported by the puerperal women.

Discussion

The antecedents of the antepartum peregrination concept are understood as all the precursor determinants which influence manifestation of the phenomenon. Several factors associated with the emergence of the outcome were highlighted through the search in the scientific literature. Peregrination was shown to be strongly associated with socioeconomic factors of the pregnant woman, related to the management and organization of health services[11-27].

Organizational deficit, lack of coordination between services and overcrowding were cited in most studies and appear to be decisive conditions for peregrination occurring. There is a need for an organized and integrated care network in order to reduce peregrination among pregnant women. Prenatal care should be directly linked and integrated with the reference maternity hospital and this with highly complex services. The link between pregnant women and the reference maternity hospital in Brazil is regulated by law[30], and the services which offer it are limited[27]. When a woman needs care in a maternity hospital, she ends up not knowing which service to seek, resulting in a delay in receiving adequate care and the emergence of clinical complications due to a lack of guarantee of her rights (among other causes).

Access barriers such as lack of information on the parturient's part, the distance between her residence and the service, and preference for a particular institution were identified as factors associated with antepartum peregrination[11-18,20-27]. It is necessary that guidance be provided clearly during prenatal care[31]. It is important that pregnant women receive guidance on which service to seek if they need care, including making a prior visit to the maternity hospital where they will receive obstetric care. A study conducted in northeastern Brazil showed that women who were informed about their reference maternity hospital made fewer peregrinations, which is considered a protective factor against negative obstetric outcomes[24].

In contrast to these findings, it was found that none of the women received guidance about the reference maternity hospital[32]. This fact denotes a lack of alignment of information directed at pregnant women and distinct regional scenarios among Brazilian states. Discrepant peregrination rates were observed between the northeast and southeast of Brazil, being 35.8% and 5.8%, respectively[23].

The distance between the health service and the parturient's residence, as indicated in different publications, has been shown to influence the outcome of the peregrination[12-14,19-20,22,24-27], and a 16% increase in the chance of peregrination among women who live far from maternity hospitals[27]. This data indicates a benefit to the mother-baby binomial when they live close to the health service, thus avoiding negative outcomes such as childbirth on the way, hemorrhages or neonatal resuscitation. It is necessary to implement policies and guidelines which contemplate accessibility of the parturient and guarantee effective care.

Overcrowding of services, structural, financial, input and professional deficits were also cited in the included studies. The shortage of available high-complexity beds and limited material resources were identified as aggravating factors for peregrination[33]. The lack of beds is due to several factors, including the lack of financial resources allocated to structuring obstetric care networks and centralized obstetric services in large cities.

It is necessary for municipalities to have the capacity to respond to low-risk pregnancies and births, as recommended by the *Rede Cegonha*, so as not to overload high-complexity services, consequently avoiding excessive occupation of obstetric beds in large centers[34].

The shortage of professionals, especially obstetricians and neonatologists, was evidenced in a Brazilian study, causing restrictions on admitting women to obstetric emergencies, with a prevalence of preterm pregnancies. This fact is worrying given that there are insufficient obstetric and neonatal beds to meet the necessary demand, especially in the area of maternal and neonatal intensive care[26,35]. All these physical barriers to access, failures in network agreements and inadequate distribution of beds generate inequality of access, leading to violations of human rights, especially sexual and reproductive rights.

The attributes express the properties of the concept, meaning they are elements that describe specific characteristics of a given construct[36]. The following attributes related to the antepartum peregrination concept were observed: search for multiple establishments[11-12,14-15,17-20,23-24,27]; search for vacancies[11-12,14-17,19-20,23,25]; parturient's route/trajectory[13,17,21,26]; disoriented search[17]; and antepartum itinerary[25].

The journey through multiple establishments refers to the pregnant woman's search for more than one health service to obtain care during childbirth. Of the 300 puerperal women involved, it was found that 34.3% sought more than one establishment to perform their childbirth[27]. The search for beds requires the parturient to travel to find a place for hospitalization. This is due to overcrowding in services or even the lack of maternal and/or neonatal ICU beds in the case of high-risk pregnancies (among other things). The lack of intensive care beds has already been demonstrated in several studies[15,24,26].

The parturient woman's path/trajectory refers to the previously unnecessary travel made by the woman in search of care. A study showed an average of two services sought to obtain care; however, the literature has already reported situations in which the woman had to seek care in up to seven maternity hospitals[15].

The disoriented search by the pregnant woman for beds for her hospitalization is due to the fact that she does not know which maternity hospital to seek care, which is related to the lack of effective guidance from the prenatal period. Studies have already indicated deficiencies in the quality of prenatal care regarding the connection and guidance on the backup hospital[24].

The term antepartum itinerary refers to the search for care in childbirth care in health services, meaning it is related to the path/route taken by the parturient woman to guarantee a bed and care for her child's birth.

The consequences of the concept show the outcomes which follow the event occurrence. Several consequences of the concept under study were observed, namely: increased maternal and neonatal morbidity and mortality[11-13,15-17,19-22,24-27]; risk of intercurrences and/or complications[12,14-17,19-27]; negative feelings[15,19-20,22-23,25]; birth on the way to the hospital[11,27]; premature birth[17]; and self-medication[21].

The increase in maternal and neonatal morbidity and mortality was explicitly mentioned in all but one of the studies analyzed[14]. Peregrinations can significantly increase these rates, as the binomial becomes more susceptible to undesirable outcomes because a qualified multidisciplinary team is unavailable and a health service incapable of meeting the necessary demands can lead to negative consequences, resulting in serious or tragic outcomes for the health of the woman and/or the newborn[6]. Despite advances in women's healthcare as a result of efforts by the government and society, the rates of both preventable maternal and neonatal deaths remain high[26].

The risk of intercurrences and/or complications was also highlighted. Delays in access to services contribute to worsening of many situations when obstetric complications occur. Examples of these complications include: postpartum hemorrhage, hysterectomy, need for blood transfusion, need for transfer to the ICU, neonatal resuscitation, among others[17,27]. These potential risks reflect a chaotic situation experienced by several services.

In addition, several negative feelings reported by women who experienced the phenomenon emerged as a consequence of the antepartum peregrina-

tion. Feelings such as fear, worry, insecurity, anxiety, apprehension, anger, anguish, suffering, dissatisfaction, disrespect, dehumanization, devaluation and humiliation[15,19,20,22-23,25]. The terms birth on route[11,27], premature birth[17] and self-medication[21] were also mentioned as consequences of the outcome, although less frequently.

It is necessary for municipal, state and federal managers to pay greater attention to coordinating and organizing maternal and child health services in the country, so that pregnant women are guaranteed care through their connection to their reference maternity hospital, and have access to timely, safe and humanized childbirth so that adequate fulfillment of their sexual and reproductive rights guaranteed by current federal law is guaranteed.

Study limitations

The main limitation of this study was the regional homogeneity of the sample in the included studies, since all articles focused on the Brazilian context. This limitation can be attributed to the search strategies applied in the databases, which may not have enabled the search for relevant references in other countries or studies published after completing this article.

Contributions to practice

Analysis of the antepartum peregrination concept may enable early identification of risk factors related to the problem, encouraging significant changes in order to reduce maternal and neonatal morbidity and mortality associated with this setback. Although the international literature does not extensively address this problem, we believe that this adversity is also experienced by other countries that provide public health systems for their populations, in addition to Brazil.

Conclusion

The concept analysis performed herein showed that antepartum peregrination is the search for perinatal care in various health services. This study sheds light on the phenomenon complexity of antepartum peregrination and its intersections with social, economic, management and governance issues within public health services, and the occurrence of this circumstance is strongly associated with a lack of connection between pregnant women and their reference maternity hospitals.

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Authors' contributions

Conception and design or analysis and data interpretation: Silva RR, Nour GFA, Moreira WC. Writing of the manuscript or relevant critical review of intellectual content; Final approval of the version to be published; and Responsibility for all aspects of the text in ensuring the accuracy and integrity of any part of the manuscript: Silva RR, Nour GFA, Moreira WC, Oriá MOB, Damasceno AKC, Silva VM, Lopes MVO.

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