

Nursing assistance in child care in Brazil: an integrative literature review

Assistência de enfermagem na puericultura no Brasil: uma revisão integrativa da literatura

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ABSTRACT

INTRODUCTION: Childcare begins with nursing after prenatal care when the nurse accompanies the pregnant woman and performs actions and guidance on the care of the baby. **OBJECTIVE:** To describe the importance of the nurse's assistance in the child care consultation. **METHODOLOGY:** This is an integrative review of the literature. The inclusion criteria were: original articles, in the period of 2013-2017; in the Portuguese language. **RESULTS:** The studies revealed that through reception, bonding, qualified listening and prior scheduling it is possible to guarantee the quality of care and a better adherence of this family to the childcare program. **CONCLUSION:** It is concluded that the role of nursing in childcare begins from its gestation, through guidelines for the care that this pregnant woman will have with her baby at birth, neonatal screening, such as the test of the foot, test of the ear, tongue test, eye and little heart test, immunization surveillance, body hygiene, guidance on breastfeeding and the child's first meals and follow-up of growth and development.

Keywords: child health, primary care nursing, primary health care .

RESUMO

INTRODUÇÃO: A puericultura se inicia pela enfermagem desde o pré-natal, quando o enfermeiro acompanha as gestantes e realiza ações e orientações sobre os cuidados com o bebê. **OBJETIVO:** Descrever a importância da assistência do enfermeiro na consulta de puericultura. Metodologia: Trata-se de uma revisão integrativa da literatura. Foram utilizados os critérios de inclusão: artigos originais, na íntegra, no período de 2013-2017; na língua portuguesa. **RESULTADOS:** Os estudos revelaram que através de acolhimento, vínculo, escuta qualificada e agendamento prévio é possível garantir a qualidade da assistência e uma melhor adesão dessa família ao programa de puericultura. **CONCLUSÃO:** Conclui-se que o papel da enfermagem na puericultura começa desde da sua gestação, através de orientações para os cuidados que essa gestante terá com seu bebê, no seu nascimento, na triagem neonatal, como o teste do pezinho, teste da orelhinha, teste da linguinha, teste do olhinho e do coraçãozinho, fiscaliza a imunização, higiene corporal, orienta sobre o aleitamento materno e as primeiras refeições da criança e realiza acompanhamento do crescimento e desenvolvimento.

Palavras-chave: saúde da criança, enfermagem de atenção primária, atenção primária à saúde.

1 INTRODUCCION

The National Primary Care Policy is one of the pillars of support for the SUS and is guided by integrality, universality, and equity principles. Despite the challenges that health actions present, they have been developed to achieve the objective proposed by the Ministry of Health (BRASIL, 2010).

The population's struggles for access to the health system contributed to creating the Family Health Program (FHP). It was born in 1994 due to the lack of access to health services, which remained precarious even in 1993. About 1,000 Brazilian municipalities did not have any medical professionals at that time. (BRASIL, 2010).

The FHP was built from the needs of children and maternal demands to prevent mortality. Had the service aimed as a priority for mothers and children, who started to attend prenatal and childcare services as a strategy to prevent disease and mortality. With the adherence of these children to childcare, the flow in hospital emergencies decreased and the infant mortality rate. The success of these programs made the Family Health Program permanent, helping to detect, prevent and reduce risks for these children. The FHP became a Family Health Strategy in 2006 and is currently a National Primary Care Policy (2017) (MOROSINI et al, 2017).

Childcare is one of the National Primary Care Policy programs where it is defined as the set of techniques used to ensure the perfect physical and mental development of the child, from the gestation period to the age of 6 years. It assists the child in all biological, psychological, and social aspects, preventing diseases, assisting in full genetic expression, free from environmental interference, and resulting in a healthier adult, with a better quality of life. (BONILHA et al, 2005).

The Ministry of Health recommends that the childcare consultation be carried out in children aged 0 to 6 years (depending on the municipality) at the primary health unit, carried out by the nurse and the doctor. It consists of monitoring the child's neuro-psychomotor growth and development, observing vaccination coverage, encouraging exclusive breastfeeding, introducing complementary foods, guiding mothers on accident prevention, early identification of diseases, and preventing complications during their development in order to ensure and maintain a good quality of life for the child. The guidelines must be promoted to the mother, family, or guardian about the child's care.

The childcare program is developed at the basic health Unit (BHU), and it is carried out mainly by the nurse, the actions of promotion, protection, recovery from diseases, and promoting healthy growth. According to the Ministry of Health, the

minimum schedule of consultations is seven consultations totaled per year. Therefore, it is recommended that they be carried out in fifteen days, one month, two months, four months, six months, nine months, twelve months. Months. In the second year of life, two biannual consultations are carried out and an annual consultation from the third year onwards. (BRASIL, 2012).

Nurses' attributions in childcare are considered to be: identifying risks in the child's growth and development; filling in the weight and height chart on the child's cards, informing the mothers of its importance and its interpretation; scheduling the first appointment with the doctor when risks of health problems are identified; relate those born and guide the Community Health Agents (CHA) to carry out an active search to identify those absent from the program; carry out home visits whenever necessary; check and administer vaccines. (BRASIL, 2012).

Other essential factors that nurses must ensure and encourage are Exclusive Breastfeeding (EBF), as well as guiding complementary feeding after six months; personal hygiene; accidents prevention, assess neuropsychomotor development; identifying doubts and difficulties of the mother and family, seeking to clarify them; promote educational activities in the Unit and the community; prescribe essential medicines, among others according to the professional practice law (BRASIL, 2012).

Because of the above, the objective of this study is to describe the role of the nurse to the child in the childcare consultation, and the research question is "What is the scientific evidence on nursing care in the childcare consultation in Brazil?".

2 OBJECTIVE

To analyze the literature's scientific evidence on children's nursing care in childcare consultations.

3 METHODOLOGY

It is an integrative literature review, defined as the junction of research and practice, thus supporting improvements, as it provides the synthesis of knowledge and the incorporation of the applicability of results of significant studies in practice. (SOUZA et al, 2010)

The integrative review allows articles, methodologies, and approaches on a subject to be included. Thus, the study can be observed in different formats. The integrative review must follow scientific methodological rigor through stages so that the

information and knowledge collected are reliable (SOUZA et al, 2010). The steps for the construction of this study were: First, the research question was defined: “What scientific evidence on nursing care in childcare consultations in Brazil?”.

Subsequently, the following were defined as descriptors that could arise in studies that answered the research question: “Child health”; “Primary Care Nursing” and “Primary Health Care” with the Boolean logical operator “AND”.

The search was carried out from the Virtual Health Library, in January 2022, including the following databases: Nursing Databases (BDENF) and Latin American and Caribbean Literature on Health Sciences (LILACS).

Additional inclusion criteria were also considered: 1) articles available in total; 2) articles in Portuguese; 3) articles published in 2013-2017.

As exclusion criteria were: 1) completion of course work; 2) dissertation; 3) theses; 4) review articles.

The construction of an instrument for data collection was necessary due to the large number of articles found on the subject; categorizing them, synthesizing the results, and improving the understanding of each article, categorizing the results was performed twice. It was composed of title, year, country, method, database, and main results. The descriptors were crossed, as shown in the table below:

Chart 1: Crossing the descriptors without the inclusion criteria and with the inclusion criteria.

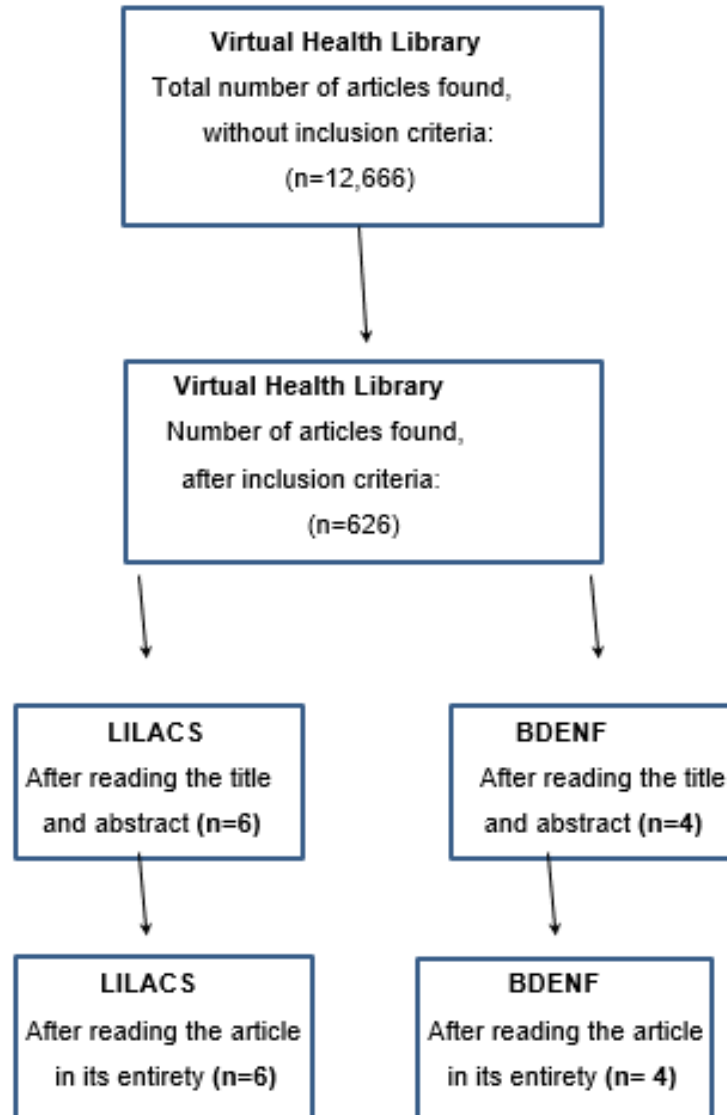
Crossing	No inclusion criteria	With Inclusion Criteria
Child Health + Primary Care Nursing	1.358	110
Child Health + Primary Health Care	9.962	406
Child Health + Primary Care Nursing + Primary Health Care	1.346	110
Total	12.666	626

Sources: Authors, 2022

In the first search, 12,666 articles were found. After selecting only those that met the inclusion above criteria, the total was 626 titles, as shown in the figure. After reading the titles and abstracts, ten articles were selected that considered the purpose of the proposed research. After reading the titles, abstracts, and articles in full, the ten articles continued: 6 from LILACS and four from BDENF. According to Figure 1. Two reviewers completed the instrument independently to extract the main aspects addressed. In

interpreting the results, content analysis was performed using the instrument developed by the authors.

Figura 1. Literature Search Sequence



Source: Authors, 2022

4 RESULTS

Of the ten articles included, the primary study method was qualitative research with 9 (90%) articles, followed by quantitative research with 1 (10%). Below, in Table 2, there are descriptions of the studies found and the nursing care for childcare.

Table 2: Description of articles that address primary nursing care in childcare, according to the title, database, type of study, journal, countries Language, year, and Nursing Care in Childcare.

Article Title	Data base	Study Type	Journal, Countries, Language and year	Nursing care in childcare
Longitudinality in child health care in the context of primary care	BDEFN	Qualitative	Rev enferm UFPE on line, 2017 Paraná, Português	Reception; Bonding, Accountability; Qualified listening; Confidence.
Pediatric health care: practice of nurses in the family health program	BDEFN	Qualitative	REME Rev Min Enferm. 2013, Londrina, PR – Brasil, Português.	Orientation; Breast care; cares for the body; Prior scheduling; Reception; Bond; Qualified Listening and Dialogue.
A puericultura como momento de defesa do direito à saúde da criança	LILACS	Exploratory with qualitative analysis	Cienc Cuid Saude 2013 Ribeirão Preto-São Paulo, Português.	Guidelines; Referral to specialized areas; Interdisciplinary relationship. Child assessment.
Analysis of the immunization data recorded in children's health books	LILACS	Cross-Descriptive	Rev. Eletr. Enf. 2014, Várzea Grande, Mato Grosso, Brasil, Português.	Immunization; Eradicate preventable diseases; Accountability; Guidance.
The access and the difficulty in resoluteness of the child care in primary health care	LILACS	Qualitative	Acta Paul Enferm. 2014;PR, Brasil, Português.	Prior scheduling; Lack of resources; Humanized Service; Bond; Insert therapeutic projects.
Violence against children: the routine of the professionals in the primary health care	BDEFN	Qualitative	Rev Rene. 2016, Londrina, PR, Brasil, Português.	Implementation of permanent education policies; Fear and difficulty of professionals; Sensitize the population.
Approach of the child's life context in the nursing appointment	LILACS	Qualitative	J. res.: fundam. care. online 2017, Cuiabá, MT, Brasil, Português	Dialogues; Actions and guidelines; Environmental context; Environment analysis; Cultural and socioeconomic factors.
Families' perceptions regarding the organization of primary health care for their children	LILACS	Qualitative	Cogitare Enferm. 2014; Curitiba-PR-Brasil, Português	Prior scheduling; Immunization; Primary, secondary, and tertiary level services.
Mothers' knowledge regarding the vaccination program and factors which lead to delays in infant vaccination	LILACS	Descriptive, with a quantitative approach.	Cogitare Enferm. 2014; Sul-RS-Brasil, Português	Prior scheduling; health conditions; Immunization; Cultural and socioeconomic factors.
Practice of the primary health care nursing team towards children with disabilities	BDEFN	Descriptive, with a quantitative approach.	Rev Enferm UFPE on line., 2017, Rio Grande do Norte, Natal, Português.	Getting to know the community and disabled children; Specialized assistance; Lack of training.

Source: Authors, 2022

From reading the main findings of the selected articles, their central approach focused on the description of nursing care in childcare. It was divided into two categories,

the first describing the insertion and adherence of children in childcare through embracement, bonding, qualified listening, and prior scheduling and the second category focused on instrumental nursing care for childcare.

5 DISCUSSION

AXIS 1: RECEPTION, LINK, QUALIFIED LISTENING AND PRIOR SCHEDULE

According to the studies, welcoming is transformative because it is through it that humanized, resolute care is guaranteed, encouraging co-responsibility and user autonomy as an active subject in the promotion of their health, facilitating the development of the program in the unit, thus legitimizing this point as the preferred gateway to health care networks, with well-executed reception through qualified listening, there may be an interpersonal relationship between professional and user. (FINKLER et al, 2014) (SILVA et al, 2017) (SOUZA et al, 2013).

Now for Coutinho et al (2015) also confirm that welcoming is like a humanization device, and in addition, it can reduce repressed demand, offering greater access to services and making the entire team responsible for the care and user satisfaction. In addition, the reception and bond between the patient and the professional allow the entire health system to work in an articulated way.

According to the studies, qualified listening is another aspect of nursing care for childcare because it is through it that the nurse can make a good anamnesis and integrally evaluate the individual and form a bond with the user. (SILVA et al, 2017) (SOUZA et al, 2013).

Oliveira et al (2016) report in the article that in the care provided by nurses to pregnant women, a very evident factor is listening and welcoming, as the woman is guided and can learn about herself and her baby. However, in nursing consultations, in addition to needing their technical skills, nurses also need qualified listening on the user's part because by listening to their complaints, concerns, and anxieties, they thus create a closer relationship with the pregnant woman. Their family and community, in addition to playing a fundamental educational role.

The band consists of respect, trust, and care between professional and user. When nurses provide care to children, they must fully involve the mother and family, verifying the needs of this population in the following aspects: psychological, biological, cultural, and subjective. However, the multidisciplinary team must also be involved, with

coordinated and longitudinal actions, through health education to be effective. Such a tool can be implemented through dialogue, providing solutions to present difficulties forming a mixture of technical knowledge with widespread knowledge. These actions must be geared towards the population's needs, so that each child can be assisted by different primary care professionals. Studies show that the establishment of dialogue with qualified listening forms a bond, establishes flows and avoids constraints or negative responses such as lack of service (FINKLER et al, 2014) (SILVA et al, 2017) (SOUZA et al, 2013).

Ilha et al(2014) says that the bond can be considered a tool that performs the exchange of knowledge between the technical and the popular, as well as the scientific and the empirical, the objective and the subjective, converting them to the performance of therapeutic acts, considering the singularities of each individual as well as those of his family. In this way, the bond with the users of the health service becomes an effective tool in health actions and helps in the participation and self-organization of the user.

Prior Scheduling is one of the tools that nurses have to organize. It was identified as a facilitator in the provision of care, as it provides the professional with the availability of time and reduces the waiting time in queues. The schedule must keep a specific day in the week to adapt to a routine. (SOUZA et al, 2013). For Finkler et al (2014), the delay in care contributed to the decrease in the credibility of the family health strategy the dehumanization of care, demonstrated by the presence of people waiting at dawn to get care (SOUZA et al, 2013) (FINKLER et al, 2014).

AXIS 2: NURSING ASSISTANCE IN CHILD CARE

Childcare begins with nursing since prenatal care when the nurse accompanies the pregnant woman and carries out actions and guidance on the care of the baby. Pregnant women tend to seek the nurse more often due to the bond established in prenatal consultations and the guidance on care for the newborn that the nurse offers in these consultations. In addition to this, the relationship between nurse and pregnant woman makes it possible for increased trust, the beginning of the bond, and professional valorization. (SOUZA et al, 2013) (MOREIRA et al, 2017).

For Oliveira et al (2016) maternal and child care is considered a priority as it is widely addressed in the area of public health, within the women's health, prenatal, childbirth, and puerperium program, in addition to being an active search and continuing to carry out the child's development, so that so it can prevent, guide, and detect risks for the mother and baby, thus ensuring that they are not removed from the unit..

The puerperal nursing consultation should be performed in the first seven days of the newborn's life, as it allows the nurse to carry out diagnoses on the newborn's signs, symptoms, and needs, avoiding unnecessary hospitalizations. Early care is essential to guide the puerperal woman about breastfeeding vaccination, among other care that the mother must have with her baby, in addition to be an active search for the beginning of childcare consultations, advising on its importance, and already scheduling the first consultation. (SOUZA et al, 2013).

One of the main conducts in nursing care is monitoring and analyzing the child's immunization during childcare. Immunization is a priority in comprehensive child health care to eradicate and control vaccine-preventable childhood diseases, thus fundamental for the child's growth and development. The data that is recorded in the booklet and scheduled for the following vaccines allow the family to participate actively and dialogue with the professionals who guide them about adverse events and the following vaccines (MOREIRA et al, 2017) (ABUD et al, 2014) (ANDRADE et al, 2013).

Those responsible for the children claim to understand the importance of complying with the vaccination schedule, but in the studies, they mentioned several factors that led to not vaccinating children on the previously scheduled date, such as rainy days, working hours, lack of vaccine at the BHU. Another difficulty presented in the studies for the lack of immunization is family resistance to vaccination to factors such as the strong influence of culture, beliefs, and family myths that often prevent adherence to professionals' guidelines. (ABUD et al, 2014) (ANDRADE et al, 2013).

Another factor identified in nursing care in childcare is referrals. Since primary care must be resolute, if it cannot be resolved within primary care, this child must be evaluated and referred to solve their health problems. The nurse assesses the child's family and social context. When necessary, the child is referred to the multidisciplinary team of Family health support center, referral center for social assistance, or outpatient (ANDRADE et al, 2013) (SOUZA et al, 2013) (BELMIRO et al, 2017).

Concerning violence against children, studies have shown that nurses feel insecure about taking more effective actions for the child when they notice signs of violence or abuse during home visits and childcare consultations. The referral to the Guardianship Council is done as a transfer of responsibility, or often this report is not made. Professionals consider that proximity to the community, availability of agenda, and multidisciplinary team favor coping with violence. On the other hand, some pointed out some difficulties, such as fear of being a victim of the aggressor, the way to approach the

abused child, and your family (ANDRADE et al, 2013) (MAIA et al, 2016) (FINKLER et al, 2014).

Another factor highlighted in the articles about the newborn's dietary recommendations and the introduction of other foods. Although health education involves changing the population's attitude and paradigms, transforming aspects rooted in people's culture is a difficult task and requires the development of bonds, trust and respect on the part of professionals. They know values, habits, and beliefs, respecting their meaning to families. It has been shown that in many cases, there is an early introduction of water and other kinds of milk suggested by grandmothers and relatives, which is a cultural aspect that nursing must act against and ensure exclusive breastfeeding for up to 6 months. (SOUZA et al, 2013).

Another approach to nursing care in childcare demonstrated in the studies was assessing growth and development during all consultations. The nurse assists in the childcare consultation, where he will assess the child's growth, perform the physical examination, and verify the measurement and monitoring of anthropometric measures such as weight, height, head and chest circumference, abdominal waist, the predominance of flexor tone, postural asymmetry, and reflex grip, as they are part of their neuropsychomotor development (OLIVEIRA et al, 2013). This monitoring of children's growth and development in primary care aims to promote, protect, and early detect possible changes such as changes that may affect their evolution, such as genetic, biological, or environmental disorders (BRASIL, 2010) (MOREIRA et al, 2017).

However, a relevant topic that was not addressed in the studies was the transcription of medicines by nursing for children, which is a crucial and differentiating factor in their care since these nurses can identify signs and symptoms of risk to the child's health and have the autonomy to intervene through non-drug and drug care when needed (VASCONCELOS et al, 2013).

This study shows that it is essential to train professionals to acquire sufficient skills and improve new knowledge. Offer qualification and training courses focused on understanding the reality and needs and developing skills and competencies bringing benefits to the entire community (OLIVEIRA et al, 2016) (FERNANDES et al, 2014).

However, according to Costa et al. 2014, the quality of health actions is implied in the practical work of the multidisciplinary team, which seeks to solve the individual and collective problems demanded by the population. However, professionals face difficulties in forming a complete team, the precarious working conditions, the lack of

commitment from the government, and the regency of the biomedical model still imperative in the network of services offered.

It is necessary to establish public policies to protect and promote children's health and thus reduce inequalities. There is also a need for a commitment from government officials to organize the service about public policies on child health. (FERNANDES et al, 2014).

Health care can become decisive if there is the use of care technologies, seeking to insert in therapeutic projects actions that transfer knowledge to the user, where self-esteem can be improved, making him reconcile his experience with his therapeutic process, making him emancipated in your care (FINKLER et al, 2014).

6 CONCLUSION

Nursing care in childcare begins with the family's adherence to the childcare program at reception, bonding, qualified listening, and prior scheduling, guaranteeing quality nursing care for the population.

The nurse in primary care is usually the central pillar of the team because, in addition to coordinating the unit, he performs care actions directly focused on the care of people and the health of the child, who are monitored from pregnancy, at birth, through of neonatal screening, such as the foot test, the ear test, the tongue test, the little eyes test, and the little heart test, monitors immunization, body hygiene, guides on breastfeeding and monitors growth and development.

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