ORIGINAL ARTICLE

CHILDCARE: THE NURSING CONSULTATION IN BASIC HEALTH UNITS

ABSTRACT

Objective: to identify how the nursing consultation occurs in childcare in primary health care. Method: descriptive study of a quantitative approach, whose data collection was by applying a questionnaire with 11 nurses of Basic Health Units. The data were analyzed by simple statistics (relative number and percentage) with presentation in tables. The research project has been approved by the Ethics Committee in Research, Protocol 0603110189776. Results: it was found that 18.2% nurses perform childcare consultation weekly and from them, only 50% do the 12 proposed consultations by the Ministry of Health. Conclusion: health promotion actions are not being very developed and without great emphasis in child health, highlighting the urgent need to implement health promotion actions. Descriptors: Childcare; Nursing; Basic Care.

RESUMO

Objetivo: identificar como ocorre a consulta de enfermagem em puericultura na atenção primária à saúde. Método: estudo descritivo, de abordagem quantitativa, cuja coleta de dados se deu através da aplicação de um questionário, com 11 enfermeiros de Unidades Básicas de Saúde. Os dados foram analisados pela estatística simples (número relativo e percentual) com a apresentação em tabelas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 0603110189776. Resultados: constatou-se que 18,2% dos enfermeiros realizam a consulta de puericultura semanalmente e que, destes, apenas 50% realizam as 12 consultas preconizadas pelo Ministério da Saúde. Conclusão: as ações de promoção da saúde ainda são desenvolvidas de modo tímido e sem grande ênfase em saúde da criança, evidenciando-se a necessidade urgente de implementar ações de promoção da saúde. Descriptores: Puericultura; Enfermagem; Atenção Básica.

RESUMEN

Objetivo: identificar como ocurre la consulta de enfermería en puericultura en la atención primaria a la salud. Método: estudio descriptivo, de enfoque cuantitativo, cuya recolección de datos se dio por la aplicación de un cuestionario, con 11 enfermeros de Unidades Básicas de Salud. Los datos fueron analizados por la estadística simple (número relativo y porcentual) con la presentación en tablas. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo 0603110189776. Resultados: se constató que 18,2% enfermeros realizan la consulta de puericultura semanalmente y que de estos, apenas 50% realizan las 12 consultas propuestas por el Ministerio de Salud. Conclusión: las acciones de promoción de la salud todavía son desarrolladas de modo tímido y sin grande énfasis en salud del niño, evidenciándose la necesidad urgente de implementar acciones de promoción de la salud. Descriptores: Puericultura; Enfermería; Atención Básica.
INTRODUCTION

In recent years in Brazil, there have been changes which guaranteed improvements in policies directed to the child population in order to enhance the quality of life of this population and reduce infant mortality rates. Changes and improvement of these policies have been steadily developing since the middle of the last century, especially in the last three decades that reflected advances in public health services, mainly with regard to the Children and Adolescent Statute - ECA,¹ as example of Integral Care Program for Child Health (ICPCH), up to five years old, to interfere in reducing the conditions that determine the infant morbidity and mortality in the country.²

ICPCH actions aimed to provide health services for prioritization of preventive actions and ensure proper growth and development, focused on basic integrated health actions, able to respond to common problems in childhood, such as encouragement of breastfeeding; immunization, control of diarrheal diseases, monitoring of growth and development and care and control of acute respiratory infections.¹

In the Family Health Strategy, one of the instruments used to monitor the health of children is the development of Childcare Program, which comprises a set of measures and preventive care capable of guiding the promotion of health and well-being, as well as, allowing the resolution of problems affecting them.³

The term childcare is dedicated to the study of care with the human being in development, with full monitoring of the process of child development. Childcare can today be called as preventive pediatrics, which analyzes the services since prenatal consultations throughout childhood, until the end of adolescence, a healthy child care able to prevent diseases, improve the perception of family about the importance of preventive care and allows early intervention in the correction of deviations of growth and development.⁴

In public health, extension policy of the health care of poor, urban and rural populations, resulted in an ambulatory process of health services, and hence the need to introduce a diverse set of actions for which agents are necessary, qualifying quite variable, for intervention in social behavior, with the pursuit of completeness in childcare. In this understanding, the Ministry of Health, recommended as the ideal goal for childcare services, the minimum number of nine consultations in the first year of life of the child, in order to ensure the quality of care for the child, on the proposal for a minimum of seven calendar consultations,⁵ but despite this practice being promoted and encouraged by the national health organs, there are few data that reflect the actual efficacy, effectiveness, efficiency and coverage of this service.

The nursing professional in the childcare consultation, as a member of the multidisciplinary team in health in the primary care, should provide the individualized and integral assistance, whose priority is the welfare of the child in accordance with the conditions of life of their family and the society in which they are inserted, to be an full sound adult with regard to the possibility of achieving the quality of life. In addition, for the practice, it is necessary that health services have appropriate structures including: physical areas and facilities, materials and equipment, adequate number of nursing professionals with specific preparation.

According to the schedule of Commitments to the Integral Child Health and Infant Mortality Reduction, a document prepared by the Ministry of Health in 2005, the integral health promotion of children and the development of prevention of diseases and assistance are goals that not only reduce infant mortality, but also it has the commitment to provide quality of life for the child, i.e. that the child can grow and develop all their power.⁶

OBJECTIVES

- To identify how nursing consultation in childcare occurs in primary health care.
- To describe the physical structure, material and human resources available in the clinics nursing consultation on childcare.
- To check the use of Child Health Handbook in nursing consultations in childcare.
- To discuss the relevance of the nursing consultation on childcare.

METHOD

Descriptive study of a quantitative approach,⁷ held in 11 Basic Health Units of Senhor do Bonfim/BA, all with offices for nursing care, of the professionals who work in these BHU. For the selection of the area of study and the population being investigated, the inclusion criteria were the employment bond, of by public examinations or contracted, and the role of the professional in

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Childcare: the nursing consultation in basic...
the Basic Health Unit - BHU at least 6 months. The exclusion criteria were the basic units located in the countryside. The interview was conducted after approval by the Ethics Committee In Research of the State University of Bahia.

Data collection was through a questionnaire addressing vocational training; previous work experience and length of service in the unit; theoretical/practical training received in the Nursing graduation and in health services to perform the nursing consultation in childcare and experience in the development of this activity, besides issues concerning the physical structure, use of Child health Handbook in nursing consultations, frequency of nursing consultations and conducting educational activities.

The data were analyzed by simple statistics (relative number and percentage) with tables presentation. For the analysis of data from the open question about the activities developed at BHU, answers developing the same activities were grouped, generating a number of eight groups of activities.

Participants were not exposed to any kind of risk. The benefits for the participants of this study were indirect, since this research has allowed analyzing the practice of nursing in primary care with regard to child care and subsidies for the construction of knowledge in health and nursing, providing benefits to the worker, to the institution and to the society.

For ethical purposes, the research project has been approved by the Ethics Committee in Research (CEP-UNEB), under paragraph 0603110189776 in November 22, 2011 in accordance with the guidelines of the resolution 196/96 of the National Health Council.

RESULTS AND DISCUSSION

Regarding the training of nurses, those who had completed specialization level corresponds to 73% (8) and in progress, 27% (3). It is important the knowledge as well as the skills and experience to handle the changes, due to the complexity of care of patients, however, the improvement of the working environment is essential and can reflect in better results for assistance and, in consequence to the institutions, because it helps with the managers and administrators to develop strategies that encourage the practice of the professional nurse.

Nurses’ activities can be classified as: managerial activities at BHU; coordination activities, organization, training, control of the nursing work; care activities of individual character and activities of collective care.8 Nursing assistance is directed also on public health, to the individual service and its systematization, focused to priority groups care, such as hypertensive, diabetic, children, among others, also confirmed in the study about the National Research of the International Classification of Nursing Practice in Collective Health9 when even in objects or collectives group, nurses’ activities are subject to chronological cutouts, by disease or in assistance places.

With respect to the percentage of completed specializations, it can be observed that 100% of the nurses working in the BHU of Senhor do Bonfim-BA, and have already completed their specialization, have it in the area of public health, and also nurses in urgent and emergency specialization that was 25%.

According to the report of the Basic Care n° 16 of 2002, talking about the role of the nurse in the Basic Care, nursing is a profession marked by commitment to public health and they have a wide social action, being present in most actions carried out by Primary Health Care, Family Health Strategy and Unified Health System - SUS.10

Since the 40s the nurse plays a manager role, and only with the law n. 7498 of 1986, which deals with the regulation of the practice of nursing in Brazil, is that the private law was formalized the nurses’ rights to develop assistance activities, among them the nursing consultation.11 In this way, it is considered essential that the nurse, at BHU, to act in order to strengthen the planning process of team work, exercising decision-making power on the assistance provided and focused actions in preventing prioritize seeking and health promotion in health care of the child, incorporating them as an instrument in the production in health in accordance with the specialization that characterizes the group studied.12 However, when analysing the working time in BHU and specializations completed by nurses, it can be observed in table 1 that 50% of nurses with specialization completed have a temporary bond, have less than a year of work. To add this data with the percentage of those who work there for 3 years, this number becomes even more significant as it reaches 75% of the workforce. Moreover, 100% have completed specialization in Public Health.
When it relates data on training within the theme on BHU and the length of service of all nurses, including those who have completed and ongoing specialization, the data is showed as follows in Table 2 that 54.5% had less than a year of service in BHU and, from them, 66.7% were trained in service, thus demonstrating a failure in the service in order to ensure continuous training of all those professionals working in primary care. In addition, the number of trained professionals with more than 10 years of service is 100%, but as a percentage of the total number of nurses is the smallest portion, 9.1%. With this, it is evident the lack of planning of the actions of training of nurses in relation to child care, in the service.

In relation to the preparation for the exercise of nursing consultation to child during the graduation program in nursing; 63.6% of the professionals interviewed reported having received this training in the disciplines of Public Health Nursing/Collective Health, Pediatric and maternal-child Nursing, opposite of 36.4% who revealed not to have received such training and/or preparation. On this issue, two nurses revealed that:

During the graduation course, there is a brief class, it is directed to the childcare, it’s more hospital level. (NUR 1).

Although not to exercise such activity, I think I am capable to do it, but it is necessary to be a systematic offer of continuing education to subsidize the development of nursing consultation to child. (NUR 2).

From the first statement, it can be questioned that for some professional there is still a focus of attention centered on curative for prevention in health. In addition, through the second speech even feeling trained, there is a concern of some professional on being more encouraged, through the planning of training, service actions to perform nursing consultation on childcare.

According to the Nursing Consultation on Childcare, it can be analyzed the table 3, which demonstrates the crossover between the training on the topic during graduation and the performance of the nursing consultation on childcare:

The data from table 3 reveal that 36.4% of nurses report they received theoretical and practical training on the subject during graduation, however, it is relevant to note that from 18.2% nurses who perform childcare consultation weekly, 50% of them have not received training during graduation. Among the minority that performs consultations for childcare, 50% performed on average three appointments per child during the first year of life and 50% performed 12 consultations. On this point it is worth noting that currently the MH recommends a minimum of seven consultations.
The professional training of nurses, directly influences the conditions of their work, and it is considered that it should be able to plan, organize, develop and evaluate actions that respond to the needs of the community, in conjunction with the various sectors involved in the promotion of health. Within this understanding, the childcare in the basic attention developed by these should compose a health education context, because it covers the knowledge of families and their social, economic and cultural factors, understanding of the reasons of being sick and the contribution to these families to know the importance of childcare.

The nurse is increasingly directed to administrative activities, one of the aspects which can lead to overload of work and the loss in the quality of health care, in particular to child health. By analyzing the data, it is included in lowest percentage the nursing consultation in child care and, but, most activities were developed to manage the unit and assistance to women. Thus, it is possible to raise the question about the difference between the actions taken by the subject of the research, once occupying the same position at BHU should develop the same assignments and/or functions.

When the variables, performance of educative actions on the subject with the weekly consultation are crossed, it is observed in Table 4 that 18.2% nurses who perform weekly the consultation also perform educational activity, and, among nurses (45.5%) that perform some monthly educational activity on the topic, 36.4% did not perform the consultation; 18.2% performing the consultation are using CSC as a tool for monitoring children's growth and development, from birth until ten years old and information on civil registration of birth and the right of parents; guidelines about breastfeeding practices; guidelines on the reception and environment that will receive the baby; the ten steps to a healthy diet for children and over 2 years old; information on oral health and hearing and affective development guidance and care in general, in addition to indicative signs of serious diseases and alerts against child violence.

Regarding the environment of the clinics intended for childcare consultation developed by nurses, it is characterised also by data on the instalations, according to the Ministry of Health standards. Among the 11 offices evaluated, all possessed furniture such as desks, chairs, stretcher for examination (Gynecologic table), Recycle Bin and closet, and according to what the Ministry of Health advocates for individual service rooms destined to basic health actions, however, three were located in units which operate in houses adapted for the activities, in addition to two who were in BHU with precarious conditions of physical area and facilities maintenance.

When planning nursing care to the child which best suits its context, the professional needs to remember that health care must be customized, must be adapted to the needs of the child and/or the family, depending on risk factors, resilience and of course, of the structure and resources of the health service. The absence of high risk factors or the presence of specific positive points, can determine the decrease in the number of consultations.

The data in Table 4 show that, according to the reply of 11 nurses, 81.8% claim that the practices with regard to environment related, items are satisfactory for the practice of nursing consultation on childcare, as it can be seen:

Table 4. Percentage of educational activities about the issue and performance of weekly appointments at BHU, Senhor do Bonfim - BA, 2011.

<table>
<thead>
<tr>
<th>Perform weekly consultation (%)</th>
<th>Conducting educational activities about the topic at BHU (%)</th>
<th>TOTAL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Weekly</td>
</tr>
<tr>
<td>Yes</td>
<td>9,1</td>
<td>9,1</td>
</tr>
<tr>
<td>No</td>
<td>9,1</td>
<td>18,2</td>
</tr>
<tr>
<td>Total</td>
<td>9,1</td>
<td>27,3</td>
</tr>
</tbody>
</table>

When planning nursing care to the child which best suits its context, the professional needs to remember that health care must be customized, must be adapted to the needs of the child and/or the family, depending on risk factors, resilience and of course, of the structure and resources of the health service. The absence of high risk factors or the presence of specific positive points, can determine the decrease in the number of consultations.

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It is noted that, according to the researcher's note, five units (45.5%) did not meet the recommended by MH, however, the nurses have identified that, in general, of the items questioned, only 18.2% does not correspond to the ideal.

When questioned about the existence of adequate materials and equipment to practice, it was found that, of the eight materials/equipment required by the MH,¹⁷,¹⁸ none were complete in BHU, in need of maintenance and/or restructuring. In nine of 11 offices, there were scales and table for Pediatric scales, aneroid sphygmomanometer infant, anthropometric and rule the infant stethoscope were in five of the clinics, already with regard to the existence of the flashlight, only four had this item, according to reports of the nurses.

### Table 5. Physical Structure of offices for nursing visits in BHU, according recommended items by MH - Senhor do Bonfim - BA, 2011.

<table>
<thead>
<tr>
<th>Recommended Items</th>
<th>N° of offices</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washable wall and floor</td>
<td>9</td>
<td>81.8%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Sink with water and soap</td>
<td>9</td>
<td>81.8%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Ventilation and Lighting</td>
<td>9</td>
<td>81.8%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>18.2%</td>
</tr>
</tbody>
</table>

The practice of nurses in Basic Health Unit is still inserted into a context-centered medical curative model and managerial actions; only 18.2% perform childcare consultation and unfortunately they did not perform as advocated by MH. In this sense, health promotion actions are developed in the municipality of sporadic way and without much emphasis on the actions of child health.

The difficulties presented in physical structure and the equipment required for the nursing consultation on childcare interfere directly on quality of care, as it goes beyond the knowledge and technical responsibility. It can be concluded that it is necessary to prepare professional nurses who are able not only to perform work techniques; but they are critical of their practice and with competence and expertise, allowing the understanding of health work in the basic attention, with autonomy and ability to solve problems. In addition, be committed to ethics and to the transformation of reality of the assistencial model especially in the actions of the health of the child. This finding is opposite to the high degree of specialization presented by nurses.

The practice of the nurse in childcare should always be permeated with reflections in order to transform it, generating change in implementation of health promotion actions.

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3133