Abstract

Objective. To evaluate the structure and processes of care of neonatal intensive care units (NICU) providing health care to neonates with respiratory insufficiency, and financed by Seguro Popular. Materials and Methods. A cross-sectional design was used; 21 NICU were included. Information was collected from four sources: Seguro Popular database, self-applicable interviews to medical staff, structure and processes format, and reviews of clinical charts. Variables: structure, processes of care, drug supplies, training, and neonates¿ clinical conditions. Results. The analysis of the database included 9,679 newborns. The respiratory disorders were transient tachypnea, non-specific respiratory insufficiency, respiratory distress syndrome, (RDS) perinatal asphyxia, and meconium aspiration syndrome. 90% of NICU’s directors considered that drug supply was good, whereas only 16% of neonatologist had this opinion. 58.5% of neonates with RDS had <37 gestation weeks. 34.2% with RDS were prescribed alveolar surfactant; 51% received dosages above recommended standards. Conclusions. Recommendations to improve infrastructure and care processes are issued.

Keywords
Neonate respiratory insufficiency, respiratory distress syndrome, health insurance, neonatal intensive care unit, quality of care, neonatal mortality, Mexico.