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## CASE REPORT ARTICLE

### EDUCATIONAL INTERVENTIONS IN NEONATAL UNIT AND CLINIC FOLLOW-UP: CONTRIBUTIONS TO CLINICAL NURSING CARE

#### INTERVENÇÕES EDUCATIVAS EM UNIDADE NEONATAL E SEGUIMENTO AMBULATORIAL: CONTRIBUIÇÕES PARA O CUIDADO CLÍNICO DE ENFERMAGEM

#### INTERVENCIONES EDUCATIVAS EN UNIDAD NEONATAL Y SEGUIMIENTO AMBULATORIO: CONTRIBUCIONES PARA EL CUIDADO CLÍNICO DE ENFERMERÍA

Eysler Gonçalves Maia Brasil<sup>1</sup>, Maria Veraci Oliveira Queiroz<sup>2</sup>, Simone da Silveira Magalhães<sup>3</sup>

#### ABSTRACT

**Objective:** to report about the educational actions to guide mothers about care for babies at risks, subsidizing the educational practice of nurses. **Method:** descriptive study, type case experience report, obtained by activities carried out in conversations with 12 participants in two groups in November 2011, in a clinic and neonatal unit. **Results:** from the discussions, the topics highlighted were: breastfeeding, diet, food transition, position for sleeping, growth and development, basic hygiene care provided to babies. Mothers who accompanied the longest the son demonstrated knowledge and “empowerment” to take care of it, encouraging exchange of experiences. **Conclusion:** the activity favored a reflection about the possibilities and how to make the educational practice, promoting actions of healthcare, scientific and popular knowledge, allowing the nurse occupy the education space as a form of clinical nursing care to the baby at risk. **Descriptors:** Health Education; Child Health; Mothers; Nursing Care.

#### RESUMO

**Objetivo:** relatar sobre as temáticas que orientem ações educativas às mães sobre cuidados aos bebês de riscos, subsidiando à prática educativa dos enfermeiros. **Método:** estudo descritivo, tipo relato de experiência obtido pelas atividades desenvolvidas em rodas de conversas com 12 sujeitos participantes de dois grupos em novembro de 2011, no ambulatório e unidade neonatal. **Resultados:** das discussões, destacaram-se os temas: amamentação, dieta, transição alimentar, posição adequada para dormir, crescimento e desenvolvimento, cuidados básicos de higiene prestados aos bebês. As mães que acompanhavam há mais tempo o filho demonstraram conhecimento e “empoderamento” para cuidar do mesmo, favorecendo troca de experiências. **Conclusão:** a atividade favoreceu uma reflexão acerca das possibilidades e de como fazer a prática educativa, promovendo ações de cuidados, intermediando o saber científico e popular, propiciando ao enfermeiro ocupar o espaço educativo como forma de cuidado clínico de enfermagem ao bebê de risco. **Descritores:** Educação em Saúde; Saúde da Criança; Mães; Cuidados de Enfermagem.

#### RESUMEN

**Objetivo:** relatar sobre las acciones educativas que orienten a las madres sobre cuidados a los bebés en riesgo, subsidiando la práctica educativa de los enfermeros. **Método:** estudio descriptivo, tipo relato de experiencia obtenido por las actividades desarrolladas en ruedas de conversaciones con 12 participantes de dos grupos en noviembre de 2011, en el ambulatorio y unidad neonatal. **Resultados:** de las discusiones, se destacaron los temas: amamentamiento, dieta, transición alimentar, posición adecuada para dormir, crecimiento y desarrollo, cuidados básicos de higiene prestados a los bebés. Las madres que acompañaban con más tiempo el hijo demostraron conocimiento y “empoderamiento” para cuidar del mismo, favoreciendo intercambio de experiencias. **Conclusión:** la actividad favoreció una reflexión acerca de las posibilidades y de cómo hacer la práctica educativa, promoviendo acciones de cuidados, intermediando el saber científico y popular, propiciando al enfermero ocupar el espacio educativo como forma de cuidado clínico de enfermería al bebé de riesgo. **Descriptor:** Educación en Salud; Salud del Niño; Madres; Cuidados de Enfermería.

<sup>1</sup>Nurse, PhD student, Post-graduation Program Clinical Care in Nursing and Health, State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: [eylslerbrasil@ig.com.br](mailto:eylslerbrasil@ig.com.br); <sup>2</sup>Nurse, PhD Professor in Nursing, Post-Graduation Program Clinical Care in Nursing and Health, State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: [veracioq@hotmail.com](mailto:veracioq@hotmail.com); <sup>3</sup>Nurse, Master in Clinical Care in Nursing and Health, State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: [sisimagalhaes@yahoo.com.br](mailto:sisimagalhaes@yahoo.com.br)

## INTRODUCTION

Assistance to babies who are born with risks and health compromises have represented a big advance with the incorporation of technologies in the areas of neonatal intensive care and pediatrics, enabling greater chance of survival and improved quality of life. Among these children are those who are born prematurely and/or suffer any trauma or aggravations in the perinatal period, congenital malformations or other illnesses previously considered incompatible with life. Scientific and technological advances have contributed to the increase in the number of children who survive the catastrophic diseases such as muscular dystrophy or traumatic injuries, but starting to need permanent care for their survival.<sup>1-2</sup> Resulting, then, in a greater number of children requiring complex care for long term occurrence observed improvement in care.<sup>3</sup>

When talking about the epidemiological transition theory, focused on the complex changes in the patterns of health and disease and their demographic, economic and social implications, it is considered that deeper changes in the patterns of health and illness occur among children and young people, especially in the Group of 1 to 4 years old<sup>4</sup>.

Brazil improved its indexes in infant mortality. With the goal of trying to achieve this improvement, the Brazilian Ministry of Health released in 2004 the agenda of commitments to full health of child and infant mortality reduction, in which the main guidelines that should be followed in the development of child care policies were organized.

The monitoring of the newborn is one of the priority lines of care in health actions directed to the childcare, and one of the compromises of basic health units is the identification of the risk of the newborn at birth. As part of the First Week Integral Health, also exalted as the activity of the Agenda of Commitments to the Integral Health of Children and Reduction of Child Mortality, it is the task of identifying the risk of child at birth. The characteristics for identification are:

1) Resident in the area of risk; low birth weight (less than 2,500g); 2) preterm (less than 37 weeks gestational age); 3) severe

asphyxia (apgar less than 7 in the 5<sup>th</sup> minute of life); 4) children hospitalized or with complications in maternity or in newborn assistance unit; 5) special guidelines in the discharge of the maternity/newborn care unit; 6) adolescent mother newborn (under 18 years old); 7) mother newborn with low education (less than 8 years of study) and history of deaths of children under 5 years old in the family.<sup>5</sup>

The document of the Ministry of Health emphasizes that “high-risk newborns are those children who, in addition to the care offered by the family health team and basic health unit, require specialized care and multidisciplinary care such as: Neurology, ophthalmology, speech therapy, physiotherapy, occupational therapy, among other”.<sup>5:63</sup>

The baby at risk demands care also to family and caregivers supported by health professionals to involve the teaching-learning process with a view to achieving the objectives: maintain, recovery and rehabilitate the health of the child with special needs. In the care of these children, the nurses have opportunities to develop educational practices from the neonatal unit until the follow-up, whether in hospital or basic units, having close proximity to parents/caregivers, knowing the reality of this clients.

When understanding the health education as an action inherent in the practice of all professionals in the area, it should be contemplated by the new educational references, in order to achieve its objectives, integrating diverse knowledge to engage the health surveillance and prevention and rehabilitation. It should be noted that all health professional is an educator in potential health, being an essential condition to practice their own recognizance while a subject of the educational process, as well as the recognition of users while a subject in search of autonomy.<sup>6-7</sup>

The Ministry of Health considers that “health education is a set of pedagogical and social practices, of technical, political and scientific content that in the context of health care practices should be experienced and shared by workers, by the organized sectors of the population and consumers of goods and services of health and environmental sanitation”.<sup>8:19</sup>

All health professional becomes an educator in the spaces of the care, since they are capable of carrying out educational practices, not being the primary care space the only able to allocate this kind of action of the professionals. The hospital is also in a rich space for the development of actions involving the teaching-learning process for the care as a way of promoting the autonomy of the subject and as dialogical practices which allow the transformation of the own subject, of their reality and society which is built.

The hospital environment is an area of extreme importance for the realization of educational practices under various perspectives, both with respect to the patient about his family, for having several opportunities to develop educational activities with the aim of promoting self-care, prepare the patient for procedures to be carried out and clarify him about treatment adherence, especially if we consider the chronic diseases that require long-term treatment requiring the patient and their family changes in attitudes changes to adequate to the new realities.<sup>9</sup>

It is necessary to understand that there are different views around the health education. Among them, we highlight the fact that the education does not restrict the prevention of illnesses and diseases, but be essentially a process that qualifies the individual for the exercise of citizenship, thus investing in improvement of quality of life.

The educational activities are often held intuitively, without resorting to formal pedagogical knowledge, using common pedagogical sense. It is important to use theoretical references from other areas of study for the training of imaginative, sensitive, reflective subjects and, at the same time, endowed with critical capacity. And it is necessary to be aware that health education is, above all, education. It is while dialogic process, formation and transformative, which requires a contact, with transmission and acquisition of skills, habits and values and not just as reproduction of knowledge and culture, but also as a production of new knowledge and new cultural expressions.<sup>10</sup>

In the educational process, there is confrontation between traditional approaches (banking education) and radical to educate. Banking education consists of a

single margin of action, in which learners are understood as knowledge deposits, to keep them and archive them, while health promotion involves radical model, in which occurs the reflection and critical awareness about aspects of reality, model originated in the ideas of Paulo Freire, that approaches the methodology advocated by the guidelines of the Health Education Policy.<sup>11</sup> Health professionals recognize the coexistence of the two approaches in its model of health education and the largest professional reflection refers to the approach with the reality of the client, without imposing practices, with the involvement of the client in the care of their health<sup>12</sup>, and group activities empowers users, facilitating interaction between the actors and encouraging the user to use their own resources against the disease.<sup>13</sup>

It is believed to promote health education on conversations groups, emerge real situations experienced by caregivers that can be clarified and learned, facilitating the care to the baby at risk. Thus, it was proposed to report the experience shared among professionals and caregivers in order to subsidize the educational practice of the nurse, who can take ownership of this increasingly clinical care, sometimes not exploited in environments of care and attention to this special clients. In this intention, the objective is:

- To report about the thematics that guide educational actions about mothers for babies care at risks, subsidizing the educational practice of nurses.

## METHOD

Descriptive study, in the form of reporting experiences on educational interventions carried out on the unit and the Neonatal Follow-up Clinic for premature infants in a hospital unit of high complexity of public health of the State of Ceará.

The participants of the groups were 12 mothers and caregivers of infants who were hospitalized or in follow-up on the hospital unit. Participation in groups was spontaneous and although happen frequently meeting with mothers in Neonatal Unit, this report referring to a meeting scheduled on the occasion of the commemoration of the “day of the premature”, held on November 17, 2011.

Given the involvement of researchers who developed a project with this clients, there was the intent and the previous design of this experience of scientific slant to subsidize such research.

The meetings were effective, using the conversations circle, with the assumption the circle of culture described by Paulo Freire which defends the importance of the discussion as a capital for learning, because according to his pedagogy the word can never be seen as “data”, but always as a topic of debate for all participants of the circle of culture.<sup>14</sup> In this activity, issues related to the care of babies at risk during and after hospitalization was discussed. The debates were held in the morning, respecting their availability and the routine of the units.

At first, the educational activities were made in clinics and effect with prior planning, conducting invitation to mothers and the other partners (caregivers). It was also discussed with service professionals (two nurses in the area) how it would be the dynamics used in the educational intervention. The second moment, mothers in Neonatal Unit were invited to attend the meeting that already happened on a weekly basis with the area professionals (social worker, nurse and occupational therapist, among others who are invited to participate, as the demands raised in the group of mothers). The two groups have received clarification on the intention to promote debates, exchanges of experiences in relation to the care of babies at risk, and at that moment, the facilitators could collaborate with the conversations, facilitating learning, clearing doubts with regard to child care, including home care.

The planning of activities and conversations were recorded in field journal by the researcher and a nursing student (scholarship), included in the original project that had as one of the objectives to describe clinical care to the mother and newborn in follow-up on the hospital unit. As a preliminary activity field approximation and discovery of more suitable interventions to this population, originated the case studies on the educational practice with their mothers and caregivers of babies at risks.

## EXPERIENCE REPORT

### ♦ Description of experience in educational interventions

The educational practice was held on conversations circle in the vestibules of the units chosen, with the participants of educational intervention that took place in the routine of the units, but purposefully, the day dedicated to premature babies, which was very timely for the awareness of participants, caregivers and professionals.

In the follow-up clinic, the conversation circle with the target audience had the purpose to discuss the topics proposed and planned with the nurse and occurred when mothers/caregivers were conducting examinations and consultations with the pediatrician. The technique of cabbage was applied which showed elaborated questions that gave rise to the first participations. The questions involved the child's feeding, breastfeeding and comfort and sleeping position, care situations during the hospitalization and after discharge of the child, emphasizing the role of the caregiver in the home environment.

There were reports of some difficulties relating to breastfeeding, starting by a mother who reported having psychiatric disorder, accompanied by the Centre for Psychosocial Care (CAPS) and stated unable to breastfeed at night because of drowsiness that she felt by the use of medication for psychiatric treatment. She was accompanied by the spouse who offered to help her during the night and it was this point that it was reinforced to assist her in breastfeeding. She was also guided on the suction stimulus, since she reported that her milk was "drying". Thus, the conversation was extending to other mothers bringing their experiences or asking questions. Also, there were discussions about fear of mothers in relation to the possibility that their kids do not resist the hospitalization and die before the discharge. This was a point of listening by the professionals, since all accompanied the children leaving hospitalizations in the institution.

Questions have arisen about the proper position of putting the baby to sleep at home and there was no consensus about it. Many of the participants had doubts because they witnessed the child in different positions during the hospitalization, which

generated discussion among parents and caregivers, as well as clarification by the facilitators. It was justified the permanent surveillance of the baby while he was in the hospital to adopt such positions, what did not happen at home, so the orientation of dorsal decubitus with high headboard is prioritized at home. They highlighted greater care with babies who had the diagnosis of gastroesophageal reflux disease (GERD), so that they do not sleep immediately after feeding and to be positioned laterally right and then left, in order to facilitate gastric emptying.

Doubt about the use of hammock for the baby to sleep was also emerged, having been enlightened the risks that this type of sleep could bring, as well as the consequences of shaking the baby after feeding on the hammock to put him to sleep. Also it was discussed on the position of the diaper change, especially in premature infants, and about other postural issues that favored the intracranial hemorrhage, very common among these babies.

During the conversations, the mothers have shown concerns about the emergence of allergies in children at risk and its causes, as well as on the transition feed and the introduction of new food in the baby's life. They approached the question of avoiding the consumption of processed products and dyes in the lives of these children, as well as the use of some cosmetics that could cause allergic processes in babies. Those mothers who remained, were encouraged to continue breast-feeding, so it was highlighted the need for ongoing assessment of the weight.

This topic has generated conversations about the growth and development of children and the use of the walker in the initial phase of walking. Important points of evaluation and participation of the mother or caregiver in this activity were clarified, emphasizing the child's card and other related subjects to maintain the health and development. Also, it was emphasized the importance that each phase of the development experienced were stimulated properly and that many of these information were in the child's card and oriented on follow-up consultations, which helped to realize the development of children. At that time, they highlighted the issues of vaccines and the need to maintain updated schemas,

because the purpose was to prevent diseases, therefore a responsibility of professionals and parents, while the Government has the responsibility in the provision of vaccines, which currently are many inclusive to disorders that until recently, only existed in private clinics.

The activity in the clinics were ended when the participants were not speaking anything else, even being encouraged to speak. To complete the activity with a topic so present in child health, the importance of breastfeeding was reinforced, even clarifying also emotional issues that could be related to prolonged maintenance of it, after two years of life of children, since it was a question asked.

In the neonatal unit, the activity was carried out with prior programming because weekly meetings occurred with mothers with general approach, however, on some occasions, the professionals were asked to develop an educational activity with this group. This activity described, was performed after the mid-morning snack of caregivers, which was distributed after milking and the handling of nine hours with babies. The initial conversation was held informing that in that day the "day of premature" was celebrated, a way to raise awareness and to bring the group to develop the activity.

Three of the mothers on the conversations circle were with babies in the Intensive Care Unit (ICU) and the rest were in Medium Risk Unit (MRU). With this group, it started with raising questions about who had breastfed their babies and how they would describe this experience. Some had not breastfed and many doubts have emerged as to the milking and milk administration with little cups and baby bottles (bottle suitable for some situations related to the process of sucking and swallowing of the baby). There was a mother who wondered about the child's palate, which was deformed due to long use of orotracheal intubation (OTI) and orogastric probe (OGP). The mother was clarified on this occurrence, noting the work done by the multidisciplinary team in these cases, including the speech therapy, which develops actions of rehabilitation.

Continuing the discussion about breastfeeding, they began to have doubt about the introduction of new foods in the diet of infants. A mother asked if the six

months considered for the introduction of new foods were the six months of life or old corrected. The professionals clarified that in the preterm clinic, everything was based on age corrected, but there was a multidisciplinary team that performed a thorough evaluation of the growth and development of these babies, before taking any new behavior. Also, issues were raised about baby's sleep position and considerations were very similar to those performed in the hospitalization. In this group, the safest position was strengthened for the baby sleep, based on the experiences and in scientific studies.

Questions on basic care to babies were also emerged, as: bathing, changing diapers, cleaning ears, belly botton, genitals and clothes suitable for children. At that time, it was used the experience of a mother who accompanied her daughter for about a year at that hospital neonatal unit so that she explains to others what she had learned during the whole time on this topic. She spoke about avoiding the use of baby wipes, cotton rods, cosmetic products like perfume, powder and ointments, bottle and explained its guidelines, demonstrating safety and ability to take care of her daughter. This was an interesting moment that showed the user empowerment, since that this mother had many opportunities that have favoured learning, due to the length of stay in the unit.

There were also some reports of life about how to take care of their children and a mother who told her story: multiple pregnancy (triplet), birth in a public area and joy in front of the only surviving son in hospital discharge, after a few months in hospital. This mother also demonstrated safety in child care at home. In this group, there was a single parent, who was congratulated and had said that he was ready to take care of the baby at home, because he was accompanying him in the hospital for months and whenever he could, give the child care, including giving him a bath.

## DISCUSSION

Both clinic as in neonatal unit, participants had active participation in educational practice, saying they have interest and they wished to know when the next meeting will be. This demonstration was even more evident in the neonatal unit,

whose partners were integrated into the health team that takes care of the children. Also in this unit which performed the practice without prior questions, they obtained greater wealth during the discussions in relation to the amount of information exchanged and the participation of mothers and other caregivers.

This wealth of less controlled activity is supported by the guidelines of the health education of the Ministry of Health: "(...) the educational practice in health expands, as it goes beyond a mere teaching/learning didactic and asymmetric relationship; (...) will always be built resulting in situations of health reference a social group or of a specific class; it assumes a dialogical relationship based on horizontality among their subjects; puts as attribution of any health worker. This is because they are not formal teaching activities that educate, but the relationships through which in a work process, we transform our consciousness in a new one"<sup>8:10</sup>.

Space and time used in practice held at the Neonatal Unit proved to be more favorable to the participation of the people in the group, because it was a more private space, quiet and with less interference, since in the clinic, in addition to the disruptions to the convocation of the babies to test and consulting with the pediatrician, there was the accompanying anxiety due to these procedures. Based on the conversation cycles, the vision of freedom is the matrix that assigns meaning to an educational practice that only can achieve effectiveness and efficiency in the measurement of free and critical participation of students<sup>14</sup>.

The fact that mothers are the fear of losing their children showed that the conversation is also a moment of maternal issues approach, not just those related to child care, but the care of themselves. This provided the creation of support groups for mothers, on their needs.

By the conversation cycles, the main approaches of the groups in relation to the care of babies at risk were identified, which can subsidize the educational practice of the nurse: breastfeeding, diet and nutritional transition, sleeping position, growth and development, as well as basic hygiene care. However, specialized care were discussed also in the discussions and it

was noticed that mothers and caregivers could demystify these care, making it possible to raise them at home. The discussions allowed the identification of skills for the care shown by family members. "It is necessary to invite the family out of passivity in the face of the practices of health professionals, and develop educational actions from reality lived from it in a truly dialogical relationship".<sup>15:933</sup>

It is worth mentioning that the professionals/caregivers should recognize the limitations and possibilities in improving assistance to mothers, as well as the necessity of overcoming difficulties gradually and continuously, and, certainly, the training of professionals is a point to be developed for the postures being modified.<sup>16</sup>

#### FINAL REMARKS

The reported experience demonstrated the need for the nurse to occupy educational spaces in the hospital environment, which proved to be conducive to the development of interventions of educative, favoring the creation of bonds of health team with mothers and other caregivers of infants. It was noted the importance of the researchers being with the real situations that must be researched by interactions with professionals and users, so together they have the purpose of improving child care and health care and life care.

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CEP 60714-903 – Fortaleza (CE), Brazil

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#### Corresponding Address

Eysler Gonçalves Maia Brasil  
Universidade Estadual do Ceará  
/ Mestrado Profissional em Saúde da Criança e do Adolescente  
Avenida Paranjana, 1700 – Campus do Itaperi